



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

Board Clerk Use Only

Meeting Date: 4/7/11
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 3/29/11

Agenda Title: **Notice of Intent to Submit a Grant Request to Providence Health and Services in the Amount of \$25,000 to Support Mental Health Services at the HIV Health Services Center.**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date: April 7, 2011 **Amount of Time** Consent item
Department: Health **Division:** Integrated Clinical Services
Contact(s): Jodi Davich & Tom Waltz
Phone: 503-988-3663 **Ext.** 26561 or 22670 **I/O Address:** 160/4
Presenter(s): NA (this grant request is below \$150,000).

General Information

1. What action are you requesting from the Board?

Authorize the Director of the Health Department to submit a grant application to Providence Health and Services' Community Grants Council requesting \$25,000 to provide mental health services to HIV clients at the HIV Health Services Center.

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.

The HIV Health Services Center (HHSC) serves persons living with HIV in the six-county Portland metropolitan area. HHSC provides ambulatory outpatient medical care to over 1,000 persons. Other services include mental health and substance abuse counseling, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Our comprehensive, multidisciplinary model is tailored to meet our patients' complex health needs. Eighty-five percent of HHSC patients are men, the majority being gay or bisexual. Over 60% have mental health issues and over 30% struggle with substance abuse and addiction. Most have experienced some level of stigma or trauma based on sexual orientation and/or HIV status.

Whether or not it is fully recognized, those working in mental health and/or substance abuse services are working with survivors of trauma. Given the prevalence and impact of violence amongst this population, the need for integrated services that are informed of trauma theory and include interventions designed to address the impact of trauma is evident. This project will aim to

reduce substance abuse and increase mental wellness among men living with HIV by helping them to recover from the after effects of trauma.

This project will support the Health Department's efforts to meet the health of Persons Living with HIV in FY 2011 Program Offer #40012.

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

No County funding is requested.

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

None identified; providing behavioral health services is consistent with County policy to address the health care needs of Multnomah County's medically underserved residents.

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

The Health Department is coordinating with other HIV health services agencies in Multnomah County regarding this project.

The HHSC maintains an active client advisory board.

ATTACHMENT A

Grant Application/Notice of Intent

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

• **Who is the granting agency?**

Providence Community Grants Council

• **Specify grant (matching, reporting and other) requirements and goals.**

No match is required for this grant. Grantees are expected to monitor expenses, report activities on regular intervals as established in the grant agreement.

• **Explain grant funding detail – is this a one time only or long term commitment?**

The Health Department will request \$25,000 to support trauma recovery services at the HIV Health Services Center. This is one time only funding.

• **What are the estimated filing timelines?**

The filing deadline to submit this application is April 12, 2011, and awards are to be announced before July 1, 2011.

• **If a grant, what period does the grant cover?**

This grant will cover one year (July 1, 2011 through June 30, 2012).

• **When the grant expires, what are funding plans?**

A sustainability plan is being developed and will be included with the grant application. For the one-year duration of the project, grant funding will enable the Health Department to provide behavioral health services to a population that experiences a disproportionately higher rate of mental health and substance problems than the general population (without these funds many individuals will continue to go without care).

• **Will the county indirect, central finance and human resources and departmental overhead costs be covered?**

Yes, administrative costs will be covered in the grant request.

ATTACHMENT B

Required Signatures

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



Date: 03/29/2010

Budget Analyst:



Date: 3/29/11

Date:

3/29/11

Shannon Busby