



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 9/28/17  
Agenda Item #: R.6  
Est. Start Time: 10:40 am approx  
Date Submitted: 9/12/17

## Agenda NOTICE OF INTENT to submit a grant application for up to \$3 million per Title: year for 5 years to the Oregon Health Authority

*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.*

Requested Meeting Date: 9/28/17 Time Needed: 5 minutes

Department: Health Division: Public Health

Contact(s): Kim Toevs, Alison Frye

Phone: 88687  
88764 Ext.          I/O Address: 160/9

Presenter Name(s) & Title(s): Kim Toevs, Director, Adolescent Sexual Health Equity and STD/HIV/HCV Programs and Alison Frye, Health Services Development Administrator

Notice of Intent is required to obtain approval from the Board of County Commissioners to ensure a competitive grant proposal is in alignment with the County's mission; to receive an indication from the Board of its willingness to commit the necessary County resources to support the grant. A Budget Modification is required to appropriate funds received from a successful grant proposal.

## Notice of Intent Specific Information

### Department recommendation for consent agenda placement (*must meet all criteria*):

- Proposal is under \$500,000/ year.
- Proposal does not require cash match as part of the budget.
- Proposal does not commit County to on-going programming following award.
- Proposal adheres to the County's indirect guidelines.
- Proposal is within the Department's strategic direction.
- Proposal does not have policy and/or legal implications that warrant a public dialog.

☐ *To the best of my knowledge, this proposal adheres to all of the above criteria and may be placed on the Board of County Commissioner's Consent Agenda. I understand the proposal can be moved to the regular Board Agenda for any reason by Commissioners or their staff.*

*X To the best of my knowledge, this proposal does not meet criteria for placement on the Consent Agenda and should be placed on the Regular Agenda.*

**Please complete for any NOI:**

<b>Granting Agency</b>	Oregon Health Authority
<b>Proposal due date</b>	10/3/17
<b>Grant period</b>	10/15/17-9/30/22
<b>Approximate level of funding by year</b>	Up to \$3,000,000
<b>Program Offer(s) potentially impacted</b>	40011-18, 40061A-18
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input checked="" type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No

**1. Brief overview of grant's purpose and/or impact.**

The Oregon Health Authority (OHA), in partnership with community stakeholders, developed the End HIV Oregon plan and introduced it on December 1, 2016. The End HIV Oregon Vision is: We envision an Oregon where new HIV infections can be eliminated and where all people living with HIV have access to high-quality care, free from stigma and discrimination.

There are three key components to End HIV Oregon: HIV testing, HIV prevention, and HIV treatment. The Integrated HIV/Viral Hepatitis (VH)/Sexually Transmitted Infections (STI) Planning Group (IPG), an advisory body to OHA, identified expansion of Outreach and Early Intervention Services—that is, identifying individuals that do not know their HIV status, testing individuals at high risk, quickly linking people who test positive for HIV to care, and ensuring continuity of care through initial viral suppression and transfer into standard HIV case management—as a high priority for achieving the End HIV Oregon Vision.

Ryan White Part B program funds will be used to support HIV Early Intervention and Targeted Outreach Services (EIO) over the next five years. These funds have been allocated on a time-limited basis to support the establishment and/or enhancement of existing intervention and outreach services to people living with and at risk for HIV in communities that could most benefit.

Only Local Public Health Authorities that currently receive HIV prevention dollars from the State or counties with an annual average of 10 early syphilis cases over the past 3 years are eligible to apply. The proposed project includes a regional approach including Washington, Multnomah and Clackamas Counties. Activities will support the following objectives:

- Educate and support HIV + individuals identified through surveillance to engage in medical care, support and harm reduction services
- Provide partner notification services for EIO contacts, and provide EIO services to those who test positive
- Educate individuals testing positive for gonorrhea and syphilis and offer them HIV testing, if status is unknown, and provide assistance to engage in medical care, partner notification and prevention activities (whichever are appropriate)
- Identify new HIV and STI cases among populations at risk.
- Increase identification of and engagement in care of people previously diagnosed

positive, but have fallen out of care.

**2. Brief overview of how proposal is aligned with Department's strategic direction.**

The proposed project fits squarely within the Health Department's mission: *In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.*

**3. Describe any community and/or government input considered in planning for this grant.**

End HIV Oregon was developed as part of a two-year community planning process led by the IPG. IPG members include people living with HIV, and representatives of local health departments, community-based agencies, and other stakeholder groups in Oregon.

The HIV Services Planning Council, a Multnomah County appointed planning body, advises on allocation of resource to support the local HIV care continuum.

**4. What partners may be included in program activities?**

The Health Department will partner with Clackamas and Washington Counties, as well as Cascade AIDS Project and Outside In to implement activities.

**5. Generally, what are the grant's reporting requirements?**

Counties must document EIO metrics in Oregon Public Health Epi User System (Orpheus). Contractors will collect and enter data into existing tables for STI and HIV clients, as appropriate. OHA will modify Orpheus, as needed, to create fields for any required data elements that are not currently collected.

**Please complete for NOIs on the Regular Board Agenda ONLY:**

**6. When the grant expires, will your Department continue to fund the program? If so, how?**

This is a time- limited HIV case finding initiative that is part of End HIV Oregon, launched by the Oregon Health Authority (OHA) in concert with public health and community partners. After the five year project period OHA will reassess strategies and use of rebate funds.

**7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.**

Yes

**8. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.**

N/A

**9. If the grant requires a cash match, how will you meet that requirement?**

N/A

**10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.**

No

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### **Required Signatures**

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**Elected Official  
or Department/  
Agency Director:**

Wendy Lear on behalf of Joanne Fuller/s/

**Date:** 9/12/2017

**Budget Analyst:**

Mike Paruszkiewicz/s/

**Date:** 9/12/2017

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