

## PROGRAM DESCRIPTION

**Health and Senior Services** **HB Section(s):** 10.700, 10.710, 10.713, and 10.714

**HIV, STI, and Hepatitis (HSH)**

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

	DCPH Program Operations	DCPH Programs and Contracts	Ryan White Program	HIV-STD-Hepatitis Health Care Providers			TOTAL
<b>GR</b>	613,678	55,775	6,992,515	0			7,661,968
<b>FEDERAL</b>	2,010,966	4,765,754	93,246,614	200,000			100,223,334
<b>OTHER</b>	27,621	0	0	0			27,621
<b>TOTAL</b>	2,652,265	4,821,529	100,239,129	200,000			107,912,923

**1a. What strategic priority does this program address?**

Health Behavior; Emerging Public Health Threats Preparedness; Social Determinants of Health; and Whole Person Health Access.

**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.

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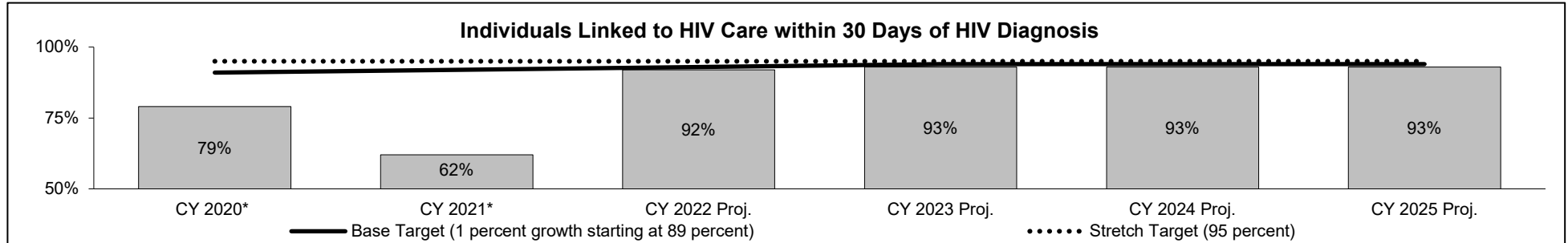
**Program is found in the following core budget(s):**

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

<b>HIV, STD, and Hepatitis Clients Served</b>						
<b>Program/Service</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022 Proj.</b>	<b>CY 2023 Proj.</b>	<b>CY 2024 Proj.</b>	<b>CY 2025 Proj.</b>
HIV Care Program Clients Served	8,500	8,567	8,625	8,650	8,650	8,650
HIV Tests	47,141	47,305	85,000	85,000	85,000	85,000
Hepatitis C Rapid Tests	1,143	2,088	3,500	3,500	3,500	3,500
Gonorrhea/Chlamydia Tests	26,261	40,036	55,000	55,000	55,000	55,000
Syphilis Tests	19,017	22,102	30,000	30,000	30,000	30,000
Individuals Receiving Partner Services**	1,918	2,443	3,900	3,900	3,900	3,900
Condoms Distributed	241,479	368,373	430,000	430,000	430,000	430,000
STI Medications Distributed*	52,257	57,147	74,000	74,000	74,000	74,000

\*Medications for the treatment of Gonorrhea, Chlamydia, or Syphilis infection; units represent one pill, vial, or shot.  
 \*\*The methodology for this measure will be reviewed over the next year to determine if there is possible underreporting.

**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. Sixty-two percent of newly diagnosed individuals were linked to care within 30 days. Overall, 92 percent of newly diagnosed individuals were linked to care.

\*This performance measure continues to be impacted by the COVID-19 pandemic.

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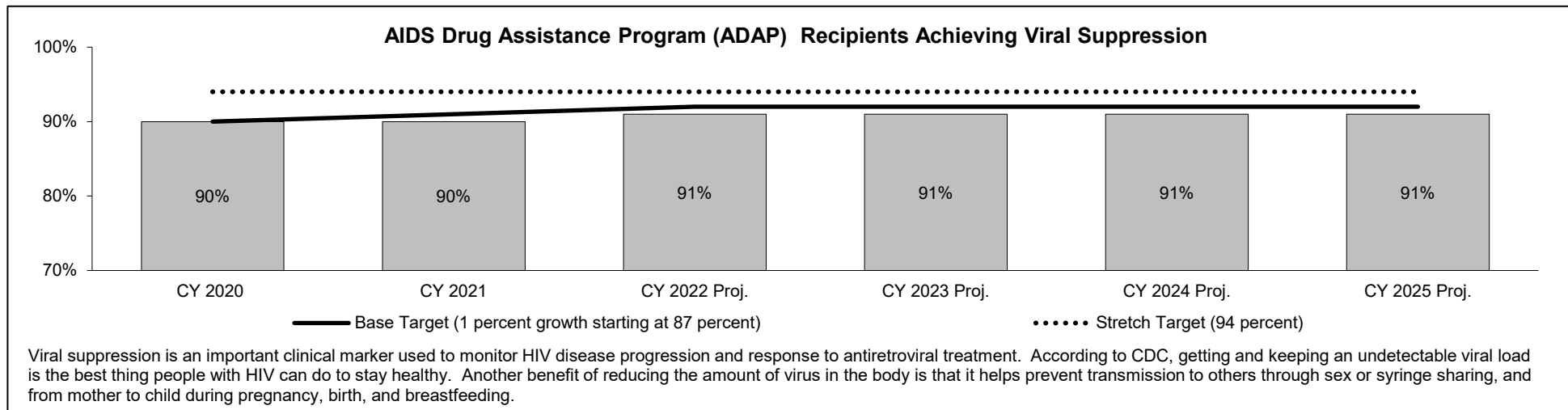
**Health and Senior Services**

**HB Section(s):** 10.700, 10.710, 10.713, and 10.714

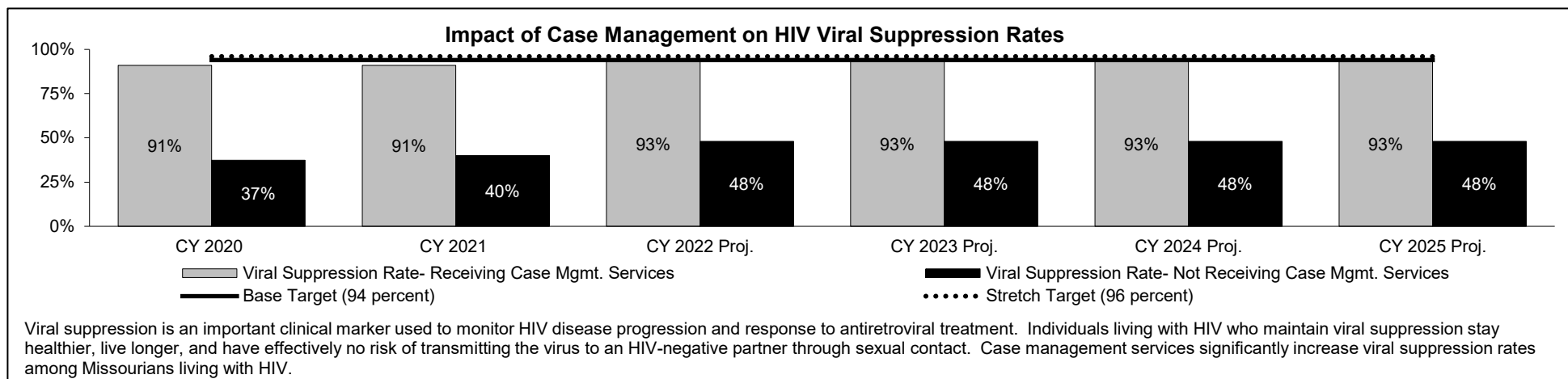
**HIV, STI, and Hepatitis (HSH)**

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

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



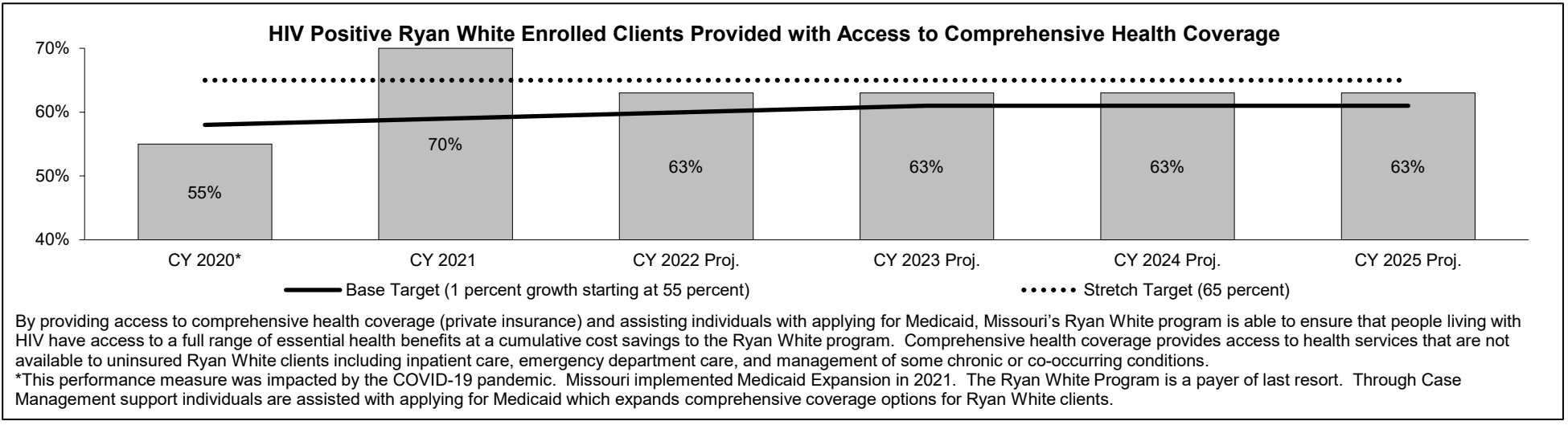
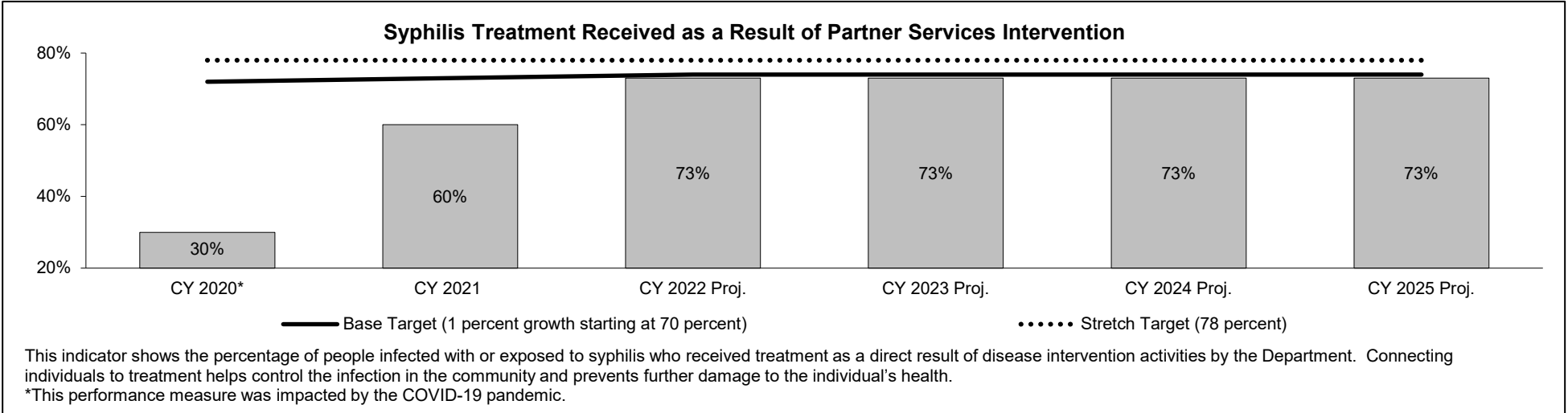
**2c. Provide a measure(s) of the program's impact.**



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

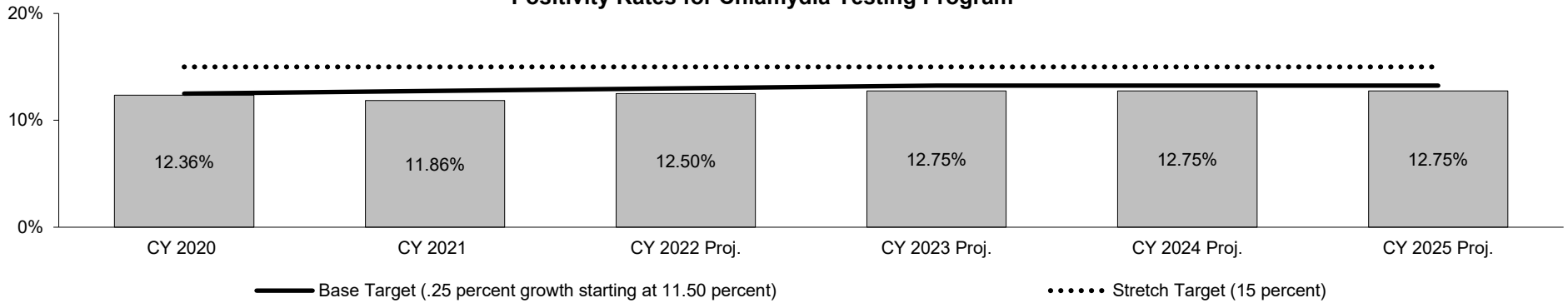


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**2d. Provide a measure(s) of the program's efficiency.**

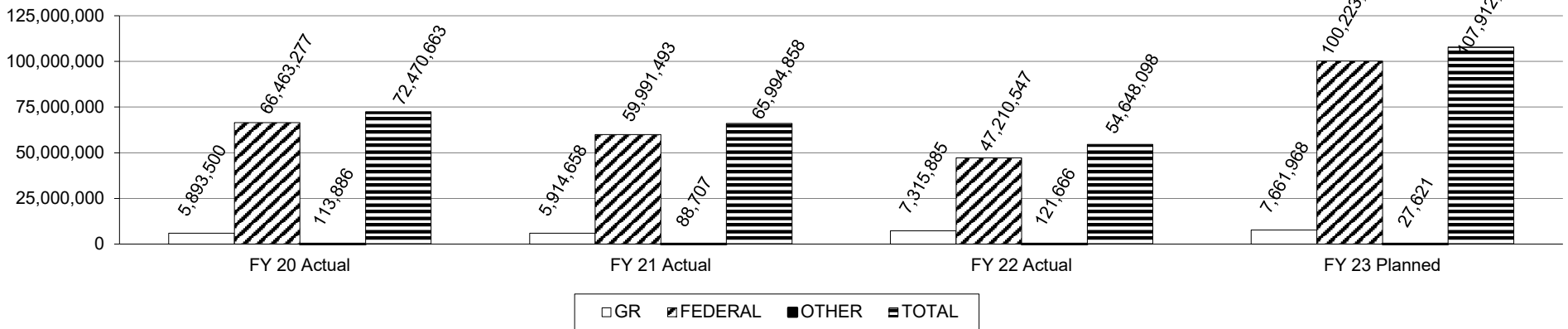
**Positivity Rates for Chlamydia Testing Program**



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.)**

**Program Expenditure History**



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<b>Program is found in the following core budget(s):</b>	
<b>4. What are the sources of the "Other " funds?</b> Health Initiatives (0275).	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> 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.	
<b>6. Are there federal matching requirements? If yes, please explain.</b> 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.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> No.	