Multnomah County Program #40011B - STD/H	HV/Hep C Case Investigation and F	Partner Notification		2/18/2016
Department:	Health Department	Program Contact:	Kim Toevs	
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Requested	
Related Programs:	40011A, 40011C, 40012, 40025			
Program Characteristics:	Out of Target			

Executive Summary

Epidemiology, case investigation, and partner notification services are core statutory requirements and functions of local governmental public health. The health care system relies on public health to provide partner notification to prevent STD reinfection of their patients. Best practices include integrating risk reduction counseling, short term case management linkage to care, and other referrals with these services. Staff trained by Centers of Disease Control and Prevention, known as Disease Intervention Specialists (DIS), provide these functions, as well as targeted community-based screening.

Program Summary

Due to increases in bacterial STDs and decreases in state and federal funding, support is needed to maintain staff capacity to provide this set of unique public health functions. In this year, sustainable on-going support from Coordinated Care Organizations (CCOs) through fee-for-service reimbursement or other payment methodology will be sought to help support this set of functions, as point of-care services provided by Disease Intervention Specialists (DIS) cannot be billed for currently. Over the next few years, public health system reform (known as Public Health Modernization) is expected increase state investment in these foundational functions.

In the past year, gonorrhea has increased by 45%. Portland is one of the urban areas with highest increase in syphilis nationally over the past five years (from 20 cases a year to 250). Syphilis is a very concerning public health concern. Congenital syphilis (when the disease is passed from mother to fetus) results in a severe, disabling, and often life-threatening infection in babies. According to the CDC, congenital syphilis increased by 38 percent between 2012 and 2014, and the rate for 2014 is the highest rate seen since 2001. While HIV cases are decreasing, the DIS connections with cases and partners of STDs can be most effectively leveraged to promote a best practice HIV prevention strategy, HIV Pre-Exposure Prophylaxis (PrEP).

State STD support has decreased from \$145,000 to zero over the past few years, and federal HIV Prevention funds are starting the final year of a five-year 50% reduction trajectory. Both of these sources had been leveraged, along with Oregon Health Authority (OHA) money and County general fund, to support this core work. The objectives of this offer include providing case investigation and partner services to all reported cases of HIV, early syphilis, and gonorrhea (85, 250, and 1500 cases per year, respectively). One DIS position will be maintained that would otherwise be eliminated, and an office assistant (at 0.25 FTE) will provide support gathering and processing health records so that the DIS team can work at higher efficiency.

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Percent of assigned field records investigated within 30 days.	NA	NA	78%	90%
Outcome	Number high priority cases investigated per year.	NA	NA	200	200

New measures. "Field record" includes both confirmed and suspect cases.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds		
Program Expenses	2016	2016	2017	2017		
Personnel	\$0	\$0	\$89,212	\$0		
Materials & Supplies	\$0	\$0	\$3,749	\$0		
Total GF/non-GF	\$0	\$0	\$92,961	\$0		
Program Total:	\$(\$0		\$92,961		
Program FTE	0.00	0.00	1.25	0.00		
Program Revenues						
Total Revenue	\$0	\$0	\$0	\$0		

Significant Program Changes

Last Year this program was: