



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**

(Revised: 9-24-15)

Board Clerk Use Only

Meeting Date: 2/14/17
 Agenda Item #: R.3
 Est. Start Time: 9:45 am approx.
 Date Submitted: 1/30/17

**Agenda NOTICE OF INTENT to submit a grant application to HRSA for Ryan
 Title: White Part D funding for \$1,269,987 over three years**

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: <u>2/16/17</u>	Time Needed: <u>5 min</u>
Department: <u>Health</u>	Division: <u>Integrated Clinical Services</u>
Contact(s): <u>Jodi Davich and Alison Frye</u>	
Phone: _____	Ext. <u>X88790</u>
Presenter Name(s) & Title(s): <u>Jodi Davich, HIV Health Services Center Manager, and Alison Frye, Health Services Development Administrator</u>	I/O Address: <u>160/5;160/9</u>

A 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.

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:

Granting Agency	Health Resources and Services Administration
Proposal due date	2/21/17
Grant period	8/1/17-7/31/20
Approximate level of funding by year	\$523,239 in year one and \$373,239 in each of years two and three
Program Offer(s) potentially impacted	40012
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	No

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

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2017 Ryan White HIV/AIDS Program Part D – Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) in Existing Geographic Service Areas. The purpose of this grant program is to provide family-centered primary medical care involving outpatient or ambulatory care to low income, vulnerable, medically underserved WICY living with HIV/AIDS. Year one of this funding opportunity includes a one-time supplemental funding opportunity, which, if awarded, will be dedicated to implementing a sustainable intimate partner violence screening and counseling protocol

The Health Department's HIV Health Services Center (HHSC) was first awarded Part D funds in 2009. The HHSC serves the Portland Transitional Grant Area (TGA), a six-county area that includes Multnomah, Washington, Clackamas, Columbia, and Yamhill counties in Oregon and Clark County in Washington. MCHD is the only agency in Oregon that receives Ryan White Part D funds. The HHSC is the largest single provider of HIV-specific care in the Portland Metropolitan Area, serving one out of four people living with HIV/AIDS (PLWHA) in the TGA, and is recognized locally and nationally as a center of excellence.

Since its opening, HHSC has been committed to ensuring services are accessible to marginalized and hard-to-reach populations. HHSC's primary focus is on serving PLWHA who are uninsured, underinsured, and low income, and as a result, slightly over one-fifth of these clients are homeless or unstably housed. MCHD conducts outreach and provides enabling services, such as transportation assistance, to facilitate engagement in care. Case managers spend time locating unstably housed clients for appointment reminders and follow-up to ensure client retention, especially for patients dually or multiply diagnosed with mental illness and/or substance abuse disorders. The most difficult to engage multiply diagnosed clients are referred to Network Navigators who provide intensive, limited-duration navigation services to link and retain people in care.

The number of PLWHA in the Portland TGA has continued to grow. There were a total of 5,553 HIV/AIDS cases in the Portland TGA as of 12/31/2015. This prevalence represents a 5.8% increase since 2014 and a 21.2% increase since 2012. HHSC patient population continues to

grow as well, serving over 1,400 during the past year, an almost 70% increase since 2007. Approximately 15% of these patients are women and young adults. The HHSC does not serve infants and youth; pediatric patients receive care elsewhere.

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

The proposed project fits squarely within the Health Department's mission to assure, promote, and protect the health of the people of Multnomah County in partnership with the diverse communities we serve. In addition, the proposal supports the Public Health Division's strategic direction of "Relentlessly Pursuing Health Equity."

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

HHSC works with the Client Advisory Board and other community-based Ryan White Services providers to implement the local continuum of services.

4. What partners may be included in program activities?

HHSC works with a variety of partners across the HIV care continuum to ensure a comprehensive suite of services. Activities funded by the Part D funding stream, in particular, support direct HIV primary care.

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

The awardee must submit reports annually.

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?

When the grant expires, the Health Department will apply for the next cycle of competitive funding.

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

Indirect funds are capped at 10%. As the Health Department's indirect rate is 12.16% of personnel costs and the majority of costs are for personnel, not all indirect costs are recovered.

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.

Public dialogue is on-going via various HIV continuum coordination meetings .

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 1/30/2017

Budget Analyst: Jeff Renfro/s/ **Date:** 1/30/2017

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