

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
STD 213A (Rev 6/03)

Agreement No. 15-524-3

☒ Check here if additional pages are added: 01 Page(s)

Agreement Number 15-10253	Amendment Number A03
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:
- | | |
|--|----------------------------------|
| State Agency's Name
California Department of Public Health | Also known as CDPH or the State |
| Contractor's Name
County of Fresno | (Also referred to as Contractor) |
2. The term of this Agreement is: **July 1, 2015 through June 30, 2019**
3. The maximum amount of this Agreement after this amendment is: **\$410,891**
Four Hundred Ten Thousand, Eight Hundred Ninety-One Dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. **Purpose of Amendment:** The purpose of this amendment is to reduce the Year 4 budget by \$8,619.00 for the Chlamydia and Gonorrhea Screening Project and modifies Exhibit A, Scope of Work to eliminate the participation in the Chlamydia and Gonorrhea Screening Project effective January 1, 2019.
- II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
- III. Exhibit A, Scope of Work is hereby replaced in its entirety with the attached revised exhibit and shall now read as Exhibit A, A03, Scope of Work.

(Continued)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)

County of Fresno

By (Authorized Signature)

Date Signed (Do not type)

Printed Name and Title of Person Signing

Nathan Magsig, Chairman of the Board of Supervisors of the County of Fresno

Address

**1221 Fulton Street, 6th Floor Contracts
Fresno, CA 93721**

STATE OF CALIFORNIA

Agency Name

California Department of Public Health

By (Authorized Signature)

Date Signed (Do not type)

Printed Name and Title of Person Signing

Marshay Gregory, Chief, Contracts Management Unit

Address

**1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377**

ATTEST:

BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By

[Signature]

CALIFORNIA
Department of General Services
Use Only



☐ Exempt per:

[Signature]

IV. Exhibit B, Budget Detail and Payment Provisions, paragraph 4, subparagraph A is amended to read as follows:

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$126,695 for the budget period of 07/01/2015 through 06/30/2016.
- 2) \$110,695 for the budget period of 07/01/2016 through 06/30/2017.
- 3) \$94,695 for the budget period of 07/01/2017 through 06/30/2018.
- 4) ~~\$87,425~~ **\$78,806** for the budget period of 07/01/2018 through 06/30/2019.

V. Exhibit B, Budget Detail and Payment Provisions is amended to add paragraph 8 as follows:

8. Availability and Use of Federal Funds

Note: Funding is not granted until the federal funder grants the award allocations for the budget year. Quarterly invoices must be submitted as agreed to in Exhibit B, Budget Detail and Payment Provisions.

VI. Exhibit B, A02, Attachment IV, Budget Year 4 is hereby replaced in its entirety and shall now read as Exhibit B, A03, Attachment IV, Budget Year 4.

Exhibit A Scope of Work

1. Service Overview

The Contractor 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, 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.

2. Service Location

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

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	County of Fresno
Matt Ayson <u>Karlo Estacio</u> Chief, Administrative <u>Business Operations</u> Support Section STD Control Branch Telephone: (916) 552-9849 <u>9820</u> Fax: (916) 440-5106 Email: Matt.Ayson@cdph.ca.gov <u>Karlo.Estacio@cdph.ca.gov</u>	Stephanie Garcia <u>Mario Hernandez</u> Supervising Communicable Disease Specialist <u>Staff Analyst</u> Telephone: (559) 600-3434 <u>9307</u> Fax: (559) 600-7601 Email: stephaniegarcia@co.fresno.ca.us <u>mariohernandez@fresnocountyca.gov</u>

Exhibit A
Scope of Work

B. Direct all inquiries to:

California Department of Public Health	County of Fresno
STD Control Branch Attention: Christine Johnson 1616 Capitol Avenue, MS 7320 P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 552-9796 Fax: (916) 440-5364 636-6454 Email: Christine.Johnson@cdph.ca.gov	Stephanie Garcia Mario Hernandez Supervising Communicable Disease Specialist Staff Analyst 1221 Fulton Mall Fresno, CA 93721 Telephone: (559) 600-3434 9307 Fax: (559) 600-7601 Email: stephaniegarcia@co.fresno.ca.us mariohernandez@fresnocountyca.gov

C. All payments from CDPH to the contractor shall be sent to the following address:

<u>Remittance Address</u> <u>Federal ID#: 94-6000512</u> <u>FISCAL ID#: 0000012368</u> <u>County of Fresno</u> <u>Attention "Cashier:" Bruna Chavez, DPH Business Manager</u> <u>P.O. Box 11800</u> <u>Fresno, CA 93775</u> <u>Telephone: (559) 600-9307</u> <u>Fax: (559) 600-7692</u> <u>Email: dphboap@fresnocountyca.gov</u>

G. 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. Subcontractors must comply with the State Contracting Manual Volume I, 3.17.2.D.

Exhibit A
Scope of Work

5. Services to be Performed

Part 1: Core STD Program Management

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.

☒ Participating in Core STD Program Management ☐ Not participating in Core STD Program Management

The Contractor 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, 2018 through June 30, 2019 will be due on June 30, 2019.

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. Assure quality case-based surveillance for syphilis, GC, and CT.		
☒ 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.	7/1/15 – 6/30/19
☒ 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.</i> (Required activity).	Completion and closure of syphilis, GC, and CT cases diagnosed in January – June by August 30 of that year in CalREDIE*. Completion and closure of syphilis, GC, and CT cases diagnosed in July – December by February 28 of that year in CalREDIE*.	7/1/15 – 6/30/19 Semi-annual case closure

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
☒ 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 CalREDIE: • 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*.	7/1/15 – 6/30/19
☒ 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*.	7/1/15 – 6/30/19
☒ 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.	7/1/15 – 6/30/19
☒ 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: • Early syphilis* • Congenital syphilis* Completion and closure of cases as described in I.B.	7/1/15 – 6/30/19 Semi-annual case closure
☒ 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.	7/1/15 – 6/30/19 Semi-annual case closure

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
☐ H. 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.	Completed interview records for GC cases*. Completion and closure of cases as described in I.B.	7/1/15 – 6/30/19 Semi-annual case closure
☐ I. Conduct enhanced surveillance on GC cases as part of the California Gonorrhea Surveillance System (CGSS 2.0).	Completed timely and CalREDIE-entered interview records for CGSS-sampled GC cases*. Completion and closure of cases as described in I.B.	7/1/15 – 6/30/19 Semi-annual case closure
II. Conduct health promotion activities for youth at risk of STDs to increase STD/sexual health awareness and conduct primary prevention.		
☒ 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).	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
☒ 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.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ 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. ¹	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ 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. ¹	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ 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	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 2015).	Every other year, beginning in 2015.

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and teacher groups, or having local staff trained to administer the survey in selected schools.		
☒ 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.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ G. 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). ¹	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.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ H. 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. ¹	Description of activities will be included in the End-of-Year report, including methods of promoting resources.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ I. Utilize available promotional materials and outreach opportunities during STD Awareness Month (April) to promote the national Get Yourself Tested (GYT) campaign. ¹	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/17 Report due annually by 7/31
Optional: Place a checkmark in the box only if Contractor plans to subcontract. ☐ J. Subcontract with community-based or other organizations to ensure success of core STD program functions (check box if conducting this activity). ¹	Subcontract with community or other organizations, if needed.	7/1/15 – 6/30/19

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
III. Assure high quality STD screening and treatment services are available in the LHJ.		
☒ 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).	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ 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.	Description of activities will be included in the End-of-Year report. As applicable, description of: • STD screening practices • Adherence to STD treatment recommendations • Cultural competency to service at-risk groups	7/1/15 – 6/30/19 Report due annually by 7/31
☐ 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.	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	7/1/15 – 6/30/19 Report due annually by 7/31
☐ 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.	Proportion of early syphilis cases with known HIV status (positive or tested negative within 30 days of STD diagnosis)*. Proportion of GC cases with known HIV status (positive or tested negative within 30 days of STD diagnosis)*.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ E. Establish protocols and implement provider feedback mechanisms for management of inadequate or delayed treatment.	Develop protocol to monitor provider treatment practices and for targeting interventions at low-performing providers.	7/1/15 – 6/30/19

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
	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*.	
☐ 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 and primary care, and prenatal care providers). Programs may include training, dissemination of resources, and technical assistance. ¹	Description of activities will be included in the End-of-Year report. Measures include total number of provider visits/trainings, number and types of providers visited/trained, and number and types of resources disseminated.	7/1/15 – 6/30/19 Report due annually by 7/31
☒ 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.)	Description of activities will be included in the End-of-Year report. 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*. Percent of those tested (above) who are newly-diagnosed as HIV-infected*. Proportion of GC cases that are retested in 3 months.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ 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.	Description of activities will be included in the End-of-Year report. Percent of those newly diagnosed (above) who are linked to HIV care within 90 days of the date of HIV test*.	7/1/15 – 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
☐ I. Assess availability of and promote or provide patient-delivered partner therapy (PDPT) for patients diagnosed with CT/GC.	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
Optional: Place a checkmark in the box only if Contractor plans to subcontract. ☐ J. Subcontract with community-based or other organizations to ensure success of core STD program functions (check box if conducting this activity). ¹	Subcontract with community or other organizations, if needed.	7/1/15 – 6/30/19
IV. Conduct disease intervention activities, including partner services, for priority STDs to prevent further transmission in the community or from mother-to-child.		
☒ 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.	7/1/15 – 6/30/19
☒ 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*.	
☒ 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*.	7/1/15 – 6/30/19

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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
☒ 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*.	7/1/15 – 6/30/19
☒ E. <i>For <u>all</u> 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*.	7/1/15 – 6/30/19
☒ F. <i>For partners of <u>all</u> 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: • 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	

Exhibit A
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Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator test/diagnosis (among initiated partners known to be HIV-infected and out of HIV care)*.	Timeline
☒ 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: • 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*.	7/1/15 – 6/30/19
☒ 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 • Appropriately medically evaluated within 14 days • Appropriately treated within 14 days*	7/1/15 – 6/30/19
☒ I. <i>Conduct follow-up for suspected drug-resistant GC cases:</i> Known or suspected treatment failures and/or decreased susceptibility to treatment (i.e., high MIC). (Required activity).	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.	7/1/15 – 6/30/19
☐ J. <i>Conduct follow up for selected GC cases:</i> Persons with increased risk of transmission (e.g., repeat cases, HIV- infected cases) and/or pregnant females.	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.	7/1/15 – 6/30/19

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
	Proportion of initiated partners of GC/HIV co-infected cases that are: • Newly tested for HIV • Newly identified HIV positive • Confirmed linkage to HIV care within 90 days of HIV-positive test*	
☐ K. <i>Conduct follow-up for selected GC cases:</i> Persons located in geo-targeted areas with concentrated morbidity.	Number and proportion of GC cases interviewed from geo-targeted locations. Number and proportion of GC cases with at least one partner was tested and/or treated appropriately for GC.	7/1/15 – 6/30/19
☒ L. Conduct disease investigation for clusters or outbreaks of less common STDs, such as chancroid or lymphogranuloma venereum (LGV). (Required activity).	Description of activities will be included in the End of Year Report.	7/1/15 – 6/30/19 as needed Report due annually by 7/31
☒ M. 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. 1. Enter client level demographic, laboratory, clinical, and case investigation activities on relevant CalREDIE systems tabs. 2. Enter client interview records with enhanced surveillance data, including syphilis interview record and CGSS 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).	Completion and closure of case report forms, interview records, and partner investigation outcomes in CalREDIE*.	7/1/15 – 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
V. Assure that local STD policies and communications are effective.		
☒ 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.	7/1/15 – 6/30/19
☒ 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.	7/1/15 – 6/30/19 Report due annually by 7/31
☒ C. Participate in relevant community coalitions focused on sexual health. (Required activity).	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
Optional: Place a checkmark in the box only if Contractor plans to subcontract. ☐ 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.	7/1/15 – 6/30/19

Exhibit A
Scope of Work

Part 2: Gonococcal Isolate Surveillance Project (GISP)

Goal 1: Monitor antimicrobial susceptibility of strains of *Neisseria gonorrhea* in California.

Goal 2: Ensure timely follow up for cases with reduced susceptibility to antibiotic therapy.

☐ Participating in GISP

☒ Not participating in GISP

The Contractor is responsible for completing all GISP activities as outlined below within the term of the contract. Specimens and reports should be submitted directly to the Centers for Disease Control and Prevention (CDC).

Activities	Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. Provide specimens for GISP to monitor trends in antimicrobial susceptibility of strains of <i>Neisseria gonorrhea</i>.		
Collect and submit 25 <i>Neisseria gonorrhea</i> culture specimens and patient demographic and clinical data per month, per GISP protocols.	Number of <i>N. gonorrhea</i> cultures submitted to CDC, per month.	7/1/15 – 6/30/19
II. Provide case management for alert values.		
Conduct follow-up for GC cases with alert values or reduced susceptibility to treatment (i.e., high MIC).	Number and proportion of cases with high MICs that were interviewed and brought to care for test-of-cure, per CA-GISP protocol.	7/1/15 – 6/30/19

Exhibit A
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Part 3: Chlamydia and Gonorrhea Screening Project (ClaSP)

Goal: Facilitate the implementation of CT and GC screening and treatment programs for high-risk adolescent females in juvenile justice facilities.

☒ Participating in ClaSP ☐ Not participating in ClaSP

*The Contractor is responsible for completing **all** ClaSP activities as outlined below within the term of the contract. Quarterly reports should be submitted to clasp@cdph.ca.gov within 30 days of the end of each quarter. The use of the nucleic acid amplification test (NAAT) is mandatory unless the Contractor has received approval to use another test, in writing, from the STD Control Branch.*

Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. Screen and treat female bookings in juvenile justice facilities.			
A.	Provide CT/GC screening using the NAAT test to all eligible females at juvenile justice sites at intake (or within 48 hours).	Proportion of detainees screened within 48 hours of booking. Benchmark is 80%; if <80%, improvements must exceed 2% per year.	7/1/15 – 6/30/19 12/31/18
B.	Ensure rapid notification of positive test results and provide appropriate and expedient treatment. For those testing positive that are released prior to treatment, ensure rapid follow-up and appropriate referral.	Proportion of detainees treated within 14 days of test date. Benchmark is 90%. Proportion of detainees with documentation of treatment in the facility.	7/1/15 – 6/30/19 12/31/18
Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed.		Subcontract with other organizations, if needed.	7/1/15 – 6/30/19 12/31/18
☐ C.	Subcontract with the juvenile justice center(s) or other appropriate organizations to enhance program activities.		
II. Provide accurate, complete, and timely data to CDPH.			
A.	Collect all data elements delineated in the data dictionary for CT and GC screening and treatment activities.	Data reports submitted electronically to the ClaSP Coordinator.	7/1/15 – 6/30/19 12/31/18

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
		Reports due within 30 days of the end of each quarter
III. Participate in program improvement activities.		
A. Identify a project manager who is responsible for the coordination and implementation of this project.	Inclusion in quarterly reports.	7/1/15 – 6/30/19 <u>12/31/18</u> Reports due within 30 days of the end of each quarter
B. Collaborate with ClaSP Project Manager in the planning and coordination of site visits to local juvenile justice centers to assess ClaSP project and identify opportunities for improvement and best practice models.	Outcome of site visits will be documented in quarterly reports.	7/1/15 – 6/30/19 <u>12/31/18</u>
C. Attend ClaSP project teleconferences and the annual in-person meeting, as scheduled; participate in committees and workgroups; and assist in planning meetings, as requested. Locations and dates will be determined at a later date and provided to attendees in advance of the meetings.	Conference calls and meetings attended, as requested.	7/1/15 – 6/30/19 <u>12/31/18</u>
Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed. ☐ D. Subcontract with the juvenile justice center(s) or other appropriate organizations to enhance program activities.	Subcontract with other organizations, if needed.	7/1/15 – 6/30/19 <u>12/31/18</u>

Exhibit A
Scope of Work

Part 4: Jail STD Screening Project

Goal: Facilitate the implementation of CT and GC screening and treatment programs for females up to age 35 in adult county jails.

☐ Participating in Jail STD Screening Project ☒ Not participating in Jail STD Screening Project

*The Contractor is responsible for completing **all** Jail STD Screening Project activities as outlined below within the term of the contract. Quarterly reports should be submitted to stdcorrections@cdph.ca.gov within 30 days of the end of each quarter.*

Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. Implement CT/GC screening for booked females age 35 and under in designated jail facilities.			
A.	Provide CT/GC screening to females up to age 35 at designated adult jail facilities.	Proportion of eligible detainees screened within 48 hours of booking.	7/1/15 – 6/30/19
B.	Ensure that CT/GC specimens are delivered to designated project-affiliated public health lab in a timely manner.	Not applicable (N/A) – not part of this contract; content intentionally omitted.	7/1/15 – 6/30/19
C.	Ensure rapid notification of positive test results and provide appropriate and expedient treatment. For those testing positive that are released prior to treatment, ensure rapid follow-up and appropriate referral.	Proportion of detainees treated and time until treatment.	7/1/15 – 6/30/19
Optional: Place a checkmark in the box only if Contractor plans to subcontract with participating jail(s) and specify activities to be performed.		Subcontract with other organization, if needed.	7/1/15 – 6/30/19
☐ D.	Subcontract with the adult jail facility, sheriff's department, correctional health agency, or other organizations to ensure feasibility of the pilot (check box if conducting this activity).		

Exhibit A
Scope of Work

Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
II. Provide accurate, complete, and timely data to CDPH.			
A.	Collect all data elements delineated in the data dictionary for CT and GC screening and treatment activities.	Data reports submitted electronically to the Jail STD Screening Project Coordinator.	7/1/15 – 6/30/19 Data due within 30 days of the end of each quarter
III. Participate in program implementation and quality improvement activities.			
A.	Identify a project manager who is responsible for the coordination and implementation of this pilot project.	Inclusion in quarterly reports.	Reports due within 30 days of the end of each quarter
B.	Participate in and plan site visitations from the State Jail Screening Project Manager, as needed.	Site visits attended, if applicable.	7/1/15 – 6/30/19
C.	Attend meetings and conference calls, as scheduled; participate in committees and workgroups; and assist in planning meetings, as requested.	Meetings and conference calls attended, as requested.	7/1/15 – 6/30/19
D.	Participate in project-related interviews or surveys, as requested, to assist State staff in determining barriers and facilitators to project implementation, feasibility of expanding the project, and other project-related evaluation needs.	Quarterly program improvement updates Survey responses submitted, as requested	7/1/15 – 6/30/19 Reports due within 30 days of the end of each quarter
Optional: Place a checkmark in the box only if Contractor plans to subcontract with participating jail(s) and specify activities to be performed.		Subcontract with other organization, if needed	7/1/15 – 6/30/19
☐ E.	Subcontract with the adult jail facility, sheriff's department, correctional health agency, or other organizations to ensure feasibility of the pilot (check box if conducting this activity).		

Exhibit A
Scope of Work

Part 5: STD/Human Immunodeficiency Virus (HIV) Service Integration

Goal 1: Improve HIV screening and prevention among STD cases.

Goal 2: Improve STD screening and management among HIV-infected clients.

☐ Participating in STD/HIV Service Integration

☒ Not participating in STD/HIV Service integration

*The Contractor is responsible for completing **all** STD/HIV Service Integration activities as outlined below. End-of-Year reports should be submitted to the 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, 2018 through June 30, 2019 will be due on June 30, 2019.*

Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. Among STD patients, increase diagnosis of new HIV, increase linkage to care, and increase re-engagement in care.			
A.	Determine HIV status of early syphilis and GC cases using medical records, local registries, or client self-report.	Proportion of early syphilis and GC cases with documented HIV status*.	7/1/15 – 6/30/19
B.	For HIV negative clients or persons with unknown HIV status, offer or ensure HIV testing.	Proportion of patients who are tested for HIV within 30 days before or after the date of specimen collection for GC or early syphilis at STD clinics*. Of patients tested for HIV, proportion of patients who are newly diagnosed with HIV*.	7/1/15 – 6/30/19
C.	For known HIV infected clients, ensure that they are currently receiving HIV care. If not in care, use existing infrastructure to re-engage those patients with the HIV care system within 90 days of STD test date. Confirm re-engagement in HIV care using a documented HIV care visit or related laboratory test (i.e., viral load or CD4).	Of patients who are known to be HIV-infected and are out of HIV care, proportion who with confirmed re-engagement in care within 90 days of STD test date*.	7/1/15 – 6/30/19
D.	For clients newly diagnosed with HIV, use existing infrastructure to link those patients to HIV care within 90 days of the HIV test. Confirm linkage to care using a documented HIV care visit or related laboratory test (i.e., viral load or CD4).	Of those patients who are newly diagnosed with HIV, proportion with a confirmed linkage to care within 90 days of HIV test*.	7/1/15 – 6/30/19

Exhibit A
Scope of Work

Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
II. Among STD patients assure access to partner services, HIV prevention, and quality clinical management.			
A.	Offer partner services for clients co-infected with HIV and early syphilis or GC, using an integrated partner services approach.	Proportion of initiated partners of <u>early syphilis</u>/HIV co-infected cases who are newly diagnosed with HIV infection within 60 days of index case's syphilis specimen collection, among those who are not already known to be HIV-infected*. Proportion of HIV-infected cases from above with a confirmed HIV care medical visit within 90 days of HIV test*. Proportion of initiated partners of <u>GC</u>/HIV co-infected cases who are newly diagnosed with HIV infection within 60 days of index case's syphilis specimen collection, among those who are not already known to be HIV-infected*. Proportion of HIV-infected cases from above with a confirmed HIV care medical visit within 90 days of HIV test*.	7/1/15 – 6/30/19
B.	Assure targeted HIV prevention for HIV-uninfected men having sex with men (MSM) (e.g., those diagnosed with rectal GC). Examples of HIV prevention activities include post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), High Impact Behavioral Counseling (HIBC), and risk-reduction counseling.	Description of protocols will be included in the End-of-Year reports.	Report due annually by 7/31
C.	Assure quality clinical management of STD cases, including adequate treatment, repeat STD or HIV testing, and any needed ongoing follow-up.	Description of assurance activities will be included in the End-of-Year reports.	Report due annually by 7/31

Exhibit A
Scope of Work

Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed.		Subcontract with community-based or other organizations, if needed.	7/1/15 – 6/30/19
☐ D.	Subcontract with community-based or other organizations to ensure success of STD/HIV Service Integration activities (check box if conducting this activity).		
III. Among partners of STD cases, increase diagnosis of new HIV, increase linkage to care and increase re-engagement in care.			
A.	Determine HIV status of partners of HIV-infected early syphilis and GC cases using clinic records, local registries, or partner self-report.	Same indicators as II.A.	7/1/15 – 6/30/19
B.	For HIV negative partners or partners with unknown HIV status, offer or ensure HIV testing.	Same indicators as I.B.	7/1/15 – 6/30/19
C.	For HIV infected partners, ensure clients are receiving HIV care. If not in care, use existing infrastructure to re-engage partners with the HIV care system. Confirm re-engagement by a documented HIV care medical visit or related laboratory test (i.e., viral load or CD4).	Same indicators as I.C.	7/1/15 – 6/30/19
D.	For partners newly diagnosed with HIV, use existing infrastructure to link those patients to HIV care within 90 days of the HIV test. Confirm linkage to care using documented HIV care visit or related laboratory test (i.e., viral load or CD4).	Same indicators as I.D.	7/1/15 – 6/30/19
IV. Assure quality STD screening and management for HIV-infected clients.			
A.	Assess STD screening in HIV care settings. Priority STD screening includes: (1) syphilis; (2) rectal, pharyngeal, and urethral GC, and (3) rectal and urethral CT.	Proportion of MSM receiving clinical care at high volume HIV care providers tested at least once for syphilis in the past year. Proportion of MSM receiving clinical care at high volume HIV care providers tested at least once for rectal GC in the past year (if data available).	7/1/15 – 6/30/19
B.	Implement interventions to improve routine STD screening in HIV care settings. CDC recommends at least annual STD testing for MSM, with increased testing (3-6 months) for MSM at higher risk. ¹	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31

Exhibit A
Scope of Work

Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
Activities		Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
C.	Assure quality clinical management of STD/HIV co-infected cases, including adequate treatment and repeat testing. Additional management activities may include Prevention with Positives, HIBC, and risk-reduction counseling.	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
D.	Assure timely public health reporting and referral for partner services, including HIV Partner Services.	Case reporting by providers within 7 days of specimen collection for syphilis and GC*.	7/1/15 – 6/30/19
Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed.		Subcontract with community-based or other organizations, if needed.	7/1/15 – 6/30/19
☐	E. Subcontract with community-based or other organizations to ensure success of STD/HIV Service Integration activities (check box if conducting this activity). ¹		
V. Participate in program implementation, evaluation, and quality improvement activities.			
A.	Identify a project manager who is responsible for the coordination and implementation of this pilot project.	Inclusion in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31
B.	Participate in and plan site visitations from the PCSI Coordinator, as needed.	Site visits attended, if applicable.	7/1/15 – 6/30/19
C.	Attend meetings and conference calls, as scheduled; participate in committees and workgroups; and assist in planning meetings, as requested.	Meetings and conference calls attended, as requested.	7/1/15 – 6/30/19
D.	Participate in project-related key-informant interviews or surveys, as requested, to assist STD Control Branch staff in determining barriers and facilitators to project implementation, feasibility of expanding the project, and other project-related evaluation needs.	Description of barriers and facilitators will be included in the End-of-Year report. Participation in key informant interviews, as requested. Survey responses submitted, as requested.	7/1/15 – 6/30/19 Report due annually by 7/31

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables * = CDPH will provide biannual reports with indicator	Timeline
E. Participate in a time-motion study to assess personnel costs of implementing linkage to care and re-engagement with care activities.	Completion and submission of time-motion study logs.	Once during contract period (7/1/15-6/30/19)
Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed. ☐ F. Subcontract with community-based or other organizations to ensure success of STD/HIV Service Integration activities (check box if conducting this activity).	Subcontract with community-based or other organizations, if needed.	7/1/15 – 6/30/19

Part 6: Chlamydia Screening Quality Improvement in Primary Care (CT QI Project and Evaluation)

Goal 1: Improve chlamydia screening among young women within the primary care setting.

Goal 2: Evaluate effectiveness of CT QI project efforts.

☐ Participating in CT QI Project ☒ Not participating in CT QI Project

The Contractor is responsible for completing all CT QI Project activities as outlined below. End-of-Year reports should be submitted to the 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, 2018 through June 30, 2019 will be due on June 30, 2109.

Activities	Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. Support CT QI efforts within partnering health plans and primary care provider groups serving LHJ.		
A. Identify a project manager who will provide dedicated time, as per the percent FTE identified and funded in budget, to the coordination and implementation of this project.	Inclusion in the End-of-Year report.	7/1/15 – 6/30/19
B. Participate in and plan site visitations with STDCB and their partners, as needed.	Site visits attended, if applicable.	7/1/15 – 6/30/19

Exhibit A
Scope of Work

Activities		Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
C.	Attend CT QI project meetings and conference calls, as scheduled; and assist in planning meetings, as requested.	Meetings and conference calls attended, as requested.	7/1/15 – 6/30/19
D.	Promote CT QI to local Medi-Cal Managed Care (MMC) plans through standing quarterly meetings and commercial health plans through other outreach efforts.	Number of health plans (Medi-Cal Managed Care, Commercial) contacted; number of meetings/calls; and meeting minutes with attendees, titles, and action items	7/1/15 – 6/30/19
E.	As requested by plans and STDCB, partner with STDCB and their partners to create resources and provide technical assistance (TA) to health plans that request CT QI support.	Number of plans requesting TA/resources; description of resources and TA provided.	7/1/15 – 6/30/19
F.	Collaborate with STDCB partners to provide ongoing CT QI TA through a minimum of quarterly consultative meetings and provider visitation, to each Federally Qualified Health Center (FQHC) clinic site serving LHJs and participating in the project.	Number of FQHC organizations and clinic sites participating; number of consultative meetings per site; number of provider visits per site; and meeting/visit notes with attendees, titles, and action items.	7/1/15 – 6/30/19
G.	Collaborate with STDCB partners to provide ongoing CT QI TA through a minimum of quarterly consultative meetings and provider visitation, to each pediatric practice group (PPG) site serving LHJ and participating in the project.	Number of PPG organizations and clinic sites participating; number of consultative meetings per site; number of provider visits per site; and meeting/visit notes with attendees, titles, and action items.	7/1/15 – 6/30/19
II. Assist in the implementation of a formal evaluation to assess the effectiveness of CT QI efforts within the LHJ.			
A.	Coordinate a County Stakeholder Advisory Committee (SAC) made up of 10-15 community clinicians, health plans, and other stakeholders to advise on CT QI program and evaluation activities, in collaboration with STDCB partners.	Number and dates of SAC meetings held; number of participants; meeting minutes with attendee names, titles, and organizations represented; and recommendations and action steps.	First committee meeting to be held by 12/31/15; quarterly meetings following through 6/30/19
B.	Assist STDCB and their partners in the annual collection of qualitative and quantitative data from CT QI participating health plans, FQHCs and PPGs in the LHJ, including: chart abstraction (if needed), key informant interviews, and staff surveys.	Number of participating sites where evaluation data was collected; number of charts abstracted from each site; number of key informant interviews performed at	7/1/15 – 6/30/19

Exhibit A
Scope of Work

Activities	Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
	each site; number of staff surveys collected from each site. All data collected through these mechanisms.	
C. Assist STDCB and their partners with the coordination and facilitation of at least two (one pediatric and one community health center) focus groups involving primary care providers/QI leads from the broader LHJ clinical community, to be performed in 2016 and repeated in 2018.	Number of focus groups held; number of participants; and all focus group notes.	First focus groups completed by 9/30/16; 2 nd completed by 6/30/17

Part 7: GC Outbreak Response in Small Jurisdictions

Goal: Increase local STD Control Program infrastructure to reduce the transmission of GC.

☐ Participating in GC Outbreak Response ☒ Not participating in GC Outbreak Response

The Contractor is responsible for completing GC Outbreak Response in Small Jurisdictions as outlined below. The Contractor must select at least one activity based upon local program need and resources. Please indicate which of these activities your local health jurisdiction will pursue by placing an "X" in the appropriate 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, 2018 through June 30, 2019 will be due on June 30, 2019.

Activities	Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
I. Characterize GC epidemiology through surveillance.		
☐ A. Assure quality case-based surveillance for GC through triage and processing of GC laboratory reports and confidential morbidity reports, and data entry into CALREDIE.	Proportion of GC case reporting by providers within 14 days of specimen collection for GC*. Completion and closure of GC cases diagnosed in January – June by August 30 of that year, in CalREDIE*.	7/1/15 – 6/30/19

Exhibit A
Scope of Work

Activities	Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
	Completion and closure of GC cases diagnosed in July – December by February 28 of that year, in CalREDIE*.	
☐ B. Conduct enhanced surveillance on GC cases as part of the California Gonorrhea Surveillance System (CGSS 2.0).	Completed interview records for CGSS-sampled GC cases*	7/1/15 – 6/30/19 Semi-annual case closure
☐ C. Conduct enhanced surveillance for additional GC cases as part of an outbreak or unusual occurrence investigation and/or as part of a geo-targeted assessment and intervention.	Proportion of GC cases with completed interview records in CalREDIE*.	7/1/15 – 6/30/19 Semi-annual case closure
II. Assure quality clinical care for GC patients.		
☐ A. Provide consultation, training and technical assistance to clinics with a high-volume of GC cases on GC case management. ¹	Description of activities will be included in the End-of-Year report, please include: • Number and type of clinics and staff members who received consultation, technical assistance, or training and activities conducted.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ B. Promote high-volume clinic's availability and use of expedited partner therapy (EPT) for partners who may not seek clinical care, including providing medication to clinics for use in PDPT.	Description of activities will be included in the End-of-Year report, please include: • Number and proportion of high volume clinics initiating or expanding use of EPT. • Number and proportion of all outbreak-associated GC cases that used PDPT by treatment type and dose.	7/1/15 – 6/30/19 Report due annually by 7/31
☐ C. Assure quality clinical management of GC cases, including adequate treatment, repeat testing, and any needed ongoing follow-up.	Description of activities will be included in the End-of-Year report, please include: • Number and proportion of outbreak-associated GC cases that were treated	7/1/15 – 6/30/19 Report due annually by 7/31

Exhibit A
Scope of Work

Activities	Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
	according to current CDC regimens by treatment type and dose. Number and proportion of outbreak-associated GC cases that were re-tested in 3 months.	
Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed. ☐ D. Subcontract with community-based or other organizations to ensure successful GC Outbreak Response (check box if conducting this activity).	Subcontract with community-based or other organizations, if needed.	7/1/15 – 6/30/19
III. Provide disease intervention and partner services for GC cases.		
☐ A. Elicit sexual and social network partner contact information during case interview and ensure data entry in CalREDIE to reflect partner services activities.	Completion and closure of case report forms, interview records, and partner investigation outcomes in CalREDIE*.	7/1/15 – 6/30/19 Ongoing data entry Case closures as described in I.B.
☐ B. Expand availability and use of field-delivered therapy for patients who do not get timely treatment within 14 days of test positive date.	Number and proportion of GC cases who received field treatment.	7/1/15 – 6/30/19 Report due annually by 7/31
IV. Conduct health promotion and outreach to at-risk populations.		
☐ A. Provide technical assistance and training to organizations working with populations at risk for GC (e.g. corrections, syringe exchange programs, mobile clinics), as evidenced by local epidemiological data, to ensure that their clients have access to medically accurate information, prevention tools, and quality clinical services.¹	Description of activities will be included in the End-of-Year report.	7/1/15 – 6/30/19 Report due annually by 7/31

Exhibit A
Scope of Work

Activities	Performance Indicators or Deliverables * = CDPH will provide biannual reports with indicator	Timeline
☐ B. Initiate screening for high-risk populations in non-clinical, community-based settings, as justified by local epidemiological data, supported by local and state priorities, and feasible given local resources.	Number of persons screened and proportion testing positive for GC in each targeted community-based screening program. Additional variables and data dictionary for screening outcomes is dependent upon on population or venue selected. Description of activities will be included in the End-of-Year report. Please include descriptive profile of screening program populations served based on CGSS data dictionary variables.	7/1/15 – 6/30/19 Report due annually by 7/31
Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed. ☐ C. Subcontract with community-based or other organizations to ensure successful GC Outbreak Response (check box if conducting this activity). ¹	Subcontract with community-based or other organizations, if needed.	7/1/15 – 6/30/19

¹ The Contractor may use funds to print or duplicate posters, brochures, pamphlets, and other material to promote STD awareness, testing, and treatment of at-risk populations.

Exhibit A
Scope of Work

6. Summary of Required Reports and Data

Frequency	Time Frame	Deadline	Program	Report Recipient
Annual	7/1/15 – 6/30/16	7/31/16	Core STD Program Management	STDHJContracts@cdph.ca.gov
	7/1/16 – 6/30/17	7/31/17	STD/HIV Service Integration	
	7/1/17 – 6/30/18	7/31/18	CT QI Project and Evaluation	
	7/1/18 – 6/30/19	6/30/19	GC Outbreak Response	
Biannual	7/1/15 – 12/31/15	2/28/16	STD Case Closure	CalREDIE data system
	1/1/16 – 6/30/16	8/31/16		
	7/1/16 – 12/31/16	2/28/17		
	1/1/17 – 6/30/17	8/31/17		
	7/1/17 – 12/31/17	2/28/18		
	1/1/18 – 6/30/18	8/31/18		
	7/1/18 – 12/31/18	2/28/19		
	1/1/19 – 6/30/19	6/30/19		

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Scope of Work

Frequency	Time Frame	Deadline	Program	Report Recipient
Quarterly	7/1/15 – 9/30/15	10/31/15	ClaSP	clasp@cdph.ca.gov
	10/1/15 – 12/31/15	1/31/16	Jail STD Screening Project	stdcorrections@cdph.ca.gov
	1/1/16 – 3/30/16	4/30/16		
	4/1/16 – 6/30/16	7/31/16		
	7/1/16 – 9/30/16	10/31/16		
	10/1/16 – 12/31/16	1/31/17		
	1/1/17 – 3/30/17	4/30/17		
	4/1/17 – 6/30/17	7/31/17		
	7/1/17 – 9/30/17	10/31/17		
	10/1/17 – 12/31/17	1/31/18		
	1/1/18 – 3/30/18	4/30/18		
	4/1/18 – 6/30/18	7/31/18		
	7/1/18 – 9/30/18	10/31/18		
	10/1/18 – 12/31/18	1/31/19		
	1/1/19 – 3/30/19	<u>12/31/18</u>		
	4/1/19 – 6/30/19	4/30/19 6/30/19		
Monthly	As requested by CDC		GISP	CDC GISP contacts

Exhibit B, Attachment IV
Budget
Year 4
July 1, 2018 – June 30, 2019

PERSONNEL

Classification	Monthly Salary		Percent of Time		Months on Project		A02 Budget	This Amendment	Amended Budget
	Original	Amended	Original	Amended	Original	Amended			
Communicable Disease Specialist II	\$4,563	<u>\$4,516</u>	0.59606	<u>0.56</u>	12		\$32,638	<u>(\$2,290)</u>	<u>\$30,348</u>
Office Assistant III	\$2,055	<u>\$3,343</u>	0.1666	<u>0.18</u>	12	<u>6</u>	\$4,108	<u>(\$498)</u>	<u>\$3,610</u>
Total Personnel							\$36,746	(\$2,788)	\$33,958
* Fringe Benefits @ 87.299%							\$32,079	(\$2,991)	\$29,088
Total Personnel & Benefits							\$68,825	(\$5,779)	\$63,046
OPERATING EXPENSES									
Specimen courier service (bi-weekly deliveries)							\$1,394	(\$1,394)	\$0
Total Operating Expenses							\$1,394	(\$1,394)	\$0
EQUIPMENT									
							\$0	\$0	\$0
TRAVEL (meetings, 8 - 10 site visits/year)									
							\$0	\$0	\$0
SUBCONTRACTORS									
							\$0	\$0	\$0
Total Subcontractors							\$0	\$0	\$0
OTHER COSTS									
							\$0	\$0	\$0
INDIRECT COSTS (25% <u>24.989 - 24.998%</u> OF PERSONNEL AND BENEFITS)							\$17,206	(\$1,446)	\$15,760
BUDGET GRAND TOTAL							\$87,425	(\$8,619)	\$78,806

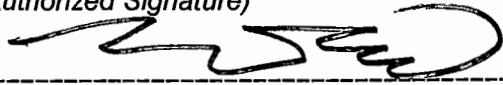
* Fringe Benefits: Rates are calculated by County of Fresno budget office and MOU personnel Services. The median County of Fresno fringe benefit rates vary based on classification.

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and

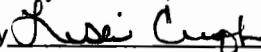
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		Federal ID Number
Proposer/Bidder Firm Name (Printed) County of Fresno		94-6000-512
By (Authorized Signature) 		
Printed Name and Title of Person Signing Nathan Magsig, Chairman of the Board of Supervisors		
Date Executed 5/14/2019	Executed in the County and State of California	

ATTEST:

BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By 

STATE DPH – STD Control Branch: STD Prevention and Control Agreement
Amendment (#15-10253, A03; A-15-524-3)

Fund/Subclass:	0001/10000
Organization #:	56201661
Revenue:	3530