

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.

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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>

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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).**

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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.

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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)**

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<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:		

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<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		

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<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:		

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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:		

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<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:		
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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),*

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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>		

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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.

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<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>		

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<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:		

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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>		

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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>		

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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:		
<p><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></p> <p>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.</p> <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:		

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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:		

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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).		

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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.