

**Memorandum of Understanding  
(MOU)**

**CONTRACTOR:** County of Santa Barbara

**CONTRACT NUMBER:** 07-65081, A01

**PROGRAM:** HIV Prevention Program

**MOU NUMBER:** PREV 07-42/1, A01

In that certain agreement made and entered into July 1, 2007 between the California Department of Public Health/Office of AIDS and the County of Santa Barbara:

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. \$179,102 **254,974** for the budget period of July 1, 2007 to June 30, 2008.
- B. \$179,102 for the budget period of July 1, 2008 to June 30, 2009.
- C. \$179,102 for the budget period of July 1, 2009 to June 30, 2010.
- D. \$537,306 **613,178** for the entire MOU term.

2. Provision 3 (MOU EXHIBITS) on the face of the original Memorandum of Understanding is amended to add Exhibits A, entitled "Scope of Work," Years 1, 2, 3 and shall read as follows:

**Exhibit A, A1 entitled "Scope of Work," Year 1 consisting of 41 pages.**  
**Exhibit A, A1 entitled "Scope of Work," Year 2 consisting of 24 pages.**  
**Exhibit A, A1 entitled "Scope of Work," Year 3 consisting of 25 pages.**

All further references to Exhibits A, entitled "Scope of Work, Years 1, 2, and 3 in the body of This agreement or any attachments thereto shall be deemed to read Exhibits A, A1, entitled "Scope of Work, Years 1, 2, and 3.

3. Provision 3 (MOU EXHIBITS) on the face of the original Memorandum of Understanding is amended to add **Exhibit B, A1, entitled "Budget," Year 1 consisting of one page.** All further references to Exhibit B, entitled "Budget," Year 1 in the body of this agreement or any attachments thereto shall be deemed to read Exhibit B, A1, entitled "Budget," Year 1.
4. The effective date of this amendment shall be July 1, 2007.
5. All other terms and conditions shall remain the same.

**STATE OF CALIFORNIA:**

**COUNTY OF SANTA BARBARA:**

\_\_\_\_\_  
Signature

Michelle Roland, M.D., Division Chief  
Office of AIDS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed/Typed Name and Title

\_\_\_\_\_  
Date

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

**Section 1: HIV Education and Prevention**

**Goal #1:** Pacific Pride Foundation

To reduce the transmission of HIV among injecting drug users (IDUs), men who have sex with men (MSM), MSM who use crystal methamphetamine (meth) and the sex partners of these risk groups in Santa Barbara County (SBC).

**Objective 1A:** Pacific Pride Foundation's (PPF) Community Health Worker (CHW) staff will identify and target 100 high-risk MSM who use meth and/or engage in unprotected sex with multiple partners through street targeted prevention by June 30, 2008.

- a. **Summary:** Tweaker Target is a targeted prevention activity (TPA) where Community Health Workers provide verbal HIV education, health education/risk-reduction and distribute safer-sex/harm-reduction materials to those MSM who use meth and/or engage in unprotected sex with multiple partners. Contacts are made at bars, nightclubs, Internet chat rooms and community events throughout SBC. Tweaker Target also provides individual risk assessment and risk-reduction messages that foster awareness and encourage behavior change through the inserts placed in safer-sex packets. The intent of this is to reinforce messages to target population that will contribute to reducing individual risks of acquiring HIV associated with sexual and/or drug using behaviors. HIV Counseling and Testing (C&T), STD, HCV screening referrals are also provided when appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), the Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing (C&T) for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC).

The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- c. Type of Intervention:** Targeted Prevention Activities
- d. Behavioral Risk Group/Target Size:** 100 high-risk MSM who use methamphetamine and engage in risky sexual behaviors with one or more sex partners.
- e. Key Activities:**
- e.1** Quarter 1 - Review available SBC HIV epidemiological, demographic and geographic data of recently diagnosed HIV infections. Focus will be placed on those cases where MSM (homosexual/bisexual) is identified as a risk factor and compared to prior year's data to document trends or changes.
  - e.2** Quarter 1 – Update and modify the set up of ~~Local Evaluation Online (LEO)~~ **Evaluating Local Interventions (ELI)** interventions on website to include additional fields where self-reported HIV status and party and play (PNP)<sup>1</sup> incidence (in the last 12 months) will be documented by Community HIV Workers (CHW) staff on ~~Local Evaluation Online (LEO)~~ **ELI** forms.
  - e.3** Quarter 1, 2 - Update research and intervention strategies targeting MSM populations who practice unprotected sex and use meth. Provide in-service training to CHW and HIV care and treatment staff on updated information.
  - e.4** Quarter 1 - Update training curriculum and reference materials used by staff targeting MSM sub-groups (i.e. Spanish-speaking, injectors, barebackers). Ensure all new and revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.
  - e.5** Ongoing - Update listing of bars, events, community groups, chat rooms and agencies identified as sites where MSM frequent or access services.
  - e.6** Ongoing - Conduct activities to MSM in SBC through targeted prevention and safer-sex packet distribution.
  - e.7** Ongoing – Identify and provide opportunity for CHW staff to attend appropriate trainings that focus on issues relevant to target population.

---

<sup>1</sup> PNP – "Party and Play" common term used to refer by a subpopulation of gay/bisexual men and MSM who seek out others to engage in the use of meth and sexual activity. Often used in internet profiles and implies solicitation of unprotected sexual practices, commonly involving various sexual partners.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

**f. Process Evaluation:**

- f.1** Monthly - Assess CHW progress by completing in-house progress report forms that document client contact and program-level data in addition to LEO ELI forms.
- f.2** Quarter 1 –Develop an individual CHW system to identify and document repeat contacts to be reflected on LEO ELI.
- f.3** Quarter 2, 4 - Assess proportion/percent of individual contacts made with MSM who report a modification/reduction or maintenance of sexual, drug-using risk behaviors or who have accessed HIV C&T by providing HIV6 number in LEO ELI.
- f.4** Semi-annually - Determine proportion of MSM contacts that use meth and self-report incidence of HIV, STDs and/or other infections in past 12 months. Compare this data to prior year to determine any changes or trends in population.
- f.5** Semi-annually - Determine the proportion of MSM contacts that PNP, are aware of their HIV status, STD history and unsafe sex practices in past 12 months as documented on LEO ELI forms. LEO ELI reports will facilitate process.
- f.6** Semi-annually - Assess proportion of MSM contacts who visit harm-reduction web sites referred by CHW and/or received safer-sex packet materials. Additional fields to be created on LEO ELI intervention setup will document incidence.
- f.7** Quarterly – Meet with other HIV Education and Prevention providers assurance as to contract deliverables and issues resulting from program implementation.

~~**Objective 1B:** Provide risk-reduction counseling and explore core issues surrounding risk-taking behaviors by providing two group level interventions for 20 MSM using meth and engaging in unsafe sexual practices by June 30, 2008.~~

- ~~**a. Summary:** Provide a two session group level intervention based on information gained from focus groups targeting MSM who have used or may be at risk for, or currently use meth and/or have engaged in unprotected anal sex. Provide risk-reduction counseling and explore core issues surrounding risk-taking behaviors by providing a two session group level intervention by June 30, 2008.~~

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

~~Applying Social Norm Theory, Social Learning Theory and the Theory of Reasoned Action in a group setting, participants bareback, PNP and/or use meth will provide insight, increase/modify their own knowledge, beliefs and risk-taking behavior. Participants will also discuss and explore core issues associated with risk-taking behavior among gay/bisexual, MSM~~

~~**b. Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's ADMHS, the Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.~~

~~The ADMHS contracts with the Pacific Pride Foundation for HIV C&T. In addition, the PHD collaborates with ADMHS to provide HIV C&T for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).~~

~~The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.~~

~~**c. Type of Intervention:** Group Level Intervention~~

~~**d. Behavioral Risk Group/Target Size:** 20 sexually active MSM who use methamphetamine and engage in unprotected (bareback) sexual behaviors.~~

~~**e. Key Activities:**~~

~~**e.1** Quarter 1 Update research on MSM group level interventions.~~

~~**e.2** Quarter 2 Update group level intervention curriculum targeting MSM.~~

~~**e.3** Quarter 2 Update and customize materials promoting groups. Ensure all new and revised materials are approved by the local Materials Review Committee prior to usage.~~

~~**e.4** Ongoing Distribute promotional materials promoting group schedule and location through TPA.~~

~~**e.5** Quarter 2,4 Increase capacity and knowledge of CHW staff on substance use and sexual risks, who will facilitate group level interventions, and assure group facilitators fulfill training requirements set by State Office of AIDS.~~

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

~~e.6 Quarter 2,3,4 Promote group interventions by collaborating with local providers and agencies providing service to MSM, to recruit group participants. Train, educate and implement an intervention based on the "Voices/Voces" intervention, a Diffusion of Effective Behavioral Interventions (DEBI).~~

~~f. **Process Evaluation:**~~

~~f.1. Quarter 1 Customize LEO self-administered group questionnaire for completion by participants of group intervention.~~

~~f.2. Quarter 2 Schedule and promote group interventions.~~

~~f.3 Quarter 1 Customize LEO intervention set up to reflect data collected by group participants, by adding additional fields on LEO web database.~~

~~f.4 Quarter 2,3 Administer group self-administered questionnaire to group participants to document client level data on knowledge, attitude, beliefs, and behaviors associated with HIV, substance use and sexual risk-taking behaviors.~~

~~f.5 Quarter 2,3 Assess the proportion/percent of participants who report sexual, drug use risk behaviors and HIV C&T screening in past twelve months.~~

~~f.6 Quarter 2,3,4 Determine proportion of MSM group participants currently using meth, engaging in unprotected anal sex and self-reported incidence of HIV, STDs and/or other infections in the past 12 months.~~

~~f.7 Quarter 2,3,4 Administer follow-up survey to group participants (if accessible) 60 days after the intervention to determine behavior change, maintenance or action.~~

**Objective 1C B:** Provide at least three individual level interventions for 100 high-risk IDUs by June 30, 2008.

- a. **Summary:** The Right Outfit (TRO) is a harm-reduction, targeted prevention program providing CHWs HIV education and prevention, HIV C&T referrals, harm-reduction supplies, risk assessments and counseling to high-risk IDUs in SBC.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- b. Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Alan Hancock College's Nursing Program, Santa Barbara County's ADMHS, the Public Health Department, local drug/alcohol programs, and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. Type of Intervention:** Individual Level Intervention
- d. Behavioral Risk Group/Target Size:** Intravenous drug users/100
- e. Key Activities:**
- e.1** Quarter 1 - Update harm-reduction and health communication materials used in TRO activities targeting IDU/ISU. Ensure all new or revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.
  - e.2** Quarter 1 - Customize ~~LEO~~ **ELI** intervention set-up to reflect data collected through ILI sessions, adding additional fields on ~~LEO~~ **ELI** web database as appropriate. Use of locally designed database in an attempt to track incremental change in behavior and risk reduction.
  - e.3** Quarter 1 – Identify, develop and adopt a risk assessment tool established by the State Office of AIDS that would pertain to IDU engaging in high-risk activities.
  - e.4** Quarter 1 –Continue to implement and monitor individual CHW system to identify and document repeat contacts referred to TRO, to be reflected on ~~LEO~~ **ELI** intervention set up.
  - e.5** Quarter 2 - Update harm-reduction kit inserts and inventory of written educational brochures/materials that target sub-populations of IDUs.
  - e.6** Ongoing – Identify IDUs accessing TRO as a result of activities.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- e.7 Quarter 2 - Update curriculum and available information for training CHW staff targeting sub-groups of IDUs, (i.e. Transgender hormone injectors (ISUs)).
- e.8 Ongoing - Update mapping of areas in SBC where IDUs frequent.
- e.9 Ongoing - CHWs distribute harm-reduction supplies and information to IDUs promoting TRO.
- f. **Process Evaluation:**
  - f.1 Complete LEO ELI ILI form for each counseling session, and enter into LEO ELI system within one week of session.
  - f.2 Monthly - Complete CHW progress report forms to document client and program-level data for quality assurance and progress towards objectives.
  - f.3 Quarterly - Assess proportion/percent of contacts who access TRO by adding additional fields to LEO ELI intervention set up on web database and use on LEO ELI forms to reflect TRO referral and program access.
  - f.4 Quarterly - Determine incidence of HIV, HCV, STD and/or other infections for clients contacted and referred by CHW who access TRO.
  - f.5 Semi-annually - Assess proportion of contacts who have shared syringes and other equipment in the past 12 months through data on LEO ELI reports and via reporting on locally designed Needle Exchange and Education Database.
  - f.6 Quarter 1, 4 – Review available epidemiological data for SBC to determine any changes or trends among those recently diagnosed over the past two years who identify IDU/ISU as their primary risk factor and compare statistics to prior year's data of similar query.
  - f.7 Quarterly – Meet with SBC HIV program monitor for quality assurance purposes and to provide technical assistance on issues related to program goals and objectives for current fiscal year. In Partnership with Public Health report relevant data and outcome information to SBC Board of Supervisors.



**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

**Objective 1D C:** The Public Health Department will provide ten Individual Level Counseling Sessions for IDUs and substance abusers that have court-ordered HIV education and harm reduction at either the PHD Santa Barbara or Santa Maria clinics by PHD health educator prior to June 30, 2008.

- a. **Summary:** Individual HIV education and harm-reduction counseling sessions will be provided to high-risk substance abusers individuals that have been convicted by the Courts of certain drug related crimes and are ordered by the Courts to receive this intervention.
- b. **Service Provider Collaborations:**

Program staff receives referrals from the Probation Department. Program staff will re-contact and document each successful referral with the appropriate Probation Department.

Program staff will develop a flyer to distribute to Probation Department staff to ensure they are aware of PHD service provision.

Program staff will collaborate with other intervention service providers through the HPCC.

Program staff will provide referrals to HIV counseling and testing (ATS Program) and/or drug treatment facilities as appropriate.
- c. **Intervention Type:** Individual Level Intervention
- d. **Behavioral Risk Group/Target Size:** IDU/8; Substance Users/2
- e. **Key Activities:**
  - e.1 Through court-order process, IDU individual makes appointment for counseling session. Ongoing.
  - e.2 Link to HIV counseling and testing or referral to substance abuse treatment program provided during counseling session as appropriate. Ongoing.
  - e.3 One-on-one counseling provided to client. Ongoing
  - e.4 Activities documented in LEO ELI through LEO ELI ILI form for each session and entered within one week of session.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

e.5 Staff will complete documentation for Probation Department and provided to client. Ongoing.

**f. Process Evaluation:**

f.1 Provide pre-counseling survey of clients.

f.2 Measure the increase in knowledge through post-counseling survey.

f.3 Determine cost/evaluation ratio of service through use of LEO ELI reporting functions.

f.4 Compare LEO ELI data to other types of interventions.

f.5 Monitor LEO ELI data quarterly, report to OA and HPCC semi-annually and evaluate at end of year 1 (prior to June 30, 2008) to determine outcomes.

f.6 Revise as appropriate and include in FY 2008-2009 intervention plan.

**Goal #2:** To reduce secondary infection and further transmission of HIV, among high-risk HIV-positive individuals and their sex partners in SBC.

~~**Objective 2A:** PPF's Prevention with Positives (PWP) Pez Abilities program will provide individual level interventions to 90 high-risk HIV positive individuals by HIV positive peers by June 30, 2008.~~

~~a. **Summary:** PWP peers will conduct a minimum of three separate individual level intervention sessions to high-risk HIV positive individuals, exploring a variety of issues as they relate to risk behaviors and disclosure issues. Some interventions will be ongoing and/or repeat contacts.~~

~~b. **Service Provider Collaboration:** Pacific Pride Foundation's Education Department will collaborate and consult with PPF's Case Management Program (CMP) and Early Intervention Program (EIP) Case Management, and its Counseling Department as well as with Santa Barbara County's Public Health Department, and other healthcare providers practicing in the community.~~

~~The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.~~

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- ~~c. Type of Intervention: Individual Level Intervention~~
- ~~d. Behavioral Risk Group/Target Size: 90 sexually active or potentially sexually active HIV positive individuals who engage in high-risk behaviors.~~
- ~~e. Key Activities:~~
- ~~e.1 Quarter 1 Update available research and models on PWP.~~
  - ~~e.2 Quarter 1 Update HIV epidemiological data on demographics and risk groups of those living with HIV/AIDS in SBC.~~
  - ~~e.3 Quarter 1 Identify, develop, and adopt a risk assessment tool established by the State Office of AIDS that would pertain to HIV positive individuals engaging in high-risk sexual behaviors.~~
  - ~~e.4 Quarter 2 Update curriculum for training HIV positive peer educators targeting specific sub-groups of high-risk HIV positives in SBC. Ensure all new or revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.~~
  - ~~e.5 Quarter 2,3 Recruit, maintain and train at least two new individuals living with HIV/AIDS that will serve in the role of HIV positive peer educators.~~
  - ~~e.6 Quarter 2,3,4 Conduct and document individual level intervention data on LEO, targeting high-risk HIV positive individuals.~~
  - ~~e.7 Quarter 1,3 Participate in meetings with Direct Client Services staff to discuss access to HIV positives peers and needs of HIV/AIDS clients of PPF.~~
  - ~~e.8 Ongoing Access available technical assistance agencies, programs and trainings as appropriate, to increase program and staff capacity.~~
- ~~f. Process Evaluation:~~
- ~~f.1 Monthly Assess CHW progress by completing in-house progress report forms that document client contact and program level data in addition to LEO forms.~~
  - ~~f.2 Quarterly Meet with other HIV providers and SBC contract monitors to provide updates and education on those issues that have resulted from program implementation and target population feedback.~~

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- ~~f.3~~ Quarter 1—Develop an individual CHW system to identify and document repeat contacts to be reflected on LEO as repeat Individual HIV positive contacts.
- ~~f.4~~ Quarter 2, 4—Assess proportion/percent of individual contacts made with HIV/AIDS individuals through PWP who report a modification/reduction or maintenance of sexual, drug using risk behaviors or who have accessed an HIV positive peer or attended a capacity building event. CHW will document on LEO.
- ~~f.5~~ Semi-annually—Determine proportion of PWP contacts made that demonstrate high risk behavior. Document anecdotal data that comes from interactions and interventions to HIV positive contacts in order to determine significant changes in areas of concern and receive feedback on program implementation.
- ~~f.6~~ Semi-annually—Determine the proportion of HIV positive contacts that PNP or have participated in unprotected sex in past 12 months. PWP peers will attempt to document this information on LEO forms. LEO reports will facilitate process.
- ~~f.7~~ Semi-annually—Assess proportion of PWP contacts that visit HIV/AIDS websites of interest, receive health communication information, and/or visit harm reduction web sites referred by HIV positive peers. Additional fields will be created on LEO intervention setup to assist in documenting this incidence.

**Objective 2B A:** PPF's PWP Poz Abilities program will provide health communication to 480 HIV-positive individuals by June 30, 2008.

- a. **Summary:** PWP peers will gather emails and contact information of those provided from Individual Level Interventions, web contacts, CARE Service referrals and other sources, who are willing to provide such information, and distribute health communication information through monthly emails, newsletters and provide referrals to Pacific Pride Foundation's website and other sites that contain information on issues of interest to target population.
- b. **Service Provider Collaboration:** Pacific Pride Foundation's Education Department will collaborate and consult with PPF's CMP and EIP Case Management, and its Counseling Department as well as with the Santa Barbara Public Health Department and other healthcare providers practicing in the community.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. Type of Intervention:** Health Communication Public Information (HC/PI)
- d. Behavioral Risk Group/Target Size:** HIV-positive individuals/12 newsletter issues.
- e. Key Activities:**
  - e.1** Quarter 1,2,3,4 – Gather confidential contact information voluntarily from people living with HIV (preferably of those contacts made through Individual Level Interventions), to use in the direct provision of informational emails, articles, research, events and other materials that will be accounted as Health Communication to target population.
  - e.2** Ongoing – Develop email newsletters and hard copy newsletters with health communication information on issues of critical, relevant interest to individuals living with HIV/AIDS, particularly those considered high-risk.
  - e.3** Quarter 1, 3 – Schedule distribution and event calendar to establish frequency and topic-areas of health communication to be distributed.
  - e.4** Ongoing – Distribute widely, the health communication information to established consenting recipients and HIV/AIDS service providers and post information on PPF website for referral purposes.
- f. Process Evaluation:**
  - f.1** Quarter 1 – Update and customize LEO ELI intervention set up on web database to document health communication efforts that target HIV-positive individuals.
  - f.2** Ongoing – Document frequency, type, media, message and target audience information on LEO ELI forms, to track all hard copy or email health communication information that is provided through PWP efforts.

**Objective 2G B:** PPF's PWP Poz Abilities program will provide four quarterly capacity building events for 60 HIV-positive individuals by June 30, 2008.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- a. **Summary:** HIV-positive peer educators will coordinate and offer at least one all-day group event per quarter in SBC that involves educational and social elements that provide emotional support to individuals living with HIV/AIDS. These events will be determined by HIV-positive peers and will include lunch discussion groups, long-term survivors groups, workshops and discussion forums on HIV related issues.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Public Health Department, and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Group Level Intervention
- d. **Behavior Risk Group/Target Size:** HIV-positive individuals/60
- e. **Key Activities:**
- e.1 Quarter 1 - Update materials used to promote health, resources, events and group level interventions to HIV/AIDS target population. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  - e.2 Quarter 1 - Ensure peer educators are trained in group facilitation or are supported by PPF staff that are experienced in group facilitation or have received from the California Department of Public Health (CDPH) group facilitator training prior to implementation of the first group level intervention.
  - e.3 Quarter 1- Develop and submit a curriculum outline to the PHD Education and Prevention Coordinator for approval prior to implementation of the first group level intervention.
  - e.4 Quarter 1- Schedule group level interventions, recruit participants.
  - e.5 Quarter 1,2,3,4 - Increase capacity and knowledge of staff around philosophies, theories, substance use and sexual risk-taking that will also facilitate, promote and conduct group level interventions.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- e.6 Ongoing – Maintain collaborative relationships with HIV/AIDS service providers to recruit participants.
- f. **Process Evaluation:**
  - f.1 Quarter 1 - Update group self administered questionnaire to collect data on participant satisfaction with events/programs offered and risk-behaviors.
  - f.2 Quarter 1 – Update and customize LEO ELI intervention set up on web database to reflect data gathered that may reflect knowledge, attitude, beliefs and behaviors of high-risk HIV-positive individuals.
  - f.3 Quarter 2,4 - Determine proportion of participants who self report incidence of STDs and/or other infections in past 12 months.
  - f.4 Quarter 2,3,4 - Assess proportion of participants who use substances and/or who visit websites or accessed materials provided by peer educators.
  - f.5 Quarter 1,3 - Solicit and analyze feedback from HIV/AIDS participants targeted, to modify and improve program for coming fiscal year.

**Objective 2D C:** By June 30, 2008 a minimum of 15 HIV-positive clients and their partners will receive Partner Counseling Referral Services (PCRS) from Public Health Department Staff.

- a. **Summary:** Service providers will assist HIV-positive clients in notifying their partners of their status. Notification may include skills-building exercises for client self-notification, dual notification with clients and service providers and/or anonymous third party notification by PHD certified PCRS staff. Referrals for PCRS may come from Alternate Testing Site Program, PHD clinic staff, subcontracted community based organization staff or private providers. In addition, they will assist the CDPH/STD Branch in all anonymous third party notifications for partners of out of state clients, then document all activities in LEO ELI and report appropriate information to the CDPH/STD Branch.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

**b. Service Provider Collaborations:**

Program staff will develop a PCRS Steering Committee comprised of Santa Barbara County STD staff, Santa Barbara County HIV/AIDS staff, representatives from the HPCC, Alternate Testing Site (ATS) Program Coordinators, subcontracted Community Based Organization (CBO) service staff, the CDPH/STD Branch and adjacent County PCRS staff (i.e. San Luis Obispo and Ventura Counties).

Program staff will provide a minimum of five in-services on available PCRS for HIV care and treatment and prevention providers and clients. These will include: PHD Infectious Disease Clinic staff, HPCC members, PHD Nursing Division Staff, PHD Clinic staff and selected public and private providers.

Program staff will participate in case conferencing of Ryan White CARE Act EIS clients with the Pacific Pride Foundation case managers, medical providers and clinical staff.

All PHD, NIGHT and Education and Prevention subcontractors are required to participate in community planning through the HPCC.

**c. Intervention Type:** Individual Level Intervention (specifically addressing PCRS)

**d. Behavioral Risk Group/Target Size:** 15 people living with HIV/AIDS and their partners at risk of transmission for failure to disclose their status

**e. Key Activities:**

**e.1** Recruit and select members for the Santa Barbara County PCRS Steering Committee by July 31, 2007. Members will likely include representatives from the HPCC, CDPH/STD Branch, ATS Coordinators, PHD Communicable Disease/STD staff and counterparts from Ventura and San Luis Obispo Counties.

**e.2** Complete all CDPH/STD training for PCRS support staff (e.g. case managers, HIV counselors, clinical staff, communicable disease staff, public health nurses) by August 31, 2007.

**e.3** Review and revise existing PCRS policies and procedures to incorporate new staff and new strategies by September 30, 2007. Include review and adoption of LEØ ELI PCRS forms.



**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- e.4 Update PCRS Implementation Plan submitted to CDPH/STD Branch by September 30, 2007.
  - e.5 Establish PCRS ILI intervention in LEO ELI (if not already completed) and begin offering formal PCRS services by October 1, 2007.
  - e.6 Document all PCRS activities in LEO ELI as appropriate.
  - e.7 Provide in-services for PHD internal staff (i.e. Infectious Disease clinic staff, public health nurses, communicable disease staff, and clinic managers) by November 30, 2007.
  - e.8 Provide in-services for external HIV service providers starting on December 1, 2007. External service providers include the HPCC, and public and private medical providers. Integrate PCRS information into all private provider Surveillance information and Surveillance in-services.
  - e.9 Document and report on all implementation activities in Education and Prevention semi-annual report by February 15, 2008.
  - e.10 Monitor PCRS activities using LEO ELI on a quarterly basis.
  - e.11 Analyze LEO ELI data and evaluate impacts of program semi-annually.
  - e.12 Report outcomes of LEO ELI data analysis to PCRS Steering Committee and HPCC.
  - e.13 Evaluate outcomes in relation to goals and objectives prior to June 30, 2008. Prepare Year-2 objectives based upon evaluation and finalize prior to July 1, 2007.
- f. Process Evaluation:**
- f.1 As specified in the Key Action Steps above, process evaluation will be accomplished by reviewing and analyzing data using the LEO ELI database.
  - f.2 Process evaluations will also explore the type of PCRS interventions (e.g. skills-building, dual notifications and/or anonymous third party notifications), the number of partners contacted per HIV client and type of notification and the cost per service.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- f.3** A survey of supporting HIV service providers will be conducted prior to June 30, 2008, to determine value and effectiveness of the in-services for internal and external providers.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

**Neighborhood Intervention Geared towards High risk Testing  
Program (NIGHT)**

**Pacific Pride Foundation**

**Goal #1:** To reduce the incidence of HIV infection among injection drug users/other substance users and their sex partners throughout Santa Barbara County.

**Objective 1A:** Pacific Pride Foundation's Community HIV Worker (CHW) staff will provide targeted prevention activities (TPA) to 300 high-risk injection drug users (IDU) by June 30, 2008.

- a. **Summary:** Pacific Pride Foundation (PPF) is the Santa Barbara County (SBC) subcontractor that has been previously funded to provide NIGHT services. The Right Outfit (TRO) is a risk-reduction program where CHWs conduct targeted prevention efforts and health education/risk-reduction to high-risk injection substance users (ISU) at various sites throughout SBC. The targeted prevention efforts include providing HIV education and prevention knowledge as well as strategies for reducing ISU risk of acquiring HIV, Hepatitis C (HCV) and other infections resulting from high-risk behaviors. From conducting brief risk assessments, clients will be referred to Counseling and Testing Services (C&T) as appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, AEGIS Medical Systems, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The Pacific Pride Foundation collaborates with the Santa Barbara Neighborhood Clinic to provide free Hepatitis C screenings for clients that access TRO.

The ADMHS contracts with the PPF for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC).

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Targeted Prevention Activities
- d. **Behavioral Risk Group/Target Size:** IDU/300 high-risk individuals that inject substances in Santa Barbara County.
- e. **Key Activities:**
  - e.1 First Quarter – develop new promotional materials to be used in targeted prevention activities to market the TRO program. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  - e.2 First Quarter – develop and customize new materials for distribution of safer-sex and harm-reduction kits used by CHWs to target ISU.
  - e.3 Ongoing -- identify/document the various sub-groups that may potentially make up this blanket high-risk target population.
  - e.4 First Quarter – develop and refine curriculum for training NIGHT CHWs who target specific sub-groups of this high-risk target population (i.e., Transgender Latina hormone injectors). All staff will complete required TPA training as per State Office of AIDS requirements.
  - e.5 Ongoing -- identify and map out areas and agencies throughout SBC where IDU may frequent or access services.
  - e.6 Ongoing -- conduct targeted prevention activities.
  - e.7 First and Second Quarter -- develop unique identifier system for each CHW who may potentially conduct repeat contacts to clients who are part of a specific sub-group of this target population.
  - e.8 Ongoing -- administer a preliminary risk-assessment to this target population using the Local Evaluation Online (LEO) short form.
- f. **Evaluation:**
  - f.1 Monthly -- complete monthly CHW progress report forms to document target population/client and program-level data to ensure efforts are targeting appropriate populations and subgroups.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- f.2 Quarterly -- assess the proportion/percent of individual contacts made who report reduction in sexual or drug-using risk behaviors, maintain protective behaviors and/or access TRO.
- f.3 Quarterly -- determine the proportion of high-risk ISU who self-report the incidence of HIV, HCV and/or other infections when accessing TRO program.
- f.4 Quarterly -- assess the proportion of IDU aware of their HIV status.
- f.5 Quarterly -- assess the proportion of contacts with known, confirmed HIV- and/or HCV-positive individuals who inject substances.

**Objective 1B:** By June 30, 2008, provide targeted prevention activities for 225 high-risk mono and bi-lingual Spanish-speaking Latino IDU.

- a. **Summary:** NIGHT CHW staff will increase the knowledge around HIV transmission/risk-reduction to Latino, monolingual and bi-lingual Spanish-speaking high-risk injection drug users through targeted prevention by June 30, 2008. From conducting brief risk assessments, clients will be referred to C&T as appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each local LIG meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Targeted Prevention Activities
- d. **Behavioral Risk Group/Target Size:** 225 high-risk monolingual and bi-lingual Spanish-speaking Latino injection drug and/or substance users.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- e. Key Activities:**
- e.1** First Quarter -- Identify the promotional materials to be used in targeted prevention activities by CHWs who target monolingual and bi-lingual IDU.
  - e.2** Second, third and fourth Quarters -- Identify various sub-groups of Latino IDU through targeted prevention.
  - e.3** Second Quarter -- Develop and refine curriculum for training CHWs who target specific sub-groups of Latino IDU (i.e. Transgender hormone injectors). Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  - e.4** Ongoing -- Identify and map out areas in SBC where Latino IDU frequent.
  - e.5** Ongoing -- CHWs will conduct targeted prevention activities to Latino IDU.
  - e.6** Ongoing -- Administer a preliminary risk-assessment in Spanish using LEO TPA short forms to IDU targeted.
- f. Process Evaluation:**
- f.1** Monthly -- Complete CHW progress report forms to document client and program level data and to ensure efforts target IDU/ISU population.
  - f.2** Second and fourth Quarters -- Assess proportion/percent of contacts reporting reduction in sexual/drug-use risk behaviors, maintenance, testing and behavior change.
  - f.3** Ongoing -- Determine proportion of Latino IDU self-reporting incidence of HIV, HCV and/or other infections through LEO forms and local Needle Exchange & Education Program database.
  - f.4** Ongoing -- Assess Proportion of Latino IDU that are aware of their HIV status.
  - f.5** Semi-annually -- Assess proportion of contacts with confirmed HIV- and/or HCV-positive Latino individuals who inject substances and share equipment.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

**Goal #2: To reduce HIV transmission for IDU and high-risk sex workers by increasing the number of those that knows their HIV status.**

**Objective 2A:** By June 30, 2008, NIGHT CHW staff will provide targeted prevention activities to link 100 high-risk IDU, 50 high-risk sex workers and 10 high-risk transgender to HIV C&T in Santa Barbara County.

- a. **Summary:** NIGHT CHWs will provide targeted prevention, risk assessments, referrals and HIV testing to this population. CHWs who are also certified HIV counselors and rapid HIV test counselors will provide HIV C&T services using OraSure or rapid HIV testing onsite. In addition, they may refer clients to Anonymous Testing Sites (ATS) throughout SBC.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, private drug/alcohol agencies and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Target Prevention Activities
- d. **Behavioral Risk Groups/Target Size:** 100 high-risk IDU of all races, ethnicities, sexual orientations and ages, 50 high-risk sex workers and 10 high-risk transgender.
- e. **Key Activities:**
  - e.1 First Quarter -- update and review SBC HIV epidemiological data and demographics on incidence of HIV among those who identify injection substance use as a primary risk factor/transmission mode.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- e.2 First Quarter -- update and review SBC ATS data for previous contract year for number of tests identified as a result of NIGHT efforts.
  - e.3 First and third Quarter-- update materials used in targeted prevention activities to market HIV C&T incentive program. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  - e.4 Ongoing -- identify locations, agencies and community venues where target population frequents or accesses services.
  - e.5 First Quarter -- formalize collaboration memorandum of understanding with community agencies to provide client access to HIV C&T (e.g. AEGIS, Santa Barbara Neighborhood Clinics).
  - e.6 First and second Quarter -- update and refine training curriculum, interventions and targeted prevention strategies employed by NIGHT CHWs and HIV test counselors who target this population.
  - e.7 Semi-annually -- ensure HIV test counselor certifications are current through participation in continuing education trainings.
  - e.8 Coordinator will attend annual NIGHT and HIV C&T meetings.
  - e.9 Ongoing -- provide referrals to HIV C&T, syringe exchange, and field testing through targeted prevention activities/interventions.
  - e.10 Attend in-service trainings for HIV C&T counselors.
- f. **Evaluation:**
- f.1 Monthly -- complete CHW progress report forms to document program-level data and ensure HIV C&T efforts are targeting appropriate populations, sub-groups and identify NIGHT program referrals.
  - f.2 Ongoing -- complete LEO forms for NIGHT contacts.
  - f.3 Monthly -- collect and input NIGHT client data on LEO web database.



**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 to June 30, 2008

- f.4** Monthly -- collect risk assessments done on-site through targeted prevention who identify referral source as NIGHT Program. Provide the above information to SBC HIV C&T coordinator.
- f.5** Quarterly -- assess proportion/percent of NIGHT contacts who report a modification/reduction in sexual, drug-using risk behaviors or who maintain protective behaviors and have accessed HIV C&T.

**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)	Targeted Prevention Activity	Individual Level	Group Level	CRCS (PCM)	HCPI	PCRS	NIGHT
MSM	X		X				
IDU (all)/ISU	X	X					X
Transgender							X
Sexworkers							X
People Living with HIV/AIDS		X	X		X	X	

**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)	HCPI	PCRS	NIGHT
Pacific Pride Foundation	X	X	X		X		X
Public Health Department	X					X	

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**Augmentation**

**Pacific Pride Foundation**

**Goal #1:** To reduce the transmission of HIV among injecting drug users (IDUs), men who have sex with men (MSM), MSMs who use crystal methamphetamine (meth) and the sex partners of these risk groups in Santa Barbara County (SBC).

**Objective 1A:** Provide risk-reduction counseling and explore core issues surrounding risk-taking behaviors by providing two group level interventions for 20 MSMs using meth and engaging in unsafe sexual practices by June 30, 2008

- a. **Summary:** Provide a two session group level intervention based on information gained from focus groups targeting MSM who have used or may be at risk for, or currently use meth and/or have engaged in unprotected anal sex. Each session will consist of two and one half hours of risk-reduction counseling and exploring core issues surrounding risk-taking behaviors by providing a two-session group level intervention by June 30, 2008. Applying Social Norm Theory, Social Learning Theory and the Theory of Reasoned Action in a group setting, participants bareback, PNP and/or use meth will provide insight, increase/modify their own knowledge, beliefs and risk-taking behavior. Participants will also discuss and explore core issues associated with risk-taking behavior among gay/bisexual, MSM.
- b. **Service Provider Collaboration:** Pacific Pride Foundation (PPF) will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), the Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Group Level Intervention

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

- d. Behavioral Risk Group/Target Size:** 20 Sexually active MSMs who use methamphetamine and engage in unprotected (bareback) sexual behaviors.
- e. Key Activities:**
- e. 1** Quarter 1 - Update research on MSM group level interventions.
  - e. 2** Quarter 2 - Update group level intervention curriculum targeting MSM.
  - e. 3** Quarter 2 - Update and customize materials promoting groups. Ensure all new and revised materials are approved by the local Materials Review Committee prior to usage.
  - e. 4** Ongoing - Distribute promotional materials promoting group schedule and location through TPA.
  - e. 5** Quarter 2,4 - Increase capacity and knowledge of CHW staff on substance use and sexual risks, which will facilitate group level interventions, and assure group facilitators fulfill training requirements set by State Office of AIDS.
  - e. 6** Quarter 2,3,4 – Promote group interventions by collaborating with local providers and agencies providing service to MSM, to recruit group participants. Train, educate and implement an intervention based on the “Voices/Voces” intervention, a Diffusion of Effective Behavioral Interventions (DEBI).
  - e.7** Ongoing: Provide targeted prevention activities (TPA) to link high- risk clients to HIV testing through this service period.
- f. Process Evaluation:**
- f. 1** Quarter 1 – Customize ELI self-administered group questionnaire for completion by participants of group intervention.
  - f. 2** Quarter 2 – Schedule and promote group interventions.
  - f. 3** Quarter 1 – Customize ELI intervention set-up to reflect data collected by group participants, by adding additional fields on ELI web database.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

- f. 4 Quarter 2,3 - Administer group self administered questionnaire to group participants to document client-level data on knowledge, attitude, beliefs, and behaviors associated with HIV, substance use and sexual risk-taking behaviors.
- f. 5 Quarter 2,3 - Assess the proportion/percent of participants who report sexual, drug use risk behaviors and HIV C&T screening in past twelve months.
- f. 6 Quarter 2,3,4 - Determine proportion of MSM group participants currently using meth, engaging in unprotected anal sex and self-reported incidence of HIV, STDs and/or other infections in the past twelve months.
- f. 7 Quarter 2,3,4 – Administer follow-up survey to group participants (if accessible) 60 days after the intervention to determine behavior change, maintenance or action.

**Planned Parenthood**

**Objective 1B**

By January 31, 2008, nine Latino peer educators will be recruited and complete 30 hours of training on HIV transmission and prevention, community resources, peer outreach skills, and related topics (see training outline). The peer educators will be more knowledgeable and skilled regarding the training topics following training, scoring an average of 85 percent correct on the post-test.

**a. Summary**

Nine Latino peer educators will be recruited and complete 30 hours of training in preparation to provide educational TPA to 450 of their friends, family members, and others at high risk for HIV infection through Planned Parenthood's *Confianza* (Trust) Latino Peer Outreach program.

**b. Service Provider Collaboration**

Planned Parenthood will collaborate with Bridge program staff at the Santa Barbara County Public Health Department, and the Pacific Pride Foundation office in Santa Maria, in the recruitment of peer educators with one or more of the target risk behaviors.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**c. Intervention Type**

Group Level Intervention (GLI)

**d. Behavior Risk Group/Target Size**

Latino peer educators who engage in unprotected sex with multiple partners, abuse drugs, and/or have HIV, and/or their partners, in north Santa Barbara County/Nine

**e. Key Activities**

**e.1** In the summer of 2007, the Community Education Coordinator will contact Bridge program staff and Pacific Pride Foundation to identify and recruit nine Latinos who engage in unprotected sex with multiple partners, abuse drugs, and/or have HIV, and/or have partners with these characteristics. Peer educator candidates will be screened for access to the target population, commitment to program objectives, and basic communication skills needed to provide TPA.

**e.2** During the fall of 2007, 30 hours of training will be provided to the nine peer educators by the Community Education Coordinator through small group meetings held at Planned Parenthood's Santa Maria clinic, or another community location convenient for the peer educators. Peer educator training will cover human sexuality, reproductive anatomy and physiology, sexual orientation, healthy relationships, communication, negotiation skills, HIV/STI transmission and prevention, condom use, abstinence, risk reduction, substance abuse, testing and treatment for HIV/STIs, cultural and individual sensitivity, and community resources training methods will include role-playing, simulations, and other engaging educational practices needed to promote mastery of the information and skills covered.

**e.3** Ongoing: Provide TPA to link high-risk clients to HIV testing through this service period.

**f. Process Evaluation:** The peer educator training process will be evaluated through focus groups with peer educators following completion of training. Training (GLI) data will be entered into the ELI database.

**Outcome Evaluation:** The impacts of peer educator training will be evaluated by written testing of peer educators before and after the training.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**Objective 1C**

By June 30, 2008, nine Latino peer educators will provide education, materials, and referral to 450 Latinos who engage in unprotected sex with multiple partners, abuse drugs, and/or have HIV, and/or their partners. Of this group, 85 percent will be more knowledgeable about HIV transmission and prevention, community resources and related topics, 60 percent will increase use of condoms, limit number of sex partners or high-risk sexual activities, and/or increase other risk-reduction behaviors, (e.g., use clean needles), and 25 percent will obtain clinical services for which they were referred, including testing or treatment for HIV/STIs, within three months of initial contact with a peer educator.

**a. Summary**

Nine Latino peer educators will provide education, materials, and referral to 450 of their friends, family members, and others at high risk for HIV infection through Planned Parenthood's *Confianza* (Trust) Peer Outreach program.

**b. Service Provider Collaboration**

Peer educators will refer the peers contacted to Planned Parenthood's and other local clinics for HIV and STI testing and other needed reproductive health services. Peers with HIV who are not already receiving case management services will be referred to the Santa Barbara County Bridge program and Pacific Pride Foundation.

**c. Intervention Type**

Targeted Prevention Activities (TPA)

**d. Behavior Risk Group/Target Size**

Latinos who engage in unprotected sex with multiple partners, abuse drugs, and/or have HIV, and their partners, in north Santa Barbara County/450

**e. Key Activities**

e.1 During the winter of 2008, the nine trained peer educators will share AIDS prevention information, materials, including literature and condoms, and make referrals for needed health and social services, particularly HIV and STI testing, with 450 friends, family members, and others at elevated risk for HIV (50 per educator) through one-to-one and small group interactions lasting at least 15 minutes in length. When possible, peer educators will escort peers to referral sites for HIV testing or other needed medical services, and to social service agencies for needed services (e.g., substance abuse treatment, HIV care and treatment).

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

- e.2 Ten hours of additional training and supervision will be provided to the peer educators by the Community Education Coordinator during the TPA period. This will include updates on prevention related topics, assistance with TPA challenges, and support in filling-out contact documentation.
  - e.3 By June 1, 2008, the peer educators will re-contact 50 percent of the peers previously contacted (150 peers) to assess the impacts of TPA and peer follow-through on target behaviors. Each peer educator will receive a stipend of \$500 upon completion of TPA and follow-up.
  - e.4 The Community Education Coordinator will contact a sample of 10 percent of the peers contacted (30) to ensure that peer TPA was provided, and to gather input on the TPA process.
  - e.5 Ongoing: Provide TPA to link high-risk clients to HIV testing through this service period.
- f. Process Evaluation**  
Records of peer contacts, including demographics about the peers contacted and the type and content of contacts will be collected and maintained using the TPA form. The Community Education Coordinator will contact 10 percent of peers following completion of peer educator TPA to verify peer educator contact and to obtain feedback regarding the TPA process. Evaluation data will be entered into the ELI database.

**Outcome Evaluation**

The impacts of peer TPA on the peers contacted will be evaluated through completion of the TPA form immediately following the contact, and re-contacting 50 percent of peers two-three months after the initial contact to ask about and document actual behavior changes.



**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**Council on Alcoholism and Drug Abuse**

**Objective 1D**

Unique clients will receive at least three HIV/AIDS Education and Prevention sessions, duration 15 minutes or more. These unique clients will receive HIV prevention client centered health education, risk assessment, risk reduction and linkages to culturally and ethnically sensitive appropriate resources and services which address factors that confound successful changes in behavior. Services include substance abuse counseling, detox, mental health, medical, emotional support, domestic violence, shelter, needle exchange, food, clothing, social services, transitional housing, clean and sober activities, justice system, recovery community, etc.

**a. Summary**

Program staff will provide three 15 minute or longer individual HIV/AIDS education and prevention sessions to the specified target populations and risk behaviors for individuals and their Sex Partners and/or needle sharing partners. These sessions will include:

- a.1 client centered risk-reduction sessions regarding sexual behaviors
- a.2 client centered risk-reduction sessions regarding substance use
- a.3 creation of a client centered behavioral risk-reduction plan
- a.4 follow up sessions to assess behavior modification and change

Program staff will provide linkages to culturally and ethnically sensitive appropriate resources and services which address factors that confound successful changes in behavior. Program staff will refer and help clients enroll in appropriate services to address substance use behavior modification. Program staff will refer and help clients enroll in appropriate services to encourage development and maintenance of healthy behaviors which protect the health of the individuals themselves and others.

**b. Service Provider Collaboration**

- b.1 Program staff will participate in referral and linkage collaborative efforts with staff of appropriate substance treatment and needle exchange agencies for all clients with signed release of information forms for sharing information among collaborative referral agencies.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**b.2** Program staff will participate in referral and linkage collaborative efforts with staff of appropriate service and health agencies for all clients with signed release of information forms for sharing information among collaborative referral agencies.

**c. Intervention Type**

Individual Level Intervention (ILI)

**d. Behavior Risk Group (BRG)/Target Size**

40 IDU's Who Share Needles; 50 People of Color that engage in unprotected sex or sex with multiple partners of unknown HIV status; 30 MSM/MSF and 20 MSM that use methamphetamines; 25 homeless clients that are co-infected with STDs or engage in unprotected sex or needle sharing practices; 5 People Living with HIV/AIDS that engage in unprotected sex.

**e. Key Activities**

- e.1** By July 15, 2007, meet with HPCC and Department of Public Health
- e.2** By August 1, 2007, begin client selection and risk assessments/behavioral change sessions/referrals and linkages to resources.
- e.3** By October 1, 2007, begin ELI data entry using the ILI form.
- e.4** Through June 30, 2008, participate in all HPCC and Department of Public Health, State Office of AIDS meetings and trainings.
- e.5** Through June 30, 2008, research needed capacity building opportunities.
- e.6** Through June 30, 2008 continue and maintain data entry in ELI format, prepare reports and consult with HPCC, Department of Public Health, and State Office of AIDS.
- e.7** Ongoing: Provide TPA to link high-risk clients to HIV testing through this service period.

**f. Process Evaluation**

- f.1** By August 1, 2008, establish interventions in the ELI data system with consultation with Department of Public Health.
- f.2** Using the ILI form, update the ELI data system on a monthly basis.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

- f.3** Through June 30, 2008, attend quarterly ELI meetings with Department of Public Health and State Office of AIDS.

**Objective 1E**

HIV/AIDS education and prevention information will be offered at an African American community event to 50 people of color which will convey the message of an empowering and participatory multicultural venue in which to learn about the HIV/AIDS epidemic.

**a. Summary**

- a.1** To decrease fear, shame, lack of knowledge and stigma among communities of color regarding HIV and AIDS, program staff will provide HIV/AIDS education and prevention information at a community event to 50 individuals. This event will include:

- 1) client centered and culturally appropriate HIV/AIDS information.
- 2) client centered and culturally appropriate historical information regarding the AIDS epidemic.

- a.2** Program staff will provide linkages to culturally and ethnically sensitive appropriate resources and services which address factors that confound successful changes in behavior.

- a.3** Program staff will provide linkages to culturally and ethnically sensitive appropriate resources and services which encourage development and maintenance of healthy behaviors which protect the health of the individuals themselves and others.

- a.4** Program staff expects the Martin Luther King Jr. Day event will help address the issues of AIDS apathy and complacency regarding the HIV/AIDS epidemic.

**b. Service Provider Collaboration**

- b.1** Program staff will invite appropriate health and service agencies to participate in the community event by being on site with their materials.

- b.2** Program staff will provide appropriate information on community resources which will serve as a follow up to further education regarding the HIV/AIDS epidemic.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**c. Intervention Type**

Health Communication/Public Information (HC/PI).

**d. Behavior Risk Group/Target Size**

People of Color (POC)/50

**e. Key Activities**

- e.1 By July 15, 2007, meet with HPCC and Department of Public Health.
- e.2 By August 1, 2007, begin planning and contacts for Martin Luther King Jr. Day event in order to determine which type of event will be presented (example: health fair, sidewalk exhibit, AIDS Quilt event, etc.).
- e.3 By October 1, 2007, begin ELI data entry using the ILI form.
- e.4 By November 15, 2007, solidify plans for the event.
- e.5 Through Martin Luther King Jr. Day 2008, continue development activities.
- e.6 Martin Luther King Jr. Day 2008, conduct event.
- e.7 Through June 30, 2008, participate in all HPCC and Department of Public Health, State Office of AIDS meetings and trainings.
- e.8 Through June 30, 2008, research needed capacity building opportunities.
- e.9 Through June 30, 2008, continues and maintains data entry in ELI format, prepare reports and consult with HPCC, Department of Public Health, and State Office of AIDS.
- e.10 Ongoing: Provide TPA to link high-risk clients to HIV testing through this service period.

**f. Process Evaluation**

- f.1 By August 1, 2008, establish interventions in the ELI data system with consultation with Department of Public Health.
- f.2 By February 15, 2008, using the HCPI form, update the ELI data system.
- f.3 Through June 30, 2008, attend quarterly ELI data meetings with Department of Public Health and State Office of AIDS.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**Goal #2:** To reduce secondary infection and further transmission of HIV, among high-risk HIV-positive individuals and their sex partners in SBC.

**Objective 2A:** PPF's Prevention with Positives (PWP) Poz Abilities program will provide 120 in-depth intervention sessions to high-risk HIV-positive individual by HIV-positive peers by June 30, 2008.

- a. **Summary:** PWP peers will conduct a minimum of four separate individual level intervention sessions to high-risk HIV-positive individuals, exploring a variety of issues as they relate to risk behaviors and disclosure issues. Some interventions will be ongoing and/or repeat contacts. These interventions will involve longer, more in-depth sessions that will have an emphasis on quality time spent with each client.
- b. **Service Provider Collaboration:** Pacific Pride Foundation's Education Department will collaborate and consult with PPF's Case Management Program (CMP) and Early Intervention Program (EIP) Case Management, and its Counseling Department, as well as, with Santa Barbara County's Public Health Department, and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Individual Level Intervention
- d. **Behavioral Risk Group/Target Size:** 120 in-depth interventions with at least 30 individuals who are sexually active or potentially sexually active individuals who engage in high-risk behaviors.
- e. **Key Activities:**
  - e.1 Quarter 1 - Update available research and models on PWP.
  - e.2 Quarter 1 - Update HIV epidemiological data on demographics and risk groups of those living with HIV/AIDS in SBC.
  - e.3 Quarter 1 – Identify, develop and adopt a risk assessment tool established by the State Office of AIDS that would pertain to HIV-positive individuals engaging in high-risk sexual behaviors.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

- e.4 Quarter 2 - Update curriculum for training HIV-positive peer educators targeting specific sub-groups of high-risk HIV- positives in SBC. Ensure all new or revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.
- e.5 Quarter 2,3 - Recruit, maintain and train at least four individuals living with HIV/AIDS that will serve in the role of HIV-positive peer educators.
- e.6 Quarter 2,3,4 - Conduct and document individual level intervention data on ELI, targeting high risk HIV-positive individuals.
- e.7 Quarter 1,3 - Participate in meetings with Direct Client Services staff to discuss access to HIV-positives peers and needs of HIV/AIDS clients of PPF.
- e.8 Ongoing - Access available technical assistance agencies, programs and trainings as appropriate, to increase program and staff capacity.
- e.9 Ongoing: Provide TPA to link high-risk clients to HIV testing through this service period.
- f. **Process Evaluation:**
  - f.1 Monthly - Assess CHW progress by completing in-house progress report forms that document client contact and program-level data in addition to ELI forms.
  - f.2 Quarterly – Meet with other HIV providers and SBC contract monitors to provide updates and education on those issues that have resulted from program implementation and target population feedback.
  - f.3 Quarter 1 –Develop an individual CHW system to identify and document repeat contacts to be reflected on ELI as repeat Individual HIV-positive contacts.
  - f.4 Quarter 2, 4 - Assess proportion/percent of individual contacts made with HIV/AIDS individuals through PWP who report a modification/reduction or maintenance of sexual, drug-using risk behaviors or who have accessed an HIV-positive peer or attended a capacity building event. CHW will document on ELI.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

- f.5** Semi-annually - Determine proportion of PWP contacts made that demonstrate high-risk behavior. Document anecdotal data that comes from interactions and interventions to HIV-positive contacts in order to determine significant changes in areas of concern and receive feedback on program implementation.
- f.6** Semi-annually - Determine the proportion of HIV-positive contacts that Party and Play (PNP) or have participated in unprotected sex in past 12 months. PWP peers will attempt to document this information on ELI forms. ELI reports will facilitate process.
- f.7** Semi-annually - Assess proportion of PWP contacts that visit HIV/AIDS websites of interest, receive health communication information, and/or visit harm reduction web sites referred by HIV+ peers. Additional fields will be created on ELI intervention setup to assist in documenting this incidence.

**Allan Hancock College**

**Goal 3:** Prevent HIV and STD transmissions by improving knowledge of at-risk youths.

**Objective 3A**

Host an event in the winter of 2007, for at-risk high school and college age youth (including Latinos) focusing on prevention of sexually transmitted diseases including HIV/AIDS.

- a.** Summary In conjunction with partners and local organizations Coordinator/fundraiser, Allan Hancock College Health Services will provide two STD and HIV/AIDS education and prevention activities targeting currently enrolled at-risk youth at the Allan Hancock College during the Winter of 2007, in conjunction with AIDS Month (October) and/or World AIDS Day (December 1).

The first activity, called "*Start a NEW epidemic. Spread the word, not the disease,*" is a competition between five Health Education classes. The final, fifth, class will be used as a part of the second campus-wide education activity celebrating World AIDS Day. Students will be provided referral cards to receive incentive kits (Keep It Safe-KIS) when they access the student health services for HIV and/or STD testing. The KIS kit will contain additional referral cards to these students to refer other at-risk youth. Incentives (prizes) will be provided to encourage competition among the classes.

**Exhibit A, A1**  
Scope of Work Year 1  
July 1, 2007 – June 30, 2008

**e.5** Data will be compiled and a summary of the event will be submitted to the Santa Barbara County Public Health Department for data entry into ELI.

**f. Process Evaluation:**

**f.1** Using the modified HC/PI educational forms, update ELI within one month of the activity.

**f.2** The Santa Barbara County Public Health Department, after ELI data entry has been completed will review data with Allan Hancock staff to determine the relative success of the TPA effort and strategize for future events.

**f.3** The Allan Hancock College staff will present a brief report to the HIV Prevention and Care Council on the outcomes for the event in the Spring of 2008.



**Exhibit A, A1**  
 Scope of Work Year 1  
 July 1, 2007 – 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)	Targeted Prevention Activity	Individual Level	Group Level	CRCS (PCM)	HCPI	PCRS	NIGHT
MSM		X	X		X		
IDU (all)/ISU	X		X		X		
Transgender					X		
Sexworkers							
People Living with HIV/AIDS		X					
At-Risk Youth					X		

**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)	HCPI	PCRS	NIGHT
Pacific Pride		X	X				
Planned Parenthood	X		X				
CADA		X			X		
Allan Hancock College					X		

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

**Section 1: HIV Education and Prevention**

**Goal #1:** Pacific Pride Foundation

To reduce the transmission of HIV among injecting drug users (IDUs), men who have sex with men (MSM), MSM who use crystal methamphetamine (meth) and the sex partners of these risk groups in Santa Barbara County (SBC).

**Objective 1A:** Pacific Pride Foundation's (PPF) Community Health Worker (CHW) staff will identify and target 100 high-risk MSM who use meth and/or engage in unprotected sex with multiple partners through street targeted prevention by June 30, 2009.

- a. **Summary:** Tweaker Target is a targeted prevention activity (TPA) where Community Health Workers provide verbal HIV education, health education/risk-reduction and distribute safer-sex/harm-reduction materials to those MSM who use meth and/or engage in unprotected sex with multiple partners. Contacts are made at bars, nightclubs, Internet chat rooms and community events throughout SBC. Tweaker Target also provides individual risk assessment and risk-reduction messages that foster awareness and encourage behavior change through the inserts placed in safer-sex packets. The intent of this is to reinforce messages to target population that will contribute to reducing individual risks of acquiring HIV associated with sexual and/or drug using behaviors. HIV Counseling and Testing (C&T), STD, HCV screening referrals are also provided when appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), the Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV C&T for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Targeted Prevention Activities

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- d. Behavioral Risk Group/Target Size:** 100 high-risk MSM who use methamphetamine and engage in risky sexual behaviors with one or more sex partners.
- e. Key Activities:**
- e.1** Quarter 1 - Review available SBC HIV epidemiological, demographic and geographic data of recently diagnosed HIV infections. Focus will be placed on those cases where MSM (homosexual/bisexual) is identified as a risk factor and compared to prior year's data to document trends or changes.
  - e.2** Quarter 1 – Update and modify the set up of Local Evaluation Online (LEO) interventions on website to include additional fields where self-reported HIV status and party and play (PNP)<sup>1</sup> incidence (in the last 12 months) will be documented by Community HIV Workers (CHW) staff on LEO forms.
  - e.3** Quarter 1, 2 - Update research and intervention strategies targeting MSM populations who practice unprotected sex and use meth. Provide in-service training to CHW and HIV care and treatment staff on updated information.
  - e.4** Quarter 1 - Update training curriculum and reference materials used by staff targeting MSM sub-groups (i.e. Spanish-speaking, injectors, barebackers). Ensure all new and revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.
  - e.5** Ongoing - Update listing of bars, events, community groups, chat rooms and agencies identified as sites where MSM frequent or access services.
  - e.6** Ongoing - Conduct activities to MSM in SBC through targeted prevention and safer-sex packet distribution.
  - e.7** Ongoing – Identify and provide opportunity for CHW staff to attend appropriate trainings that focus on issues relevant to target population.
- f. Process Evaluation:**
- f.1** Monthly - Assess CHW progress by completing in-house progress report forms that document client contact and program-level data in addition to LEO forms.
  - f.2** Quarter 1 –Develop an individual CHW system to identify and document repeat contacts to be reflected on LEO.

---

<sup>1</sup> PNP – "Party and Play" common term used to refer by a subpopulation of gay/bisexual men and MSM who seek out others to engage in the use of meth and sexual activity. Often used in internet profiles and implies solicitation of unprotected sexual practices, commonly involving various sexual partners.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- f.3 Quarter 2, 4 - Assess proportion/percent of individual contacts made with MSM who report a modification/reduction or maintenance of sexual, drug-using risk behaviors or who have accessed HIV C&T by providing HIV6 number in LEO.
- f.4 Semi-annually - Determine proportion of MSM contacts that use meth and self-report incidence of HIV, STDs and/or other infections in past 12 months. Compare this data to prior year to determine any changes or trends in population.
- f.5 Semi-annually - Determine the proportion of MSM contacts that PNP, are aware of their HIV status, STD history and unsafe sex practices in past 12 months as documented on LEO forms. LEO reports will facilitate process.
- f.6 Semi-annually - Assess proportion of MSM contacts who visit harm reduction web sites referred by CHW and/or received safer-sex packet materials. Additional fields to be created on LEO intervention setup will document incidence.
- f.7 Quarterly – Meet with other HIV Education and Prevention providers and SBC contract monitors to provide technical assistance and quality assurance as to contract deliverables and issues resulting from program implementation.

~~**Objective 1B:** Provide risk-reduction counseling and explore core issues surrounding risk-taking behaviors by providing two group-level interventions for 20 MSM using meth and engaging in unsafe sexual practices by June 30, 2009.~~

- ~~a. **Summary:** Provide a two-session group-level intervention based on information gained from focus groups targeting MSM who have used or may be at risk for, or currently use meth and/or have engaged in unprotected anal sex. Provide risk-reduction counseling and explore core issues surrounding risk-taking behaviors by providing a two-session group-level intervention by June 30, 2009. Applying Social Norm Theory, Social Learning Theory and the Theory of Reasoned Action in a group setting, participants bareback, PNP and/or use meth will provide insight, increase/modify their own knowledge, beliefs and risk-taking behavior. Participants will also discuss and explore core issues associated with risk-taking behavior among gay/bisexual, MSM~~

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- b. ~~Service Provider Collaboration:~~** ~~Pacific Pride Foundation will collaborate with Santa Barbara ADMHS, the Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.~~

~~The ADMHS contracts with the Pacific Pride Foundation for HIV C&T. In addition, the PHD collaborates with ADMHS to provide HIV C&T for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).~~

~~The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.~~

- c. ~~Type of Intervention:~~** ~~Group Level Intervention~~

- d. ~~Behavioral Risk Group/Target Size:~~** ~~20 sexually active MSM who use methamphetamine and engage in unprotected (bareback) sexual behaviors.~~

- e. ~~Key Activities:~~**

- e.1** ~~Quarter 1~~ ~~Update research on MSM group level interventions.~~
- e.2** ~~Quarter 2~~ ~~Update group level intervention curriculum targeting MSM.~~
- e.3** ~~Quarter 2~~ ~~Update and customize materials promoting groups. Ensure all new and revised materials are approved by the local Materials Review Committee prior to usage.~~
- e.4** ~~Ongoing~~ ~~Distribute promotional materials promoting group schedule and location through TPA.~~
- e.5** ~~Quarter 2,4~~ ~~Increase capacity and knowledge of CHW staff on substance use and sexual risks, who will facilitate group level interventions, and assure group facilitators fulfill training requirements set by State Office of AIDS.~~
- e.6** ~~Quarter 2,3,4~~ ~~Promote group interventions by collaborating with local providers and agencies providing service to MSM, to recruit group participants. Train, educate and implement an intervention based on the "Voices/Voces" intervention, a Diffusion of Effective Behavioral Interventions (DEBI).~~

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

**f. ~~Process Evaluation:~~**

- ~~f.1 — Quarter 1 — Customize LEO self-administered group questionnaire for completion by participants of group intervention.~~
- ~~f.2 — Quarter 2 — Schedule and promote group interventions.~~
- ~~f.3 — Quarter 1 — Customize LEO intervention set-up to reflect data collected by group participants, by adding additional fields on LEO web database.~~
- ~~f.4 — Quarter 2,3 — Administer group self-administered questionnaire to group participants to document client-level data on knowledge, attitude, beliefs, and behaviors associated with HIV, substance use and sexual risk-taking behaviors.~~
- ~~f.5 — Quarter 2,3 — Assess the proportion/percent of participants who report sexual, drug-use risk behaviors and HIV C&T screening in past twelve months.~~
- ~~f.6 — Quarter 2,3,4 — Determine proportion of MSM group participants currently using meth, engaging in unprotected anal sex and self-reported incidence of HIV, STDs and/or other infections in the past twelve months.~~
- ~~f.7 — Quarter 2,3,4 — Administer follow-up survey to group participants (if accessible) 60 days after the intervention to determine behavior change, maintenance or action.~~

**Objective 1C B:** Provide at least three individual level interventions for 100 high-risk IDUs by June 30, 2009.

- a. Summary:** The Right Outfit (TRO) is a harm-reduction, targeted prevention program providing CHWs HIV education and prevention, HIV C&T referrals, harm reduction supplies, risk assessments and counseling to high-risk IDUs in SBC.
- b. Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Alan Hancock College's Nursing Program, Santa Barbara County's ADMHS, the Public Health Department, local drug/alcohol programs, and other healthcare providers practicing in the community.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

The ADMHS contracts with the Pacific Pride Foundation for HIV C&T. In addition, the PHD collaborates with ADMHS to provide HIV C&T for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. Type of Intervention:** Individual Level Intervention
- d. Behavioral Risk Group/Target Size:** Intravenous drug users/100
- e. Key Activities:**
  - e.1** Quarter 1 - Update harm-reduction and health communication materials used in TRO activities targeting IDU/ISU. Ensure all new or revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.
  - e.2** Quarter 1 - Customize LEO intervention set-up to reflect data collected through ILI sessions, adding additional fields on LEO web database as appropriate. Use of locally designed database in an attempt to track incremental change in behavior and risk reduction.
  - e.3** Quarter 1 – Identify, develop and adopt a risk assessment tool established by the State Office of AIDS that would pertain to IDU engaging in high-risk activities.
  - e.4** Quarter 1 –Continue to implement and monitor individual CHW system to identify and document repeat contacts referred to TRO, to be reflected on LEO intervention set up.
  - e.5** Quarter 2 - Update harm-reduction kit inserts and inventory of written educational brochures/materials that target sub-populations of IDUs.
  - e.6** Ongoing – Identify IDUs accessing TRO as a result of activities.
  - e.7** Quarter 2 - Update curriculum and available information for training CHW staff targeting sub-groups of IDUs, (i.e. Transgender hormone injectors (ISUs)).

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- e.8 Ongoing - Update mapping of areas in SBC where IDUs frequent.
- e.9 Ongoing - CHWs distribute harm-reduction supplies and information to IDUs promoting TRO.

**f. Process Evaluation:**

- f.1 Complete LEO ILI form for each counseling session, and enter into LEO system within one week of session.
- f.2 Monthly - Complete CHW progress report forms to document client and program-level data for quality assurance and progress towards objectives.
- f.3 Quarterly - Assess proportion/percent of contacts who access TRO by adding additional fields to LEO intervention set up on web database and use on LEO forms to reflect TRO referral and program access.
- f.4 Quarterly - Determine incidence of HIV, HCV, STD and/or other infections for clients contacted and referred by CHW who access TRO.
- f.5 Semi-annually - Assess proportion of contacts who have shared syringes and other equipment in the past 12 months through data on LEO reports and via reporting on locally designed Needle Exchange and Education Database.
- f.6 Quarter 1, 4 – Review available epidemiological data for SBC to determine any changes or trends among those recently diagnosed over the past two years who identify IDU/ISU as their primary risk factor and compare statistics to prior year's data of similar query.
- f.7 Quarterly – Meet with SBC HIV program monitor for quality assurance purposes and to provide technical assistance on issues related to program goals and objectives for current fiscal year. In Partnership with Public Health report relevant data and outcome information to SBC Board of Supervisors.

**Objective 1D C:** The Public Health Department will provide ten Individual Level Counseling Sessions for IDUs and substance abusers that have court-ordered HIV education and harm reduction at either the PHD Santa Barbara or Santa Maria clinics by PHD health educator prior to June 30, 2009.



**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

**a. Summary:** Individual HIV education and harm-reduction counseling sessions will be provided to high-risk substance abusers individuals that have been convicted by the Courts of certain drug related crimes and are ordered by the Courts to receive this intervention.

**b. Service Provider Collaborations:**

Program staff receives referrals from the Probation Department. Program staff will re-contact and document each successful referral with the appropriate Probation Department.

Program staff will develop a flyer to distribute to Probation Department staff to ensure they are aware of PHD service provision.

Program staff will collaborate with other intervention service providers through the HPCC.

Program staff will provide referrals to HIV counseling and testing (ATS Program) and/or drug treatment facilities as appropriate.

**c. Intervention Type:** Individual Level Intervention

**d. Behavioral Risk Group/Target Size:** IDU/8; Substance Users/2

**e. Key Activities:**

**e.1** Through court-order process, IDU individual makes appointment for counseling session. Ongoing.

**e.2** Link to HIV counseling and testing or referral to substance abuse treatment program provided during counseling session as appropriate. Ongoing.

**e.3** One-on-one counseling provided to client. Ongoing

**e.4** Activities documented in LEO through LEO ILI form for each session and entered within one week of session.

**e.5** Staff will complete documentation for Probation Department and provided to client. Ongoing.

**f. Process Evaluation:**

**f.1** Provide pre-counseling survey of clients.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- f.2 Measure the increase in knowledge through post-counseling survey.
- f.3 Determine cost/evaluation ratio of service through use of LEO reporting functions.
- f.4 Compare LEO data to other types of interventions.
- f.5 Monitor LEO data quarterly , report to OA and HPCC semi-annually and evaluate at end of year 1 (prior to June 30, 2009) to determine outcomes.
- f.6 Revise as appropriate and include in FY 2008-2009 intervention plan.

**Goal #2:** To reduce secondary infection and further transmission of HIV, among high-risk HIV-positive individuals and their sex partners in SBC.

**Objective 2A:** ~~PPF's Prevention with Positives (PWP) Poz Abilities program will provide individual level interventions to 90 high-risk HIV positive individuals by HIV positive peers by June 30, 2009.~~

~~a. **Summary:** PWP peers will conduct a minimum of three separate individual level intervention sessions to high-risk HIV positive individuals, exploring a variety of issues as they relate to risk behaviors and disclosure issues. Some interventions will be ongoing and/or repeat contacts.~~

~~b. **Service Provider Collaboration:** Pacific Pride Foundation's Education Department will collaborate and consult with PPF's Case Management Program (CMP) and Early Intervention Program (EIP) Case Management, and its Counseling Department as well as with Santa Barbara County's Public Health Department, and other healthcare providers practicing in the community.~~

~~The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.~~

~~c. **Type of Intervention:** Individual Level Intervention~~

~~d. **Behavioral Risk Group/Target Size:** 90 sexually active or potentially sexually active HIV positive individuals who engage in high-risk behaviors.~~

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

**e. Key Activities:**

- ~~e.1 — Quarter 1 — Update available research and models on PWP.~~
- ~~e.2 — Quarter 1 — Update HIV epidemiological data on demographics and risk groups of those living with HIV/AIDS in SBC.~~
- ~~e.3 — Quarter 1 — Identify, develop, and adopt a risk assessment tool established by the State Office of AIDS that would pertain to HIV-positive individuals engaging in high-risk sexual behaviors.~~
- ~~e.4 — Quarter 2 — Update curriculum for training HIV-positive peer educators targeting specific sub-groups of high-risk HIV-positives in SBC. Ensure all new or revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.~~
- ~~e.5 — Quarter 2,3 — Recruit, maintain and train at least two new individuals living with HIV/AIDS that will serve in the role of HIV-positive peer educators.~~
- ~~e.6 — Quarter 2,3,4 — Conduct and document individual level intervention data on LEO, targeting high-risk HIV-positive individuals.~~
- ~~e.7 — Quarter 1,3 — Participate in meetings with Direct Client Services staff to discuss access to HIV-positives peers and needs of HIV/AIDS clients of PPF.~~
- ~~e.8 — Ongoing — Access available technical assistance agencies, programs and trainings as appropriate, to increase program and staff capacity.~~

**f. Process Evaluation:**

- ~~f.1 — Monthly — Assess CHW progress by completing in-house progress report forms that document client contact and program level data in addition to LEO forms.~~
- ~~f.2 — Quarterly — Meet with other HIV providers and SBC contract monitors to provide updates and education on those issues that have resulted from program implementation and target population feedback.~~
- ~~f.3 — Quarter 1 — Develop an individual CHW system to identify and document repeat contacts to be reflected on LEO as repeat Individual HIV-positive contacts.~~

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- ~~f.4~~ Quarter 2, 4— Assess proportion/percent of individual contacts made with HIV/AIDS individuals through PWP who report a modification/reduction or maintenance of sexual, drug-using risk behaviors or who have accessed an HIV positive peer or attended a capacity building event. CHW will document on LEO.
- ~~f.5~~ Semi-annually— Determine proportion of PWP contacts made that demonstrate high-risk behavior. Document anecdotal data that comes from interactions and interventions to HIV positive contacts in order to determine significant changes in areas of concern and receive feedback on program implementation.
- ~~f.6~~ Semi-annually— Determine the proportion of HIV positive contacts that PNP or have participated in unprotected sex in past 12 months. PWP peers will attempt to document this information on LEO forms. LEO reports will facilitate process.
- ~~f.7~~ Semi-annually— Assess proportion of PWP contacts that visit HIV/AIDS websites of interest, receive health communication information, and/or visit harm reduction web sites referred by HIV positive peers. Additional fields will be created on LEO intervention setup to assist in documenting this incidence.

**Objective 2B A:** PPF's PWP Poz Abilities program will provide health communication to 480 HIV-positive individuals by June 30, 2009.

- a. **Summary:** PWP peers will gather emails and contact information of those provided from Individual Level Interventions, web contacts, CARE Service referrals and other sources, who are willing to provide such information, and distribute health communication information through monthly emails, newsletters and provide referrals to Pacific Pride Foundation's website and other sites that contain information on issues of interest to target population.
- b. **Service Provider Collaboration:** Pacific Pride Foundation's Education Department will collaborate and consult with PPF's CMP and EIP Case Management, and its Counseling Department as well as with the Santa Barbara Public Health Department and other healthcare providers practicing in the community.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. Type of Intervention:** Health Communication Public Information (HC/PI)
- d. Behavioral Risk Group/Target Size:** HIV-positive individuals/12 newsletter issues
- e. Key Activities:**
  - e.1** Quarter 1,2,3,4 – Gather confidential contact information voluntarily from people living with HIV (preferably of those contacts made through Individual Level Interventions), to use in the direct provision of informational emails, articles, research, events and other materials that will be accounted as Health Communication to target population.
  - e.2** Ongoing – Develop email newsletters and hard copy newsletters with health communication information on issues of critical, relevant interest to individuals living with HIV/AIDS, particularly those considered high-risk.
  - e.3** Quarter 1, 3 – Schedule distribution and event calendar to establish frequency and topic-areas of health communication to be distributed.
  - e.4** Ongoing – Distribute widely, the health communication information to established consenting recipients and HIV/AIDS service providers and post information on PPF website for referral purposes.
- f. Process Evaluation:**
  - f.1** Quarter 1 – Update and customize LEO intervention set up on web database to document health communication efforts that target HIV-positive individuals.
  - f.2** Ongoing – Document frequency, type, media, message and target audience information on LEO forms, to track all hard copy or email health communication information that is provided through PWP efforts.

**Objective 2C B:** PPF's PWP Poz Abilities program will provide four quarterly capacity building events for 60 HIV-positive individuals by June 30, 2009.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- a. **Summary:** HIV-positive peer educators will coordinate and offer at least one all-day group event per quarter in SBC that involves educational and social elements that provide emotional support to individuals living with HIV/AIDS. These events will be determined by HIV-positive peers and will include lunch discussion groups, long-term survivors groups, workshops and discussion forums on HIV related issues
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Public Health Department, and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Group Level Intervention
- d. **Behavior Risk Group/Target Size:** 60 HIV-positive individuals
- e. **Key Activities:**
- e.1 Quarter 1 - Update materials used to promote health, resources, events and group level interventions to HIV/AIDS target population. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  - e.2 Quarter 1 - Ensure peer educators are trained in group facilitation or are supported by PPF staff that are experienced in group facilitation or have received California Department of Public Health (CDPH) group facilitator training prior to implementation of the first group level intervention.
  - e.3 Quarter 1- Develop and submit a curriculum outline to the PHD Education and Prevention Coordinator for approval prior to implementation of the first group level intervention.
  - e.4 Quarter 1- Schedule group level interventions, recruit participants.
  - e.5 Quarter 1,2,3,4 - Increase capacity and knowledge of staff around philosophies, theories, substance use and sexual risk-taking that will also facilitate, promote and conduct group level interventions.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- e.6 Ongoing – Maintain collaborative relationships with HIV/AIDS service providers to recruit participants.
- f. **Process Evaluation:**
  - f.1 Quarter 1 - Update group self administered questionnaire to collect data on participant satisfaction with events/programs offered and risk-behaviors
  - f.2 Quarter 1 – Update and customize LEO intervention set up on web database to reflect data gathered that may reflect knowledge, attitude, beliefs and behaviors of high-risk HIV positive individuals.
  - f.3 Quarter 2,4 - Determine proportion of participants who self report incidence of STDs and/or other infections in past 12 months.
  - f.4 Quarter 2,3,4 - Assess proportion of participants who use substances and/or who visit web sites or accessed materials provided by peer educators.
  - f.5 Quarter 1,3 - Solicit and analyze feedback from HIV/AIDS participants targeted, to modify and improve program for coming fiscal year.

**Objective 2D C:** By June 30, 2009, a minimum of 15 HIV-positive clients and their partners will receive Partner Counseling Referral Services (PCRS) from Public Health Department Staff.

- a. **Summary:** Service providers will assist HIV-positive clients in notifying their partners of their status. Notification may include skills-building exercises for client self-notification, dual notification with clients and service providers and/or anonymous third party notification by PHD certified PCRS staff. Referrals for PCRS may come from Alternate Testing Site Program, PHD clinic staff, subcontracted community based organization staff or private providers. In addition, they will assist the CDPH/STD Branch in all anonymous third party notifications for partners of out of state clients, then document all activities in LEO and report appropriate information to the CDPH/STD Branch.
- b. **Service Provider Collaborations:**

Program staff will develop a PCRS Steering Committee comprised of Santa Barbara County STD staff, Santa Barbara County HIV/AIDS staff, representatives from the HPCC, Alternate Testing Site (ATS) Program Coordinators, subcontracted Community Based Organization (CBO) service staff, the CDPH/STD Branch and adjacent County PCRS staff (i.e. San Luis Obispo and Ventura Counties).

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

Program staff will provide a minimum of five in-services on available PCRS for HIV care and treatment and prevention providers and clients. These will include: PHD Infectious Disease Clinic staff, HPCC members, PHD Nursing Division Staff, PHD Clinic staff and selected public and private providers.

Program staff will participate in case conferencing of Ryan White CARE Act EIS clients with the Pacific Pride Foundation case managers, medical providers and clinical staff.

All PHD, NIGHT and Education and Prevention subcontractors are required to participate in community planning through the HPCC.

- c. Intervention Type:** Individual Level Intervention (specifically addressing PCRS)
- d. Behavioral Risk Group/Target Size:** 15 people living with HIV/AIDS and their partners at risk of transmission for failure to disclose their status
- e. Key Activities:**
  - e.1** Recruit and select members for the Santa Barbara County PCRS Steering Committee by July 31, 2008. Members will likely include representatives from the HPCC, CDPH/STD Branch, ATS Coordinators, PHD Communicable Disease/STD staff and counterparts from Ventura and San Luis Obispo Counties.
  - e.2** Complete all CDPH/STD training for PCRS support staff (e.g. case managers, HIV counselors, clinical staff, communicable disease staff, public health nurses) by August 31, 2008.
  - e.3** Review and revise existing PCRS policies and procedures to incorporate new staff and new strategies by September 30, 2008. Include review and adoption of LEO PCRS forms.
  - e.4** Update PCRS Implementation Plan submitted to CDPH/STD Branch by September 30, 2008.
  - e.5** Establish PCRS ILI intervention in LEO (if not already completed) and begin offering formal PCRS services by October 1, 2008.
  - e.6** Document all PCRS activities in LEO as appropriate.



**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- e.7 Provide in-services for PHD internal staff (i.e. Infectious Disease clinic staff, public health nurses, communicable disease staff, and clinic managers) by November 30, 2008.
  - e.8 Provide in-services for external HIV service providers starting on December 1, 2008. External service providers include the HPCC, and public and private medical providers. Integrate PCRS information into all private provider Surveillance information and Surveillance in-services.
  - e.9 Document and report on all implementation activities in Education and Prevention semi-annual report by February 15, 2009.
  - e.10 Monitor PCRS activities using LEO on a quarterly basis.
  - e.11 Analyze LEO data and evaluate impacts of program semi-annually.
  - e.12 Report outcomes of LEO data analysis to PCRS Steering Committee and HPCC.
  - e.13 Evaluate outcomes in relation to goals and objectives prior to June 30, 2009. Prepare Year-2 objectives based upon evaluation and finalize prior to July 1, 2008.
- f. Process Evaluation:**
- f.1 As specified in the Key Action Steps above, process evaluation will be accomplished by reviewing and analyzing data using the LEO database.
  - f.2 Process evaluations will also explore the type of PCRS interventions (e.g. skills-building, dual notifications and/or anonymous third party notifications), the number of partners contacted per HIV client and type of notification and the cost per service.
  - f.3 A survey of supporting HIV service providers will be conducted prior to June 30, 2009, to determine value and effectiveness of the in-services for internal and external providers.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

**Neighborhood Intervention Geared towards High risk Testing Program (NIGHT)**

**Pacific Pride Foundation**

**Goal #1:** To reduce the incidence of HIV infection among injection drug users/other substance users and their sex partners throughout Santa Barbara County.

**Objective 1A:** Pacific Pride Foundation's Community HIV Worker (CHW) staff will provide targeted prevention activities (TPA) to 300 high-risk injection drug users (IDU) by June 30, 2009.

- a. **Summary:** Pacific Pride Foundation (PPF) is the Santa Barbara County (SBC) subcontractor that has been previously funded to provide NIGHT services. The Right Outfit (TRO) is a risk-reduction program where CHWs conduct targeted prevention efforts and health education/risk-reduction to high-risk injection substance users (ISU) at various sites throughout SBC. The targeted prevention efforts include providing HIV education and prevention knowledge as well as strategies for reducing ISU risk of acquiring HIV, Hepatitis C (HCV) and other infections resulting from high-risk behaviors. From conducting brief risk assessments, clients will be referred to Counseling and Testing Services (C&T) as appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, AEGIS Medical Systems, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The Pacific Pride Foundation collaborates with the Santa Barbara Neighborhood Clinic to provide free Hepatitis C screenings for clients that access TRO.

The ADMHS contracts with the PPF for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Targeted Prevention Activities
- d. **Behavioral Risk Group/Target Size:** IDU/300 high-risk individuals that inject substances in Santa Barbara County.
- e. **Key Activities:**
  - e.1 First Quarter – develop new promotional materials to be used in targeted prevention activities to market the TRO program. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  - e.2 First Quarter – develop and customize new materials for distribution of safer-sex and harm-reduction kits used by CHWs to target ISU.
  - e.3 Ongoing -- identify/document the various sub-groups that may potentially make up this blanket high-risk target population.
  - e.4 First Quarter – develop and refine curriculum for training NIGHT CHWs who target specific sub-groups of this high-risk target population (i.e., Transgender Latina hormone injectors). All staff will complete required TPA training as per State Office of AIDS requirements.
  - e.5 Ongoing -- identify and map out areas and agencies throughout SBC where IDU may frequent or access services.
  - e.6 Ongoing -- conduct targeted prevention activities.
  - e.7 First and Second Quarter -- develop unique identifier system for each CHW who may potentially conduct repeat contacts to clients who are part of a specific sub-group of this target population.
  - e.8 Ongoing -- administer a preliminary risk-assessment to this target population using the Local Evaluation Online (LEO) short form.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

**f. Evaluation:**

- f.1** Monthly -- complete monthly CHW progress report forms to document target population/client and program-level data to ensure efforts are targeting appropriate populations and subgroups.
- f.2** Quarterly -- assess the proportion/percent of individual contacts made who report reduction in sexual or drug-using risk behaviors, maintain protective behaviors and/or access TRO.
- f.3** Quarterly -- determine the proportion of high-risk ISU who self-report the incidence of HIV, HCV and/or other infections when accessing TRO program.
- f.4** Quarterly -- assess the proportion of IDU aware of their HIV status.
- f.5** Quarterly -- assess the proportion of contacts with known, confirmed HIV- and/or HCV-positive individuals who inject substances.

**Objective 1B:** By June 30, 2009, provide targeted prevention activities for 225 high-risk mono and bi-lingual Spanish-speaking Latino IDU.

- a. Summary:** NIGHT CHW staff will increase the knowledge around HIV transmission/risk-reduction to Latino, monolingual and bi-lingual Spanish-speaking high-risk injection drug users through targeted prevention by June 30, 2009. From conducting brief risk assessments, clients will be referred to C&T as appropriate.
- b. Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each local LIG meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. Type of Intervention:** Targeted Prevention Activities

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- d. **Behavioral Risk Group/Target Size:** 225 high-risk monolingual and bi-lingual Spanish-speaking Latino injection drug and/or substance users.
  
- e. **Key Activities:**
  - e.1 First Quarter -- Identify the promotional materials to be used in targeted prevention activities by CHWs who target monolingual and bi-lingual IDU.
  
  - e.2 Second, third and fourth Quarters -- Identify various sub-groups of Latino IDU through targeted prevention.
  
  - e.3 Second Quarter -- Develop and refine curriculum for training CHWs who target specific sub-groups of Latino IDU (i.e. Transgender hormone injectors). Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  
  - e.4 Ongoing -- Identify and map out areas in SBC where Latino IDU frequent.
  
  - e.5 Ongoing -- CHWs will conduct targeted prevention activities to Latino IDU.
  
  - e.6 Ongoing -- Administer a preliminary risk-assessment in Spanish using LEO TPA short forms to IDU targeted.
  
- f. **Process Evaluation:**
  - f.1 Monthly -- Complete CHW progress report forms to document client and program level data and to ensure efforts target IDU/ISU population.
  
  - f.2 Second and fourth Quarters -- Assess proportion/percent of contacts reporting reduction in sexual/drug-use risk behaviors, maintenance, testing and behavior change.
  
  - f.3 Ongoing -- Determine proportion of Latino IDU self-reporting incidence of HIV, HCV and/or other infections through LEO forms and local Needle Exchange & Education Program database.
  
  - f.4 Ongoing -- Assess Proportion of Latino IDU that are aware of their HIV status.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- f.5 Semi-annually -- Assess proportion of contacts with confirmed HIV- and/or HCV-positive Latino individuals who inject substances and share equipment.

**Goal #2: To reduce HIV transmission for IDU and high-risk sex workers by increasing the number of those that knows their HIV status.**

**Objective 2A:** By June 30, 2009, NIGHT CHW staff will provide targeted prevention activities to link 100 high-risk IDU, 50 high-risk sex workers and 10 high-risk transgender to HIV C&T in Santa Barbara County.

- a. **Summary:** NIGHT CHWs will provide targeted prevention, risk assessments, referrals and HIV testing to this population. CHWs who are also certified HIV counselors and rapid HIV test counselors will provide HIV C&T services using OraSure or rapid HIV testing onsite. In addition, they may refer clients to Anonymous Testing Sites (ATS) throughout SBC.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, private drug/alcohol agencies and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Target Prevention Activities
- d. **Behavioral Risk Groups/Target Size:** 100 high-risk IDU of all races, ethnicities, sexual orientations and ages, 50 high-risk sex workers and 10 high-risk transgenders.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

**e. Key Activities:**

- e.1 First Quarter -- update and review SBC HIV epidemiological data and demographics on incidence of HIV among those who identify injection substance use as a primary risk factor/transmission mode.
- e.2 First Quarter -- update and review SBC ATS data for previous contract year for number of tests identified as a result of NIGHT efforts.
- e.3 First and third Quarter-- update materials used in targeted prevention activities to market HIV C&T incentive program. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
- e.4 Ongoing -- identify locations, agencies and community venues where target population frequents or accesses services.
- e.5 First Quarter -- formalize collaboration memorandum of understanding with community agencies to provide client access to HIV C&T (e.g. AEGIS, Santa Barbara Neighborhood Clinics).
- e.6 First and second Quarter -- update and refine training curriculum, interventions and targeted prevention strategies employed by NIGHT CHWs and HIV test counselors who target this population.
- e.7 Semi-annually -- ensure HIV test counselor certifications are current through participation in continuing education trainings.
- e.8 Coordinator will attend annual NIGHT and HIV C&T meetings.
- e.9 Ongoing -- provide referrals to HIV C&T, syringe exchange, and field testing through targeted prevention activities/interventions.
- e.10 Attend in-service trainings for HIV C&T counselors.

**f. Evaluation:**

- f.1 Monthly -- complete CHW progress report forms to document program-level data and ensure HIV C&T efforts are targeting appropriate populations, sub-groups and identify NIGHT program referrals.

**Exhibit A, A1**  
Scope of Work Year 2  
July 1, 2008 to June 30, 2009

- f.2** Ongoing -- complete LEO forms for NIGHT contacts.
- f.3** Monthly -- collect and input NIGHT client data on LEO web database.
- f.4** Monthly -- collect risk assessments done on-site through targeted prevention who identify referral source as NIGHT Program. Provide the above information to SBC HIV C&T coordinator.
- f.5** Quarterly -- assess proportion/percent of NIGHT contacts who report a modification/reduction in sexual, drug-using risk behaviors or who maintain protective behaviors and have accessed HIV C&T.



**Exhibit A, A1**  
 Scope of Work -Year 2  
 July 1, 2008 to 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)	Targeted Prevention Activity	Individual Level	Group Level	CRCS (PCM)	HCPI	PCRS	NIGHT
MSM	X		X				
IDU (all)/ISU	X	X					X
Transgender							X
Sexworkers							X
People Living with HIV/AIDS		X	X		X	X	

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)	HCPI	PCRS	NIGHT
Pacific Pride Foundation	X	X	X		X		X
Public Health Department	X					X	

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

**Section 1: HIV Education and Prevention**

**Goal #1:** Pacific Pride Foundation

To reduce the transmission of HIV among injecting drug users (IDUs), men who have sex with men (MSM), MSM who use crystal methamphetamine (meth) and the sex partners of these risk groups in Santa Barbara County (SBC).

**Objective 1A:** Pacific Pride Foundation's (PPF) Community Health Worker (CHW) staff will identify and target 100 high-risk MSM who use meth and/or engage in unprotected sex with multiple partners through street targeted prevention by June 30, 2010.

- a. **Summary:** Tweaker Target is a targeted prevention activity (TPA) where Community Health Workers provide verbal HIV education, health education/risk-reduction and distribute safer-sex/harm-reduction materials to those MSM who use meth and/or engage in unprotected sex with multiple partners. Contacts are made at bars, nightclubs, Internet chat rooms and community events throughout SBC. Tweaker Target also provides individual risk assessment and risk-reduction messages that foster awareness and encourage behavior change through the inserts placed in safer-sex packets. The intent of this is to reinforce messages to target population that will contribute to reducing individual risks of acquiring HIV associated with sexual and/or drug using behaviors. HIV Counseling and Testing (C&T), STD, HCV screening referrals are also provided when appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), the Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV C&T. In addition, the PHD collaborates with ADMHS to provide HIV C&T for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Targeted Prevention Activities

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- d. Behavioral Risk Group/Target Size:** 100 high-risk MSM who use methamphetamine and engage in risky sexual behaviors with one or more sex partners.
- e. Key Activities:**
- e.1** Quarter 1 - Review available SBC HIV epidemiological, demographic and geographic data of recently diagnosed HIV infections. Focus will be placed on those cases where MSM (homosexual/bisexual) is identified as a risk factor and compared to prior year's data to document trends or changes.
  - e.2** Quarter 1 – Update and modify the set up of Local Evaluation Online (LEO) interventions on website to include additional fields where self-reported HIV status and party and play (PNP)<sup>1</sup> incidence (in the last 12 months) will be documented by Community HIV Workers (CHW) staff on LEO forms.
  - e.3** Quarter 1, 2 - Update research and intervention strategies targeting MSM populations who practice unprotected sex and use meth. Provide in-service training to CHW and HIV care and treatment staff on updated information.
  - e.4** Quarter 1 - Update training curriculum and reference materials used by staff targeting MSM sub-groups (i.e. Spanish-speaking, injectors, barebackers). Ensure all new and revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.
  - e.5** Ongoing - Update listing of bars, events, community groups, chat rooms and agencies identified as sites where MSM frequent or access services.
  - e.6** Ongoing - Conduct activities to MSM in SBC through targeted prevention and safer-sex packet distribution.
  - e.7** Ongoing – Identify and provide opportunity for CHW staff to attend appropriate trainings that focus on issues relevant to target population.
- f. Process Evaluation:**
- f.1** Monthly - Assess CHW progress by completing in-house progress report forms that document client contact and program-level data in addition to LEO forms.

---

<sup>1</sup> PNP – “Party and Play” common term used to refer by a subpopulation of gay/bisexual men and MSM who seek out others to engage in the use of meth and sexual activity. Often used in internet profiles and implies solicitation of unprotected sexual practices, commonly involving various sexual partners.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- f.2** Quarter 1 –Develop an individual CHW system to identify and document repeat contacts to be reflected on LEO.
- f.3** Quarter 2, 4 - Assess proportion/percent of individual contacts made with MSM who report a modification/reduction or maintenance of sexual, drug-using risk behaviors or who have accessed HIV C&T by providing HIV6 number in LEO.
- f.4** Semi-annually - Determine proportion of MSM contacts that use meth and self-report incidence of HIV, STDs and/or other infections in past 12 months. Compare this data to prior year to determine any changes or trends in population.
- f.5** Semi-annually - Determine the proportion of MSM contacts that PNP, are aware of their HIV status, STD history and unsafe sex practices in past 12 months as documented on LEO forms. LEO reports will facilitate process.
- f.6** Semi-annually - Assess proportion of MSM contacts who visit harm reduction web sites referred by CHW and/or received safer-sex packet materials. Additional fields to be created on LEO intervention setup will document incidence.
- f.7** Quarterly – Meet with other HIV Education and Prevention providers and SBC contract monitors to provide technical assistance and quality assurance as to contract deliverables and issues resulting from program implementation.

~~**Objective 1B:** Provide risk reduction counseling and explore core issues surrounding risk taking behaviors by providing two group level interventions for 20 MSM using meth and engaging in unsafe sexual practices by June 30, 2010.~~

- ~~**a. Summary:** Provide a two session group level intervention based on information gained from focus groups targeting MSM who have used or may be at risk for, or currently use meth and/or have engaged in unprotected anal sex. Provide risk-reduction counseling and explore core issues surrounding risk taking behaviors by providing a two session group level intervention by June 30, 2010. Applying Social Norm Theory, Social Learning Theory and the Theory of Reasoned Action in a group setting, participants bareback, PNP and/or use meth will provide insight, increase/modify their own knowledge, beliefs and risk taking behavior. Participants will also discuss and explore core issues associated with risk taking behavior among gay/bisexual, MSM~~

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

~~**b. Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's ADMHS, the Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.~~

~~The ADMHS contracts with the Pacific Pride Foundation for HIV C&T. In addition, the PHD collaborates with ADMHS to provide HIV C&T for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).~~

~~The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.~~

~~**c. Type of Intervention:** Group Level Intervention~~

~~**d. Behavioral Risk Group/Target Size:** 20 sexually active MSM who use methamphetamine and engage in unprotected (bareback) sexual behaviors.~~

~~**e. Key Activities:**~~

~~**e.1** — Quarter 1 — Update research on MSM group level interventions.~~

~~**e.2** — Quarter 2 — Update group level intervention curriculum targeting MSM.~~

~~**e.3** — Quarter 2 — Update and customize materials promoting groups. Ensure all new and revised materials are approved by the local Materials Review Committee prior to usage.~~

~~**e.4** — Ongoing — Distribute promotional materials promoting group schedule and location through TPA.~~

~~**e.5** — Quarter 2,4 — Increase capacity and knowledge of CHW staff on substance use and sexual risks, who will facilitate group level interventions, and assure group facilitators fulfill training requirements set by State Office of AIDS.~~

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- ~~e.6~~ Quarter 2,3,4 Promote group interventions by collaborating with local providers and agencies providing service to MSM, to recruit group participants. Train, educate and implement an intervention based on the "Voices/Voces" intervention, a Diffusion of Effective Behavioral Interventions (DEBI).
- ~~f. Process Evaluation:~~
- ~~f.1~~ Quarter 1 Customize LEO self-administered group questionnaire for completion by participants of group intervention.
- ~~f.2~~ Quarter 2 Schedule and promote group interventions.
- ~~f.3~~ Quarter 1 Customize LEO intervention set-up to reflect data collected by group participants, by adding additional fields on LEO web database.
- ~~f.4~~ Quarter 2,3 Administer group self-administered questionnaire to group participants to document client level data on knowledge, attitude, beliefs, and behaviors associated with HIV, substance use and sexual risk taking behaviors.
- ~~f.5~~ Quarter 2,3 Assess the proportion/percent of participants who report sexual, drug use risk behaviors and HIV C&T screening in past twelve months.
- ~~f.6~~ Quarter 2,3,4 Determine proportion of MSM group participants currently using meth, engaging in unprotected anal sex and self-reported incidence of HIV, STDs and/or other infections in the past twelve months.
- ~~f.7~~ Quarter 2,3,4 Administer follow-up survey to group participants (if accessible) 60 days after the intervention to determine behavior change, maintenance or action.

**Objective 1C B:** Provide at least three individual level interventions for 100 high-risk IDUs by June 30, 2010.

- a. **Summary:** The Right Outfit (TRO) is a harm-reduction, targeted prevention program providing CHWs HIV education and prevention, HIV C&T referrals, harm reduction supplies, risk assessments and counseling to high-risk IDUs in SBC.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- b. Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Alan Hancock College's Nursing Program, Santa Barbara County's ADMHS, the Public Health Department, local drug/alcohol programs, and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV C&T. In addition, the PHD collaborates with ADMHS to provide HIV C&T for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. Type of Intervention:** Individual Level Intervention
- d. Behavioral Risk Group/Target Size:** Intravenous drug users/100
- e. Key Activities:**
- e.1** Quarter 1 - Update harm-reduction and health communication materials used in TRO activities targeting IDU/ISU. Ensure all new or revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.
  - e.2** Quarter 1 - Customize LEO intervention set-up to reflect data collected through ILI sessions, adding additional fields on LEO web database as appropriate. Use of locally designed database in an attempt to track incremental change in behavior and risk reduction.
  - e.3** Quarter 1 – Identify, develop and adopt a risk assessment tool established by the State Office of AIDS that would pertain to IDU engaging in high-risk activities.
  - e.4** Quarter 1 –Continue to implement and monitor individual CHW system to identify and document repeat contacts referred to TRO, to be reflected on LEO intervention set up.
  - e.5** Quarter 2 - Update harm-reduction kit inserts and inventory of written educational brochures/materials that target sub-populations of IDUs.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- e.6 Ongoing – Identify IDUs accessing TRO as a result of activities.
  - e.7 Quarter 2 - Update curriculum and available information for training CHW staff targeting sub-groups of IDUs, (i.e. Transgender hormone injectors (ISUs)).
  - e.8 Ongoing - Update mapping of areas in SBC where IDUs frequent.
  - e.9 Ongoing - CHWs distribute harm-reduction supplies and information to IDUs promoting TRO.
- f. Process Evaluation:**
- f.1 Complete LEO ILI form for each counseling session, and enter into LEO system within one week of session.
  - f.2 Monthly - Complete CHW progress report forms to document client and program-level data for quality assurance and progress towards objectives.
  - f.3 Quarterly - Assess proportion/percent of contacts who access TRO by adding additional fields to LEO intervention set up on web database and use on LEO forms to reflect TRO referral and program access.
  - f.4 Quarterly - Determine incidence of HIV, HCV, STD and/or other infections for clients contacted and referred by CHW who access TRO.
  - f.5 Semi-annually - Assess proportion of contacts who have shared syringes and other equipment in the past 12 months through data on LEO reports and via reporting on locally designed Needle Exchange and Education Database.
  - f.6 Quarter 1, 4 – Review available epidemiological data for SBC to determine any changes or trends among those recently diagnosed over the past two years who identify IDU/ISU as their primary risk factor and compare statistics to prior year's data of similar query.
  - f.7 Quarterly – Meet with SBC HIV program monitor for quality assurance purposes and to provide technical assistance on issues related to program goals and objectives for current fiscal year. In Partnership with Public Health report relevant data and outcome information to SBC Board of Supervisors.



**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

**Objective 1D C:** The Public Health Department will provide ten Individual Level Counseling Sessions for IDUs and substance abusers that have court-ordered HIV education and harm reduction at either the PHD Santa Barbara or Santa Maria clinics by PHD health educator prior to June 30, 2010.

**a. Summary:** Individual HIV education and harm reduction counseling sessions will be provided to high-risk substance abusers individuals that have been convicted by the Courts of certain drug related crimes and are ordered by the Courts to receive this intervention.

**b. Service Provider Collaborations:**

Program staff receives referrals from the Probation Department. Program staff will re-contact and document each successful referral with the appropriate Probation Department.

Program staff will develop a flyer to distribute to Probation Department staff to ensure they are aware of PHD service provision.

Program staff will collaborate with other intervention service providers through the HPCC.

Program staff will provide referrals to HIV counseling and testing (ATS Program) and/or drug treatment facilities as appropriate.

**c. Intervention Type:** Individual Level Intervention

**d. Behavioral Risk Group/Target Size:** IDU/8; Substance Users/2

**e. Key Activities:**

**e.1** Through court-order process, IDU individual makes appointment for counseling session. Ongoing.

**e.2** Link to HIV counseling and testing or referral to substance abuse treatment program provided during counseling session as appropriate. Ongoing.

**e.3** One-on-one counseling provided to client. Ongoing

**e.4** Activities documented in LEO through LEO ILI form for each session and entered within one week of session.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

e.5 Staff will complete documentation for Probation Department and provided to client. Ongoing.

**f. Process Evaluation:**

- f.1 Provide pre-counseling survey of clients.
- f.2 Measure the increase in knowledge through post-counseling survey.
- f.3 Determine cost/evaluation ratio of service through use of LEO reporting functions.
- f.4 Compare LEO data to other types of interventions.
- f.5 Monitor LEO data quarterly , report to OA and HPCC semi-annually and evaluate at end of year 1 (prior to June 30, 2010) to determine outcomes.
- f.6 Revise as appropriate and include in FY 2009-2010 intervention plan.

**Goal #2:** To reduce secondary infection and further transmission of HIV, among high-risk HIV-positive individuals and their sex partners in SBC.

~~**Objective 2A:** PPF's Prevention with Positives (PWP) Poz Abilities program will provide individual level interventions to 90 high-risk HIV-positive individuals by HIV-positive peers by June 30, 2010.~~

~~a. **Summary:** PWP peers will conduct a minimum of three separate individual level intervention sessions to high-risk HIV-positive individuals, exploring a variety of issues as they relate to risk behaviors and disclosure issues. Some interventions will be ongoing and/or repeat contacts.~~

~~b. **Service Provider Collaboration:** Pacific Pride Foundation's Education Department will collaborate and consult with PPF's Case Management Program (CMP) and Early Intervention Program (EIP) Case Management, and its Counseling Department as well as with Santa Barbara County's Public Health Department, and other healthcare providers practicing in the community.~~

~~The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.~~

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- ~~c. **Type of Intervention:** Individual Level Intervention~~
- ~~d. **Behavioral Risk Group/Target Size:** 90 sexually active or potentially sexually active HIV-positive individuals who engage in high-risk behaviors.~~
- ~~e. **Key Activities:**~~
- ~~e.1 — Quarter 1 — Update available research and models on PWP.~~
  - ~~e.2 — Quarter 1 — Update HIV epidemiological data on demographics and risk groups of those living with HIV/AIDS in SBC.~~
  - ~~e.3 — Quarter 1 — Identify, develop, and adopt a risk assessment tool established by the State Office of AIDS that would pertain to HIV-positive individuals engaging in high-risk sexual behaviors.~~
  - ~~e.4 — Quarter 2 — Update curriculum for training HIV-positive peer educators targeting specific sub-groups of high-risk HIV-positives in SBC. Ensure all new or revised curriculum or educational materials are approved by the local Materials Review Committee prior to usage.~~
  - ~~e.5 — Quarter 2,3 — Recruit, maintain and train at least two new individuals living with HIV/AIDS that will serve in the role of HIV-positive peer educators.~~
  - ~~e.6 — Quarter 2,3,4 — Conduct and document individual level intervention data on LEO, targeting high-risk HIV-positive individuals.~~
  - ~~e.7 — Quarter 1,3 — Participate in meetings with Direct Client Services staff to discuss access to HIV-positives peers and needs of HIV/AIDS clients of PPF.~~
  - ~~e.8 — Ongoing — Access available technical assistance agencies, programs and trainings as appropriate, to increase program and staff capacity.~~
- ~~f. **Process Evaluation:**~~
- ~~f.1 — Monthly — Assess CHW progress by completing in-house progress report forms that document client contact and program-level data in addition to LEO forms.~~

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- ~~f.2~~ — Quarterly — Meet with other HIV providers and SBC contract monitors to provide updates and education on those issues that have resulted from program implementation and target population feedback.
- ~~f.3~~ — Quarter 1 — Develop an individual CHW system to identify and document repeat contacts to be reflected on LEO as repeat Individual HIV-positive contacts.
- ~~f.4~~ — Quarter 2, 4 — Assess proportion/percent of individual contacts made with HIV/AIDS individuals through PWP who report a modification/reduction or maintenance of sexual, drug-using risk behaviors or who have accessed an HIV-positive peer or attended a capacity building event. CHW will document on LEO.
- ~~f.5~~ — Semi-annually — Determine proportion of PWP contacts made that demonstrate high-risk behavior. Document anecdotal data that comes from interactions and interventions to HIV-positive contacts in order to determine significant changes in areas of concern and receive feedback on program implementation.
- ~~f.6~~ — Semi-annually — Determine the proportion of HIV-positive contacts that PNP or have participated in unprotected sex in past 12 months. PWP peers will attempt to document this information on LEO forms. LEO reports will facilitate process.
- ~~f.7~~ — Semi-annually — Assess proportion of PWP contacts that visit HIV/AIDS websites of interest, receive health communication information, and/or visit harm-reduction web sites referred by HIV-positive peers. Additional fields will be created on LEO intervention setup to assist in documenting this incidence.

**Objective 2B A:** PPF's PWP Poz Abilities program will provide health communication to 480 HIV-positive individuals by June 30, 2010.

- a. **Summary:** PWP peers will gather emails and contact information of those provided from Individual Level Interventions, web contacts, CARE Service referrals and other sources, who are willing to provide such information, and distribute health communication information through monthly emails, newsletters and provide referrals to Pacific Pride Foundation's website and other sites that contain information on issues of interest to target population.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- b. Service Provider Collaboration:** Pacific Pride Foundation's Education Department will collaborate and consult with PPF's CMP and EIP Case Management, and its Counseling Department as well as with the Santa Barbara Public Health Department and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

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

- d. Behavioral Risk Group/Target Size:** HIV-positive individuals/12 newsletter issues

**e. Key Activities:**

- e.1** Quarter 1,2,3,4 – Gather confidential contact information voluntarily from people living with HIV (preferably of those contacts made through Individual Level Interventions), to use in the direct provision of informational emails, articles, research, events and other materials that will be accounted as Health Communication to target population.
- e.2** Ongoing – Develop email newsletters and hard copy newsletters with health communication information on issues of critical, relevant interest to individuals living with HIV/AIDS, particularly those considered high-risk.
- e.3** Quarter 1, 3 – Schedule distribution and event calendar to establish frequency and topic-areas of health communication to be distributed.
- e.4** Ongoing – Distribute widely, the health communication information to established consenting recipients and HIV/AIDS service providers and post information on PPF website for referral purposes.

**f. Process Evaluation:**

- f.1** Quarter 1 – Update and customize LEO intervention set up on web database to document health communication efforts that target HIV-positive individuals.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- f.2** Ongoing – Document frequency, type, media, message and target audience information on LEO forms, to track all hard copy or email health communication information that is provided through PWP efforts.

**Objective 2C B:** PPF's PWP Poz Abilities program will provide four quarterly capacity building events for 60 HIV-positive individuals by June 30, 2010.

- a. Summary:** HIV-positive peer educators will coordinate and offer at least one all-day group event per quarter in SBC that involves educational and social elements that provide emotional support to individuals living with HIV/AIDS. These events will be determined by HIV-positive peers and will include lunch discussion groups, long-term survivors groups, workshops and discussion forums on HIV related issues
- b. Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Public Health Department, and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each LIG meeting. The LIG in Santa Barbara County is the HPCC. The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. Type of Intervention:** Group Level Intervention
- d. Behavior Risk Group/Target Size:** HIV-positive individuals/60
- e. Key Activities:**
- e.1** Quarter 1 - Update materials used to promote health, resources, events and group level interventions to HIV/AIDS target population. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
- e.2** Quarter 1 - Ensure peer educators are trained in group facilitation or are supported by PPF staff that are experienced in group facilitation or have received from the California Department of Public Health (CDPH) group facilitator training prior to implementation of the first group level intervention.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- e.3 Quarter 1- Develop and submit a curriculum outline to the PHD Education and Prevention Coordinator for approval prior to implementation of the first group level intervention.
  - e.4 Quarter 1– Schedule group level interventions, recruit participants.
  - e.5 Quarter 1,2,3,4 - Increase capacity and knowledge of staff around philosophies, theories, substance use and sexual risk-taking that will also facilitate, promote and conduct group level interventions.
  - e.6 Ongoing – Maintain collaborative relationships with HIV/AIDS service providers to recruit participants.
- f. Process Evaluation:**
- f.1 Quarter 1 - Update group self administered questionnaire to collect data on participant satisfaction with events/programs offered and risk-behaviors
  - f.2 Quarter 1 – Update and customize LEO intervention set up on web database to reflect data gathered that may reflect knowledge, attitude, beliefs and behaviors of high-risk HIV-positive individuals.
  - f.3 Quarter 2,4 - Determine proportion of participants who self report incidence of STDs and/or other infections in past 12 months.
  - f.4 Quarter 2,3,4 - Assess proportion of participants who use substances and/or who visit web sites or accessed materials provided by peer educators.
  - f.5 Quarter 1,3 - Solicit and analyze feedback from HIV/AIDS participants targeted, to modify and improve program for coming fiscal year.

**Objective 2D C:** By June 30, 2010, a minimum of 15 HIV-positive clients and their partners will receive Partner Counseling Referral Services (PCRS) from Public Health Department Staff.

**a. Summary:** Service providers will assist HIV-positive clients in notifying their partners of their status. Notification may include skills-building exercises for client self-notification, dual notification with clients and service providers and/or anonymous third party notification by PHD certified PCRS staff. Referrals for PCRS may come from Alternate Testing Site Program, PHD clinic staff, subcontracted community based organization staff or private providers.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

In addition, they will assist the CDPH/STD Branch in all anonymous third party notifications for partners of out of state clients, then document all activities in LEO and report appropriate information to the CDPH/STD Branch.

- b. Service Provider Collaborations:** Program staff will develop a PCRS Steering Committee comprised of Santa Barbara County STD staff, Santa Barbara County HIV/AIDS staff, representatives from the HPCC, Alternate Testing Site (ATS) Program Coordinators, subcontracted Community Based Organization (CBO) service staff, the CDPH/STD Branch and adjacent County PCRS staff (i.e. San Luis Obispo and Ventura Counties).

Program staff will provide a minimum of five in-services on available PCRS for HIV care and treatment and prevention providers and clients. These will include: PHD Infectious Disease Clinic staff, HPCC members, PHD Nursing Division Staff, PHD Clinic staff and selected public and private providers.

Program staff will participate in case conferencing of Ryan White CARE Act EIS clients with the Pacific Pride Foundation case managers, medical providers and clinical staff.

All PHD, NIGHT and Education and Prevention subcontractors are required to participate in community planning through the HPCC.

- c. Intervention Type:** Individual Level Interventions (specifically addressing PCRS)
- d. Behavioral Risk Group/Target Size:** 15 people living with HIV/AIDS and their partners at risk of transmission for failure to disclose their status
- e. Key Activities:**
- e.1** Recruit and select members for the Santa Barbara County PCRS Steering Committee by July 31, 2009. Members will likely include representatives from the HPCC, CDPH/STD Branch, ATS Coordinators, PHD Communicable Disease/STD staff and counterparts from Ventura and San Luis Obispo Counties.
  - e.2** Complete all CDPH/STD training for PCRS support staff (e.g. case managers, HIV counselors, clinical staff, communicable disease staff, public health nurses) by August 31, 2009.



**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- e.3 Review and revise existing PCRS policies and procedures to incorporate new staff and new strategies by September 30, 2009. Include review and adoption of LEO PCRS forms.
  - e.4 Update PCRS Implementation Plan submitted to CDPH/STD Branch by September 30, 2009.
  - e.5 Establish PCRS ILI intervention in LEO (if not already completed) and begin offering formal PCRS services by October 1, 2009.
  - e.6 Document all PCRS activities in LEO as appropriate.
  - e.7 Provide in-services for PHD internal staff (i.e. Infectious Disease clinic staff, public health nurses, communicable disease staff, and clinic managers) by November 30, 2009.
  - e.8 Provide in-services for external HIV service providers starting on December 1, 2009. External service providers include the HPCC, and public and private medical providers. Integrate PCRS information into all private provider Surveillance information and Surveillance in-services.
  - e.9 Document and report on all implementation activities in Education and Prevention semi-annual report by February 15, 2010.
  - e.10 Monitor PCRS activities using LEO on a quarterly basis.
  - e.11 Analyze LEO data and evaluate impacts of program semi-annually.
  - e.12 Report outcomes of LEO data analysis to PCRS Steering Committee and HPCC.
  - e.13 Evaluate outcomes in relation to goals and objectives prior to June 30, 2010. Prepare Year-2 objectives based upon evaluation and finalize prior to July 1, 2009.
- f. Process Evaluation:**
- f.1 As specified in the Key Action Steps above, process evaluation will be accomplished by reviewing and analyzing data using the LEO database.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- f.2** Process evaluations will also explore the type of PCRS interventions (e.g. skills-building, dual notifications and/or anonymous third party notifications), the number of partners contacted per HIV client and type of notification and the cost per service.
- f.3** A survey of supporting HIV service providers will be conducted prior to June 30, 2010, to determine value and effectiveness of the in-services for internal and external providers.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

**Neighborhood Intervention Geared towards High risk Testing Program (NIGHT)**

**Pacific Pride Foundation**

**Goal #1:** To reduce the incidence of HIV infection among injection drug users/other substance users and their sex partners throughout Santa Barbara County.

**Objective 1A:** Pacific Pride Foundation's Community HIV Worker (CHW) staff will provide targeted prevention activities to 300 high-risk injection drug users (IDU) by June 30, 2010.

- a. **Summary:** Pacific Pride Foundation (PPF) is the Santa Barbara County (SBC) subcontractor that has been previously funded to provide NIGHT services. The Right Outfit (TRO) is a risk-reduction program where CHWs conduct targeted prevention efforts and health education/risk-reduction to high-risk injection substance users (ISU) at various sites throughout SBC. The targeted prevention efforts include providing HIV education and prevention knowledge as well as strategies for reducing ISU risk of acquiring HIV, Hepatitis C (HCV) and other infections resulting from high-risk behaviors. From conducting brief risk assessments, clients will be referred to Counseling and Testing Services (C&T) as appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, AEGIS Medical Systems, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The Pacific Pride Foundation collaborates with the Santa Barbara Neighborhood Clinic to provide free Hepatitis C screenings for clients that access TRO.

The ADMHS contracts with the PPF for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.). The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- c. **Type of Intervention:** Targeted Prevention Activities
- d. **Behavioral Risk Group/Target Size:** IDU/300 high-risk individuals that inject substances in Santa Barbara County.
- e. **Key Activities:**
  - e.1 First Quarter – develop new promotional materials to be used in targeted prevention activities to market the TRO program. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
  - e.2 First Quarter – develop and customize new materials for distribution of safer-sex and harm-reduction kits used by CHWs to target ISUs.
  - e.3 Ongoing -- identify/document the various sub-groups that may potentially make up this blanket high-risk target population.
  - e.4 First Quarter – develop and refine curriculum for training NIGHT CHWs who target specific sub-groups of this high-risk target population (i.e., Transgender Latina hormone injectors). All staff will complete required TPA training as per State Office of AIDS requirements.
  - e.5 Ongoing -- identify and map out areas and agencies throughout SBC where IDU may frequent or access services.
  - e.6 Ongoing -- conduct targeted prevention activities.
  - e.7 First and Second Quarter -- develop unique identifier system for each CHW who may potentially conduct repeat contacts to clients who are part of a specific sub-group of this target population.
  - e.8 Ongoing -- administer a preliminary risk-assessment to this target population using the Local Online Evaluation (LEO) short form.
- f. **Evaluation:**
  - f.1 Monthly -- complete monthly CHW progress report forms to document target population/client and program-level data to ensure efforts are targeting appropriate populations and subgroups.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- f.2 Quarterly -- assess the proportion/percent of individual contacts made who report reduction in sexual or drug-using risk behaviors, maintain protective behaviors and/or access TRO.
- f.3 Quarterly -- determine the proportion of high-risk ISU who self-report the incidence of HIV, HCV and/or other infections when accessing TRO program.
- f.4 Quarterly -- assess the proportion of IDU aware of their HIV status.
- f.5 Quarterly -- assess the proportion of contacts with known, confirmed HIV- and/or HCV-positive individuals who inject substances.

**Objective 1B:** By June 30, 2009, provide targeted prevention activities for 225 high-risk mono and bi-lingual Spanish-speaking Latino IDU.

- a. **Summary:** NIGHT CHW staff will increase the knowledge around HIV transmission/risk-reduction to Latino, monolingual and bi-lingual Spanish-speaking high-risk injection drug users through targeted prevention by June 30, 2010. From conducting brief risk assessments, clients will be referred to C&T as appropriate.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, local drug/alcohol programs who contract with ADMHS, and other healthcare providers practicing in the community.

The Pacific Pride Foundation participates at each local LIG meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Targeted Prevention Activities
- d. **Behavioral Risk Group/Target Size:** 225 high-risk monolingual and bi-lingual Spanish-speaking Latino injection drug and/or substance users.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

**e. Key Activities:**

- e.1** First Quarter -- Identify the promotional materials to be used in targeted prevention activities by CHWs who target monolingual and bi-lingual IDU.
- e.2** Second, third and fourth Quarters -- Identify various sub-groups of Latino IDU through targeted prevention.
- e.3** Second Quarter -- Develop and refine curriculum for training CHWs who target specific sub-groups of Latino IDU (i.e. Transgender hormone injectors). Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
- e.4** Ongoing -- Identify and map out areas in SBC where Latino IDU frequent.
- e.5** Ongoing -- CHWs will conduct targeted prevention activities to Latino IDU.
- e.6** Ongoing -- Administer a preliminary risk-assessment in Spanish using LEO TPA short Forms to IDU targeted.

**f. Process Evaluation:**

- f.1** Monthly -- Complete CHW progress report forms to document client and program level data and to ensure efforts target IDU/ISU population.
- f.2** Second and fourth Quarters -- Assess proportion/percent of contacts reporting reduction in sexual/drug-use risk behaviors, maintenance, testing and behavior change.
- f.3** Ongoing -- Determine proportion of Latino IDU self-reporting incidence of HIV, HCV and/or other infections through LEO forms and local Needle Exchange & Education Program database.
- f.4** Ongoing -- Assess Proportion of Latino IDU that are aware of their HIV status.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- f.5 Semi-annually -- Assess proportion of contacts with confirmed HIV- and/or HCV-positive Latino individuals who inject substances and share equipment.

**Goal #2: To reduce HIV transmission for IDU and high-risk sex workers by increasing the number of those that knows their HIV status.**

**Objective 2A:** By June 30, 2010, NIGHT CHW staff will provide targeted prevention activities to link 100 high-risk IDU, 50 high-risk sex workers and 10 high-risk transgender to HIV C&T in Santa Barbara County.

- a. **Summary:** NIGHT CHWs will provide targeted prevention, risk assessments, referrals and HIV testing to this population. CHWs who are also certified HIV counselors and rapid HIV test counselors will provide HIV C&T services using OraSure or rapid HIV testing onsite. In addition, they may refer clients to Anonymous Testing Sites (ATS) throughout SBC.
- b. **Service Provider Collaboration:** Pacific Pride Foundation will collaborate with Santa Barbara County's Alcohol, Drug and Mental Health Services (ADMHS), Public Health Department, private drug/alcohol agencies and other healthcare providers practicing in the community.

The ADMHS contracts with the Pacific Pride Foundation for HIV Counseling and Testing. In addition, the PHD collaborates with ADMHS to provide HIV Counseling and Testing for high-risk clients in multiple settings (e.g. Drug and Alcohol programs, homeless shelters, jail and juvenile facilities, etc.).

The Pacific Pride Foundation participates at each local implementation group (LIG) meeting. The LIG in Santa Barbara County is the HIV Prevention and Care Council (HPCC). The HPCC is also composed of other HIV support service providers as well as representatives from the infected and affected community.

- c. **Type of Intervention:** Target Prevention Activities
- d. **Behavioral Risk Groups/Target Size:** 100 high-risk IDU of all races, ethnicities, sexual orientations and ages, 50 high-risk sex workers and 10 high-risk transgender.

**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

**e. Key Activities:**

- e.1** First Quarter -- update and review SBC HIV epidemiological data and demographics on incidence of HIV among those who identify injection substance use as a primary risk factor/transmission mode.
- e.2** First Quarter -- update and review SBC ATS data for previous contract year for number of tests identified as a result of NIGHT efforts.
- e.3** First and third Quarter-- update materials used in targeted prevention activities to market HIV C&T incentive program. Ensure all new and revised educational materials are reviewed and approved by the local Materials Review Committee prior to usage.
- e.4** Ongoing -- identify locations, agencies and community venues where target population frequents or accesses services.
- e.5** First Quarter -- formalize collaboration memorandum of understanding with community agencies to provide client access to HIV C&T (e.g. AEGIS, Santa Barbara Neighborhood Clinics).
- e.6** First and second Quarter -- update and refine training curriculum, interventions and targeted prevention strategies employed by NIGHT CHWs and HIV test counselors who target this population.
- e.7** Semi-annually -- ensure HIV test counselor certifications are current through participation in continuing education trainings.
- e.8** Coordinator will attend annual NIGHT and HIV C&T meetings.
- e.9** Ongoing -- provide referrals to HIV C&T, syringe exchange, and field testing through targeted prevention activities/interventions.
- e.10** Attend in-service trainings for HIV C&T counselors.

**f. Evaluation:**

- f.1** Monthly -- complete CHW progress report forms to document program-level data and ensure HIV C&T efforts are targeting appropriate populations, sub-groups and identify NIGHT program referrals.



**Exhibit A, A1**  
Scope of Work Year 3  
July 1, 2009 to June 30, 2010

- f.2** Ongoing -- complete LEO forms for NIGHT contacts.
- f.3** Monthly -- collect and input NIGHT client data on LEO web database.
- f.4** Monthly -- collect risk assessments done on-site through targeted prevention who identify referral source as NIGHT Program. Provide the above information to SBC HIV C&T coordinator.
- f.5** Quarterly -- assess proportion/percent of NIGHT contacts who report a modification/reduction in sexual, drug-using risk behaviors or who maintain protective behaviors and have accessed HIV C&T.

**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)	Targeted Prevention Activity	Individual Level	Group Level	CRCS (PCM)	HCPI	PCRS	NIGHT
MSM	X		X				
IDU (all)/ISU	X	X					X
Transgender							X
Sexworkers							X
People Living with HIV/AIDS		X	X		X	X	

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)	HCPI	PCRS	NIGHT
Pacific Pride Foundation	X	X	X		X		X
Public Health Department	X					X	

**Exhibit B, A1  
Budget  
Year 1**

July 1, 2007 to June 30, 2008

	<u>Original Budget</u>	<u>This Amendment</u>	<u>Amended Total</u>
A. PERSONNEL	\$48,754	\$9,930	\$58,684
B. OPERATING EXPENSES	\$3,849	\$953	\$4,802
C. CAPITAL EXPENDITURES	\$0	\$0	\$0
D. OTHER COSTS	\$119,186	\$63,499	\$182,685
E. INDIRECT COSTS	\$7,313	\$1,490	\$8,803
<b>TOTAL BUDGET</b>	<b>\$179,102</b>	<b>\$75,872</b>	<b>\$254,974</b>