

1 AGREEMENT

2 **29756**

3 THIS AGREEMENT is made and entered, in duplicate, as of October
4 20, 2005 for reference purposes only, pursuant to a minute order adopted by the City
5 Council of the City of Long Beach at its meeting held on October 18, 2005, by and between
6 the CITY OF LONG BEACH, a municipal corporation ("City"), and CATHOLIC
7 HEALTHCARE WEST, a California corporation, doing business as ST. MARY MEDICAL
8 CENTER, whose address is 1043 Elm Avenue, Suite 300, Long Beach, California 90813
9 ("CHW").

10 WHEREAS, City requires the assistance of a local community service agency
11 to provide HIV education and prevention services; and

12 WHEREAS, it has been ascertained that CHW is willing and able to provide
13 said services required by City at a reasonable cost; and

14 WHEREAS, City desires CHW to provide said services for City, and CHW
15 is willing to do so;

16 NOW, THEREFORE, in consideration of the mutual terms, covenants, and
17 conditions in this Agreement, the parties agree as follows:

18 1. The term of this Agreement shall commence at 12:01 a.m. on
19 November 1, 2005 and shall terminate at midnight on June 30, 2007.

20 2. CHW shall provide HIV/AIDS prevention case management and
21 outreach HIV-positive individuals in accordance with Exhibit "A" attached to this Agreement
22 and incorporated by this reference. City shall pay CHW for such services an amount not
23 to exceed One Hundred Sixty Six Thousand Six Hundred Sixty Four Dollars (\$166,664.00).
24 Payment by City is contingent on receipt by City of monies from the State of California and
25 on satisfactory performance, in City's sole opinion, of work by CHW under this Agreement.

26 3. CHW shall prepare and submit a monthly invoice no later than the
27 tenth (10th) day of the month covering services performed and expenses incurred in the
28 preceding month. City shall pay in due course of payments. All invoices shall be in the

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1 format shown in Exhibit "B" attached hereto and incorporated herein by this reference and
2 shall contain the Agreement Number assigned by the City. CHW final invoice shall be
3 submitted within sixty (60) days after termination of this Agreement. A final invoice
4 submitted after that time shall not be paid unless CHW has obtained a prior written
5 extension for submission from City.

6 4. CHW shall submit quarterly progress reports in the format shown in
7 Exhibit "C", attached hereto and incorporated herein by this reference, and a final report,
8 in triplicate, to City on or before the following dates:

<u>Fiscal Year 2005-2006</u>	<u>Period Covered</u>	<u>Due</u>
First Report	11/01/05 through 01/31/06	02/10/06
Second Report	02/01/06 through 04/30/06	05/10/06
Third Report	05/01/06 through 06/30/06	07/10/06

<u>Fiscal Year 2006-2007</u>	<u>Period Covered</u>	<u>Due</u>
First Report	07/01/06 through 09/30/06	10/10/06
Second Report	10/01/06 through 12/31/06	01/10/07
Third Report	01/01/07 through 03/31/07	04/10/07
Fourth Report	04/01/07 through 06/30/07	07/10/07

16 Each report shall include, but not be limited to, information regarding progress
17 accomplished on grant objectives, progress on activity schedules, problems arising during
18 the reporting period and proposed solutions, issues requiring project coordinator
19 consultation, and data on client services. The final report shall be cumulative for the entire
20 fiscal year, and shall include a final project summary and a list of products (such as course
21 outlines, teaching materials, audio-visual aids, brochures, pamphlets, curriculum guides,
22 slides, and films) developed in the performance of this Agreement. With the final report,
23 CHW shall also deliver reproducible copies of all such products.

24 CHW shall attend the quarterly HIV Planning Group meetings and provide brief
25 reports on the status of their HIV prevention activities to the Group.

26 All invoices and reports shall be consistent with the Scope of Work and must be
27 typewritten and signed by the authorized signatory who shall certify reports and invoices
28 are correct.

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1 Failure to submit timely and accurate quarterly reports and monthly invoices may
2 result in termination of this Agreement after two (2) consecutive quarters of submission of
3 untimely or inaccurate reports or untimely invoices.

4 5. A. CHW shall adhere to the budget identified in Exhibit "D" attached
5 hereto and incorporated herein by this reference. CHW shall not change any line item of
6 the budget without the prior written approval of the City. City will not pay any invoice that
7 contains a charge relating to a changed line item unless City has given its prior written
8 approval to the changed line item.

9 B. CHW shall obtain City's prior written approval for any increase in
10 salaries hereunder. Invoices containing an increased salary that was not approved in
11 writing by City prior to submission of the invoice shall be paid at the original salary amount.

12 6. CHW shall maintain accurate and complete records including but not
13 limited to: financial records, role sheets, outlines of goals, letters of confirmation from
14 agencies where program activities hereunder are being conducted, and summaries of
15 program activities at agencies. Said records shall be retained by CHW for three (3) years
16 following the expiration or termination of this Agreement. CHW shall provide copies of all
17 or any part of said records to City upon City's request therefor, at no charge to City.

18 7. Any deletions, modifications or additions to this Agreement must be
19 approved in writing by both parties.

20 8. CHW shall procure and maintain at its expense for the duration of this
21 Agreement from an insurance company that is admitted to write insurance in California or
22 that has a rating of or equivalent to A:VIII by A.M. Best & Company the following insurance:

23 A. Comprehensive general liability insurance or self-insurance naming the
24 City, its officials, employees, and agents as additional insureds from and against claims,
25 demands, causes of action, expenses, costs, or liability for injury to or death of persons,
26 or damage to or loss of property arising out of or in any manner connected with CHW
27 performance under this Agreement in an amount not less than One Million Dollars
28 (\$1,000,000) combined single limit for each occurrence or Two Million Dollars (\$2,000,00)

1 general aggregate.

2 B. Workers' compensation insurance as required by the Labor Code of the
3 State of California.

4 C. Professional liability insurance in an amount not less than One Million
5 Dollars (\$1,000,000) aggregate combined single limit.

6 D. Automobile liability insurance in an amount not less than Five Hundred
7 Thousand Dollars (\$500,000) combined single limit per accident for bodily injury and
8 property damage covering owned, non-owned and hired vehicles.

9 Any self-insurance program of self-insured retention must be separately
10 approved in writing by City and shall protect City, its officials, employees and agents in the
11 same manner and to the same extent as they would have been protected had the policy
12 or policies not contained retention provisions. Each insurance policy shall be endorsed to
13 state that coverage shall not be suspended, voided or cancelled by either party except after
14 thirty (30) days prior written notice to City, and shall be primary and not contributing to any
15 other insurance or self-insurance maintained by City.

16 CHW shall deliver to City certificates of insurance and original endorsements
17 for approval as to sufficiency and form within thirty (30) days after execution of this
18 Agreement. The certificate and endorsements for each insurance policy shall contain the
19 original signature of a person authorized by that insurer to bind coverage on its behalf.
20 "Claims made" policies of insurance are not acceptable unless the City Risk Manager
21 determines that "occurrence" policies of insurance are not available in the market for the
22 risk being insured. If a "claims made" policy is accepted, it must provide for an extended
23 reporting period of not less than one hundred eighty (180) days. Such insurance as
24 required herein shall not be deemed to limit CHW liability under this Agreement. City
25 reserves the right to require complete certified copies of all said policies at any time. A
26 modification or waiver of the insurance requirements herein shall only be made with the
27 written approval of the City Risk Manager.

28 9. In connection with the performance of this Agreement, CHW shall

1 adhere to the "Additional Subcontractor Provisions" included in Exhibit "A(F)", attached
2 hereto and incorporated by this reference.

3 10. In performing services hereunder, CHW is and shall act as an
4 independent contractor and not an employee, representative, or agent of City. CHW shall
5 have control of its work and the manner in which it is performed. CHW acknowledges and
6 agrees that a) City will not withhold taxes of any kind from CHW compensation; b) City will
7 not secure workers' compensation or pay unemployment insurance to, for or on behalf of
8 CHW, and c) City will not provide and CHW is not entitled to any of the usual and
9 customary rights, benefits or privileges of City employees. CHW expressly warrants that
10 none of its employees or agents shall represent themselves to be employees or agents of
11 City.

12 11. CHW shall defend, protect, indemnify, and hold harmless City, its
13 officials, employees and agents from and against any and all causes of action,
14 proceedings, claims, demands, loss, damages, costs, expenses, and liability whether or
15 not reduced to judgment or paid through settlement, for injury to or death of persons or
16 damage to property which may be brought, made, filed against, imposed upon or asserted
17 against City, its officials, employees, and agents and which may, in whole or in part, arise
18 from or be attributable to or be caused, directly or indirectly, by CHW, its agents or
19 employees, in the performance of this Agreement. If it is necessary for purposes of
20 resisting, adjusting, compromising, settling, or defending any claim, demand, cause of
21 action, loss, damage, or liability, or of enforcing this provision for City to incur or to pay any
22 expense or cost, including attorney's fees or court costs, CHW agrees to and shall
23 reimburse City within a reasonable time. CHW shall give City notice of any claim, demand,
24 cause of action, loss, damage or liability within ten (10) calendar days.

25 12. This Agreement supersedes any and all prior written or oral
26 agreements between the parties hereto and contains the entire understanding of the
27 parties with respect to the subject matter hereof.

28 13. Any notices required to be given under this Agreement shall be in

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1 writing and deposited in the U.S. Postal Service, first class, postage prepaid, addressed
2 to CHW at its address first stated above, and to the City in care of the City Manager, 333
3 West Ocean Boulevard, Long Beach, California 90802. Notice of change of address shall
4 be given in the same manner as stated herein for other notices. Notice shall be deemed
5 given on the date personal service is obtained or on the date deposited in the mail,
6 whichever first occurs.

7 14. This Agreement contemplates the personal services of CHW and its
8 employees, and the parties acknowledge that a substantial inducement to City for entering
9 this Agreement was and is the professional reputation and competence of CHW and its
10 employees. CHW shall not assign its rights or delegate its duties hereunder, or any
11 interest herein, or any portion hereof, without the prior written consent of City. Any
12 attempted assignment or delegation shall be void, and any assignee or delegate shall
13 acquire no right or interest by reason of such attempted assignment or delegation.
14 Furthermore, CHW shall not subcontract any portion of the performance required
15 hereunder without the prior written consent of the City Manager or his designee.

16 15. City shall conduct periodic site visits, upon seven (7) days prior verbal
17 notification to CHW, to evaluate CHW performance hereunder and to insure that CHW is
18 complying with the Scope of Work identified in Exhibit "A" attached hereto and incorporated
19 herein by this reference. City's evaluation shall include (1) demonstrated changes in
20 knowledge, attitudes, skill development and behavior changes, and (2) the quality and
21 quantity of educational program interventions and activities. City shall issue a Site Visit
22 Report to CHW following site visits. At the end of the contract year, City shall issue a
23 report to DHS/OA as a permanent record of CHW performance hereunder.

24 16. CHW shall not appoint a new Director for this program, shall not use
25 pamphlets, films, slides, or any other audio visual materials during the term of this
26 Agreement without the prior written approval of City. CHW shall submit to the City notice
27 of staff changes, including resumes, fifteen (15) days prior to change of staff. CHW shall
28 address all requests for approval to City at 2525 Grand Avenue, Long Beach,

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1 California 90815 Attn: Preventive Health Bureau Manager.

2 17. A representative of CHW shall meet periodically with representatives
3 from City and California State University, Long Beach Foundation, One in Long Beach,
4 Atlantic Recovery Services, Project Bruce, Long Beach Community Hispanic Association
5 to discuss program activities and to insure that AIDS education and prevention programs
6 are being coordinated within the City.

7 18. CHW requires assistance for program activities, it must first contact
8 City for such assistance. If City cannot provide the assistance, then City will direct CHW
9 where CHW may obtain it.

10 19. The acceptance of any services or the payment of any money by City
11 shall not operate as a waiver of any provision of this Agreement, or of any right to damages
12 or indemnity stated in this Agreement. The waiver of any breach of this Agreement shall
13 not constitute a waiver of any other or subsequent breach of this Agreement.

14 20. City shall have the right, at its own cost, to examine and audit CHW
15 books of account, documents and records relating to the provisions of this Agreement
16 during the term hereof and for two years following expiration or sooner termination hereof.
17 CHW shall submit to the City a copy of CHW annual certified independent audit within thirty
18 (30) days after completion of the audit.

19 IN WITNESS WHEREOF, the parties hereto have caused these presents to

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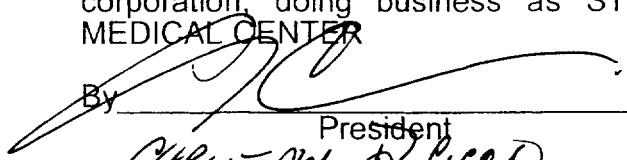
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be duly executed as of the date first set forth hereinabove.

CATHOLIC HEALTHCARE WEST, a California corporation, doing business as ST. MARY MEDICAL CENTER

June 30th, 2006

By 

President

CHRISTY D. LUCEO
(Type or Print Name)

_____, 2005

By _____

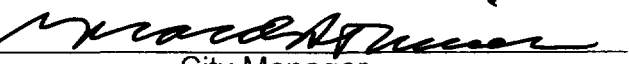
Secretary

(Type or Print Name)

"CHW"

CITY OF LONG BEACH, a municipal corporation

Aug 18, 2006

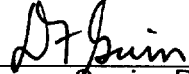
By 

City Manager

"City"

This Agreement is approved as to form on 7/24, 2006

ROBERT E. SHANNON, City Attorney

By 

Senior Deputy

Robert E. Shannon
City Attorney of Long Beach
333 West Ocean Boulevard
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Telephone (562) 570-2200

**HIV Prevention and Education
Subcontractor Scope of Work
Subcontract Term: November 1, 2005-June 30, 2006**

**Catholic Healthcare West-St. Mary Medical Center Comprehensive AIDS Research
and Education (CARE) Program**

I. CLIENT SERVICES

Goal #1: To reduce transmission of HIV among men who have sex with men (MSM), HIV-positive persons, drug users and high-risk women in the Greater Long Beach area.

Objective 1A: By June 30, 2006, the Long Beach Health Department, through a subcontract with the CARE Program will provide a behavioral risk assessment, coupled with a one-time psycho-educational counseling session to at least 30 high-risk HIV positive individuals.

a. Summary: Continued risky behaviors have been attributed to cognitive, social and behavioral factors. Addressing these factors through risk reduction counseling, even through brief single-exposure sessions, have proven to be effective approaches at reducing risky behaviors among HIV positive individuals. The behavioral risk assessment will identify the risky behaviors of the individual, and determine the level of intervention needed. The psycho-educational counseling session will provide a behavioral intervention approach based on the concepts of the Social Cognitive Theory (SCT) and the Harm-Reduction Model.

b. Type of Intervention: Individual level intervention

c. Risk Population/Target Size: 30 persons living with HIV/AIDS

d. Key Activities:

d.1. By December 1, 2005, develop a risk assessment tool which be used at each risk assessment session.

d.2. By December 15, 2005, a CARELink program protocol, along with all program forms, (such as risk assessment forms and pre and post tests) will be completed and submitted to the Health Department for approval. The protocol should contain procedures related to the goal and purpose and goals, referrals, patient recruitment, standards of practice and procedures for counseling sessions, confidentiality, staff qualifications and supervision, quality management and other policies and procedures integral to the successful execution of the program. The protocol will include procedures for the psychosocial counseling identification of clients with a history of crystal methamphetamine use.

- d.3. By December 31, 2005, the CARELink program will be promoted to the community through flyers, presentations, outreach and word of mouth.
- d.4. By December 31, 2005, clients will be referred to the CARELink counselor by direct service providers via a written referral.
- d.5. Clients will participate in a single individual level face-to-face office based counseling session.
- d.6. Clients will complete a short Pre and Post-intervention assessment.
- d.7. Client prevention strategies and needs will be identified, and appropriate referrals will be made.
- d.8. A chart will be created and maintained for each client participating in the intervention program.
- d.9. Clients interested in receiving short-term Individual counseling will be scheduled for follow-up visits.
- d.10. By January 15, 2005, information will be entered in ELI (ongoing).
- d.11. By June 30, 2006, provide a behavioral risk assessment, coupled with a one-time psycho-educational counseling session to at least 30 high-risk HIV positive individuals.

e. Evaluation:

e.1. Process Evaluation: By January 31, 2005, develop an evaluation plan for the CARELink program. All charts will include demographic data, individual risk categories, and identified risk behaviors. This data will be utilized to describe and determine client profile and trends. ELI data will be used to monitor the number of clients participating in the CARELink program.

e.2. Outcome Evaluation: By January 31, 2005, develop an evaluation plan for the CARELink program. Pre and Post-intervention assessment results will be compared to determine the degree of impact of each intervention. At 6-months after the intervention session, clients will be invited to participate in a follow-up session, which will be conducted either in person or via the telephone. This assessment will provide medium range impact results. At end of the project, clients will once again be invited to participate in another follow-up session, which will be conducted either in person or via the telephone. This assessment will provide long-term impact results. Impact indicators may include (but not limited to) success in achieving risk reduction goals and adherence to treatment plans.

Objective 1B: By June 30, 2006, the Long Beach Health Department, through a subcontract with the CARE Program, will provide at least 2 counseling sessions at least 10 of the 30 high-risk HIV positive individuals.

a. Summary: Lasting social and behavior change does not occur overnight. High-risk behaviors that are influenced by cognitive, social and behavioral factors can benefit greatly from on-going interventions. All clients referred to CARELink will be asked to continue with the program by attending at least two 45-minute counseling sessions beyond the original one time 90-minute session. These short-term counseling sessions will be based on social cognitive theoretical approaches (SCT) to prevention and behavior.

b. Type of Intervention: Individual level intervention

c. Risk Population/Target Size: 10 persons living with HIV/AIDS

d. Key Activities:

d.1. By December 1, 2005, develop a short a pre and post intervention assessment tool which be used at the end of each counseling session.

d.2. Beginning December 15, 2005, enroll eligible clients into the brief counseling sessions. Clients' prevention needs will be assessed and addressed at each session, and appropriate referrals will be made.

d.3. By January 15, 2005, information will be entered in ELI (ongoing).

d.4. By June 30, 2006, at least 10 out of the 30 HIV positive individuals will receive at least 2 counseling sessions under the CARELink Program.

e. Evaluation:

e.1. Process Evaluation: By January 31, 2005, develop an evaluation plan for the CARELink program. All charts will include demographic data, individual risk categories, and identified risk behaviors. This data will be utilized to describe and determine client profile and trends. ELI data will be used to monitor the number of clients participating in the CARELink program.

e.2. Outcome Evaluation: By January 31, 2005, develop an evaluation plan for the CARELink program. Pre and Post-intervention assessment results will be compared to determine the degree of impact of each intervention. At 6-months after the intervention session, clients will be invited to participate in a follow-up session, which will be conducted either in person or via the telephone. This assessment will provide medium range impact results. At end of the project, clients will once again be invited to participate in another follow-up session, which will be conducted either in person or via the telephone. This assessment

will provide long-term impact results. Impact indicators may include (but not limited to) success in achieving risk reduction goals and adherence to treatment plans.

Objective 1C: By June 30, 2006, the Long Beach Health Department, through a subcontract with the CARE Program, will provide at least two substance abuse counseling sessions to at least 5 of the 30 high-risk HIV positive individuals. The counseling sessions shall address their substance (including crystal methamphetamine) misusing behaviors based on the harm-reduction.

a. Summary: HIV positive individuals have identified substance abuse as one of the major contributors to their risky behavior practices. The need to address community-wide substance abuse issues, such as methamphetamine addiction, is the impetus for incorporating a specialized substance abuse counseling component to this multidimensional approach to prevention. All sessions will be conducted by one of CARE's master level social worker specializing in substance abuse counseling. These extended counseling sessions will be available to all program participants who have been identified as having a substance abuse problem. The approach utilized by these sessions will be based on the harm-reduction approach model.

b. Type of Intervention: Individual level intervention

c. Risk Population/Target Size: 5 persons living with HIV/AIDS

d. Key Activities:

d.1. By December 1, 2005, develop a short a pre and post intervention assessment tool which be used at the end of each counseling session.

d.2. Beginning December 15, 2005, enroll eligible clients into the brief counseling sessions. Clients' prevention needs will be assessed and addressed at each session, and appropriate referrals will be made.

d.3. By January 15, 2005, information will be entered in ELI (ongoing).

d.4. By June 30, 2006, at least 5 out of the 30 HIV positive individuals will receive at least 2 substance abuse counseling sessions under the CARELink Program.

e. Evaluation:

e.1. Process Evaluation: By January 31, 2005, develop an evaluation plan for the CARELink program. All charts will include demographic data, individual risk categories, and identified risk behaviors. This data will be utilized to describe and

determine client profile and trends. ELI data will be used to monitor the number of clients participating in the CARELink program.

e.2. Outcome Evaluation: By January 31, 2005, develop an evaluation plan for the CARELink program. Pre and Post-intervention assessment results will be compared to determine the degree of impact of each intervention. At 6-months after the intervention session, clients will be invited to participate in a follow-up session, which will be conducted either in person or via the telephone. This assessment will provide medium range impact results. At end of the project, clients will once again be invited to participate in another follow-up session, which will be conducted either in person or via the telephone. This assessment will provide long-term impact results. Impact indicators may include (but not limited to) success in achieving risk reduction goals and adherence to treatment plans.

Objective 1D: By June 30, 2006, the Long Beach Health Department, through a subcontract with the CARE Program, will conduct a community call to action forum on impact of HIV and crystal methamphetamine in Long Beach with at least 50 participants.

a. Summary: The use of crystal methamphetamine has reached epidemic proportions among gay and bisexual men. Studies have shown a dangerous trend of HIV and crystal methamphetamine interaction among HIV-positives and high-risk negatives. A strong community response to this epidemic is warranted.

b. Type of Intervention: Health communication/public information

c. Risk Population/Target Size: 50 general public

d. Key Activities:

d.1. By December 15, 2005, begin planning event discussion with the Health Department.

d.2. By January 15, 2005, finalize date, location and agenda for the community forum.

d.3. By January 31, 2005, conduct bi-monthly meetings with the Health Department, members of the Long Beach HIV Planning Group, and other stakeholders to plan and implement the community forum.

d.4. By June 30, 2006, implement the community forum.

d.5. By June 30, 2006, enter community forum data on the ELI system.

e. Evaluation:

e.1 Process Evaluation: Number of attendees at the forum will be tracked through sign-in sheets.

e.2. Outcome Evaluation: A community response blue print or action plan will be developed out of the forum.

d.2 By June 30, 2006, information will be entered in ELI (on-going).

d.3. June 30, 2006, risk assessments will be provided to 65 HIV-positive individuals in Long Beach.

II. OTHER SERVICES

Goal 1: To enhance knowledge of CARE program staff and other service providers in the Long Beach area about the CARELink program.

Objective 1A: By February 28, 2006, CARE Link will train all direct client staff of cooperating agencies on how to identify and refer appropriate high-risk HIV positive clients for CARE Link services.

a. Key Activities:

a.1. CARE Link coordinator will meet with direct client staff of participating agencies in order to introduce the program's description, goals and objectives.

a.2. All agencies will be given the referral form, and encouraged to refer appropriate high-risk clients.

b. Evaluation:

b.1. The number of staff trained on the CARELink program will be tracked though sign-in sheets. CARE Link coordinator will review agency referrals, and their appropriateness. Agencies needing to improve their referrals will be offered a second session of referral training. CARE Link coordinator will provide verbal feedback to all referring direct staff on the appropriateness of their referrals.

**HIV Prevention and Education
Subcontractor Scope of Work
Subcontract Term: July 1, 2006-June 30, 2007
(Subject to Change)**

I. CLIENT SERVICES

Goal #1: To reduce transmission of HIV among men who have sex with men (MSM), HIV-positive persons, drug users and high-risk women in the Greater Long Beach area.

Objective 1A: By June 30, 2007, the Long Beach Health Department, through a subcontract with the CARE Program will provide a behavioral risk assessment, coupled with a one-time psycho-educational counseling session to at least 30 high-risk HIV positive individuals.

a. Summary: Continued risky behaviors have been attributed to cognitive, social and behavioral factors. Addressing these factors through risk reduction counseling, even through brief single-exposure sessions, have proven to be effective approaches at reducing risky behaviors among HIV positive individuals. The behavioral risk assessment will identify the risky behaviors of the individual, and determine the level of intervention needed. The psycho-educational counseling session will provide a behavioral intervention approach based on the concepts of the Social Cognitive Theory (SCT) and the Harm-Reduction Model.

c. Type of Intervention: Individual level intervention

c. Risk Population/Target Size: 30 persons living with HIV/AIDS

d. Key Activities:

d.1. By December 1, 2006, develop a risk assessment tool which be used at each risk assessment session.

d.2. By December 15, 2006, a CARELink program protocol, along with all program forms, (such as risk assessment forms and pre and post tests) will be completed and submitted to the Health Department for approval. The protocol should contain procedures related to the goal and purpose and goals, referrals, patient recruitment, standards of practice and procedures for counseling sessions, confidentiality, staff qualifications and supervision, quality management and other policies and procedures integral to the successful execution of the program. The protocol will include procedures for the psychosocial counseling identification of clients with a history of crystal methamphetamine use.

d.3. By December 31, 2006, the CARELink program will be promoted to the community through flyers, presentations, outreach and word of mouth.

d.4. By December 31, 2006, clients will be referred to the CARELink counselor by direct service providers via a written referral.

d.5. Clients will participate in a single individual level face-to-face office based counseling session.

d.6. Clients will complete a short Pre and Post-intervention assessment.

d.7. Client prevention strategies and needs will be identified, and appropriate referrals will be made.

d.8. A chart will be created and maintained for each client participating in the intervention program.

d.9. Clients interested in receiving short-term Individual counseling will be scheduled for follow-up visits.

d.10. By January 15, 2007, information will be entered in ELI (ongoing).

d.11. By June 30, 2007, provide a behavioral risk assessment, coupled with a one-time psycho-educational counseling session to at least 30 high-risk HIV positive individuals.

e. Evaluation:

e.1. Process Evaluation: By January 31, 2006, develop an evaluation plan for the CARELink program. All charts will include demographic data, individual risk categories, and identified risk behaviors. This data will be utilized to describe and determine client profile and trends. ELI data will be used to monitor the number of clients participating in the CARELink program.

e.2. Outcome Evaluation: By January 31, 2006, develop an evaluation plan for the CARELink program. Pre and Post-intervention assessment results will be compared to determine the degree of impact of each intervention. At 6-months after the intervention session, clients will be invited to participate in a follow-up session, which will be conducted either in person or via the telephone. This assessment will provide medium range impact results. At end of the project, clients will once again be invited to participate in another follow-up session, which will be conducted either in person or via the telephone. This assessment will provide long-term impact results. Impact indicators may include (but not limited to) success in achieving risk reduction goals and adherence to treatment plans.

Objective 1B: By June 30, 2007, the Long Beach Health Department, through a subcontract with the CARE Program, will provide at least 2 counseling sessions at least 10 of the 30 high-risk HIV positive individuals.

a. Summary: Lasting social and behavior change does not occur overnight. High-risk behaviors that are influenced by cognitive, social and behavioral factors can benefit greatly from on-going interventions. All clients referred to CARELink will be asked to continue with the program by attending at least two 45-minute counseling sessions beyond the original one time 90-minute session. These short-term counseling sessions will be based on social cognitive theoretical approaches (SCT) to prevention and behavior.

b. Type of Intervention: Individual level intervention

c. Risk Population/Target Size: 10 persons living with HIV/AIDS

d. Key Activities:

d.1. By December 1, 2006, develop a short a pre and post intervention assessment tool which be used at the end of each counseling session.

d.2. Beginning December 15, 2006, enroll eligible clients into the brief counseling sessions. Clients' prevention needs will be assessed and addressed at each session, and appropriate referrals will be made.

d.3. By January 15, 2006, information will be entered in ELI (ongoing).

d.4. By June 30, 2006, at least 10 out of the 30 HIV positive individuals will receive at least 2 counseling sessions under the CARELink Program.

f. Evaluation:

e.1. Process Evaluation: By January 31, 2007, develop an evaluation plan for the CARELink program. All charts will include demographic data, individual risk categories, and identified risk behaviors. This data will be utilized to describe and determine client profile and trends. ELI data will be used to monitor the number of clients participating in the CARELink program.

e.2. Outcome Evaluation: By January 31, 2007, develop an evaluation plan for the CARELink program. Pre and Post-intervention assessment results will be compared to determine the degree of impact of each intervention. At 6-months after the intervention session, clients will be invited to participate in a follow-up session, which will be conducted either in person or via the telephone. This assessment will provide medium range impact results. At end of the project, clients will once again be invited to participate in another follow-up session, which will be conducted either in person or via the telephone. This assessment will provide long-term impact results. Impact indicators may include (but not limited to) success in achieving risk reduction goals and adherence to treatment plans.

Objective 1C: By June 30, 2007, the Long Beach Health Department, through a subcontract with the CARE Program, will provide at least two substance abuse counseling sessions to at least 5 of the 30 high-risk HIV positive individuals. The counseling sessions shall address their substance (including crystal methamphetamine) misusing behaviors based on the harm-reduction.

a. Summary: HIV positive individuals have identified substance abuse as one of the major contributors to their risky behavior practices. The need to address community-wide substance abuse issues, such as methamphetamine addiction, is the impetus for incorporating a specialized substance abuse counseling component to this multidimensional approach to prevention. All sessions will be conducted by one of CARE's master level social worker specializing in substance abuse counseling. These extended counseling sessions will be available to all program participants who have been identified as having a substance abuse problem. The approach utilized by these sessions will be based on the harm-reduction approach model.

b. Type of Intervention: Individual level intervention

c. Risk Population/Target Size: 5 persons living with HIV/AIDS

d. Key Activities:

d.1. By December 1, 2006 develop a short a pre and post intervention assessment tool which be used at the end of each counseling session.

d.2. Beginning December 15, 2006, enroll eligible clients into the brief counseling sessions. Clients' prevention needs will be assessed and addressed at each session, and appropriate referrals will be made.

d.3. By January 15, 2007, information will be entered in ELI (ongoing).

d.4. By June 30, 2007, at least 5 out of the 30 HIV positive individuals will receive at least 2 substance abuse counseling sessions under the CARELink Program.

f. Evaluation:

e.1. Process Evaluation: By January 31, 2007, develop an evaluation plan for the CARELink program. All charts will include demographic data, individual risk categories, and identified risk behaviors. This data will be utilized to describe and determine client profile and trends. ELI data will be used to monitor the number of clients participating in the CARELink program.

e.2. Outcome Evaluation: By January 31, 2007, develop an evaluation plan for the CARELink program. Pre and Post-intervention assessment results will be compared to determine the degree of impact of each intervention. At 6-months after the intervention session, clients will be invited to participate in a follow-up session, which will be conducted either in person or via the telephone. This assessment will provide medium range impact results. At end of the project, clients will once again be invited to participate in another follow-up session, which will be conducted either in person or via the telephone. This assessment will provide long-term impact results. Impact indicators may include (but not limited to) success in achieving risk reduction goals and adherence to treatment plans.

Objective 1D: By June 30, 2007, the Long Beach Health Department, through a subcontract with the CARE Program, will conduct a community call to action forum on impact of HIV and crystal methamphetamine in Long Beach with at least 50 participants.

f. Summary: The use of crystal methamphetamine has reached epidemic proportions among gay and bisexual men. Studies have shown a dangerous trend of HIV and crystal methamphetamine interaction among HIV-positives and high-risk negatives. A strong community response to this epidemic is warranted.

g. Type of Intervention: Health communication/public information

h. Risk Population/Target Size: 50 general public

i. Key Activities:

d.1. By December 15, 2006, begin planning event discussion with the Health Department.

d.2. By January 15, 2007, finalize date, location and agenda for the community forum.

d.3. By January 31, 2007, conduct bi-monthly meetings with the Health Department, members of the Long Beach HIV Planning Group, and other stakeholders to plan and implement the community forum.

d.4. By June 30, 2007, implement the community forum.

d.5. By June 30, 2007, enter community forum data on the ELI system.

j. Evaluation:

e.1 Process Evaluation: Number of attendees at the forum will be tracked through sign-in sheets.

e.2. Outcome Evaluation: A community response blue print or action plan will be developed out of the forum.

d.2 By June 30, 2007, information will be entered in ELI (on-going).

d.3. June 30, 2007, risk assessments will be provided to 65 HIV-positive individuals in Long Beach.

III. OTHER SERVICES

Goal 1: To enhance knowledge of CARE program staff and other service providers in the Long Beach area about the CARELink program.

Objective 1A: By February 28, 2007, CARE Link will train all direct client staff of cooperating agencies on how to identify and refer appropriate high-risk HIV positive clients for CARE Link services.

c. Key Activities:

a.1. CARE Link coordinator will meet with direct client staff of participating agencies in order to introduce the program's description, goals and objectives.

a.2. All agencies will be given the referral form, and encouraged to refer appropriate high-risk clients.

d. Evaluation:

b.1. The number of staff trained on the CARELink program will be tracked through sign-in sheets. CARE Link coordinator will review agency referrals, and their appropriateness. Agencies needing to improve their referrals will be offered a second session of referral training. CARE Link coordinator will provide verbal feedback to all referring direct staff on the appropriateness of their referrals.

EXHIBIT B

Contract No.

Program Name: HIV EDUCATION AND PREVENTION
Invoice Term:

A.	PERSONNEL	\$ -
B.	OPERATING EXPENSE	\$ -
C.	CAPITAL EXPENSE	\$ -
D.	OTHER COSTS	\$ -
E.	INDIRECT COSTS	\$ -
	TOTAL AMOUNT PAYABLE	\$ -

I hereby certify that the amount claimed is accurate and a true representation of the amount owed.

_____	_____
Authorized Signature	Date
_____	_____
Print Name of Authorized Signature	Title

EXHIBIT C

City of Long Beach Department of Health and Human Services
PROGRESS REPORT
FOR LOCAL HIV PREVENTION PROGRAMS
Please email reports to Cheryl Barrit at Cheryl_barrit@longbeach.gov
CHW-St. Mary Medical Center, CARE Program

Indicate Period	Report Period	Due Date
FISCAL YEAR 2005-2006		
	11/01/05 through 1/31/06	2/10/06
	2/01/06 through 4/30/06	5/10/06
	5/01/06 through 6/30/06	7/10/06
FISCAL YEAR 2006-2007		
	7/1/06 through 9/30/06	10/10/06
	10/01/06 through 12/31/06	1/10/07
	1/01/07 through 3/31/07	4/10/07
	4/1/07 through 6/30/07	7/10/07

Program Name:

Contract Number:

Contractor Name and Address:

Person Completing Report:

Narrative Statement of Project Progress:

In no more than 5, address the following topics as they relate to the Education and Prevention (E&P) program.

1. Administrative Issues

- Challenges and Barriers – Describe challenges and barriers related to governmental and non-governmental administrative issues. Examples include but are not limited to the following:
 - Compliance with Scope of Work (SOW) requirements;
 - Implementing new mandates and program requirements;
 - Budget constraints.
- Strategies to Overcome Challenges and Barriers – Describe methods used to overcome each administrative challenge and barrier, including steps and timelines.
- Successes – Highlight innovative programs, methods, projects, and/or staff accomplishments as it relates to “administration”.

2. Programmatic Issues

- Challenges and Barriers - Describe challenges and barriers related to governmental and non-governmental programmatic issues. Examples include but are not limited to the following:
 - Meeting measurable objectives;
 - Implementing new mandates and program requirements;
- Strategies to Overcome Challenges and Barriers - Describe methods used to overcome each programmatic challenge and barrier, including steps and timelines.
- Successes - Highlight innovative programs, methods, projects, and/or staff accomplishments as it relates to “program”.

3. Community Planning

- Challenges and Barriers – Describe challenges and barriers related to the Local Community Planning Process during this reporting period. Examples include but are not limited to the following:
 - Meeting attendance and participation at the Long Beach HIV Planning Group, Service Provider Network, Los Angeles County Commission on HIV Services, Los Angeles County Prevention Planning Committee and other local or regional planning bodies.
 - Identifying resources;
 - Local administrative constraints.
- Strategies to Overcome Challenges and Barriers - Describe methods used to overcome each of the challenges and barriers.
- Successes – Highlight innovative community planning activities, and/or projects conducted during this reporting period.

4. Major Programmatic Changes and Developments – Describe major changes in focus or direction in program (i.e., new goals & objectives), and/or new staffing. Please include resume for new staff.

5. Technical Assistance Needs – Detail technical assistance needs including administrative, programmatic, community planning, etc.

6. Evaluation Update – Provide implementation status and utilization of ELI (i.e., entering interventions, entering current data, use of reports, etc.). Provide data on local evaluation efforts.

EXHIBIT D

Subcontractor: Comprehensive AIDS Research and Education (CARE) Program
HIV Education and Prevention

BUDGET

Term: November 1, 2005 - June 30, 2006

A. Personnel

Name	Salary	% of Time	# of Months	Amount
Carlos Ruiz	\$67,580	100%	8	\$45,053.00
Subtotal Salaries				\$45,053.00
Benefits (26%)				\$11,713.00
Total Personnel				\$56,766.00

B. Operating Expenses

Office Supplies	\$400.00
Mileage	\$340.00
Printing and Duplication	\$722.00
Postage	\$250.00
Telephone	\$240.00

Total Operating Expenses \$1,952.00

C. Capital Expenditures**D. Other Costs**

E. Indirect Costs (14%) \$7,946.83

Total Budget **\$66,664.00**