

Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,816,196	\$931,300	\$1,336,309	\$1,076,472
Contractual Services	\$237,600	\$430,377	\$375,072	\$259,230
Materials & Supplies	\$228,993	\$141,812	\$172,328	\$91,074
Internal Services	\$313,715	\$401,756	\$593,924	\$127,089
Total GF/non-GF	\$2,596,504	\$1,905,245	\$2,477,633	\$1,553,865
Program Total:	\$4,501,749		\$4,031,498	
Program FTE	17.75	8.45	14.07	9.18

Program Revenues				
Indirect for Dept. Admin	\$114,545	\$0	\$99,361	\$0
Intergovernmental	\$0	\$1,367,785	\$0	\$1,109,494
Other / Miscellaneous	\$0	\$256,465	\$0	\$134,750
Service Charges	\$0	\$280,995	\$0	\$309,621
Total Revenue	\$114,545	\$1,905,245	\$99,361	\$1,553,865

Explanation of 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, opiate overdose prevention and safe prescribing, and State Support for Public health disease investigation. Federal and CareOregon grants also contribute to program revenues.

State Local Public Health Authority IGA: \$919,494
Federal Ryan White: \$40,000
Federal STD Surveillance Network Grant (SSuN): \$150,000
Cascade AIDS Project: \$18,000
CareOregon Harm Reduction Clinic Grant: \$116,750
Medical Fees: \$309,621

Significant Program Changes

Last Year this program was: FY 2016: 40011-16 STD/HIV/Hep C Community Prevention Program

In FY16, the LPHA decreased by \$105,000 due to reductions in federal HIV Prevention grant to OHA. This pays for testing, condom distribution, Disease Intervention Specialist (DIS) risk reduction & case management support for newly diagnosed individuals. In FY17, OHA will eliminate the \$45,000 STD program element that has historically been part of this budget. This funding was previously \$145K & paid for DIS, instead of having state employees assigned to our county (OHA withdrew state DIS from other counties in the region this year). Separate program offer retains 1.25 staff to maintain core surveillance functions. In 2017, a 3-year OHA grant for opiate overdose prevention & safe prescribing ends. It supported the integration of naloxone distribution, as well as other public education, data analysis, capacity-building, & policy analysis. Separate offer (Overdose Prevention Strategy) will backfill essential work that has no other funding mechanism.