



**Program #40010B - Communicable Disease Clinical and Community Services** 3/2/2021

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Requested  
**Related Programs:** 40010A, 40012B, 40061  
**Program Characteristics:** In Target

**Executive Summary**

Communicable Disease (CD) is a foundational public health program that protects the health of the community by fulfilling State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CD Clinical and Community Services provides sexual health services and community testing/prevention outreach to prevent STD and HIV transmission and provides limited tuberculosis (TB) evaluation and treatment. Clinical services related to COVID-19 such as testing and immunizations are in a separate program offer.

**Program Summary**

CD Clinical and Community Services limits the spread of sexually transmitted infections (STIs) by treating existing and preventing new cases, especially among the most-impacted communities. Program activities include: STD Clinical Services - Low barrier, timely medical evaluation, treatment, and prevention counseling in a judgment-free, culturally relevant manner. Staff provide HIV prevention medication (PrEP) to at-risk individuals. The STD clinic is a designated training site for medical providers and provides consultations and continuing medical education. Partner Services - Staff contact the sex/needle-sharing partners of persons with confirmed STD/HIV/hepatitis C infections, link them to testing and treatment, and counsel for behavior change. Partnerships – Subcontracted community partners support the program in providing field-based testing, health promotion, and condom distribution. Outreach & Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to guide testing and prevention outreach and inform health care and other systems to appropriately target resources. The program's epidemiology work has been leading the local response to the syndemic (i.e., simultaneous, related epidemics of multiple diseases) of new and rising HIV, syphilis, hepatitis C, and shigella cases. Tuberculosis (TB) Services - limited specialty care services for evaluation of TB and treatment of latent TB, including testing in homeless shelters and for newly arriving refugees.

Racial equity: Multiple racial disparities persist for STIs, including HIV. Addressing these disparities is a prioritized strategy for reducing overall disease burden. Prevalence and interview data identify disparities, as well as transmission modes and patterns driving the disproportionate impact. Program leadership reviews data monthly through dashboards, and the program produces new tools when needed. Examples include an enhanced interview tool for cluster cases in the HIV/syphilis/hepatitis C/shigella syndemic. Outreach focuses on disparity populations, which also include LGBTQ and homeless communities. Contracted culturally specific organizations help the program engage these communities. Other strategies include outreach at homeless camps, peer leaders, and ads on social media and hook-up sites. STD clinic surveys collect client input. The next survey will focus on how to better serve culturally specific communities.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of clinical visits (STD, HIV, TB)	5,400	9,300	5,400	6,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	13%	15%	13%	15%
Quality	Percent of syphilis/HIV cases investigated	80%	85%	82%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	348	325	390	325

**Performance Measures Descriptions**

Measure 1: FY20 clinical visits did not include TB services; FY21 and FY22 do include TB. Measure 2: The LPHA Agreement requires reporting on communicable diseases. The measure shows impact and efficiency of the program to find, diagnose, and treat significant portion of reportable STDs relative to entire health care system.

## Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Oregon State DHS HIV Prevention, HIV Early Intervention Services and Outreach, and STD contractual program elements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$661,490	\$3,083,350	\$512,372	\$3,618,750
Contractual Services	\$133,225	\$2,358,321	\$133,475	\$2,433,559
Materials & Supplies	\$149,176	\$59,595	\$113,523	\$165,302
Internal Services	\$435,988	\$585,057	\$455,136	\$753,052
<b>Total GF/non-GF</b>	<b>\$1,379,879</b>	<b>\$6,086,323</b>	<b>\$1,214,506</b>	<b>\$6,970,663</b>
<b>Program Total:</b>	<b>\$7,466,202</b>		<b>\$8,185,169</b>	
<b>Program FTE</b>	4.93	26.64	3.86	30.02

<b>Program Revenues</b>				
Intergovernmental	\$0	\$5,578,230	\$0	\$6,524,521
Service Charges	\$0	\$508,093	\$0	\$446,142
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,086,323</b>	<b>\$0</b>	<b>\$6,970,663</b>

## Explanation of Revenues

This program generates \$482,016 in indirect 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 and State Support for Public Health disease investigation. Federal CDC and HRSA grants also contribute to program revenues.

\$336,257 State Local Public Health Authority IGA;

\$260,332 Federal STD Surveillance Network Grant (SSuN);

\$5,318,701 HIV EIO;

\$446,142 Medical Fees; \$588,731 Sexually Transmitted Diseases Client Services

## Significant Program Changes

**Last Year this program was:** FY 2021: 40010B Communicable Disease Clinical and Community Services

COVID-19-Related Impacts: Since March 2020, the clinic has operated on a reduced appointment schedule that prioritizes symptomatic patients; field-based testing in the outreach van was stopped until December 2020 due to COVID infection control restrictions; a regular community HIV/STD outreach testing site was closed in March and has not reopened; and TB screenings at homeless shelters have ceased. At a point in time, up to 4.5 FTE of DIS program staff were reassigned to COVID-19 case investigations. These factors left the program with reduced appointment availability; delayed partner notification services for new HIV/STD cases; suspended ability to offer testing services at sites across the county, including homeless services sites and camps across the county; and limited capacity for outreach to people who have fallen out of HIV care. All of these impacts could influence HIV/STD morbidity and mortality in the community. In FY22, the program expects these impacts to lessen as in-person services are able to safely ramp-up.