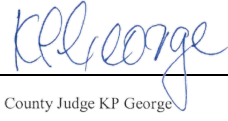


Department of State Health Services  
FORM A FACE PAGE

<b>CONTRACTOR INFORMATION</b>																			
1) LEGAL BUSINESS NAME: Fort Bend County																			
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): 301 Jackson Street, Richmond TX 77469-3108 <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Fort Bend County Auditor, 301 Jackson Street, Suite 701, Richmond TX 77469-3108 <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
4) Unique Entity ID (12-character alphanumeric ID assigned to an entity by SAM.gov) required if receiving federal funds: 08147075																			
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): 746001969 <i>*The Contractor acknowledges, understands and agrees that the Contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>																			
6) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State: _____</i></p>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers																	
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning																	
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<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private																	
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																	
7) PROPOSED BUDGET PERIOD: Start Date: 01/01/23 End Date: 12/31/23																			
8) COUNTIES SERVED BY PROJECT: Fort Bend County																			
9) AMOUNT OF FUNDING REQUESTED: 298,887	11) PROJECT CONTACT PERSON Name: Barbarah Martinez, MSN, APRN, FNP-BC Phone: 281-238-3548 Fax: 832-471-1808 Email: Barbarah.martinez@fortbendcountytexas.gov																		
10) PROJECTED EXPENDITURES Does Contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for Contractor's <u>current fiscal year</u> (excluding amount requested in line 9 above)? **  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</i>	12) FINANCIAL OFFICER Name: Ed Sturdivant Phone: 281-341-3760 Fax: 281-341-3774 Email: Ed.Sturdivant@fortbendcountytexas.gov																		
13) AUTHORIZED REPRESENTATIVE <span style="float: right;">Check if change <input type="checkbox"/></span>	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE																		

Name: The Honorable KP George  
Title: County Judge  
Phone: 281-341-8608  
Fax: 281-471-1858  
Email: County.Judge@fortbendcountytexas.gov



15) DATE County Judge KP George

10.11.22

FORM A-1 CONTACT PERSON INFORMATION

**Legal Business**

**Name of Contractor:** Fort Bend County Health and Human Services

*This form provides information about the appropriate contacts in the Contractor's organization in addition to those on FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.*

Contact: <u>Ketan Inamdar</u> Title: <u>Deputy Director of Operations/Finance/</u> Phone: <u>281-238-3233</u> Fax: <u>281-238-3355</u> Email: <u>Ketan.inamdar@fortbendcountytexas.gov</u> <b>Designated Emergency Contact (required)</b>	Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road</u> <u>Suite A-100</u> <u>Rosenberg, TX 77471</u>
Contact: <u>Jacqueline Minter MD</u> Title: <u>Director of Health and Human Services</u> Phone: <u>281-238-3500</u> Fax: <u>281-238-3355</u> Email: <u>Jacqueline.minter@fortbendcountytexas.gov</u> <b>Executive Director / CEO (required)</b>	Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road</u> <u>Suite A-200</u> <u>Rosenberg, TX 77471</u>
Contact: <u>Barbarah Martinez MSN, APRN, FNP-BC</u> Title: <u>Clinical Health Services Division Manager</u> Phone: <u>281-342-6414</u> Fax: <u>832-471-1808</u> Email: <u>Barbarah.martinez@fortbendcountytexas.gov</u> <b>Project Manager / Coordinator (required)</b>	Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road</u> <u>Suite A-200</u> <u>Rosenberg TX 77471</u>
Contact: <u>Nichole Brathwaite-Dingle MD</u> Title: <u>Deputy Medical Director</u> Phone: <u>832-535-6684</u> Fax: <u>832-471-1808</u> Email: <u>Ketan.inamdar@fortbendcountytexas.gov</u> <b>Secondary Contact Person (required – must not be same as Project Manager / Coordinator)</b> <i>This person will be contacted as the backup to the Project Manager / Coordinator for programmatic questions.</i>	Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road</u> <u>Suite A-100</u> <u>Rosenberg TX 77471</u>
Contact: <u>Lilian Mbise RN, BSN, CPH, MPH</u> Title: <u>HIV/STI Program Manager</u> Phone: <u>281-403-8091</u> Fax: <u>832-471-1808</u> Email: <u>Lilian.mbise@fortbendcountytexas.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>307 Texas Parkway</u> <u>Suite 148</u> <u>Missouri City TX 77489</u>

## FORM D: PERFORMANCE MEASURES

The following performance measures will be used, in part, to assess Contractor's effectiveness in providing services.

### **Syphilis Objectives**

Ensure at least 80% of individuals newly diagnosed with early syphilis cases are interviewed for sex partners, suspects, and associates.

Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with early syphilis.

Achieve a notification index of at least .75 for all partners initiated on an early syphilis interviews to ensure they are notified of the disease exposure.

Ensure at least 60% of all partners initiated on an early syphilis interview are tested for syphilis.

Achieve a treatment index of at least .75 for individuals newly diagnosed with early syphilis who are interviewed.

### **HIV Objectives**

Ensure at least 80% of reported new HIV cases are interviewed for partners, suspects, and associates.

Ensure that 85% of all individuals interviewed who have been newly diagnosed with HIV successfully complete their first HIV medical appointment.

Achieve a partner index of at least 2.0 of all for interviews conducted on individuals newly diagnosed with HIV.

Achieve a notification index of at least .75 for all partners initiated on a new HIV interview to ensure they are notified of the disease exposure.

Ensure at least 60% of all partner initiated on a new HIV interview are tested for HIV.

Ensure that all persons receiving PHFU (initiated partners, those co-infected with a bacterial STD, such as syphilis, gonorrhea, and/or chlamydia, and/or individuals in the social-sexual network of an identified HIV genotype cluster) who have been previously diagnosed with HIV and has no evidence of care for more than 12 months are re-engaged to establish HIV medical services. The activities taken to locate the person must be documented in the designated data system. This includes confirmation that the client attended his/her HIV medical care appointment. All the tasks described in this provision must be completed by a Disease Intervention Specialist (DIS).

### **Contractor will provide the following STD clinical services:**

At least ninety percent (90%) of clients who come in during normal operating hours to Contractor's STD clinic(s) shall be examined, tested, and/or treated, as medically appropriate, the same day.

Clients seeking STD diagnostic and/or treatment services in public STD clinics shall be medically managed according to contractor written protocols in compliance with DSHS HIV/STD Program Operating Procedures and Standards (<http://www.DSHS.state.tx.us/hivstd/guidelines/default.htm>) and the Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines, 2021 (<https://www.cdc.gov/std/treatment-guidelines/toc.htm>) or latest version.

Ensure individuals seeking STD diagnostic and/or treatment services in public STD clinics will be referred for

pre-exposure prophylaxis (PrEP) services if at increased risk for HIV but currently HIV negative. Individuals to be prioritized for PrEP referrals include: MSM with rectal GC and/or syphilis, individuals who have an HIV+ partner, individuals in the social-sexual network of an identified HIV genotype cluster, and others at increased risk for HIV who could benefit from PrEP.

Ensure individuals seeking STD diagnostic and/or treatment services in public STD clinics who have been previously diagnosed with HIV and who have been out of care for more than six (6) months, will be referred to a DIS or other linkage worker to ensure they are re-engaged into HIV medical care.

**Contractors will prepare and submit the following reports and narratives:**

Narratives and progress reports on objectives, due semi-annually on July 31, 2023, in accordance with the Contract in a format provided by DSHS.

Congenital Syphilis Case Investigation and Infant Syphilis Control Records (STD-126), will be entered into TB, HIV, STD Integrated System (THISIS) within thirty (30) calendar days after receipt of the initial serology report (either the mother's delivery blood OR the infant's serology results) by the local health department. Congenital Syphilis Cases identified through DSHS Central Office surveillance activities (e.g. – vital statistics match), jurisdictions will have (45) calendar days to enter into THISIS.

Texas Infertility Prevention Project data collected on systems supplied or approved by DSHS, according to a schedule approved by DSHS, for clinic patients who receive Infertility Prevention Project sentinel site services. If contractor uses a comparable data collection system, contractor must establish a schedule with DSHS prior to data submission.

Contractors will annually renew and/or revise Partner Services procedures with HIV Prevention contractors for public health follow-up for persons identified with a STD or HIV, and persons within their socio-sexual network.

Contractor should also propose Performance Measures and reporting frequency of those measures. Contractor proposed measures are subject to review and final approval by DSHS.

## FORM E: WORK PLAN

Applicant shall describe its plan for achieving the above objectives from Form D: Performance Measures.

The plan shall include who will be responsible for core activities and key activities that will be undertaken to ensure objectives will be met:

### **Describe activities to be performed for delivery of HIV/STD disease intervention, prevention and control services.**

The Fort Bend County STD Prevention Program will monitor and provide technical guidance to develop innovative policies and programs for the delivery of STD intervention services. The STD program's surveillance in collaboration with the Fort Bend County Epidemiology Division conducts on-going epidemiological analysis and monitors STD morbidity trends that impact and direct STD program activities. The Fort Bend County STD health data analyst will work closely with other program components, including both internal and external stakeholders to share data and enhance disease surveillance as well as intervention activities. The Fort Bend County Health Data Analyst will provide ongoing technical assistance and guidance to internal and external medical providers including hospital personnel and jail facilities.

In FY 2022, the STD Program will begin to provide comprehensive public health follow-up services by offering full-service STD testing, treatment and DIS follow-up activities in communities with high syphilis and HIV incidence. The Fort Bend County STD Program will collaborate with the Fort Bend PrEP program to provide HIV PrEP clinical services, which will be implemented in 2022. The STD program will also utilize a medical provider to conduct STD testing/treatment in high risk at venues such as bathhouses, bars and other sites where targeted populations frequent. DIS will also conduct assessment and follow-up of clients with positive laboratory tests to ensure rapid diagnosis and treatment.

### **STD Public Health Follow-up using the Cure MD (EHR) Electronic Health Record**

STD Program staff including the DIS, risk reduction specialist and the risk reduction supervisor will utilize the Health Department's Electronic Health Record (EHR), CURE MD to document STD clinical and STD follow-up activities such as field blood collection; abnormal lab follow-up and clinic triaging/fast-track activities. The program will work with CureMD to develop modules containing comprehensive workflows to enable both STD clinic providers and STD program DIS to document and report on critical program activities in an electronic format.

### **Enhancing STD clinic attendance capacity through improved triaging and increased staffing.**

The Fort Bend County STD clinic will examine, test and treat clients as medically appropriate on the same day of their original visit. The STD Program will develop and utilize an abbreviated medical assessment protocol to enhance clinic attendance and improve the STD clinical triage process to better identify populations at risk for early syphilis infection. Improving STD clinical service provisions improves public health follow-up outcomes. The STD program will ensure that treatment guidelines (SDO's) comply with the DSHS POPS and the CDC's STI treatment guidelines, 2021

### **Testing and Screenings in STD Clinics**

The STD program will provide STD clinical services during normal business hours and assess what hours

are needed that maximizes the ability to provide services to high-risk populations during 2022. The STD Program will also begin offering routine syphilis testing activities at the Fort Bend County’s three ambulatory clinic sites.

The table below shows the projected number of STD interviews to be conducted by the DIS in 2023 based on the disease data from DSHS Surveillance for 2020 numbers.

**DISEASE INTERVENTION TABLE**  
**Fort Bend STD Prevention Services**

<b>Disease</b>	<b>2020 Case Counts in Fort Bend County</b>
<b>Syphilis</b>	150
<b>HIV</b>	61
<b>Gonorrhea</b>	769
<b>Chlamydia</b>	2063
<b>Total</b>	3043

Source: <https://dshs.texas.gov/hivstd/report/STDsurveillanceReport.pdf>

**Expanded HIV Testing**

The Fort Bend County STD Program DIS will be responsible for providing results counseling, partner services, and referrals for those patients who are screened through routine, opt-out HIV screening at multiple clinical sites throughout Fort Bend County and diagnosed as new HIV positive clients. During results, counseling DIS will refer the patients to the risk reduction specialist who will be responsible for making referrals for care and confirming attendance. Testing providers will report required data to HDHHS monthly, and HDHHS will forward that data to DSHS. The STD Program will collaborate with community partners, the Fort Bend County Epidemiology Department and the HIV Core Prevention Program to enhance efforts in identifying HIV positive clients who either have not received continual HIV primary care services or who have fallen out of care altogether

**PrEP Referral:**

The Fort Bend County Clinical Health Services Division requires PrEP education as part of HIV counseling, testing, and referral (CTR) services offered to clients. Every client who is tested for HIV regardless of the clinical program through which they received services must also receive PrEP education.

In order to measure and track PrEP education, the PrEP risk reduction specialist will work with the CureMD team and the health data analyst to create a risk assessment questionnaire to be used by all services (as appropriate) when HIV testing is offered.

**Describe specific activities to ensure the applicant will accomplish statewide and locally established objectives and program indicators.****I. STD Program Quality Improvement**

The Fort Bend County STD Prevention Program will implement a continuous improvement process to ensure the overall quality in program performance outcomes. The Clinical Health Services Division Quality Assurance Team conducts ongoing QA activities to ensure that corrective activities implemented at STD management, supervisory and DIS level to appropriately address program performance deficiencies. Weekly case management meeting with the team will be conducted to identify problems and brainstorm solutions. Furthermore, supervisory chart reviews and peer-peer reviews will be conducted at least monthly to ensure quality of documentation and meeting of POPS standards.

**II. Quality Improvement****A. STD Interview Processes:**

During the normal course of work, DIS supervisors submit a plan to train and mentor all DIS and staff who conduct interviews on risk reduction methods, excluding condoms. DIS and staff conducting interviews must be able to facilitate a client's decision to reduce his/her risk of acquiring infection(s) by offering real world options other than (or in addition to) condoms.

In order to address deficiencies with the interview process and to ensure that all DIS working in the Fort Bend STD Program are in continual compliance with program guidelines for interviewing, program management ensures that the DIS team:

- Participates in mentoring/training that enhance interviewing skills to identify and effectively incorporate alternative and feasible, risk reduction messages, other than condoms, into the DIS intervention interviews.
- Receives constant feedback on how effectively the DIS incorporates risk-reduction messages, excluding condoms, into their interviews.
- Receives quarterly interview audit, per existing program guidelines, from the FLS, that provides an assessment and progress report to measure DIS efforts toward achieving program objectives, including the incorporation of effective risk reduction messages in their interviews.
- Participates in routine training, during the monthly staff meetings, on the DSHS Program Operating Procedures (POPS) on interview format and Review copies of interview format with the FLS on a monthly basis.
- Participates in mock interviews to ensure that the interview format is being followed and reflects activities documented in DIS handwritten notes.
- Receives a quarterly interview audit from the FLS, (who will use existing audit forms) that provides an assessment and progress report to measure DIS efforts to document case interviews that are consistent with the interview notes.

## B. Syphilis Objectives

- **Ensure 80% of individuals newly diagnosed with early syphilis are interviewed within three days of assignment.**

Fort Bend County DIS will conduct investigative activities per the DSHS Program Operating Procedures (POPS). Utilizing the EHR the DIS will document the date of assignment for each case. The DIS will have three business days to complete the first interview. The date of the interview as well as detailed findings will be recorded in the clients EHR. The Risk Reduction Supervisor conducts a quality assurance review the clinic activity logs at least once a week to guarantee that all cases are interviewed and reported according to DSHS requirements. The Risk Reduction Supervisor will assess the DIS work a minimal of once per week to ensure that the DIS are submitting cases per DSHS requirements. Weekly case management meeting will be held to review case loads and to discuss challenges experienced in completing any interviews in a timely basis. The Fort Bend County DIS, Risk Reduction Supervisor and the HIV/STI program manager will evaluate the challenges and brainstorm solutions to make appropriate adjustment to processes.

- **Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with early syphilis.**

The FBC Risk Reduction Supervisor will review charts of completed interviews weekly to ensure at least two partners are identified during the interview. If the index is not achieved the Risk Reduction Supervisor and HIV/STI program manager will brainstorm ideas to obtain the information with the DIS. If an index of less than 2.0 is not achieved a detailed explanation must be documented in the record. The Fort Bend County DIS will review any case for whom a partner index of at least 2.0 is not met to evaluate and to brainstorm solutions. The risk reduction supervisor and HIV/STI program manager will develop a form (like the DSHS TB 340 B) where all partners will be documented. Weekly case management meetings will be conducted to identify potential barriers for identification of at least two partners and for brainstorming for solutions by the team.

- **Ensure 75% partners initiated (partners obtained from the interview/case management process) are notified of the disease exposure.**

The Fort Bend County STI program manager and risk reduction specialist will develop a form (Similar to the DSHS TB 340 B) for all DIS to record the partners information. The DIS or the risk reduction specialist will create a record in the EHR for each contact. The DIS will document in the EHR utilizing the interview format of the notification of disease exposure.

- **Ensure that 60 % of partners notified of syphilis exposure are tested and treated for syphilis, including incubating syphilis.**

The DIS in collaboration with the risk reduction specialist will secure the first appointment for treatment for identified partners at the time of exposure notification or no later than 24 hours after notification of exposure. The appointment will be made for the next available clinic or physician choice of the patient. The date and time of the appointment will be documented in the EHR. If any barriers are identified for access to care (transportation) the DIS or risk reduction specialist will provide tangible reinforcement or referral to social services as needed. Weekly case management meetings will be held with the DIS, risk reduction specialist, Risk Reduction Supervisor, and

HIV/STI program manager to review for attendance to review notification, date of appointments and to ascertain attendance to appointments as appropriate.

- **Ensure a treatment index of at least 75% for all interviews conducted on individual diagnosed with early syphilis.**

DIS and/or risk reduction specialist will contact the client's provider to obtain clinical information to ensure completion of treatment. The information will be scanned and "attached" to the patient EHR record. Weekly case management meeting will be used to discuss any clients who may not be in care for treatment and the team will brainstorm suggestions for ensuring that the treatment is completed. Tangible reinforcements will be used as necessary.

### C. HIV Objectives

- **Ensure at least 80 % of reported new HIV cases are interviewed for partners, suspects, and associates**

Fort Bend County DIS will conduct investigative activities per the DSHS Program Operating Procedures (POPS). Utilizing the EHR the DIS will document the date of assignment for each case. The DIS will have seven business days to complete the first interview. The date of the interview as well as detailed findings will be recorded in the clients EHR. The Risk Reduction Supervisor conducts a quality assurance review the clinic activity logs at least once a week to guarantee that all cases are interviewed and reported according to DSHS requirements. The Risk Reduction Supervisor will assess the DIS work a minimal of once per week to ensure that the DIS are submitting cases per DSHS requirements. Weekly case management meeting will be held to review caseloads and to discuss challenges experienced in completing any interviews in a timely basis. The Fort Bend County DIS, Risk Reduction Supervisor and the HIV/STI program manager will evaluate the challenges and brainstorm solutions to make appropriate adjustment to processes.

- **Ensure that 85 % of all individuals interviewed who have been newly diagnosed with HIV successfully complete their first HIV medical appointment**

The risk reduction specialist is responsible for contacting the clients care provider to confirm attendance to the first appointment. The risk reduction specialist will request clinical information from the first visit and "attach" the information to patients EHR record. The risk reduction specialist is responsible for contacting the client and identifying the barriers to keeping the initial appointment. The risk reduction specialist will secure a second appointment for the client and will refer to partners as appropriate to assist with any identified barriers. Tangible reinforcements will be used to assist clients overcome any transportation barriers identified or the Fort Bend County Transportation Services will be contacted to provide transportation to clinic.

- **Achieve a partner index of at least 2.0 of all interviews conducted on individuals newly diagnosed with HIV**

The FBC Risk Reduction Supervisor will review charts of completed interviews weekly to ensure at least two partners are identified during the interview. If the index is not achieved the Risk Reduction Supervisor and HIV/STI program manager will brainstorm ideas to obtain the information with the DIS. If an index of less than 2.0 is not achieved a detailed explanation must be documented in the record. The Fort Bend County DIS will review any case for whom a partner index of at least 2.0 is not met to evaluate and to brainstorm solutions. The risk reduction supervisor and HIV/STI program manager will develop a form (like the DSHS TB 340 B) where all partners will be documented.

Weekly case management meetings will be conducted to identify potential barriers for identification of at least two partners and for brainstorming for solutions by the team.

**Ensure a notification index of at least 75% for all partners initiated on a new HIV interview to ensure they are notified of the disease exposure.**

The FBC Risk Reduction Supervisor will conduct bi-monthly chart reviews to ensure that 75% of identified partners have been contacted. Any chart identified as not reaching the standard will be discussed with DIS, FBC Risk Reduction Supervisor and the STI/HIV Program manager to identify any barriers and discuss solutions to the barriers including use of incentives/enablers.

- **Ensure at least 60 % of all partner initiated on a new HIV interview are tested for HIV**

The Fort Bend County risk reduction specialist in collaboration with the DIS will secure the first appointment for treatment for identified partners at the time of exposure notification or no later than 24 hours after notification of exposure. The appointment will be made for the next available clinic or physician choice of the patient. The date and time of the appointment will be documented in the EHR. If any barriers are identified for access to care (transportation) the DIS or risk reduction specialist will provide tangible reinforcement or referral to social services as needed. Weekly case management meetings will be held with the DIS, risk reduction specialist, Risk Reduction Supervisor, and HIV/STI program manager to review for attendance to review notification, date of appointments and to ascertain attendance to appointments as appropriate. Referral to PrEP services will be completed as appropriate.

- **Ensure all persons receiving Public Health Follow Up (PHFU) who have been previously diagnosed with HIV and have been out of care for more than six months are re-engaged to establish HIV medical services**

Patients would be referred to our community partners who provide treatment services in order to reconnect client back to care.

#### **D. STD Clinical Services**

- **Ensure 90 % of clients who come in during normal operating hours to the STD clinic is examined, tested, and/or treated as medically appropriate the same day**

The Fort Bend County STD program will utilize walk in appointment feature in the EHR to ensure patients are examined, tested and treated within 24 hours.

- **Clients seeking STD diagnostic and/or treatment services in STD clinic shall be medically managed according to written protocols in compliance with DSHS HIV/STD Procedures and Standards and the Centers for Disease Control and Prevention STD Treatment Guidelines, 2014 or latest version**

The Fort Bend County STD Program SDO's are written to be in compliance with the DSHS POPS and the CDC's STI Treatment Guidelines, 2021. The SDO's are reviewed annually and changed as clinically or regulatory necessary by the Medical Director. All staff working with the Clinical Health Services STD/HIV programs read and acknowledge receipt and understanding of the SDO's prior to providing care to any individual. Quarterly training sessions which include practical skills assessment as well as competency exams are scheduled by the risk reduction supervisor to review and ensure understanding and compliance with the SDO's.

- **Ensure individuals seeking STD diagnostic and/or treatment services are referred for pre-exposure prophylaxis (PrEP) if at increased risk but are currently HIV negative. Individuals to be prioritized for PrEP referrals are: MSM with rectal GC and/or syphilis, individuals who**

**have and HIV + partners, individuals in the social-sexual network of an identified HIV genotype cluster, and others at increased risk for HIV who could benefit from PrEP**

The Fort Bend County nurses working the STD clinics will make an appointment for the first available PrEP appointment based on above priority criteria by contacting the PrEP risk reduction specialist.

- **Ensure individuals seeking STD diagnostic and or treatment who have been previously diagnosed with HIV and who have been out of care for more than six months are referred to DIS or other linkage worker to ensure they are re-engaged into HIV medical care.**

The FBC DIS will see any client identified by the STI clinic nurses needing to be re-engaged into care at the time of the visit if at all possible so that the DIS and patient can work on a linkage plan to care. If the plan cannot be completed at the time of the visit, contact will be made within 24 hours of after the visit.

**Describe how data is collected and tabulated, who will be responsible for data collection and reporting and how often data collection activities will occur.**

The senior health data analyst will collect and tabulate data related to program activities and program goals utilizing data collected from the electronic health record, THISIS, NEDDS. The health data analyst will utilize software such as Ez-EPI, Microsoft Excel to present the data and look for trends in monthly team meetings.

The health data analyst will work with the risk reduction specialist, supervisor and program manager will conduct a baseline assessment to determine educational needs and barriers related to reporting by community providers.

Once a baseline assessment has been completed, the data health analyst in collaboration with the risk reduction supervisor and manager will develop an educational campaign by providing information to community providers on the importance of prompt case reports.

The data health analyst in collaboration with the risk reduction supervisor and program manager will complete and disseminate the required monthly reports after validating the accuracy of data.

The data health analyst will work in collaboration with the Fort Bend County Epidemiology Division to ensure expeditious, secure information sharing between the departments.

**Describe coordination with other health and human services providers in the project area that diagnose and treat STDs, including but not limited to: community based organizations, managed care organizations, jails, family planning clinics, emergency rooms, hospitals.**

The HIV Core Prevention, PrEP program and the TB program of the Fort Bend County Clinical Health Services in addition to the STD program all conduct screening for Chlamydia, gonorrhea, syphilis and HIV infections. Screening, treatment and referral protocols to DIS will continue to be developed and amended per process findings.

The Fort Bend County STD program will continue to collaborate with the Fort Bend County Jail and County Juvenile Detention Center. Currently, the HIV outreach program collaborates with the Fort Bend County Jail to provide HIV and syphilis testing and outreach.

The Fort Bend County STD program will partner with a local community college in Fort Bend to provide monthly STI /HIV testing and a DIS will be available to provide real time PWFU.

**Describe any unmet needs in the project area and local plans to address them.**

The Fort Bend County STD program continues to have a challenge hiring staff. We have partnered with our College Community with campuses in Fort Bend: including the Houston Community College and the University of Houston. Furthermore, we have identified for data entry support. The Fort Bend County STD program and the FBCHHS leadership will continue to look for funding opportunities.

## FORM J: JUSTIFICATION FOR REQUEST OF EQUIPMENT PURCHASE

Use one (1) justification form for each item of equipment requested in the detailed equipment budget category. Attach copies of specifications (not older than 30 days from the due date of the renewal application) and/or other pertinent documentation. For computer equipment, complete specifications must be attached. Refer to the Budget Intervention Summary document included as part of the renewal application for the minimum computer specifications.

All applications requesting fund for equipment must complete the following questions. For any Yes/No questions listed below where the contractor answers "NO," please provide a short explanation:

Name of Contractor:

Scope of Work:

Description of Equipment Requested:

(attach additional pages, if necessary, and copies of specifications not older than 30 days and/or other pertinent documentation)

- 1) Does the cost include shipping and handling?
- 2) Does the cost include a warranty?
- 3) Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?
- 4) Does the cost include training in the use of equipment?
- 5) Why is the equipment needed? Describe the purpose of the equipment. Estimate the expected results of the equipment purchase. Describe who will benefit from the equipment purchase and how
- 6) How many clients will be served by the equipment?
- 7) What administrative or other activities will be accomplished as a result of the equipment purchase?
- 8) Where will the equipment be located in the facility?
- 9) Who will use the equipment? Is/Are the necessary staff(s) in place to support the proper use of the equipment (e.g. if a van is requested, is funding already in place to support a driver)?
- 10) Will the equipment replace any existing equipment? Will the equipment be purchased or owned by the administrative agency or by one of the agency's current subcontractors?
- 11) Why is the equipment more appropriate than other alternatives considered or a less expensive piece of equipment? Describe any special or optional features the requested equipment has and why those features are necessary.
- 12) If the equipment is a lease-to-purchase agreement, is a copy of the agreement attached?
- 13) If the equipment is being leased with no option to buy, explain the benefit(s)?
- 14) If the lease-to-purchase costs are spread across several funding sources other than DSHS, describe the other funding sources and their percentage of funding.