Updates for STD PCHD Recipients: Performance measures and the funding formula

November 1, 2019

Presented by:
Phoebe Thorpe, Branch Chief (Acting), PDQIB
Marion Carter, Evaluation Team Lead, PDQIB
Mary McFarlane, Program Team Lead (Acting), PDQIB
Harrell Chesson, Health Economist, HSREB
Agenda

› Introductions and housekeeping
› Performance measures: Update on content and timeline (20 min)
   › Marion Carter
› Funding formula: Review of approach (20 min)
   › Harrell Chesson and Mary McFarlane
› Brief updates and reminders (5 min)
› Q&A
Housekeeping

- All lines are muted until the Q&A
- Please use the chat box to submit questions throughout
- Slides and recording will be shared
Performance Measures for STD PCHD: Update

Marion Carter
Objectives of this section

To give you a better flavor of the STD PCHD performance measures:

- What to expect in terms of the “ask”
- Where things are in the review and approval process for

This is **not** a formal announcement of the final set of measures or the start of data collection

- We are still months away from approval and requesting data
- We will provide more information and guidance after approval
Latest proposal for STD PCHD performance measures: Strategy Areas to which they map

**PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD) 2019-2023**

**SURVEILLANCE**
- Conduct chlamydia (CT) surveillance
- Conduct gonorrhea (GC) surveillance
- Conduct syphilis surveillance
- Conduct congenital syphilis (CS) surveillance
- Conduct surveillance of adverse outcomes of STDs

**DISEASE INVESTIGATION AND INTERVENTION**
- Respond to STD-related outbreaks
- Conduct health department disease investigation and intervention for pregnant women with syphilis and other reproductive-age women with syphilis
- Promote Expedited Partner Therapy (EPT) (where permissible) to partners of chlamydia and/or gonorrhea cases
- Conduct health department syphilis disease investigation and intervention for men with primary and secondary syphilis

**PROMOTION OF CDC RECOMMENDATIONS**
- Promote quality STD specialty care services
- Promote CDC-recommended treatment for gonorrhea and syphilis
- Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations

**PROMOTION OF PREVENTION AND POLICY**
- Promote STD prevention to the public
- Promote STD prevention and reporting to provider community
- Monitor STD-related policies and policy development

**DATA USE FOR PROGRAM IMPROVEMENT**
- Conduct epidemiologic analysis, translation, and dissemination
- Conduct data-driven planning, analysis, monitoring, and evaluation for program improvement

**CROSS-CUTTING:**
- Promote STD-Related HIV Prevention
- Develop, Maintain, and Leverage Partnerships

For more info: e-mail STD_PCHD@cdc.gov
Latest proposal for performance measures:
Primary Strategies to which they map
How many are there?

For all areas regardless of morbidity or program strategies:
- 15 key measures
- 3 of those will be calculated using case surveillance data already submitted

Additional measures depend on morbidity and program strategies
- 4 are related to investigated GC cases
- 4 are related to congenital syphilis
  - For areas that had 10 or more congenital syphilis cases in reporting period

- We currently estimate it could require up to 30 hours to complete, start to finish
## Latest proposal for STD PCHD performance measures

<table>
<thead>
<tr>
<th>Strategy</th>
<th>At the end of STD AAPPS</th>
<th>At the start of STD PCHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveillance</td>
<td>None</td>
<td>Yes, with CDC helping to calculate some</td>
</tr>
<tr>
<td>Congenital syphilis</td>
<td>Potential cases averted and maternal care cascade</td>
<td>Same</td>
</tr>
<tr>
<td>Disease investigation and intervention</td>
<td>Partner services cascade</td>
<td>Same and:</td>
</tr>
<tr>
<td></td>
<td>• For women (syphilis)</td>
<td>• For MSM (syphilis)</td>
</tr>
<tr>
<td></td>
<td>• For men with female partners (syphilis)</td>
<td>• For pregnant women (syphilis)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For investigated GC cases</td>
</tr>
<tr>
<td>Outbreak response</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Treatment</td>
<td>GC treatment</td>
<td>Same and:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Syphilis treatment</td>
</tr>
<tr>
<td>Safety net assistance</td>
<td>Yes, as ad hoc separate admin request</td>
<td>Yes, now incorporated with performance measures</td>
</tr>
<tr>
<td>STD-related HIV prevention</td>
<td>None</td>
<td>Yes, as related to syphilis and GC cases initiated for partner services</td>
</tr>
</tbody>
</table>
Strategy Area I: CT, GC, Syphilis and CS Surveillance

Measures will be calculated by CDC using surveillance case report data, taken from data quality reports, such as:

- Documented HIV status among syphilis cases
- Documented sex of sex partner
- Timeliness of congenital syphilis case reports to CDC
Strategy Area I: CT, GC, Syphilis and CS Surveillance

Part of data collection request:

- Among female syphilis cases, number and percent with pregnancy status documented within 14 days of health department notification
- Among GC cases sampled for enhanced surveillance, number and percent that were followed up through provider and patient interview
  - As enhanced GC surveillance data becomes available, we will do additional data quality checks
Strategy Area I: Congenital syphilis outcomes

Among areas with 10 or more cases of congenital syphilis in prior year:

- Number and percent of potential CS cases averted
- Number and percent of mothers of CS cases that:
  - received prenatal care
  - were tested for syphilis near the beginning of 3rd trimester
  - were treated appropriately for syphilis
  - all > 30 days prior to delivery
Strategy Area II: Disease Investigation and Intervention

Outbreak response
- Number of times STD outbreak response plan initiated
- Number of STD program staff deployed for non-STD outbreaks

Disease intervention and investigation for syphilis
- Number and percent of partners brought to treat
- Calculated separately for pregnant women, other women of reproductive age, MSW, and MSM/W
- Also for GC cases investigated for partner services, when applicable
Strategy Area III: Promotion of CDC-Recommended Screening, Diagnosis, and Treatment

**GC treatment**
- Among GC cases, number and percent treated with CDC-recommended medication(s) within 14 days

**Syphilis treatment**
- Among all early syphilis cases, number and percent treated with CDC-recommended medication(s) within 14 days

**Safety net assistance**
- Number and type of providers that benefited, for what services, for what populations
- Number of tests conducted for CT, GC, and syphilis and associated positivity
Cross-cutting: STD-related HIV Prevention

Syphilis disease investigation and intervention

- Number and percent of investigated cases who were newly-diagnosed with HIV within 30 days after syphilis dx
- Number and percent of investigated cases (who were newly-diagnosed with HIV) linked to care within 30 days after syphilis dx
- Number and percent of investigated cases who were referred to PrEP within 30 days after syphilis dx

- Calculated separately for MSM vs other subgroups
- Also for GC cases investigated for partner services and HIV prevention intervention (if applicable)
Data Collection Tool: Look and feel of work plan template
Data Collection Tool: Look and feel of prior STD AAPPS POM templates

- Drop-down menus when relevant
- Auto-calculations built in
- A few text fields to provide context
- Related process and context measures
Review and approval process: Where we are

Since summer 2019

Federal review and approval ("OMB"):
- Is the data request reasonable?
- Do the benefits of this data collection outweigh the burden of this data request on recipients?

Feb 2020?

Once formal approval received,
- Release of guidance and template
- Orientation webinar

May 2020?

1st data submitted for reporting period Jan-Dec 2019
Review and approval process: Where we are

Since summer 2019

Federal review and approval ("OMB"):  
• Is the data request reasonable?  
• Do the benefits of this data collection outweigh the burden of this data request on recipients?

Early 2020?

Once formal approval received,  
• Release of guidance and template  
• Orientation webinar

Feb 2020?

May 2020?

Email out latest draft template and guidance to all recipients, to familiarize yourselves further and ask questions

1st data submitted for reporting period Jan-Dec 2019
Big thanks to all

<table>
<thead>
<tr>
<th>Performance Measures Work Group</th>
<th>Piloted the STD-related HIV prevention measures</th>
<th>Reviewed the safety net assistance form</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>California</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>Florida</td>
<td>Michigan</td>
<td>Mississippi</td>
</tr>
<tr>
<td>New York City</td>
<td>New York City</td>
<td>North Carolina</td>
</tr>
<tr>
<td>Georgia</td>
<td>Vermont</td>
<td>Idaho</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Oregon</td>
<td>Utah</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Rhode Island</td>
<td></td>
</tr>
<tr>
<td>Puerto Rico</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michigan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DSTDP evaluation team staff, surveillance and data management teams staff, program team staff, and leadership
The DSTDP Funding Formula in STD PCHD

Mary McFarlane

November 1, 2019
Today’s discussion

▪ The funding formula
  – Intended to keep sites funded in a transparent and fair manner
  – Developed for STD AAPPS, and continued in STD PCHD
  – By the end of STD PCHD, assuming level funding, nearly all 59 sites will be funded at formula-prescribed levels with a $300K minimum

▪ Walk-through of the calculations
  – Hypothetical data only

▪ For more information, and to help you plan:
  – Discuss your site’s planning budgets with your Project Officer
  – Always keep a “wish list” to be activated if the STD PCHD funding increases
DSTDP Funding Formula

- **50% based on population**
  - Ages 15–44 years, 2012–2016

- **50% based on burden of STDs, 2012–2016**
  - 40% based on cases (all ages)
  - 10% based on rates (ages 15–44)
  - Total funding is divided equally among chlamydia, gonorrhea, syphilis (excluding congenital syphilis)
    - Because chlamydia is much more common than syphilis, per-case funding will be lower for chlamydia than for syphilis
Adjustments to Funding Formula

- Minimum $300,000 to each project area
- Maximum reduction: 5% per year
- Assuming level funding, all adjustments take place in a zero-sum context
  - Money added to one site is removed from one or more other sites
  - The subsequent examples will make this more clear
EXAMPLE:
$100 MILLION ALLOCATION
Total amount to be allocated: $100 million

50% Population-based: $50 million

40% Case-based: $40 million

10% Rate-based: $10 million
Total amount to be allocated: $100 million

Population-based: $50 million

Case-based: $40 million

Rate-based: $10 million

Your project area’s share of the $50 million is equal to your project area’s share of the total population aged 15-44 years
Total amount to be allocated: $100 million

50%

Population-based: $50 million

40%

Case-based: $40 million

10%

Rate-based: $10 million

Of this $40 million, 1/3 is allocated to each STD

Chlamydia: $13.3 million
Gonorrhea: $13.3 million
P&S syphilis: $13.3 million
Total amount to be allocated: $100 million

Population-based: $50 million

Case-based: $40 million

Rate-based: $10 million

Of this $40 million, 1/3 is allocated to each STD

Chlamydia: $13.3 million

Gonorrhea: $13.3 million

P&S syphilis: $13.3 million

Your project area’s share of the $13.3 million for chlamydia is equal to your project area’s share of the total chlamydia cases.
Total amount to be allocated: $100 million

50%
Population-based: $50 million

40%
Case-based: $40 million

10%
Rate-based: $10 million

Of this $10 million, 1/3 is allocated to each STD

Chlamydia: $3.3 million
Gonorrhea: $3.3 million
P&S syphilis: $3.3 million
Total amount to be allocated: $100 million

- Population-based: $50 million (50%)
- Case-based: $40 million (40%)
- Rate-based: $10 million (10%)

Of this $10 million, 1/3 is allocated to each STD

- Chlamydia: $3.3 million
- Gonorrhea: $3.3 million
- P&S syphilis: $3.3 million

Your project area’s share of the $3.3 million for chlamydia is equal to your project area’s share of the total chlamydia rates
The DSTDP Funding Formula in STD PCHD

Harrell Chesson

November 1, 2019
Adjustments to Funding Formula

- Minimum $300,000 to each project area
- Maximum reduction: 5% per year

The adjustments increase some project areas
- Those who would get less than $300,000 according to the formula
- Those whose 2019 funding (according to the formula) would be reduced by more than 5% compared to their 2018 funding

These adjustments decrease other project areas
- Those above the minimum must subsidize those below the minimum
## Funding Formula for Hypothetical Example of Four States

<table>
<thead>
<tr>
<th></th>
<th>2018 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Funding</th>
<th>2019 Formula with no adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>-$100,000</td>
<td>$300,000</td>
<td>$300,000</td>
<td>$300,000</td>
<td>$300,000</td>
<td>$300,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>State B</td>
<td>$1,800,000</td>
<td>$1,000,000</td>
<td>$1,710,000</td>
<td>-$710,000</td>
<td>$1,710,000</td>
<td>$1,710,000</td>
<td>$1,710,000</td>
<td>$1,710,000</td>
<td>$1,710,000</td>
<td>$1,710,000</td>
</tr>
<tr>
<td>State C</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$1,900,000</td>
<td>-$100,000</td>
<td>$1,922,857</td>
<td>$1,922,857</td>
<td>$1,922,857</td>
<td>$1,922,857</td>
<td>$1,922,857</td>
<td>$1,922,857</td>
</tr>
<tr>
<td>State D</td>
<td>$3,000,000</td>
<td>$3,800,000</td>
<td>$2,850,000</td>
<td>+$950,000</td>
<td>$3,067,143</td>
<td>$3,067,143</td>
<td>$3,067,143</td>
<td>$3,067,143</td>
<td>$3,067,143</td>
<td>$3,067,143</td>
</tr>
<tr>
<td>Shortage or Overage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
</tr>
</tbody>
</table>

### Notes:
- **2018 Funding** – examples in four states
- **2019 Funding** – amounts calculated by the funding formula

---

### Additional Information:
- The 2019 Formula with no adjustments represents the calculation before any additional adjustments or subsidies are applied.
- The Shortage or Overage column indicates whether there is a shortage or overage of funds after applying the formula but before any adjustments are made.
Minimum Funding Levels for Hypothetical Example of Four States

<table>
<thead>
<tr>
<th>State</th>
<th>2018 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Minimum</th>
<th>Amount needed to meet minimum</th>
<th>Amount above minimum</th>
<th>Amount taken to subsidize others</th>
<th>Final 2019 Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>$100,000</td>
<td></td>
<td></td>
<td>$300,000</td>
</tr>
<tr>
<td>State B</td>
<td>$1,800,000</td>
<td>$1,000,000</td>
<td>$1,710,000</td>
<td>-$710,000</td>
<td></td>
<td></td>
<td>$1,710,000</td>
</tr>
<tr>
<td>State C</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$1,900,000</td>
<td>+$100,000</td>
<td>-$77,143</td>
<td></td>
<td>$1,922,857</td>
</tr>
<tr>
<td>State D</td>
<td>$3,000,000</td>
<td>$3,800,000</td>
<td>$2,850,000</td>
<td>+$950,000</td>
<td>-$732,857</td>
<td></td>
<td>$3,067,143</td>
</tr>
</tbody>
</table>

Shortage or Overage: $810,000
Total 2018: $7,000,000
Total 2019: $7,000,000

But remember!
Minimum funding: $300,000
And maximum reduction: 5% from 2018 to 2019
## Funding Amounts (Subsidies) Needed to Reach 2019 Minimum

<table>
<thead>
<tr>
<th>State</th>
<th>2018 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Minimum</th>
<th>Amount short of minimum</th>
<th>Amount above minimum</th>
<th>Amount taken to subsidize others</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>-$100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State B</td>
<td>$1,800,000</td>
<td>$1,000,000</td>
<td>$1,710,000</td>
<td>-$710,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State C</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$1,900,000</td>
<td></td>
<td>+$100,000</td>
<td>-$77,143</td>
</tr>
<tr>
<td>State D</td>
<td>$3,000,000</td>
<td>$3,800,000</td>
<td>$2,850,000</td>
<td></td>
<td>+$950,000</td>
<td>-$732,857</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shortage or Overage</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>$810,000</th>
<th>$810,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To allow some states to receive their minimum budget for 2019, they needed a “subsidy,” which is the difference between the formula amount and the 2019 minimum. In this example, two states require a subsidy totaling $810,000 to achieve minimum funding.
• We have a “zero-sum” context
• In this example, total funding is $7,000,000
• If funding is added to one budget, funding has to be taken from another

• How can this burden be shared equitably (fairly)?
### Funding Amounts Above Minimum for Hypothetical Example

<table>
<thead>
<tr>
<th>State</th>
<th>2018 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Minimum</th>
<th>Amount short of minimum</th>
<th>Amount above minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>-$100,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>State B</td>
<td>$1,800,000</td>
<td>$1,000,000</td>
<td>$1,710,000</td>
<td>-$710,000</td>
<td>$1,710,000</td>
</tr>
<tr>
<td>State C</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$1,900,000</td>
<td>$+100,000</td>
<td>$1,922,857</td>
</tr>
<tr>
<td>State D</td>
<td>$3,000,000</td>
<td>$3,800,000</td>
<td>$2,850,000</td>
<td>$+950,000</td>
<td>$3,067,143</td>
</tr>
<tr>
<td>Shortage or Overage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$810,000</td>
</tr>
<tr>
<td>Total</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td></td>
<td></td>
<td>$7,000,000</td>
</tr>
</tbody>
</table>

Let’s look at the example to see which states are projected to receive funding above the 2019 Minimum.
## Determining Funding Adjustment

<table>
<thead>
<tr>
<th></th>
<th>2018 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Minimum</th>
<th>Amount short of minimum</th>
<th>Amount above minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>-$100,000</td>
<td></td>
</tr>
<tr>
<td>State B</td>
<td>$1,800,000</td>
<td>$1,000,000</td>
<td>$1,710,000</td>
<td>-$710,000</td>
<td></td>
</tr>
<tr>
<td>State C</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$1,900,000</td>
<td>+$100,000</td>
<td>+$950,000</td>
</tr>
<tr>
<td>State D</td>
<td>$3,000,000</td>
<td>$3,800,000</td>
<td>$2,850,000</td>
<td>+$950,000</td>
<td></td>
</tr>
<tr>
<td>Shortage or Overage</td>
<td></td>
<td></td>
<td></td>
<td>$810,000</td>
<td>$1,050,000</td>
</tr>
<tr>
<td>Total</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We total the amount needed ($810,000) and divide by the total amount above the minimum ($1,050,000) to determine the percent (77.1%) to be removed from states with funding amounts above the minimum.

\[
\frac{\$810,000}{\$1,050,000} = 77.1\% 
\]
### Applying the Funding Adjustment

<table>
<thead>
<tr>
<th></th>
<th>2018 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Minimum</th>
<th>Amount short of minimum</th>
<th>Amount above minimum</th>
<th>Amount taken to subsidize others</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>-$100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State B</td>
<td>$1,800,000</td>
<td>$1,000,000</td>
<td>$1,710,000</td>
<td>-$710,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State C</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$1,900,000</td>
<td>+$100,000</td>
<td>-$77,143</td>
<td></td>
</tr>
<tr>
<td>State D</td>
<td>$3,000,000</td>
<td>$3,800,000</td>
<td>$2,850,000</td>
<td>+$950,000</td>
<td>-$732,857</td>
<td></td>
</tr>
<tr>
<td>Shortage or Overage</td>
<td></td>
<td></td>
<td></td>
<td>$810,000</td>
<td>$1,050,000</td>
<td>$810,000</td>
</tr>
<tr>
<td>Total</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**States C and D are states with funding amounts above the minimum and will be reduced by:**

- **State C** $100,000 x 77.1% = **$77,143**
- **State D** $950,000 x 77.1% = **$732,857**
## Final Funding Amounts After Adjustment for Hypothetical States

<table>
<thead>
<tr>
<th>State</th>
<th>2018 Funding</th>
<th>2019 Formula with no adjustments</th>
<th>2019 Minimum</th>
<th>Amount short of minimum</th>
<th>Amount above minimum</th>
<th>Amount needed to subsidize others</th>
<th>Final 2019 Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>State A</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>-$100,000</td>
<td></td>
<td>$300,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>State B</td>
<td>$1,800,000</td>
<td>$1,000,000</td>
<td>$1,710,000</td>
<td>-$710,000</td>
<td></td>
<td>$1,710,000</td>
<td>$1,710,000</td>
</tr>
<tr>
<td>State C</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$1,900,000</td>
<td>+$100,000</td>
<td>-$77,143</td>
<td>+$1,922,857</td>
<td>$1,922,857</td>
</tr>
<tr>
<td>State D</td>
<td>$3,000,000</td>
<td>$3,800,000</td>
<td>$2,850,000</td>
<td>+$950,000</td>
<td>-$732,857</td>
<td>+$3,067,143</td>
<td>$3,067,143</td>
</tr>
<tr>
<td>Shortage or Overage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$810,000</td>
</tr>
<tr>
<td>Total</td>
<td>$7,000,000</td>
<td>$7,000,000</td>
<td></td>
<td></td>
<td></td>
<td>$810,000</td>
<td>$7,000,000</td>
</tr>
</tbody>
</table>

The final amounts show States A and B receiving their formula-allotted minimum amounts. States C and D contributed proportional amounts to States A and B.
Q & A
Other updates and reminders
NNPHI Evaluation and Program Improvement Capacity Project – Cohort #2 coming soon!

- 24 project areas signed up at the start of the year
  - Individual coaching + virtual learning sessions
  - In-person learning exchange (now Jan 2020)
  - Wrapping up now

- We are happy to announce we’ll host another cohort
  - Announcement coming in November
  - Same general approach
  - January-June timeframe
What is the CARS Community Engagement Toolkit?

The CARS Community Engagement Toolkit provides a 10-point process for engaging communities and institutional partners in STD prevention and control, based on the CDC-funded initiative to address STD disparities through community engagement.

The CARS Community Engagement Toolkit features:

- Tips and strategies for community engagement
- Cautionary notes to help users avoid roadblocks
- Community engagement tools and templates used by CARS recipients
Reminder! Surveillance session post-NCSD Engage
Friday, November 22, 9am–noon

- Proposed Case Definition and Reporting Requirement for LGV – Ashley Vineyard, Kristen Kreisel, Lynn Sosa
- Making the Transition from NETSS to MMG for Reporting STDs to CDC – Robin Hennessy, Lynn Sosa
- Surveillance for Congenital Syphilis – Ginny Bowen and Small Group Facilitators
Thanks from the STD PCHD Implementation Group

Std_pchd@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.