COUNTY OF LOS ANGELES
Public Health

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
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Michael D. Antonovich
Fifth District

December 16, 2008

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

DEPARTMENT OF PUBLIC HEALTH: APPROVAL OF 55 HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME PREVENTION SERVICE AMENDMENTS (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request approval to amend 55 Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome prevention services agreements that extend the term of the agreements on a month-to-month basis for no more than six months, effective January 1, 2009, through June 30, 2009, to ensure the continued provision of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome prevention services.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of the Department of Public Health (DPH), or his designee, to execute amendments, substantially similar to Exhibit I, to 55 Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) service agreements for DPH's Office of AIDS Programs and Policy (OAPP) for Health Education/Risk Reduction (HE/RR) and HIV Counseling and Testing (HCT) services with the service providers identified in Attachment A that extend the term of the agreements on a month-to-month basis for no more than six months, effective January 1, 2009, through June 30, 2009, for a total cumulative amount not to exceed $8,770,478, funded by Centers for Disease Control and Prevention (CDC) and the California Department of Public Health's (CDPH) State Master Grant Agreement and California Health and Human Services Agency-Center for Substance Abuse Prevention (CSAP) funds received as Intra-Fund Transfer (IFT) from DPH's Alcohol and Drug Program Administration (ADPA).

2. Delegate authority to the Director of DPH, or his designee, to execute amendments to the 55 agreements that increase or decrease each contract maximum obligation by no more than 25 percent, subject to review and approval by County Counsel and the Chief Executive Office and notification to your Board Offices.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION

Your Board's approval of this proposed action allows DPH to finalize three prevention services request for proposals (RFP) for HCT and HE/RR services. The extension is needed to avoid an interruption in services while the evaluation process is completed and the new contracts are awarded. It is anticipated that the majority of the new contracts will be approved by April 2009. Unforeseen delays in the solicitation process and a longer than anticipated evaluation process due to an extensive number of proposals submitted in response to the RFP contributed to the need for this requested extension.

The current prevention services agreements, which are scheduled to expire on December 31, 2008, are essential to educate and inform the residents of the County about HIV/AIDS, to decrease HIV risk behaviors and to refer HIV at-risk persons of unknown HIV status to available HCT services.

Existing County policy and procedures require the timely submission of contracts for Board approval. This request for approval of the amendments was not scheduled for placement on the Board's agenda three weeks prior to its effective date as required due to a delay in the State's determination of a final budget for Fiscal Year 2008-09.

Implementation of Strategic Plan Goals

This action supports Goal 6, Community Services and Goal 7, Health and Mental Health of the County Strategic Plan by supporting prevention services designed to provide HIV/AIDS outreach, education, and counseling and testing services in order to reduce the morbidity and mortality associated with HIV/AIDS among the residents of Los Angeles County.

FISCAL IMPACT/FINANCING

The potential maximum cumulative obligation of the 55 amendments that will be executed under this Board action's authority is $8,770,478. The $8,770,478 is comprised of $4,509,936 in CDC Notice of Cooperative (NCA) Agreement Award Number CCU923479-05 funds, $3,434,806 in CDPH State Master Grant Agreement Number 07-65058 funds, and $825,736 in CSAP funds received as IFT from ADPA.

Funding for these services is included in DPH's Fiscal Year (FY) 2008-09 Final Adopted Budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

A comprehensive listing of the 55 agreements that are being extended under this proposed Board action and their proposed maximum obligations for the proposed six month period is available under Attachments A and B, respectively.

CONTRACTING PROCESS

On April 20, 2004, your Board authorized DPH to accept NCA Number U62/CCU923479-01 from CDC for the HIV Prevention Project in the amount of $3,368,818, for the budget period of January 1, 2004, through December 31, 2004, and delegated authority to accept future NCAs for Calendar Years 2005 through 2008 following review and approval by County Counsel and notification to your Board offices.

On June 21, 2005, your Board authorized DPH to execute amendments to the faith-based prevention initiative agreements that sought to extend the term of the agreements through December 31, 2006, with two 12 month renewals expiring on December 31, 2008, one of which is being further extended under this proposed Board action.

On December 19, 2006, your Board authorized DPH to execute 51 amendments and three sole source agreements to the Prevention Services Agreements to extend the term through December 31, 2008, to allow for additional time to complete an RFP and make recommendations for new agreements.

On November 6, 2007, your Board authorized DPH to accept the State Master Grant Agreement Number 07-65057 from CDPH in the amount of $10,034,262 annually for three years through FY 2009-10 with delegated authority to accept and sign any amendments to the Master Agreement and associated MOUs for FY 2007-08, FY 2008-09 and FY 2009-10, to increase or decrease the base award up to 25 percent, subject to review and approval by County Counsel and Chief Executive Office and notification to your Board offices.

The prevention contracts for HE/RR and HCT services are expiring on December 31, 2008. OAPP is currently engaged in a solicitation process that includes three separate RFPs for the services listed above, which are in various stages of completion. OAPP is extending the contracts with the community-based providers pending the completion of the solicitation process and execution of new contracts for these services.

Exhibit I has been approved as to form by County Counsel. Attachments A and B provide additional information.

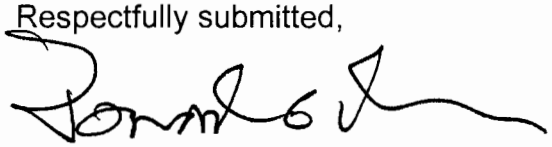
IMPACT ON CURRENT SERVICES (OR PROJECT)

Approval of these actions will allow OAPP to continue to provide vital HIV/AIDS prevention services through existing contracts with community-based providers while the solicitation process is being finalized and the new contractors are approved by your Board.

CONCLUSION

DPH requires four signed copies of your Board's action.

Respectfully submitted,



JONATHAN E. FIELDING, M.D., M.P.H.
For Director and Health Officer

JEF:rm

Attachments (3)

c: County Counsel
Chief Executive Officer
Auditor-Controller

SUMMARY OF AGREEMENTS

1. TYPE OF SERVICE:

HIV/AIDS Prevention Services

2. AGENCY NAME AND CONTACT PERSON:

A. AIDS Healthcare Foundation
6255 West Sunset Boulevard, Suite 2100
Los Angeles, California 90028-8073
Attention: Michael Weinstein, President
Telephone: (323) 860-5200 Fax: (323) 962-8513
E-mail: michaelw@aidshealth.org

B. AIDS Project Los Angeles
The David Geffen Center
611 South Kingsley Drive
Los Angeles, California 90005
Attention: Craig E. Thompson, Executive Director
Telephone: (213) 201-1456 Fax: (213) 201-1595
E-mail: cthompson@apla.org

C. AltaMed Health Services Corporation
500 Citadel Drive, Suite 490
Los Angeles, California 90040
Attention: Castulo de la Rocha, J.D., President/CEO
Telephone: (323) 725-8751 Fax: (323) 889-7399
E-mail: cdelarocha@altamed.org

D. Asian American Drug Abuse Program, Inc.
2900 Crenshaw Boulevard
Los Angeles, California 90016
Attention: Mike Watanabe, President and Chief Executive Officer
Telephone: (323) 293-6284 Fax: (323) 295-4075
E-mail: miwat@aadapinc.org

E. Asian Pacific Healthcare Venture, Inc.
1530 Hillhurst Avenue, Suite 200
Los Angeles, California 90027
Attention: Kazue Shibata, Chief Executive Officer
Telephone: (323) 644-3880 X254 Fax: (323) 644-3892
E-mail: kshibata@aphcv.org

SUMMARY OF AGREEMENTS

F. Asian Youth Center
100 West Clary Avenue
San Gabriel, California 91776
Attention: May L. To, Executive Director
Telephone: (626) 309-0622 X103 Fax: (626) 309-0717
E-mail: may.to@asianyouthcenter.org

G. Bienestar Human Services, Inc.
5326 East Beverly Boulevard
Los Angeles, California 90022
Attention: Oscar De La O, President & Chief Executive Officer
Telephone: (323) 727-7896 X123 Fax: (323) 727-0284
E-mail: odelao@bienestar.org

H. California State University Long Beach Foundation
Grants Contracts and Foundation Programs
6300 State University Drive, Suite 332
Long Beach, California 90815-4669
Attention: Denise Bell, Acting Director
Telephone: (562) 985-5570 Fax: (562) 985-7951
E-mail: dbell2@csulb.edu

I. California Drug Counseling, Inc.
11751 Davis Street
Moreno Valley, California 92557
Attention: Carl Rowe Pharm. D., Executive Director
Telephone: (951) 485-2640 X231 Fax: (951) 485-2296
E-mail: crowe@icare.bz

J. Center for Health Justice, Inc.
8235 Santa Monica Boulevard, Suite 214
West Hollywood, California 90046
Attention: Cajetan Luna, Executive Director
Telephone: (323) 822-3830 X2000 Fax: (323) 822-3831
E-mail: cajetan@healthjustice.net

K. Childrens Hospital Los Angeles
4650 Sunset Boulevard, MS#1
Los Angeles, California 90027
Attention: Richard D. Cordova, President and Chief Executive Officer
Telephone: (323) 660-2450 x15528 Fax: (323) 361-2828
E-mail: rcordova@chla.usc.edu

SUMMARY OF AGREEMENTS

L. City of Long Beach
Office of the City Manager
333 West Ocean Boulevard, 13th Floor
Long Beach, California 90802
Attention: Patrick H. West, City Manager
Telephone: (562) 570-6916 Fax: (562) 570-7650
E-mail: patrick_west@longbeach.gov

M. City of Pasadena Health Department
1845 North Fair Oaks Avenue, G151
Pasadena, California 91103
Attention: Takashi Michael Wada MD MPH, Director of Public Health
Telephone: (626) 744-6166 Fax: (626) 744-6113
E-mail: twada@cityofpasadena.net

N. Clinica Monsenõr Oscar A. Romero
123 South Alvarado Street
Los Angeles, California 90057
Attention: Eduardo A. Gonzalez, M.D., Executive Director
Telephone: (213) 201-2745 Fax: (323) 987-1400
E-mail: egonzalez@clinicaromero.com

O. Common Ground - The Westside HIV Community Center
2012 Lincoln Boulevard
Santa Monica, California 90405
Attention: Sharon Chamberlain, Executive Director
Telephone: (310) 314-5480 X127 Fax: (310) 314-5487
E-mail: schamberlain@commongroundwestside.org

P. East Valley Community Health Center, Inc.
420 S. Glendora Ave
West Covina, California 91790
Attention: Alicia Mardini, Chief Executive Officer
Telephone: (626) 919-4333 x220 Fax: (626) 919-2084
E-mail: amardini@evchc.org

Q. East LA Women=s Center
1255 South Atlantic Boulevard
Los Angeles, California 90022
Attention: Barbara Kappos, Executive Director
Telephone: (323) 526-5819 X112 Fax: (323) 526-5822
E-mail: bkappos@aol.com

SUMMARY OF AGREEMENTS

R. El Proyecto del Barrio, Inc.
8902 Woodman Avenue
Arleta, California 91331
Attention: Corinne Sanchez, Esq., President & CEO
Telephone: (818) 830-7133 Fax: (818) 830-7280
E-mail: corinnesa@aol.com

S. El Centro Del Pueblo
1157 Lemoyne Street
Los Angeles, California 90026
Attention: Sandra L. Figueroa-Villa, Executive Director
Telephone: (213) 483-6335 X102 Fax: (213) 483-5523
E-mail: jvillafigs@aol.com

T. FAME Assistance Corporation
1968 West Adams Boulevard
Los Angeles, California 90018
Attention: Denise Hunter, Executive Director
Telephone: (323) 730-7727 Fax: (323) 737-5693
E-mail: deniseh@famechurch.org

U. Foothill AIDS Project
233 West Harrison Avenue
Claremont, California 91711
Attention: Maritza Tona, Executive Director
Telephone: (909) 482-2066 Fax: (909) 482-2070
E-mail: fapmtona@aol.com

V. Friends Research Institute, Inc.
1419 North La Brea
Los Angeles, California 90028
Attention: Ms. Cathy J. Reback, Principal Investigator
Telephone: (323) 463-1601 Fax: (323) 463-0126
E-mail: dmurray@friendsresearch.org

W. Greater Los Angeles Agency on Deafness, Inc.
2222 Laverna Avenue
Los Angeles, California 90041
Attention: Patricia Hughes Ph.D., Chief Executive Officer
Telephone: (323) 478-8000 Fax: (323) 550-4204
E-mail: phughes@gladinc.org

SUMMARY OF AGREEMENTS

X. In The Meantime Men's Group, Inc.
4067 West Pico Boulevard
Los Angeles, California 90019
Attention: Jeffrey C. King, Executive Director
Telephone: (323) 733-4868 Fax: (323) 733-4877
E-mail: inthemeantimemen@aol.com

Y. JWCH Institute, Inc.
1910 West Sunset Boulevard, Suite 650
Los Angeles, California 90026
Attention: Alvaro Ballesteros, Chief Executive Officer
Telephone: (213) 484-1186 X3009 Fax: (213) 413-3443
E-mail: aballesteros@jwchinstitute.org

Z. Los Angeles Center for Alcohol and Drug Abuse
11015 Bloomfield Avenue
Santa Fe Springs, California 90670
Attention: Brenda Wiewel, Executive Director
Telephone: (562) 906-2676 X 103 Fax: (562) 906-2681
E-mail: bwiewel@lacada.com

AA. Los Angeles County Office of Education
9300 Imperial Highway, EC #116
Downey, California 90242
Attention: Patricia Smith, Controller
Telephone: (562) 803-8579 Fax: (562) 401-5789
E-mail: smith_pat@lacoe.edu

BB. Los Angeles Free Clinic
d.b.a The Saban Free Clinic
8405 Beverly Blvd.,
Los Angeles, California 90048
Attention: Abbe Land, Co-Chief Executive Officer
Jeffrey Bujer, Co-Chief Executive Officer
Telephone: (323) 330-1660 Fax: (323) 651-5026
E-mail: aland@lafreeclinic.org
jbujer@lafreeclinic.org

CC. Los Angeles Gay and Lesbian Community Services Center
d.b.a. The Los Angeles Gay and Lesbian Center
1625 North Schrader Boulevard
Los Angeles, California 90028
Attention: Lorri L. Jean, Chief Executive Director
Telephone: (323) 993-7609 Fax: (323) 308-4002

SUMMARY OF AGREEMENTS

E-mail: ljean@lagaycenter.org

DD. Minority AIDS Project
5149 West Jefferson Boulevard
Los Angeles, California 90016
Attention: Victor P. McKamie, MPA, Executive Director
Telephone: (323) 936-4949 Fax: (323) 936-4973
E-mail: vmckamie@map-usa.org

EE. Northeast Valley Health Corporation
1172 North Maclay Avenue
San Fernando, California 91340
Attention: Kimberly Wyard, Chief Executive Officer
Telephone: (818) 898-1388 X41620 Fax: (818) 365-7670
E-mail: kimwyard@earthlink.net

FF. Oldtimers Foundation
3355 E. Gage Avenue
Huntington Park, California 90255
Attention: George Cole, Chief Executive Officer
Telephone: (323) 582-6090 Fax: (323) 582-5957
E-mail: gc72@aol.com

GG. Prototypes: An Innovation in Health, Mental Health and Social Services
5601 West Slauson Avenue, Suite 200
Culver City, California 90230
Attention: Cassandra Loch, Chief Executive Officer
Telephone: (310) 641-7795 Fax: (310) 649-3096
E-mail: cloch@prototypes.org

HH. Realistic Education in Action Coalition to Foster Health
D.B.A. REACH LA
1400 East Olympic Boulevard, Suite 240
Los Angeles, California 90021
Attention: Martha S. Chono-Helsley, Executive Director
Telephone: (213) 622-1650 X100 Fax: (213) 622-0976
E-mail: reach.la@earthlink.net

II. Special Service For Groups
605 West Olympic Boulevard, Suite 600
Los Angeles, California 90015
Attention: Herbert K. Hatanaka DSW, Executive Director
Telephone: (213) 553-1800 Fax: (213) 553-1822
E-mail: hhata@ssgmain.org

SUMMARY OF AGREEMENTS

JJ. Tarzana Treatment Centers, Inc.
18646 Oxnard Street
Tarzana, California 91356
Attention: Albert Senella, Chief Operating Officer
Telephone: (818) 996-1051 X3815 Fax: (818) 996-3051
E-mail: asenella@tarzanatc.org

KK. The Wall Las Memorias
111 North Avenue 56
Los Angeles, California 90042
Attention: Richard Zaldivar, Executive Director
Telephone: (323) 257-1056 X27 Fax: (323) 257-1625
E-mail: rzaldivar@thewalllasmemorias.org

LL. T.H.E. Clinic, Inc.
3834 South Western Avenue
Los Angeles, California 90062
Attention: Jamesina E. Henderson, M.B.A., Executive Director
Telephone: (323) 730-1920 X3007 Fax: (323) 730-9777
E-mail: jhenderson@theclinic.org

MM. Travelers AIDS Society of Los Angeles
1507 Winona Boulevard
Los Angeles, California 90027
Attention: Paul E. Hollombe, Executive Director
Telephone: (323) 644-3500 X23 Fax: (323) 644-3505
E-mail: paul@tasla.org

NN. University of Southern California
Health and Sciences Campus
Department of Contracts and Grants
1540 Alcazar Street, CHP-100
Los Angeles, California 90033
Attention: Sarah Cusimano, Deputy Director
Telephone: (323) 422-2401 Fax: (323) 442-2835
E-mail: cusimano@usc.edu

OO. Valley Community Clinic
6801 Coldwater Canyon Avenue
North Hollywood, California 91605
Attention: Paula Wilson, President and Chief Executive Officer
Telephone: (818) 763-1718 X204 Fax: (818) 763-7231
E-mail: pwilson@valleyclinic.org

SUMMARY OF AGREEMENTS

PP. Watts Healthcare Corporation
10300 Compton Avenue
Los Angeles, California 90002
Attention: William Hobson, Jr., President and Chief Executive Officer
Telephone: (323) 357-6685 Fax: (323) 563-6378
E-mail: william.hobson@wattshealth.org

QQ. Westside Family Health Center
1711 Ocean Park Boulevard
Santa Monica, California 90405
Attention: Debra A. Farmer, Chief Executive Officer
Telephone: (310) 450-4773 X222 Fax: (310) 450-0873
E-mail: dfarmer@wfhcenter.org

RR. Women Alive Coalition
1566 South Burnside Avenue
Los Angeles, California 90019
Attention: Carrie B. Broadus, Executive Director
Telephone: (323) 965-1564 Fax: (323) 965-9886
E-mail: carrie@women-alive.org

SS. Whittier Rio Hondo AIDS Project
9200 Colima Road, Suite 104
Whittier, California 90605
Attention: Elizabeth Mendia, Executive Director
Telephone: (562) 698-3850 Fax: (562) 698-6811
E-mail: emendia@wrhap.org

3. TERM:

1/1/09 – 3/31/09

4. FINANCIAL INFORMATION:

CDC:	<$ 2,254,969>
CDPH-OA:	< 1,718,002>
CHHS-CSAP	< 412,868>
Maximum County Obligation:	$4,385,839

5. GEOGRAPHIC AREA SERVED:

Countywide

SUMMARY OF AGREEMENTS

6. ACCOUNTABLE FOR MONITORING AND EVALUATION:

Mario J. Pérez, Director,
Office of AIDS Programs and Policy

7. APPROVALS:

Office of AIDS Programs and Policy:	Mario J. Perez, Director
Public Health:	Jonathan E. Freedman, Chief Deputy
Contracts and Grants Division	Gary Izumi, Chief
County Counsel (approval as to form):	Andrea Ross, Senior Associate County Counsel

HIV/AIDS RELATED SERVICES
Term: 01/01/09 – 06/30/09

Agency and Agreement Number	6-Month Allocation	Monthly Allocation	SPA	Supv. Dist.	Performance as of June 30, 2008
COUNSELING AND TESTING					
AIDS Healthcare Foundation No. H-207279	$75,000	$12,500	1-8	1-5	Meeting performance goals.
Clinica Monsenor Oscar Romero No. H-213466	$62,500	$10,417	1-8	1-5	Meeting performance goals.
Saban Free Clinic No. H-207530	$57,500	$9,583	1-8	1-5	Meeting performance goals.
FAITH-BASED PREVENTION INITIATIVE FOR AFRICAN-AMERICAN AND LATINO COMMUNITIES OF FAITH SERVICES					
The Wall Las Memorias No. H-700184	$150,000	$25,000	1-8	1-5	Meeting and/or exceeding performance goals.
HEALTH EDUCATION/RISK REDUCTION -COUNSELING AND TESTING (MOBILE) PREVENTION SERVICES					
California State University Long Beach No. H-700939	$129,520	$21,587	5,8	2,3,4	Meeting performance goals.

East Valley Community Health Center, Inc. No. H-700911	$75,000	$12,500	3,7	1,4,5	Meeting performance goals.
Tarzana Treatment Center No. H-700890	$75,000	$12,500	1,2	3,5	Meeting performance goals.
Women Alive Coalition No. PH-000269	$25,000	$4,167	4,6	1,2,3, 4	Meeting most performance goals.
HEALTH EDUCATION/RISK REDUCTION					
Los Angeles Center Alcohol & Drug No. H-700864	$79,638	$13,273	3,7	1,4,5	Meeting most performance goals.
Asian American Drug Abuse Program No. H-700860	$87,500	$14,583	6	2	Meeting and/or exceeding performance goals.
California Drug Consultant, Inc. No. H-700872	$90,000	$15,000	1-8	1-5	Meeting and/or exceeding performance goals.
Center for Health Justice No. H-700869	$119,608	$19,935	1-8	1,2,3, 5	Meeting and/or exceeding performance goals.
Childrens Hospital Los Angeles No. H-701028	$58,158	$9,693	4,5	1-4	Meeting performance goals.
City of Long Beach No. H-701036	$104,478	$17,413	8	2,4	Meeting most performance goals.
Great Los Angeles Agency on Deafness No. H-700888	$37,500	$6,250	4	1-5	Meeting performance goals.
East LA Women=s Center No. H-700892	$77,100	$12,850	7	1,4	Meeting performance goals.

FAME Health Corporation No. H-700904	$50,000	$8,333	6	2,4	Meeting most performance goals.
Foothill AIDS Project No. H-700871	$87,500	$14,583	3	1,4	Meeting most performance goals.
In the Meantime Men=s Group, Inc. No. H-700867	$182,066	$30,344	4,6	1,2,3, 4	Meeting performance goals.
Cal State University Long Beach Foundation No. H-700938	$185,430	$30,905	5,8	2,3,4	Meeting performance goals.
Los Angeles Gay and Lesbian Community Services Center No. H-702675	$114,156	$19,026	2,4	1-5	Meeting most performance goals.
Northeast Valley Health Corporation No. H-700894	$116,466	$19,411	2	3,5	Meeting performance goals.
Oldtimers Foundation No. H-700914	$75,000	$12,500	7	1,4	Meeting most performance goals.
Prototypes No. H-700885	$105,906	$17,651	4,5,6	1-4	Meeting performance goals.
REACH LA No. H-700875	$101,148	$16,858	4,6,8	1-4	Meeting performance goals.
Special Service for Groups No. H-700891	$232,828	$38,805	1-8	1-5	Meeting performance goals.
Travelers Aid Society of Los Angeles No. H-700856	$76,828	$12,805	3,5	1-5	Meeting and/or exceeding performance goals.

T.H.E. Clinic, Inc. No. H-700873	$50,000	$8,333	6	2,4	Meeting most performance goals.
Tarzana Treatment Center No. H-700887	$173,880	$28,980	1,2,8	2,3,4, 5	Meeting performance goals.
University of Southern California No. H-701029	$63,000	$10,500	2,4,7	1,4	Meeting performance goals.
Friends Research Institute, Inc. No. H-702632	$117,512	$19,585	4	1,2,3, 5	Meeting performance goals.
Women Alive Coalition No. H-700883	$75,000	$12,500	4,6,8	1-4	Meeting performance goals.
The Wall Las Memorias No. H-700862	$147,788	$24,631	3,4,6	1-5	Meeting performance goals.
Westside Family Health Center No. H-700863	$88,140	$14,690	5	2,3,4	Meeting performance goals.
Whitter Rio Hondo AIDS Project No. H-700868	$82,802	$13,800	7	1,4	Meeting performance goals.
HEALTH EDUCATION/RISK REDUCTION -COUNSELING AND TESTING PREVENTION SERVICES					
AIDS Healthcare Foundation No. H-700936	$490,582	$81,764	2,4,5, 6	1-5	Meeting and/or exceeding performance goals.
Asian Pacific Healthcare No. H-700886	$37,500	$6,250	3,4,8	1-5	Meeting performance goals.
Common Ground No. H-700895	$75,000	$12,500	5	2,3,5	Meeting performance goals.

East Valley Community Health Center, Inc. No. H-700912	$237,252	$39,542	3,7	1,4,5	Meeting performance goals.
El Centro Del Pueblo No. H-700902	$293,166	$48,861	4	1,2,3, 5	Meeting and/or exceeding performance goals.
El Proyecto Del Barrio, Inc. No. H-700896	$155,482	$25,914	2	3,5	Meeting performance goals.
JWCH Institute, Inc. No. H-700901	$188,668	$31,445	3,4,6, 7	1-5	Meeting performance goals.
The Los Angeles Gay and Lesbian Community Services Center No. H-700889	$179,678	$29,946	2,4,6	1,2,3, 5	Meeting and/or exceeding performance goals.
The Los Angeles Gay and Lesbian Community Services Center No. H-700893	$481,694	$80,282	2,4,6	1,2,3, 5	Meeting performance goals.
Minority AIDS Project No. H-700854	$527,408	$87,901	6,8	2,4	Meeting performance goals.
Valley Community Clinic No. H-700882	$250,882	$41,814	2	3	Meeting performance goals.
HEALTH EDUCATION/RISK REDUCTION – COMPREHENSIVE RISK COUNSELING AND SERVICES					
AIDS Project Los Angeles No. H-700940	$457,810	$76,302	1-8	1-5	Meeting and/or exceeding performance goal.
City of Pasadena No. H-702599	$57,810	$19,270	1,2,3, 7	1,3,4, 5	Meeting most performance goals.

Friends Research Institute, Inc. No. H-700861	$383,000	$63,833	4	1,2,3, 5	Meeting and/or exceeding performance goals.
HEALTH EDUCATION/RISK REDUCTION - COUNSELING AND TESTING - COMPREHENSIVE RISK COUNSELING AND SERVICES					
AltaMed Health Services No. H-700957	$252,794	$42,132	3,7	1,4,5	Meeting performance goals.
Bienestar Human Services No. H-700958	$839,134	$139,856	8	2,4	Meeting and/or exceeding performance goals.
Watts Healthcare Corporation No. H-700903	$175,856	$29,309	6	2	Meeting most performance goals.
SCHOOL BASED PROGRAM SERVICES					
Asian Youth Center No. H-700876	$50,000	$8,333	1,2,3	1,3,4, 5	Meeting most performance goals.
LA County Office of Education No. H-700944	$100,000	$16,667	5,6,7, 8	1-4	Meeting performance goals.
Whittier-Rio Hondo AIDS Project No. H-700865	$50,000	$8,333	7	1,2,3, 4	Meeting most performance goals.
TOTAL ALL PROGRAMS	$8,770,478	$1,461,746			

Total maximum County obligation:	$8,770,478, 100% offset with CDC, CDPH-OA and CSAP funds.
CDC	<$4,509,936>
CDPH-OA	<$3,434,806>
CSAP	<$ 825,736>

Exhibit I

Contract No. _____

HUMAN IMMUNODEFICIENCY VIRUS (HIV)/
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
SCHOOL BASED PROGRAM SERVICES AGREEMENT

Amendment Number ___

THIS AMENDMENT is made and entered into this _____ day of _____, 2009,

by and between COUNTY OF LOS ANGELES (hereafter "County"),

and _____ (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) SCHOOL BASED PROGRAM SERVICES AGREEMENT", dated November 30, 2004, and further identified as Agreement No. _____, and any Amendments thereto (all hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to extend Agreement and provide other changes set forth herein; and

WHEREAS, said Agreement provides that changes may be made in the form of a written Amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective on January 1, 2009.

2. The first paragraph of Paragraph 1, TERM, shall be amended to read as follows:

"1. TERM: The term of this Agreement is effective January 1, 2009 through June 30, 2009. The term of the Agreement is on a month-to-month basis for no more than six, ending June 30, 2009 subject to the availability of federal, State, or County funding sources. In any event, County may terminate this Agreement in accordance with the TERMINATION Paragraphs of the ADDITIONAL PROVISIONS hereunder."

3. Paragraph 2, DESCRIPTION OF SERVICES, shall be amended to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibit _____, attached hereto and incorporated herein by reference."

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, Subparagraph E, and F, shall be added to Agreement as follows:

"E. During the period of January 1, 2009 through June 30, 2009 the maximum obligation of County for all services provided hereunder shall not exceed _____ ($_____). The term of the Agreement is on a month-to-month basis for no more than six months. Such maximum obligation is comprised entirely of federal Centers for Disease Control and Prevention (CDC) funds. This sum represents the total maximum obligation of County as shown in Schedule _, attached hereto and incorporated herein by reference.

4. Paragraph 7, COMPENSATION, shall be amended to read as follows:

"7. COMPENSATION: County agrees to compensate Contractor for performing services set forth in Schedules _____, the COST REIMBURSEMENT Paragraph of this Agreement. Invoices and cost reports must be submitted and will be reimbursed in accordance with approved line-item detailed budgets."

5. Exhibits _____, SCOPES OF WORK FOR HIV/AIDS SCHOOL BASED PROGRAM SERVICES, are attached to this Amendment and incorporated in Agreement by reference.

6. Schedules _____, BUDGETS FOR HIV/AIDS HEALTH EDUCATION/RISK REDUCTION SERVICES, are attached to this Amendment and incorporated in Agreement by reference.

7. Effective as of January 1, 2009, wherever in the Agreement its states County's "Department of Health Services" shall now read County's "Department of Public Health."

8. Except for the changes set forth hereinabove, Agreement shall not be change in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Director of Public Health and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
JONATHAN E. FIELDING, M.D., MPH
Director and Health Officer

_____
Contractor

By _____
Signature

_____
Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND G. FORTNER, JR.
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By _____
Gary T. Izumi, Chief
Contracts and Grant

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT K-1

SCOPE OF WORK

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM), men who have sex with men and women (MSM/W), and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT K-1

SCOPE OF WORK

1/01/09 - 6/30/09

1.0 By 6/30/09, a monthly goal of 42 participants will participate in an outreach encounter and complete a brief HIV risk assessment. An outreach encounter is 5-10 minutes long. Participants fill out a brief HIV risk assessment that assists the staff in identifying appropriate client-centered referrals. 32 MSM 6 MSM/W 3 WSR	1.1 Review and revise outreach protocol, referral and linked referral protocol, client incentive plan, brief HIV risk assessment forms, and educational pamphlets. Protocol to include but not be limited to: understanding outreach and outreach in a scientific context, engagement strategies, cultural sensitivity, safety and awareness of environment, effective communication skills, health information and demonstration strategies, confidentiality and ethics, laws and regulations, burn out prevention and the Do=s and Dont=s of outreach. Submit to Office of AIDS Programs and Policy (OAPP) for approval.	By1/01/09	1.1 Letter(s) of OAPP approval and materials will be kept on file.
	1.2 Schedule outreach and maintain a calendar with sites, dates, and times.	1/01/09 and ongoing	1.2 Documents will be kept on file and submitted with monthly reports to OAPP.
	1.3 Conduct outreach and maintain logs including but not limited to: client identification information, sites, dates, demographic information, and materials presented.	1/01/09 and ongoing	1.3 Completed materials will be kept on file and number of participants documented in monthly reports to OAPP.
1A.0 By 6/30/09, a monthly goal of 14 participants will be linked into at least one of the following services: HIV Counseling and Testing (HCT), Sexually Transmitted Disease (STD) screening or testing services, and Interventions Delivered to Individuals (IDI), Interventions Delivered to Groups (IDG) or Comprehensive Risk Reduction	1A.1Conduct outreach and maintain documentation of linked referrals provided. Documentation shall include, but not be limited to: client identification information, site, date, referral site, and verification of completed referral.	1/01/09 and ongoing	1A.1 Completed materials will be kept on file and number of participants documented in monthly report to OAPP.

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT K-1

SCOPE OF WORK

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM), men who have sex with men and women (MSMW), and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

EXHIBIT K-1
SCOPE OF WORK
1/01/09 - 6/30/09

2.0 By 6/30/09, a monthly goal of 10 participants complete three (3) sessions of a risk reduction counseling series. Each session will be 2-hours in length. (Closed group) 5 MSM WSR	2.1 Review and revise group risk reduction counseling curriculum, HIV risk assessment, pre/post tests, educational pamphlets and referral form. Risk reduction counseling curriculum to include but not be limited to: Partner Counseling and Referral Services (PCRS)/Disclosure Assistance Services (DAS), the dual identity of gay men of color, STD/HIV prevention, sexual roles and risks, prevention options, intentions to act and capacity to change, partner selection decision making issues, , communication, and negotiation skills, social support and problem solving to maintain change. Submit to OAPP for approval.	By 1/01/09	2.1 Letter(s) of OAPP approval and materials will be kept on file.
	2.2 Schedule sessions and maintain a calendar of sites, dates, and times.		2.2 Documents will be kept on file and submitted with monthly reports to OAPP.
	2.3 Conduct sessions and obtain sign-in sheets	1/01/09 and ongoing	2.3 Sign-in sheets will be kept on file and results documented in monthly reports to OAPP.
2A.0 By 6/30/09, a monthly goal of 10 participants will complete an HIV risk assessment. 5 MSM WSR	2A.1 Administer risk assessment form, analyze results, and submit data to OAPP.	1/01/09 and ongoing	2A.1 Completed materials will be kept on file and number of participants documented in monthly reports to OAPP.
	2B.1 Review risk assessment for HIV status	1/01/09 and ongoing	2B.1 Completed materials will be kept on file and number

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT K-1

SCOPE OF WORK

1/01/09 - 3/31/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM), men who have sex with men and women (MSMW), and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

EXHIBIT K-1
SCOPE OF WORK
1/01/09 - 3/31/09

2D.0 By 6/30/09, a monthly goal of 7 participants will commit to reducing at least one risk behavior. 5 MSM 2 WSR	2D.1 Administer commitment form, analyze results, and submit data to OAPP.	1/01/09 and ongoing	2D.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.
2E.0 By 6/30/09, a monthly goal of 6 participants will maintain at least one risk reduction behavior at a one-month follow-up. 4 MSM 2 WSR	2E.1 Administer follow-up behavioral assessment form, analyze results, and submit data to OAPP.	1/01/09 and ongoing	2E.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.
2F.0 By 6/30/09, agency will determine the proportion of persons that completed the intended number of IDG sessions.	2F.1 Collect data forms, analyze results, and submit data to OAPP.	1/01/09 and ongoing	2F.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.
2G.0 By 6/30/09, agency will determine the proportion of the intended number of IDG who were actually reached.	2G.1 Collect data forms, analyze results, and submit data to OAPP.	1/01/09 and ongoing	2G.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.
3.0 By 6/30/09, a monthly goal of 6 participants will participate in at least three (3) individual risk-reduction counseling sessions. Individual risk reduction counseling sessions must be face-to-face and at least 20 minutes in length. Follow-up sessions shall be conducted after the last IDI session. Follow-up sessions can be conducted face-to-face, by phone, and/or email. 3 MSM 2 MSM/W 1 WSR	3.1 Review and revise individual level counseling protocol, and forms to include, but not be limited to: client intake form (name or unique identifier, demographics etc.), HIV risk assessment form, client centered service plan form, progress notes forms, case closure summary form; Patient Referral and Counseling Services (PCRS)/Disclosure Assistance Services (DAS), IDI protocol must follow standards and guidelines as indicated in Exhibit. Submit to OAPP for approval. 3.2 Schedule individual risk reduction sessions and	By 1/01/09	3.1 Letter(s) of OAPP approval and materials will be kept on file.

EXHIBIT K-1
SCOPE OF WORK
1/01/09 - 3/31/09

	maintain a calendar of sites, dates, and times. 3.3 Conduct individualized risk-reduction counseling activities and obtain sign-in sheets.	1/01/09 and ongoing	3.2 Documents will be kept on file and submitted in monthly reports to OAPP. 3.3 Documents will be kept on file and submitted in monthly reports to OAPP.

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT K-1

SCOPE OF WORK

1/01/09 - 3/31/09

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM), men who have sex with men and women (MSMW), and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3A.0 By 6/30/09, a monthly goal of 6 participants will complete an HIV risk assessment and IDI documentation. 3 MSM 2 MSM/W 1 WSR	3A.1 Administer HIV risk assessment, analyze results, and submit finding to OAPP.	1/01/09 and ongoing	3A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
3B.0 By 6/30/09, all MSM, MSM/W, and WSR whose HIV status is unknown will be referred for HIV Counseling and Testing Services.	3B.1 Review risk assessment for HIV status information. Refer to HCT services if status is unknown. Submit data to OAPP.	1/01/09 and ongoing	3B.1 Completed materials will be kept on file and number of participants documented in monthly reports to OAPP.
3C.0 By 6/30/09, all HIV positive MSM, MSM/W and WSR will be referred to PCRS/DAS services.	3C.1 Review risk assessment for HIV status information. Refer HIV positive clients to PCRS/DAS Services.	1/01/09 and ongoing	3C.1 Completed materials will be kept on file and results submitted to OAPP.
3D.0 By 6/30/09, a monthly goal of 6 participants will complete a client center prevention plan (CCPP). 3 MSM 2 MSM/W 1 WSR	3D.1 Administer client center prevention plan (CCPP), analyze results, and submit findings to OAPP.	1/01/09 and ongoing	3D.1 Completed materials will be kept on file and results submitted to OAPP.
3E.0 By 6/30/09, a monthly goal of 5 participants will commit to at			

EXHIBIT K-1
SCOPE OF WORK
1/01/09 - 3/31/09

least one risk reduction behavior identified in CCPP. 2 MSM 2 MSM/W 1 WSR	3E.1 Administer behavioral commitment forms, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	3E.1 Completed materials will be kept on file and results submitted to OAPP.

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT K-1

SCOPE OF WORK

1/01/09 - 3/31/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM), men who have sex with men and women (MSMW), and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3F.0 By 6/30/09, a monthly goal of 5 MSM, MSM/W, and WSR will have maintained at least one risk reduction behavior at a 30-day follow up session. 2 MSM 2 MSM/W 1 WSR	3F.0 Administer behavioral commitment forms, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	3F.0 Completed materials will be kept on file and results submitted to OAPP.
3G.0 By 6/30/09, a monthly goal of 4 MSM, MSM/W, and WSR will have maintained at least one risk reduction behavior at a 60-day follow up session. 2 MSM 1 MSM/W 1 WSR	3G.1 Administer behavioral commitment forms, analyze results and submit finding to OAPP.	1/01/09 and ongoing	3G.1 Completed materials will be kept on file and results submitted to OAPP.
3H.0 By 6/30/09, a monthly goal of 4 MSM, MSM/W, and WSR will have maintained at least one risk reduction behavior at a 90-day follow up session. 2 MSM 1 MSM/W 1 WSR	3H.1 Administer behavioral commitment forms, analyze results and submit finding to OAPP. 3I.1 Collect data forms, analyze results, and submit	1/01/09 and ongoing	3H.1 Completed materials will be kept on file and results submitted to OAPP.

EXHIBIT K-1
SCOPE OF WORK
1/01/09 - 3/31/09

3I.0 By 6/30/09, agency will determine the proportion of persons that completed the intended number of IDI sessions. 3J.0 By 6/30/09, agency will determine the proportion of the intended number of the target population to be reached with the IDI intervention who were actually reached.	data to OAPP. 3J.1 Collect data forms, analyze results, and submit data to OAPP.	1/01/09 and ongoing	3I.1 Completed materials will be kept on file and data documented in monthly reports to OAPP. 3J.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.

Contractor: AltaMed Health Services

Contract #: H- 700957

EXHIBIT L-1

SCOPE OF WORK

HCT - Storefront

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), transgenders at sexual risk and transgenders who are injection drug users (TSR/TIDU), and women at sexual risk (WSR) in Service Planning Area (SPA) 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.0 By 6/30/09, Program Staff will conduct outreach and promotional activities to targeted venues of MSM, MSM/W, MSM/IDU, HM/IDU, F/IDU, TSR/TIDU, WSR.	1.1 Review and revise outreach plan and educational and/or promotional materials. Outreach plan will include but not be limited to: proposed sites, basic HIV/AIDS information, outreach rules, and safety procedures. Educational information will include but not be limited to: risk reduction information, HCT program description and contact information. Submit to Office of AIDS Programs and Policy (OAPP) for approval.	By 1/01/09	1.1 Letter(s) of OAPP approval and related material will be kept on file.
	1.2. Schedule outreach activities and maintain calendar of sites, dates, and times.	1/01/09 and ongoing	1.2 Calendar will be kept on file and submitted with monthly reports to OAPP.
	1.3. Conduct outreach and maintain contact logs including but not limited to: sites, dates, number of individuals contacted, demographic information, and materials presented.	1/01/09 and ongoing	1.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.

Contractor: AltaMed Health Services

Contract #: H- 700957

EXHIBIT L-1

SCOPE OF WORK

HCT - Storefront

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), transgenders at sexual risk and transgenders who are injection drug users (TSR/TIDU), and women at sexual risk (WSR) in Service Planning Area (SPA) 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.0 By 6/30/09, a monthly goal of 183 risk assessments/prevention counseling sessions will be conducted to clients at-risk for HIV/AIDS. (Risk Assessments/Prevention Counseling should be at a minimum of 20 minutes per session)	2.1 Review and revise Counseling and Testing protocol and health education materials. Protocol should contain standard practice guidelines for conducting all of the following: Risk Assessments; HIV Prevention Counseling; HIV Tests/Screenings; Disclosure Counseling Sessions; Follow-up Sessions; Referral Counseling; Partner Referral/Notification; Post-Disclosure Counseling Sessions. Submit materials to OAPP for approval.	By 1/01/09	2.1 Letter(s) of OAPP approval and related material will be kept on file.
	2.2 Schedule HCT activities and maintain calendar of sites, dates, and times.	1/01/09 and ongoing	2.2 Calendar will be kept on file and submitted with monthly reports to OAPP.
	2.3 Administer risk assessment survey and conduct client-centered HIV Prevention Counseling. Provide education and skills building training and conduct role plays. Document topics discussed on HIRS form and enter data into database. Submit findings to OAPP.	1/01/09 and ongoing	2.3 Completed materials will be kept on file and results documented in monthly reports to OAPP.
	3.1 Review and revise, as needed, consent forms, medical	By 1/01/09	

EXHIBIT L-1
SCOPE OF WORK
HCT - Storefront
1/01/09 - 6/30/09

3.0 By 6/30/09, a monthly goal of 165 (90%) of clients who completed a risk assessment will receive an HIV test/screening. A minimum of 90% of the HIV tests conducted will be on a confidential basis. Up to 10% of clients may test Anonymously. Contractor must maintain sufficient documentation or explanation of those clients electing to test anonymously.	release forms, disclaimers and client logs. Submit materials to OAPP for approval. 3.2 Administer consent form, medical release form, and disclaimer. Complete client logs. 3.3 Administer HIV test. Document test results on HIRS Client Information Form (CIF). Enter data into database. Analyze results and report to OAPP.	1/01/09 and ongoing 1/01/09 and ongoing	3.1 Letter(s) of OAPP approval and related material will be kept on file. 3.2 Completed materials will be kept on file and results documented in monthly reports to OAPP. 3.3 Completed materials will be kept on file and results documented in monthly reports to OAPP.

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), transgenders at sexual risk and transgenders who are injection drug users (TSR/TIDU), and women at sexual risk (WSR) in Service Planning Area (SPA) 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3A.0 By 6/30/09, agency will determine the percent of	3A.1 Administer intervention, analyze results, and submit	1/01/09	3A.1Completed materials will be kept in client charts

EXHIBIT L-1
SCOPE OF WORK
HCT - Storefront
1/01/09 - 6/30/09

newly identified, confirmed HIV-positive test results among all tests reported.	finding to OAPP.	and ongoing	and number of participants documented in monthly reports to OAPP.
3B.0 By 6/30/09, agency will determine the percent of newly identified, confirmed HIV-positive test results disclosed to client.	3B.1 Administer intervention, analyze results, and submit findings to OAPP.	1/01/09 and ongoing 1/01/09 and ongoing	3B.1Completed materials will be kept in client charts and number of participants documented in monthly reports to OAPP.
3C.0 By 6/30/09, contractor will submit to OAPP, the HIRS CIF form for all clients testing HIV-positive.	3C.1 Administer CIF form, and ensure all data fields are complete and maintain a copy on file. Submit completed CIF forms to OAPP on a monthly basis.	1/01/09 and ongoing	3C.1Completed materials will be kept in client charts and number of positives documented in monthly reports to OAPP.
4.0By 6/30/09, a minimum of 85% of High Risk-negative, and 95% of HIV positive MSM, MSM/W, and WSR tested will receive a Disclosure Counseling Session (Minimum amount of time per session: 15 minutes for low risk, 30 minutes for high-risk negative, and 45 minutes for HIV positives.).	4.1 Conduct Disclosure Counseling Session. Document topics discussed on HIRS forms. Enter data into database, analyze results and report to OAPP.	By 1/01/09	4.1 Documents will be kept on file and submitted with monthly reports to OAPP.
5.0By 6/30/09, a minimum of 10% of BRG clients tested, will receive a linked referral. A Linked Referral is the provision of specific, appropriate, written referrals with adequate linkages. Referrals are selected based on the counselor=s assessment, keeping in mind the client=s identified needs and consideration of cultural similarities or differences between client and referral. Agencies must be able to track successful referrals to HIV prevention and care services. For HIV positive clients, the Referral Plan must consist of a minimum of three (3) medical outpatient referrals and	5.1 Review and revise a Linked Referral Follow-up Plan (procedures to verify and document successful referrals to HIV prevention and care services and other social services). Submit plan to OAPP for approval. 5.2 Conduct Referral Counseling Session. Document referrals made on HIRS forms. Enter data into database, analyze results and report to OAPP.	1/01/09 and ongoing	5.1 Letter(s) of OAPP approval and related material will be kept on file. 5.2 Documents will be kept on file and results documented in monthly reports to OAPP.

EXHIBIT L-1
SCOPE OF WORK
HCT - Storefront
1/01/09 - 6/30/09

other appropriate referrals. For high risk negative clients, the Plan must have a minimum of one (1) referral.			

Contractor: AltaMed Health Services

Contract #: H- 700957

EXHIBIT L-1

SCOPE OF WORK

HCT - Storefront

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), transgenders at sexual risk and transgenders who are injection drug users (TSR/TIDU), and women at sexual risk (WSR) in Service Planning Area (SPA) 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

Contractor: AltaMed Health Services

Contract #: H- 700957

EXHIBIT L-1

SCOPE OF WORK

HCT - Storefront

1/01/09 - 6/30/09

6.0By 6/30/09, Program Staff will conduct No-show/ Follow-up Services to 100% of high risk negative and HIV positive MSM, MSM/W, MSM/IDU, HM/IDU, F/IDU, TSR/TIDU, WSR $ Confidential Tested Clients Only	6.1 Review and revise No-Show/Follow-up plan. Submit to OAPP for approval. 6.2 Identify no-show clients and conduct Follow-up Services. Document Follow-up Services on HIRS forms. Enter data into database, analyze results and report to OAPP.	By 1/01/09 1/01/09 and ongoing	6.1 Letter(s) of OAPP approval and related material will be kept on file. 6.2 Documents will be kept on file and results documented in monthly reports to OAPP.
7.0By 6/30/09, a minimum of 90% of HIV positive clients who access services through this program will be offered PCRS/DAS.	7.1 Review and revise documentation forms for PCRS/DAS, consent forms, clients logs. Submit to OAPP for approval.	1/01/09 and ongoing	7.1 Letter(s) of OAPP approval and related material will be kept on file.
7A.0 By 6/30/09, a minimum of 80% of HIV positive clients will receive PCRS/DAS	7A.1 Conduct PCRS/DAS with HIV positive clients. Document client information and type of partner disclosure to be conducted on PCRS/DAS data collection form and/or HIRS. PCRS/DAS must include at least one of the following: self-disclosure; dual disclosure; elicitation interview; and/or third party anonymous disclosure.	1/01/09 and ongoing 1/01/09 and ongoing	7A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
7B.0 By 6/30/09, a minimum of 75% of identified partners of HIV positive clients will receive a partner notification session.	7B.1 Review and revise documentation forms for Partner Notification sessions, consent forms, clients logs. Submit to OAPP for approval. 7B.2 Conduct Partner Notification Sessions with identified	1/01/09 and ongoing	7B.1 Completed materials will be kept on file and results documented in monthly reports to OAPP. 7B.2 Letter(s) of OAPP approval and related material

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Contractor: AltaMed Health Services

Contract #: H- 700957

EXHIBIT L-1

SCOPE OF WORK

HCT - Storefront

1/01/09 - 6/30/09

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), transgenders at sexual risk and transgenders who are injection drug users (TSR/TIDU), and women at sexual risk (WSR) in Service Planning Area (SPA) 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

Contractor: AltaMed Health Services

Contract #: H- 700957

EXHIBIT L-1

SCOPE OF WORK

HCT - Storefront

1/01/09 - 6/30/09

8.0By 6/30/09, a minimum of 85% of partners of HIV positive clients will be offered confidential HIV testing or provided a referral to HIV testing	8.1 Review and revise HIV Testing and Counseling protocol and health educational materials. Protocol should contain standard practice guidelines for conducting the following: Risk Assessments; HIV Prevention Counseling; HIV Tests; Disclosure Counseling Sessions; Follow-up on Linked Referrals; and PCRS services. Submit protocol to OAPP for approval.	By 1/01/09	8.1 Letter(s) of OAPP approval and related material will be kept on file.
	8.2 Schedule HCT activities and maintain calendar of sites, dates, and times.	1/01/09 and ongoing	8.2 Completed materials will be kept on file and results documented in monthly reports to OAPP.
	8.3 Administer a brief risk assessment survey. Document client=s refusal of Rapid Testing . Record data on PCRS/DAS data collection form and/or HIRS. Submit findings to OAPP.	1/01/09 and ongoing	8.3 Completed materials will be kept on file and results documented in monthly reports to OAPP.
9.0By 6/30/09, 95% of HIV positive clients and 85% of High Risk-negative clients will receive a disclosure counseling session.	9.1 Conduct Disclosure Counseling Session. Document topics discussed. Enter data on data collection form and /or HIRS. Submit findings to OAPP.	1/01/09 and ongoing	9.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
	9A.1 Administer intervention, analyze results, and submit finding to OAPP.	1/01/09 and ongoing	9A.1 Completed materials will be kept in client charts and number of participants documented in monthly reports to OAPP.
9A.0 By 6/30/09, agency will determine the percent of		1/01/09	

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Contractor: AltaMed Health Services

Contract #: H- 700957

EXHIBIT L-1

SCOPE OF WORK

HCT - Storefront

1/01/09 - 6/30/09

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), transgenders at sexual risk and transgenders who are injection drug users (TSR/TIDU), and women at sexual risk (WSR) in Service Planning Area (SPA) 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	IMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
10.0 By 6/30/09, 95% of newly diagnosed HIV positive partners will be linked into care and treatment services and any other needed services.	10.1 Perform confirmatory specimen collection. Document confirmed positive results. Enter data on data collection form and/or into HIRS. Submit findings to OAPP.	1/01/09 and ongoing	10.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
	10.2 Conduct linked referral. Document types of referrals given and linkage. Enter data on data collection form and or into HIRS. Submit findings to OAPP.	1/01/09 and ongoing	10.2 Completed materials will be kept on file and results documented in monthly reports to OAPP.

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT M-1

SCOPE OF WORK

HCT B MTU

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), and women at sexual risk (WSR) in Service planning Areas (SPAs) 3, 4, and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.0 By 6/30/09, Program Staff will conduct outreach and promotional activities to targeted venues of MSM, MSM/W, MSM/IDU, HM/IDU, F/IDU, and WSR.	1.1 Review and revise outreach plan and educational and/or promotional materials. Outreach plan will include but not be limited to: proposed sites, basic HIV/AIDS information, outreach rules, and safety procedures. Educational information will include but not be limited to: risk reduction information, HCT program description and contact information. Submit to Office of AIDS Programs and Policy (OAPP) for approval.	By 1/01/09	1.1 Letter(s) of OAPP approval and related material will be kept on file.
	1.2 Schedule outreach activities and maintain calendar of sites, dates, and times.	1/01/09 and ongoing	1.2 Calendar will be kept on file and submitted with monthly reports to OAPP.
	1.3 Conduct outreach and maintain contact logs including but not limited to: sites, dates, number of individuals contacted, demographic information, and materials presented.	1/01/09 and ongoing	1.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT M-1

SCOPE OF WORK

HCT B MTU

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), and women at sexual risk (WSR) in Service Planning Areas (SPAs) 3, 4, and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

EXHIBIT M-1
SCOPE OF WORK
HCT B MTU
1/01/09 - 6/30/09

2.0 By 6/30/09, a monthly goal of 122 risk assessments/prevention counseling sessions will be conducted to clients at-risk for HIV/AIDS. (Risk Assessments/Prevention Counseling should be at a minimum of 20 minutes per session)	2.1 Review and revise Counseling and Testing protocol and health education materials. Protocol should contain standard practice guidelines for conducting all of the following: Risk Assessments; HIV Prevention Counseling; HIV Tests/Screenings; Disclosure Counseling Sessions; Follow-up Sessions; Referral Counseling; Partner Referral/Notification; Post-Disclosure Counseling Sessions. Submit materials to OAPP for approval.	By 1/01/09	2.1 Letter(s) of OAPP approval and related material will be kept on file.
	2.2 Schedule HCT activities and maintain calendar of sites, dates, and times.	1/01/09 and ongoing	2.2 Calendar will be kept on file and submitted with monthly reports to OAPP.
	2.3 Administer risk assessment survey and conduct client-centered HIV Prevention Counseling. Provide education and skills building training and conduct role plays. Document topics discussed on HIRS form and enter data into database. Submit findings to OAPP.	1/01/09 and ongoing	2.3 Completed materials will be kept on file and results documented in monthly reports to OAPP.
3.0 By 6/30/09, a monthly goal of 110 (90%) of clients who completed a risk assessment will receive an HIV test/screening	3.1 Review and revise consent forms, medical release forms, disclaimers and client logs. Submit materials to OAPP for approval.	By 1/01/09	3.1 Letter(s) of OAPP approval and related material will be kept on file.
	3.2 Administer consent form, medical release form, and	1/01/09 and ongoing	

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT M-1

SCOPE OF WORK

HCT B MTU

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), and women at sexual risk (WSR) in Service Planning Areas (SPAs) 3, 4, and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3A.0 By 6/30/09, agency will determine the percent of newly identified, confirmed HIV-positive test results among all tests reported.	3A.1 Administer intervention, analyze results, and submit finding to OAPP.	1/01/09 and ongoing	3A.1 Completed materials will be kept in client charts and number of participants documented in monthly reports to OAPP.
3B.0 By 6/30/09, agency will determine the percent of newly identified, confirmed HIV-positive test results returned to client.	3B.1 Administer intervention, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	3B.1 Completed materials will be kept in client charts and number of participants documented in monthly reports to OAPP.
3C.0 By 6/30/09, contractor will submit to OAPP, the HIRS CIF form for all clients testing HIV-positive.	3C.0 Administer CIF form, and ensure all data fields are complete and maintain a copy on file. Submit completed CIF forms to OAPP on a monthly basis.	1/01/09 and ongoing	3C.1 Completed materials will be kept in client charts and number of participants documented in monthly reports to OAPP.
4.0 By 6/30/09, a minimum of 85% of High Risk-negative, and 95% of HIV positive MSM, MSM/W, MSM/IDU, HM/IDU, F/IDU, and WSR tested will receive a Disclosure Counseling Session (Minimum amount of time per session: 15 minutes for low risk, 30 minutes for high-risk negative, and 45 minutes for HIV positive.):	4.1 Conduct Disclosure Counseling Session. Document topics discussed on HIRS forms. Enter data into database, analyze results and report to OAPP.	1/01/09 and ongoing By 1/01/09	4.1 Documents will be kept on file and results documented in monthly reports to OAPP.
5.0 By 6/30/09, a minimum of 10% of	5.1 Review and revise a Linked Referral Follow-up Plan		5.1 Letter(s) of OAPP approval and related material will be

EXHIBIT M-1
SCOPE OF WORK
HCT B MTU
1/01/09 - 6/30/09

BRG clients tested, will receive a linked referral. A Linked Referral is the provision of specific, appropriate, written referrals with adequate linkages. Referrals are selected based on the counselor=s assessment, keeping in mind the client=s identified needs and consideration of cultural similarities or differences between client and referral. Agencies must be able to track successful referrals to HIV prevention and care services. For HIV positive clients, the Referral Plan must consist of a minimum of three (3) medical outpatient referrals and other appropriate referrals. For high risk negative clients, the Plan must have a minimum of one (1) referral.	(procedures to verify and document successful referrals to HIV prevention and care services and other social services). Submit plan to OAPP for approval. 5.2 Conduct Referral Counseling Session. Document referrals made on HIRS forms. Enter data into database, analyze results and report to OAPP.	1/01/09 and ongoing	kept on file. 5.2 Documents will be kept on file and results documented in monthly reports to OAPP.

Contractor: AltaMed Health Services

Contract #: H-700957

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SCOPE OF WORK

HCT B MTU

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), and women at sexual risk (WSR) in Service Planning Areas (SPAs) 3, 4, and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

EXHIBIT M-1
SCOPE OF WORK
HCT B MTU
1/01/09 - 6/30/09

6.0 By 6/30/09, Program Staff will conduct No-show/ Follow-up Services to 100% of high risk negative and HIV positive MSM, MSM/W, MSM/IDU, WSR, and TSR. Confidential Tested Clients Only	6.1 Review and revise, as needed, No-Show/Follow-up plan. Submit to OAPP for approval. 6.2 Identify no-show clients and conduct Follow-up Services. Document Follow-up Services on HIRS forms. Enter data into database, analyze results and report to OAPP.	By 1/01/09 1/01/09 and ongoing	6.1 Letter(s) of OAPP approval and related material will be kept on file. 6.2 Documents will be kept on file and results documented in monthly reports to OAPP.
7.0 By 6/30/09, a minimum of 90% of HIV positive clients who access services through this program will be offered PCRS/DAS. 7A.0 By 6/30/09, a minimum of 80% of HIV positive clients will receive PCRS/DAS 7B.0 By 6/30/09,a minimum of 75% of identified partners of HIV positive clients will receive a partner notification session.	7.1 Review and revise documentation forms for PCRS/DAS, consent forms, clients logs. Submit to OAPP for approval. 7A.1 Conduct PCRS/DAS with HIV positive clients. Document client information and type of partner disclosure to be conducted on PCRS/DAS data collection form and/or HIRS. PCRS/DAS must include at least one of the following: self-disclosure; dual disclosure; elicitation interview; and/or third party anonymous disclosure. 7B.1 Review and revise documentation forms for Partner Notification sessions, consent forms, client logs. Submit to OAPP for approval. 7B.2 Conduct Partner Notification Sessions with identified partners of HIV positive clients. Document partner information on PCRS/DAS data collection form and/or HIRS.	1/01/09 and ongoing 1/01/09 and ongoing 1/01/09 and ongoing 1/01/09 and ongoing 1/01/09 and ongoing	7.1 Letter(s) of OAPP approval and related material will be kept on file. 7A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP. 7B.1 Completed materials will be kept on file and results documented in monthly reports to OAPP. 7B.2 Letter(s) of OAPP approval and related material will be kept on file.

EXHIBIT M-1
SCOPE OF WORK
HCT B MTU
1/01/09 - 6/30/09

	7B.3 Complete Client Log. Log to include, but not be limited to the following: number of partners identified; number of partners who agree to test; testing results; number of HIV positive clients linked to medical care. Enter data into database. Document data.		7.B.3 Completed materials will be kept on file and results documented in monthly reports to OAPP.

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Contractor: AltaMed Health Services

Contract #: H-700957

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SCOPE OF WORK

HCT B MTU

1/01/09 - 6/30/09

Goal No.1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), and women at sexual risk (WSR) in Service Planning Areas (SPAs) 3, 4, and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	IMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
8.0 By 6/30/09, a minimum of 85% of partners of HIV positive clients will be offered confidential HIV testing or provided a referral to HIV testing	8.1 Review and revise HIV Testing and Counseling protocol and health educational materials. Protocol should contain standard practice guidelines for conducting the following: Risk Assessments; HIV Prevention Counseling; HIV Tests; Disclosure Counseling Sessions; Follow-up on Linked Referrals; and PCRS services. Submit protocol to OAPP for approval.	By 1/01/09	8.1Letter(s) of OAPP approval and related material will be kept on file.
	8.2 Schedule HCT activities and maintain calendar of sites, dates, and times.	1/01/09 and ongoing	8.2Completed materials will be kept on file and results documented in monthly reports to OAPP.
	8.3 Administer a brief risk assessment survey. Document client=s refusal of Rapid Testing . Record data on PCRS/DAS data collection form and/or HIRS. Submit findings to OAPP.	1/01/09 and ongoing	8.3Completed materials will be kept on file and results documented in monthly reports to OAPP.
9.0 By 6/30/09, 95% of HIV positive clients and 85% of High Risk-negative clients will receive a disclosure counseling session.	9.1 Conduct Disclosure Counseling Session. Document topics discussed. Enter data on data collection form and /or HIRS. Submit findings to OAPP.	1/01/09 and ongoing	9.1Completed materials will be kept on file and results documented in monthly reports to OAPP.
9A.0 By 6/30/09, agency will determine the percent of contacts with unknown or negative serostatus who receive	9A.1Administer intervention, analyze results, and submit finding to OAPP.	1/01/09 and ongoing	9A.1Completed materials will be kept in client charts and number of participants documented in monthly reports to

EXHIBIT M-1
SCOPE OF WORK
HCT B MTU
1/01/09 - 6/30/09

an HIV test after PCRS/DAS notification.			OAPP.
9B.0 By 6/30/09, agency will determine the percent of contacts with newly identified, confirmed HIV-positive test among contacts who are tested.	9B.1Administer intervention, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	9B.1Completed materials will be kept in client charts and number of participants documented in monthly reports to OAPP.
9C.0 By 6/30/09, agency will determine the percent of all contacts with a known, confirmed HIV-positive test among all contacts.	9C.1Administer intervention, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	9C.1Completed materials will be kept in client charts and number of participants documented in monthly reports to OAPP.

Contractor: AltaMed Health Services

Contract #: H-700957

EXHIBIT M-1

SCOPE OF WORK

HCT B MTU

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To provide client-centered HIV Counseling and Testing and Referral Services to men who have sex with men who have sex with men (MSM), men who have sex with men and women (MSM/W), men who have sex with men and are injection drug users (MSM/IDU), heterosexual men who are injection drug users (HM/IDU), female injection drug users (F/IDU), and women at sexual risk (WSR) in Service Planning Areas (SPAs) 3, 4, and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	IMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
10.0 By 6/30/09, 95% of newly diagnosed HIV positive partners will be linked into care and treatment services and any other needed services.	10.1,Perform confirmatory specimen collection. Document confirmed positive results. Enter data on data collection form and/or into HIRS. Submit findings to OAPP.	1/01/09 and ongoing	10.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
	10.2 Conduct linked referral. Document types of referrals given and linkage. Enter data on data collection form and or into HIRS. Submit findings to OAPP.	1/01/09 and ongoing	10.2 Completed materials will be kept on file and results documented in monthly reports to OAPP.

Contractor: Altamed Health Services Corporation

Contract #: H-700957

EXHIBIT N-1

SCOPE OF WORK

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM) and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

1.0 By 6/30/09, a monthly goal of 6 individuals will be outreached/recruited to participate in Comprehensive Risk Reduction Counseling and Services (CRCS). $ 3 MSM HIV-Negative $ 2 MSM HIV-Positive $ 1 WSR HIV-Negative	1.1 Review and revise CRCS outreach/recruitment plan, CRCS screening and assessment plan, CRCS counseling and Referral for Service protocol including Partner Counseling and Referral Services (PCRS)/Disclosure Assistance Services (DAS), and CRCS forms to include, but not be limited to: client screen and intake form, comprehensive assessment form, client centered service plan form, progress notes forms, case closure summary form, acuity assessment tool: CRCS protocol must follow CRCS standards and guidelines as indicated in contract CRCS Exhibit. Submit to OAPP for approval.	By 1/01/09	1.1 Letter(s) of OAPP approval and materials will be kept on file.
	1.2 Schedule clients for CRCS services and maintain a log of sites, dates, and times.	1/01/09 and ongoing	1.2 Documents will be kept on file and submitted with monthly reports to OAPP.
1A.0 By 6/30/09, a monthly goal 6 participants will be screened for appropriateness to be enrolled into CRCS services. $ 3 MSM HIV-Negative $ 2 MSM HIV-Positive $ 1 WSR HIV-Negative	1A.1 Conduct screening and assessment and maintain proper documentation including Engagement and Screening Log..	1/01/09 and ongoing	1A.1 Documents will be kept on file and number of participants reported in monthly reports.
1B.0 By 6/30/09, a monthly goal of 5 participants will complete an intake and comprehensive assessment. $ 2 MSM HIV-Negative $ 2 MSM HIV-Positive $ 1 WSR HIV-Negative	1B.1 Conduct intake and assessment, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	1B.1 Completed materials will be kept on file and number of participants documented in monthly report to OAPP.

Contractor: Altamed Health Services Corporation

Contract #: H-700957

EXHIBIT N-1

SCOPE OF WORK

1/01/09 - 6/30/09

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM) and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1D.0 By 6/30/09, a monthly goal of 5 participants will be successfully enrolled in CRCS services. A client is enrolled in CRCS only after they complete one (1) session after the intake and assessment. $ 2 MSM HIV-Negative $ 2 MSM HIV-Positive $ 1 WSR HIV-Negative *1 Full-Time Equivalent CRCS Counselor should carry a maximum caseload of 20 clients.	1D.1 Conduct CRCS services and maintain proper CRCS documentation.	1/01/09 and ongoing	1D.1 Completed materials will be kept on file and results submitted to OAPP.
1E.0 By 6/30/09, a monthly goal of 5 participants will complete a client-centered service plan. $ 2 MSM HIV-Negative $ 2 MSM HIV-Positive $ 1 WSR HIV-Negative	1E.1 Administer client-centered service plan, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	1E.1 Completed materials will be kept on file and number of participants documented in monthly report to OAPP.

Contractor: Altamed Health Services Corporation

Contract #: H-700957

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated time lines and are to be documented as specified.

Goal No. 1: To reduce the risk of HIV infection among high or moderate risk men who have sex with men (MSM) and women at sexual risk (WSR) in Service Planning Areas 3 and 7 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1G.0 By 6/30/09, a monthly goal of 4 participants will be followed-up based on acuity level. Each client wil complete a minimum of 5 sessions. •High acuity clients should be followed-up once a month. Medium acuity clients should be followed-up once per quarter (three-month period). $ 2 MSM HIV-Negative $ 1 MSM HIV-Positive $ 1 WSR HIV-Negative	1G.1 Conduct follow-up session based on acuity level guidelines, analyze results, and submit findings to OAPP.	1/01/09 and ongoing	1G.1 Completed materials will be kept on file and results submitted to OAPP.
1H.0 By 6/30/09, all HIV-positive MSM will be referred to PCRS/DAS.	1H.1 Collect referral information from referral forms, analyze results, and submit data to OAPP.	1/01/09 and ongoing	1H.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.
1I.0 By 6/30/09, agency will determine the proportion of persons that completed the intended number of CRCS sessions (a minimum of 5 sessions).	1I.1 Collect data forms, analyze results, and submit data to OAPP.	1/01/09 and ongoing	1I.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.
1J.0 By 6/30/09, agency will determine the proportion of the intended number of the target population (BRG) to be reached with CRCS who were actually reached.	1J.1 Collect data forms, analyze results, and submit data to OAPP.	1/01/09 and ongoing	1J.1 Completed materials will be kept on file and data documented in monthly reports to OAPP.
2.0 By 6/30/09, each CRCS staff will meet with Clinical Supervisor a minimum of one (1) hour per week.	2.1 Review and revise clinical supervision protocol. Protocol shall include but not be limited to: documentation of guidance, chart review, crisis intervention procedures, and discharge plans. Submit to OAPP for approval.	By 1/01/09 and ongoing	2.1 Letter(s) of OAPP approval and materials will be kept on file.
	2.2 Schedule clinic supervision and maintain calendar.	1/01/09 and ongoing	2.2 Documents will be kept on file and submitted with monthly reports to OAPP.

	2.3 Conduct clinic supervision, maintain sign-in sheet, client log, progress note.	1/01/09 and ongoing	2.3 Documents will be kept on file and submitted with monthly reports to OAPP.
3.0 By 6/30/09, agency staff will attend 1 CRCS meetings to be held quarterly at OAPP. Meetings will discuss successes, challenges, innovative approaches, and other issues related to CRCS services.	3.1 Participate in CRCS quarterly meetings. Provide input and maintain documentation of information discussed. Maintain calendar of schedule, dates, and times and sign-in sheets.	1/01/09 and ongoing	3.1 Completed materials will be kept on file and number of meetings documented in monthly report to OAPP.