

Program Element #81: HIV/STI Statewide Services (HSSS)

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/HIV, STD and TB (HST) Section

1. Background.

As of December 31, 2023, Oregon had over 8,240 people living with HIV (PLWH), with an average of 200 new HIV infections per year.¹ Each year, over 23,000 new chlamydia, gonorrhea, and syphilis Cases are reported across the state; see [HST data dashboards](#) for the most current data available. HIV Cases, as well as syphilis and gonorrhea Cases are prioritized for investigation by local programs. Syphilis Cases have increased dramatically since 2007, rising over 3700%. In 2023, Oregon had the 17th highest rate of primary and secondary syphilis in the U.S. and the 23rd highest rate for congenital syphilis (CS). Untreated Sexually Transmitted Infections (STI) can contribute to increased risk for transmitting and acquiring HIV, infertility and other reproductive health complications, fetal and perinatal health problems, and other serious long-term health effects.

Screening for HIV allows for early detection of the virus and aligns with [End HIV/STI Oregon](#) goals; people aware of their HIV status are significantly less likely to transmit HIV to others. A variety of Harm Reduction strategies can be used to prevent HIV and STI, including routine screenings and treatment, condoms, Partner Services, and navigation to Pre-Exposure Prophylaxis (HIV PrEP), Post-Exposure Prophylaxis (HIV PEP and STI PEP), and syringe service programs. For those newly diagnosed with HIV, lifesaving treatment reduces viral load, prevents HIV transmission to others, and improves individual health outcomes.

Increases in HIV and STI often intersect with substance use, houselessness, and other issues, representing syndemics—when health conditions and the social contexts in which they occur coincide and exacerbate each another, resulting in worse outcomes. Social determinants of health (e.g., racism, poverty, transphobia) also intersect with these syndemics and are intricately tied to the transmission of HIV/STI in Oregon. This is reflected in the health inequities seen in certain communities. Innovative and comprehensive syndemic approaches are required to effectively address HIV/STI prevention and care across the state.

This Program Element is supported by multiple federal and state sources, including CDC and HRSA² funding, each with specific requirements and restrictions defined herein. Activities are to supplement – not supplant – services funded through other mechanisms. Activities must be planned and implemented in coordination with local and state surveillance, prevention and care programs to avoid duplication of effort and to ensure PLWH receive the benefit of the full continuum of services available in Oregon. To ensure coordination, OHA will share information with the LPHA on directly funded contracts with community-based organizations and other entities that receive HIV/STI, Harm Reduction and/or sexual health funding from the HIV/STD/TB section.

Funding for these activities is variable; resources cannot be guaranteed beyond award allocations and obligations.

2. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements set forth below to deliver Human Immunodeficiency Virus (HIV)/ Sexually Transmitted Infections (STI) Statewide Services (HSSS), a Status Neutral, best practice model designed to assess client needs, engage them in care, and link them to the most appropriate services, no matter the test result(s). HSSS includes a suite of Core and Enhanced activities, defined herein, which are scalable based on available funding and capacity in each jurisdiction. Regional public health

¹ Average number of new infections from 2013-2023 in Oregon.

² Program income from the Health Resources and Services Administration (HRSA)'s Ryan White Part B, AIDS Drug Assistance Program (ADAP).

partnerships and collaborations with community-based organizations are strongly recommended to optimize resources and jurisdictional impacts.

Activities conducted under this Program Element must be in accordance with, and are subject to, the requirements and limitations set forth in Oregon Administrative Rules Chapter 333, Divisions 17 (Disease Control), 18 (Disease Reporting), 19 (Investigation and Control of Diseases), and 22 (Human Immunodeficiency Virus) and Oregon Revised Statutes 431 (State and Local Administration and Enforcement of Public Health Laws) and 433 (Disease and Condition Control) to deliver HIV/STI Statewide Services (HSSS). Activities must also follow [Oregon's Investigative Guidelines](#) for HIV Infection, Gonorrhea, Chlamydia, Syphilis, Syphilis in Pregnancy, and Congenital Syphilis.

LPHA shall use Program Element 01 (State Support for Public Health) Program Element 51 (Public Health Modernization) to ensure the delivery of foundational public health and communicable disease services. As required by funders, LPHA must leverage all available funding to support the delivery of Core HSSS and Enhanced HSSS.

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C Financial Assistance Award, unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.

3. Definitions Specific to HSSS.

- a. **Case:** A person who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a particular disease, infection, or condition, or whose illness meets defining criteria published in the Oregon Health Authority's Investigative Guidelines, available at www.healthoregon.org/iguides.
- b. **Case Investigation:** A process that includes identifying Cases; conducting a Case interview; confirming and/or facilitating treatment; collecting Core Variables; providing Partner Services, Health Education, and Referrals; and assisting with linkage to care.
- c. **Center for Disease Protection and Control (CDC):** The nation's leading science-based, data-driven service organization that protects the public's health. The CDC has many divisions, including the Division of STD Prevention and the Division of HIV Prevention.
- d. **Cluster Detection and Outbreak Response (CDR):** Routine surveillance and a response to a molecular cluster or increases in Cases observed. Clusters often suggest rapid HIV transmission in a sexual or drug using network. Increased Cases may be defined by what is normally expected in a defined community, geographic area, time frame, or by mutual agreement of LPHA and OHA (see Outbreak definition below). Response activities may include enhanced surveillance, regional coordination, re-interviewing Cases, tailored outreach, education, testing, and linkage to services (e.g., Integrated Testing, PrEP/PEP, Harm Reduction services, HIV care and treatment). Should response needs exceed the expected routine capacity of LPHA, OHA can offer guidance and a range of supports.
- e. **Contact:** Sexual partner of STI Case and sexual and/or needle-sharing partner of HIV Case.
- f. **Core HIV/STI Statewide Services (Core HSSS):** Activities that align with foundational public health and include Case Investigation and Partner Services; Outbreak response; and Referral to or the provision of Integrated HIV/STI Testing. For persons diagnosed with HIV and high priority STI (see Section 2ii), this also includes the delivery of Health Education, Referrals, and assistance with rapid access to and linkage to care and supportive services such as Ryan White case management and HIV treatment. Core HSSS are critical to achieving Oregon's Public Health Accountability Metrics and Process Measures and Oregon's [End HIV/STI Oregon](#) goals.
- g. **Core Variables:** Variables required by OHA and CDC cooperative agreements that fund HIV and STI prevention and surveillance.

- h. **DoxyPEP:** Also called STI PEP. Use of doxycycline as a post-exposure preventative treatment for syphilis, chlamydia, and gonorrhea, taken as a single dose within 72 hours after sex. Treatment with the antibiotic doxycycline has been proven to help prevent bacterial STI infections among certain populations. See [CDC DoxyPEP recommendations](#).
- i. **Early Intervention Services (EIS):** Includes the following four activities for PLWH: (1) HIV testing, (2) Referral services, (3) Health Literacy/Education, and (4) Access and Linkage to Care within 30 days. Involves active Referral/warm hand-off to Ryan White HIV/AIDS Programs such as HIV case management services or medical care.
- j. **Enhanced HIV/STI Statewide Services (Enhanced HSSS):** Activities including targeted Outreach Services, condom distribution, Harm/Risk Reduction, and Targeted Community Education and Capacity Building with Priority Populations.
- k. **Harm/Risk Reduction:** A set of practical strategies aimed at reducing harm associated with drug use and related behaviors that increase risks of HIV/STI. Activities and services may include the collection of drug use-related supplies in exchange for new supplies (e.g., biohazard bins, syringes, naloxone), Health Education and counseling, HIV/STI testing, wound care, and Referrals to drug treatment and other services.
- l. **Health Education:** The provision of education and Risk Reduction counseling using a Status Neutral approach. This includes information about ways to reduce HIV/STI transmission and risk for future HIV/STI acquisition (e.g., treatment adherence, Undetectable = Untransmittable or treatment as prevention, HIV PrEP/PEP, DoxyPEP, condoms, routine screening) and information about medical and psychosocial supports.
- m. **Health Services & Resources Administration (HRSA):** The federal program that funds Ryan White HIV/AIDS Programs under the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The [340B Drug Pricing Program](#) is also administered by HRSA.
- n. **HIV/STI Statewide Services (HSSS):** A Status Neutral best practice model, offering a suite of Core and Enhanced services (see definitions of Core HSSS and Enhanced HSSS).
- o. **In-Kind Resources:** Goods or supplies with a monetary value determined by OHA. Examples include condoms, lubricant, educational brochures, coverage of certain Oregon State Public Health Laboratory testing fees, STI medications, and provision of statewide mail order testing services.
- p. **Integrated Testing:** Testing for multiple infections (e.g. HIV, STI, hepatitis C) simultaneously and during a single encounter. Considered an HSSS best practice.
- q. **Investigative Guidelines (IG):** [Oregon's Investigative Guidelines](#), including those for HIV Infection, Gonorrhea, Chlamydia, Syphilis, Syphilis in Pregnancy, and Congenital Syphilis.
- r. **Not-in-Care (NIC):** In Oregon, a Person Living with HIV with no reported HIV-related labs in the previous eighteen months. The person may be actively engaged in medical care and/or other Ryan White service. However, if no HIV-related labs are reported within the defined time frame, the HIV surveillance program defines the person as NIC. Persons with no reported labs within 6 months of their HIV diagnosis are also considered Not-in-Care.
- s. **Outbreak:** An increase in Cases in excess of what would normally be expected in a defined community, geographical area, or season, and which, by mutual agreement of LPHA and OHA, exceeds the expected routine capacity of LPHA to address.
- t. **Outreach Services:** Activities aimed at identifying PLWH who either do not know their status or who know their status but are Not in Care and linking or re-linking them to care and Ryan White services. Outreach focuses on people with the highest risk for acquiring HIV, such as those testing positive for syphilis or rectal gonorrhea. Services will reach people who are HIV

negative; people who test HIV negative are referred to prevention and Risk Reduction services (e.g., PrEP, condoms, Harm Reduction programs). Outreach uses data to reach Priority Populations and is delivered in places where there is a high likelihood of identifying people with HIV. Services cannot be delivered anonymously.

- u. **Partner Services:** Services for all people newly diagnosed with HIV, early syphilis, and/or rectal gonorrhea, and all pregnant and pregnancy-capable people with any stage of syphilis. Services include conducting interviews to identify Contacts; conducting or supporting partner notification; and providing Integrated HIV/STI Testing to all Contacts, Health Education, treatment or rapid linkage to medical care, and Referrals to relevant services.
- v. **Person Living with HIV (PLWH):** Person diagnosed and living with HIV.
- w. **Post-Exposure Prophylaxis (PEP):** A 28-day course of HIV medications started within 72 hours after possible exposure to HIV. PEP is for use only in emergency situations—it is not meant for regular use by people who may be exposed to HIV frequently. When taken quickly after exposure and as prescribed, PEP is very effective at preventing HIV. [More about PEP.](#)
- x. **Pre-Exposure Prophylaxis (PrEP):** HIV medications taken *prior to* HIV exposure to prevent infection. PrEP is for use by people who are HIV negative and at higher risk of HIV exposure through sex or injection drug use. Consistent use of PrEP reduces the risk of acquiring HIV from sex by about 99% and from injection drug use by at least 74%. PrEP is highly effective at preventing HIV if used as prescribed but is much less effective when not taken consistently. [More about PrEP.](#)
- y. **Priority Populations:** Populations of focus for HSSS identified by local HIV/STI epidemiology or defined in the [End HIV/STI Oregon Strategy](#)
- z. **Program Review Panel:** A CDC-required panel of community members who review and approve any newly developed HIV prevention informational material for appropriateness and alignment with CDC guidelines.
- aa. **Referral:** Information about relevant resources and services shared with a client (e.g., housing support, Medicaid enrollment, PrEP medication support, Harm Reduction services). This information should be up-to-date and LPHA should establish pathways to facilitate linkage to care. Referrals for those newly diagnosed with HIV must involve a warm hand-off to facilitate engagement with Ryan White medical and case management services. Otherwise, a Referral may involve giving a client information about services so they may follow up on their own.
- bb. **Status Neutral:** A whole-person HIV prevention and care approach that emphasizes high-quality care to engage and retain people in services regardless of whether the services are for HIV treatment or prevention. A Status Neutral approach continually addresses the health care and social service needs of all people affected by HIV so they can achieve and maintain optimal health and well-being.
- cc. **Sexually Transmitted Diseases (STD)/Sexually Transmitted Infections (STI):** STI refers to infections caused by an organism through sexual contact. STD refers to a disease state that has developed from an infection. STD and STI are often used interchangeably but STI is broader and is the preferred term herein.
- dd. **Targeted Community Education and Capacity Building:** An Enhanced HSSS service consisting of activities to educate and build capacity around HIV/STI and reach Priority Populations identified in the [End HIV/STI Oregon Strategy](#). These activities facilitate health literacy, education, access to information, and/or services for Priority Populations; they are not directed to the general public.
- ee. **Technical Assistance:** Services provided by OHA HIV/STD staff to support LPHA delivery of HSSS, including training, capacity building assistance, and support during Case Investigations

and CDR.

- ff. **Undetectable=Untransmittable (U=U):** An important prevention and anti-stigma Health Education message meaning that a Person Living with HIV who is on treatment and maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners.

4. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at:

https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)

- a. **Foundational Programs and Capabilities** (as specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Population Health Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and
Asterisk (*) = Primary foundational program that aligns with each component						X = Foundational capabilities that align with each component						
X = Other applicable foundational programs												
Epidemiological investigations that report, monitor and control HIV/STI, including Partner Services	*	X		*	*X		X		X			
Outreach	X	X					X	X				
HIV/STI screening and testing	*	X		*	*X		X	X	X		X	
Health Education/counseling and health literacy	*	X		*	X		X	X			X	
HIV/STI Referrals (e.g., PrEP, Harm Reduction)	X	X		X	X		X	X				
Linkage to HIV care and treatment. Includes follow-up on PLWH Not-in-Care	*	X		*	*X		X	X	X			
Condom distribution	*	X		X	X		X	X				

Harm Reduction services	X			X	X		X	X				
Cluster Detection and Response	*	X		*					*		X	X

- b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:

- (1) Rate of congenital syphilis
- (2) Rate of syphilis (all stages) among people who can become pregnant
- (3) Rate of primary and secondary syphilis

- c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:

- (1) Percent of congenital syphilis Cases averted
- (2) Percent of Cases interviewed
- (3) Percent completion of CDC Core Variables
- (4) Percent of Cases treated with appropriate regimen within 14 days

5. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct services and activities in accordance with OHA’s HSSS Standards Guidance, [HIV Testing Policies and Procedures](#) and [Oregon’s Investigative Guidelines](#). Activities are as follows:

- a. Submit local program plan and local program budget, which includes a staffing plan and organization chart to OHA for approval.
- b. Engage in activities as described in the local program plan, which has been approved by OHA, and is incorporated herein this reference.
- c. Use funds for this Program Element in accordance with its local program budget, which has been approved by OHA and incorporated herein with this reference. Modification to the local program budget may only be made with OHA approval.

d. Core HSSS

(1) Integrated HIV/STI Testing

LPHA must:

- (a) Ensure Integrated Testing is available to all people newly diagnosed with HIV, early syphilis, or rectal gonorrhea, and to all pregnant and pregnancy-capable people diagnosed with any stage of syphilis, at minimum.
- (b) Provide HIV and STI services to any person the LPHA is seeing or refer them to such services. STI services include screening individuals for reportable STI and treating Cases and their Contacts.
- (c) Use the subsidized HIV/STI testing services available to eligible populations through the Oregon State Public Health lab.
- (d) Enter data in CDC’s testing database for any testing funded under this Agreement. OHA will assist LPHA or its subcontractor with access.

- (e) Funds may be used to purchase test kits. See the HSSS Standards and Budget Guidance for more detail about allowable use of funds and reporting requirements.

(2) Case Investigation and Partner Services

(a) Staffing and Training

LPHA must:

- i. Train and maintain sufficient staff to conduct expected HIV/STI Case Investigation and Partner Services (see table below) and list any persons in the local staffing plan (included in the local program budget) to be approved by OHA.
- ii. Require all staff conducting HIV and STI Case Investigations to attend trainings provided by OHA HIV/STD Program. OHA shall make available additional relevant trainings to ensure the effective delivery of disease investigation and control services.

(b) Minimum Expectations for Case Investigation and Partner Services

LPHA must follow [Oregon's Investigative Guidelines](#) and provide the minimum Case Investigation and Partner Services per the table below:

Infection	Minimum Expectations for Case Investigation and Partner Services
HIV	All HIV Cases assigned by OHA's HIV Surveillance Program.
Syphilis	<p>All priority syphilis Cases defined as:</p> <ul style="list-style-type: none"> • All primary, secondary, and early non-primary non-secondary syphilis Cases regardless of sex/gender or age. • All Cases among pregnant or pregnancy-capable individuals regardless of stage. Pregnant individuals that don't meet the Case definition may require verification or facilitation of treatment. <p>Other syphilis Cases shall be investigated if LPHA has staffing capacity or no priority syphilis Cases. OHA may require LPHA to investigate other syphilis Cases as needed per local epidemiology, an STI Outbreak, or for another reason. LPHA may also independently require Case Investigation for other syphilis Cases.</p>
Gonorrhea	<p>All priority gonorrhea Cases defined as:</p> <ul style="list-style-type: none"> • All rectal gonorrhea Cases. • All Cases among pregnant individuals. • All Cases among individuals co-infected with HIV. <p>Other gonorrhea Cases shall be investigated if LPHA has staffing capacity or no priority gonorrhea Cases. OHA may require LPHA to investigate other gonorrhea Cases as needed per local epidemiology, an STI Outbreak, or for another reason. LPHA may also independently require Case Investigation for other gonorrhea Cases.</p>
Chlamydia	Not required but may be pursued at the discretion of LPHA.

- (c) LPHA must operate its program in a manner designed to achieve CDC performance measures as listed in the HSSS Standards Guidance. Performance measures are subject to change with each new funding cycle.
- (d) LPHA must provide EIS to all PLWH.
- (e) LPHA must follow up on PLWH Not-in-Care (NIC).
 - i. Standards, expectations, and forms for NIC processes and activities are outlined in the HSSS Standards Guidance.
 - ii. LPHA may do NIC work on their own or create a separate agreement with an agency funded to deliver Ryan White HIV Medical Case Management services in their county to do this work as their designee. OHA may only release NIC lists to the designee with the county's permission which requires LPHA complete and sign an OHA data release form.
 - iii. LPHA or its designee must follow up on a NIC client list provided by OHA by confirming the clients' residency and attempting to contact them to facilitate linkages to HIV care and Ryan White services as appropriate.
 - iv. Coordination with local HIV case management systems can facilitate linkages to medical care.

e. **Enhanced HSSS**

(1) **Outreach Services**

- (a) Outreach participants must be part of a Priority Population known through local epidemiology to be at increased vulnerability for HIV.
- (b) EIS must be provided to any PLWH identified through Outreach Services.
- (c) No broad scope awareness activities, such as those directed to the general public, are allowed.
- (d) Specific activities will be developed and defined in LPHA's approved workplan.

(2) **Harm/Risk Reduction Services/Support**

- (a) Some staff time may be used to support Harm Reduction services; however, primary staff roles must be to conduct Core HSSS activities.
- (b) There are many restrictions on use of funds for syringe and harm reduction services. Details will be provided in the HSSS Budget Guidance. However, funds may be used to purchase sharps containers.

(3) **Targeted Community Education and Capacity Building**

Activities are focused on reaching Priority Populations, not the general public.

(4) **Condom Distribution**

- (a) See Section 4.f.(3) In-Kind Services: Condoms/Lubricant for expectations.
- (b) A distribution plan will be required to be submitted to OHA for approval.

OHA recommends LPHAs use local data and needs assessments to determine which Enhanced activities should be prioritized.

f. **In-Kind Services**

(1) **General**

Pending availability of funds, OHA may provide In-Kind Resources or Technical Assistance to support the delivery of HSSS.

(2) STI Medications

- (a) LPHA may use OHA-provided STI medications to treat Cases or Contacts subject to the following requirements:
- (b) Medications must be provided at no cost to individuals receiving treatment.
- (c) LPHA must perform a monthly medication inventory and maintain a log of all medications supplied; LPHA must log in and log out each dose dispensed.
- (d) LPHA must log and document appropriate disposal of medications provided under this Agreement which have expired, thereby preventing their use.
- (e) If LPHA self-certifies as a 340B STD clinic site and receives reimbursement for 340B medications from OHA, it is the sole responsibility of LPHA to comply with all [HRSA regulations and requirements for 340B Drug Pricing Program Covered Entities](#).
- (f) Any 340B cost savings or program income realized because of funding from this Agreement must be used in a manner consistent with the goals of the grant or program under which it was authorized; i.e., any cost saving resulting from CDC STI funding must be used to increase, enhance, and support STI screening and treatment services.
- (g) If LPHA subcontracts with another provider for HSSS services, any OHA-provided In-Kind STI medications received by LPHA must be provided, free of charge, to its subcontractor for the purposes set out in this section. Subcontractor must comply with all requirements related to such medications unless OHA informs LPHA in writing that the medications cannot be provided to the Subcontractor. LPHA must document the medications provided to a Subcontractor under this section.

(3) Condoms/Lubricant

- (a) Any condoms or lubricant provided In-Kind from OHA must be distributed or supplied at no cost to individuals being served. Under no circumstances can LPHA or its subcontractor sell condoms or lubricant supplied by OHA under this Agreement.
- (b) LPHA shall store condoms in a cool, dry place to prevent damage and shall manage inventory to ensure distribution before supplies expire.
- (c) LPHA shall provide Referrals to [the free mail-order condom service funded by OHA](#).

g. Educational Material/Brochures/Pamphlets

- (1) LPHA and its subcontractors shall distribute and make available culturally and linguistically appropriate HIV/STI informational materials. See [OHA-provided materials](#).
- (2) Any LPHA or subcontractor wanting to create their own HIV educational materials must submit those materials to the CDC-required [Oregon Program Review Panel](#) for approval.

h. End HIV/STI Oregon Promotion and Support

LPHA and its subcontractors shall support and promote the OHA End HIV/STI Oregon initiative as follows:

- (1) Display the End HIV/STI Oregon logo and website link on LPHA program-related website if applicable.
- (2) Provide LPHA logo for inclusion on End HIV/STI Oregon website.
- (3) Ensure any HSSS promotional materials developed and funded by this agreement include information about the End HIV/STI Oregon initiative, including the logo and website address.
- (4) Use the End HIV/STI Oregon Ambassador Kit to promote End HIV/STI Oregon messaging.

i. Continuing Education, Training, and Partner/Systems Coordination

- (1) LPHA must participate in community learning and ongoing training facilitated or made available by OHA; the OHA HIV/STD Program's training contractor, Oregon AIDS Education and Training Center; or a CDC-assigned Capacity Building Assistance Provider.
- (2) LPHA shall budget for and assign an appropriate HSSS program staff to attend:
 - (a) Virtual quarterly HSSS contractor check in calls or meetings with the OHA-designated contact to discuss service successes and challenges and troubleshoot issues as they arise.
 - (b) An in-person HSSS contractor meeting when scheduled.
 - (c) OHA Monthly STI/HIV Orpheus and Case Investigation Trainings, Quarterly HSSS Community of Practice, and Congenital Syphilis Case/Data Review meetings. Monthly STI/HIV Orpheus Trainings are recorded.
 - (d) Other training as requested by OHA.

j. Data Entry and Security Requirements.

- (1) LPHA must collect and report on HSSS data variables in the following systems:
 - (a) Orpheus, Oregon's integrated electronic disease surveillance system, including the HSSS window.
 - (b) CDC approved HIV testing database.

OHA will provide LPHA with a HSSS Standards Guidance which details data entry requirements.
- (2) Security:
 - (a) LPHA and its subcontractors must maintain a written policy to ensure that confidentiality and breach procedures are in place. The policy must describe investigative steps and actions, consequences for breaches, and a requirement to notify OHA within 14 business days from reported date of event.
 - (b) HSSS staff will complete an annual confidentiality and security training designated by LPHA and associated trainings offered by OHA.

k. LPHA will receive two awards – PE81-01 and PE81-02 – to support HSSS services.

- (1) PE81-01 is funded by a CDC HIV Prevention Grant. As much as is feasible, these funds should be used first.
- (2) PE81-02 is funded by income generated from HRSA Ryan White Program.
- (3) HSSS Standards and Budget Guidance provides detail on allowable use of funds and any restrictions.

6. **General Revenue and Expense Reporting:** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. A separate report must be filed for each applicable Program Element and any sub-elements. Reports must be submitted to OHA each quarter on the following schedule:

Revenue/Expense Reports Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

7. **Program Reporting Requirements.**

- a. HSSS Standards Guidance provides additional detail on programmatic activities and reporting requirements.
- b. LPHA will participate in twice yearly HSSS data cleaning and annual evaluation of data.
- c. All annual required data must be entered into Orpheus and CDC approved HIV testing database by February 1 for the prior calendar year.
- d. LPHA must submit Mid-Year Program Report and Annual Program Report as follows:

HSSS Program Reports	Due Date
Mid-Year: July 1– December 31	January 30
Annual: July 1 – June 30	August 20

- e. If these programmatic reporting timelines are not met, OHA will work with LPHA or its subcontractor to establish and implement a corrective action plan.

8. **Performance Measures**

Not applicable

9. **Funding Information**

- a. **Payor of last resort:** CDC grant funds should be prioritized for use before HRSA funds when possible. HRSA funds must be used as dollars of last resort. HSSS funds shall not be used to cover the costs for any item or service covered by other state, federal, or private benefits or service programs.
- b. **Direct cash payments:** Funds shall not be used to provide direct cash payment or reimbursement to any person receiving services under this Program Element.
- c. **Specific use of funds:** Funds may only be used for those HSSS services detailed in the OHA approved budget. Approved local program budgets shall be kept on file with OHA.
- d. **Prioritized funding for AIDS Drug Assistance Programs.** HSSS services are supported by HRSA Program Income, generated by the AIDS Drug Assistance Program (ADAP). OHA is required to ensure (ADAP) services are available to eligible Oregonians. HRSA Program Income available for HSSS cannot be guaranteed. OHA reserves the right to terminate or modify funding under this Program Element with 90 days advance written notice to LPHA, if OHA deems it necessary to ensure the stability of ADAP services.

- e. **Unspent funds:** No carryover of unspent funds will be allowed under this Program Element. OHA will direct any unspent funds to address emerging and future service needs.

10. Subcontracted Services

- a. LPHA may use HSSS funds to subcontract with other LPHAs to deliver any or all HSSS activities.
- b. LPHA may use HSSS funds to subcontract with community-based organizations to perform Testing and deliver Enhanced HSSS services.
- c. LPHA must complete and submit any subcontractor budgets as part of the overall budget to OHA for review and approval.
- d. LPHA must ensure that each subcontractor adheres to the standards, minimum requirements, and reporting responsibilities outlined in Section 8, items a-f, and HSSS Standards and Budget Guidance.
- e. LPHA must require subcontractor(s) to participate in any applicable training and capacity building and quality assurance activities.