

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:

Lead Agency: Health Department
Program Contact: LENTELL Margaret M

Program Characteristics:

Executive Summary

HIV, STDs & Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost effective program prevents epidemics seen in other west coast cities by controlling disease spread using evidence-based prevention interventions & STD treatment for those at highest risk.

Program Description

HIV, STDs, & Hepatitis C account for over 80% of the reportable diseases in the County. This cost effective program prevents epidemics seen in other west coast cities by controlling disease spread using evidence-based prevention interventions & STD treatment for those at highest risk. Program Description
PREVENTION is the key strategy, using culturally specific, evidence-based, population focused approaches. Disease spread is reduced by: PARTNER SERVICES: Staff contact infected people, encourage treatment, partner notification & behavior change. COMMUNITY TESTING: Staff visit bars, jails, internet & other "hookup" sites to test, educate, and promote behavior change. STD CLINIC: Provides timely evaluation, treatment, & prevention counseling for people without health care access. PARTNERSHIPS: Collaborates with businesses, community organizations, & other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. SYRINGE EXCHANGE: Proven to keep infection rates low among injectors, partners & their infants. Reduces infected syringes. BEHAVIOR CHANGE/EDUCATION: Community-based interventions to reduce risky sexual and drug behavior.

Program Justification

This program prevents & treats diseases that can jeopardize the health & independence of county residents. STD rates highly correlate to poor access to quality, timely health care. SUCCESS: County HIV, syphilis, & gonorrhea rates are the lowest of major west coast cities, due in large part to this program. In place for 20+ yrs, this program is demonstrably effective. COST EFFECTIVE: Preventing disease saves money over time. Delayed treatment increases disease spread & costly chronic conditions such as AIDS, liver disease, & infertility. STDs can cause poor maternal/child health, infected babies, miscarriages, & tubal pregnancy. Untreated, HIV especially, leads to poverty, inability to work & maintain stable housing. The program's emphasis on community prevention, outreach, & early diagnosis reduces disease transmission & the likelihood of devastating long-term outcomes. Each prevented hepatitis C case saves about \$66K. Each prevented HIV case saves about \$360K over a lifetime. COMMUNITY DISPARITIES: These diseases disproportionately affect racial, ethnic & sexual minority communities, specifically: gay & bisexual men affected by HIV, syphilis, & gonorrhea; African Americans by gonorrhea & Chlamydia; and Latinos by Chlamydia. Funding this program helps address such health inequities & provides these populations with needed services.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of HIV tests performed	5,670	5,600	5,700	5,500
Outcome	Stable or decreased # of new HIV cases based on 5yr rolling average	119	161	148	148
Quality	% of gonorrhea/syphilis/HIV cases investigated	91.0%	80.0%	90.0%	90.0%
Output	#STD clinical encounters (visit/phone results)	12,439	11,500	12,000	12,000

Performance Measure - Description

- 2) Outcome - HIV/AIDS incidence estimates use a 5 year rolling average to stabilize numbers. This estimate is an indicator of the number of new cases prevented.
- 3) Quality: FY07-08 - Rule change resulted in 2-3x more HIV cases to investigate. Successful community collaborations allowed for high investigation rates.
- 4) Output: FY07-08 increase above amount purchased due to STD Clinic process improvements.

Legal/Contractual Obligation

Yes. ORS 433 mandates disease prevention & control. Ryan White CARE Act Title I (see Services for Persons Living with HIV) requires a 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
	2009	2009	2010	2010
Program Expenses				
Personnel	\$1,960,138	\$868,563	\$1,961,058	\$653,732
Contracts	\$200,031	\$405,304	\$185,993	\$381,371
Materials & Supplies	\$107,702	\$194,611	\$116,996	\$140,324
Internal Services	\$379,578	\$148,545	\$267,665	\$447,362
Subtotal: Direct Exps:	\$2,647,449	\$1,617,023	\$2,531,712	\$1,622,789
Administration	\$50,520	\$0	\$69,809	\$0
Program Support	\$366,099	\$233,768	\$497,213	\$207,384
Subtotal: Other Exps:	\$416,619	\$233,768	\$567,022	\$207,384
Total GF/non-GF:	\$3,064,068	\$1,850,791	\$3,098,734	\$1,830,173
Program Total:	\$4,914,859		\$4,928,907	
Program FTE	20.16	11.69	20.12	8.25
Program Revenues				
Indirect for dep't Admin	\$94,004	\$0	\$98,388	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$121,137
Intergovernmental	\$0	\$1,617,023	\$0	\$1,501,652
Program Revenue for Admin	\$0	\$233,768	\$0	\$219,830
Total Revenue:	\$94,004	\$1,850,791	\$98,388	\$1,842,619

Explanation of Revenues

Significant Program Changes

Last year this program was: #40011, STD/HIV/Hep C Community Prevention Program

The management structure of this Program was reduced in order to maintain services to highest risk county residents. One program manager II position was eliminated, and a harm reduction manager was reduced by 0.8 FTE. In addition, the following positions have been eliminated: health educator, web development specialist, 0.6 nursing support, disease intervention specialist, and a 0.75 FTE operations supervisor and 0.5 FTE research analysts. As a result of these cuts, management and staff will be re-prioritizing and discontinuing some services. In addition, staff will be required to work at multiple sites; there will be reduced staff supervision, reduced ability to track and report data, and reduced communication capacity.