



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # R-3 DATE 9/18/14  
MARINA BAKER, ASST BOARD CLERK

## Board Clerk Use Only

Meeting Date: 9/18/14  
Agenda Item #: R.2  
Est. Start Time: 9:55 am  
Date Submitted: 8/28/14

**Agenda** NOTICE OF INTENT to submit an application to the HIV/AIDS Bureau's  
**Title:** Ryan White Part A: HIV Emergency Relief Grant Program.

*Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.*

<b>Requested Meeting Date:</b>	<u>9/18/2014</u>	<b>Time Needed:</b>	<u>5 min</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Adolescent Health Promotion &amp; STD/HIV/HCV Prevention</u>
<b>Contact(s):</b>	<u>Kim Toevs; Margy Robinson; Laurel Moses 503-988-8764; 503-988-8800;</u>		
<b>Phone:</b>	<u>503-988-8648</u>	<b>Ext.</b>	<u>N/A</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>I/O Address: 160/6; 160/4; 160/9 Kim Toevs, Adolescent Health Promotion &amp; STD/HIV/HCV Program Manager; Margy Robinson, HIV Care Services Manager; and, Laurel Moses, Health Services Development Administrator;</u>		

## General Information

### 1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$4,347,682 to the Health Resources & Services Administration, HIV/AIDS Bureau's Ryan White Part A HIV Emergency Relief Grant Program.

### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Part A funds provide direct financial assistance to metropolitan areas that have been severely affected by the HIV epidemic. Grants assist eligible program areas in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV. HIV Care Services, part of the Health Department's STD/HIV/HCV Program, has received Part A funds for 20 years as the grantee for the Portland Transitional Grant Area (TGA), which includes Multnomah,

Clackamas, Washington, Columbia, and Yamhill Counties in Oregon, and Clark County, Washington.

The number of persons living with HIV and AIDS (PLWHA) in the Portland TGA has continued to grow. As of 12/31/12, a total of 4,580 PLWHA resided in the TGA—a 21.4% increase since 2008. During the past three years, 385 new AIDS cases and 390 new HIV, non-AIDS, cases occurred. 23.2% of PLWHA in the TGA are persons of color, with Blacks/African Americans being overrepresented and Hispanics continuing to grow within this population. 67.7% of PLWHA are men who have sex with men, 7.6% are persons who inject drugs, and 9.5% report heterosexual contact as their mode of transmission. Other populations disproportionately burdened by the HIV epidemic include those who are unstably housed and persons with a history of incarceration.

HIV Care Services intends to apply for another year of Part A funding in order to continue to provide PLWHA in the Portland TGA with high quality, culturally competent core medical and support services. Eighty-five percent of funds \$3,780,593 are put out in contracts to community based organizations and local health departments for direct service provision based on service categories identified by the HIV Services Planning Council (e.g. outpatient medical care, oral health, housing). Funds are awarded in a competitive bidding in five-year cycles (with condition of annual Part A renewal). The MCHD STD/HIV/HCV Program, MCHD HIV Clinic, and Corrections Health receive funding for outpatient medical care, medical case management, and early intervention services. The remaining 15% supports administrative and quality management activities.

**3. Explain the fiscal impact (current year and ongoing).**

This grant will provide the Health Department with \$4,347,682 for Ryan White Part A services, 85% of which is used to provide direct client services in the six-county metropolitan area through contracts or agreements with HIV providers.

**4. Explain any legal and/or policy issues involved.**

None.

**5. Explain any citizen and/or other government participation that has or will take place.**

Grant activities and fund allocation are informed by a Planning Council that maintains a high percentage of consumer participation.

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**Grant Application/Notice of Intent**

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**  
The granting agency is the Health Resources & Services Administration HIV/AIDS Bureau.
- **Specify grant (matching, reporting and other) requirements and goals.**  
The goal of this grant is to assist eligible program areas in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV. No matching is required. The grant requires annual progress reporting.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
This is a one time grant with the expectation for another competitive round for the next fiscal year.
- **What are the estimated filing timelines?**  
The application is due September 19, 2014.
- **If a grant, what period does the grant cover?**  
The grant covers the period of March 1, 2015 through February 28, 2016.
- **When the grant expires, what are funding plans?**  
When the grant expires, the Health Department will apply for the next year's competitive round of funding.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
The Part A grant program considers indirect costs as an administrative cost, which is capped at 10% of the total request. Multnomah County does not charge indirect costs on pass through funds to community based organizations.

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**Required Signatures**

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Elected Official \_\_\_\_\_ 8/20/2014  
or Department/ \_\_\_\_\_  
Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Analyst: \_\_\_\_\_ Althea Gregory /s/ \_\_\_\_\_ Date: 8/21/2014

*Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved*