

File No. 230601

Committee Item No. 8

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Committee Date June 9, 2023

Board of Supervisors Meeting Date _____

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- _____

Completed by: Brent Jalipa Date June 1, 2023

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - California Department of Public Health - Syphilis
2 Outbreak Strategy (SOS) Grant - \$2,668,251]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$2,668,251 from the California Department of Public**
5 **Health for participation in a program, entitled “Syphilis Outbreak Strategy (SOS)**
6 **Grant,” for the period of July 1, 2022, through June 30, 2027.**

7
8 WHEREAS, The California Department of Public Health (CDPH) has agreed to fund
9 the Department of Public Health (DPH) in the amount of \$2,668,251 for participation in a
10 program, entitled “Syphilis Outbreak Strategy (SOS) Grant,” for the period of July 1, 2022,
11 through June 30, 2027; and

12 WHEREAS, DPH will focus on the three key targets of 1) Health access for all: Syphilis
13 Testing, Treatment, and Other Health Care; 2) Supportive services: Housing, Mental Health,
14 and Substance Use; and 3) Core Surveillance and Disease Intervention; and

15 WHEREAS, DPH will use the funding to expand existing syphilis and congenital
16 syphilis prevention and control activities, with a focus on disproportionately impacted
17 populations as determined by local or regional syphilis and congenital syphilis epidemiology,
18 which include, but are not limited to, African America/Black people; Latinx people; American
19 Indians/Alaska Native people; trans women; pregnant people experiencing homelessness or
20 who use drugs; and gay, bisexual, and other men who have sex with men; and

21 WHEREAS, Funds will be used to supplement but not supplant, existing financial and
22 resource commitments of the local health jurisdiction for sexually transmitted disease
23 prevention and control activities; and

24 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and
25

1 WHEREAS, A request for retroactive approval is being sought because DPH received
2 the award letter on November 14, 2022, for a project start date of July 1, 2022; and

3 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
4 \$476,511; now, therefore, be it

5 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
6 in the amount of \$2,668,251 from the CDPH; and, be it

7 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
8 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

9 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
10 Agreement on behalf of the City; and, be it

11 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
12 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
13 Supervisors for inclusion in the official file.

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1 Recommended:

Approved: /s/_____

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Mayor

3 /s/_____

4 Dr. Grant Colfax

Approved: /s/_____

5 Director of Health

Controller

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File Number: 230601
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: **Syphilis Outbreak Strategy (SOS) Grant**
- 2. Department: **Department of Public Health
Population Health Division**
- 3. Contact Person: **Stephanie Cohen** Telephone: **415-487-5503**

- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$2,668,251**

- 6a. Matching Funds Required: **N.A.**
- b. Source(s) of matching funds (if applicable): **N.A.**

- 7a. Grant Source Agency: **California Department of Public Health**
- b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary: **The Grantee will use this funding to expand existing syphilis and congenital syphilis activities. Funding is intended to support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology, which may include, but are not limited to, African American/Black people; Latinx people; American Indians/Alaska Native people; trans women; pregnant people experiencing homelessness or who use drugs (e.g., people who exchange sex for money, drugs, or a place to stay); and gay, bisexual, and other men who have sex with men (MSM). Grantees will be expected to describe how they have centered priority populations based on local epidemiology. Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the local health jurisdiction for sexually transmitted disease prevention and control activities.**

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **July 1, 2022** End-Date: **June 30, 2027**

- 10a. Amount budgeted for contractual services: **\$197,682**
- b. Will contractual services be put out to bid? **No**
- c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **N.A.**
- d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$476,511**

b2. How was the amount calculated? **24.68% of Personnel and Fringe Benefits**

c1. If no, why are indirect costs not included? **N.A.**

Not allowed by granting agency To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **N.A.**

12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment and partially reimburses the department for the existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	P103	Special Nurse	0.37	07/01/2022	06/30/2025
2	2232	Senior Physician Specialist	0.06	07/01/2022	06/30/2025
3	2328	Nurse Practitioner	0.11	07/01/2022	06/30/2025
4	2587	Health Worker III	0.10	07/01/2022	06/30/2025
5	2587	Health Worker III	1.00	07/01/2022	06/30/2025
6	2593	Health Program Coordinator III	0.11	07/01/2022	06/30/2025
7	2803	Epidemiologist (TEMP)	1.00	07/01/2022	06/30/2025

We are seeking authority for a CAT18 Temporary 2803 position to be funded under this grant for 3 years and thereafter the position will end. A PCS 2587 position that was TX'd from an existing general funded 2586 position will be used for this grant in FY23 and is being presented in the FY24 budget process.

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2022. The Department received the award letter on November 14, 2022.

Project Description: STD Syphilis Outbrea

Project ID: 10039698

Proposal ID: CTR00003397

Fund ID: 11580

Version ID: V101

Authority ID: 10001

Activity ID: 0001

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor’s Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor’s Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor’s Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor’s Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 5/5/2023 | 3:38 PM PDT

DocuSigned by:
Toni Rucker
A84292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 5/9/2023 | 2:17 PM PDT

DocuSigned by:
Greg Wagner
28527524752348F...
(Signature Required)
Greg wagner, COO for

CALIFORNIA SEXUALLY TRANSMITTED DISEASES BRANCH
STD Program Management

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

City and County of San Francisco, hereinafter “Grantee”

Implementing the “Syphilis Outbreak Strategy,” hereinafter “Project”

GRANT AGREEMENT NUMBER 22-10889

The Department awards this Grant, and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project Health and Safety Code, Section 131085(a).

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the grant is to support innovative and impactful syphilis and congenital syphilis (CS) prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM). Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the local health jurisdiction for sexually transmitted disease prevention and control activities. Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the local health jurisdiction for sexually transmitted disease prevention and control activities.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of \$2,668,251.00.

TERM OF GRANT AGREEMENT: The term of the Grant shall begin July 1, 2022 and terminates on June 30, 2027. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2027.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: City and County of San Francisco
Name: Alexia McGonagle, Section Chief STD Control Branch	Name: Stephanie Cohen, Acting Director, Disease Prevention and Control Branch
Address: P.O. Box 997377, MS 7320	Address: 357 7 th Street
City, ZIP: Sacramento, CA 95899-7377	City, ZIP: San Francisco, CA 94013
Phone: (916) 628-5222	Phone: (628) 217-6674
E-mail: Alexia.McGonagle@cdph.ca.gov	E-mail: stephanie.cohen@sfdph.org

Direct all inquiries to the following representatives:

California Department of Public Health, STD Control Branch	Grantee: City and County of San Francisco
Attention: Adriana Cervantes, Grant Manager	Attention: Stephanie Cohen
Address: P.O. Box 997377, MS 7320	Address: 357 7 th Street
City, Zip: Sacramento, CA 95899-7377	City, Zip: San Francisco, CA 94013
Phone: (279) 667-1464	Phone: (628) 217-6674
E-mail: Adriana.Cervantes@cdph.ca.gov	E-mail: stephanie.cohen@sfdph.org

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address
Grantee: City and County of San Francisco
Attention: “Cashier”: Martin Wong
Address: 1 Dr. Carlton B. Goodlett Place, Rm.316
City, Zip: San Francisco, CA 94102
Phone: (415) 255-3724
E-mail: Martin.m.wong@sfdph.org

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee Data Supplement which can be requested through the CDPH Project Representatives for processing.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A AWARD LETTER, FUNDING ALLOCATIONS/ALLOCATION PROCESS

Exhibit A ATTACHMENT 1 – GRANT ACTIVITIES, this document is the final Grant Activities and shall be incorporated by reference or attached hereto.

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing Exhibit A and/or Exhibit A, Attachment 1, do not require a formal amendment but must be agreed to in writing by both parties. The CDPH/Grantee Project Representatives are responsible for keeping records of approved modifications/changes. Such modifications/changes must be made at least 30 days prior to implementation. A formal written amendment is required when there is an increase or decrease in funding or a change in the term of the agreement.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit C STANDARD GRANT CONDITIONS

Exhibit D ADDITIONAL PROVISIONS

Exhibit E STD LOCAL ASSISTANCE FUNDS – STANDARDS AND PROCEDURES

Exhibit F INFORMATION PRIVACY AND SECURITY REQUIREMENTS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date:

Grant Colfax, MD, Director of Health
San Francisco Department of Public Health
101 Grove Street, Room 308
San Francisco, CA 94102

Approved as to Form:
David Chiu
City Attorney

Henry L. Lifton
Deputy City Attorney

Date:

Javier Sandoval, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800-1804
Sacramento, CA 95899-7377

Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities

1. Service Overview

The California Department of Public Health (CDPH), Sexually Transmitted Disease Branch (STDCB) shall provide a grant to and for the benefit of the Grantee. Funded by the [2022 California State Budget Act](#), nine million dollars for FY 2022-2023 has been appropriated for the Syphilis and Congenital Syphilis (CS) Outbreak Strategy (SOS) for eight local health jurisdictions (Grantee). Subsequent allocation of nine million each for FY 2023-24 and FY 2024-25 will be made available if funds are appropriated through the California state budget and available for spend down from July 1, 2022 through June 30, 2027.

The Grantee will use this funding to expand existing syphilis and congenital syphilis activities. Funding is intended to support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM). Grantees will be expected to describe how they have centered priority populations based on local epidemiology. Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the local health jurisdiction for sexually transmitted disease prevention and control activities.

All Grantees must adhere to the Grant Activities and STDCB Terms and Conditions, and any subsequent revisions, along with all instructions, policy memorandums, or directives issued by CDPH/STDCB. CDPH/STDCB will make any changes and/or additions to these guidelines in writing and, whenever possible, notification of such changes shall be made 30 days prior to implementation.

2. Service Location

The services shall be performed at applicable facilities within the Grantee's jurisdiction.

3. Service Hours

The services shall be primarily provided Monday through Friday, from 8:00 a.m. to 5:00 p.m. and include evenings, weekends, and holidays as needed.

4. Project Representatives

The project representative for the Syphilis and Congenital Syphilis Outbreak Strategy grants at CDPH/STDCB is Adriana Cervantes at Adriana.Cervantes@cdph.ca.gov.

5. Services to be Performed

See the attached Grant Activities as follows for a description of the services to be performed.

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

Grantees are encouraged to consider innovative approaches to addressing early syphilis and congenital syphilis prevention and control that may not be specifically listed in the Grant Activities below. Innovative approaches must be described in the narrative portion of each part. The three parts of the Grant Activities are focused on the following key strategic targets:

- **Part I: Health Access for All: Syphilis Testing, Treatment, and Other Health Care** focuses on syphilis testing, treatment, and post-exposure prophylaxis (DoxyPEP) to interrupt ongoing syphilis transmission and prevent adverse outcomes. Linkages to prenatal, preconception or family planning care are also included to prevent unintended pregnancies in people who do not want to become pregnant, and to prevent adverse outcomes for pregnant people, including congenital syphilis.
- **Part II: Supportive Services: Housing, Mental Health, and Substance Use** focuses on wrap-around services identified as priorities for syphilis and congenital syphilis prevention. Grantees must identify at least one activity from Part II.
- **Part III: Core Surveillance and Disease Intervention** focuses on core public health functions that may not be met by existing local, state, or federal funding and is considered an optional use of these funds.

Part I. Health Access for All: Syphilis Testing, Treatment, and Other Health Care.

Grant Activities A – C are required. Grantees may also choose one or more optional activities D – L, but are not required. Provide a description of the proposed approach to the required and selected activities in the area provided under each activity in the table. Describe how the Grantee will center racial equity in their activities under the Part I Narrative section.

Activities	Performance Indicators	Timeline
<p>A. Increase access to syphilis screening and pregnancy testing in settings that serve priority populations in at least one setting, such as homeless encampments, community-based organizations (CBO), correctional facilities, emergency departments (ED), mental health care programs/facilities, harm reduction programs, syringe service providers, substance use disorder treatment programs, institutions of higher education, agricultural settings, and faith-based organizations.</p>	<ul style="list-style-type: none"> • Number of syphilis tests performed • Number of pregnancy tests performed • By setting: Number/percent of reactive syphilis tests/total number of syphilis tests performed • By setting: Number of new syphilis diagnoses/total number of positive syphilis tests • By setting: Number of new diagnosis that received adequate treatment for stage/Number of new syphilis diagnoses <p>Where possible:</p> <ul style="list-style-type: none"> • Number of previously diagnosed syphilis cases/total number of positive syphilis tests • Number of previously diagnosed syphilis cases that were inadequately treated at time of test/Number of previously diagnosed syphilis cases • Number of previously diagnosed syphilis cases that were inadequately treated at time of test who received adequate treatment/Number of previously diagnosed syphilis cases 	<p>7/1/22 – 6/30/27</p>

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

Please describe proposed approach to this activity:

Similar to other jurisdictions in the United States, San Francisco is experiencing concerning increases in syphilis among cis-women, leading to increases in congenital syphilis. There was a 220% increase in females syphilis cases from 2017 to 2021, with 9% of cases among pregnant people in 2021 and 18% among pregnant people in 2022 to date. While there were no reported CS cases in 2018, 4 cases were reported in 2019 and 5 in 2020, the highest number in 26 years. There were 2 CS cases reported in 2021 and 2 CS cases reported to date in 2022. The San Francisco Department of Public Health (SFDPH) has directed resources to increase syphilis screening, treatment, and linkage to care over the past three years, especially among pregnant people, which may help explain the decrease in CS cases despite the increasing cases of syphilis among females and pregnant people.

San Francisco epidemiology indicates that men who have sex with men (MSM), people experiencing homelessness (PEH), people who use drugs (PWUD), and people with a history of incarceration are disproportionately affected by syphilis. In order to address these disparities, SFDPH strives to prioritize **increased syphilis screening** in the settings that serve these populations: San Francisco City Clinic (SFCC), Street Medicine, Jail Health Services, and Zuckerberg San Francisco General Hospital (ZSFG). Additional settings will be explored through the proposed Facente Consulting strategic plan (see Part II-A).

We propose to achieve increased syphilis screening in these priority settings by conducting the following activities:

1. Increase capacity of the SFDPH Street Medicine team to provide low barrier access to syphilis screening. STI program staff will partner closely with the SFDPH Street Medicine team to provide outreach and clinical support, which will include participating in field visits and encampment health fairs with people experiencing homelessness to increase low barrier access to syphilis screening and pregnancy testing. **(P103 Special Nurse)**
2. Facilitate non-clinician express STI visits at SFCC to ensure access to low barrier, asymptomatic STI screening, pregnancy testing, and PrEP follow-up. SFCC is part of SFDPH and provides sexual health services to all, regardless of immigration or insurance status.
3. Ensure that all people diagnosed with syphilis in the settings listed above who could become pregnant are offered pregnancy testing **(P103 Special Nurse, 2587 Health Worker III).**
4. Provide training and technical assistance to clinical sites and CBOs to increase syphilis screening among people experiencing homelessness and people with risk factors for syphilis **(2328 Nurse Practitioner).**
5. Utilize rapid syphilis testing among priority populations, including people experiencing homelessness, people who use drugs, and people in correctional facilities. Rapid syphilis testing using the Syphilis Health Check kits will be offered to PEH during nursing field visits, at encampment health fairs, and in shelters and navigation centers. Rapid syphilis testing will also be offered in the local jails. Rapid syphilis testing allows for timely syphilis results among people with no prior known history of syphilis. Results are available in 10 minutes, which allows for timely linkage to further testing and treatment in a population that is at risk for being lost to follow-up. This requires training clinicians and health workers and ensuring correct implementation, documentation, and follow-up **(2328 Nurse Practitioner).**

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

6. Increase syphilis screening in the inpatient setting at ZSFG by partnering with a University of California, San Francisco (UCSF) clinical champion to supervise a resident-led quality improvement project. ZSFG serves many of the most vulnerable patients in SF who are at higher risk for syphilis infection. Inpatient admission presents a valuable opportunity for syphilis testing and linkage to care. Proposed project activities include making improvements in the electronic medical record to notify providers when syphilis screening is indicated, educational outreach, and provider incentives to encourage increased screening. **(UCSF Clinical Champion).**

Activities	Performance Indicators	Timeline
<p>B. Increase low-barrier access to syphilis treatment and/or DoxyPEP among priority populations, such as through non-340b-purchased medication to reduce administrative restrictions on providers. (e.g., Bicillin delivery to providers, correctional facilities, emergency departments, and other settings; administration of syphilis treatment in the field; provision of DoxyPEP).</p>	<ul style="list-style-type: none"> • Number of Bicillin doses delivered to providers • Number of Bicillin doses delivered/administered in the field • By setting: Number of DoxyPEP prescriptions/doses provided to patients • By setting: Number of early syphilis cases receiving treatment/total number of early syphilis cases diagnosed • By setting: Number of pregnant people with syphilis receiving adequate treatment/total number of pregnant people diagnosed with syphilis • By setting: Median number of days between early syphilis diagnosis and treatment 	<p>7/1/22 – 6/30/27</p>

Please describe proposed approach to this activity:

The priority populations identified for low barrier access to syphilis treatment are the same as those identified for increased syphilis screening: men who have sex with men (MSM), people experiencing homelessness (PEH), people who use drugs (PWUD), and people with a history of incarceration. In addition, we will conduct activities (described) below to increase access to and uptake of DoxyPEP for populations who are eligible per current local guidelines.

We propose to achieve **increased access to syphilis treatment and/or doxy-PEP** among these priority populations by conducting the following activities:

1. Increase capacity of the SFDPH Street Medicine team to provide low barrier access to syphilis treatment. The RN liaison (P103 Special Nurse) will partner with the SFDPH Street Medicine team, which will include participating in field visits with people experiencing homelessness and encampment health fairs to increase low barrier access to syphilis treatment and linkage to doxy-PEP as indicated.
 - a. Identify people who are requiring syphilis treatment and/or lost to follow-up. This includes the RN liaison administering Bicillin in the field and ensuring Street Medicine has the capacity to provide Bicillin in the field (**P103 Special Nurse**). Pregnant people will be prioritized, especially those requiring late latent treatment to ensure treatment is completed at least 30 days prior to delivery.

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

2. Increase the number of San Francisco Health Network (SFHN) providers prescribing doxy-PEP.
 - a. Create doxy-PEP provider and patient-facing materials to aid in clinician outreach and education **(2328 Nurse Practitioner)**.
 - b. Provide doxy-PEP public health detailing, including ongoing training and technical assistance, to providers and clinics **(2328 Nurse Practitioner)**
3. Monitor uptake of doxy-PEP within the San Francisco Health Network (SFHN) by tracking doxy-PEP prescriptions to help identify disparities in doxy-PEP prescribing, with the goal of providing equitable access **(2803 Epidemiologist)**.

Activities	Performance Indicators	Timeline
C. Link people diagnosed with or at risk for syphilis to clinical services to prevent sexually transmitted infections (STI), HIV, unintended pregnancy, and adverse pregnancy outcomes (e.g., HIV PrEP/PEP, DoxyPEP, family planning, prenatal care).	<ul style="list-style-type: none"> • Description of linkage protocols • Number of linkages to HIV PrEP/PEP, DoxyPEP, family planning, and/or prenatal care 	7/1/22 – 6/30/27

Please describe proposed approach to this activity:

1. Increase capacity of LINCS team to provide patient-centered counseling and make appropriate referrals to medical and social services as needed by partnering with a certified nurse midwife consultant (CNM). The CNM will provide trainings to the LINCS team with a focus on integrating sexual and reproductive health services for people with substance use disorders, and specifically how to integrate reproductive health services into congenital syphilis prevention programming by providing preconception, contraception, and early pregnancy testing services. Twenty LINCS staff will attend this training twice over 5 years.
2. Help link patients diagnosed with syphilis to medical care and social services as needed. This also includes conducting investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage PEH and network with other homeless service providers to coordinate care and improve health outcomes for these patients. **(2587 Health Worker III, 2232 Senior Physician Specialist)**.
3. Ensure that all people identified as pregnant are referred to prenatal care. The RN Street Medicine liaison will work closely with our UCSF partner Team Lily who offers person-centered, trauma-informed wrap-around care to pregnant people facing significant barriers to care including those experiencing homelessness, substance use disorders and/or significant mental illness. **(P103 Special Nurse)**

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. D. Increase access to transportation for testing, treatment follow-up, and/or prenatal care visits for priority populations (e.g., via health-associated ride share programs, transportation vouchers/tokens).	<ul style="list-style-type: none"> • Number of transportation vouchers/rides provided • Number/percent of transportation vouchers resulting in successful access to care for any of the following testing, treatment, or follow-up (where feasible) 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. E. Utilize existing COVID-19 testing, treatment and vaccination infrastructure for syphilis and pregnancy testing, treatment, and disease intervention/contact tracing.	<ul style="list-style-type: none"> • Number of syphilis test performed • Number of pregnancy tests performed • Number of reactive syphilis tests/total number of syphilis tests performed • Number of new syphilis diagnoses/total number of positive syphilis tests • Number of new diagnosis that received adequate treatment/Number of new syphilis diagnoses <p>Where possible:</p> <ul style="list-style-type: none"> • Number of previously diagnosed syphilis cases / total number of positive syphilis tests • Number of previously diagnosed syphilis cases that were inadequately treated at time of test/Number of previously diagnosed syphilis cases • Number of previously diagnosed syphilis cases that were inadequately treated at time of test who received adequate treatment / Number of previously diagnosed syphilis cases 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

Activities	Performance Indicators	Timeline
<p><input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</p> <p>F. Collaborate with and/or fund local CBOs or outreach workers to increase awareness of and provide linkages to syphilis testing, DoxyPEP, HIV PrEP/PEP, family planning, and/or prenatal care (e.g., promotore programs, perinatal health programs serving BIPOC, CBOs serving LGBTQ communities, outreach programs for people experiencing homelessness, mental health care programs/facilities, institutions of higher education, agriculture, faith-based organizations, and organizations serving people who use drugs such as harm reduction programs, syringe service providers, and substance use disorder providers).</p>	<ul style="list-style-type: none"> Description of collaboration with stakeholders 	<p>7/1/22 – 6/30/27</p>
<p>Please describe proposed approach to this activity:</p>		
Empty space for describing the proposed approach		

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. G. Establish and/or implement protocols for warm hand-offs to patient navigators or DIS for follow up, linkage to ongoing testing, treatment and other services in EDs, correctional facilities, and other settings where loss to follow-up is high.	<ul style="list-style-type: none"> • Description of protocol for warm hand-offs • Number of individuals successfully linked to care/total number of individuals referred to DIS or navigators 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. H. Partner with a clinic or street-medicine program to establish trauma-informed, harm reduction-centered syphilis testing and/or prenatal care services focused on priority populations, including pregnant people experiencing homelessness and/or using drugs.	<ul style="list-style-type: none"> • Number of syphilis test performed • Number of pregnancy tests performed • Number of reactive syphilis tests/total number of syphilis tests performed • Number of new syphilis diagnoses/total number of positive syphilis tests • Number of new diagnosis that received adequate treatment/number of new syphilis diagnoses <p>Where possible:</p> <ul style="list-style-type: none"> • Number of previously diagnosed syphilis cases/total number of positive syphilis tests • Number of previously diagnosed syphilis cases that were inadequately treated at time of test/number of previously diagnosed syphilis cases • Number of previously diagnosed syphilis cases that were inadequately treated at time of test who received adequate treatment/number of previously diagnosed syphilis cases 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. I. Implement/expand and evaluate home self-collection syphilis testing programs.	<ul style="list-style-type: none"> • Number of collection kits ordered by gender identity/sex at birth • Number of collection kits returned, by STI and gender identity/sex at birth • Number/percent of positive tests, by STI and gender identity/sex at birth • Where possible, number/percent of people with positive tests who received treatment, by STI and gender identity/sex at birth • Average time to treatment from diagnosis by STI and gender identity/sex at birth 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. J. Train medical and public health service providers in syphilis screening, diagnosis, and treatment, trauma-informed approaches to health care, medical mistrust, and/or diverse cultural health beliefs and practices.	<ul style="list-style-type: none"> • Description and objectives of training offered • Number and type of providers (e.g., internal medicine, family medicine, Obstetrics/Gynecology, Emergency Department) attending training • Training evaluation results 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. K. Implement a social marketing campaign to increase awareness of syphilis, prenatal and family planning services available for people at risk for syphilis.	<ul style="list-style-type: none"> • Description of social marketing campaign • Campaign reach and engagement 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. L. Other innovative and impactful approach that increases access to syphilis testing, treatment, or prenatal services among populations at risk for syphilis. Please describe in the narrative section below.	<ul style="list-style-type: none"> • Please provide indicators for ‘other innovative approach’ 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		

**Exhibit A – Attachment 1
Syphilis and Congenital Syphilis Outbreak Strategy
Grant Activities**

PART I NARRATIVE. Please describe how the Grantee will center racial equity in implementing the activities listed in Part I.

The San Francisco Department of Public Health (SFDPH) has a Strategic Equity Goal of reducing key health disparities for Black, Indigenous, and People of Color (BIPOC) communities, with a priority on Black/African American (B/AA) communities. Between 2017-2020, syphilis cases among women increased 190% and 2014-2022 syphilis surveillance data showed syphilis disproportionately affecting BIPOC females*, with 56% of all female syphilis cases among BIPOC. Additionally, homelessness continues to disproportionately affect most BIPOC groups (2022 SF Homeless Count and Survey Report) and the proportion of total syphilis cases (all stages) among homeless females increased from 14% in 2021 to 22% for the first two quarters of 2022 (Syphilis Surveillance Data).

To reduce syphilis-related health disparities among BIPOC, DPH will explore the following activities:

- **Data-driven prioritization** of settings serving priority BIPOC populations with higher syphilis-related health risks and poorer health outcomes.
- Identification of **Congenital Syphilis (CS) Prevention Taskforce Strategic Plan** strategies (Part II. Section A) aimed at addressing factors that contribute to higher syphilis-related health risks and poorer health outcomes among BIPOC populations.
- **Doxy-PEP** uptake prioritization among BIPOC men who have sex with men and trans women, potential sexual partners, and at diagnosing provider and neighborhood locations serving housed and homeless BIPOC populations.
- Addressing access to medical care, discrimination, and stigma through public health **detailing** by working with community partners with a history of serving the BIPOC population, including those experiencing homelessness.

** Female is defined as people whose sex at birth is female or people whose gender identify is female or trans male if sex at birth was not reported, unknow, or refused),*

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Part II. Supportive Services: Housing, Mental Health, and Substance Use.

Grantees must choose at least one optional Grant Activity from Part II. Please provide a description of the proposed approach to selected activities in the area provided under each activity in the table. Describe how the Grantee will center racial equity in their activities under the Part II Narrative section.

Activities	Performance Indicators	Timeline
<p><input checked="" type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</p> <p>A. Establish or maintain a syphilis-focused task force or community advisory board, including non-traditional partners based on local syphilis and congenital syphilis epidemiology (e.g., LGBTQ organizations, Women, Infant, and Children programs (WIC), child protective services, mental health programs, community-based perinatal health programs, CBOs serving people who use drugs).</p>	<ul style="list-style-type: none"> Description of taskforce / community advisory board members, goals, and progress 	<p>7/1/22 – 6/30/27</p>
<p>Please describe proposed approach to this activity:</p>		
<p>The San Francisco Congenital Syphilis (CS) Prevention Taskforce is an A3 quality improvement collective impact effort to identify improvement opportunities across SFDPH branches and departments to work collaboratively to decrease the burden of syphilis in San Francisco and eliminate CS. The CS Prevention Taskforce is made of up of stakeholders across the SFDPH health system to lead the work, including SF City Clinic (STI/HIV Clinic), Maternal Child and Adolescent Health, public health nurses, disease investigation specialists, ZSFG OB-GYN, ZSFG emergency department, ZSFG urgent care, SFHN primary care, and Street Medicine. The goal of this A3 QI effort is to eliminate CS by increasing syphilis screening, syphilis treatment, and connection to sexual health services for people with syphilis, particularly pregnant people.</p>		

Grant Activities

Syphilis and Congenital Syphilis Outbreak Strategy

The target population for programmatic efforts is healthcare providers and staff within SFDPH's health system who serve the populations at high-risk for CS in San Francisco. This includes providers and staff at ZSFG's ED, UCC, and primary care clinics. High-risk patients include any person that is pregnant or could become pregnant (female or transgender male of childbearing age 15-44 years) and has risk factors for syphilis including experiencing homelessness and/or using methamphetamines and/or opiates.

To achieve the program goals, the CS Prevention Taskforce has prioritized the following activities: 1) Expand pregnancy testing, family planning, and options counseling within the San Francisco Health Network (SFHN); 2) Provide training and technical assistance to Street Medicine and Shelter Health clinicians and staff to increase syphilis screening & treatment among people experiencing homelessness and/or who use drugs; and 3) Develop pregnancy/prenatal referral workflow & handouts to aid in linking patients to appropriate services. Additional goals of the CS Prevention Taskforce include strengthening our relationship with the ZSFG emergency department and urgent care center and non-SFDPH affiliated birthing hospitals to increase syphilis screening, treatment, and linkage to services (including prenatal care, doxy-PEP, HIV PrEP).

Grant funds will be used to fund a consultant ([Facente Consulting](#)) to evaluate the work to date of the CS Prevention Taskforce and help develop a strategic plan to direct the taskforce's future efforts. Facente Consulting was established in 2009 and provides a wide range of public health consulting services and is a values-driven organization, with a mission to support their clients to improve health and wellness by helping them understand, implement, and tell their story. Facente Consulting's guiding values include: radical helpfulness, social justice, collective wisdom, and health equity.

Facente Consulting proposes a four-phase approach to strategic planning for the CS Prevention Taskforce.

- 1) Phase 1: Background Research, Planning, Existing Program Assessment - Review background materials and conduct interviews with key internal stakeholders
- 2) Phase 2: Landscape Analysis - Conduct stakeholder interviews with partners or others working in this same field who are *not* integrally involved in the internal work of SFDPH, to paint a picture of the current landscape of services and identify opportunities and barriers/risks, implications for anti-racism and inclusion (e.g., other similar service providers, county officials, funders, policymakers, key client groups)
- 3) Phase 3: Strategic Plan Development - Creation of Mission/Vision/Values statements, strategies for incorporating access to culturally informed and whole person health care and inclusion into all aspects of the taskforce's work, and methods for creating a plan that is operational and realistic for implementation and monitoring.
- 4) Phase 4: Communication Strategy - Create a strategy for dissemination of the strategic plan, in coordination with the strategic planning committee.

The **2328 Nurse Practitioner** position will lead the CS Prevention Taskforce, including planning and facilitating monthly meetings. This position will also be the main liaison working with Facente Consulting and ensure the strategic plan is incorporated into the CS Prevention Taskforce's ongoing efforts.

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. B. Collaborate with local Maternal, Child, and Adolescent Health (MCAH) and/or other supportive service programs (e.g., public health nursing, perinatal equity initiative, BIH) to provide enhanced case management on all pregnant syphilis cases and/or syphilis cases among women of reproductive age (15-45+).	<ul style="list-style-type: none"> • Description of collaborative activities • Number of cases referred for enhanced case management • Number of cases that accepted enhanced case management 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
Activities	Performance Indicators	Timeline
<input checked="" type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. C. Provide hotel/motel stays for people who are unstably housed during course of late syphilis treatment and link to more permanent housing solutions.	<ul style="list-style-type: none"> • Number of hotel/motel stays provided • Number/percent of people receiving hotel/motel stays that complete adequate treatment, by gender identity/sex at birth and pregnancy status 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
<p>Provide hotel vouchers to unsheltered/unhoused people requiring syphilis treatment in pregnancy. SFDPH will partner with the CBO Team Lily who will provide and manage housing vouchers for pregnant people requiring syphilis treatment. Many of these patients do not complete treatment due to their housing status and are unable to be located despite outreach; providing housing will support completion of their syphilis treatment. Team Lily, led by Dr. Dominka Seidman, is based within the UCSF Department of Obstetrics, Gynecology & Reproductive Sciences at Zuckerberg San Francisco General Hospital and Trauma Center and specializes in working with pregnant women who are experiencing homelessness or incarceration, and those with active substance use or significant mental illness.</p>		

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. D. Collaborate with local housing and community development organizations to provide low barrier housing and supportive services for people diagnosed with, or at risk for, syphilis.	<ul style="list-style-type: none"> • Description of collaboration • Number of individuals who were referred to supportive services • Number of individuals who that accepted supportive services 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. E. Partner with LHJ behavioral health or CBO implementing contingency management programs for people using stimulants (e.g., Department of Health Care Services Contingency Management Pilot Program).	<ul style="list-style-type: none"> • Description of partnership/referral system • Number of referrals to contingency management among people diagnosed with, or at risk for, syphilis 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. F. Other innovative and impactful approach to syphilis and/or congenital syphilis prevention focused on supportive services. Please describe in the narrative section below.	Please provide indicators for 'other innovative approach'	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
PART II NARRATIVE. Please describe how the Grantee will center racial equity in implementing the activities listed in Part II.		
<p>We seek to ensure the membership of the CS Prevention Taskforce is racially/ethnically diverse and that it includes members who work with BIPOC patients.</p> <p>Identification of CS Prevention Taskforce Strategic Plan (Part II. Section A) aimed at addressing factors that contribute to higher syphilis-related health risks and poorer health outcomes among BIPOC populations.</p> <p style="padding-left: 40px;">a. CS Prevention Taskforce will foster cross-sector collaboration to develop a Congenital Syphilis Prevention Strategic Plan that advances equity (2022 Public Health Reaccreditation, Measure 4.1.1 A), including exploring the identification or convening of Community Partners Group (inclusive of BIPOC) to support the implementation and evaluation of strategies that address factors that contribute to BIPOC syphilis-related risks and outcomes (2022 Public Health Reaccreditation, Measure 5.2.3 A).</p> <p>Team Lily serves a diverse patient population, and they center harm reduction and trauma-informed care in their outreach and services. In their mission statement, Team Lily affirms that they “are committed to dismantling structural racism and challenging the stigma and discrimination that drive Team Lily clients’ barriers to care, health, and well-being.”</p>		

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Part III. Core Surveillance and Disease Intervention – OPTIONAL. Grantees may select surveillance and/or disease intervention related Grant Activities in Part III after using other federal, state, and local funds for surveillance and disease intervention. Mark the checkbox below if Grantee wishes to opt out of Part III. For Grantees wishing to opt into Part III, provide a description of the proposed approach to the selected activities in the area provided under each activity in the table. Describe how the Grantee will center racial equity in their activities under the Part III Narrative section.

Part III Not Applicable. Place a checkmark in the box if the Grantee will not use grant funds for core surveillance and disease intervention.

Activities	Performance Indicators	Timeline
<input checked="" type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. A. Conduct enhanced, case-based surveillance for early syphilis and congenital syphilis.	<ul style="list-style-type: none"> • Percent of female syphilis cases (all stages) with complete data for pregnancy status (females aged 12-44), estimated date of delivery if pregnant, treatment date(s), stage-appropriate medication, and dosage, HIV status, race/ethnicity • Percent of neonates exposed to syphilis with documented birth outcome and appropriate classification on the Congenital Syphilis Case Report Form • Percent of male primary and secondary syphilis cases with complete data for treatment date, state-appropriate medication/dosage, HIV status, and gender and pregnancy status of sex partners 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
<p><u>Employ data to inform ongoing program activities.</u> This includes data management, analysis and dissemination of program reports; providing data to managers and team leads as part of quality assurance of these data and for continuous quality improvement of related program and clinic activities; cleaning, formatting, and transmitting data to CDPH within agreed upon timelines; and dissemination of findings to appropriate stakeholders. Ensure linkage of all relevant clinical, laboratory, investigation, and matching data elements by a unique person ID. (2803 Epidemiologist).</p>		

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Activities	Performance Indicators	Timeline
<input checked="" type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. B. Ensure timely investigations of all reported reactive serologic tests for syphilis and conduct disease intervention for early syphilis and congenital syphilis cases.	<ul style="list-style-type: none"> • Percent of early syphilis cases among prioritized populations (e.g., MSM, pregnant people) adequately treated • Percent of early syphilis cases among prioritized populations (e.g., MSM, pregnant people) with at least one partner treated within 30 days before or after index client specimen collection 	7/1/22 – 6/30/27
Please describe proposed approach to this activity: <u>Ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to preventative care such as doxy-PEP and/or HIV PrEP (2587 Health Worker III, 2232 Senior Physician Specialist).</u> The LINCS (Linkage, Integration, Navigation, and Comprehensive Services) team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. This includes performing educational risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both community providers and at SFCC. <ol style="list-style-type: none"> Train LINCS staff on how to refer patients to doxy-PEP. Reinforce prior trainings on how to refer to PrEP, evaluate missed opportunities for linkage to PrEP for patients receiving syphilis partner services. 		
Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. C. Assess pregnancy intention among people who can become pregnant and link to preconception care, prenatal care, or family planning/contraceptive counseling, as desired.	<ul style="list-style-type: none"> • Description of DIS protocols for linkages to preconception, prenatal, or family planning/contraceptive care 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. D. Embed DIS or navigators in harm reduction programs, LGBTQ+ centers, emergency departments, correctional facilities or other programs with syphilis morbidity.	<ul style="list-style-type: none"> • Percent of early syphilis cases from participating organizations adequately treated • Percent of early syphilis cases from participating organizations with at least one partner treated within 30 days before or after index client specimen collection 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. E. Train DIS on racial equity, trauma informed care, harm reduction, intimate partner violence prevention/response, social determinants of health, or other priority trainings.	<ul style="list-style-type: none"> • Training objectives • Number of DIS trained • Training evaluation outcomes 	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Activities	Performance Indicators	Timeline
<input type="checkbox"/> OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. F. Other innovative and impactful approaches to surveillance and/or disease intervention. Please describe in the narrative section below.	Please provide indicators for 'other innovative approach'	7/1/22 – 6/30/27
Please describe proposed approach to this activity:		
PART III NARRATIVE. Please describe how the Grantee will center racial equity in implementing the activities listed in Part III.		
SFDPH will advance the use of syphilis-related data to improve population health among BIPOC. This will include improved analysis of data, ability to draw public health conclusions, and engagement of government and non-government partners about data findings (2022 Public Health Reaccreditation, Measure 1.3.1 A). Additional efforts will be made to assess SFDPH's use of data to impact policy, processes, programs, and/or interventions to address racial equity and disproportionality related to reducing syphilis among BIPOC (2022 Public Health Reaccreditation, Measure 1.3.2 A).		

Grant Activities
Syphilis and Congenital Syphilis Outbreak Strategy

Summary of Required Reports and Data

Frequency	¹Timeframe	²Deadline	Activities	Report Recipient
Semi-Annual	07/01/2022 – 6/30/2023	01/31/2023 07/31/2023	Part I - III	STDLHJContracts@cdph.ca.gov
	07/01/2023 – 6/30/2024	01/31/2024 07/31/2024		
	07/01/2024 – 6/30/2025	01/31/2025 07/31/2025		
	07/01/2025 – 6/30/2026	01/31/2026 07/31/2026		
	07/01/2026 – 6/31/2027	01/31/2027 06/30/2027		
Ongoing	7/01/2022 – 6/30/2027	Ongoing, within 45 days of report to the LHJ	STD Case Closure	CalREDIE data system, or by other means per agreement between the local STD Control Officer and the STDCB.

¹ Timeframe dates are subject to change and will not require an amendment to the grant agreement.

² Deadline dates are subject to change and will not require an amendment to the grant agreement.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. Upon completion of project activities as provided in Exhibit A – Attachment 1, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the total amount of this agreement.
- B. Invoices shall include the Grant Number and shall be submitted electronically or in triplicate not more frequently than quarterly in arrears to:

Adriana Cervantes
California Department of Public Health
STD Control Branch
MS 7320
P.O. Box 997377-7377
Sacramento, CA 95899-7377

Electronic invoice submissions can be transmitted via email to STDLHJInvoices@cdph.ca.gov.

- C. Invoices shall:
- 1) Be prepared using the electronic invoice template provided by your CDPH Grant Manager. Invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A – Attachment 1 under this Grant.
 - 2) Be submitted electronically. Mailed hard copies are not required.
 - 3) Bear the Grantee's name as shown on the Grant.
 - 4) Identify the billing and/or performance period covered by the invoice.
 - 5) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.
- D. Invoices must be submitted no more than forty-five (45) calendar days after the end of each quarter unless a later or alternate deadline is agreed to in writing by the program Grant Manager.
- E. Amount awarded under this Grant is identified in the CDPH 1229 Grant Agreement.

Exhibit B
Budget Detail and Payment Provisions

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, or if the appropriated funds have been expended prior to the Agreement expiration date, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than forty-five (45) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

5. Travel and Per Diem Reimbursement

- A. Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources ([Cal HR](#)). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

Exhibit B
Budget Detail and Payment Provisions

- B. In accordance with California Assembly Bill 1887 (Chapter 687, Statutes of 2016), and Government Code Section 11139.8, travel is prohibited to states that, enact the following after June 26, 2015:
- a. A law that voids or repeals, or has the effect of voiding or repealing, existing state or local protections against discrimination on the basis of sexual orientation, gender identity, or gender expression.
 - b. A law that authorizes or requires discrimination against same-sex couples or their families or on the basis of sexual orientation, gender identity, or gender expression.
 - c. A law that creates an exemption to antidiscrimination laws in order to permit discrimination against same-sex couples or their families or on the basis of sexual orientation, gender identity, or gender expression.

The [California Attorney General's](#) webpage lists the states to where travel is prohibited.

- C. The total budget amount for out-of-state travel shall not exceed five (5) percent of the total annual budget of this grant agreement.

6. Use of Funds/Supplanting

These funds shall be used to support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange money for sex, drugs, or a place to stay), and gay, bisexual and other men who have sex with men (MSM). Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the LHJs for sexually transmitted disease (STD) prevention and control activities. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to “replace” or “take the place of” existing local funding. For example, reductions in local funds cannot be offset by the use of any dollars for the same purpose.

Exhibit B
Budget Detail and Payment Provisions

7. Proper Use of Funds

- A. The funds for this grant agreement **may be used** for:
1. Local health jurisdiction staff to support innovative and impactful syphilis and congenital syphilis prevention and control activities.
 2. Out-of-state travel to conferences and meetings, except to prohibited states as provided in 5.B. above. Travel costs may include travel and per diem for local leadership and other relevant staff (listed in the budget as in-kind support) to attend the Annual California STD HIV Controllers Association Membership Meeting, Annual STDCB Statewide Meeting (e.g., Congenital Syphilis Prevention Forum), National STD Prevention Conference, or other national forums as relevant. Prior written approval for out-of-state travel approval must be obtained from STDCB and shall not exceed five (5) percent of the total annual budget of this grant agreement.
 3. In-state travel to support local capacity building, except to prohibited states as provided in 5.B. above. This includes training course fees, travel, and per diem to support enhancement of knowledge, skills, and abilities of Disease Intervention Workforce (e.g., Principles, Practices, and Pathways to Disease Intervention (3PDI), Phlebotomy, Cultural Humility), or other staff essential to syphilis and congenital syphilis prevention and control.
 4. Costs associated with syphilis testing, such as syphilis test kits, laboratory reagents, and other testing supplies.
 5. Syphilis treatment (i.e., Benzathine penicillin G, Doxycycline) and prophylaxis (i.e., DoxyPEP).
 6. Condoms.
 7. Pregnancy tests.
 8. Emergency contraception pills.
 9. Provider education materials.
 10. Client education materials.
 11. The purchase, lease, or other support of mobile testing units.
 - a. The Grantee shall only use said vehicles for the performance under the terms of this Agreement.
 - b. The Grantee agrees that all operators of motor vehicles, reimbursed by CDPH under the terms of this Agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.
 - c. If any motor vehicle is reimbursed by CDPH under the terms of this Agreement, the Grantee, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Grantee's possession:
 - i. The Grantee, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of \$1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor

Exhibit B
Budget Detail and Payment Provisions

vehicle reimbursed with agreement funds by CDPH under the terms of this Agreement to the Grantee.

- ii. The Grantee shall, as soon as practical, furnish a copy of the certificate of insurance to the CDPH Program Grant Manager.
- iii. The Grantee agrees that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement.
- iv. The Grantee agrees to provide at least thirty (30) days prior to the expiration date of said insurance coverage a copy of a new certificate of insurance evidencing continued coverage, as indicated herein for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.
- v. In the event the Grantee fails to keep insurance coverage as required herein in effect at all times during vehicle possession, CDPH may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.”

B. The funds for this grant agreement may be used for the following items, with supportive justification, tracking, and reporting of outcomes:

1. Incentives such as low value gift cards (e.g., WalMart, Safeway, transportation vouchers), hygiene kits, and/or other syphilis or congenital syphilis related incentives.
 - a. Client incentives, such as low value gift cards, may be approved as Behavioral Modification Materials (BMM). The value of the incentive is limited to \$50.00 of merchandise per person per intervention (e.g. client attendance for syphilis treatment at \$25.00 for each Bicillin injection).
 - b. Current CDPH approvals require the BMM to be justified with scientific proof of behavior change, and be accompanied by a targeted distribution plan, incentive tracking log, and reporting of incentive distribution and client outcomes.
 - c. Incentives cannot be used for the purchase of alcohol, tobacco, firearms, lottery tickets or cannabis.
 - d. There is no prepayment for incentives. The LHJ will only be reimbursed for the amount of incentives distributed during each quarter.
2. Hotel/motel stays for people who are unstably housed during course of late syphilis treatment.
3. Transportation rides/vouchers/tokens for testing and/or treatment.
4. Material support items, including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits, to people living with, or at risk for, syphilis.
5. All items under this section are provided to program participants to motivate and/or reinforce positive behavior and/or involvement in syphilis and congenital syphilis control and prevention activities. Receipt of these items requires action on the part of the recipient. The Grantee is responsible for the possession, security (e.g., will keep the BMMs and/or material support items and/or transportation rides/vouchers/tokens in a secure location), and accountability of all these items. The Grantee will prepare a log sheet that will track and identify each of these items, value, transfer date, and recipient.

Exhibit B
Budget Detail and Payment Provisions

6. All items under this section must also comply with the provisions in Exhibit E, STD Local Assistance Funds – Standards and Procedures.
- C. The funds for this grant agreement **cannot** be used for:
1. Stuff We All Get (SWAG) - The purchase of free promotional items for health promotion events such as pens, mugs, t-shirts, posters, key chains, or bumper stickers. This provision is in accordance with the California State Constitution, Article 16, section 6, which prohibits any gifting of public funds.
 2. Individual prizes or high value incentives (e.g., iPads, iPhones).
 3. Cash incentives paid to an individual.
 4. Scholarships paid to an individual or a school on behalf of an individual.
 5. Food (e.g., sponsored lunch or dinner at provider education sessions, brown bag lunches, buffets at screening events).
 6. Construction, renovation, improvement, or repair of property.
 7. The purchase of alcohol, tobacco, firearms, lottery tickets or cannabis.

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained
2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.
3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.
4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.
5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.
6. **INDEMNIFICATION:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.
7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.
8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

- 9. INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.
- 10. INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.
- 11. MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.
- 12. NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third- party as a beneficiary of this Grant or the project.
- 13. NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.
- 14. PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.
- 15. RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

 - A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
 - B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
 - C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
 - D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
 - E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.
- 16. RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: (This provision does not apply to Local Governmental Entities)

The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

- A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).
- B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):
 - 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
 - 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
 - 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

- 4) For publications other than those described in paragraph B.3 above,, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.
- 5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

Exhibit D
Additional Provisions

1. Cancellation / Termination

- A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.
- B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term “for cause” shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:
 - 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
 - 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
 - 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.
- D. Grant termination or cancellation shall be effective as of the date indicated in CDPH’s notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.
- F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.
- G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.

Exhibit D
Additional Provisions

- H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:
- 1) Place no further order or subgrants for materials, services, or facilities.
 - 2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.
 - 3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly chargeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.
 - 4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.
- I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

2. Avoidance of Conflicts of Interest by Grantee

- A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.
- B. Conflicts of interest include, but are not limited to:
- 1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.

Exhibit D
Additional Provisions

- 2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.
- C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

3. Dispute Resolution Process

- A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.
- 1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.
 - 2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.

Exhibit D
Additional Provisions

- B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).
- C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.
- D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.
- E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

4. Executive Order N-6-22 - Economic Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Grantee is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this Agreement. The State shall provide Grantee advance written notice of such termination, allowing Grantee at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

Exhibit D
Additional Provisions

Prior to awarding and executing grant, the State shall conduct its due diligence to determine if the proposed awardee is a named individual or entity on federal and any state Economic Sanctions lists. If the proposed awardee is listed, the State shall refrain from entering into the Grant. Resources for locating names of sanctioned individuals and entities are available on the DGS Office of Legal Services' webpage: [Ukraine-Russia \(ca.gov\)](#).

If this Agreement is valued at \$5 million or more, upon execution the State will send a separate notification outlining additional requirements specified under the EO. Compliance with this Economic Sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the sanctions identified on the U.S. Department of the Treasury website (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctionsprograms-and-country-information/ukraine-russia-related-sanctions>). Failure to comply may result in the termination of this Agreement.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

1. Overview

The California Department of Public Health (CDPH) STD Control Branch (STDCB) sets forth the following standards and procedures. These standards and procedures specify the conditions for receipt of CDPH STDCB local assistance funds. This funding is intended to support innovative and impactful syphilis and congenital syphilis (CS) prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange money for sex, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).

All Grantees must adhere to these standards and procedures, and any subsequent revisions, along with all instructions, policy memorandums, or directives issued by CDPH STDCB. CDPH STDCB will make any changes and/or additions to these provisions in writing and, whenever possible, notification of such changes shall be made 30 days prior to implementation.

The local health department has the authority for STD Prevention and Control as outlined in the Summary of Regulations Related to STD Prevention and Control Efforts in California. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-ForLocalHealthJurisdictions.aspx>

2. Grantee's Responsibilities

The Grantee agrees to:

- A. Direct activities toward achieving the program objectives set forth by the CDPH STDCB.
- B. Use these funds in accordance with any additional guidance set forth by the CDPH STDCB regarding the granting, use and reimbursement of the STDCB local assistance funds. Additional consideration should be given to other guidance from the CDPH and Centers for Disease Control and Prevention (CDC) intended to highlight successful sexually transmitted disease (STD) prevention and control strategies or outline California specific initiatives, policies and procedures. Please find relevant programmatic guidance documents on the CDPH STDCB website: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD.aspx>

Exhibit E

STD Local Assistance Funds – Standards and Procedures

- C. Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the LHJs for sexually transmitted disease (STD) prevention and control activities. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to “replace” or “take the place of” existing local funding. For example, reductions in local funds cannot be offset by the use of any dollars for the same purpose.
- D. Abide by the most recent standards of care for syphilis and CS screening, treatment, control and prevention as promulgated by:
 - 1. California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDs-ClinicalGuidelines.aspx>
 - 2. Centers for Disease Control and Prevention
<https://www.cdc.gov/std/>
- E. Share health advisories, health education materials, outreach, testing and linkage to care and care coordination protocols, and other products created to enhance syphilis and CS awareness, prevention, testing, linkage to care, and care coordination funded with these dollars with CDPH and other LHJs and community-based organizations (CBOs) in California. The intent of this is to allow duplication (where possible) and cross-jurisdictional reach of successful syphilis and CS interventions and activities aimed at the priority populations, clinical providers, and community partners. Source documents should be submitted to CDPH STDCB upon completion and with the annual progress report, and upon request from CDPH, as relevant.
- F. Submit information and reports as requested by the CDPH STDCB.
- G. Ensure the use of a competitive bid process in the selection of all sub grantees. If the sub grantee is one where the LHJ has a current agreement with, indicate the date the agreement was effective. If the CBO is a non-profit agency as defined by Internal Revenue Code 501(c), ensure the LHJ has a current letter on file from the Internal Revenue Service for the CBO.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

3. Reporting Requirements

A. Case Report, Laboratory, and Interview Record

All Grantees shall comply with morbidity reporting requirements for reportable STDs identified in Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800 – 20182 Reportable Diseases and Conditions.

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

All Grantees, excluding Los Angeles and San Francisco, must enter syphilis and CS case reports, laboratory results, and interview data for their jurisdiction directly into the California Reportable Disease Information Exchange (CalREDIE) system, the CDPH web-based reporting software for notifiable diseases. Data must be entered into the appropriate tabs and forms in CalREDIE. Submission of hard copy forms for data entry into CalREDIE by CDPH or scanning of case reports, laboratory results, or interview records into the electronic filing cabinet (EFC), sans data entry, will not be accepted. Specific case investigation and report requirements are as follows:

1. Syphilis laboratory tests and confidential morbidity reports should be processed and assigned for investigation according to the California Syphilis Reactor Alert System (SRAS). Some health jurisdictions may have a more nuanced local system for prioritizing reported reactive syphilis tests.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/SyphilisReactorSRASChartAlgorithm.pdf>
2. Syphilis cases and CS case investigations are to be reported according to updated CDPH STDCB protocols on the appropriate case report forms (Syphilis Interview Record or California Congenital Syphilis-CS Case Investigation and Report) found in CalREDIE; samples of these forms can be viewed at <https://www.cdph.ca.gov/Programs/PSB/Pages/CommunicableDiseaseControl.aspx>. Grantees will complete and close investigations in CalREDIE within 45 days of initial report to local health department.
3. Grantees will participate in syphilis and CS-specific CalREDIE trainings and conduct quality control procedures, including review of cases to ensure appropriate surveillance case definition and reconciliation of case counts.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

For additional STD-related CalREDIE help, please email STDCalREDIE@cdph.ca.gov.

For STD case definitions, please visit <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDCaseDefinitions.aspx>

For frequently asked questions, manuals/guidelines, and forms/instructions.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-CalREDIE-Resources.aspx>

Los Angeles and San Francisco grantees must report the data outlined above to CDPH STD Control Branch via a secure file transfer protocol (FTP) on a weekly basis. Data will be transmitted using the following formats:

- Case report data to be submitted using the National Electronic Telecommunications System for Surveillance (NETSS) or Message Mapping Guides (MMG) standards.
- Interview record data to be submitted in a format that conforms to the corresponding CalREDIE data elements.

B. Performance Measurement and Program Evaluation

Grantees will submit performance indicators specified in the Grant Activities, including for subcontracted activities. Project specific data reporting requirements and performance indicators will be determined in collaboration with CDPH within the first three months of the project period.

C. Data Security and Confidentiality

Grantees shall comply with recommendations set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs." <http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>. Grantees shall have staff complete CDPH required confidentiality and data security training, and maintain on file associated confidentiality agreements for each staff person with access to STD data.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

D. Outbreak Reporting

The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report unusual disease occurrences or outbreaks to CDPH. Reports should be conveyed by calling the CDPH STDCB Office at (510) 620-3400.

E. Financial Expenditures and Reporting

Grantees must maintain records reflecting actual expenditures. The CDPH STDCB reserves the right to question and re-negotiate reimbursement for any expenditure that may appear to exceed a reasonable cost for the service. Financial expenditures/reporting are required and must be submitted within 45 calendar days after the end of each quarter. Annual financial expenditures and reporting should be submitted no later than 45 days after the end of the budget period. Invoices should be sent to STDLHJInvoices@cdph.ca.gov.

F. Performance Progress Reporting

The Midyear Progress Report is due no later than 30 days after the midpoint of the budget period. The Annual Performance Progress Report is due no later than 30 days after the end of the budget period (e.g., July 31, 2020). All publications and manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports. Additionally, health advisories, health education materials, and other products should be submitted. Midyear and Annual Performance Progress Reports should be submitted to STDLHJContracts@cdph.ca.gov.

G. Reporting Use of Incentives, Hotel/Motel Stays, Transportation Rides/Vouchers/Tokens and Material Support

1. All proposals for incentives, hotel/motel stays, transportation rides/vouchers/tokens and material support items must be submitted to CDPH STDCB for review prior to purchase and project implementation, accompanying documents must contain justification for use as behavior modification materials, and accompanied by a targeted distribution plan and tracking/reporting/outcome log.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

2. When using incentives, hotel/motel stays, transportation rides/vouchers/tokens and material support items to achieve the goals and objectives outlined in the Grant Activities, the Grantee must adhere to the following requirements:
 - a. Complete a Subject Reimbursement Log that is kept within a secure study file. This log will contain the item brand, item number, denomination, date purchased, reason for disbursement, the recipient of the item, and the issue date (see attached log).
 - b. Each participant receiving one of these items must complete a Subject Payment Receipt at the time the item is issued. The Subject Payment Receipt must be kept in a secure location.
 - c. Participation incentives cannot be used for the purchase of alcohol, tobacco, firearms, lottery tickets or cannabis.
 - d. A copy of the Subject Reimbursement Log must be submitted with the quarterly invoice.
 - e. The Subject Payment Receipt must be kept for a minimum of five (5) years after the termination of the grant.

4. **Rights of California Department of Public Health, Sexually Transmitted Disease Control Branch**
 - A. The CDPH STDCB reserves the right to modify the terms and conditions of all awards. Additional information and documentation may be required.
 - B. The CDPH STDCB reserves the right to use and reproduce all reports and data produced and delivered pursuant to the local assistance awards and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records is protected pursuant to California State laws and regulations.

Exhibit F
Information Privacy and Security Requirements
(For Non-HIPPA/HITECH Act Contracts)

This Information Privacy and Security Requirements Exhibit (Exhibit) sets forth the information privacy and security requirements Contractor is obligated to follow with respect to all personal and confidential information (as defined herein) disclosed to Contractor, or collected, created, maintained, stored, transmitted or used by Contractor for or on behalf of the California Department of Public Health (CDPH), pursuant to Contractor's agreement with CDPH. (Such personal and confidential information is referred to herein collectively as CDPH PCI.) CDPH and Contractor desire to protect the privacy and provide for the security of CDPH PCI pursuant to this Exhibit and in compliance with state and federal laws applicable to the CDPH PCI.

- I. Order of Precedence: With respect to information privacy and security requirements for all CDPH PCI, the terms and conditions of this Exhibit shall take precedence over any conflicting terms or conditions set forth in any other part of the agreement between Contractor and CDPH, including Exhibit A (Scope of Work), all other exhibits and any other attachments, and shall prevail over any such conflicting terms or conditions.
- II. Effect on lower tier transactions: The terms of this Exhibit shall apply to all contracts, subcontracts, and subawards, and the information privacy and security requirements Contractor is obligated to follow with respect to CDPH PCI disclosed to Contractor, or collected, created, maintained, stored, transmitted or used by Contractor for or on behalf of CDPH, pursuant to Contractor's agreement with CDPH. When applicable the Contractor shall incorporate the relevant provisions of this Exhibit into each subcontract or subaward to its agents, subcontractors, or independent consultants.
- III. Definitions: For purposes of the agreement between Contractor and CDPH, including this Exhibit, the following definitions shall apply:
 - A. Breach:

"Breach" means:

 1. the unauthorized acquisition, access, use, or disclosure of CDPH PCI in a manner which compromises the security, confidentiality, or integrity of the information; or
 2. the same as the definition of "breach of the security of the system" set forth in California Civil Code section 1798.29(f).
 - B. Confidential Information: "Confidential information" means information that:
 1. does not meet the definition of "public records" set forth in California Government Code section 6252(e), or is exempt from disclosure under any of the provisions of Section 6250, et seq. of the California Government Code or any other applicable state or federal laws; or
 2. is contained in documents, files, folders, books, or records that are clearly labeled, marked or designated with the word "confidential" by CDPH.
 - C. Disclosure: "Disclosure" means the release, transfer, provision of, access to, or divulging in any manner of information outside the entity holding the information.

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- D. PCI: “PCI” means “personal information” and “confidential information” (as these terms are defined herein):
- E. Personal Information: “Personal information” means information, in any medium (paper, electronic, oral) that:
1. directly or indirectly collectively identifies or uniquely describes an individual; or
 2. could be used in combination with other information to indirectly identify or uniquely describe an individual, or link an individual to the other information; or
 3. meets the definition of “personal information” set forth in California Civil Code section 1798.3, subdivision (a) or
 4. is one of the data elements set forth in California Civil Code section 1798.29, subdivision (g)(1) or (g)(2); or
 5. meets the definition of “medical information” set forth in either California Civil Code section 1798.29, subdivision (h)(2) or California Civil Code section 56.05, subdivision (j); or
 6. meets the definition of “health insurance information” set forth in California Civil Code section 1798.29, subdivision (h)(3); or
 7. is protected from disclosure under applicable state or federal law.
- F. Security Incident: “Security Incident” means:
1. an attempted breach; or
 2. the attempted or successful unauthorized access or disclosure, modification, or destruction of CDPH PCI, in violation of any state or federal law or in a manner not permitted under the agreement between Contractor and CDPH, including this Exhibit; or
 3. the attempted or successful modification or destruction of, or interference with, Contractor’s system operations in an information technology system, that negatively impacts the confidentiality, availability, or integrity of CDPH PCI; or
 4. any event that is reasonably believed to have compromised the confidentiality, integrity, or availability of an information asset, system, process, data storage, or transmission. Furthermore, an information security incident may also include an event that constitutes a violation or imminent threat of violation of information security policies or procedures, including acceptable use policies.
- G. Use: “Use” means the sharing, employment, application, utilization, examination, or analysis of information.

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Information Privacy and Security Requirements
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- IV. Disclosure Restrictions: The Contractor and its employees, agents, and subcontractors shall protect from unauthorized disclosure any CDPH PCI. The Contractor shall not disclose, except as otherwise specifically permitted by the agreement between Contractor and CDPH (including this Exhibit), any CDPH PCI to anyone other than CDPH personnel or programs without prior written authorization from the CDPH Program Contract Manager, except if disclosure is required by State or Federal law.
- V. Use Restrictions: The Contractor and its employees, agents, and subcontractors shall not use any CDPH PCI for any purpose other than performing the Contractor's obligations under its agreement with CDPH.
- VI. Safeguards: The Contractor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the privacy, confidentiality, security, integrity, and availability of CDPH PCI, including electronic or computerized CDPH PCI. At each location where CDPH PCI exists under Contractor's control, the Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities in performing its agreement with CDPH, including this Exhibit, and which incorporates the requirements of Section VII, Security, below. Contractor shall provide CDPH with Contractor's current and updated policies within five (5) business days of a request by CDPH for the policies.
- VII. Security: The Contractor shall take any and all steps reasonably necessary to ensure the continuous security of all computerized data systems containing CDPH PCI. These steps shall include, at a minimum, complying with all of the data system security precautions listed in the Contractor Data Security Standards set forth in Attachment 1 to this Exhibit.
- VIII. Security Officer: At each place where CDPH PCI is located, the Contractor shall designate a Security Officer to oversee its compliance with this Exhibit and to communicate with CDPH on matters concerning this Exhibit.
- IX. Training: The Contractor shall provide training on its obligations under this Exhibit, at its own expense, to all of its employees who assist in the performance of Contractor's obligations under Contractor's agreement with CDPH, including this Exhibit, or otherwise use or disclose CDPH PCI.
- A. The Contractor shall require each employee who receives training to certify, either in hard copy or electronic form, the date on which the training was completed.
- B. The Contractor shall retain each employee's certifications for CDPH inspection for a period of three years following contract termination or completion.
- C. Contractor shall provide CDPH with its employee's certifications within five (5) business days of a request by CDPH for the employee's certifications.
- X. Employee Discipline: Contractor shall impose discipline that it deems appropriate (in its sole discretion) on such employees and other Contractor workforce members under Contractor's direct control who intentionally or negligently violate any provisions of this Exhibit.

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XI. Breach and Security Incident Responsibilities:

- A. Notification to CDPH of Breach or Security Incident: The Contractor shall notify CDPH **immediately by telephone and email** upon the discovery of a breach (as defined in this Exhibit), and **within twenty-four (24) hours by email** of the discovery of any security incident (as defined in this Exhibit), unless a law enforcement agency determines that the notification will impede a criminal investigation, in which case the notification required by this section shall be made to CDPH immediately after the law enforcement agency determines that such notification will not compromise the investigation. Notification shall be provided to the CDPH Program Contract Manager, the CDPH Privacy Officer and the CDPH Chief Information Security Officer, using the contact information listed in Section XI (F), below. If the breach or security incident is discovered after business hours or on a weekend or holiday and involves CDPH PCI in electronic or computerized form, notification to CDPH shall be provided by calling the CDPH Information Security Office at the telephone numbers listed in Section XI(F), below. For purposes of this Section, breaches and security incidents shall be treated as discovered by Contractor as of the first day on which such breach or security incident is known to the Contractor, or, by exercising reasonable diligence would have been known to the Contractor. Contractor shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Contractor.

Contractor shall take:

1. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
2. any action pertaining to a breach required by applicable federal and state laws, including, specifically, California Civil Code section 1798.29.

- B. Investigation of Breach and Security Incidents: The Contractor shall immediately investigate such breach or security incident. As soon as the information is known and subject to the legitimate needs of law enforcement, Contractor shall inform the CDPH Program Contract Manager, the CDPH Privacy Officer, and the CDPH Chief Information Security Officer of:

1. what data elements were involved and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached;
2. a description of the unauthorized persons known or reasonably believed to have improperly used the CDPH PCI and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the CDPH PCI, or to whom it is known or reasonably believed to have had the CDPH PCI improperly disclosed to them;
3. a description of where the CDPH PCI is believed to have been improperly used or disclosed;
4. a description of the probable and proximate causes of the breach or security incident; and

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5. whether Civil Code section 1798.29 or any other federal or state laws requiring individual notifications of breaches have been triggered.
- C. Written Report: The Contractor shall provide a written report of the investigation to the CDPH Program Contract Manager, the CDPH Privacy Officer, and the CDPH Chief Information Security Officer as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.
- D. Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Contractor is considered only a custodian and/or non-owner of the CDPH PCI, Contractor shall, at its sole expense, and at the sole election of CDPH, either:
1. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Contractor shall inform the CDPH Privacy Officer of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
 2. cooperate with and assist CDPH in its notification (including substitute notification) to the individuals affected by the breach.
- E. Submission of Sample Notification to Attorney General: If notification to more than 500 individuals is required pursuant to California Civil Code section 1798.29, and regardless of whether Contractor is considered only a custodian and/or non-owner of the CDPH PCI, Contractor shall, at its sole expense, and at the sole election of CDPH, either:
1. electronically submit a single sample copy of the security breach notification, excluding any personally identifiable information, to the Attorney General pursuant to the format, content and timeliness provisions of Section 1798.29, subdivision (e). Contractor shall inform the CDPH Privacy Officer of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
 2. cooperate with and assist CDPH in its submission of a sample copy of the notification to the Attorney General.
- F. CDPH Contact Information: To direct communications to the above referenced CDPH staff, the Contractor shall initiate contact as indicated herein. CDPH reserves the right to make changes to the contact information below by verbal or written notice to the Contractor. Said changes shall not require an amendment to this Exhibit or the agreement to which it is incorporated.

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CDPH Program Contract Manager	CDPH Privacy Officer	CDPH Chief Information Security Officer
See the Scope of Work exhibit for Program Contract Manager	Privacy Officer Privacy Office c/o Office of Legal Services California Dept. of Public Health P.O. Box 997377, MS 0506 Sacramento, CA 95899-7377 Email: privacy@cdph.ca.gov Telephone: (877) 421-9634	Chief Information Security Officer Information Security Office California Dept. of Public Health P.O. Box 997413, MS 6302 Sacramento, CA 95899-7413 Email: CDPH.InfoSecurityOffice@cdph.ca.gov Telephone: (855) 500-0016

- XII. Documentation of Disclosures for Requests for Accounting: Contractor shall document and make available to CDPH or (at the direction of CDPH) to an Individual such disclosures of CDPH PCI, and information related to such disclosures, necessary to respond to a proper request by the subject Individual for an accounting of disclosures of personal information as required by Civil Code section 1798.25, or any applicable state or federal law.

- XIII. Requests for CDPH PCI by Third Parties: The Contractor and its employees, agents, or subcontractors shall promptly transmit to the CDPH Program Contract Manager all requests for disclosure of any CDPH PCI requested by third parties to the agreement between Contractor and CDPH (except from an Individual for an accounting of disclosures of the individual's personal information pursuant to applicable state or federal law), unless prohibited from doing so by applicable state or federal law.

- XIV. Audits, Inspection and Enforcement: CDPH may inspect the facilities, systems, books and records of Contractor to monitor compliance with this Exhibit. Contractor shall promptly remedy any violation of any provision of this Exhibit and shall certify the same to the CDPH Program Contract Manager in writing.

- XV. Return or Destruction of CDPH PCI on Expiration or Termination: Upon expiration or termination of the agreement between Contractor and CDPH for any reason, Contractor shall securely return or destroy the CDPH PCI. If return or destruction is not feasible, Contractor shall provide a written explanation to the CDPH Program Contract Manager, the CDPH Privacy Officer and the CDPH Chief Information Security Officer, using the contact information listed in Section XI (F), above.
 - A. Retention Required by Law: If required by state or federal law, Contractor may retain, after expiration or termination, CDPH PCI for the time specified as necessary to comply with the law.

 - B. Obligations Continue Until Return or Destruction: Contractor's obligations under this Exhibit shall continue until Contractor returns or destroys the CDPH PCI or returns the CDPH PCI to CDPH; provided however, that on expiration or termination of the agreement between Contractor and CDPH, Contractor shall not further use or disclose the CDPH PCI except as required by state or federal law.

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- C. Notification of Election to Destroy CDPH PCI: If Contractor elects to destroy the CDPH PCI, Contractor shall certify in writing, to the CDPH Program Contract Manager, the CDPH Privacy Officer and the CDPH Chief Information Security Officer, using the contact information listed in Section XI (F), above, that the CDPH PCI has been securely destroyed. The notice shall include the date and type of destruction method used.
- XVI. Amendment: The parties acknowledge that federal and state laws regarding information security and privacy rapidly evolves and that amendment of this Exhibit may be required to provide for procedures to ensure compliance with such laws. The parties specifically agree to take such action as is necessary to implement new standards and requirements imposed by regulations and other applicable laws relating to the security or privacy of CDPH PCI. The parties agree to promptly enter into negotiations concerning an amendment to this Exhibit consistent with new standards and requirements imposed by applicable laws and regulations.
- XVII. Assistance in Litigation or Administrative Proceedings: Contractor shall make itself and any subcontractors, workforce employees or agents assisting Contractor in the performance of its obligations under the agreement between Contractor and CDPH, available to CDPH at no cost to CDPH to testify as witnesses, in the event of litigation or administrative proceedings being commenced against CDPH, its director, officers or employees based upon claimed violation of laws relating to security and privacy, which involves inactions or actions by the Contractor, except where Contractor or its subcontractor, workforce employee or agent is a named adverse party.
- XVIII. No Third-Party Beneficiaries: Nothing express or implied in the terms and conditions of this Exhibit is intended to confer, nor shall anything herein confer, upon any person other than CDPH or Contractor and their respective successors or assignees, any rights, remedies, obligations, or liabilities whatsoever.
- XIX. Interpretation: The terms and conditions in this Exhibit shall be interpreted as broadly as necessary to implement and comply with regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of this Exhibit shall be resolved in favor of a meaning that complies and is consistent with federal and state laws and regulations.
- XX. Survival: If Contractor does not return or destroy the CDPH PCI upon the completion or termination of the Agreement, the respective rights and obligations of Contractor under Sections VI, VII and XI of this Exhibit shall survive the completion or termination of the agreement between Contractor and CDPH.

Exhibit F
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Attachment 1
Contractor Data Security Standards

I. Personnel Controls

- A. *Workforce Members Training and Confidentiality.*** Before being allowed access to CDPH PCI, all Contractor's workforce members who will be granted access to CDPH PCI must be trained in their security and privacy roles and responsibilities at Contractor's expense and must sign a confidentiality and acceptable CDPH PCI use statement. Training must be on an annual basis. Acknowledgments of completed training and confidentiality statements, which have been signed and dated by workforce members must be retained by the Contractor for a period of three (3) years following contract termination. Contractor shall provide the acknowledgements within five (5) business days to CDPH if so requested.
- B. *Workforce Members Discipline.*** Appropriate sanctions, including termination of employment where appropriate, must be applied against workforce members who fail to comply with privacy policies and procedures, acceptable use agreements, or any other provisions of these requirements.
- C. *Workforce Member Assessment.*** Before being permitted access to CDPH PCI, Contractor must assure there is no indication its workforce member may present a risk to the security or integrity of CDPH PCI. Contractor shall retain the workforce member's assessment documentation for a period of three (3) years following contract termination.

II. Technical Security Controls

- A. *Encryption.*** All desktop computers, mobile computing devices, and portable electronic storage media that processes or stores CDPH PCI must be encrypted using a FIPS 140-2 certified 128 bit or higher algorithm. The encryption solution must be full disk unless approved by the CDPH Information Security Office (ISO) and Privacy Office (PO). FIPS 140-2 certified 128 bit or higher algorithm end-to-end, individual file encryption, or ISO approved compensating security controls, shall be used to protect CDPH PCI transmitted or accessed outside the Contractor's secure internal network (e.g., email, remote access, file transfer, internet/website communication tools).
- B. *Server Security.*** Servers containing unencrypted CDPH PCI must have sufficient local and network perimeter administrative, physical, and technical controls in place to protect the CDPH information asset, based upon a current risk assessment/system security review.
- C. *Minimum Necessary.*** Only the minimum amount of CDPH PCI required to complete an authorized task or workflow may be copied, downloaded, or exported to any individual device.
- D. *Antivirus software.*** Contractor shall employ automatically updated malicious code protection mechanisms (anti-malware programs or other physical or software-based solutions) at its network perimeter and at workstations, servers, or mobile computing devices to continuously monitor and take action against system or device attacks, anomalies, and suspicious or inappropriate activities.
- E. *Patch Management.*** All devices that process or store CDPH PCI must have a documented patch management process. Vulnerability patching for Common Vulnerability Scoring System (CVSS)

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“Critical” severity ratings (CVSS 9.0 – 10.0) shall be completed within forty-eight (48) hours of publication or availability of vendor supplied patch; “High” severity rated (CVSS 7.0- 8.9) shall be completed within seven (7) calendar days of publication or availability of vendor supplied patch; all other vulnerability ratings (CVSS 0.1 – 6.9) shall be completed within thirty (30) days of publication or availability of vendor supplied patch, unless prior ISO and PO variance approval is granted.

- F. *User Identification and Access Control.*** All Contractor workforce members must have a unique local and/or network user identification (ID) to access CDPH PCI. The unique ID may be passwords, physical authenticators, or biometrics, or in the case of multi-factor authentication, some combination thereof. Should a workforce member no longer be authorized to access CDPH PCI, or an ID has been compromised, that ID shall be promptly disabled or deleted. User ID’s must integrate with user role-based access controls to ensure that individual access to CDPH PCI is commensurate with job-related responsibilities.
- G. *CDPH PCI Destruction.*** When no longer required for business needs or legal retention periods, all electronic and physical media holding CDPH PCI must be purged from Contractor’s systems and facilities using the appropriate guidelines for each media type as described in the prevailing “National Institute of Standards and Technology – Special Publication 800-88” – “Media Sanitization Decision Matrix.”
- H. *System Inactivity Timeout.*** Contractor’s computing devices holding, or processing CDPH PCI must be configured to automatically log-off an authenticated user or lock the device in a manner where the user must reauthenticate the user session after no more than twenty (20) minutes of user inactivity.
- I. *Warning Banners.*** During a user log-on process, all systems providing access to CDPH PCI, must display a warning banner stating that the CDPH PCI is confidential, system and user activities are logged, and system and CDPH PCI use is for authorized business purposes only. User must be directed to log-off the system if they do not agree with these conditions.
- J. *System Logging.*** Contractor shall ensure its information systems and devices that hold or process CDPH PCI are capable of being audited and the events necessary to reconstruct transactions and support after-the-fact investigations are maintained. This includes the auditing necessary to cover related events, such as the various steps in distributed, transaction-based processes and actions in service-oriented architectures. Audit trail information with CDPH PCI must be stored with read-only permissions and be archived for three (3) years after event occurrence. There must also be a documented and routine procedure in place to review system logs for unauthorized access.
- K. *Intrusion Detection.*** All Contractor systems and devices holding, processing, or transporting CDPH PCI that interact with untrusted devices or systems via the Contractor intranet and/or the internet must be protected by a monitored comprehensive intrusion detection system and/or intrusion prevention system.

III. Audit Controls

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- A. *System Security Review.*** Contractor, to assure that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection for CDPH PCI, shall conduct at least, an annual administrative assessment of risk, including the likelihood and magnitude of harm from the unauthorized access, use, disclosure, disruption, modification, or destruction of an information system or device holding processing, or transporting CDPH PCI, along with periodic technical security reviews using vulnerability scanning tools and other appropriate technical assessments.
- B. *Change Control.*** All Contractor systems and devices holding, processing, or transporting CDPH PCI shall have a documented change control process for hardware, firmware, and software to protect the systems and assets against improper modification before, during, and after system implementation.

IV. Business Continuity / Disaster Recovery Controls

- A. *Emergency Mode Operation Plan.*** Contractor shall develop and maintain technical recovery and business continuity plans for systems holding, processing, or transporting CDPH PCI to ensure the continuation of critical business processes and the confidentiality, integrity, and availability of CDPH PCI following an interruption or disaster event lasting more than twenty-four (24) hours.
- B. *CDPH PCI Backup Plan.*** Contractor shall have a documented, tested, accurate, and regularly scheduled full backup process for systems and devices holding CDPH PCI.

V. Paper Document Controls

- A. *Supervision of CDPH PCI.*** CDPH PCI in any physical format shall not be left unattended at any time. When not under the direct observation of an authorized Contractor workforce member, the CDPH PCI must be stored in a locked file cabinet, desk, or room. It also shall not be left unattended at any time in private vehicles or common carrier transportation, and it shall not be placed in checked baggage on common carrier transportation.
- B. *Escorting Visitors.*** Visitors who are not authorized to see CDPH PCI must be escorted by authorized workforce members when in areas where CDPH PCI is present, and CDPH PCI shall be kept out of sight of visitors.
- C. *Removal of CDPH PCI.*** CDPH PCI in any format must not be removed from the secure computing environment or secure physical storage of the Contractor, except with express written permission of the CDPH PCI owner.
- D. *Faxing and Printing.*** Contractor shall control access to information system output devices, such as printers and facsimile devices, to prevent unauthorized individuals from obtaining any output containing CDPH PCI. Fax numbers shall be verified with the intended recipient before transmittal.
- E. *Mailing.*** Mailings of CDPH PCI shall be sealed and secured from damage or inappropriate viewing to the extent possible. Mailings which include five hundred (500) or more individually identifiable records of CDPH PCI in a single package shall be sent using a tracked mailing method which

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includes verification of delivery and receipt, unless the prior written permission of CDPH to use another method is obtained.



TOMÁS J. ARAGÓN, MD, DrPH
 Director and State Public Health Officer

State of California—Health and Human Services Agency
 California Department of Public Health



GAVIN NEWSOM
 Governor

Letter of Award

DATE: NOVEMBER 14, 2022
 TO: CALIFORNIA LOCAL HEALTH JURISDICTIONS
 SUBJECT: SYPHILIS OUTBREAK STRATEGY GRANT FUNDING

The California Department of Public Health (CDPH), Sexually Transmitted Disease Control Branch (STDCB) is pleased to announce the intent to award State local assistance funds through the Syphilis Outbreak Strategy (SOS) Grant, a one-time appropriation in the [2022 California Budget Act](#) for spend down from July 1, 2022 through June 30, 2027. The new (SOS) funds shall be allocated to eight local health jurisdictions (LHJs) with high rates of early syphilis or CS and to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).

The amount of annual funding was determined by a non-competitive formula set forth in the [2022 California Budget Act, allocating 40% of funds based on congenital syphilis and 60% of funds based on early syphilis cases](#). The below chart is a summary of the SOS funding allocation for the eight identified LHJs.

SOS FUNDING ALLOCATION

Local Health Jurisdiction	FY 2022-23	PENDING GENERAL FUND APPROPRIATION		Total Allocation
		FY 2023-24	FY 2024-25	
Fresno	\$583,891	\$583,891	\$583,891	\$1,751,673
Kern	\$581,707	\$581,707	\$581,707	\$1,745,121
Los Angeles HD ¹	\$3,957,227	\$3,957,227	\$3,957,227	\$11,871,681
Orange	\$477,520	\$477,520	\$477,520	\$1,432,560
San Bernardino	\$1,069,175	\$1,069,175	\$1,069,175	\$3,207,525
San Diego	\$761,915	\$761,915	\$761,915	\$2,285,745
San Francisco ²	\$889,417	\$889,417	\$889,417	\$2,668,251
San Joaquin	\$679,148	\$679,148	\$679,148	\$2,037,444
TOTAL	\$9,000,000	\$9,000,000	\$9,000,000	\$27,000,000

1 - Los Angeles excludes Cities of Long Beach & Pasadena
 2 - San Francisco excludes City of Berkeley



In FY 2022-23, the SOS funds were appropriated at nine million for expenditure until June 30, 2027. Subsequent allocation of nine million each for FY 2023-24 and FY 2024-25 will be made available if funds are appropriated through the California state budget. In addition to the availability of appropriated funds, Grantees will need to demonstrate satisfactory performance in previous years to receive funding for subsequent years. Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the LHJs for sexually transmitted disease prevention and control activities.

Grant Activities

Grantees will be responsible for all grant objectives in Exhibit A – Attachment 1 – Grant Activities unless they are marked as “Optional.” Grantees are encouraged to consider innovative approaches to addressing early syphilis and congenital syphilis prevention and control that may not be specifically listed in the grant activities. Innovative approaches must be described in the narrative portion of each part. The grant activities are enclosed (Exhibit A – Attachment 1 – Grant Activities) for your information and focused on the following key strategic targets:

- **Part I: Health Access for All: Syphilis Testing, Treatment, and Other Health Care** focuses on syphilis testing, treatment, and prophylaxis (e.g., DoxyPEP) to interrupt ongoing syphilis transmission and prevent adverse outcomes. Linkages to prenatal, preconception or family planning care are also included to prevent unintended pregnancies in people who do not want to become pregnant, and to prevent adverse outcomes for pregnant people, including congenital syphilis.
- **Part II: Supportive Services: Housing, Mental Health, and Substance Use** focuses on wrap-around services identified as priorities for syphilis and congenital syphilis prevention. Grantees must identify at least one activity from Part II.
- **Part III: Core Surveillance and Disease Intervention** focuses on core public health functions that may not be met by existing local, state, or federal funding and is considered an optional use of these funds.

All Grantees must adhere to the grant activities and STDCB Terms and Conditions, and any subsequent revisions, along with all instructions, policy memorandums, or directives issued by CDPH/STDCB. CDPH/STDCB will make any changes and/or additions to these guidelines in writing and, whenever possible, notification of such changes shall be made 30 days prior to implementation.

Travel Costs in Budget

The grant budget may include funds for staff to attend meetings, statewide conferences, and trainings related to addressing early syphilis and congenital syphilis prevention and control. The budget may also include travel expenditures for case investigations or outbreak response. The amount of funds allocated for travel may be adjusted or redirected to another line item on a later date to accurately reflect actual planned trips. For additional information about travel reimbursement, please refer to Exhibit B, section 5.

Indirect Costs

Beginning with FY 2014/2015, the CDPH negotiated the Indirect Cost Rate (ICR) with each LHJ to standardize the rate. This rate is applied to all contracts and grants that CDPH has with your agency. Please see the attached FY 2022-23 ICR for your use in completing your budgets. Please note that most of the LHJs apply the ICR to the total personnel costs only. However, there are a few that apply the rate to the total direct costs (this includes personnel, benefits, operating expenses, travel, and subcontracts line items). Your ICR cannot exceed the negotiated amount, nor can the application of the ICR be changed. However, you may elect to reduce the published Indirect Cost Rate percentage or not include Indirect Costs in the budget

Board of Resolution or Minute Order Requirements

All agreements with LHJs must have a current Board of Resolution or Minute Order. If the grant is amended during the term of the agreement, a new Board of Resolution or Minute Order must be obtained unless the original resolution clearly states the allowance for amendments, extensions, and renewals to be approved without going through the Board of Supervisors.

Terms and Conditions and HIV Confidentiality Documents

To enhance coordination across CDPH programs and compliance with CDPH regulations and policies, the STD Control Branch developed guidance documents associated with local assistance funding. Please see the attached STD Terms and Conditions and Exhibit B, Budget Detail and Payment Provision. Additionally, LHJ staff who work with client-level data will be required to sign confidentiality agreements to ensure appropriate handling and data security of STD/HIV data.

The grant agreement documents have been prepared by the STD Control Branch, Business Operation Support Section (BOSS) and approved by CDPH – Contracts Management Unit. **In an effort to expedite this grant agreement through the approval process, we request that the following items be returned no later than 12/12/2022 via email at STDLHJContracts@cdph.ca.gov with a cc to Adriana.Cervantes@cdph.ca.gov.**

1. Exhibit A – Attachment 1 – Grant Activities

- Fill out Parts I through III

2. Original copies of the Grant Agreement (CDPH 1229)

Signature page only (page five of the grant agreement) must bear original or digital signatures.

- Due to the continued presence of COVID-19, CDPH is accepting digitally signed grant agreements and electronic submittals. Therefore, until further notice, any documents received electronically will be considered original copies.
- When submitting the grant documents electronically, ensure electronic submittals are “clean and legible,” preferably scanned in color with minimum 300x300 resolution.

3. One copy of the Board Resolution/Order/Motion, ordinance, or other similar document authorizing execution of the grant agreement.

LHJs may exercise their delegated authority to accept and implement this grant agreement and future amendments.

- **If your next board meeting is scheduled after 12/12/2022, please submit a Letter of Intent to add this grant agreement to your next board meeting.**
- When you have the documents authorizing the execution of the grant agreement, please send us a copy of the Board Resolution/Order/Motion or ordinance.

4. Contractor Certification Clause (CCC 042017)

5. Budget for Fiscal Years (FY) 2022-2023 thru 2024-2025

6. Budget Justification for FYs 2022-2023 thru 2024-2025

Upon final approval of the grant agreement documents, you will receive an executed copy. If you have any questions, please feel free to contact Adriana Cervantes by email at Adriana.Cervantes@cdph.ca.gov or Jasmin Delgado Jasmin.Delgado@cdph.ca.gov.

Sincerely,

Rachel Piper

Rachel Piper, Chief
Contracts and Purchasing Unit
Business Operations Support Section
STD Control Branch

Enclosures

cc: Kathleen Jacobson, MD, Chief, STD Control Branch
Jessica Frasure-Williams, Chief, Program Development Section, STD Control Branch
Jasmin Delgado, Local Capacity Building Unit Chief and Acting Northern California
Regional Capacity Building Coordinator, STD Control Branch
Danelle Del Rincon, Southern California Regional Capacity Building Coordinator,
STD Control Branch
Cary Escovedo, Bay Area Regional Capacity Building Coordinator,
STD Control Branch
Sophie Lyons, Central Inland Regional Capacity Building Coordinator,
STD Control Branch

California Department of Public Health
 STD Control Branch
 Fiscal Year: 2022/2023 - 2026/2027

Local Health Jurisdiction: San Francisco

	FY22-23	FY23-24	FY24-25	FY25-26	FY26-27	Total
PERSONNEL	\$ 502,421	\$ 412,816	\$ 463,875	\$ -	\$ -	\$ 1,379,113
BENEFITS	\$ 200,968	\$ 165,126	\$ 185,550	\$ -	\$ -	\$ 551,644
OPERATING EXPENSES	\$ 9,282	\$ 24,282	\$ 16,282	\$ -	\$ -	\$ 49,847
MAJOR EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TRAVEL	\$ 3,150	\$ 3,150	\$ 3,150	\$ -	\$ -	\$ 9,450
SUBCONTRACTORS - CBO or nonpro	\$ -	\$ 77,801	\$ 59,881	\$ -	\$ -	\$ 137,682
SUBCONTRACTORS - Others	\$ -	\$ 60,000	\$ -	\$ -	\$ -	\$ 60,000
OTHER COSTS	\$ -	\$ 3,605	\$ 400	\$ -	\$ -	\$ 4,005
INDIRECT COSTS	\$ 173,596	\$ 142,637	\$ 160,278	\$ -	\$ -	\$ 476,511
Budget Total	\$ 889,417	\$ 889,417	\$ 889,417	\$ -	\$ -	\$ 2,668,251

FY22-23	\$889,417
FY23-24	\$889,417
FY24-25	\$889,417
	\$2,668,251
Remaining	\$ (0)

California Department of Public Health
STD Control Branch
Fiscal Year: 2022/2023

Local Health Jurisdiction: San Francisco

PERSONNEL Classification	Monthly Salary	Percent of Time	Months	Budget	Grant Activities Reference	DESCRIPTION OF EXPENSE	Notes
P103 As-Needed Special Nurse	\$ 20,307	45%	12	\$ 109,670	Part I-A, I-B, I-C	Duties and Responsibilities: T. Brooks (POS#1141020) This RN position will provide direct nursing care to patients with sexual health related conditions. Duties include facilitating non-clinician express STI visits at San Francisco City Clinic (SFCC) to ensure access to low barrier, asymptomatic STI screening and PrEP follow-up. SFCC is part of the San Francisco Department of Public Health (SFDPH) and provides sexual health services to all, regardless of immigration or insurance status. This position will also be the RN liaison with the SFDPH street medicine team, which includes field visits with people experiencing homelessness to increase low barrier access to syphilis screening and treatment, pregnancy testing, and linkage to care including HIV PrEP/PEP, doxy-PEP, family planning, and prenatal care.	
2232 Senior Physician Specialist	\$ 28,968	8%	12	\$ 27,809	Part I-C, III-B	Duties and Responsibilities: J. Janssen (POS#1150435) This MD position will oversee the SFDPH Linkage, Integration, Navigation, and Comprehensive Services (LINC-S) team. The LINC-S team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to clinical care and services as needed.	173.333 132.75 23010 \$1,150.50 \$24,160.50
2328 Nurse Practitioner	\$ 25,724	15%	12	\$ 46,304	Part I-A, I-B, II-A	Duties and Responsibilities: A. Decker (POS#1148600) This NP position will be responsible for providing training and technical assistance to clinical sites and CBOs to increase syphilis screening among people experiencing homelessness and people with risk factors for syphilis. Duties also include overseeing rapid syphilis testing training and implementation throughout San Francisco, including in the field with PEH and in correctional facilities. This position will also lead the Congenital Syphilis Taskforce, including planning and facilitating monthly meetings. This position will also help in the creation of doxy-PEP provider and patient-facing materials, and will outreach to providers and clinics to provide public health detailing on doxy-PEP, including ongoing training and TA.	
2587 Health Worker III	\$ 10,854	10%	12	\$ 13,024	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656) Expected fill date 7/1/23. This position will be part of the LINC-S team. The LINC-S team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.	113.25 19630 \$981.50 \$20,611.50
2587 Health Worker III	\$ 10,854	100%	12	\$ 130,245	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656) Expected fill date 7/1/23. This position will be part of the LINC-S team. The LINC-S team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.	
2593 Health Program Coordinator III	\$ 13,559	15%	12	\$ 24,407	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Duties and Responsibilities: A. Taylor. (POS#1148610) This position will help coordinate and manage the SOS grant activities. This includes oversight of workplan deliverables, progress reporting, subcontract management, assisting with budget management, and working with programs and epi to ensure performance indicators are reported.	64.3625 11156.2 \$57.81 \$11,713.98
2803 Epidemiologist (TEMP)	\$ 12,580	100%	12	\$ 150,962	Part I-B, II-A	Duties and Responsibilities: Vacant. (NEW) Expected fill date 7/1/23. This position has a Masters Degree in Public Health and 3+ years experience in epidemiology and surveillance activities. This position will be primarily responsible for all data activities including: data management, analysis and dissemination of program reports; providing data to managers and team leads as part of quality assurance of these data and for continuous quality improvement of related program and clinic activities; cleaning, formatting, and transmitting data to CDPH within agreed upon timelines; and dissemination of findings to appropriate stakeholders. This position will ensure linkage of all relevant clinical, laboratory, investigation, and matching data elements by a unique person ID. This position will also be responsible for responding to requests as well as participate on project conference calls and attend required project meetings.	
			Total Personnel	\$ 502,421			
BENEFITS							
Fringe Benefits		40.00%		\$ 200,968		Benefits estimated at 40% of Salaries.	
OPERATING EXPENSES							
Rapid Syphilis Test Kits				\$ 7,638	Part I-A	We plan to utilize rapid syphilis testing among our priority populations, including people experiencing homelessness, people who use drugs, and people in correctional facilities. The SFDPH plans to use the Syphilis Health Check (SHC) testing kit to implement rapid syphilis testing in the field (street medicine, shelters, encampment health fairs) and in correctional facilities. Rapid syphilis testing allows for timely syphilis results among people with no prior known history of syphilis. Results are available in 10 minutes, which allows for timely linkage to further testing and treatment in a population that is at risk for being lost to follow-up. SHC kit = \$212.16/kit = 20 tests; 60 tests/month = \$636.48 x 12 months = \$7637.76/year	
Rapid Syphilis Test Controls				\$ 1,644	Part I-A	See above regarding the intended use of rapid syphilis testing. Syphilis Health Check controls are required to maintain quality assurance of the SHC testing kit. SHC controls = \$45.68 each; 3 controls/month = \$137.04 x 12 months = \$1644.48	
			Total Operating	\$ 9,282			
MAJOR EQUIPMENT							
Equipment				\$ -		<i>Itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.</i>	
TRAVEL							
Mileage				\$ 75	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Cost of use of personal vehicles for staff listed under Personnel to conduct grant-related activities in San Francisco. Cost estimate: \$0.625 per mile (based on current Cal HR rate for July 2022- December 2022) x 10 miles/month x 12 months = \$75	
Local Travel				\$ 120	Part I-A, 1B, 1C, II-A, II-C, III-A, III-B	Cost of transportation to/from locations in San Francisco for grant-related activities, such as trainings and technical assistance to clinical sites (2328 Nurse Practitioner), outreach to homeless individuals (2587 Health Worker 3), and in-person meetings and subcontractor site visits (2593 Health Program Coordinator III). Transportation options (which may include single-ride transit tickets, parking for personal vehicle, and/or taxi or ride share service) will vary depending upon factors such as cost and time it takes to get to destination. Cost estimate: \$10 per month x 12 months = \$120	
Lodging and Per Diem				\$ 1,455	Part II-A	For attendance at STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Costs include accommodations (up to \$250 x 5 nights = \$1,250) and per diem (\$41 x 5 days = \$205) = \$1,455	
Conference Fees				\$ 800	Part II-A	STI & HIV World Congress in Chicago (July 24-27, 2023) for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Conference Fee estimated at \$800/staff x 1 staff= \$800	
Conference Travel Airfare and Ground Transportation				\$ 700	Part II-A	STI & HIV World Congress in Chicago (July 24-27, 2023) for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Cost include Flight Cost (\$600 x 1 = \$600) Public Transit to/from Airport (\$25 X 4 trips = \$100)	

			Total Travel	\$ 3,150	
SUBCONTRACTORS - CBO or nonprofit health care providers					
			UCSF Team Lily	\$ -	
			UCSF Clinical Champion	\$ -	
			Total Subcontractor	\$ -	
SUBCONTRACTORS - Others					
			Total Subcontractor	\$ -	
OTHER COSTS					
			Total Other Cost	\$ -	
INDIRECT COSTS					
			Indirect Cost	24.68%	\$ 173,596
					<i>Rate should not exceed the approved negotiated rate of 24.68% for the LHJ for the fiscal year.</i>
Budget Total				\$ 889,417	

California Department of Public Health
STD Control Branch
Fiscal Year: 2023/2024

Local Health Jurisdiction: San Francisco

PERSONNEL Classification	Monthly Salary	Percent of Time	Months	Budget	Grant Activities Reference	DESCRIPTION OF EXPENSE	Notes
P103 As-Needed Special Nurse	\$ 21,901	20%	12	\$ 52,064	Part I-A, I-B, I-C	Duties and Responsibilities: T. Brooks (POS#1141020) This RN position will provide direct nursing care to patients with sexual health related conditions. Duties include facilitating non-clinician express STI visits at San Francisco City Clinic (SFCC) to ensure access to low barrier, asymptomatic STI screening and PrEP follow-up. SFCC is part of the San Francisco Department of Public Health (SFPDH) and provides sexual health services to all, regardless of immigration or insurance status. This position will also be the RN liaison with the SFPDH street medicine team, which includes field visits with people experiencing homelessness to increase low barrier access to syphilis screening and treatment, pregnancy testing, and linkage to care including HIV PrEP/PEP, doxy-PEP, family planning, and prenatal care.	
2232 Senior Physician Specialist	\$ 28,968	5%	12	\$ 17,381	Part I-C, III-B	Duties and Responsibilities: J. Janssen (POS#1150435) This MD position will oversee the SFPDH Linkage, Integration, Navigation, and Comprehensive Services (LINCS) team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to clinical care and services as needed.	173.333 132.75 23010 \$1,150.50 \$24,160.50
2328 Nurse Practitioner	\$ 25,724	10%	11	\$ 30,869	Part I-A, I-B, II-A	Duties and Responsibilities: A. Decker (POS#1148600) This NP position will be responsible for providing training and technical assistance to clinical sites and CBOs to increase syphilis screening among people experiencing homelessness and people with risk factors for syphilis. Duties also include overseeing rapid syphilis testing training and implementation throughout San Francisco, including in the field with PEH and in correctional facilities. This position will also lead the Congenital Syphilis Taskforce, including planning and facilitating monthly meetings. This position will also help in the creation of doxy-PEP provider and patient-facing materials, and will outreach to providers and clinics to provide public health detailing on doxy-PEP, including ongoing training and TA.	113.25 19630 \$981.50 \$20,611.50
2587 Health Worker III	\$ 10,854	10%	12	\$ 13,024	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656) This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.	
2587 Health Worker III	\$ 10,854	100%	12	\$ 130,245	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656) . This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.	
2593 Health Program Coordinator III	\$ 13,559	10%	11	\$ 18,271	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Duties and Responsibilities: A. Taylor. (POS#1148610) This position will help coordinate and manage the SOS grant activities. This includes oversight of workload delivery, progress reporting, subcontract management, assisting with budget management, and working with programs and epi to ensure performance indicators are reported.	64.3625 11156.2 \$557.81 \$11,713.98
2803 Epidemiologist (TEMP)	\$ 12,580	100%	12	\$ 150,962	Part I-B, II-A	Duties and Responsibilities: Vacant. (NEW) . This position has a Masters Degree in Public Health and 3+ years experience in epidemiology and surveillance activities. This position will be primarily responsible for all data activities including: data management, analysis and dissemination of program reports; providing data to managers and team leads as part of quality assurance of these data and for continuous quality improvement of related program and clinic activities; cleaning, formatting, and transmitting data to CDPH within agreed upon timelines; and dissemination of findings to appropriate stakeholders. This position will ensure linkage of all relevant clinical, laboratory, investigation, and matching data elements by a unique person ID. This position will also be responsible for responding to requests as well as participate on project conference calls and attend required project meetings.	
			Total Personnel	\$ 412,816			
BENEFITS							
Fringe Benefits		40.00%		\$ 165,126		Benefits estimated at 40% of Salaries.	
OPERATING EXPENSES							
Rapid Syphilis Test Kits				\$ 7,638	Part I-A	We plan to utilize rapid syphilis testing among our priority populations, including people experiencing homelessness, people who use drugs, and people in correctional facilities. The SFPDH plans to use the Syphilis Health Check (SHC) testing kit to implement rapid syphilis testing in the field (street medicine, shelters, encampment health fairs) and in correctional facilities. Rapid syphilis testing allows for timely syphilis results among people with no prior known history of syphilis. Results are available in 10 minutes, which allows for timely linkage to further testing and treatment in a population that is at risk for being lost to follow-up. SHC kit = \$212.16/kit = 20 tests; 60 tests/month = \$636.48 x 12 months = \$7637.76/year	
Rapid Syphilis Test Controls				\$ 1,644	Part I-A	See above regarding the intended use of rapid syphilis testing. Syphilis Health Check controls are required to maintain quality assurance of the SHC testing kit. SHC controls = \$45.68 each; 3 controls/month = \$137.04 x 12 months = \$1644.48	
Printing of doxy-PEP materials				\$ 4,000	Part I-B	Doxy-PEP provider and patient-facing materials will be created for outreach and educational purposes. \$333/month x 12 months	
Laptop package				\$ 6,000	Part I-A, I-B, I-C, II-A, II-B	Computers (laptops) are required for new positions including the Special Nurse, HWIII and Epidemiologist. Laptops will allow the P103 special nurse, HW III, and epidemiologist to perform their job duties. Additionally, a laptop will allow the P103 special nurse to look up syphilis testing and treatment history and document their clinical care while performing services in the field. Laptop package estimated at \$2,000/per staff x 3 staff = \$6,000	
Patient Incentives				\$ 5,000	Part I-A, I-B, I-C	Gift card up to \$25/person up to 200 patients	
			Total Operating	\$ 24,282			
MAJOR EQUIPMENT							
Equipment				\$ -		Itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.	
TRAVEL							
Mileage				\$ 75	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Cost of use of personal vehicles for staff listed under Personnel to conduct grant-related activities in San Francisco. Cost estimate: \$0.625 per mile (based on current Cal HR rate for July 2022- December 2022) x 10 miles/month x 12 months = \$75	
Local Travel				\$ 120	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Cost of transportation to/from locations in San Francisco for grant-related activities, such as trainings and technical assistance to clinical sites (2328 Nurse Practitioner), outreach to homeless individuals (2587 Health Worker 3), and in-person meetings and subcontractor site visits (2593 Health Program Coordinator III). Transportation options (which may include single-ride transit tickets, parking for personal vehicle, and/or taxi or ride-share services) will vary depending upon factors such as cost and time it takes to get to destination. Cost estimate: \$10 per month x 12 months = \$120	
Lodging and Per Diem				\$ 1,455	Part II-A	For attendance at STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Costs include accommodations (up to \$250 x 5 nights = \$1,250) and per diem (\$41 x 5 days = \$205) = \$1,455	

Conference Fees			\$ 800	Part II-A	STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals.
Conference Travel Airfare and Ground Transportation			\$ 700	Part II-A	STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals.
					Cost include Flight Cost (\$600 x 1 = \$600) Public Transit to/from Airport (\$25 X 4 trips = \$100)
			Total Travel		\$ 3,150
SUBCONTRACTORS - CBO or nonprofit health care providers					
UCSF Team Lily			\$ 33,600	Part I-C, II-C	Provide hotel vouchers to unsheltered/unhoused people requiring syphilis treatment in pregnancy. SFDPH will partner with the CBO Team Lily who will provide and manage housing vouchers for pregnant people requiring syphilis treatment. Many of these patients do not complete treatment due to their housing status and are unable to be located despite outreach; providing housing will support completion of their syphilis treatment
UCSF Clinical Champion			\$ 44,201	Part I-A	For 1 clinical champion (15% FTE of UCSF faculty). The clinical champion will supervise a resident led quality improvement project to increase syphilis screening in the inpatient setting at Zuckerberg San Francisco General Hospital (ZSFG). ZSFG serves many of the most vulnerable patients in SF who are at higher risk for syphilis infection. Inpatient admission presents a valuable opportunity for syphilis testing and linkage to care.
			Total Subcontractor		\$ 77,801
SUBCONTRACTORS - Others					
Facente Consulting			\$ 60,000	Part II-A	Provides a wide range of public health consulting services – strategic planning, program evaluation, needs assessment, facilitation, qualitative research, and quantitative data analysis, among others. Facente Consulting proposes a four-phase approach to strategic planning for SFDPH's syphilis task force. Phase 1: Background Research, Planning, Existing Program Assessment. Phase 2: Landscape Analysis. Phase 3: Strategic Plan Development. Phase 4: Communication Strategy.
			Total Subcontractor		\$ 60,000
OTHER COSTS					
Family Planning and Options Counseling training for LINC'S Team			\$ 400	Part I-C	A certified nurse midwife consultant will offer trainings to the SFDPH LINC'S teams. These trainings will focus on integrated sexual and reproductive health services for people with substance use disorders, and specifically how to integrate reproductive health services into congenital syphilis prevention programming by providing preconception, contraception, and early pregnancy testing services. Consultant hours will include training delivery. Twenty LINC'S staff will attend this training twice over 5 years. Certified nurse midwife hourly rate = \$100, training = 4 hours x \$100 = \$400
Online trainings: SAS			\$ 2,160	Part I-A, I-B, I-C	Online training courses for ARCHES-STI epidemiologist to enhance SAS Skills, necessary for analyzing SFDPH STI surveillance, DIS, and clinic data: https://support.sas.com/edu/coursesaz.html?jsessionid=CAF9AAE0ABF97C24A52C5E9B8BCE845.e17d5416-1&d=5416-p=1&d=5416-o=2&ctry=us 1. Efficiency Tips for Database Programming in SAS = \$240 (self-paced e-learning) 2. SAS Programming 2: Data Manipulation Techniques = \$960 (self-paced e-learning) 3. SAS Macro Language 1: Essentials = \$960 (self-paced e-learning)
Online training: "Manage spatial data with Microsoft SQL Server"			\$ 45	Part III-A, III-B	Online training course for ARCHES-STI epidemiologist to enhance SQL skills, necessary for analyzing SFDPH STI surveillance, DIS, and clinic data: https://www.udemy.com/course/sqlserver-spatial/
Principal and Practice of STI Research - Virtual Course J. Janssen and NEW 2803 EPI			\$ 1,000	Part I-A, I-B, I-C	Virtual 20th Annual Principles of STI/HIV Research and Public Health Practice Course. Two staff (2232 Senior Physician Specialist and 2803 Epidemiologist) will attend this online course to gain a practically-oriented overview of the latest in behavioral, clinical, epidemiological, statistical, operational, and pathogenesis research in STI and HIV. This is a unique opportunity for graduate students, trainees, and early career STI/HIV researchers to learn from and network with expert faculty and colleagues from around the world through lectures, interactive learning sessions, social events, and virtual field trips. Course registration fee = \$500 x 2 = \$1000
			Total Other Cost		\$ 3,605
INDIRECT COSTS					
Indirect Cost		24.68%	\$ 142,637		<i>Rate should not exceed the approved negotiated rate for the LHJ for the fiscal year.</i>
Budget Total			\$ 889,417		

California Department of Public Health
 STD Control Branch
 Fiscal Year: 2024/2025

Local Health Jurisdiction: San Francisco

PERSONNEL						DESCRIPTION OF EXPENSE
Classification	Monthly Salary	Percent of Time	Months	Budget	Grant Activities Reference	
P103 As-Needed Special Nurse	\$ 21,901	40%	12	\$ 105,123	Part I-A, I-B, I-C	Duties and Responsibilities: T. Brooks (POS#1141020) This RN position will provide direct nursing care to patients with sexual health related conditions. Duties include facilitating non-clinical express STI visits at San Francisco City Clinic (SFCC) to ensure access to low barrier, asymptomatic STI screening and PrEP follow-up. SFCC is part of the San Francisco Department of Public Health (SFDPH) and provides sexual health services to all, regardless of immigration or insurance status. This position will also be the RN liaison with the SFDPH street medicine team, which includes field visits with people experiencing homelessness to increase low barrier access to syphilis screening and treatment, pregnancy testing, and linkage to care including HIV PrEP/PEP, doxy-PEP, family planning, and prenatal care.
2232 Senior Physician Specialist	\$ 28,968	5%	12	\$ 17,381	Part I-C, III-B	Duties and Responsibilities: J. Janssen (POS#1150435) This MD position will oversee the SFDPH Linkage, Integration, Navigation, and Comprehensive Services (LINCS) team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to clinical care and services as needed.
2328 Nurse Practitioner	\$ 25,724	10%	12	\$ 30,869	Part I-A, I-B, II-A	Duties and Responsibilities: A. Decker (POS#1148600) This NP position will be responsible for providing training and technical assistance to clinical sites and CBOs to increase syphilis screening among people experiencing homelessness and people with risk factors for syphilis. Duties also include overseeing rapid syphilis testing training and implementation throughout San Francisco, including in the field with PEH and in correctional facilities. This position will also lead the Congenital Syphilis Taskforce, including planning and facilitating monthly meetings. This position will also help in the creation of doxy-PEP provider and patient-facing materials, and will outreach to providers and clinics to provide public health detailing on doxy-PEP, including ongoing training and TA.
2587 Health Worker III	\$ 10,854	10%	12	\$ 13,024	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656) Expected fill date 7/1/23. This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.
2587 Health Worker III	\$ 10,854	100%	12	\$ 130,245	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656). Expected fill date 7/1/23. This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.
2593 Health Program Coordinator	\$ 13,559	10%	12	\$ 16,271	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Duties and Responsibilities: A. Taylor. (POS#1148610) This position will help coordinate and manage the SOS grant activities. This includes...Working with programs and epi to ensure performance indicators are reported.
2803 Epidemiologist (TEMP)	\$ 12,580	100%	12	\$ 150,962	Part I-B, II-A	Duties and Responsibilities: Vacant. (NEW) Expected fill date 7/1/23. This position has a Masters Degree in Public Health and 3+ years experience in epidemiology and surveillance activities. This position will be primarily responsible for all data activities including: data management, analysis and dissemination of program reports; providing data to managers and team leads as part of quality assurance of these data and for continuous quality improvement of related program and clinic activities; cleaning, formatting, and transmitting data to CDPH within agreed upon timelines; and dissemination of findings to appropriate stakeholders. This position will ensure linkage of all relevant clinical, laboratory, investigation, and matching data elements by a unique person ID. This position will also be responsible for responding to requests as well as participate on project conference calls and attend required project meetings.
			Total Personnel	\$ 463,875		
BENEFITS						
Fringe Benefits		40.00%		\$ 185,550		Benefits estimated at 40% of Salaries.
OPERATING EXPENSES						
General Office Expense				\$ -		<i>Provide an explanation for this budget line item, and show how the requested amount was calculated.</i>

Rapid Syphilis Test Kits			\$ 7,638	Part I-A	We plan to utilize rapid syphilis testing among our priority populations, including people experiencing homelessness, people who use drugs, and people in correctional facilities. The SFDPH plans to use the Syphilis Health Check (SHC) testing kit to implement rapid syphilis testing in the field (street medicine, shelters, encampment health fairs) and in correctional facilities. Rapid syphilis testing allows for timely syphilis results among people with no prior known history of syphilis. Results are available in 10 minutes, which allows for timely linkage to further testing and treatment in a population that is at risk for being lost to follow-up. SHC kit = \$212.16/kit = 20 tests; 60 tests/month = \$636.48 x 12 months = \$7637.76/year
Rapid Syphilis Test Controls			\$ 1,644	Part I-A	See above regarding the intended use of rapid syphilis testing. Syphilis Health Check controls are required to maintain quality assurance of the SHC testing kit. SHC controls = \$45.68 each; 3 controls/month = \$137.04 x 12 months = \$1644.48
Patient Incentives			\$ 5,000	Part I-A, I-B, I-C	Gift card up to \$25/person up to 200 patients
Printing of doxy-PEP materials			\$ 2,000	Part I-B	Doxy-PEP provider and patient-facing materials will be created for outreach and educational purposes.\$167/month x 12 months
		Total Operating	\$ 16,282		
MAJOR EQUIPMENT					
Equipment			\$ -		<i>Itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.</i>
TRAVEL					
Mileage			\$ 75	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Cost of use of personal vehicles for staff listed under Personnel to conduct grant-related activities in San Francisco. Cost estimate: \$0.625 per mile (based on current Cal HR rate for July 2022- December 2022) x 10 miles/month x 12 months = \$75
Local Travel			\$ 120	Part I-A, IB, IC, II-A, II-C, III-A, III-B	Cost of transportation to/from locations in San Francisco for grant-related activities, such as trainings and technical assistance to clinical sites (2328 Nurse Practitioner), outreach to homeless individuals (2587 Health Worker 3), and in-person meetings and subcontractor site visits (2593 Health Program Coordinator III). Transportation options (which may include single-ride transit tickets, parking for personal vehicle, and/or taxi or ride share service) will vary depending upon factors such as cost and time it takes to get to destination. Cost estimate: \$10 per month x 12 months = \$120
Lodging and Per Diem			\$ 1,455	Part II-A	For attendance at STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Costs include accommodations (up to \$250 x 5 nights = \$1,250) and per diem (\$41 x 5 days = \$205) = \$1,455
Conference Fees			\$ 800	Part II-A	STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner).The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Conference Fee estimated at \$800/staff x 1 staff= \$800
Conference Travel Airfare and Ground Transportation			\$ 700	Part II-A	STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Cost include Flight Cost (\$600 x 1 = \$600) Public Transit to/from Airport (\$25 X 4 trips = \$100)
		Total Travel	\$ 3,150		
SUBCONTRACTORS - CBO or nonprofit health care providers					
UCSF Team Lily			\$ 15,680	Part I-C; Part II-C	Provide hotel vouchers to unsheltered/unhoused people requiring syphilis treatment in pregnancy. SFDPH will partner with the CBO Team Lily who will provide and manage housing vouchers for pregnant people requiring syphilis treatment. Many of these patients do not complete treatment due to their housing status and are unable to be located despite outreach; providing housing will support completion of their syphilis treatment
UCSF Clinical Champion			\$ 44,201	Part I-A	For 1 clinical champion (44% FTE of UCSF faculty). The clinical champion will supervise a resident led quality improvement project to increase syphilis screening in the inpatient setting at Zuckerberg San Francisco General Hospital (ZSFG). ZSFG serves many of the most vulnerable patients in SF who are at higher risk for syphilis infection. Inpatient admission presents a valuable opportunity for syphilis testing and linkage to care.
		Total Subcontractor	\$ 59,881		
SUBCONTRACTORS - Others					
TBD			\$ -		<i>Description of activities of subcontractor.</i>
		Total Subcontractor	\$ -		
OTHER COSTS					
Family Planning and Options Counseling training for LINC'S Team			\$ 400	Part I-C	A certified nurse midwife consultant will offer trainings to the SFDPH LINC'S teams.These trainings will focus on integrated sexual and reproductive health services for people with substance use disorders, and specifically how to integrate reproductive health services into congenital syphilis prevention programming by providing preconception, contraception, and early pregnancy testing services. Consultant hours will include training delivery. Twenty LINC'S staff will attend this training twice over 5 years. Certified nurse midwife hourly rate = \$100, training = 4 hours x \$100 = \$400

INDIRECT COSTS					
Indirect Cost		24.68%		\$ 160,278	<i>Rate should not exceed the approved negotiated rate for the LHJ for the fiscal year.</i>
Budget Total				\$ 889,417	

California Department of Public Health
STD Control Branch
Fiscal Year: 2025/2026

Local Health Jurisdiction: San Francisco

PERSONNEL					DESCRIPTION OF EXPENSE	
Classification	Monthly Salary	Percent of Time	Months	Budget	Grant Activities Reference	
P103 As-Needed Special Nurse		40%	12	\$ -	Part I-A, I-B, I-C	Duties and Responsibilities: T. Brooks (POS#1141020) This RN position will provide direct nursing care to patients with sexual health related conditions. Duties include facilitating non-clinician express STI visits at San Francisco City Clinic (SFCC) to ensure access to low barrier, asymptomatic STI screening and PrEP follow-up. SFCC is part of the San Francisco Department of Public Health (SFDPH) and provides sexual health services to all, regardless of immigration or insurance status. This position will also be the RN liaison with the SFDPH street medicine team, which includes field visits with people experiencing homelessness to increase low barrier access to syphilis screening and treatment, pregnancy testing, and linkage to care including HIV PrEP/PEP, doxy-PEP, family planning, and prenatal care.
2232 Senior Physician Specialist		5%	12	\$ -	Part I-C, III-B	Duties and Responsibilities: J. Janssen (POS#1150435) This MD position will oversee the SFDPH Linkage, Integration, Navigation, and Comprehensive Services (LINCS) team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to clinical care and services as needed.
2328 Nurse Practitioner		10%	12	\$ -	Part I-A, I-B, II-A	Duties and Responsibilities: A. Decker (POS#1148600) This NP position will be responsible for providing training and technical assistance to clinical sites and CBOs to increase syphilis screening among people experiencing homelessness and people with risk factors for syphilis. Duties also include overseeing rapid syphilis testing training and implementation throughout San Francisco, including in the field with PEH and in correctional facilities. This position will also lead the Congenital Syphilis Taskforce, including planning and facilitating monthly meetings. This position will also help in the creation of doxy-PEP provider and patient-facing materials, and will outreach to providers and clinics to provide public health detailing on doxy-PEP, including ongoing training and TA.
2587 Health Worker III		10%	12	\$ -	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656) Expected fill date 7/1/23. This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.
2587 Health Worker III		100%	12	\$ -	Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656). Expected fill date 7/1/23. This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.
2593 Health Program Coordinator		10%	12	\$ -	Part 1-A, 1B, 1C, II-A, II-C, III-A, III-B	Duties and Responsibilities: A. Taylor. (POS#1148610) This position will help coordinate and manage the SOS grant activities. This includes...Working with programs and epi to ensure performance indicators are reported.
2803 Epidemiologist (TEMP)		100%	12	\$ -	Part I-B, II-A	Duties and Responsibilities: Vacant. (NEW) Expected fill date 7/1/23. This position has a Masters Degree in Public Health and 3+ years experience in epidemiology and surveillance activities. This position will be primarily responsible for all data activities including: data management, analysis and dissemination of program reports; providing data to managers and team leads as part of quality assurance of these data and for continuous quality improvement of related program and clinic activities; cleaning, formatting, and transmitting data to CDPH within agreed upon timelines; and dissemination of findings to appropriate stakeholders. This position will ensure linkage of all relevant clinical, laboratory, investigation, and matching data elements by a unique person ID. This position will also be responsible for responding to requests as well as participate on project conference calls and attend required project meetings.
			Total Personnel	\$ -		
BENEFITS						
Fringe Benefits		40.00%		\$ -		Benefits estimated at 40% of Salaries.
OPERATING EXPENSES						
General Office Expense				\$ -		<i>Provide an explanation for this budget line item, and show how the requested amount was calculated.</i>

California Department of Public Health
STD Control Branch
Fiscal Year: 2026/2027

Local Health Jurisdiction: San Francisco

PERSONNEL					DESCRIPTION OF EXPENSE	
Classification	Monthly Salary	Percent of Time	Months	Budget	Grant Activities Reference	
P103 As-Needed Special Nurse	\$ -	40%	12		Part I-A, I-B, I-C	Duties and Responsibilities: T. Brooks (POS#1141020) This RN position will provide direct nursing care to patients with sexual health related conditions. Duties include facilitating non-clinician express STI visits at San Francisco City Clinic (SFCC) to ensure access to low barrier, asymptomatic STI screening and PrEP follow-up. SFCC is part of the San Francisco Department of Public Health (SFDPH) and provides sexual health services to all, regardless of immigration or insurance status. This position will also be the RN liaison with the SFDPH street medicine team, which includes field visits with people experiencing homelessness to increase low barrier access to syphilis screening and treatment, pregnancy testing, and linkage to care including HIV PrEP/PEP, doxy-PEP, family planning, and prenatal care.
2232 Senior Physician Specialist	\$ 30,417	5%	12		Part I-C, III-B	Duties and Responsibilities: J. Janssen (POS#1150435) This MD position will oversee the SFDPH Linkage, Integration, Navigation, and Comprehensive Services (LINCS) team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to clinical care and services as needed.
2328 Nurse Practitioner	\$ 27,010	10%	12		Part I-A, I-B, II-A	Duties and Responsibilities: A. Decker (POS#1148600) This NP position will be responsible for providing training and technical assistance to clinical sites and CBOs to increase syphilis screening among people experiencing homelessness and people with risk factors for syphilis. Duties also include overseeing rapid syphilis testing training and implementation throughout San Francisco, including in the field with PEH and in correctional facilities. This position will also lead the Congenital Syphilis Taskforce, including planning and facilitating monthly meetings. This position will also help in the creation of doxy-PEP provider and patient-facing materials, and will outreach to providers and clinics to provide public health detailing on doxy-PEP, including ongoing training and TA.
2587 Health Worker III	\$ 11,396	10%	12		Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656) Expected fill date 7/1/23. This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.
2587 Health Worker III	\$ 11,396	100%	12		Part I-A, I-C, III-B	Duties and Responsibilities: Vacant. (POS#1031656). Expected fill date 7/1/23. This position will be part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include performing educational, risk assessments through STI and HIV interviews and sex partner elicitation with patients diagnosed with syphilis and HIV by both private providers and at the STI Clinic. This position will conduct investigations to locate untreated persons infected with syphilis as well as syphilis/HIV contacts (persons exposed to STI's). The staff person will provide outreach to engage homeless individuals and network with other homeless service providers to coordinate care and improve health outcomes for these patients.
2593 Health Program Coordinator	\$ 14,237	10%	12		Part 1-A, 1B, 1C, II-A, II-C, III-A, III-B	Duties and Responsibilities: A. Taylor. (POS#1148610) This position will help coordinate and manage the SOS grant activities. This includes...Working with programs and epi to ensure performance indicators are reported.
			Total Personnel	\$ -		
BENEFITS						
Fringe Benefits		40.00%		\$ -		Benefits estimated at 40% of Salaries.
OPERATING EXPENSES						
General Office Expense				\$ -		<i>Provide an explanation for this budget line item, and show how the requested amount was calculated.</i>
Rapid Syphilis Test Kits					Part I-A	We plan to utilize rapid syphilis testing among our priority populations, including people experiencing homelessness, people who use drugs, and people in correctional facilities. The SFDPH plans to use the Syphilis Health Check (SHC) testing kit to implement rapid syphilis testing in the field (street medicine, shelters, encampment health fairs) and in correctional facilities. Rapid syphilis testing allows for timely syphilis results among people with no prior known history of syphilis. Results are available in 10 minutes, which allows for timely linkage to further testing and treatment in a population that is at risk for being lost to follow-up. SHC kit = \$212.16/kit = 20 tests; 60 tests/month = \$636.48 x 12 months = \$7637.76/year
Rapid Syphilis Test Controls					Part I-A	See above regarding the intended use of rapid syphilis testing. Syphilis Health Check controls are required to maintain quality assurance of the SHC testing kit. SHC controls = \$45.68 each; 3 controls/month = \$137.04 x 12 months = \$1644.48
[Insert Line Item Name]				\$ -		<i>Provide an explanation for this budget line item, and show how the requested amount was calculated.</i> <i>Provide an explanation for this budget line item, and show how the requested amount was calculated.</i>

			Total Operating	\$ -	
MAJOR EQUIPMENT					
Equipment				\$ -	<i>Itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.</i>
TRAVEL					
Mileage				\$ -	<i>Cost of mileage at \$0.585 (January 2022 - June 2022) and \$0.625 (July 2022- December 2022) - Cal HR rates. Provide an explanation for this budget line item, and show how the requested amount was calculated.</i>
Lodging and Per Diem					Part II-A For attendance at STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Costs include accommodations (up to \$250 x 5 nights = \$1,250) and per diem (\$41 x 5 days = \$205) = \$1,455
Conference Fees					Part II-A STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner).The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Conference Fee estimated at \$800/staff x 1 staff= \$800
Conference Travel Airfare and Ground Transportation					Part II-A STI & HIV World Congress in Chicago for one person (2328 Nurse Practitioner). The STI & HIV World Congress is a premiere conference held annually to share global STI research. Understanding new findings and advances in STI and HIV research will help inform the Congenital Syphilis Taskforce's goals. Cost include Flight Cost (\$600 x 1 = \$600) Public Transit to/from Airport (\$25 X 4 trips = \$100)
			Total Travel	\$ -	
SUBCONTRACTORS - CBO or nonprofit health care providers					
TBD				\$ -	<i>Description of activities of subcontractor (i.e., activities to be performed from Grant Activities)</i>
			Total Subcontractor	\$ -	
SUBCONTRACTORS - Others					
TBD				\$ -	<i>Description of activities of subcontractor.</i>
			Total Subcontractor	\$ -	
OTHER COSTS					
				\$ -	<i>Provide an explanation for this budget line item, and show how the requested amount was calculated.</i>
INDIRECT COSTS					
Indirect Cost		24.68%		\$ -	<i>Rate should not exceed the approved negotiated rate for the LHJ for the fiscal year.</i>
Budget Total				\$ -	

California Department of Public Health
 STD Control Branch
 Fiscal Year: 2022/2023 - 2026/2027

Local Health Jurisdiction:

San Francisco

	FY22-23	FY23-24	FY24-25	FY25-26	FY26-27	Total
PERSONNEL	\$ 502,421	\$ 412,816	\$ 463,875	\$ -	\$ -	\$ 1,379,113
BENEFITS	\$ 200,968	\$ 165,126	\$ 185,550	\$ -	\$ -	\$ 551,644
OPERATING EXPENSES	\$ 9,282	\$ 24,282	\$ 16,282	\$ -	\$ -	\$ 49,846
MAJOR EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TRAVEL	\$ 3,150	\$ 3,150	\$ 3,150	\$ -	\$ -	\$ 9,450
SUBCONTRACTORS - CBO or nonprofit health care	\$ -	\$ 77,801	\$ 59,881	\$ -	\$ -	\$ 137,682
SUBCONTRACTORS - Others	\$ -	\$ 60,000	\$ -	\$ -	\$ -	\$ 60,000
OTHER COSTS	\$ -	\$ 3,605	\$ 400	\$ -	\$ -	\$ 4,005
INDIRECT COSTS	\$ 173,596	\$ 142,636	\$ 160,278	\$ -	\$ -	\$ 476,511
Budget Total	\$ 889,417	\$ 889,417	\$ 889,417	\$ -	\$ -	\$ 2,668,251

FY22-23	\$889,417
FY23-24	\$889,417
FY24-25	\$889,417
	\$2,668,251
Remaining	\$ 0

Exhibit B, Attachment I
Budget
Year 1
July 1, 2022 – June 30, 2023

PERSONNEL				
Classification	Monthly Salary	Percent of Time	Months on Project	Budget
P103 Special Nurse	\$ 20,307	45%	12	\$ 109,670
2232 Senior Physician Specialist	\$ 28,968	8%	12	\$ 27,809
2328 Nurse Practitioner	\$ 25,724	15%	12	\$ 46,304
2587 Health Worker III	\$ 10,854	10%	12	\$ 13,024
2587 Health Worker III	\$ 10,854	100%	12	\$ 130,245
2593 Health Program Coordinator	\$ 13,559	15%	12	\$ 24,407
2803 Epidemiologist (TEMP)	\$ 12,580	100%	12	\$ 150,962
Total Personnel				\$ 502,421
Fringe Benefits @	40%			\$ 200,968
Total Personnel & Benefits				\$ 703,389
OPERATING EXPENSES				
General Office Expense				\$ -
Rapid Syphilis Test Kits				\$ 7,638
Rapid Syphilis Test Controls				\$ 1,644
Total Operating Expenses				\$ 9,282
MAJOR EQUIPMENT (If >\$5,000, itemize line item)				
				\$ -
TRAVEL (meetings, site visits)				
Mileage				\$ 75
Local Travel				\$ 120
Lodging and Per Diem				\$ 1,455
Conference Fees				\$ 800
Conference Travel Airfare and Ground Transportation				\$ 700
Total Travel Expenses				\$ 3,150
SUBCONTRACTORS (Submit subcontractor budget for CBO or nonprofit health care providers)				
TBD (Name of subcontractor)				\$ -
Total Subcontractors				\$ -
SUBCONTRACTORS (Submit subcontractor budget for others)				
TBD (Name of subcontractor)				\$ -
Total Subcontractors				\$ -
OTHER COSTS				
				\$ -
INDIRECT COSTS (24.68% OF PERSONNEL AND BENEFITS)	24.68%			\$ 173,596
BUDGET GRAND TOTAL				\$ 889,417

FY22-23 Budget \$889,417
Remaining (\$0)

Exhibit B, Attachment I
Budget
Year 2
July 1, 2023 – June 30, 2024

PERSONNEL				
Classification	Monthly Salary	Percent of Time	Months on Project	Budget
P103 As-Needed Special Nurse	\$ 21,693	20%	12	\$ 52,064
2232 Senior Physician Specialist	\$ 28,968	5%	12	\$ 17,381
2328 Nurse Practitioner	\$ 25,724	10%	12	\$ 30,869
2587 Health Worker III	\$ 10,854	10%	12	\$ 13,024
2587 Health Worker III	\$ 10,854	100%	12	\$ 130,245
2593 Health Program Coordinator	\$ 13,559	10%	12	\$ 18,271
2803 Epidemiologist (TEMP)	\$ 12,580	100%	12	\$ 150,962
Total Personnel				\$ 412,816
Fringe Benefits @	40%			\$ 165,126
Total Personnel & Benefits				\$ 577,942
OPERATING EXPENSES				
Rapid Syphilis Test Kits				\$ 7,638
Rapid Syphilis Test Controls				\$ 1,644
Printing of doxy-PEP materials				\$ 4,000
Laptop package				\$ 6,000
Patient Incentives				\$ 5,000
Total Operating Expenses				\$ 24,282
MAJOR EQUIPMENT (If >\$5,000, itemize line item)				\$ -
TRAVEL (meetings, site visits)				
Mileage				\$ 75
Local Travel				\$ 120
Lodging and Per Diem				\$ 1,455
Conference Fees				\$ 800
Conference Travel Airfare and Ground Transportation				\$ 700
Total Travel Expenses				\$ 3,150
SUBCONTRACTORS				
<i>(Submit subcontractor budget for CBO or nonprofit health care providers)</i>				
UCSF Team Lily				\$ 33,600
UCSF Clinical Champion				\$ 44,201
Total Subcontractors				\$ 77,801
SUBCONTRACTORS				
<i>(Submit subcontractor budget for others)</i>				
Facente Consulting				\$ 60,000
Total Subcontractors				\$ 60,000
OTHER COSTS				\$ 3,605
Family Planning and Options Counseling training for LINCS Team				\$ 400
Online trainings: SAS				\$ 2,160
Online training: "Manage spatial data with Microsoft SQL Server"				\$ 45
Principal and Practice of STI Research - Virtual Course				\$ 1,000
INDIRECT COSTS (24.68% OF PERSONNEL AND BENEFITS)	24.68%			\$ 142,636
BUDGET GRAND TOTAL				\$ 889,417

FY23-24 Budget Remaining \$889,417 \$0

Exhibit B, Attachment I
Subcontractor Budget
UCSF Team Lily
Year 2023/2024
July 1, 2023 – June 30, 2024

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>	<u>Description of Expense</u>
Position Title/Classification	\$ -	0.00	12	\$ -	Duties and Responsibilities:
Total Personnel				\$ -	
Fringe Benefits @		0%		\$ -	Description of Expense:
Total Personnel & Benefits				\$ -	

OPERATING EXPENSES

General Office Expense				\$ -	Description of Expense:
Housing Vouchers				\$ 30,000	Description of Expense: Hotels will be provided to unsheltered/unhoused pregnant people requiring syphilis treatment in pregnancy. Many of these patients do not complete treatment due to their housing status, and are unable to be found despite outreach; providing housing will support completion of their syphilis treatment. Based on costs of the most economical San Francisco hotels, we estimate \$2000 / housing voucher to cover 3 weeks of syphilis treatment (~\$100/night including hotel taxes and fees). We anticipating treating 15 patients = \$30,000.
Total Operating Expenses				\$ 30,000	

MAJOR EQUIPMENT (If >\$5,000, please itemize)				\$ -	Description of Expense:
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TRAVEL					
Mileage				\$ -	Description of Expense:
Conference Fees				\$ -	Description of Expense:
Lodging Fees				\$ -	Description of Expense:
Total Travel Expenses				\$ -	

SUBCONTRACTORS (Submit an itemize subcontractor budget)					
Name of subcontractor				\$ -	Description of Expense:
Name of subcontractor				\$ -	Description of Expense:
Total Subcontractors				\$ -	

OTHER COSTS				\$ -	Description of Expense:
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INDIRECT COSTS (12% of Direct Cost)	12.0%			\$ 3,600	Description of Expense: Allocation of admin & support staff salary, related fringe benefits, general overhead expenses related to the contract.
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BUDGET GRAND TOTAL				\$ 33,600	
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Exhibit B, Attachment I
Subcontractor Budget
UCSF
Year 2023/2024
July 1, 2023 – June 30, 2024

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months on Project	Budget	Description of Expense
HIV PRENTION MD CLINICAL CHAMPION based at ZSFG	\$ 16,975	15%	12	\$ 30,555	Duties and Responsibilities: The clinical champion will supervise a resident led quality improvement project to increase syphilis screening in the inpatient setting at Zuckerberg San Francisco General Hospital (ZSFG). ZSFG serves many of the most vulnerable patients in SF who are at higher risk for syphilis infection. Inpatient admission presents a valuable opportunity for syphilis testing and linkage to care.
Total Personnel				\$ 30,555	
Fringe Benefits @	25.6%			\$ 7,834	Description of Expense: Benefits calculated at 41.5% of salaries.
Total Personnel & Benefits				\$ 38,389	
OPERATING EXPENSES					
General Office Expense				\$ 630	Description of Expense: IT equipment and office supplies for the Clinical Champion. ~\$349.43 mo x 12 x 0.15FTE.
Total Operating Expenses				\$ 630	
MAJOR EQUIPMENT (If >\$5,000, please itemize)				\$ -	Description of Expense:
TRAVEL					
Mileage				\$ -	Description of Expense:
Conference Fees				\$ -	Description of Expense:
Lodging Fees				\$ -	Description of Expense:
Total Travel Expenses				\$ -	
SUBCONTRACTORS (Submit an itemize subcontractor budget)					
Name of subcontractor				\$ -	Description of Expense:
Name of subcontractor				\$ -	Description of Expense:
Total Subcontractors				\$ -	
OTHER COSTS					
Data Network Recharge				\$ 79	Use of the UCSF data network. \$44/FTE x .15 FTE x 12 mo.
CCDSS: Computing and Communication Device Support Services				\$ 106	IT Desktop support services (Basic Support level). \$59/FTE x .44 FTE x 8 mo
GAEL: General Automobile and Employee Liability Charges				\$ 261	Liability insurance charges associated with payroll. ~ \$0.82 / \$100 payroll x FTE x 12 mo.
INDIRECT COSTS (12% OF Direct Cost)				\$ 4,736	Description of Expense: Allocation of admin & support staff salary, related fringe, general overhead related to contract.
BUDGET GRAND TOTAL				\$ 44,201	

Exhibit B, Attachment I
Subcontractor Budget
Facente Consulting
Year 2023/2024
July 1, 2023 – June 30, 2024

PERSONNEL

<u>Classification</u>	<u>Hourly Rate</u>	<u>Hours</u>	<u>Months on Project</u>	<u>Budget</u>	<u>Description of Expense</u>
Managing Consultant	\$ 200.00	250.00	N/A	\$ 50,000.00	Duties and Responsibilities: Meeting facilitation, data collection & analysis, report writing, and other consulting services as needed.
Senior Consultant	\$ 200.00	50.00	N/A	\$ 10,000.00	Duties and Responsibilities: Data collection, assisting with report writing, and other consulting services as needed.
Total Personnel				\$ 60,000.00	
Fringe Benefits @	0%			\$ -	Description of Expense:
Total Personnel & Benefits				\$ 60,000.00	

OPERATING EXPENSES

General Office Expense				\$ -	Description of Expense:
Total Operating Expenses				\$ -	

MAJOR EQUIPMENT (If >\$5,000, please itemize)

				\$ -	Description of Expense:
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TRAVEL

Mileage				\$ -	Description of Expense:
Conference Fees				\$ -	Description of Expense:
Lodging Fees				\$ -	Description of Expense:
Total Travel Expenses				\$ -	

SUBCONTRACTORS (Submit an itemize subcontractor budget)

Name of subcontractor				\$ -	Description of Expense:
Name of subcontractor				\$ -	Description of Expense:
Total Subcontractors				\$ -	

OTHER COSTS

				\$ -	Description of Expense:
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INDIRECT COSTS (N/A - Indirect included in tiered plan)	0%			\$ -	Description of Expense:
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BUDGET GRAND TOTAL				\$ 60,000	
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Exhibit B, Attachment I
Budget
Year 3
July 1, 2024 – June 30, 2025

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months on Project	Budget
P103 As-Needed Special Nurse	\$ 21,901	40%	12	\$ 105,123
2232 Senior Physician Specialist	\$ 28,968	5%	12	\$ 17,381
2328 Nurse Practitioner	\$ 25,724	10%	12	\$ 30,869
2587 Health Worker III	\$ 10,854	10%	12	\$ 13,024
2587 Health Worker III	\$ 10,854	100%	12	\$ 130,245
2593 Health Program Coordinator	\$ 13,559	10%	12	\$ 16,271
2803 Epidemiologist (TEMP)	\$ 12,580	100%	12	\$ 150,962
Total Personnel				\$ 463,875
Fringe Benefits @	40%			\$ 185,550
Total Personnel & Benefits				\$ 649,425

OPERATING EXPENSES

Rapid Syphilis Test Kits	\$ 7,638
Rapid Syphilis Test Controls	\$ 1,644
Patient Incentives	\$ 5,000
Printing of doxy-PEP materials	\$ 2,000
Total Operating Expenses	\$ 16,282

MAJOR EQUIPMENT (If >\$5,000, itemize line item)

	\$ -
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TRAVEL (meetings, site visits)

Mileage	\$ 75
Local Travel	\$ 120
Lodging and Per Diem	\$ 1,455
Conference Fees	\$ 800
Conference Travel Airfare and Ground Transportation	\$ 700
Total Travel Expenses	\$ 3,150

SUBCONTRACTORS

(Submit

subcontractor budget for CBO or nonprofit health care providers)

UCSF Team Lily	\$ 15,680
UCSF Clinical Champion	\$ 44,201
Total Subcontractors	\$ 59,881

SUBCONTRACTORS

(Submit subcontractor budget for others)

TBD (Name of subcontractor)	\$ -
Total Subcontractors	\$ -

OTHER COSTS

Family Planning and Options Counseling training for LINCS Team	\$ 400
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INDIRECT COSTS (24.68% OF PERSONNEL AND BENEFITS)	24.68%	\$ 160,278
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BUDGET GRAND TOTAL	\$ 889,417
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FY24-25 Budget \$889,417
Remaining \$0

Exhibit B, Attachment I
Subcontractor Budget
UCSF Team Lily
Year 2023/2024
July 1, 2023 – June 30, 2024

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>	<u>Description of Expense</u>
Position Title/Classification	\$ -	0.00	12	\$ -	Duties and Responsibilities:
Total Personnel				\$ -	
Fringe Benefits @		0%		\$ -	Description of Expense:
Total Personnel & Benefits				\$ -	
OPERATING EXPENSES					
General Office Expense				\$ -	Description of Expense:
Housing Vouchers				\$ 14,000	Description of Expense: Hotels will be provided to unsheltered/unhoused pregnant people requiring syphilis treatment in pregnancy. Many of these patients do not complete treatment due to their housing status, and are unable to be found despite outreach; providing housing will support completion of their syphilis treatment. Based on costs of the most economical San Francisco hotels, we estimate \$2000 / housing voucher to cover 3 weeks of syphilis treatment (~\$100/night including hotel taxes and fees). We anticipating treating 7 patients = \$14000.
Total Operating Expenses				\$ 14,000	
MAJOR EQUIPMENT (If >\$5,000, please itemize)					
				\$ -	Description of Expense:
TRAVEL					
Mileage				\$ -	Description of Expense:
Conference Fees				\$ -	Description of Expense:
Lodging Fees				\$ -	Description of Expense:
Total Travel Expenses				\$ -	
SUBCONTRACTORS (Submit an itemize subcontractor budget)					
Name of subcontractor				\$ -	Description of Expense:
Name of subcontractor				\$ -	Description of Expense:
Total Subcontractors				\$ -	
OTHER COSTS					
				\$ -	Description of Expense:
INDIRECT COSTS (12% of Direct Cost)	12.0%			\$ 1,680	Description of Expense: Allocation of admin & support staff salary, related fringe benefits, general overhead expenses related to the contract.
BUDGET GRAND TOTAL				\$ 15,680	

Exhibit B, Attachment I
Subcontractor Budget
UCSF
Year 2024/2025
July 1, 2023 – June 30, 2024

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months on Project	Budget	Description of Expense
HIV PREVENTION MD CLINICAL CHAMPION based at ZSFG	\$ 16,975	15%	12	\$ 30,555	Duties and Responsibilities: The clinical champion will supervise a resident led quality improvement project to increase syphilis screening in the inpatient setting at Zuckerberg San Francisco General Hospital (ZSFG). ZSFG serves many of the most vulnerable patients in SF who are at higher risk for syphilis infection. Inpatient admission presents a valuable opportunity for syphilis testing and linkage to care.
Total Personnel				\$ 30,555	
Fringe Benefits @	25.6%			\$ 7,834	Description of Expense: Benefits calculated at 41.5% of salaries.
Total Personnel & Benefits				\$ 38,389	
OPERATING EXPENSES					
General Office Expense				\$ 630	Description of Expense: IT equipment and office supplies for the Clinical Champion. ~\$349.43 mo x 12 x
Total Operating Expenses				\$ 630	
MAJOR EQUIPMENT (If >\$5,000, please itemize)				\$ -	Description of Expense:
TRAVEL					
Mileage				\$ -	Description of Expense:
Conference Fees				\$ -	Description of Expense:
Lodging Fees				\$ -	Description of Expense:
Total Travel Expenses				\$ -	
SUBCONTRACTORS (Submit an itemize subcontractor budget)					
Name of subcontractor				\$ -	Description of Expense:
Name of subcontractor				\$ -	Description of Expense:
Total Subcontractors				\$ -	
OTHER COSTS					
Data Network Recharge				\$ 79	Use of the UCSF data network. \$44/FTE x .15 FTE x 12 mo
CCDSS: Computing and Communication Device Support Services				\$ 106	IT Desktop support services (Basic Support level). \$59/FTE x .44 FTE x 8 mo.
GAEL: General Automobile and Employee Liability Charges				\$ 261	Liability insurance charges associated with payroll. ~ \$0.82 / \$100 payroll x FTE x 12 mo.
INDIRECT COSTS (12% OF Direct Cost)				\$ 4,736	Description of Expense: allocation of admin & support staff salary, related fringe, general overhead related to contract.
BUDGET GRAND TOTAL				\$ 44,201	

Exhibit B, Attachment I
Budget
Year 4
July 1, 2025 – June 30, 2026

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months on Project	Budget
P103 As-Needed Special Nurse		40%	12	\$ -
2232 Senior Physician Specialist		5%	12	\$ -
2328 Nurse Practitioner		10%	12	\$ -
2587 Health Worker III		10%	12	\$ -
2587 Health Worker III		100%	12	\$ -
2593 Health Program Coordinator		10%	12	\$ -
2803 Epidemiologist (TEMP)		100%	12	\$ -
Total Personnel				\$ -
Fringe Benefits @	40%			\$ -
Total Personnel & Benefits				\$ -

OPERATING EXPENSES

Rapid Syphilis Test Kits
Rapid Syphilis Test Controls

Total Operating Expenses	\$ -
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MAJOR EQUIPMENT <i>(If >\$5,000, itemize line item)</i>	\$ -
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TRAVEL (meetings, site visits)

Mileage
Lodging and Per Diem
Conference Fees
Conference Travel Airfare and Ground Transportation

Total Travel Expenses	\$ -
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SUBCONTRACTORS

(Submit subcontractor budget for CBO or nonprofit health care providers)

TBD <i>(Name of subcontractor)</i>	\$ -
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Total Subcontractors	\$ -
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SUBCONTRACTORS

(Submit subcontractor budget for others)

TBD <i>(Name of subcontractor)</i>	\$ -
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Total Subcontractors	\$ -
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OTHER COSTS

Family Planning and Options Counseling training for LINCS Team

INDIRECT COSTS (24.68% OF PERSONNEL AND BENEFITS)	24.68%	\$ -
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BUDGET GRAND TOTAL	\$ -
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**Exhibit B, Attachment I
Budget
Year 5
July 1, 2026 – June 30, 2027**

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months on Project	Budget
P103 As-Needed Special Nurse	\$ -	40%	12	\$ -
2232 Senior Physician Specialist	\$ -	5%	12	\$ -
2328 Nurse Practitioner	\$ -	10%	12	\$ -
2587 Health Worker III	\$ -	10%	12	\$ -
2587 Health Worker III	\$ -	100%	12	\$ -
2593 Health Program Coordinator	\$ -	10%	12	\$ -
2803 Epidemiologist (TEMP)	\$ -	0%	0	\$ -
Total Personnel				\$ -
Fringe Benefits @	40%			\$ -
Total Personnel & Benefits				\$ -

OPERATING EXPENSES

Rapid Syphilis Test Kits
Rapid Syphilis Test Controls

Total Operating Expenses	\$ -
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MAJOR EQUIPMENT (If >\$5,000, itemize line item)	\$ -
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TRAVEL (meetings, site visits)

Mileage
Lodging and Per Diem
Conference Fees
Conference Travel Airfare and Ground Transportation

Total Travel Expenses	\$ -
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SUBCONTRACTORS

(Submit

subcontractor budget for CBO or nonprofit health care providers)

TBD (Name of subcontractor)	\$ -
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Total Subcontractors	\$ -
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SUBCONTRACTORS

(Submit subcontractor budget for others)

TBD (Name of subcontractor)	\$ -
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Total Subcontractors	\$ -
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OTHER COSTS	\$ -
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INDIRECT COSTS (24.68% OF PERSONNEL AND BENEFITS)	24.68%	\$ -
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BUDGET GRAND TOTAL	\$ -
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Indirect Cost Rate Applied for 2022/2023

Country/City	Total Personnel Cost	Total Allowable Direct Cost	Federal Cognizant Negotiated Rate	2022/2023 Notes
Alameda County	25%			Submitted ICR was above cap
Alpine County		15%		Submitted ICR was above cap
Amador County	25%			Submitted ICR was above cap
Berkeley	10%			LHD did not submit ICR for the second year in a row
Butte County	25%			Submitted ICR was above cap
Calaveras County	25%			Submitted ICR was above cap
Colusa County	25%			Submitted ICR was above cap
Contra Costa	10.48%			
Del Norte County	25%			Submitted ICR was above cap
El Dorado County	25%			Submitted ICR was above cap
Fresno County	18.82%			
Glenn County	25%			Submitted ICR was above cap
Humboldt County	25%			Submitted ICR was above cap
ICR Demo	10%			LHD did not submit ICR for the second year in a row
Imperial County	25%			Submitted ICR was above cap
Inyo County	25%			Submitted ICR was above cap
Kern County	25%			Submitted ICR was above cap
Kings County	19%			
Lake County	25%			Submitted ICR was above cap
Lassen County	25%			Submitted ICR was above cap
Long Beach	25%			Submitted ICR was above cap
Los Angeles County	15.61%		30.90%	
Madera County	25%			Submitted ICR was above cap
Marin County	25%		Actual Costs	Submitted ICR was above cap
Mariposa County	25%			Submitted ICR was above cap
Mendocino County	25%			Submitted ICR was above cap
Merced County	25%			Submitted ICR was above cap

Country/City	Total Personnel Cost	Total Allowable Direct Cost	Federal Cognizant Negotiated Rate	2022/2023 Notes
Modoc County	18.52%			
Mono County	25%			Submitted ICR was above cap
Monterey County	25%			Submitted ICR was above cap
Napa County	25%			Submitted ICR was above cap
Nevada County	25%			Submitted ICR was above cap
Orange County	20.72%			
Pasadena	25%			Submitted ICR was above cap
Placer County	25%			Submitted ICR was above cap
Plumas County	25%			Submitted ICR was above cap
Riverside County	25%			Submitted ICR was above cap
Sacramento County	12.8%			
San Benito County	25%			Submitted ICR was above cap
San Bernardino County	17.29%			
San Diego County	25%			Submitted ICR was above cap
San Francisco	24.68%			
San Joaquin County	25%			Submitted ICR was above cap
San Luis Obispo County	20.85%			
San Mateo County	25%			Submitted ICR was above cap
Santa Barbara County	19.54%			
Santa Clara County	25%			Submitted ICR was above cap
Santa Cruz County	19.03%			
Shasta County	25%			Submitted ICR was above cap
Sierra County	25%			Submitted ICR was above cap
Siskiyou County	25%			Submitted ICR was above cap
Solano County		15%		Submitted ICR was above cap
Sonoma County	25%			Submitted ICR was above cap
Stanislaus County	25%			Submitted ICR was above cap
Sutter County	25%			Submitted ICR was above cap
Tehama County	23.63%			
Trinity County	25%			Submitted ICR was above cap

Country/City	Total Personnel Cost	Total Allowable Direct Cost	Federal Cognizant Negotiated Rate	2022/2023 Notes
Tulare County	14.61%			
Tuolumne County	25%			Submitted ICR was above cap
Ventura County	13.28%			
Yolo County	25%			Submitted ICR was above cap
Yuba County	25%			Submitted ICR was above cap

Contractor Certification Clauses

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	Federal ID Number
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By (Authorized Signature)

Printed Name and Title of Person Signing

Date Executed	Executed in the County of
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CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

Syphilis and Congenital Syphilis Outbreak Strategy Funding – FY 22/23

Jessica Frasure-Williams, Program Development Section Chief
Christine Johnson, Interim Grant Manager





Overview

- Background & statutory language
- Administrative updates
- Grant activities discussion
- Next steps

A photograph of a library shelf filled with law books. The books are bound in dark red leather with black labels. The labels on the spines of the books in the foreground are clearly visible, showing the words "LAW REPORTS" and the numbers 172, 173, 174, 175, and 176. The background is softly blurred, showing more books on the shelf. A semi-transparent white rectangular box is overlaid on the lower-left portion of the image, containing the text "Background and Statutory Language" in a bold, black, sans-serif font.

Background and Statutory Language

Background

- Ending the Epidemics Coalition asked the legislature for \$49 million over 5 years to address syphilis and congenital syphilis in the highest morbidity LHJs.
- Final FY22/23 budget included \$9 million for LHJs and \$1 million for CDPH, to be encumbered or expended by June 30, 2027.
 - We anticipate two additional years of funding

Authorizing statute (a-b)

- a. Funds shall be allocated to 8 LHJs: Fresno, Kern, Los Angeles, Orange, San Bernardino, San Diego, San Francisco, & San Joaquin.
- b. Funds shall be allocated based on morbidity, with 60% of funds based on early syphilis and 40% of funds based on congenital syphilis.

FY22-23 Allocations for SOS Funding

Local Health Jurisdiction	FY 22-23
Fresno	\$583,891
Kern	\$581,707
Los Angeles	\$3,957,227
Orange	\$477,520
San Bernardino	\$1,069,175
San Diego	\$761,915
San Francisco	\$889,417
San Joaquin	\$679,148



Programmatic requirements listed in Authorizing Statute (c)

- Innovative and impactful syphilis/CS prevention and control
- Focus on disproportionately impacted populations as determined by local epidemiology, which may include, but are not limited to,
 - African American/Black people
 - Latinx people
 - American Indian/Alaska Native people
 - Trans women
 - Pregnant people experiencing homelessness or who use drugs
 - Gay, bisexual, and other MSM

Administrative items listed in Authorizing Statute (d-f)

- d. Monitor activities in funded LHJs to assess the effectiveness of STD prevention and control activities.
- e. Supplement, but not supplant, existing financial and resource commitments of the LHJ.
- f. Exempt from the Public Contract Code and the State Contracting Manual, and shall not be subject to the approval of the Department of General Services.

Administrative Updates



Administrative Process – Grants and Timeline

September

AWARD LETTER

The STD Control Branch will send award letters to the LHJs with instructions on budget development and other documents to submit for the development of draft grant agreement.

October - November

GRANT DOCUMENTS

The STD Control Branch will work LHJs to develop grant agreement documents and budgets for review and approval.

November - December

CDPH – CONTRACTS MANAGEMENT UNIT (CMU)

The STD Control Branch anticipates releasing final grant agreement packets to LHJs for signature.

January- March 2023

EXECUTED GRANTS

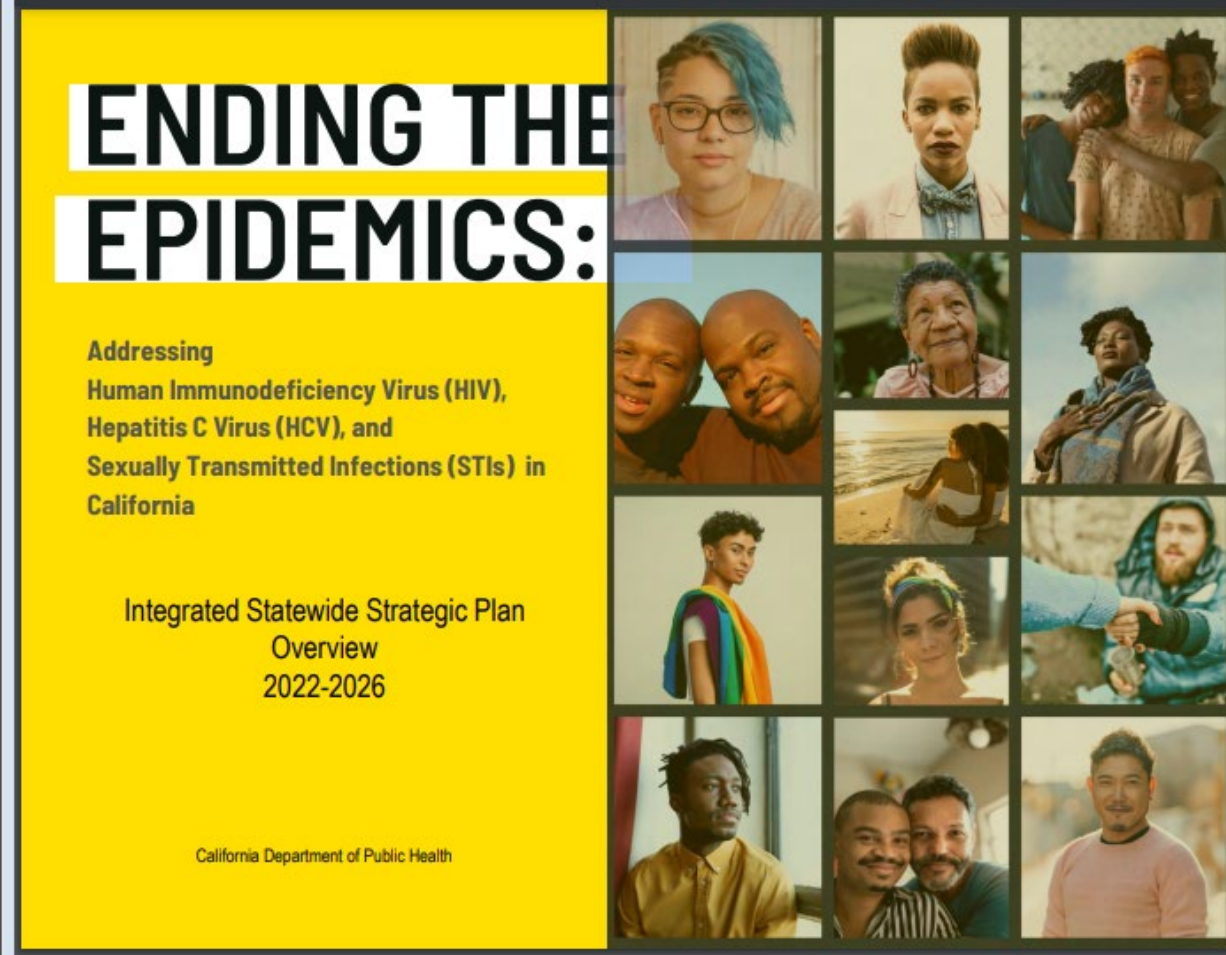
Anticipate receiving signed agreements back from LHJs. The STD Control Branch will review agreement packets from LHJs and forward to CMU for final review and execution.

Grant Activities Discussion



STD/HIV/HCV Strategic Plan

- Statewide and local Ending the Epidemic initiatives
- Framed around social determinants of health:
 - Racial Equity
 - Housing First
 - Health Access for All
 - Mental Health and Substance Use
 - Economic Justice
 - Stigma Free



CS Regional Stakeholder Convenings, 2021

- Increase collaboration between clinics, CBOs, and LHJs
- Screen for syphilis in jail and ensure linkages after release
- Support ED-based screening & use of DIS/navigators for continuity of care
- Follow/promote expanded syphilis screening guidelines
- Support non-judgmental care environments
- Provide care that better serves populations at risk (e.g., Team Lily)
- Work with Black perinatal health groups
- Implement peer-based strategies (e.g., peer navigation)
- Use harm reduction approaches and collaborate with harm reduction organizations



Input from other stakeholders on Grant Activities

- Sex-positive harm reduction approaches for MSM
- Walk-in clinics with evening and weekend hours
- Transportation for appointments
- Outreach to people who exchange sex for money, drugs, or a place to stay
- Increased access to PrEP for Black and Latinx MSM with syphilis



Discussion

STDCB Contacts for LHJs

- Interim Grant Manager: Christine Johnson Christine.Johnson@cdph.ca.gov
- Grant Manager: Adriana Cervantes Adriana.Cervantes@cdph.ca.gov

- RCBC Contacts:

Northern Region

Cary Escovedo Cary.Escovedo@cdph.ca.gov

Bay Area Region

Cary Escovedo: Contra Costa, Marin, Napa, Solano, Sonoma, Monterey, Santa Clara, Santa Cruz

Sophie Lyons: Alameda, Berkeley, San Francisco, San Mateo

Central Inland Region

Sophie Lyons Sophie.Lyons@cdph.ca.gov

Southern Region

Jasmin Delgado Jasmin.Delgado@cdph.ca.gov



Thank you!

Jessica Frasure-Williams, MPH | Jessica.Frasure-Williams@cdph.ca.gov

Program Development Section Chief

Christine Johnson | Christine.Johnson@cdph.ca.gov

Interim Grant Manager





San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

Memorandum

To: Honorable Members of the Board of Supervisors

From: San Francisco Department of Public Health

Date: Wednesday, May 24, 2023

Re: Accept and Expend Syphilis Outbreak Strategy (SOS) Grant

This Resolution seeks authorization for the Department of Public Health to retroactively accept and expend funds in the amount of \$2,668,251 from the California Department of Public Health (CDPH). Due to the delay in receiving grantor approval for the budget draft, the review and approval from the Controller's office and the Mayor's office, we are requesting the accept and expend to be scheduled for the next Budget and Finance committee.

We humbly request retroactive authorization as we received the notice of award on November 14, 2022, for a project start date of July 1, 2022. When the notice of award was received on November 14, 2022, we had submitted the budget to the grantor on January 9, 2023 for approval. After discussions with CDPH on various budget details, we received budget approval from CDPH on March 8, 2023. After discussions with the Controller's office and the Mayor's office on the nature of the positions, the Controller's office approved the package and forwarded the signed package to the Mayor's office on May 16, 2023. Please contact Greg Wong, grants analyst, at greg.wong@sfdph.org for any questions about this request for retroactive authorization.



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Dr. Grant Colfax
Director of Health
DATE: 5/24/2023
SUBJECT: Grant Accept and Expend
GRANT TITLE: Syphilis Outbreak Strategy (SOS) Grant - \$2,668,251

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain): Contractor Certification Clauses,
Exhibit A - Attachment 1 Grant Activities
Exhibit B - Budget Detail & Payment Provisions
Exhibit C - Standard Grant Conditions
Exhibit D - Additional Provisions
Exhibit E - STDCB General Standards and Procedures
Exhibit F - Information Privacy and Security Requirements
Indirect Cost Rate 2022-2023
Letter of Award
SOS Funding

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No

Member, Board of Supervisors
District 1




City and County of San Francisco

CONNIE CHAN

陳詩敏

第一區市參事

DATE: June 5, 2023
TO: Angela Calvillo
Clerk of the Board of Supervisors

FROM: Supervisor Chan 
Chairperson

RE: Budget and Appropriations Committee
COMMITTEE REPORT

Pursuant to Board Rule 4.20, as Chair of the Budget and Finance Committee, I have deemed the following matters to be of an urgent nature and request that each be considered by the full Board on June 13, 2023, as Committee Reports:

230597 [Contract Amendment – Regents of the University of California - Behavioral Health Services for Children, Youth and Families - - Not to Exceed \$20,098,073]

230598 [Contract Amendment – Retroactive - The Regents of the University of California - Mental Health Services for Infant Parent Program - Not to Exceed \$14,647,481]

230599 [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - San Francisco Project INVEST - \$9,818,147]

230600 [Accept and Expend Grant - Retroactive - California Department of Public Health - Physicians for a Healthy California - COVID-19 Test to Treat Equity Grant - \$500,000]

230601 [Accept and Expend Grant - Retroactive - California Department of Public Health - Syphilis Outbreak Strategy (SOS) Grant - \$2,668,251]

These matters will be heard at a special Budget and Finance meeting on June 9, 2023, at 9:30 am.

From: [Conine-Nakano, Susanna \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#); [Ma, Sally \(MYR\)](#)
Cc: [Paulino, Tom \(MYR\)](#); [Wong, Greg \(DPH\)](#); [Rana, Shalini \(DPH\)](#)
Subject: Mayor -- Resolution -- Syphilis Outbreak Strategy Grant
Date: Tuesday, May 23, 2023 5:02:55 PM
Attachments: [Mayor -- Resolution -- Syphilis Outbreak Strategy Grant.zip](#)

Hello Clerks,

Attached for introduction to the Board of Supervisors is a Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$2,668,251 from the California Department of Public Health for participation in a program, entitled “Syphilis Outbreak Strategy (SOS) Grant,” for the period of July 1, 2022, through June 30, 2027.

@Ma, Sally (MYR), can you please reply-all with Anna's approval? Thanks!

Best,
Susanna

Susanna Conine-Nakano
Office of Mayor London N. Breed
City & County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 200
San Francisco, CA 94102
415-554-6147