

**Lead Agency:** Health Department

**Program Contact:** Kim Toevs

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** In Target

**Executive Summary**

HIV, STDs and Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost effective program prevents and reduces epidemics, and their consequent toll on individual health, 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 (FY11-12) | Current Year Purchased (FY12-13) | Current Year Estimate (FY12-13) | Next Year Offer (FY13-14) |
|--------------|---|--------------------------------|----------------------------------|---------------------------------|---------------------------|
| Output       | # of community outreach/health promotion encounters                         | 46,533                         | 45,000                           | 47,000                          | 40,000                    |
| Outcome      | % of ALL county gonorrhea/syphilis/HIV cases diagnosed through this program | 31.8%                          | 30.0%                            | 31.6%                           | 30.0%                     |
| Quality      | % of gonorrhea/syphilis/HIV cases investigated                              | 89.7%                          | 90.0%                            | 85.0%                           | 90.0%                     |
| Output       | # of STD clinical encounters (visit/phone results)                          | 13,781                         | 12,500                           | 13,000                          | 6,750                     |

**Performance Measure - Description**

 **Measure Changed**

1. This performance measure quantifies the amount of community-based work the program provides each year.
2. This performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV. 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.
4. This measure quantifies the amount of clinical service the program provides each year. For FY14 the measure will change to include all STD/HIV testing, treatment, and immunization visits, whether at main clinic or community sites. It will exclude encounters that are not face-to-face (such as "phone results" --interactions to discuss lab results and follow-up).

## Legal/Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A 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. CHAT grant requires training 15 youth peer educators through African American houses of faith.

## Revenue/Expense Detail

|                          | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|--------------------------|-----------------------|----------------------|-----------------------|----------------------|
| <b>Program Expenses</b>  | 2013                  | 2013                 | 2014                  | 2014                 |
| Personnel                | \$2,055,147           | \$383,664            | \$1,935,760           | \$601,621            |
| Contracts                | \$149,571             | \$390,484            | \$274,578             | \$271,698            |
| Materials & Supplies     | \$178,694             | \$107,353            | \$144,550             | \$145,692            |
| Internal Services        | \$288,136             | \$296,224            | \$310,236             | \$337,969            |
| Total GF/non-GF:         | <b>\$2,671,548</b>    | <b>\$1,177,725</b>   | <b>\$2,665,124</b>    | <b>\$1,356,980</b>   |
| Program Total:           | <b>\$3,849,273</b>    |                      | <b>\$4,022,104</b>    |                      |
| Program FTE              | 20.85                 | 4.10                 | 18.50                 | 6.30                 |
| <b>Program Revenues</b>  |                       |                      |                       |                      |
| Indirect for dep't Admin | \$73,045              | \$0                  | \$87,018              | \$0                  |
| Fees, Permits & Charges  | \$0                   | \$115,988            | \$0                   | \$125,822            |
| Intergovernmental        | \$0                   | \$1,043,737          | \$0                   | \$1,213,158          |
| Other / Miscellaneous    | \$0                   | \$18,000             | \$0                   | \$18,000             |
| <b>Total Revenue:</b>    | <b>\$73,045</b>       | <b>\$1,177,725</b>   | <b>\$87,018</b>       | <b>\$1,356,980</b>   |

## Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA, the Oregon Health Authority, medical fees and the county general fund.

Federal Ryan White grant: \$46,141  
Fed/State HIV/STD/VD Prevention grant: \$867,250  
State HIV Prevention Technology grant: \$58,871  
State Support for Public Health grant: \$162,347  
Medical fees: \$174,371  
Cascade AIDS Project: \$18,000  
Federal youth educator grant: \$30,000  
County General Fund: \$2,665,124

## Significant Program Changes

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

Multnomah County sees level or slight funding increases in HIV prevention while the state as a whole declines. Outreach and needle exchange service hours will be cut, and focus will be on testing and linkage to care. The program has received grants for peer recruitment into testing among men who have sex with men and for developing a youth peer educator/CHS program among African American houses of faith. An increased emphasis is placed on HIV testing and linkage to care for HIV+ individuals. Staffing changes were made to strengthen this focus, and a new position was created to maintain early access to care for HIV+ cases to meet the increased need for case investigation of STDs (primarily syphilis). Outreach, needle exchange, and group education services will be reduced while testing and linkage to care will be maintained/increased.