# 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, 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.

# 2. Service Location

The services shall be performed at applicable facilities in the County of [Name of County].

# 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

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

|  |  |
| --- | --- |
| **California Department of Public Health**  Matt Ayson  Chief, Business Operations Support Section  STD Control Branch  Telephone: (916) 552-9819  Fax: (916) 440-5106  Email: [Matt.Ayson@cdph.ca.gov](mailto:Matt.Ayson@cdph.ca.gov) | **County of \_\_\_\_\_\_\_\_\_\_**  Name  Title  County of \_\_\_\_\_\_\_\_\_\_  Telephone: (XXX) XXX-XXXX  Fax: (XXX) XXX-XXXX  Email: |

1. Direct all inquiries to:

|  |  |
| --- | --- |
| **California Department of Public Health**  STD Control Branch  Attention: [Name of Grant Manager]  1616 Capitol Avenue, MS 7320  P.O. Box 997377  Sacramento, CA 95899-7377  Telephone: (XXX) XXX-XXXX  Fax: (XXX) XXX-XXXX  Email: [Email address] | **County of \_\_\_\_\_\_\_\_\_\_**  Name  Title  County of \_\_\_\_\_\_\_\_\_\_  Address  City, CA Zip Code    Telephone: (XXX) XXX-XXXX  Fax: (XXX) XXX-XXXX  Email: |

1. 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.

# 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.

*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*](mailto:STDLHJContracts@cdph.ca.gov) *by July 31 following the end of each fiscal year during the term of this grant. The report for the period of July 1, 2018 through June 30, 2019 will be due on June 30, 2019.*

I. **Assure quality case-based surveillance for syphilis, GC, and CT.**

| **Activities** | **Performance Indicators/Deliverables  \* = CDPH will provide biannual reports with indicator** | **Timeline** |
| --- | --- | --- |
| 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 |
| B. Provide case-based data to the California Department of Public Health (CDPH) through the use of the California Reportable Disease Information Exchange (CalREDIE). *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). | 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\*. | 7/1/16 – 6/30/19  Semi-annual case closure |
| 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\*. | 7/1/16 – 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\*. | 7/1/16 – 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. | 7/1/16 – 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. | 7/1/16 – 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. | 7/1/16 – 6/30/19  Semi-annual case closure |
| 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. | 7/1/16 – 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. | 7/1/16 – 6/30/19  Semi-annual case closure |

**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. End of Optional SOW Narrative.

**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** |
| --- | --- | --- |
| 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. | 7/1/16 – 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. | 7/1/16 – 6/30/19  Report due annually by 7/31 |
| C. Provide technical assistance, training, resources, and referrals to school districts and other school-based partners 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. | 7/1/16 – 6/30/19  Report due annually by 7/31 |
| D. Provide technical assistance and training for building capacity among youth-serving community-based organizations 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. | 7/1/16 – 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 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. |
| 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 |
| 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. | 7/1/16 – 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. | 7/1/16 – 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. | 7/1/16 – 6/30/17  Report due annually by 7/31 |
| **Optional: Place a checkmark in the box only if Grantee 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. | 7/1/16 – 6/30/19 |

**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. End of Optional SOW Narrative.

**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** |
| --- | --- | --- |
| 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. | 7/1/16 – 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 | 7/1/16 – 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 | 7/1/16 – 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)\*. | 7/1/16 – 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.  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\*. | 7/1/16 – 6/30/19 |
| 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. | 7/1/16 – 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. | 7/1/16 – 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\*. | 7/1/16 – 6/30/19  Report due annually by 7/31 |
| 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. | 7/1/16 – 6/30/19  Report due annually by 7/31 |
| **Optional: Place a checkmark in the box only if Grantee 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. | 7/1/16 – 6/30/19 |

**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. End of Optional SOW Narrative.

**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  \* = CDPH will provide biannual reports with indicator** | **Timeline** |
| --- | --- | --- |
| 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 |
| B. *For priority syphilis reactors (Alert codes red and orange):* 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. *For early syphilis cases with unknown or negative HIV status:* 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 |
| D. *For early syphilis cases that are HIV-infected*: 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 |
| E. *For* ***all*** *early syphilis cases:* 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 |
| F. *For partners of* ***all*** *early syphilis cases:* 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 test/diagnosis (among initiated partners known to be HIV-infected and out of HIV care)\*. |  |
| G. *For early syphilis cases among females of child-bearing age (ages 15-49)*: 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\*. | 7/1/16 – 6/30/19 |
| H. *For congenital syphilis cases*: 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\* | 7/1/16 – 6/30/19 |
| 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). | 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 |
| J. *Conduct follow up for selected GC cases*: 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.  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\* | 7/1/16 – 6/30/19 |
| K. *Conduct follow-up for selected GC cases:* 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. | 7/1/16 – 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. | 7/1/16 – 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\*. | 7/1/16 – 6/30/19  Ongoing data entry  Case closures as described in I.B. |
| **Optional: Place a checkmark in the box only if Grantee plans to subcontract.**  N. Subcontract with community-based or other organizations to ensure success of core STD program functions (check box if conducting this activity). End of Optional SOW Narrative. End of Optional SOW Narrative. | 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.

**V Assure that local STD policies and communications are effective.**

| **Activities** | **Performance Indicators/Deliverables  \* = CDPH will provide biannual reports with indicator** | **Timeline** |
| --- | --- | --- |
| 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 |
| 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 |
| 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 |
| **Optional: 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. | 7/1/16 – 6/30/19 |

**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. End of Optional SOW Narrative.

1. 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

# 6. Summary of Required Reports and Data

| **Frequency** | **Time Frame** | **Deadline** | **Program** | **Report Recipient** |
| --- | --- | --- | --- | --- |
| End of Project | 7/01/16 – 6/30/19 | 60 days after the end of the contract term | Core STD Program Management | [STDLHJContracts@cdph.ca.gov](mailto:STDLHJContracts@cdph.ca.gov) |
| Biannual | 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 | 2/28/17  8/31/17  2/28/18  8/31/18  2/28/19  6/30/19 | STD Case Closure | CalREDIE data system |