

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs: 40011B, 40011C, 40012, 40025
Program Characteristics: In Target

Executive Summary

Multnomah County is in its fifth year of a syphilis outbreak. Gonorrhea rates have increased by 45%. Increases are related to decreased condom use due to lower perceptions of HIV risk. Statute requires that the Health Department investigate and interrupt disease transmission as a core public health function. This program prioritizes efforts to reduce racial & sexual minority inequities in STDs among adolescents and young adults. It includes critical services of surveillance, partner notification, and related wraparound services that link clients to services such as HIV care.

Program Summary

Prevention is the key strategy, using culturally-specific, evidence-based population focused approaches. Disease spread is reduced by: 1) Partner Services: Staff contact infected people, encourage treatment, partner notification and behavior change. 2) STD Clinic: Provides timely evaluation, treatment, and prevention counseling for people without health care access. STD rates highly correlate to poor access to quality, culturally competent, timely health care. Provides treatments for rare, complex cases in a judgment-free, culturally-relevant manner. STD Clinic is a designated Region X training site for medical providers. Provides consultations and continuing medical education to medical providers in the community. 3) Partnerships: Collaborates with community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. Targeted community testing, health promotion, and condom distribution through direct service and subcontract to community partners. 4) Harm Reduction Services/Supplies: Syringe Exchange is proven to keep infection rates low among injectors, partners and their infants. Through more than 50,000 Syringe Exchange visits in FY15, clients brought in over 3,000,000 syringes. Clients reported exchanging on behalf of large groups of individuals. This informal user-driven distribution, increases the supply of sterile syringes in injection drug communities and is called "secondary syringe exchange". Services are provided by MCHD and a subcontracted community service provider. A new Harm Reduction Center in East Portland integrates HIV/HCV testing, wound and soft tissue infection clinical care, and addictions treatment care coordination with syringe exchange activities. Staff inform policy efforts to reduce drug use and harm and improve sexual health. Staff provide capacity building technical assistance to community partners.

The STD/HIV/Hep C Community Prevention Program has a strong record of meeting national benchmark performance measures, and is nationally recognized for innovation and program coordination, high client satisfaction across all demographics. Because these diseases disproportionately affect racial, ethnic, and sexual minority communities, we base our service delivery on local epidemiology to prioritize reducing disparities. The program is also cost-effective because preventing disease saves money over time. Delayed treatment increases disease spread and costly chronic conditions such as AIDS, liver disease, infertility and poor maternal/child health. Untreated, HIV leads to poverty and inability to work or maintain stable housing.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of community outreach/health promotion encounters.	51,566	40,000	54,094	50,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program.	30%	30%	24%	30%
Quality	Percent of gonorrhea/syphilis/HIV cases investigated	84%	90%	73%	90%
Quality	Number of STD and HIV test clinical encounters.	5,405	6,750	5,800	5,500

Performance Measures Descriptions

1) Quantifies amount of non-clinical community-based outreach and education provided. 2) Shows impact of program's ability to find, diagnose, and treat reportable STDs (including HIV) and capacity to target services to those at highest risk. 3) Due to reduced FTE and large increases in 2 main STDs, not all cases were able to be investigated. Prioritization algorithm recommended by CDC has been applied to investigate most important cases for public health. 4) Quantifies amount of clinical service provided each year. Due to reduced FTE. number of clinical encounters expected to be less in FY17.

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.