

# FY 2024 PERFORMANCE PLAN

Sexually Transmitted Infections Clinic		Public Health/ CHSB	Lilibeth Grandas x1211 Sharron Martin x1239
Program Purpose	<ul style="list-style-type: none"> <li>Reduce and prevent the incidence of sexually transmitted infections (STIs) and its negative consequences such as infertility and pregnancy complications</li> </ul>		
Program Information	<p>Clinic services follow the Centers for Disease Control and Prevention (CDC) guidelines and the Virginia Department of Health (VDH) standards.</p> <p>The program provides services on a sliding scale fee basis. Clients with insurance are charged the full fee and given documentation they can submit to their insurance company for reimbursement. Services are available to all individuals over the age of 13 with no residency restrictions as follows:</p> <ol style="list-style-type: none"> <li><b>Screening and diagnosing</b> the following STIs: <ul style="list-style-type: none"> <li>Chlamydia</li> <li>Gonorrhea</li> <li>Syphilis</li> <li>HIV</li> <li>Hepatitis B (certain populations)</li> <li>Hepatitis C</li> <li>Pelvic Inflammatory Disease</li> <li>Bacterial Vaginosis (BV)</li> <li>Yeast</li> <li>Trichomoniasis</li> <li>Genital Herpes</li> <li>Genital Warts</li> <li>Pubic Lice</li> </ul> </li> <li>A typical panel of STI tests includes Chlamydia, Gonorrhea, Syphilis, Hepatitis C and HIV. Other STIs are diagnosed if symptoms are present.</li> <li>Clients are asked about their reproductive health plan and are offered the opportunity to start/continue/change a birth control method based on their preferences.</li> <li><b>Treatment:</b> <ul style="list-style-type: none"> <li>Treatment is offered to clients based on laboratory results, symptoms or exposure to a person with a confirmed STI diagnosis.</li> <li>The HD (Health Department) has access to the federal 340B Drug Pricing Program. This program provides access to a wide range of medications at a significantly reduced price.</li> <li>Clients found to have HIV are referred to an Infectious Disease Specialist in the area.</li> <li>In FY 2024 we started to offer Doxy PEP (Post Exposure Prophylaxis): it's offered to high-risk individuals for the prevention of Chlamydia, Gonorrhea and Syphilis.</li> </ul> </li> <li><b>Education and risk reduction counseling:</b> <ul style="list-style-type: none"> <li>All clients receive education and risk reduction counseling, including how to appropriately use a condom.</li> <li>Patients diagnosed with an STI are educated on the importance of having sexual partner(s) tested and treated as soon as possible to prevent reinfection or further spread in the community.</li> </ul> </li> <li><b>Referrals to other resource providers are based on client's needs:</b> <p>Those at risk for hepatitis B are referred to Open Immunization Clinic (OIC) or other medical provider for hepatitis B vaccination</p> <ul style="list-style-type: none"> <li>HIV Pre-exposure prophylaxis (PrEP)</li> <li>Sexual assault victims are referred to Doorways</li> <li>Teenagers are referred to the Teen Health Clinic for follow up</li> </ul> </li> </ol>		

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	<p>In addition, program staff conduct <b>community outreach</b> to increase STI awareness and decrease stigma, especially about HIV.</p> <p>The Public Health Division, like other health care providers in Virginia, is mandated to report Chlamydia, Gonorrhea, and Syphilis and HIV cases to VDH. The STI clinic works closely with the Community Health Protection Bureau (CHPB) to ensure that reported cases, including clients that are difficult to find, receive appropriate follow-up to control and prevent the spread of STIs in our community.</p> <p>Funding for the STI program comes mainly from local and state funding through a cooperative agreement. HIV testing funding comes from CDC through VDH. An additional source of revenue originates from charging clients on a sliding fee scale. This new requirement was established by the Virginia Department of Health (VDH) in July 2017.</p> <p>We have had a memorandum of understanding (MOU) with the Office of Epidemiology (Office of Epi) in VDH since 2021. The Office of Epi has covered the cost of STI testing and treatment for most uninsured and high risk clients. In FY 2024, for the first time, the Office of Epi established a cap in how much money they could provide to support the testing for these populations. It’s expected that this trend will continue in the coming years as state resources decrease.</p> <p>In FY 2022, NOVASalud, a community-based organization supported by DHS, became the main provider of free STI/HIV screening services in Northern VA. Under our current partnership, NOVASalud connects clients to our services, especially those who need treatment, and we refer clients who are in need of individual or group therapy related to their HIV diagnosis.</p> <p>Partners: CDC, Virginia Department of Health, NOVASalud, Inova Juniper Program, Doorways and Whitman Walker Clinic in Washington DC.</p>															
Service Delivery Model	<ul style="list-style-type: none"><li>• Services are delivered in person.</li><li>• In FY 2024, resources were focused on treating those clients who have STI symptoms and those who are referred by other service providers for treatment or as contacts.</li></ul>															
PM1: How much did we do?																
Staff	<p>Total 1.1 FTEs:</p> <ul style="list-style-type: none"><li>○ 0.2 FTE Nursing Supervisor</li><li>○ 0.3 FTE Nurse Coordinator</li><li>○ 0.2 FTE Public Health Nurse</li><li>○ 0.2 FTE Clinic Aide</li><li>○ 0.2 FTE Clinician</li></ul>															
Customers and Service Data	<table><tr><td></td><td>FY 2021</td><td>FY 2022</td><td>FY 2023</td><td>FY 2024</td></tr><tr><td>Clients</td><td>158</td><td>259</td><td>338</td><td>362</td></tr><tr><td>Visits</td><td>216</td><td>365</td><td>503</td><td>538</td></tr></table>		FY 2021	FY 2022	FY 2023	FY 2024	Clients	158	259	338	362	Visits	216	365	503	538
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# **FY 2024 PERFORMANCE PLAN**

	Outreach: Community-related events providing information or testing	0	13	28	46
PM2: How well did we do it?					
2.1	STI client satisfaction				
2.2	Clients with chlamydia, gonorrhea or syphilis were notified and offered options for treatment within one week of laboratory results				
PM3: Is anyone better off?					
3.1	Clients with chlamydia, gonorrhea or syphilis who returned for their 3 month re-screen to ensure they were not re infected				
3.2	Individuals diagnosed with HIV who saw an Infectious Diseases Specialist within 30 days of diagnosis per VDH standards				

## FY 2024 PERFORMANCE PLAN

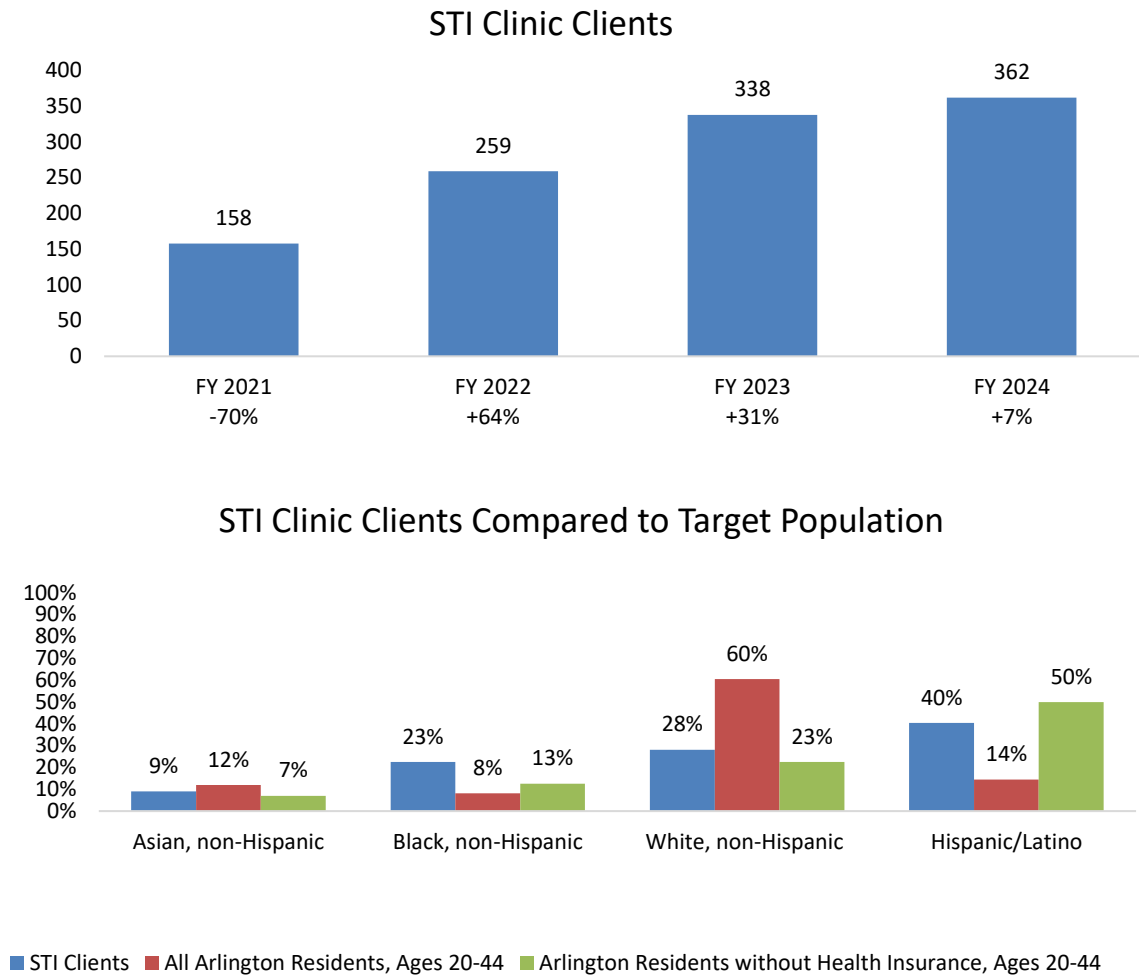
### Sexually Transmitted Infections Clinic

Measure

1

Clients

Data



Data Summary

- The number of clients increased 64% in FY 2022, 31% in FY 2023 and 7% in FY 2024, after decreases in FY 2020 and FY 2021.
- The number of clients is tracked in WebVision.
- In FY 2024, 20 clients had unknown race or ethnicity.
- The data on Arlington residents ages 20-44 and Arlington residents ages 20-44 without health insurance is from IPUMS USA using 2018-2022 ACS Census Bureau data. The categories of American Indian and Alaska Native, Native Hawaiian and Pacific Islander, some other race, and multiple races selected were not included because there were fewer than 5 clients in these categories.

### What is the story behind the data?

- NOVASalud screened a significant number of clients for STIs in Northern Virginia in FY 2024. People testing positive were given the option for treatment, including the Arlington County PHD STI Clinic. For clients referred to PHD, NOVASalud sends positive results to the PHD Clinic and Clinic Staff reaches out to the client to schedule an appointment.

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- In examining the rates of STIs in Arlington, rates of Chlamydia, Gonorrhea, Syphilis have increased while HIV has decreased slightly in FY 2023 and FY 2024.
- Most clients who currently come to our clinics are uninsured and they lack the resources to go to urgent care or any other medical facility. Black and Latino populations have the highest rates of STIs in Northern VA, VA and the US, and tend to seek services at higher rates.
- Based on last years' recommendation, we started to provide STI testing at Arlington Mill Community Center once every two weeks. The uptake has been low.

#### Recommendations

#### Target Dates

- Explore other areas and times when traffic is high in Arlington Mill where we could reach teens and adults.

- FY 2025 Q3

- Connect with Project PEACE to determine opportunities for collaboration

- FY 2025 Q3

#### Forecast

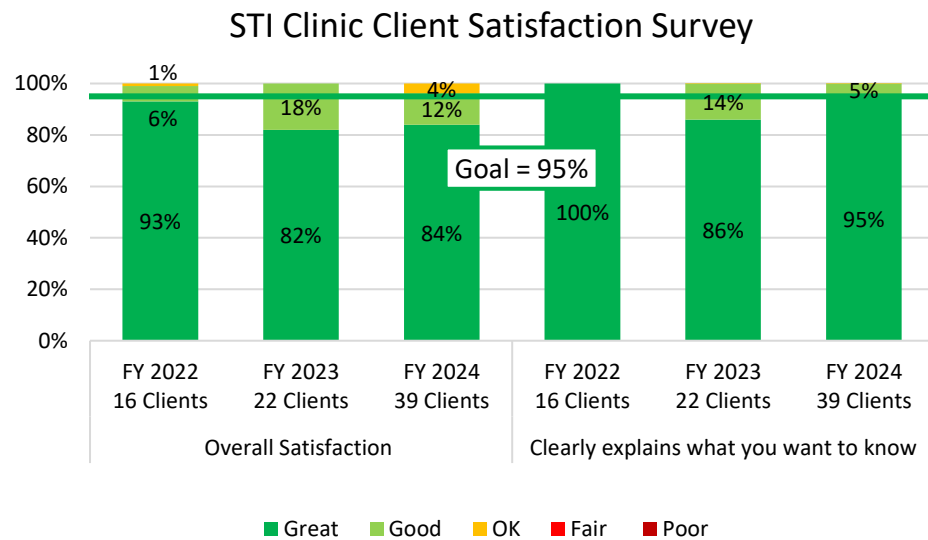
- For FY 2025, the number of clients will remain about 362.

## FY 2024 PERFORMANCE PLAN

### Sexually Transmitted Infections Clinic

**Measure** 2.1 STI client satisfaction

**Data**



**Data Summary**

- In FY 2024, a satisfaction survey was conducted for the “combined clinic” (Family Planning, STI and Maternity). Only responses from STI Clinic clients are included.
- Survey conducted once a year, capturing all clients served over a two-week period, using a paper survey in English and Spanish.
- In FY 2022 and FY 2024, overall satisfaction was calculated by averaging the results from all the questions on the survey. For FY 2023, clients were asked specifically about overall satisfaction.
- FY 2024 response rate was 81%.

### What is the story behind the data?

- In FY 2022, the customer satisfaction survey was changed to a survey that VDH requires some PHD clinic programs to complete.
- Clinic staff received the highest scores on the survey. Payment received the lowest scores.
- In FY 2024, 96% of clients rated their overall customer experience with STI Clinic services as “good” or “great” and 100% rated how we explained things as “good” or “great.”

### Recommendations

- In FY 2025, the client survey will be conducted at least one time, as staffing levels allow. Explore increasing number of clients surveyed.

### Target Dates

- FY 2025 Q4

### Forecast

- In FY 2025, the percentage of STI Clinic clients who rated their overall customer experience as “good” or “great” will be 96%. The percentage of STI Clinic clients who rated their how we explained things as “good” or “great” will remain 100%.

## FY 2024 PERFORMANCE PLAN

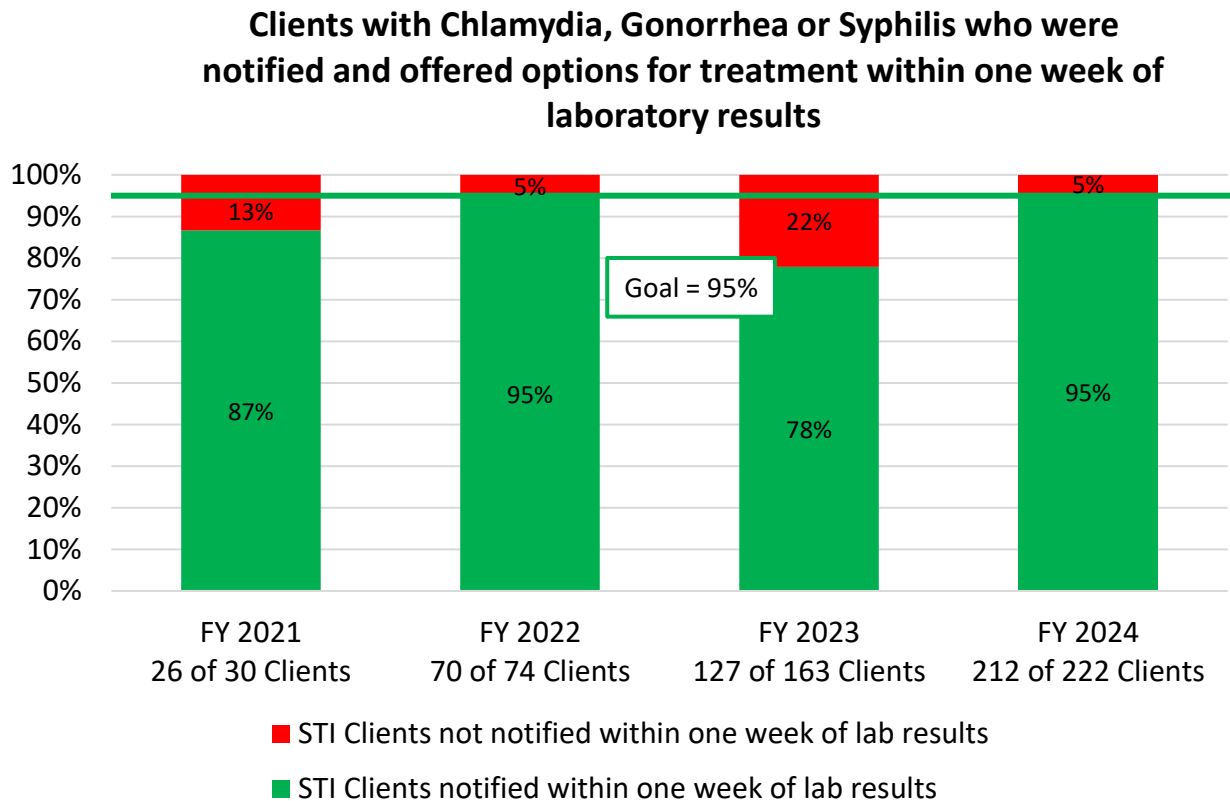
### Sexually Transmitted Infections Clinic

Measure

2.2

Clients with Chlamydia, Gonorrhea or Syphilis who were notified and offered options for treatment within one week of laboratory results

Data



Data Summary

- In FY 2024, 95% of clients testing positive for chlamydia, gonorrhea, or syphilis were notified within one week of laboratory results.
- FY 2023 and FY 2024 data includes clients diagnosed or treated at all Community Health Service Bureau clinics, including family planning and maternity clinics.
- Data on client notification is tracked in the STI database.

### What is the story behind the data?

- When positive laboratory results are received, clients are notified by telephone and offered treatment. If the client cannot be reached by telephone, a letter is sent to the address on file.
- The STI database is used to track the date of positive results, the date treatment was initiated, or date the letter was sent, if the client was unable to be reached by telephone.
- In FY 2023, NOVASalud clients were told to contact Public Health after receiving positive results. This delayed treatment. The process was changed later in FY 2023, so that PHD STI Clinic staff reaches out to positive clients instead of waiting for the client to call in to schedule an appointment.
- In FY 2023, the STI Program staff took on the responsibility to follow all clients diagnosed by all the Community Health Service Bureau programs; in the past, each program (Maternity, Teen, Family Planning and STI) followed up on clients diagnosed in their respective program.

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This change allowed for a more standardized way of follow-up and to have a better picture of how STIs impact clients across services.

- In FY 2024, several changes were made in the STI database to improve data collection and accuracy. Adding in a field for testing site allowed the exclusion of clients not tested at PHD clinics. This likely accounted for much of the increase in timely notification since FY 2023. Additionally, the date of laboratory report and date of collection were more explicitly labeled in the database, which assisted with standardizing data entry.

### Recommendations

### Target Dates

- For clients who are difficult to find, the Community Health Protection Bureau will continue to deploy additional resources to locate clients to prevent an outbreak in the community.

- Ongoing

### Forecast

- In FY 2025, the percentage of clients notified within one week of laboratory will be 95%.



**Sexually Transmitted Infections Clinic**

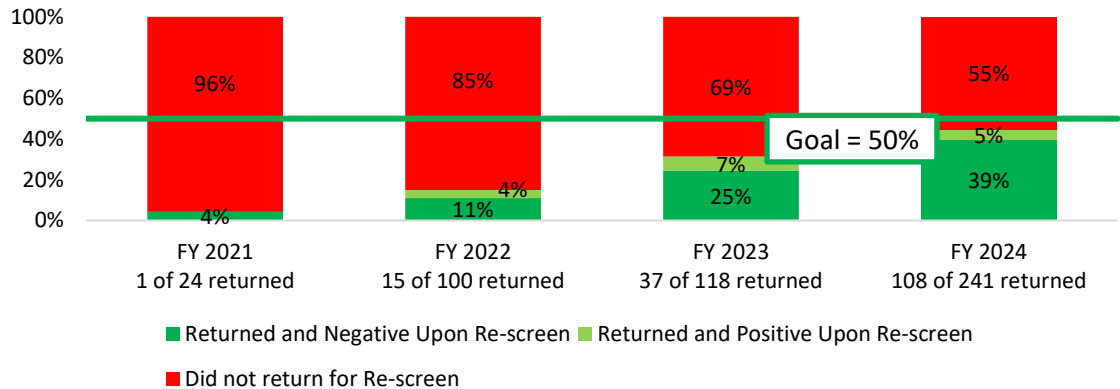
**Measure**

3.1

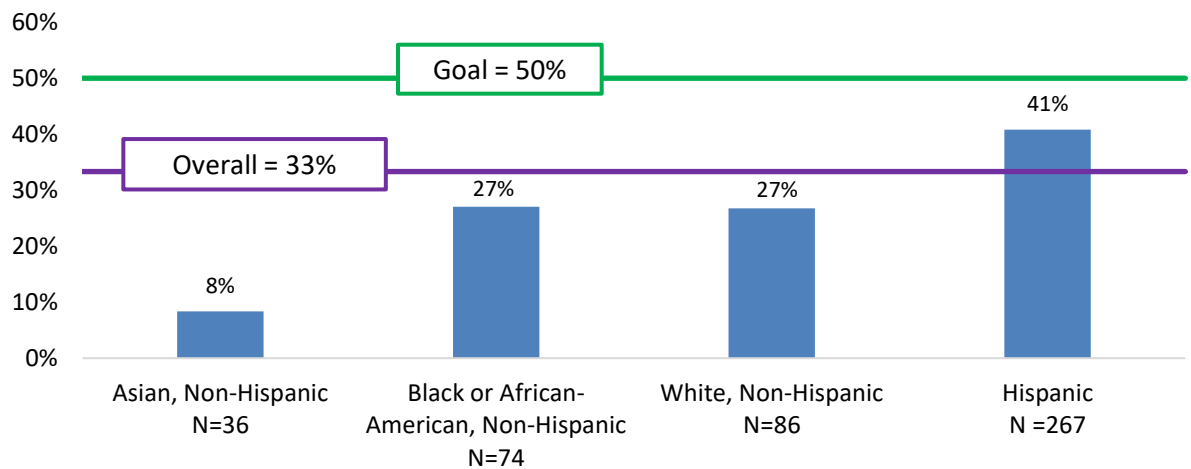
Clients with Chlamydia, Gonorrhea or Syphilis who returned for their 3-month re-screen to ensure they were not reinfected

**Data**

**Clients with Chlamydia, Gonorrhea or Syphilis who returned for their 3 month re screen**



**Percent of Clients Rescreened by Race and Ethnicity FY 2021-FY 2024**



**Data Summary**

- In FY 2024, 45% of clients testing positive for Chlamydia, Gonorrhea, or Syphilis returned to be re-screened for infections within 4 months.
- In FY 2024, 13 clients were positive when they returned for re screening.
- Data on clients testing positive is tracked in the STI database. Data on client visits is tracked in WebVision.
- Race and ethnicity was available for 463 of 483 clients, FY 2021-FY 2024. Data disaggregated by race and ethnicity was combined for several years because of small numbers.

**What is the story behind the data?**

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- The purpose of re-screening is to detect reinfections, either from an untreated prior partner or from an infected new partner to prevent reinfection. The CDC recommends that clients with STIs be re-screened in three months.
- The STI staff makes two attempts to bring clients into clinic.
- There are two main reasons clients do not return to our clinic for rescreening. Some clients move out of the area while others are re-screened by their primary care doctors.

#### Recommendations

#### Target Dates

- Continue to call clients close to the three-month mark to schedule an appointment.
- Continue to offer Expedited Partner Therapy (EPT) to those who face barriers in obtaining STI treatment.

- On-going
- On-going

#### Forecast

- In FY 2025, the percent of clients returning for rescreening will be approximately 50%.

## FY 2024 PERFORMANCE PLAN

### Sexually Transmitted Infections Clinic

Measure	3.2	Individuals diagnosed with HIV who saw an Infectious Diseases Specialist within 30 days of diagnosis per VDH standards	
Data	<div>Individuals diagnosed with HIV who saw an Infectious Diseases Specialist within 30 days of diagnosis per VDH standards</div> <div><div>100%</div><div>50%</div><div>0%</div><div><div>Goal = 95%</div></div><div><div>100%</div><div>100%</div><div>100%</div></div><div><div>FY 2021</div><div>FY 2022</div><div>FY 2023</div><div>FY 2024</div></div><div><div>1 of 1</div><div>No New HIV Diagnoses</div><div>1 of 1</div><div>2 of 2</div></div><div><div>Yes</div><div>No</div></div></div>		
Data Summary	<ul style="list-style-type: none"><li>In FY 2024, there were two individuals diagnosed with HIV in the clinic. Data from VDH 900 Test Form Part 2 and the HIV/STI database.</li><li>Includes only new, confirmed diagnoses of HIV that are followed by Arlington Public Health Division.</li><li>In FY 2024, there were 268 HIV tests performed in clinic. In all PHD Clinics, 2,129 HIV tests were performed.</li></ul>		
What is the story behind the data?			
<ul style="list-style-type: none"><li>Once a client tests positive for the HIV virus, it is important they start medical care and begin HIV treatment as soon as possible. Antiretroviral therapy (ART) is recommended for all people with HIV. Starting ART slows the progression of HIV and helps protect the infected person’s immune system. ART can keep the infected person healthy for many years and greatly reduces the chance the patient transmits HIV to sex partners if medicines are taken consistently and correctly.</li><li>Many people living with HIV who do not seek medical care eventually receive an AIDS diagnosis. This happens because, if left untreated, HIV will attack the immune system and allow different types of life-threatening infections and cancers to develop. While a cure for HIV does not exist, ART can dramatically prolong the lives of many people living with HIV and lower their chance of infecting others.</li></ul>			
Recommendations		Target Dates	
<ul style="list-style-type: none"><li>Stay the course</li></ul>		<ul style="list-style-type: none"><li>On-going</li></ul>	
Forecast			
<ul style="list-style-type: none"><li>In FY 2025, the percentage of clients diagnosed with HIV who saw an Infectious Diseases Specialist within 30 days of diagnosis will be 100%.</li></ul>			