CALIFORNIA SEXUALLY TRANSMITTED DISEASES PROGRAM Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

County of Fresno, hereinafter "Grantee"

Implementing the project, "Core STD Program Management," hereinafter "Project" AMENDED GRANT AGREEMENT NUMBER 19-10073, 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 FOR AMENDMENT: The purpose of the Grant amendment is to:

Add Exhibit A, Scope of Work, 4, Part III, Optional Activity C and D to the services and to revise the Department's contact for inquiries and remittance address.

Amendments are shown as: Text additions are displayed in <u>bold and underline</u>. Text deletions are displayed as strike through text (i.e., Strike).

Exhibit A, Scope of Work, is hereby replaced in its entirety with Exhibit A, A01, Scope of Work.

The following exhibit is attached and made a part of this Grant by this reference:

Exhibit A SCOPE OF WORK

The Department contact for inquiries is revised as follows:

Direct all inquiries to:

California Department of Public Health STD Control Branch		
Attention: Christine Johnson <u>Rachel Delmendo</u> Grant Manager		
Address:	P.O. Box 997377, MS 7320	
City, Zip:	Sacramento, CA 95899-7377	
Phone:	(916) 552- 9796	

State of California – Health and Human Services Agency – California Department of Public Health CDPH 1229A (Rev. 09/2019)

Fax:	(916) 636-6454
Email:	Christine.Johnson@cdph.ca.gov
	Rachel.Delmendo@cdph.ca.gov

The Remittance Address is revised as follows. All payments from CDPH to the Grantee shall be sent to the following address:

County o	f Fresno
Cashier:"	Bruna Chavez Public Health Business Manager
PO Box 1	1876 <u>11867</u>
Fresno CA 93775	
(559) 600	-6438
N/A	
bichavez	@fresnocountyca.gov
	PO Box + Fresno C/ (559) 600 N/A

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: Actober 19,202

Steve Brandau, Chairman

Board of Supervisors County of Fresno 2281 Tulare Street Fresno CA 93721

ATTEST:
BERNICE E. SEIDEL Clerk of the Board of Supervisors
County of Fresno, State of California
By Joe light
Deputy

State of California -- Health and Human Services Agency -- California Department of Public Health CDPH 1229A (Rev. 09/2019)

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Date: 11-4-21 avier Sandoval for Jeffrey Mapes, Chief Contracts and Management Unit California Department of Public Health 1616 Capitol Avenue, Suite 74.262, MS 1802 P.O. Box 997377 Sacramento, CA 95899-7377

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Exhibit A Scope of Work

1. Service Overview

The Grantee will implement public health activities to monitor, investigate, and prevent Sexually Transmitted Diseases (STD) within the local health jurisdiction. California Department of Public Health (CDPH) STD surveillance data indicate that over the past five years, there were continued increases in infectious syphilis, congenital syphilis, gonorrhea, and chlamydia trachomatis infection across the state. The increases in syphilis among women, including pregnant women, and the devastating impact of congenital syphilis is of particular concern. Local health jurisdictions should use these funds to augment local funding for comprehensive STD prevention and control activities.

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. Services to be Performed: Core STD Program Management

Part I: Surveillance: Assure quality case-based surveillance.

Activities	Performance Indicators/Deliverables	Timeline
A. Assure completeness and accuracy	Key population specific variables are as	07/01/19 -
 of key data variables through review 	follows:	06/30/24
of laboratory and provider reports,	For females – all stages of syphilis:	
surveillance system documentation, and public health follow-up of early syphilis cases.	 Proportion of early syphilis cases with complete data for the following key variables: 	
	 Pregnancy status (females ages 12-44) 	
	 Estimated Date of Delivery (EDD), if pregnant 	,
	 Treatment date, stage-appropriate medication and dosage 	
	➢ HIV status	

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Exhibit A

Scope of Work

	Activities	Performance Indicators/Deliverables	Timeline
		 For syphilis-exposed neonates: Proportion of congenital syphilis cases with appropriate classification documented on the Congenital Syphilis Case Report Form 	
		 For males – early syphilis (primary, secondary, early latent): Proportion of early syphilis cases with complete data for the following key variables: > Treatment date, stage-appropriate medication/dosage > HIV status > Gender of sex partners 	
В.	Ensure client-level interactions for syphilis cases are integrated with HIV, including assessing HIV testing and care status using HIV surveillance data prior to client follow- up to inform opportunities for testing, Pre-exposure prophylaxis (PrEP), and linkage or re-engagement to HIV care.	 Description in the End-of-Year report of efforts to actively verify or match syphilis and HIV data to inform comprehensive client interaction, detailing operational problems encountered and overcome. 	07/01/19 — 06/30/24
C.	Utilize STD surveillance data for syphilis, gonorrhea and chlamydia to inform public health program action or interventions.	 Description of one example of data informed program activity or intervention in the End-of-Year report. 	07/01/19 — 06/30/24
D.	Ensure all staff with access to STD data complete the CDPH required confidentiality and data security training and maintain on file the associated confidentiality agreements.	 Confidentiality and data security training agreements are maintained in the LHJ. 	07/01/19 — 06/30/24

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Exhibit A Scope of Work

Part II: Disease Intervention: Conduct disease intervention and partner services to prevent further transmission (community and mother-child).

	Activities	Performance Indicators/Deliverables	Timeline
A	 Ensure timely investigation of all reported reactive serologic tests for syphilis (reactors): Process syphilis reports using the Syphilis Reactor Alert System (SRAS) Guide to identify priority reactors for investigation, including reactors among females of reproductive age (12-44 years 	 Performance Indicators/Deliverables Using template provided by CDPH STD Control Branch, indicate LHJ priorities for public health follow-up of syphilis reactors. Proportion of all early syphilis cases that are treated appropriately within 7 days of initial report to local health department. 	07/01/19 – 06/30/24
	old), all reactors among neonates and children, reactors with titers of 1:32 and above regardless of gender or age, and all primary and secondary syphilis cases reported regardless of gender or age.		
	2. Conduct record search on all incoming syphilis reactors regardless of gender or age, including searching the surveillance registry to determine history of syphilis, verify adequate treatment status at appropriate intervals including appropriate intervals between doses among females, and assess post- treatment titer levels.		
	3. Obtain data from medical providers or electronic medical record searches to verify patient's diagnosis, signs and symptoms at time of exam, syphilis tests, and stage-appropriate treatment for priority reactors as determined by the SRAS.		~

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Exhibit A Scope of Work

Activities	Performance Indicators/Deliverables	Timeline
4. Initiate priority syphilis reports for field investigation, interview, and partner services for the following: patients with untreated or inadequately treated syphilis, new cases of syphilis for interview and partner services, and inadequate titer response requiring reassessment.		
B. Facilitate congenital syphilis	For females of reproductive age with syphilis	07/01/19
 b. Pacificate congenital syphils prevention: 1. Ensure that all pregnant and other females of reproductive age with syphilis (all stages) receive: timely and stage appropriate syphilis treatment, according to CDC STD Treatment Guidelines; referrals to prenatal care, family planning services and/or HIV testing, as needed; comprehensive interview, including contact tracing/partner elicitation. 	 Proportion of pregnant female cases linked to timely and stage-appropriate treatment within 7 days of initial report to the health department. Proportion of non-pregnant female cases linked to timely and stage-appropriate treatment within 7 days of initial report to the health department. Proportion of non-pregnant female cases linked to timely and stage-appropriate treatment within 7 days of initial report to the health department. Proportion of pregnant females who are previously HIV-positive or have a documented HIV test within 30 days before or 14 days after her syphilis diagnosis. 	07/01/19 06/30/24
	For partners of pregnant female syphilis	
2. Ensure that sexual and needle	cases (all stages):	
sharing partners of female	Proportion of early syphilis cases among	
 syphilis cases receive: notification of exposure or risk for syphilis; timely syphilis testing and appropriate treatment, 	females of reproductive age with at least one partner treated within 30 days before or after index client specimen collection.	
according to CDC STD	For female partners of male early syphilis	
 Treatment Guidelines; timely testing for HIV and linkage to HIV care as needed; comprehensive interview, including contact tracing/partner elicitation, for those diagnosed as syphilis cases. 	 cases: Proportion of male early syphilis cases who report female sex partners with at least 1 female partner treated within 30 days before or after specimen collection of the index case. 	

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Exhibit A Scope of Work

Activities	Performance Indicators/Deliverables	Timeline
 3. Ensure that female sexual and needle sharing partners of male early syphilis cases receive: notification of exposure or risk for syphilis; timely syphilis testing and stage-appropriate treatment, according to CDC STD Treatment Guidelines; referrals to prenatal care or family planning services, as needed; timely testing for HIV and linkage to HIV care, as needed; comprehensive interview, including contact tracing/partner elicitation, for those newly diagnosed. 		
 C. Facilitate congenital syphilis case management: 1. Document birth outcomes for all pregnant females with syphilis. 2. Ensure that all neonates exposed to syphilis receive a comprehensive medical evaluation for evidence of congenital syphilis, per CDC STD Treatment Guidelines. 	 Proportion of pregnant female syphilis cases (all stages) with documentation of birth outcome on the Congenital Syphilis Case Report Form. Proportion of pregnant female syphilis cases (all stages) who did not deliver a baby with congenital syphilis (Congenital Syphilis Prevention Ratio). Proportion of neonates exposed to any stage of syphilis with appropriate infant medical evaluation and treatment per CDC recommendations, including neonates that are classified as congenital syphilis stillbirths, confirmed cases, probable cases, and non-cases. 	07/01/19 – 06/30/24

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Exhibit A

Scope of Work

Activities	Rerformance Indicators/Deliverables	Timeline
 D. Facilitate HIV prevention: Ensure that all early syphilis cases receive: testing for HIV or confirmation of HIV-positive status; comprehensive interview, including integrated partner elicitation for syphilis and HIV; linkage or re-engagement to HIV care for HIV-positive syphilis cases; referral to HIV PrEP for HIV-negative syphilis cases. Ensure that all sexual and needle sharing partners receive: notification of exposure and risk for syphilis and HIV; linkage to testing and treatment, including presumptive treatment for syphilis; linkage to HIV testing or confirmation of HIV status; linkage to HIV care for individuals newly HIV-positive; re-engagement with care for HIV-positive; re-engagement with care for HIV-positive; comprehensive interview, including contact tracing/partner elicitation, for those newly diagnosed. 	 For early syphilis cases: Proportion of early syphilis cases with HIV negative or unknown status who are tested for HIV, within 30 days of initial report of local health department. Proportion of HIV-negative early syphilis cases, referred to PrEP. Proportion of early syphilis cases with new HIV diagnosis linked to HIV care within 30 days of HIV test. Proportion of early syphilis cases who are previously HIV positive and out of care who are linked to care within 30 days of interview. For partners of early syphilis cases: Proportion of partners tested or treated for syphilis within 14 days of index case interview. Proportion of HIV-negative/unknown partners tested for HIV within 14 days of index case interview. Proportion of HIV negative partners who are referred to HIV PrEP. Proportion of partners with new HIV diagnosis linked to care within 30 days of HIV test. Proportion of partners with new HIV diagnosis linked to care within 30 days of HIV test. Proportion of partners who are previously HIV positive and out of care who are linked to care within 30 days of hIV test. 	07/01/19 – 06/30/24
E. Coordinate and participate in cluster and outbreak detection and response activities related to syphilis clusters, suspected gonorrhea treatment failure or report of reduced drug susceptibility, and other relevant	 Description of process and outcomes of activities in the End-of-Year report, including: > Identification of cluster, outbreak, suspected drug resistance > Enhanced surveillance and interview of index cases 	07/01/19 06/30/24

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Exhibit A Scope of Work

Activities conditions such as lymphogranuloma venereum or ocular syphilis.	 Performance Indicators/Deliverables Timeline ➢ Sexual and social network investigation ➢ Field investigation, community outreach and screening events 	
Optional: Place a checkmark in the box only if Grantee plans to subcontract.	Subcontract with community or other organizations, if needed.	
☐ F. Subcontract with community- based or other organizations to ensure success of core STD program functions (check box if conducting this activity).		

Optional SOW Narrative: LHJ has new or innovative tasks that are not part of current Part 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.

Activities	222 Performance Indicators/Deliverables	Timelline
	•	
Not applicable		

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Exhibit A Scope of Work

Part III: Clinical Services: Assure high quality STD screening and treatment services.

A. Conduct an assessment of available STD screening and treatment services to support access to quality STD clinical services in the local health jurisdiction.	 Performance Indicators/Deliverables Description of the following activities in the End-of-Year Report: STD clinical assessment activities, including name(s) of key community clinics or medical providers and annual clinic census and hours of operation for health department STD clinics. Activities and partnerships to enhance availability or quality of STD clinical services. 	07/01/19 – 06/30/24
 OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. ☑ B. Enhance quality of STD care among providers in high volume clinics serving high morbidity areas or priority STD patients through activities such as provider detailing or clinical quality improvement. 	 Proportion of early syphilis cases receiving first-line recommended treatment. Proportion of gonorrhea cases receiving recommended treatment. Description of activities and corresponding indicators in the End-of- Year Report. 	07/01/19 – 06/30/24
 OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. ☑ C Enhance STD screening and treatment for vulnerable populations in settings such as jail, juvenile detention centers, and other high prevalence non-clinical settings; mobile testing among homeless encampments and other geographic hot spots; or online via the I Know program. 	Description of activities and corresponding indicators in the End-of- Year Report.	07/01/19 – 06/30/24 ·

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Exhibit A Scope of Work

Optional:	Place a checkmark in the box only if Grantee plans to subcontract.	Subcontract with community or other organizations, if needed.	07/01/19 — 06/30/24
base ensu prog	contract with community- d or other organizations to re success of core STD ram functions (check box if ucting this activity).		

Optional SOW Narrative: LHJ has new or innovative tasks that are not part of current Part 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.

Adin	lities		Performant	ee Indicators/Del	iverables	Timeline
Not applicable						
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Part IV: Health Promotion: Increase STD/sexual health awareness and primary prevention.

Activities	Performance indicators/Deliverables	Timeline
OPTIONAL ACTIVITY: Place a	 Description of activities in the End-of- 	07/01/19 -
checkmark in the box only if Grantee	Year Report, including:	06/30/24
plans to participate in this activity.	description of local disparities	
	number of collaborator sites	
A. Collect and review data to	activities to address disparities	
understand root causes of	other relevant program outcomes	
disparities in the local community;		
develop a plan to address		
disparities among African American and Latino/a		
populations.	-	

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Exhibit A Scope of Work

Activities OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. B. Provide technical assistance to school districts and other school- based partners regarding confidential sexual health services and education in accordance with state regulations.	 Performance Indicators/Deliverables Description of activities in the End-of- Year Report, including: number of collaborator sites technical assistance activities other relevant program outcomes 	Timeline 07/01/19 – 06/30/24
 OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity. C. Support local implementation of health promotion activities for adolescents and young adults; gay bisexual and other men who have sex with men; transgender individuals; racial/ethnic groups with high rates of infection; and other priority populations as defined by risk or geography. 	 Description of activities in the End-of- Year Report, including: description of priority population or area number of collaborator sites health promotion activities other relevant program outcomes 	07/01/19 – 06/30/24
D. Promote the presence, relevancy, and accuracy of STD prevention messaging on webpage(s) and other social media.	 Local health department website with: > local STD data > health alerts and provider resources > sexual and reproductive health education materials > links to clinical services Description of other social media outreach in the End-of-Year Report. 	07/01/19 – 06/30/24

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Exhibit A Scope of Work

Optional:	Activities Place a checkmark in the box only if Grantee plans to subcontract.	•	Performance Indicators/Deliverables Subcontract with JP Marketing for website, social media and other media campaign advertising.	07/01/19 – 06/30/24
base ensu progr	contract with community- d or other organizations to re success of core STD ram functions (check box if ucting this activity).			

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.

Activities	Performance Indicators/Deliverables	Timeline
Not applicable		

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Exhibit A

Scope of Work

Part V: Policy and Communication: Assure effective communication and policy development to support STD prevention.

	Activities	Performance Indicators/Deliverables	Timeline
F	 Identify and leverage opportunities to educate community partners, policy makers, and the media. 	 Description of activities will be included in the End-of-Year Report. 	07/01/19 – 06/30/24
E	B. Participate in statewide STD prevention forums, working groups, and web meetings to build capacity and enhance cross-jurisdictional communication.	 Number of attendees at the annual inperson California STD/HIV Controllers Association membership meeting Number of monthly Executive Committee teleconferences attended Number of Local Capacity Building webinars attended, as hosted by CDPH STD Control Branch. Number of staff attending statewide stakeholder conferences hosted by CDPH STD Control Branch. Description of additional activities in the End-of-Year Report. 	07/01/19 – 06/30/24
~	C. Collaborate with health department and external partners to leverage systems for addressing congenital syphilis, HIV prevention, and correctional health.	 Description of collaborations with health department partners (e.g., Maternal Child and Adolescent Health program, Public Health Nursing, HIV program) and external partners (e.g., community- based organizations, correctional facilities and contractors) in End-of-Year Report. 	07/01/19 – 06/30/24
	 Dptional: Place a checkmark in the box only if Grantee 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.	07/01/19 – 06/30/24

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<u>Optional SOW Narrative</u>: 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.

Activities	Performance Indicators/Deliverables
Not applicable	
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5. Summary of Required Reports and Data

Frequency	Timeframe	Deadline	Activities	Report Recipient
Annual	07/01/2019 – 06/30/2024	07/31/2020 07/31/2021 07/31/2022 07/31/2023 06/30/2024	Part II – V	STDLHJContracts@cdph.ca.gov
Ongoing	7/01/2019 – 6/30/2024	Ongoing, within 45 days of report to the LHJ	STD Case Closure	CalREDIE data system, or by other means per agreement between the local STD Control Officer and the STDCB.

California Department of Public Health

Name/No.: Amended Core STD Management Program Grant (State Agreement No. 19-10073, A01)

 Fund/Subclass:
 0001/10000

 Organization #:
 56201661

 Revenue Account #:
 3530