



Contract Number  
19-444 A-1

SAP Number

## Department of Public Health

<b>Department Contract Representative</b>	Karla Rosales
<b>Telephone Number</b>	(909) 531-1795
 <b>Contractor</b>	 The California Department of Public Health-STD Program, CS Prevention Project
<b>Contractor Representative</b>	Christine Johnson
<b>Telephone Number</b>	
<b>Contract Term</b>	1/1/2019 through 1/31/2026
<b>Original Contract Amount</b>	\$700,000
<b>Amendment Amount</b>	\$280,000
<b>Total Contract Amount</b>	\$980,000
<b>Cost Center</b>	9300131000

### Briefly describe the general nature of the contract:

Approve Amendment No. 1 to Contract No. 19-444 (State Agreement No. 18-10700) from the California Department of Public Health for congenital syphilis prevention and control activities, updating the grant activities and budget documents, increasing the amount by \$280,000, from \$700,000 to \$980,000, and extending the contract retroactively an additional two years and one month, for a total period of January 1, 2019 through January 31, 2026.

#### FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 02/13/24

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

Joshua Dugas (Feb 13, 2024 16:31 PST)  
Joshua Dugas, Director

Date 02/13/24



TOMÁS J. ARAGÓN, MD, DrPH  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
**California Department of Public Health**



GAVIN NEWSOM  
Governor

## NOTIFICATION LETTER

DATE: OCTOBER 5, 2023

TO: CONGENITAL SYPHILIS PREVENTION GRANTEES

SUBJECT: SECOND EXTENSION OF CONGENITAL SYPHILIS PREVENTION FUNDING

The California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB) is pleased to inform the recipients of the Congenital Syphilis Prevention (CSP) funding that an additional extension has been announced by the Centers for Disease Control and Prevention (CDC). This second extension changes the previous extension date of 01/31/25 to 01/31/26 and includes additional funding.

As a reminder, funding for this grant is made possible through a cooperative agreement from the CDC. Below are the highlights of the federal award and a copy of the notice is also attached for reference.

- Federal Grant Award Name: PS19-1901 - Strengthening STD Prevention and Control for Health Departments (PCHD)
- Federal Grant Award Number: NH25PS005127
- Assistance Listing Number (aka CFDA) Number: 93.977

**Due to the announcement of this second extension of the grant funding, the first notification letter issued on August 21, 2023 is rescinded and will be replaced with this notice.**

Along with the announcement of the 27-month funding extension, the CDC also informed CDPH the level of funding for the extension will not change. With this second time extension and the addition of funding, the amendments currently in progress will be revised to:

- Change the grant agreement term end date from 12/31/23 to the new end date of 01/31/26.
- Add additional same level funding for the periods of 01/01/24 – 01/31/25 and 02/01/25 – 01/31/26.
- Update the grant activities document to allow more flexibility for grantees to spend down the remaining funding.

The change of the end date will not change the original effective date. With this amendment, the grants will have an effective period of January 1, 2019 through January 31, 2026.

CDPH has begun the amendment process and to expedite this grant amendment through the approval process, we request that you confirm your intention to accept this second extension and the additional funding no than **Friday, October 13, 2023**. Please submit a **formal letter of acceptance** via email to [STDHJContracts@cdph.ca.gov](mailto:STDHJContracts@cdph.ca.gov) with a cc to [Christine.Johnson@cdph.ca.gov](mailto:Christine.Johnson@cdph.ca.gov).

When e-mailing your intent to accept the additional funding to [STDHJContracts@cdph.ca.gov](mailto:STDHJContracts@cdph.ca.gov), please include your agency's name in the subject line when you send the email to help us to easily identify which local health jurisdiction you represent. Please note that no funds are secured until the amendment is fully executed.

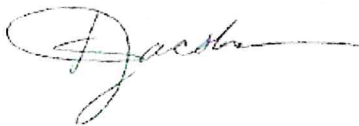
Budget revisions for the periods of 01/01/24 – 01/31/25 and 02/01/25 – 01/31/26 will need to be submitted and should include the projected amount to be spent. CDC has approved expanded authority permitting the rollover of unspent funds from calendar year 2023 through the end of January 2026. Budget revision requests for this period can be submitted after December 31, 2023, but no later than April 1, 2024. See Attachment 1 for the updated funding chart showing the amended grant award amounts.

#### **New Flexibility in Use of CSP Grant Funds**

The additional funding must be used to continue the CSP and control activities. However, the grant activities have been revised to allow more flexibility for the utilization of the funds. The Scope of Work (aka, grant activities) has been revised to expand syphilis and STI screening and prevention services in local emergency departments and jail settings as well as new optional activities for the Grantee to implement using this funding. These four new optional activities include: providing syphilis testing and prevention with integrated testing for HIV, HCV, chlamydia, gonorrhea, and mpox vaccination; however, there is a 10% cap on safety net clinical services/expenses, and this is based on the annual award amount. In addition to the expansion and integration of services, other optional activities include providing incentives to clients to encourage testing, treatment, and follow-up appointments (incentives are capped at 1% of the annual award); implementing a social marketing campaign; and to propose an innovative and impactful activity to increase client testing or prenatal services for at risk populations. A copy of the revised grant activities document is attached for reference.

If you have any questions, please feel free to contact Christine Johnson by e-mail at [Christine.Johnson@cdph.ca.gov](mailto:Christine.Johnson@cdph.ca.gov).

Sincerely,



Kathleen Jacobson, MD  
Branch Chief  
STD Control Branch

Enclosures

cc: Rachel Piper, Chief, Contracts and Purchasing Unit, STD Control Branch  
Jessica Frasure-Williams, Chief, Program Development Section, STD Control Branch  
Ashley Dockter, Evaluation and Quality Improvement Unit Chief, STD Control Branch  
Meghan Polich, Congenital Syphilis Program Coordinator, STD Control Branch



**Attachment 1**

Grant Number	Local Health Jurisdiction	Current Funding Amounts (Through 12/31/23)	Additional Funding (Year 6)	Additional Funding (Year 7)	Final Award Amount
			(01/01/2024 - 01/31/2025)	(02/01/2025 - 01/31/2026)	
18-10698	Fresno	\$700,000	\$140,000	\$140,000	\$980,000
18-10699	Kern	\$700,000	\$140,000	\$140,000	\$980,000
20-10720	Long Beach	\$240,000	\$80,000	\$80,000	\$400,000
20-10721	Riverside	\$240,000	\$80,000	\$80,000	\$400,000
20-10722	Sacramento	\$240,000	\$80,000	\$80,000	\$400,000
18-10700	San Bernardino	\$700,000	\$140,000	\$140,000	\$980,000
18-10701	San Joaquin	\$640,000	\$140,000	\$140,000	\$920,000
18-10702	Stanislaus	\$400,000	\$80,000	\$80,000	\$560,000
<b>Total Funding:</b>		<b>\$3,860,000</b>	<b>\$880,000</b>	<b>\$880,000</b>	<b>\$5,620,000</b>

## Exhibit A Scope of Work

### 1. Service Overview

The Grantee will implement evidence-based public health activities to proactively address the rise in congenital syphilis (CS) cases within the local health jurisdiction.

Key strategic targets for CS prevention and control include: robust case management for pregnant ~~female~~ **people** with syphilis and CS cases; conducting Morbidity and Mortality Reviews of CS cases to identify missed opportunities for prevention; collaborating with CDPH program staff on a quality improvement project aimed at improving health department syphilis processes; partnering with correctional facilities to implement syphilis screening in jails; and providing education to priority prenatal care providers and birthing hospitals to enhance screening and treatment practices.

**Effective January 1, 2023, the Scope of Work (aka grant activities) has been revised to expand syphilis and STI screening and prevention services in local emergency departments and jail settings as well as new optional activities for the Grantee to implement using this funding. These four new optional activities include: providing syphilis testing and prevention with integrated testing for HIV, HCV, chlamydia, gonorrhea, and mpox vaccination; providing incentives to clients to encourage testing, treatment, and follow-up appointments; implementing a social marketing campaign; and to propose an innovative and impactful activity to increase client testing or prenatal services for at risk populations.**

### 2. Service Location

The services shall be performed at applicable facilities within the local health jurisdiction.

### 3. Service Hours

The services shall be primarily provided Monday through Friday, from 8:00 a.m. to 5:00 p.m. and include evenings, weekends, and holidays as needed.

### 4. Services to be Performed

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
<p>A. Conduct comprehensive case management for pregnant <del>female</del> <b>people</b> with syphilis and infants exposed to or infected with syphilis (e.g., assist women throughout pregnancy and ensure their infants receive appropriate evaluation and treatment for syphilis and linkage to needed health and social services):</p> <ol style="list-style-type: none"> <li>1. Follow pregnant <del>female</del> <b>people</b> with syphilis until delivery and document birth outcome.</li> <li>2. Link pregnant <del>female</del> <b>people</b> with syphilis to prenatal care and other services, as appropriate, throughout pregnancy.</li> <li>3. Confirm all neonates potentially exposed to syphilis are evaluated with a quantitative RPR and have a comprehensive physical examination for evidence of CS, per CDC STD Treatment Guidelines, and are appropriately treated.</li> <li>4. Follow neonates potentially exposed to syphilis to confirm and document follow-up</li> </ol>	<ul style="list-style-type: none"> <li>• Number of pregnant <del>female</del> <b>people</b> with syphilis who receive case management.</li> <li>• Description of collaboration with local MCAH <u>or other programs providing</u> on case management for high-risk pregnant women with syphilis and their infants</li> <li>• Proportion of <b>pregnant female</b> with syphilis with pregnancy status documented (not missing or unknown)*</li> <li>• Proportion of pregnant <del>female</del> syphilis cases (all stages) with documentation of pregnancy outcome, either from the <del>female pregnant</del> case's clinical tab or via linkage with a CS case report form.*</li> <li>• Proportion of pregnant <del>female</del> syphilis cases who did not deliver a baby with CS (CS Prevention Ratio).*</li> <li>• Proportion of congenital syphilis cases (confirmed and probable) treated with at least 10 days of IV penicillin.*</li> </ul>	<p>01/01/19 – 12/31/23 <b><u>01/31/26</u></b></p>



**Exhibit A**  
Scope of Work

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
quantitative RPR testing, until tests become nonreactive. 5. Collaborate with local Maternal, Child & Adolescent Health (MCAH) program to determine if pregnant females <b>people</b> with syphilis and their infants are eligible for existing MCAH case management programs and ensure non-duplicated case management for high-risk pregnant women across STD and MCAH programs.	<ul style="list-style-type: none"> <li>Proportion of congenital syphilis cases (stillbirth, confirmed, and probable) with appropriate infant clinical evaluation per CDC recommendations.*</li> <li>Proportion of congenital syphilis cases (confirmed and probable) with appropriate infant treatment per CDC recommendations.*</li> </ul>	
B. Partner with program staff at CDPH to identify and implement at least one quality improvement (QI) project to improve outcomes related to congenital syphilis prevention.	<ul style="list-style-type: none"> <li>Description of collaborative QI project(s)*</li> <li>Description of QI project(s) associated outcomes*</li> </ul>	01/01/19 – 12/31/23 <b>01/31/26</b>
C. Maintain CS Morbidity and Mortality (M&M) Review Boards: 1. Analyze all CS cases and prepare for discussion. 2. Coordinate monthly meetings to conduct M&M case review with key staff, leadership, and partners. 3. Prepare follow-up action plan after each meeting and ensure follow-through of action items identified. 4. Collaborate with local MCAH to determine if congenital syphilis cases are eligible to be included in existing Fetal Infant Mortality Reviews (FIMR) and share resources between CS M&M review boards & FIMR.	<ul style="list-style-type: none"> <li>Meeting frequency</li> <li>Description of staff in attendance</li> <li>Number of cases reviewed</li> <li>Proportion of cases reviewed</li> <li>Description of local criteria used for case selection</li> <li>Number of missed opportunities identified</li> <li>Description of missed opportunities identified</li> <li>Number of action items identified</li> <li>Description of action items identified</li> <li>Number of follow-up items conducted</li> <li>Description of collaboration with local MCAH program on congenital syphilis case reviews</li> </ul>	01/01/19 – 12/31/23 <b>01/31/26</b>
D. Strengthen partnerships with local correctional settings <b><u>or emergency departments</u></b> to enhance syphilis case finding. 1. Enhance awareness of correctional staff regarding syphilis and CS increases, highlighting links to correctional setting. 2. Implement routine syphilis screening for females of childbearing age booked into local jail facilities. 3. <b><u>Implement routine syphilis screening for males booked into local jail facilities.</u></b> 4. <b><u>Collaborate with emergency departments funded through Bridge/PHI to ensure successful implementation of routine screening and treatment for syphilis, HIV, HCV.</u></b>	<ul style="list-style-type: none"> <li>Data elements delineated in the data dictionary for syphilis screening and treatment activities</li> <li>Proportion of females of childbearing age who are screened for syphilis in jail facility*</li> <li>Proportion of females of childbearing age who are positive for syphilis in jail facility*</li> <li>Proportion of females of childbearing age who are identified to be new syphilis infections via matching to surveillance data*</li> <li>Proportion of females of childbearing age who are treated for syphilis in jail facility*</li> <li>Treatment timeliness and adequacy among females of childbearing age in jail facility*</li> <li><b><u>Proportion of females partially treated in the correctional facility that complete treatment outside facility</u></b></li> </ul>	01/01/19 – 12/31/23 <b>01/31/26</b>

**Exhibit A**  
**Scope of Work**

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
	<ul style="list-style-type: none"> <li>• <u>Number of EDs collaborating with LHJ.</u></li> <li>• <u>Description of how the LHJ is collaborating with the ED</u></li> </ul>	
<p>E. Enhance awareness and the quality of care for syphilis and CS in high priority prenatal care clinics and birthing hospitals.</p> <ol style="list-style-type: none"> <li>1. Collaborate with STDCB in the development of a provider engagement and targeted evaluation plan.</li> <li>2. Implement provider engagement, including but not limited to provider detailing, in-service or grand rounds presentations, and/or clinical trainings.</li> <li>3. Evaluate the activities through mechanisms such as monitoring surveillance outcomes pre-post intervention and surveying providers to assess changes in knowledge and practice.</li> <li>4. Collaborate with local MCAH program to include Comprehensive Perinatal Services Program (CPSP) providers in provider engagement efforts.</li> </ol>	<ul style="list-style-type: none"> <li>• Number of providers engaged</li> <li>• Description of provider selection criteria</li> <li>• Type of providers visited</li> <li>• <u>Goals and objectives of training/detailing</u></li> <li>• <u>Reported</u> <del>C</del>change in provider knowledge/practices</li> <li>• Description of collaboration with local MCAH program on provider engagement efforts</li> <li>• Proportion of females with timely and adequate syphilis treatment, pre-post intervention*</li> </ul>	<p>01/01/19 – 12/31/23 <u>01/31/26</u></p>
<p>F. Participate in syphilis and congenital syphilis prevention forums, trainings, and web meetings in order to build capacity and enhance cross-jurisdictional communication.</p>	<ul style="list-style-type: none"> <li>• Attendance of at least one representative at annual, statewide in-person meetings (e.g., Syphilis Summit, joint meetings with Maternal, Child and Adolescent Health partners)*</li> <li>• Number of cross-jurisdictional communications (e.g., informal meetings, work group meetings)*</li> </ul>	<p>01/01/19 – 12/31/23 <u>01/31/26</u></p>
<p><b><u>OPTIONAL ACTIVITY:</u></b></p> <p>G. <u>Increase access to syphilis testing and prevention (e.g., doxy-PEP) for people at risk for syphilis (may also integrate testing for HIV, HCV, chlamydia, gonorrhea, and mpox vaccination for people at risk for syphilis).</u></p>	<ul style="list-style-type: none"> <li>• <u>Number of tests ordered by gender identity/sex at birth</u></li> <li>• <u>Number/percent of positive tests, by STI and gender identity/sex at birth</u></li> <li>• <u>Where possible, number/percent of people with positive tests who received treatment, by STI and gender identity/sex at birth</u></li> <li>• <u>Average time to treatment from diagnosis by STI and gender identity/sex at birth</u></li> </ul>	<p><u>01/01/23 – 01/31/26</u></p>
<p><b><u>OPTIONAL ACTIVITY:</u></b></p> <p>H. <u>Provide client incentives to increase access to testing, treatment, follow-up/enhanced case management activities, partner services activities, and/or prenatal care visits (e.g., transportation vouchers/tokens, food vouchers, gift cards, hygiene kits).</u></p>	<ul style="list-style-type: none"> <li>• <u>Number and type of incentive provided through electronic tracking sheets to ensure appropriate utilization of incentives, as needed per CDPH guidelines.</u></li> <li>• <u>Number/percent of incentive resulting in successful access to care for any of the following testing, treatment, or follow-up (where feasible)</u></li> </ul>	<p><u>01/01/23 – 01/31/26</u></p>



**Exhibit A**  
Scope of Work

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
<b>OPTIONAL ACTIVITY:</b> I. <u>Implement a social marketing campaign to increase awareness of syphilis, prenatal and family planning services available for people at risk for syphilis.</u>	<ul style="list-style-type: none"> <li><u>Description of social marketing campaign</u></li> <li><u>Campaign reach and engagement</u></li> </ul>	<u>01/01/23 – 01/31/26</u>
<b>OPTIONAL ACTIVITY:</b> J. <u>Other innovative and impactful approach that increases access to syphilis prevention, testing, treatment, or prenatal services among populations at risk for syphilis.</u>	<ul style="list-style-type: none"> <li><u>Please provide indicators for 'other innovative approach'</u></li> </ul>	<u>01/01/23 – 01/31/26</u>

**5. Summary of Required Reports and Data**

Frequency	<sup>1</sup> Timeframe	<sup>2</sup> Deadline	Activities	Report Recipient
Annual *	01/01/2019 – 12/31/2019	01/31/2020	A-F	<a href="mailto:STDLHJContracts@cdph.ca.gov">STDLHJContracts@cdph.ca.gov</a>
<b><u>CDPH/STD Control Branch will provide reporting template.</u></b>	01/01/2020 – 12/31/2020	01/31/2021		
	01/01/2021 – 12/31/2021	01/31/2022		
	01/01/2022 – 12/31/2022	01/31/2023		
	01/01/2023 – 12/31/2023	01/31/2024		
	<u>01/01/2024 – 12/31/2024</u>	<u>01/31/2025</u>		
	<u>01/01/2025 – 01/31/2026</u>	<u>03/02/2026</u>		

<sup>1</sup> Timeframe dates are subject to change and will not require an amendment to the grant agreement.

<sup>2</sup> Deadline dates are subject to change and will not require an amendment to the grant agreement.



San Bernardino County  
18-10700

Budget  
January 1, 2024 - January 31, 2025

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
Total Personnel				
Fringe Benefits @				
Total Personnel & Benefits				\$0

OPERATING EXPENSES

Communications Expense (Emails & Phone)				\$1,800
General Office Expense (paper, pens, pencils)				\$250
Printing (educational materials)				\$1,630
Registered Nurse - Contract				\$136,320
Total Operating Expenses				\$140,000
TRAVEL (meetings, site visits)				\$0
OTHER COSTS				\$0
INDIRECT COSTS ( _% OF PERSONNEL AND BENEFITS)				\$0
BUDGET GRAND TOTAL				\$140,000

San Bernardino County  
18-10700

Budget  
February 1, 2025 - January 31, 2026

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
<b>Total Personnel</b>				
Fringe Benefits @				
<b>Total Personnel &amp; Benefits</b>				<b>\$0</b>

**OPERATING EXPENSES**

Communications Expense (Emails & Phone)				\$1,800
General Office Expense (paper, pens, pencils)				\$250
Printing (educational materials)				\$1,630
Registered Nurse - Contract				\$136,320
<b>Total Operating Expenses</b>				<b>\$140,000</b>
<b>TRAVEL (meetings, site visits)</b>				<b>\$0</b>
<b>OTHER COSTS</b>				<b>\$0</b>
<b>INDIRECT COSTS ( _% OF PERSONNEL AND BENEFITS)</b>				<b>\$0</b>
<b>BUDGET GRAND TOTAL</b>				<b>\$140,000</b>