Sexually Transmitted Infection (STI) Prevention & Collaboration Allocations Annual Workplan

Jurisdiction: _____
Name : _____
Funding Period _____

The STI Prevention and Collaboration workplan reflects the allowable activities for the STI Prevention and Collaboration allocations. Chosen activities should be based on funding allocated to each Local Health Jurisdiction (LHJ) as well as local needs, capacity, and and infrastructure.

The STI Prevention and Collaboration allocations are intended for the implementation of public health activities related to monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, sexually transmitted infections (STIs) in collaboration with community-based organizations (CBOs) within the local health jurisdiction (LHJ). For the purposes of this allocation, STIs are defined as chlamydia, gonorrhea, syphilis, congenital syphilis, and mpox. Upon California Department of Public Health (CDPH) approval, other communicable diseases transmitted by sexual contact may be included as allowable activities.

The following funding requirements should be implemented as authorized by HSC 120511:

- No less than 50 percent of the funds allocated to LHJs based on HSC 120511 (40% of total awards) shall be provided to, or used to support activities in partnership with, CBOs or nonprofit health care providers, provided that there are CBOs or nonprofit health care providers in the jurisdiction that can conduct the activities and provide these services consistent with HSC 120511.
- LHJ and CBO activities may include integrated services for viral hepatitis, human immunodeficiency virus (HIV) infection, STIs, and drug overdose to the extent they improve health outcomes for the most vulnerable and underserved individuals living with, or at high risk for, STIs.
- LHJ support for local CBO partners may include, but is not limited to, direct funding through subcontracts or staffing, supplies, and other forms of in-kind support.
- LHJs and CBOs may also use funds to provide material support, including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits, to people living with, or at risk for, STIs for purposes consistent with HSC 120511.
- LHJs shall use a portion of funds to facilitate expanded access to STI clinical services for LBGTQ+ populations, including those who face confidentiality barriers in using their health coverage to receive STI testing, treatment, and related care.

Priority populations for this award are people living with or at high risk for STIs, which may include but is not limited to a) people experiencing homelessness or unstable housing; b) people detained in a local jail; c) people who use drugs, including methamphetamine; d) people who are or can become pregnant and their partners; e) trans women; f) men who have sex with men (MSM); g) sexually active youth; h) Black/African American people who are disproportionately affected by STIs in California.

Workplan Instructions:

Provide a brief description (fewer than 100 words) of how each activity will be implemented in the LHJ. Include how CBOs will help implement activities, which may be conducted through direct funding and/or in-kind support. If the LHJ is not planning to implement an activity, indicate "Not Applicable (N/A)" in the briefly describe column. LHJs may propose and describe other innovative and impactful activities for approval by the California Department of Public Health (CDPH). All program activities, including innovative projects, should support the goals described in California Health and Safety Code (HSC) 120511.

Part I: Core STI Public Health Services – Surveillance and Disease Investigation

Where possible, CDPH will calculate Part I Metrics using data available in CalREDIE and other state data systems.

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
A. Conduct core surveillance activities for STIs, ensuring completeness and accuracy of key data variables.	• For all STIs: Percent of cases with data reported for the following: sex assigned at birth; gender; sexual orientation, when reported by provider or through case investigation; race; ethnicity, percent of female syphilis cases (all stages) with data reported for the following: Pregnancy status (females ages 12-44 years); Estimated date of delivery (EDD), if pregnant; Treatment date and medication/dosage/regimen; HIV status; HIV PrEP referral or use among HIV-negative cases, where available • Percent of pregnant syphilis cases with documented birth outcome • Percent of male primary and secondary syphilis cases with complete data for the following: treatment date; treatment medication/dosage/regimen; HIV status; HIV PrEP referral or use among HIV-negative cases; gender of sex partners.	

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
B. Conduct disease investigation and partner services for priority STI cases per CDC/CDPH prioritization guidelines.	• Proportion of congenital syphilis cases (probable or confirmed) treated with 10 days of IV Penicillin. • Percent of all early syphilis cases with at least one partner treated within 30 days before or after date of index client specimen collection. • Percent of pregnant syphilis cases (all stages) with at least one partner treated within 30 days before or after date of index client specimen collection. • Percent of all early syphilis cases that were treated appropriately within 7 days of initial case report to the health department • Percent of all early syphilis casescompleted CDC/CDPH-recommended treatment appropriate for syphilis stage. • Percent of pregnant syphilis cases who initiated treatment within 7 days of initial case report • Percent of pregnant syphilis casescompleted CDC/CDPH-recommended treatment appropriate for syphilis stage. • Percent of mpox cases that were interviewed and offered partner services. • Percent of DGI cases that are treated with a third-generation cephalosporin for at least 7 days • Percent of GC treatment failures that were interviewed and offered partner services	
C. As needed, coordinate and participate in cluster and outbreak detection and response activities	• Description of outbreak response efforts and investigation outcomes (e.g., number of infections identified in the outbreak, number of cases given medical counter measures for prevention, number of cases interviewed, number of cases treated, number of contacts	

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
related to syphilis clusters, mpox transmitted via sexual or intimate contact, suspected gonorrhea treatment failure or report of reduced drug susceptibility, DGI, and other emerging infections upon approval from CDPH.	identified, number of contacts receiving prevention, number of contacts receiving treatment) as needed.	
D. Analyze local surveillance data and disseminate findings	• Publication of fact sheets, maps, dashboards, reports, etc. describing local sexual health epidemiology, trends, and gaps, including racial and/or health disparities • Publication of fact sheets and reports characterizing the syndemic of HIV, HCV, STIs, and/or other issues affecting priority populations	
E. Conduct morbidity and mortality reviews of congenital syphilis cases, prioritizing as needed based on morbidity.	• Report of line-listed cases reviewed and outcomes using template provided by CDPH • Description of staff in attendance, meeting frequency, and key action items identified to prevent future cases of CS • Description of collaboration with local obstetric/gynocologic, pediatric and/or family medicine providers, MCAH, and other partners program on congenital syphilis case reviews	
F. Within a year of the launch of CalCONNECT for STIs, use CalCONNECT for congenital syphilis and other priority	• Use of CalCONNECT for congenital syphilis cases • Use of CalCONNECT for other priority STIs	

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
STIs as available for case management.		
G. Additional innovative and impactful activity consistent with HSC 120511 that the LHJ plans to undertake for surveillance and/or disease intervention activities.	• Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.	

Part II: STI prevention, testing, navigation, linkages to care, care coordination, and treatment, among vulnerable and underserved clients at high risk for STI, with an emphasis on priority settings and populations

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
A. Conduct or ensure the provision of STI outreach, STI and pregnancy testing, patient and partner treatment, prevention, patient navigation, linkages to care, and/or care coordination, for persons at high risk for STI infection in at least one high priority setting. Per HSC 120511, at least one clinical activity must focus on LGBTQ+ populations.	• Description of priority populations and settings and STI activities conducted **For CT and GC testing/treatment supported by this allocation** • Number of people tested, by STI and organization • Number and percent of people tested with a reactive/positive test result, by STI and organization (Target: provide services in organizations with at least 2% positivity for any STI) • Number and percent of people with reactive/positive test result who received CDC/CDPH recommended treatment, by STI and organization (Target: at least 90%) • Where applicable, number of EPT doses dispensed, by STI and organization **For syphilis testing/treatment supported by this allocation**	Please select one (or more) of the boxes below, and briefly describe how the LHJ and/or CBO partner will implement this activity. Check all that apply. ☐Adult Jail Screening ☐Juvenile Hall Screening ☐Emergency Department Screening ☐Homeless Encampment Screening ☐Community Based Screening ☐Other _____ Please describe how this activity will reach LGBTQ+ populations:

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
	• Number of people receiving any initial syphilis test (RPR or treponemal), by organization • Number of people with a positive/reactive initial syphilis test, by organization • Number of people receiving both an RPR and treponemal (FTA-ABS, TP-PA, EIA) tests, by organization • Number and percent of people who were newly diagnosed with syphilis among those who received any initial syphilis test, by syphilis stage (early or late/unknown duration) and organization (Target: at least 2%) • Number and percent of people diagnosed with syphilis (any stage) who initiated CDC/CDPH recommended treatment, by syphilis stage (early or late/unknown duration) and organization (Target: at least 90%) • Number of people diagnosed with syphilis (all stages) who required navigation to care or treatment services • Number and percent of people diagnosed with syphilis (all stages) who required navigation to care or treatment services that were successfully linked to care • Where applicable, number of people provided/prescribed doxy PEP among those tested for an STI, by organization • Where applicable, number of people provided/prescribed HIV PrEP among those who test negative for HIV, by organization **For other services supported by this allocation** • Number of people provided other approved clinical services (e.g., HIV testing, linkage to HIV care, HCV testing, mpox vaccine, meningococcal vaccine serogroup B (MenB-4C) vaccine), by organization	

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
B. Provide, link or refer clients to supportive services for persons receiving STI services in selected priority settings and populations. Note: Supportive services are client-directed and offered as needed throughout the duration of STI outreach, testing, care, and treatment.	• Description of supportive services provided in selected priority populations and settings submitted to CDPH • Electronic tracking sheets for incentives and material supports to ensure appropriate utilization of items, as needed per CDPH guidelines	
C. Increase low-barrier access to syphilis treatment and/or prevention (e.g., doxy-PEP) among priority populations, such as through non-340b-purchased medication to reduce administrative restrictions on providers (e.g., Bicillin L-A delivery to providers, correctional facilities, emergency departments, and other settings; administration of syphilis treatment in the field; provision of doxy-PEP).	• Number of Bicillin L-A doses delivered to providers • Number of Bicillin L-A doses delivered/administered in the field • Median number of days between early syphilis diagnosis and treatment, Percent of all late/unknown duration syphilis cases who initiated treatment within 7 days of initial case report to the health department and completed CDC/CDPH-recommended treatment appropriate for syphilis stage.,	

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
D. Integrate STI into outreach, prevention, testing, patient navigation, care coordination, treatment services, and/or outbreak response for HIV, mpox, viral hepatitis, drug overdose and/or other communicable diseases transmitted via sexual contact or injection drug use.	• Description of integrated activities and outcomes submitted to CDPH	
E. Pilot innovative preventive and clinical technologies and interventions for the most vulnerable and underserved individuals at risk for, STIs, such as through over the counter tests, at-home testing, dried blood spot testing, and rapid treatment in the field and/or telemedicine/ telehealth.	• Description of innovative activities and outcomes submitted to CDPH	Please select one (or more) of the boxes below and briefly describe below how the LHJ and/or CBO partner will implement this activity. Check all that apply. ☐At Home Testing Over the counter tests ☐Dried Blood Spot Testing Rapid treatmenrt (in the field) ☐Telemedicine/Telehealth ☐Other: _____
F. Additional innovative and impactful activity consistent with HSC 120511 that LHJ plans to undertake for individuals at risk for STIs.	• Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.	

Part III: Partnerships and Health Promotion: Increase community-level capacity to deliver STI prevention, testing, navigation, linkages to care, care coordination, and treatment for vulnerable and underserved people at high risk for STIs

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
A. Engage with affected communities to inform STI activities, promote racial and health equity, and reduce stigma	• Description of communities engaged, engagement activities, and outcomes of engagement	
B. Build, maintain, and/or integrate STIs into local and/or regional coalitions to assess barriers and develop and implement strategies to improve the accessibility of STI prevention, testing, care, and treatment services	• Summary of partnership members, goals, and activities • Summary of barriers identified and strategies developed and implemented	
C. Assess STI, HIV, HCV and other relevant clinical services available in the LHJ.	• Description of services by setting in progress reports and/or surveys sent by CDPH.	
D. Attend virtual or in-person meetings with other LHJs (and CBOs) conducting STI activities to discuss and share successes, challenges, and lessons learned. This includes attendance at statewide meetings/trainings, DIS Community of Practice, California STD/HIV Controllers Association, and monthly Local Capacity Building Webinars.	• In-state travel funds included in budget and budget justification as needed • Meeting attendance of at least one LHJ representative • Meeting attendance of at least one CBO representative (where relevant/as appropriate)	
E. Engage with local health care and service providers to increase access and increase capacity to provide to STI prevention, testing, diagnosis, care, and treatment services, with an	• Description of provider engagement activities and outcomes submitted to CDPH.	

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
emphasis on primary care and priority settings.		
F. Promote medically accurate, non-stigmatizing health information for members of the public, people living with or at risk for STIs, and non-clinical service providers.	• Description of health promotion and or social media campaigns, and/or activities and outcomes submitted to CDPH. • For social media campaigns number of views and click thrus • For printed materials, number printed and distributed	
G. Provide technical assistance, resources (e.g., condoms) or training to school districts and other school-based partners regarding confidential sexual health services and education in accordance with state regulations.	• Description of activities, including number of collaborator sites, trainings facilitated or hosted, technical assistance activities, and other relevant program outcomes.	
H. Additional innovative and impactful community-level activity consistent with HSC 120511 that increases capacity to deliver STI prevention, testing, navigation, linkages to care, care coordination, and treatment for vulnerable and underserved people at high risk for STIs the LHJ plans to undertake .	• Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.	