

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	Adopted General Fund	Adopted 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:	\$7,466,202		\$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.