

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
<b>Total GF/non-GF</b>	<b>\$1,931,251</b>	<b>\$1,461,217</b>	<b>\$2,097,999</b>	<b>\$2,452,470</b>
<b>Total Expenses:</b>	<b>\$3,392,468</b>		<b>\$4,550,469</b>	
<b>Program FTE</b>	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
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,461,217</b>	<b>\$0</b>	<b>\$2,452,470</b>

**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