

Division: Public Health

Program Characteristics:

Program Description

State law requires local health departments to protect the public from diseases spread from person to person through sexual activity and/or blood, and deaths due to drug overdose. In Multnomah County, the Sexually Transmitted Infection (STI) Clinical and Community Services program protects against these harms (along with Harm Reduction Services #40061A). The program aims to reduce the number of STI, HIV, and hepatitis C cases; reduce health inequities; and improve access to testing, treatment, and prevention services. Early prevention and treatment of STIs improves long-term health and prevents chronic diseases like HIV and liver disease. It also stops the spread of infections like syphilis to newborn babies during birth.

Disease Intervention Services (DIS) reduces the spread of STIs. Staff confidentially find people who have been exposed to STIs and connect them to timely treatment and care. STI Clinical Services use the most current medical practices to prevent and treat STIs. The STI Clinic can provide pre-exposure prophylaxis (PrEP), post-exposure prophylaxis using doxycycline (doxyPEP), and non-occupational post-exposure prophylaxis (nPEP) to prevent infection and lower the risk of chlamydia, gonorrhea, syphilis, HIV, and hepatitis C. Services are low barrier, non-judgmental, and culturally responsive. The STI Clinic shares data with epidemiologists, community members, and healthcare partners. Together, these partners identify trends in disease spread and develop community response plans. Harm reduction clinical services are integrated with the STI Clinic. Some diseases like HIV and hepatitis C can be spread through sexual activity and exposure to blood. Harm reduction services help stop the spread and severity of these diseases through treatment like proper wound care. The staff at both clinics also serve as experts for other health care providers in need of specialist advice for complex cases.

Equity Statement

The STI Clinical & Community Services advance health equity by providing accessible, culturally affirming STI services to communities disproportionately impacted by barriers to care like stigmatization, limited healthcare access, and unmet prevention needs. While STI services are essential for everyone, some communities face greater challenges accessing timely, confidential care.

Revenue/Expense Detail

| | 2026 General Fund | 2026 Other Funds | 2027 General Fund | 2027 Other Funds |
|---------------------------|----------------------|---------------------|----------------------|---------------------|
| Personnel | \$426,976 | \$1,242,323 | \$963,894 | \$2,051,156 |
| Contractual Services | \$184,203 | \$4,815 | \$172,608 | \$3,812 |
| Materials & Supplies | \$117,902 | \$19,282 | \$93,171 | \$78,633 |
| Internal Services | \$1,202,170 | \$194,797 | \$868,326 | \$318,869 |
| Total GF/non-GF | \$1,931,251 | \$1,461,217 | \$2,097,999 | \$2,452,470 |
| Total Expenses: | \$3,392,468 | | \$4,550,469 | |
| Program FTE | 2.00 | 6.80 | 5.99 | 12.01 |
| Program Revenues | | | | |
| Intergovernmental | \$0 | \$815,017 | \$0 | \$1,669,703 |
| Other / Miscellaneous | \$0 | \$200,000 | \$0 | \$179,508 |
| Beginning Working Capital | \$0 | \$0 | \$0 | \$370,000 |
| Service Charges | \$0 | \$446,200 | \$0 | \$233,259 |
| Total Revenue | \$0 | \$1,461,217 | \$0 | \$2,452,470 |

Performance Measures

| Performance Measure | FY25 Actual | FY26 Estimate | FY27 Target |
|---|----------------|------------------|----------------|
| Percentage of newly reported syphilis and HIV cases reached for investigation | 65% | 67% | 70% |
| Number of STI encounters (outreach and clinic) | 5200 | 4684 | 3700 |