

**Lead Agency:** Health Department

**Program Contact:** TOEVS Kim

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

HIV, STDs and 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 and 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: 1) PARTNER SERVICES: Staff contact infected people, encourage treatment, partner notification and behavior change. 2) COMMUNITY TESTING: Staff visit bars, jails, internet and other "hookup" sites to test, educate, and promote behavior change. 3) STD CLINIC: Provides timely evaluation, treatment, and prevention counseling for people without health care access. STD rates highly correlate to poor access to quality, timely health care. 4) PARTNERSHIPS: Collaborates with businesses, community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. 5) SYRINGE EXCHANGE: Proven to keep infection rates low among injectors, partners and their infants. 6) BEHAVIOR CHANGE/EDUCATION: Community-based interventions to reduce risky sexual and drug behavior. 7) SUCCESS: County HIV, syphilis, and gonorrhea rates are the lowest of major west coast cities, due in large part to this program. Because these diseases disproportionately affect racial, ethnic and sexual minority communities, we base our service delivery on local epidemiology to prioritize reducing disparities. In place for 20+ yrs, this program is demonstrably effective. 8) COST EFFECTIVE: 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, inability to work or maintain stable housing.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of community outreach/health promotion encounters	39,915	0	44,800	45,000
Outcome	% of ALL county gonorrhea/syphilis/HIV cases diagnosed through this program	30.7%	0.0%	34.9%	30.0%
Quality	% of gonorrhea/syphilis/HIV cases investigated	92.2%	90.0%	87.8%	90.0%
Output	#STD clinical encounters (visit/phone results)	13,148	12,000	12,500	12,500

**Performance Measure - Description**

 **Measure Changed**

1. This new performance measure better quantifies the amount of community-based work the program provides each year than the previous measure "# of HIV tests performed".
  2. This new performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV, more than the previous measure "stable or decreased # of HIV cases based on 5 year rolling average". This measure also demonstrates the program's capacity to target services to those at highest risk for STDs.
  3. The 90% goal is negotiated with the Oregon State STD Program, and is comparable to benchmarks set by other states nationally.
- Previous year's performance measures now not included (# of HIV cases, # of HIV tests performed) are both on target for meeting performance goals this year.

## Legal/Contractual Obligation

Yes. ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A (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
<b>Program Expenses</b>	2011	2011	2012	2012
Personnel	\$1,830,292	\$1,077,990	\$1,988,399	\$784,265
Contracts	\$202,658	\$407,907	\$196,965	\$371,108
Materials & Supplies	\$132,141	\$119,636	\$101,339	\$161,976
Internal Services	\$418,033	\$326,574	\$296,421	\$342,252
Total GF/non-GF:	<b>\$2,583,124</b>	<b>\$1,932,107</b>	<b>\$2,583,124</b>	<b>\$1,659,601</b>
Program Total:	<b>\$4,515,231</b>		<b>\$4,242,725</b>	
Program FTE	18.56	10.89	19.05	8.80
<b>Program Revenues</b>				
Indirect for dep't Admin	\$114,852	\$0	\$99,332	\$0
Fees, Permits & Charges	\$0	\$124,015	\$0	\$137,162
Intergovernmental	\$0	\$1,808,092	\$0	\$1,504,439
Other / Miscellaneous	\$0	\$0	\$0	\$18,000
<b>Total Revenue:</b>	<b>\$114,852</b>	<b>\$1,932,107</b>	<b>\$99,332</b>	<b>\$1,659,601</b>

## Explanation of Revenues

STD/HIV/HEP C receives funding federal Ryan White Part A, an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services that includes both state and federal funds, a grant from Cascade AIDS project, medical fees from Medicaid, Medicare, private insurance and patient fees, and county general fund.

Federal Ryan White grant: \$39,200  
State of Oregon LPHA: \$1,428,702  
Medical fees: \$173,699  
Cascade AIDS Project: \$18,000  
County general fund: \$2,583,124

## Significant Program Changes

✔ Significantly Changed

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

In the STD program, the OHSU-STI Study grant will end in June 2011, resulting in a decrease of \$304,000 and 1.00 FTE.

This grant helped pay for lab test for clients who were then recruited for the study. Client visits are not expected to decrease, so these lab costs will be funded through improvements in 3rd-party insurance collections.

In the HIV program, a shared position with State/County Program Design and Evaluation Services, as well as another vacant position, was removed from the budget resulting in a 0.60 decrease in FTE. To prevent loss of services, HIV has restructured responsibilities of staff within the program to ensure that essential functions are maintained by existing positions. HIV is also changing the service delivery model for reaching target populations utilizing peers from the affected communities.