



Program #40010B - Communicable Disease Clinical and Community Services 5/2/2022

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40199T
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Communicable Disease (CD) is a foundational public health program that protects the health of the community by fulfilling State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CD Clinical and Community Services provides sexual health services and community testing/prevention outreach to prevent STD and HIV transmission and provides limited tuberculosis (TB) evaluation and treatment. Immunization and testing services related to COVID-19 are in program offer 40010C.

Program Summary

CD Clinical and Community Services limits the spread of sexually transmitted infections (STIs) and TB by treating existing and preventing new cases, especially among the most-impacted communities. Program activities include: STD Clinical Services - Low barrier, timely medical evaluation, treatment, and prevention counseling in a judgment-free, culturally relevant manner. Staff provide HIV prevention medication (PrEP) to at-risk individuals. The STD clinic is a designated training site for medical providers and provides consultations and continuing medical education. Partner Services - Staff contact the sex/needle-sharing partners of persons with confirmed STD/HIV/hepatitis C infections, link them to testing and treatment, and counsel for behavior change. Partnerships – Subcontracted community partners support the program in providing field-based testing, health promotion, and condom distribution. Outreach & Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to guide testing and prevention outreach and inform health care and other systems to appropriately target resources. The program’s epidemiology work informs interventions in response to the syndemic (e.g., simultaneous, related epidemics of multiple diseases) of new and rising HIV, syphilis, hepatitis C, and shigella cases. Tuberculosis (TB) Services - limited specialty care services for evaluation of TB and treatment of latent TB, including testing in homeless shelters and for newly arriving refugees.

Multiple racial disparities persist for STIs, including HIV. Addressing these disparities is a prioritized strategy for reducing overall disease burden. Prevalence and interview data identify disparities, as well as transmission modes and patterns driving the disproportionate impact. Program leadership reviews data monthly through dashboards, and the program produces new tools when needed. Outreach focuses on disparity populations, which also include LGBTQ and homeless communities. Contracted culturally specific organizations help the program engage these communities. Other strategies include outreach at homeless camps, peer leaders, and ads on social media and hook-up sites. STD clinic surveys collect client input. The next survey will focus on how to better serve culturally specific communities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of clinical visits (STD, HIV, TB)	6,041	6,000	6,800	6,800
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	14%	15%	15%	15%
Quality	Percent of syphilis/HIV cases investigated	75%	85%	80%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	405	325	430	450

Performance Measures Descriptions

Measure 1: Includes STD, TB, and outreach testing. Measure 2: The LPHA Agreement requires reporting on communicable diseases. The measure shows the impact and efficiency of the program to find, diagnose, and treat a significant portion of reportable STDs relative to the entire health care system. Measure 3: Percentage of newly reported HIV and syphilis cases that are successfully interviewed by DIS case investigators. 100% of cases are initiated to attempt an interview.

Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Oregon State DHS HIV Prevention, HIV Early Intervention Services and Outreach, and STD contractual program elements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$512,372	\$3,618,750	\$374,187	\$4,115,406
Contractual Services	\$133,475	\$1,330,951	\$124,681	\$2,412,167
Materials & Supplies	\$113,523	\$165,302	\$181,660	\$159,425
Internal Services	\$455,136	\$1,855,660	\$762,634	\$579,332
Total GF/non-GF	\$1,214,506	\$6,970,663	\$1,443,162	\$7,266,330
Program Total:	\$8,185,169		\$8,709,492	
Program FTE	3.86	30.02	2.80	32.45

Program Revenues				
Intergovernmental	\$0	\$6,524,521	\$0	\$7,045,823
Service Charges	\$0	\$446,142	\$0	\$220,507
Total Revenue	\$0	\$6,970,663	\$0	\$7,266,330

Explanation of Revenues

This program generates \$483,852 in indirect revenues.

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority for HIV prevention and State Support for Public Health disease investigation. Federal CDC and HRSA grants also contribute to program revenues.

\$ 250,000 - Federal STD Surveillance Network Grant (SSuN)

\$ 4,861,365 - HIV EIO

\$ 220,507 - Medical Fees

\$ 523,431- Sexually Transmitted Diseases Client Services

\$ 686,362 - Public Health Modernization

\$ 408,438 - State Local Public Health Authority IGA

\$ 10,500 - ELC Gonococcal Infections

\$ 305,727 - Public Health Modernization (Workforce)

Significant Program Changes

Last Year this program was: FY 2022: 40010B Communicable Disease Clinical and Community Services

In FY 2023, the OHA HIV Early Intervention Services and Outreach (EISO) year 5 award is reduced by \$457,336. The reduction was offset through adding County General Fund from 40010A and OHA Public Health Modernization grant funds. The program offer has a net increase in FTE in FY23. CDC COVID-19 Health Disparities funds (40199T) will support 0.50 FTE to work within this program area. COVID-19-Related Impacts: DIS staff previously reassigned to COVID-19 response have returned to HIV/STI duties and outreach HIV/STI testing has resumed. Community-wide testing and treatment options were curtailed in 2020. As more testing options ramped up in FY 2021, there were increases in gonorrhea and syphilis morbidity potentially related to delayed testing. As a result of the pandemic and curtailment of some screening services, there was a proportional reduction in clinic revenue.