Multnomah County Program #40010B - Communicable Disease Clinical and Community Services 4/21/2021							
Department:	Health Department	Program Contact:	Kim Toevs				
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Proposed				
Related Programs:	40010A, 40012B, 40061						
Program Characteristic	s:						

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.

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

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.

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

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$661,490	\$3,083,350	\$512,372	\$3,618,750
Contractual Services	\$133,225	\$2,358,321	\$133,475	\$1,330,951
Materials & Supplies	\$149,176	\$59,595	\$113,523	\$165,302
Internal Services	\$435,988	\$585,057	\$455,136	\$1,855,660
Total GF/non-GF	\$1,379,879	\$6,086,323	\$1,214,506	\$6,970,663
Program Total:	\$7,466	6,202	\$8,185,169	
Program FTE	4.93	26.64	3.86	30.02
Program Revenues				
Intergovernmental	\$0	\$5,578,230	\$0	\$6,524,521
Service Charges	\$0	\$508,093	\$0	\$446,142
Total Revenue	\$0	\$6,086,323	\$0	\$6,970,663

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;

\$270,832 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

Significant Changes - Increased State HIV Early Intervention Services and Outreach (EISO) funding will add 2.0 FTE and other State carryover will add 2.5 FTE. Additionally, 1.0 FTE will be hired to support field outreach/testing and harm reduction strategies.

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. Up to 4.5 FTE of DIS program staff were reassigned to COVID-19 case investigations. These factors caused reduced appointment availability; delayed partner notification for new HIV/STD cases; suspended ability to test at sites across the county, including homeless services sites and camps; 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.