Health and Senior Services
HB Section(s): 10.700, 10.710
HIV, STI, and Hepatitis (HSH)

Program is found in the following core budget(s):

	DCPH Program Operations	DCPH Programs and Contracts		TOTAL
GR	780,496	5,238,916		6,019,412
FEDERAL	2,137,002	76,398,675		78,535,677
OTHER	10,484	0		10,484
TOTAL	2,927,982	81,637,591		84,565,573

1a. What strategic priority does this program address?

Improve the health and safety of Missourians most in need and Enhance access to care.

1b. What does this program do?

This program provides HIV, sexually transmitted infection (STI), and viral hepatitis education to the general public, those at risk for infection, and clinical providers; access to HIV, STI, and viral hepatitis prevention and testing services; increased access to HIV, STI, and viral hepatitis care and treatment; and a coordinated and efficient use of limited HIV, STI, and viral hepatitis resources to protect health and keep people safe. These outcomes are achieved through the following activities:

- Educating Missourians regarding HIV, STI, and hepatitis prevention, education, testing, and linkage to care services to stop the spread of infection, prevent re-infection, and prevent poor health outcomes.
- Providing screening and testing resources for specific, disproportionately affected populations who are underinsured or uninsured. Priority populations vary by condition and are based on epidemiological data and grant priorities.
- Delivering services in collaboration with local public health agencies, as well as a network of prevention contractors and testing program partner sites to ensure access to services throughout the state.
- Providing disease information, risk reduction counseling, and partner services (including elicitation of sex/needle sharing partners and confidential notification of exposed partners to offer counseling, testing, and referral for treatment and care).
- Providing access to HIV medical care, medication, and related services for low income Missourians living with HIV to improve individual health outcomes as
 well, as to reduce HIV transmission rates. Individuals living with HIV for whom the virus is well controlled by HIV medications pose essentially no risk of
 transmitting the virus through sexual contact.
- Facilitating the coordination and collaboration among statewide HIV, STI, and hepatitis service providers and stakeholders to determine program priorities and ensure efficient use of limited resources based on historical epidemiological data and emerging trends.

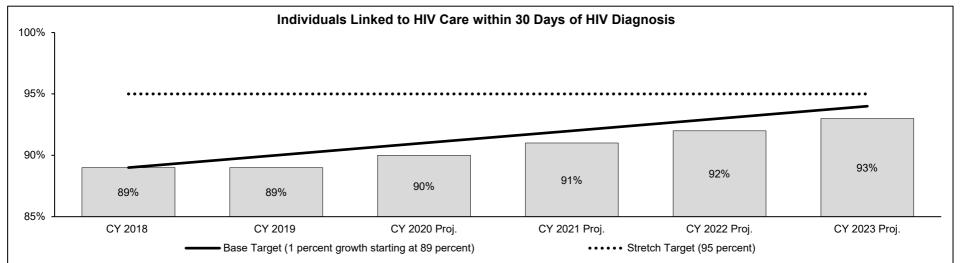
Health and Senior Services
HIV, STI, and Hepatitis (HSH)

Program is found in the following core budget(s):

2a. Provide an activity measure(s) for the program.

HIV, STD, and Hepatitis Clients Served								
Program/Service	CY 2018	CY 2019	CY 2020 Proj.	CY 2021 Proj.	CY 2022 Proj.	CY 2023 Proj.		
HIV Care Program Clients Served	8,343	8,575	8,600	8,625	8,650	8,650		
HIV Tests	84,327	82,844	85,000	85,000	85,000	85,000		
Hepatitis C Rapid Tests	3,955	3,389	3,500	3,500	3,500	3,500		
Gonorrhea/Chlamydia Tests	57,680	60,369	55,000	55,000	55,000	55,000		
Syphilis Tests	30,408	30,986	30,000	30,000	30,000	30,000		
Individuals Receiving Partner Services	3,938	4,511	3,900	3,900	3,900	3,900		
Condoms Distributed	323,970	412,609	415,000	430,000	430,000	430,000		
STI Medications Distributed (for the treatment of Gonorrhea, Chlamydia, or Syphilis infection; units represent one pill, vial, or shot)	74,970	73,767	69,000	74,000	74,000	74,000		

2b. Provide a measure(s) of the program's quality.



Linkage to care is a primary goal of the HIV partner services and HIV case management programs, because individual health and prevention outcomes are associated with linkage to care within 30 days of HIV diagnosis.

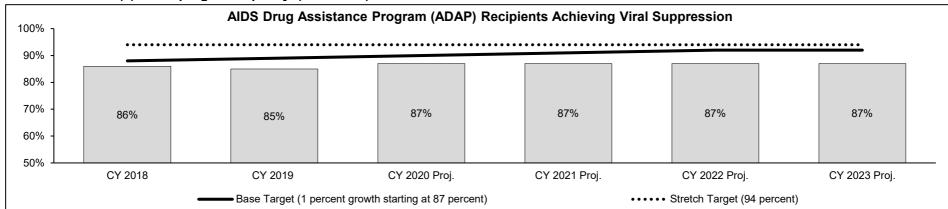
Health and Senior Services

HB Section(s): 10.700, 10.710

HIV, STI, and Hepatitis (HSH)

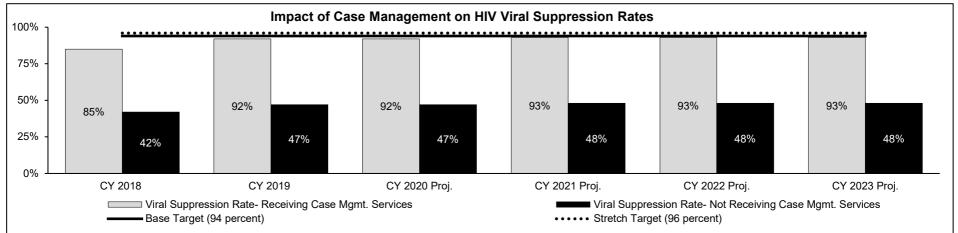
Program is found in the following core budget(s):

2b. Provide a measure(s) of the program's quality. (continued)



Viral suppression is an important clinical marker used to monitor HIV disease progression and response to antiretroviral treatment. According to CDC, getting and keeping an undetectable viral load is the best thing people with HIV can do to stay healthy. Another benefit of reducing the amount of virus in the body is that it helps prevent transmission to others through sex or syringe sharing, and from mother to child during pregnancy, birth, and breastfeeding.

2c. Provide a measure(s) of the program's impact.

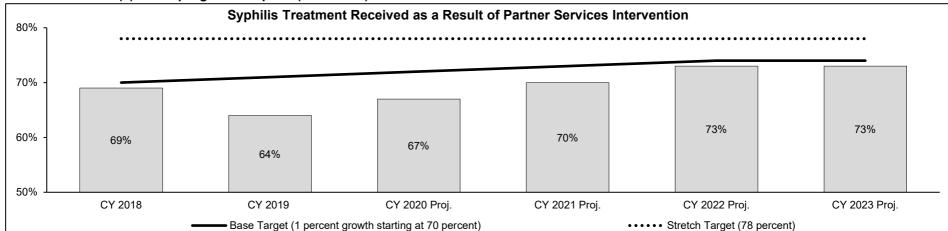


Viral suppression is an important clinical marker used to monitor HIV disease progression and response to antiretroviral treatment. Individuals living with HIV who maintain viral suppression stay healthier, live longer, and have effectively no risk of transmitting the virus to an HIV-negative partner through sexual contact. Case management services significantly increase viral suppression rates among Missourians living with HIV.

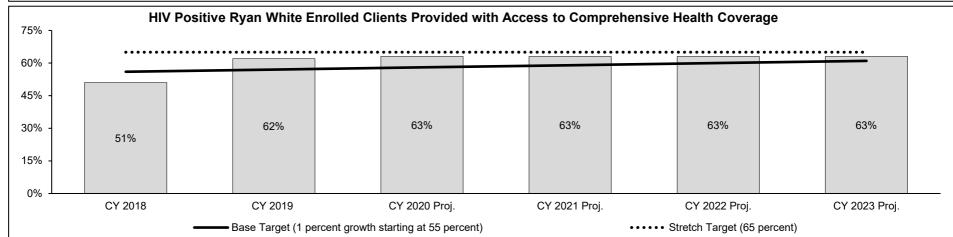
Health and Senior Services
HIV, STI, and Hepatitis (HSH)

Program is found in the following core budget(s):

2c. Provide a measure(s) of the program's impact. (continued)



This indicator shows the percentage of people infected with or exposed to syphilis who received treatment as a direct result of disease intervention activities by the Department. Connecting individuals to treatment helps control the infection in the community and prevents further damage to the individual's health.

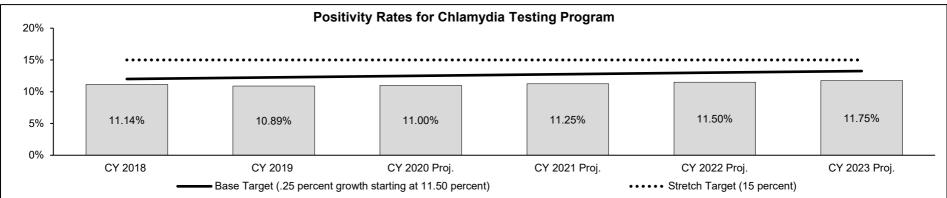


By providing access to comprehensive health coverage (private insurance), Missouri's Ryan White program is able to ensure that people living with HIV have access to a full range of essential health benefits at a cumulative cost savings to the Ryan White program. Comprehensive health coverage provides access to health services that are not available to uninsured Ryan White clients including inpatient care, emergency department care, and management of some chronic or co-occurring conditions.

Health and Senior Services
HIV, STI, and Hepatitis (HSH)

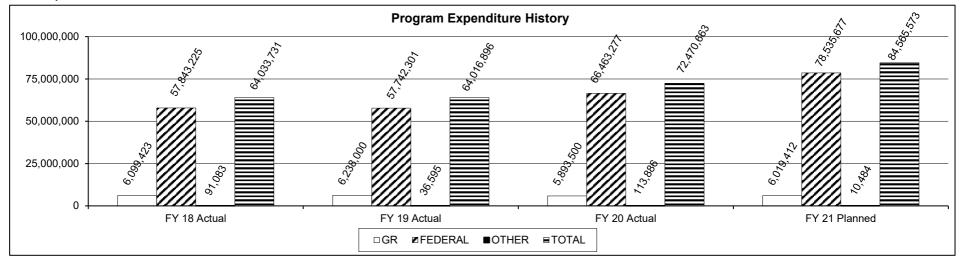
Program is found in the following core budget(s):

2d. Provide a measure(s) of the program's efficiency.



Chlamydia testing focuses on those who are most at-risk for infection, including those with no signs or symptoms. High testing positivity rates indicate that the testing program is effectively targeted to those individuals who are most at risk for infection rather than using limited resources to test individuals with low or no risk of infection. Prior CDC cooperative agreements recommended a testing program positivity rate of three percent. Missouri's testing program currently exceeds this target, and continues to work to identify individuals and populations who are at increased risk for infection.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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4. What are the sources of the "Other " funds?

Federal funds consist of Department of Health and Senior Services Federal (0143) and Department of Health and Senior Services Federal Stimulus (2350). Other funds consist of Health Initiatives (0275).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 191.653, 191.656, and 191.677, RSMo; Public Law 111-87 (Ryan White HIV/AIDS Treatment Extension Act of 2009); and Acquired Immune Deficiency Syndrome (AIDS) Housing Opportunity Act, 42 USC Section 12901.

6. Are there federal matching requirements? If yes, please explain.

Yes, the Ryan White grant requires a one dollar state match for every two dollars of Ryan White Part B Base and ADAP funding. No match is required for Ryan White Supplemental or other sources of funding for the HIV, STI, and Hepatitis Program.

7. Is this a federally mandated program? If yes, please explain.

No.