

CALIFORNIA SEXUALLY TRANSMITTED DISEASES PROGRAM
Awarded By
THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”
TO
City and County of San Francisco, Department of Public Health, hereinafter “Grantee”
Implementing the project “Core STD Program Management,” hereinafter “Project”

AMENDED GRANT AGREEMENT NUMBER 16-10733, A01

The Department amends 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 under Health and Safety Code Section 131085(a).

PURPOSE: The purpose of the grant amendment is to increase the funding by \$147,023. These funds were appropriated in the Governor’s Fiscal Year 2018/2019 budget to support sexually transmitted disease outreach, screening, and other core services by enhancing STD prevention services already provided by the local health jurisdiction.

Amendments are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

AMENDED GRANT AMOUNT: This amendment is to increase the grant by \$147,023 and is amended to read: \$407,402 **\$554,425** (~~Four Hundred Seven Thousand, Four Hundred Two~~ **Five Hundred Fifty-Four Thousand, Four Hundred Twenty-Five** Dollars).

Exhibit A, Scope of Work is hereby replaced in its entirety and amended to read Exhibit A, A01, Scope of Work.

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, Department of Public Health
Name: May Otow Grant Manager	Name: Susan Philip, MD, MPH Director, Disease Prevention and Control Branch
Address: P.O. Box 997377, MS 7320	Address: 25 Van Ness Avenue, Suite 345
City, Zip: Sacramento, CA 95899-7377	City, Zip: San Francisco, CA 94102
Phone: (916) 552-9788	Phone: (628) 206-7638
Fax: (916) 440-5442 <u>636-6458</u>	Fax: (415) 554-9636
Email: May.Otow@cdph.ca.gov	Email: susan.philip@sfdph.org

Direct all inquiries to:

California Department of Public Health STD Control Branch	Grantee: City and County of San Francisco, Department of Public Health
Attention: <u>May Otow</u> STD Control Branch	Name: Trang Nguyen, PhD, MPH Epidemiologist, ARCHES Branch <u>Maggie Han</u> <u>Deputy Director</u> <u>Operations, Finance, and</u> <u>Performance Management</u>
Address: P.O. Box 997377, MS 7320	Address: 25 Van Ness Avenue, Suite 550 <u>200</u>
City, Zip: Sacramento, CA 95899-7377	City, Zip: San Francisco, CA 94102
Phone: (916) 552-9788	Phone: (415) 437-6256 <u>(628) 206-7681</u>
Fax: (916) 440-5412 <u>636-6458</u>	Fax:
Email: May.Otow@cdph.ca.gov	Email: trang.nguyen@sfdph.org <u>Maggie.han@sfdph.org</u>

Either party may change its Project Representative upon written notice to the other party.

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

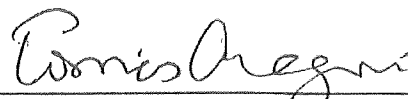
<p><u>Grantee: City and County of San Francisco, Department of Public Health</u> <u>Attention "Cashier:" David Anabu</u> <u>Address: 1380 Howard Street, Room 411</u> <u>City, Zip: San Francisco, CA 94103</u></p> <p><u>Telephone: (415) 255-3472</u> <u>Fax:</u> <u>Email: david.anabu@sfdph.org</u></p>

All other terms and conditions of this grant shall remain the same.

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

Executed By:

Date: 10/17/18



Dr. Tomas Aragon, Director
Population Health Division
City and County of San Francisco
101 Grove Street, Room 308
San Francisco, CA 94102

Date: _____

Marshay Gregory, 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
Scope of Work

1. Service Overview

The Grantee will implement evidence-based public health activities to proactively address Sexually Transmitted Diseases (STD) within the local health jurisdiction. Particular emphasis should be placed on the prevention and control of infectious syphilis, congenital syphilis (**CS**), gonorrhea (GC), and chlamydia trachomatis (CT) infection.

Key strategic targets for STD prevention and control are: implementation of case-based surveillance; assurance of timely access to quality clinical services; verification of appropriate STD treatment; investigation of reported cases, unusual diseases, or outbreaks; identification of a STD patient's sexual and social network contacts and referral for examination and/or treatment to prevent further disease transmission or complications; and health education and health promotion activities to prevent STDs and enhance awareness of individuals at risk for STD, medical providers, and other service providers within the community.

Funding for the grantees are from a one-time Fiscal Year 2016/2017 appropriation which can be expended or encumbered until June 30, 2019 per 4265-111-0001, Provision 6 of the Budget Act 2016/2017, Senate Bill 826, Chapter 23. The additional one-time augmentation funds for the grantees are from a one-time Fiscal Year 2018/2019 appropriation which can be expended or encumbered until June 30, 2019 per 4265-111-0001, Provision 5 of the Budget Act 2018/2019, Senate Bill 840, Chapter 29. These funds must be used to enhance STD prevention services already provided and cannot be used to replace existing services and monies appropriated at the local level for these services.

2. Service Location

The services shall be performed at applicable facilities in the County of San Francisco.

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

A. The project representatives during the term of this agreement will be:

California Department of Public Health Matt Ayson Karlo Estacio Chief, Business Operations Support Section STD Control Branch Telephone: (916) 552-9819 9820 Fax: (916) 440-5106 Email: Matt.Ayson@cdph.ca.gov Karlo.Estacio@cdph.ca.gov	City and County of San Francisco, Department of Public Health Susan Philip Director, Disease Prevention and Control Branch San Francisco Department of Public Health Telephone: (628) 206-7638 Fax: (415) 554-9636 Email: susan.philip@sfdph.org
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Exhibit A
Scope of Work

B. Direct all inquiries to:

California Department of Public Health STD Control Branch Attention: May Otow, Grant Manager 1616 Capitol Avenue, MS 7320 P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 552-9788 Fax: (916) 440-5112 636-6458 Email: May.Otow@cdph.ca.gov	City and County of San Francisco, Department of Public Health Susan Philip Maggie Han Director, Disease Prevention and Control Branch Deputy Director Operations, Finance and Performance Management San Francisco Department of Public Health 25 Van Ness Avenue, Suite 345 200 San Francisco CA 94102 Telephone: (628) 206-7638 7681 Fax: (415) 554-9636 Email: susan.philip@sfdph.org Maggie.han@sfdph.org
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C. All payments from CDPH to the Grantee shall be sent to the following address:

<p style="text-align: center;"><u>Remittance Address</u></p> <p><u>City and County of San Francisco, Department of Public Health</u> <u>Attention "Cashier:" David Anabu</u> <u>1380 Howard Street, Room 411</u> <u>San Francisco, CA 94103</u> <u>Telephone: (415) 255-3472</u> <u>Fax:</u> <u>Email: david.anabu@sfdph.org</u></p>

E. D. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement. Subgrantees must comply with the State Contracting Manual Volume I, 3.17.2.D.

Exhibit A
Scope of Work

5. Services to be Performed

Goal: To provide local assistance funding to local health jurisdictions (LHJs) to build local infrastructure and workforce capacity to conduct STD surveillance and implement evidence-based, effective interventions to reduce the transmission and negative health effects of sexually transmitted infections. Core STD program management is focused on the prevention of CT, GC, and syphilis through health education; promotion and outreach; assurance of quality local STD clinical services; disease investigation; and policy development and communication.

Part I: ~~Core STD Program Management~~ Assure quality case-based surveillance for syphilis, GC, and CT.

The Grantee is responsible for completing the activities that have been selected by the placement of an "X" in the check box. A number of these activities are mandatory requirements for funding, indicated with an "X". Other activities are optional, based upon local program need and resources. Please indicate which of these additional activities your local health jurisdiction will pursue by placing an "X" in the appropriate check box. End-of-Year reports should be submitted to STDLHJContracts@cdph.ca.gov by July 31 following the end of each fiscal year during the term of this contract. The report for the period of July 1, 2016 through June 30, 2019 will be due on June 30, 2019.

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. <u>Assure quality case-based surveillance for syphilis, GC, and CT.</u>		
<input checked="" type="checkbox"/> A. Adhere to all data security standards and guidelines in accordance with state and federal guidance. (Required activity).	Data security standards and guidelines are in compliance with state and federal guidance.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> B. Provide case-based data to the California Department of Public Health (CDPH) through the use of the California Reportable Disease Information Exchange (CalREDIE). <i>If CalREDIE is not available, provide case-based data through other means per agreement between the local STD Control Officer and the STD Control Branch (STDCB) Chief of the Surveillance and Epidemiology Unit. (Required activity).</i>	Completion and closure of syphilis, GC and CT cases diagnosed in January—June by August 30 of that year in CalREDIE* <u>in surveillance system within 45 days after the lab or provider case report is first received by the local health department. Reports will be reviewed monthly by the 15th of the following month</u> Completion and closure of syphilis, GC, and CT cases diagnosed in July—December by February 28 of that year in CalREDIE.	7/1/16 - 6/30/19 <u>Case closures due monthly</u> Semi-annual case closure

Exhibit A
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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<input checked="" type="checkbox"/> C. Assure completeness and accuracy of key variables through local review of surveillance reports and provider follow-up of select GC and early syphilis cases. (Required activity).	Proportion of GC and early syphilis cases with complete data for the following key variables in CA REDIE : <ul style="list-style-type: none"> • Treatment Date* • Medication and Dosage* • Race/Ethnicity* • Patient Address* • Provider Name and Address* • Gender of Sex Partners* • HIV Status* • Partner Treatment* Proportion of female syphilis cases with complete provider-confirmed pregnancy status*.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> D. Assure provider reporting of syphilis and GC cases in accordance with state regulations. (Required activity).	Case reporting by providers within 14 days of specimen collection for syphilis and GC*.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> E. Utilize case-based surveillance data through, at a minimum, routine examination of rates and trends by age, gender, race/ethnicity, and other key variables. (Required activity).	Description of activities will be included in the End-of-Year report.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> F. Conduct enhanced surveillance for all priority syphilis cases using medical record data and case interviews as necessary. (Required activity).	Completed interview records for enhanced surveillance on priority syphilis cases: <ul style="list-style-type: none"> • Early syphilis* • Congenital syphilis* Completion and closure of cases as described in I.B.	7/1/16 - 6/30/19 Semi-annual case closure
<input checked="" type="checkbox"/> G. Conduct enhanced surveillance on GC cases as part of an investigation of a strain with resistance or decreased susceptibility to antibiotics. (Required activity).	Completed interview records for CA-GISP assigned GC cases*. Completion and closure of cases as described in I.B.	7/1/16 - 6/30/19 Semi-annual case closure

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p><u>Optional Activity</u></p> <p><input type="checkbox"/> H. G. Conduct enhanced surveillance on GC cases as part of an outbreak or unusual occurrence investigation and/or as part of a geo-targeted assessment and intervention.</p>	<p>Completed interview records for GC cases*.</p> <p>Completion and closure of cases as described in I.B.</p>	<p>7/1/16 - 6/30/19</p> <p>Semi-annual case closure</p>
<p><u>Optional Activity</u></p> <p><input type="checkbox"/> I. H. Conduct enhanced surveillance on GC cases as part of the California Gonorrhea Surveillance System (CGSS 2.0).</p>	<p>Completed timely and CalREDIE-entered interview records for CGSS-sampled GC cases*.</p> <p>Completion and closure of cases as described in I.B.</p>	<p>7/1/16 - 6/30/19</p> <p>Semi-annual case closure</p>
<p>Optional SOW Narrative: LHJ has new or innovative tasks that are not part of current Section I activities. Describe the specific methods and approaches that will be used to complete the activities selected for this objective. Briefly describe the anticipated scope of the proposed activities, deliverables, and a projected timeline, including the approximate beginning and ending month and year for each major activity.</p> <p>Not applicable.</p>		

Part II: Conduct health promotion activities for youth at risk of STDs to increase STD/sexual health awareness and conduct primary prevention.

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p>H. Conduct health promotion activities for youth at risk of STDs to increase STD/sexual health awareness and conduct primary prevention.</p>		
<p><input checked="" type="checkbox"/> A. Utilize STD data to define local priority populations and/or geographic areas for targeting health promotion efforts, with an emphasis on youth and underserved populations. (Required activity).</p>	<p>Description of activities will be included in the End-of-Year report.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<input checked="" type="checkbox"/> B. Describe existing community resources and identify potential gaps related to STD prevention and education. (Required activity).	Description of activities will be included in the End-of-Year report.	7/1/16 - 6/30/19 Report due annually by 7/31 6/30/19
<p><u>Optional Activity</u></p> <input type="checkbox"/> C. Provide technical assistance, training, resources, and referrals to <u>school districts and other school-based partners</u> on delivering quality sexual health education and confidential sexual health services in accordance with state regulations. ⁴	Description of activities will be included in the End-of-Year report.	7/1/16 - 6/30/19 Report due annually by 7/31 6/30/19
<p><u>Optional Activity</u></p> <input type="checkbox"/> D. Provide technical assistance and training for building capacity among <u>youth-serving community-based organizations</u> to ensure youth have access to medically accurate information, prevention tools, and sexual and reproductive health clinical services. ⁴	Description of activities will be included in the End-of-Year report.	7/1/16 - 6/30/19 Report due annually by 7/31 6/30/19
<p><u>Optional Activity</u></p> <input type="checkbox"/> E. Act as a local resource to plan and implement the California Youth Risk Behavioral Survey (YRBS) in CDC-selected schools (selection by CDC to be determined). Examples of this include contacting local school districts to encourage participation, promoting the survey with parent and teacher groups, or having local staff trained to administer the survey in selected schools.	Proportion of local schools participating in YRBS among schools selected for YRBS (number and locations vary between survey cycles, which occur every other year beginning in 2016).	Every other year, beginning in 2016. 7/1/16 - 6/30/19
<input type="checkbox"/> F. Act as a local resource for school districts, partnering with CDPH on the Division of Adolescent Sexual Health (DASH)-funded activities.	Description of activities will be included in the End-of-Year report.	7/1/16 - 6/30/19 Report due annually by 7/31

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p>Optional Activity</p> <p><input type="checkbox"/> G. F. Support local implementation and expansion of statewide health promotion activities, such as: implementing the "I Know" project (select LHJs only); recruiting new Condom Access Project (CAP) sites (minimum 3 per LHJ; maximums apply).⁴</p>	<p>Description of activities will be included in the End-of-Year report, including the number of CAP sites and, if applicable, a description of "I Know" promotion activities and outcomes.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>
<p>Optional Activity</p> <p><input type="checkbox"/> H. G. Promote web-based sexual health promotion programs (e.g., Hook Up, Teensource.org, TalkWithYourKids.org) with local schools, parents, providers, community-based organizations, and other key stakeholders serving at-risk populations.⁴</p>	<p>Description of activities will be included in the End-of-Year report, including methods of promoting resources.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>
<p><input type="checkbox"/> I. H. Utilize available promotional materials and outreach opportunities during STD Awareness Month (April) to promote the national Get Yourself Tested (GYT) campaign.⁴</p>	<p>Description of activities will be included in the End-of-Year report.</p>	<p>7/1/16 - 6/30/17</p> <p>Report due annually by 7/31 6/30/19</p>
<p>Optional: Place a checkmark in the box only if Grantee plans to subcontract.</p> <p><input checked="" type="checkbox"/> J. I. Subcontract with community-based or other organizations to ensure success of core STD program functions (check box if conducting this activity).⁴</p>	<p>Subcontract with community or other organizations, if needed.</p>	<p>7/1/16 - 6/30/19</p>

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p>Optional SOW Narrative: LHJ has new or innovative tasks that are not part of current Section II activities. Describe the specific methods and approaches that will be used to complete the activities selected for this objective. Briefly describe the anticipated scope of the proposed activities, deliverables, and a projected timeline, including the approximate beginning and ending month and year for each major activity.</p> <p>Not applicable.</p> <p><u>The Grantee will work with a subcontractor, 501 Media, to create a sexual health leadership group and advisory board to develop a STD prevention social marketing campaign that would appeal to young adults of color.</u></p> <p><u>The Grantee has not had an STD or sexual health marketing campaign with young people in the past 10 years, so these additional funds will provide an opportunity to increase visibility for STD prevention services messages for youth.</u></p> <p><u>Deliverables:</u> <u>1. STD prevention services messages, print images and/or graphic design, and web content.</u></p>		

Part III: Assure high quality STD screening and treatment services are available in the LHJ.

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p>III. Assure high quality STD screening and treatment services are available in the LHJ.</p>		
<p><input checked="" type="checkbox"/> A. Assess major sources of STD clinical care and characterized by patient census, clinic type (reference list to be provided by STDCB), and location and population served to identify potential gaps in access to STD services. (Required activity).</p>	<p>Description of activities will be included in the End-of-Year report.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 <u>6/30/19</u></p>
<p><u>Optional Activity</u></p> <p><input type="checkbox"/> B. Assess quality of care among providers in high volume clinics or serving high morbidity areas including competency providing services to youth; diverse racial/ethnic groups; and lesbian, gay, bisexual, and transgender (LGBT) patients, as appropriate.</p>	<p>Description of activities will be included in the End-of-Year report.</p> <p>As applicable, description of:</p> <ul style="list-style-type: none"> • STD screening practices • Adherence to STD treatment recommendations • Cultural competency to service at-risk groups 	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 <u>6/30/19</u></p>

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p><u>Optional Activity</u></p> <p><input type="checkbox"/> C. Work with the highest level of local clinic leadership for public and private providers in the community to establish policies related to clinical quality improvement (QI) activities focused on expanded screening, diagnosis, and presumptive treatment; public health reporting; timely and effective management; partner treatment; and repeat testing. Provide technical assistance related to implementation of clinical QI activities.</p>	<p>Description of activities will be included in the End-of-Year report, including tools and protocols that may be shared with other LHJs, as applicable.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>
<p><u>Optional Activity</u></p> <p><input type="checkbox"/> D. Work with the highest level of local clinic leadership for public and private providers in the community, including STD clinic settings, to establish policies related to clinical QI activities focused on HIV screening among syphilis and gonorrhea cases.</p>	<p>Proportion of early syphilis cases with known HIV status (positive or tested negative within 30 days of STD diagnosis)*.</p> <p>Proportion of GC cases with known HIV status (positive or tested negative within 30 days of STD diagnosis)*.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>
<p><u>Optional Activity</u></p> <p><input type="checkbox"/> E. Establish protocols and implement provider feedback mechanisms for management of inadequate or delayed treatment.</p>	<p>Develop protocol to monitor provider treatment practices and for targeting interventions at low-performing providers.</p> <p>For GC and early syphilis, proportion with recommended treatment documented in CalREDIE, and proportion who received recommended treatment within 7 days and within 14 days of specimen collection*.</p>	<p>7/1/16 - 6/30/19</p>
<p><u>Optional Activity</u></p> <p><input type="checkbox"/> F. Implement public health detailing programs targeted to providers in high volume clinics or serving high morbidity areas (e.g., family planning settings, HIV care providers, Federally Qualified Health Centers, school-based health centers, obstetrics/gynecology offices, pediatric offices, family practice</p>	<p>Description of activities will be included in the End-of-Year report.</p> <p>Measures include total number of provider visits/trainings, number and types of providers visited/trained, and number and types of resources disseminated.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
and primary care, and prenatal care providers). Programs may include training, dissemination of resources, and technical assistance. ⁴		
<p>Optional Activity</p> <p><input type="checkbox"/> G. Monitor quality of local health department STD clinical services including screening rates, treatment, HIV testing of STD cases, partner referral/treatment, epidemiologic treatment of Disease Intervention Specialist (DIS)-referred contacts, and repeat testing rates. (Required activity for local health jurisdictions with health department based STD clinical services.)</p>	<p>Description of activities will be included in the End-of-Year report.</p> <p>Percent of patients diagnosed with GC and early syphilis in STD clinics who were tested for HIV within 30 days prior to or after STD diagnosis*.</p> <p>Percent of those tested (above) who are newly-diagnosed as HIV-infected*.</p> <p>Proportion of GC cases that are retested in 3 months.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>
<p>Optional Activity</p> <p><input type="checkbox"/> H. Monitor quality of local health department STD clinical services, including linkage to HIV care for newly identified patients with HIV and re-engagement in HIV care for those out of care.</p>	<p>Description of activities will be included in the End-of-Year report.</p> <p>Percent of those newly diagnosed (above) who are linked to HIV care within 90 days of the date of HIV test*.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>
<p>Optional Activity</p> <p><input type="checkbox"/> I. Assess availability of and promote or provide patient-delivered partner therapy (PDPT) for patients diagnosed with CT/GC.</p>	<p>Description of activities will be included in the End-of-Year report.</p>	<p>7/1/16 - 6/30/19</p> <p>Report due annually by 7/31 6/30/19</p>
<p>Optional: Place a checkmark in the box only if Grantee plans to subcontract.</p> <p><input type="checkbox"/> J. Subcontract with community-based or other organizations to ensure success of core STD program functions (check box if conducting this activity).⁴</p>	<p>Subcontract with community or other organizations, if needed.</p>	<p>7/1/16 - 6/30/19</p>

Exhibit A
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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p>Optional SOW Narrative: LHJ has new or innovative tasks that are not part of current Section III activities. Describe the specific methods and approaches that will be used to complete the activities selected for this objective. Briefly describe the anticipated scope of the proposed activities, deliverables, and a projected timeline, including the approximate beginning and ending month and year for each major activity.</p> <p>Improve CT/GC screening and treatment in SFDPH Jail Health Services: Work with the Medical Director, SFDPH Jail Health Services; Director, SFDPH Public Health Laboratory; and STD epidemiologists in the Applied Research, Community Health Epidemiology, and Surveillance (ARCHES) Branch to pilot a trial assessing screening coverage and using a point of care test platform onsite at the San Francisco jails to improve screening and treatment outcomes.</p> <p>Goals:</p> <ol style="list-style-type: none"> 1) Improve screening, diagnosis and treatment cascade for GC/CT in incarcerated populations in San Francisco 2) Address high rates of GC/CT in Black/African American residents in San Francisco 3) Decrease DIS work related to untreated cases of GC/CT diagnosed in the jails. <p>Background:</p> <ul style="list-style-type: none"> - In the past we have not been able to get a clear screening estimate of inmates who were eligible for screening, so improving data quality will also be part of this project. Also, to date, many individuals have been released before GC/CT lab-based nucleic acid amplification test (NAAT) results were complete and were difficult for SFDPH STD DIS to find and treat in the field due to inmate's reluctance to provide accurate locating information to SFDPH. Given high rates of GC/CT positivity in those who are screened and continued high community rates among African American San Franciscans, we will attempt this pilot to address Black/African American STD Disparities in San Francisco and also to improve treatment in a vulnerable incarcerated population. - Activities will start July 2017 and last through June 2019. - July 2017 – December 2017: Work with analysts from Jail Health Services and ARCHES to use Jail Information Management (JIM) system to review inmates that meet screening criteria - January 2018 – December 2018: Place point-of-care (POC) NAAT instrument at County Jail #1 and begin testing - January 2019 – June 2019: Data analysis and lessons learned <p>Deliverables:</p> <ol style="list-style-type: none"> 1) Ongoing algorithm to assess GC/CT screening coverage in the SF jails 2) Improved screening workflows and training for clinical staff 3) Increase in screening by 25% of eligible inmates by July 2019 4) Decrease proportion of inmates released after screening but before GC/CT treatment by 50% by June 2019 		

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Part IV: Conduct disease intervention activities, including partner services, for priority STDs to prevent further transmission in the community or from mother-to-child.

Activities	Performance Indicators/Deliverables <small>* = CDPH will provide biannual reports with indicator</small>	Timeline
IV. Conduct disease intervention activities, including partner services, for priority STDs to prevent further transmission in the community or from mother-to-child.		
<input checked="" type="checkbox"/> A. Process incoming syphilis reactors to determine prioritization for public health action, conduct record searching, and data entry. (Required activity).	Median number of days between report and initiation of reactors, stratified by priority alert value.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> B. <i>For priority syphilis reactors (Alert codes red and orange):</i> Contact providers and patients, as needed, to verify diagnosis and treatment and refer untreated patients to care. For females of child-bearing age (ages 15-44) with reactive serological tests, determine pregnancy status and assure timely and appropriate treatment. (Required activity).	Proportion of early syphilis cases, stratified by gender, treated within 14 days of specimen collection*. Proportion of female syphilis cases with complete provider-confirmed pregnancy status*. Proportion of pregnant females with syphilis treated greater than 30 days prior to delivery*.	<u>7/1/16 - 6/30/19</u>
<input checked="" type="checkbox"/> C. <i>For early syphilis cases with unknown or negative HIV status:</i> Conduct confirmation of HIV status or facilitation of HIV testing and linkage or re-engagement to care. (Required activity).	Proportion of early syphilis cases with documented HIV test within 30 days before or after syphilis diagnosis*. Of those early syphilis cases tested and newly diagnosed with HIV from above, proportion with a confirmed HIV care medical visit within 90 days of HIV test*.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> D. <i>For early syphilis cases that are HIV-infected:</i> Confirm engagement in HIV care or facilitate re-engagement to care. (Required activity).	Proportion of early syphilis/HIV co-infected cases with confirmation of current HIV medical care visit*. Of patients who are known to be HIV-infected and are out of HIV care, proportion who are re-engaged in care through confirmed HIV care medical visit within 90 days of STD diagnosis*.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> E. <i>For all early syphilis cases:</i> Conduct client interview and case management including collection of medical information and client risk information; risk reduction counseling; elicitation of sexual and social network partners; and referral for other services as relevant. (Required activity).	Proportion of early syphilis cases interviewed within 14 and 30 days of specimen collection*. Proportion of early syphilis cases interviewed with at least one partner initiated for notification of exposure*.	7/1/16 - 6/30/19

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<input checked="" type="checkbox"/> F. <i>For partners of all early syphilis cases:</i> Assure testing and appropriate treatment of sexual and social network partners including notification of exposure to syphilis and HIV and facilitate STD and HIV testing, treatment and linkage or re-engagement to HIV care, as relevant. (Required activity).	Proportion of initiated partners of early syphilis cases that are: <ul style="list-style-type: none"> • Newly tested for syphilis (among initiated partners)*. • Preventative/prophylactic treated within 14 days of test (among syphilis tested above with negative test and recent exposure)*. • Newly diagnosed with syphilis (among syphilis tested above)*. • Confirmed syphilis treatment within 14 days of syphilis test (among newly diagnosed above)*. • Newly tested for HIV (among initiated partners)*. • Newly identified HIV positive (among HIV tested above)*. • Confirmed HIV medical care visit within 90 days of HIV test (among newly diagnosed with HIV)*. • Re-engaged in care through confirmed HIV care medical visit within 90 days of STD test/diagnosis (among initiated partners known to be HIV-infected and out of HIV care)*. 	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> G. <i>For early syphilis cases among females of child-bearing age (ages 15-49):</i> In addition to interview and case management, provide partner services to assure testing and appropriate treatment of partners. (Required activity).	Proportion of female syphilis cases ages 15-49 with at least one partner who was: <ul style="list-style-type: none"> • Preventative/prophylactic treated within 14 days of test (among syphilis tested above with negative test and recent exposure)*. • Treated as a new case of syphilis within 30 days before or after specimen collection of the original patient*. 	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> H. <i>For congenital syphilis cases:</i> Contact provider to assure needed clinical evaluation, case reporting, and correct treatment. Involve subject matter experts, as needed. (Required activity).	Proportion with appropriate case management documentation (e.g., congenital syphilis case report) and documented treatment, where appropriate*. Proportion of confirmed and probable congenital syphilis cases where neonate was <ul style="list-style-type: none"> • Appropriately medically evaluated within 14 days • Appropriately treated within 14 days* 	7/1/16 - 6/30/19

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<input checked="" type="checkbox"/> I. <i>Conduct follow-up for suspected drug-resistant GC cases: Known or suspected treatment failures and/or decreased susceptibility to treatment (i.e., high MIC). (Required activity).</i>	Number and proportion of cases with suspected treatment failures that were interviewed. Number and proportion of cases with high MICs that were interviewed and brought to care for test-of-cure.	7/1/16 - 6/30/19
<p>Optional Activity</p> <input type="checkbox"/> J. <i>Conduct follow up for selected GC cases: Persons with increased risk of transmission (e.g., repeat cases, HIV- infected cases) and/or pregnant females.</i>	Proportion of GC cases that are retested in 3 months. Number and proportion of GC cases with documented GC testing and/or appropriate treatment for at least one partner. Proportion of initiated partners of GC/HIV co-infected cases that are: <ul style="list-style-type: none"> • Newly tested for HIV • Newly identified HIV positive • Confirmed linkage to HIV care within 90 days of HIV-positive test* 	7/1/16 - 6/30/19
<p>Optional Activity</p> <input type="checkbox"/> K. <i>Conduct follow-up for selected GC cases: Persons located in geo-targeted areas with concentrated morbidity.</i>	Number and proportion of GC cases interviewed from geo-targeted locations. Number and proportion of GC cases with at least one partner that was tested and/or treated appropriately for GC.	7/1/16 - 6/30/19
<input checked="" type="checkbox"/> L. <i>Conduct disease investigation for clusters or outbreaks of less common STDs, such as chancroid or lymphogranuloma venereum (LGV). (Required activity).</i>	Description of activities will be included in the End of Year Report.	7/1/16 - 6/30/19 as needed Report due annually by 7/31 6/30/19
<input checked="" type="checkbox"/> M. <i>Ensure data entry in CalREDIE to reflect disease intervention and partner services activities for syphilis, GC, and other STDs determined a priority for public health action.</i> 1. Enter client level demographic, laboratory, clinical, and case investigation activities on relevant CalREDIE systems to ensure they are recorded. 2. Enter client interview records with enhanced surveillance data, including syphilis interview record and CGSS	Completion and closure of case report forms, interview records, and partner investigation outcomes in CalREDIE.*	7/1/16 - 6/30/19 Ongoing data entry Case closures as described in I.B.

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
provider report and patient interview forms. 3. Enter congenital syphilis case report forms, according to guidance and algorithm. 4. Enter sexual and social network partner information and investigation/notification outcomes. (Required activity).		
Optional: Place a checkmark in the box only if Grantee plans to subcontract. <input type="checkbox"/> N. Subcontract with community-based or other organizations to ensure success of core STD program functions (check box if conducting this activity).	Subcontract with community or other organizations, if needed.	7/1/16 - 6/30/19
Optional SOW Narrative: LHJ has new or innovative tasks that are not part of current Part IV activities. Describe the specific methods and approaches that will be used to complete the activities selected for this objective. Briefly describe the anticipated scope of the proposed activities, deliverables, and a projected timeline, including the approximate beginning and ending month and year for each major activity. Not applicable.		

Part V: Assure that local STD policies and communications are effective.

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
V. Assure that local STD policies and communications are effective.		
<input checked="" type="checkbox"/> A. Promote the presence, relevancy, and accuracy of webpage(s) on health department website with data, links to provider resources, and sexual and reproductive health education materials. (Required activity).	Presence on website, social media, etc.	7/1/16 - 6/30/19

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<input checked="" type="checkbox"/> B. Identify and respond to opportunities to educate community partners, policy makers, and the media. (Required activity).	Description of activities will be included in the End-of-Year report.	7/1/16 - 6/30/19 Report due annually by 7/31 6/30/19
<input checked="" type="checkbox"/> C. Participate in relevant community coalitions focused on sexual health. (Required activity).	Description of activities will be included in the End-of-Year report.	7/1/16 - 6/30/19 Report due annually by 7/31 6/30/19
<p>Optional: Place a checkmark in the box only if Grantee plans to subcontract.</p> <input type="checkbox"/> D. Subcontract with community-based or other organizations to ensure success of core STD program functions (check box if conducting this activity).	Subcontract with community or other organizations, if needed.	7/1/16 - 6/30/19
<p>Optional SOW Narrative: LHJ has new or innovative tasks that are not part of current Part V activities. Describe the specific methods and approaches that will be used to complete the activities selected for this objective. Briefly describe the anticipated scope of the proposed activities, deliverables, and a projected timeline, including the approximate beginning and ending month and year for each major activity.</p> <p>1. Subcontract for strategic planning and leadership development for SFDPH STD Program Teams</p> <p>Goals: Complete facilitated strategic planning process for overall SFDPH STD prevention and control efforts as well as for individual STD specialty teams (e.g. Disease Intervention Specialists, clinical quality team, community engagement teams – men who have sex with men (MSM) and youth of color) with input from major stakeholders both inside and outside the SFDPH STD Program. Additionally, support SFDPH STD managers with leadership coaching and training, particularly those managers from backgrounds reflecting SFDPH STD Prevention priority populations: lesbian, gay, bisexual, transgender, questioning (LGBTQ) communities and communities of color.</p> <p>The planned goal for these strategic planning efforts, facilitated by a contracted agency, will be to focus our efforts on the principles that will comprise our key goals and resultant metrics for all major activities in STD prevention and control in San Francisco for the next five years. The plan will include both how we will work on continuous improvement and how we will develop and train staff to meet the needs of the state-of-the-art STD program we aim to be.</p> <p>Timeline: September 2017 – June 2019</p> <p>Deliverables: STD 5 year Strategic Plan with vision and mission statements by July 2018; individualized coaching and development plans for select STD managers by July 2018, with completion by June 2019.</p>		

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
<p>2. Subcontract for Social Scientist Consultant with expertise in sexual health for Black/African American adolescents and young adults; resultant pilot intervention to improve sexual health outcomes in this group.</p> <p>Goals: Develop in-depth understanding of the factors that influence the existing disparities in rates of Chlamydia and gonorrhea in Black/African American (B/AA) youth. From that knowledge, implement small pilot program and assess acceptability, feasibility and outcomes.</p> <p>Background: In San Francisco, B/AA adolescents and young adults age 15-25 continue to have the higher rates of chlamydia and gonorrhea compared to their peers of other race/ethnicities. B/AA youth continue to be a priority population for SFDPH STD due to these sexual health disparities.</p> <p>Since 2014, SFDPH has turned a focus to reducing disparities for B/AA San Franciscans in multiple areas of health. This effort, the Black/African American Health Initiative, or BAAHI, has been initiated and strongly supported by SFDPH leadership. It is a joint effort of both the San Francisco Health Network (SFHN) (the care delivery arm of SFDPH) and the Population Health Division and efforts have focused on improving performance of the SFHN for its B/AA patients. One of the four initiatives for BAAHI is improving chlamydia screening for young women.</p> <p>Efforts to improve Chlamydia screening include measuring true screening coverage in the SFHN clinics that see the highest numbers of B/AA young women, and implementing best practices such as self-collected vaginal swabs and standing orders for annual screening. To date, the SFHN youth clinics have increased screening coverage from an already high 80% of eligible patients to 90%. Efforts to do similar work with several other clinics are underway.</p> <p>We do not currently have a community-based effort to 'match' to BAAHI. That is, to understand directly from youth the facilitators and barriers of screening, condom use and self-efficacy that could lead to improved sexual health for young B/AA San Franciscans. We will use a portion of these one-time funds to work with an academic social scientist with expertise in sexual health assessment and interventions for young B/AA youth. Activities may include focus groups, and convening a youth sexual health advisory board. Information could be used to design low barrier STD screening programs for youth, social marketing or other potential interventions.</p> <p>Further, we propose to take at least one of the novel ideas generated and create a prototype pilot project that we would assess for acceptability, uptake and feasibility.</p> <p>Timeline July 2017-June 2019</p> <p>Deliverables: Written reports of completed focus groups, advisory board recommendations and SFDPH protocols for designing and maintaining these types of efforts to engage youth by Dec 2018. Completed pilot project to engage youth to improve sexual health by June 2019.</p>		

~~4. The Grantee may use funds to print or duplicate posters, brochures, pamphlets, and other materials to promote STD awareness, testing, and treatment of at risk populations.~~

Exhibit A
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6. Summary of Required Reports and Data

Frequency	Time Frame	Deadline	Program	Report Recipient
Once	7/01/16 – 6/30/19	6/30/19	Core STD Program Management	STDLHJContracts@cdph.ca.gov
Biannual Monthly	7/1/16 – 12/31/16 1/1/17 – 6/30/17 7/1/17 – 12/31/17 1/1/18 – 6/30/18 7/1/18 – 12/31/18 1/1/19 – 6/30/19 <u>7/1/2018 – 7/31/2018</u> <u>8/1/18 – 08/31/18</u> <u>9/1/18 – 9/30/18</u> <u>10/1/18 – 10/31/18</u> <u>11/1/18 – 11/30/18</u> <u>12/1/18 – 12/31/18</u> <u>1/1/19 – 1/31/19</u> <u>2/1/19 – 2/28/19</u> <u>3/1/19 – 3/31/19</u> <u>4/1/19 – 4/30/19</u> <u>5/1/19 – 5/31/19</u> <u>6/1/19 – 6/30/19</u>	2/28/17 8/31/17 2/28/18 8/31/18 2/28/19 6/30/19 <u>08/15/18</u> <u>09/15/18</u> <u>10/15/18</u> <u>11/15/18</u> <u>12/15/18</u> <u>1/15/19</u> <u>2/15/19</u> <u>3/15/19</u> <u>4/15/19</u> <u>5/15/19</u> <u>6/15/19</u> <u>6/30/19</u>	STD Case Closure	CalREDIE data system, <u>or</u> Denise.Gilson@cdph.ca.gov