



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

Board Clerk Use Only

Meeting Date: 8/31/17
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 8/8/17

**NOTICE OF INTENT to submit an application for up to \$290,000 from
Agenda Multnomah County RFPQ: Ryan White Services for Low Income People
Title: Living with HIV**

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: 8/31/17 **Time Needed:** N/A Consent

Department: Health **Division:** ICS

Contact(s): Jodi Davich and Laurel Moses

Phone: 88790 **Ext.** 88648 **I/O Address:** 160/5; 160/9

Presenter Name(s) & Title(s): Jodi Davich, HIV Health Services Center Manager; Emily Borke, Grant Manager, Laurel Moses, 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.
- ☐ 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	Multnomah County Health Department
Proposal due date	August 14, 2017*
Grant period	October 1, 2017-February 28, 2018
Approximate level of funding by year	\$290,000
Program Offer(s) potentially impacted	40012-17
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

**If the Board does not approve this NOI, the application will be withdrawn*

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

The Multnomah County Department of Health, HIV Care Services is seeking Proposers from whom it may purchase Ryan White funded housing services. Services are intended to assist people living with HIV that are under the 250% federal poverty level. Multnomah County Health Department is offering interested organizations an opportunity to apply for funds from the Part A grant and from program income generated by the Oregon Part B program of the federal Ryan White HIV/AIDS Treatment Extension Act of 2009. Funds will be used to support HIV-related care services within the Portland Transitional Grant Area (TGA), in service categories defined by the Health Resources Services Administration (HRSA) and the federal grantor of Ryan White funds.

Services are intended to assist low-income individuals with HIV/AIDS. Only programs that provide services within the specific category will be eligible for funding. The Portland Transitional Grant Area (TGA) is made up of Multnomah, Yamhill, Columbia, Washington, and Clackamas Counties in Oregon, and Clark County in Washington. Housing services for residents of Clark County, Washington are not eligible under this procurement. See section 2.4. This request for programmatic qualifications (RFPQ) has been developed to award contracts to community based agencies to provide services which may include:

Housing Services

- Short term rent assistance
- Move in costs such as application fees and first month rent
- Emergency housing for medical reasons
- Housing case management
- Housing information and referral
- Tenant education
- Coordination of care as it relates to housing placement
- Substance free housing
- Housing to support substance abuse treatment and recovery

Peer Support for Substance Abuse Treatment

The MCHD Public Health Division's HIV Care Service program has been the grantee for Ryan White Part A funds for 21 years. 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. The HIV Health Services Center (HHSC) has long been a sub-recipient of Part A funds to support ambulatory care and medical case management services. This application is for Part A housing funding to support HHSC clients experiencing homelessness or at-risk for homelessness to navigate housing systems and access and maintain stable housing.

As the primary provider of HIV care to uninsured and low-income people living with HIV (PLWH) in the Portland area, the HHSC provides integrated clinical and behavioral health services in a patient-centered medical home model to over 1,400 low-income PLWH each year, approximately one in three PLWH in the region. HHSC partners with local organizations including Cascade AIDS Project to ensure access to emergency housing services and engage clients in securing stable housing. The HHSC is applying for funding to support piloting a housing navigator to work with HHSC clients to access housing support services and to engage clients in intensive navigation for housing planning and eviction prevention assistance. This intensive navigation could include accessing emergency motel vouchers for medical reasons, securing shelter beds, completing housing waitlist applications, housing advocacy, transportation assistance, hoarding clean-up services as appropriate, and housing retention support.

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.

Planning for this funding opportunity with other health department programs, community partners and the client advisory board is ongoing.

4. What partners may be included in program activities?

MCHD has partnerships with multiple community-based organizations to in the provision of a comprehensive continuum of HIV care to its patients. The Multnomah County HIV Health Services Clinic will continue to partner with local housing providers, including Cascade AIDS Project, help clients navigate systems and access and maintain stable housing.

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

A. Program Reports:

1. Agency will submit quarterly narratives in the format provided by the County.
2. Agency will report progress toward achieving system-wide outcome objectives established by the County annually.
3. Agency will submit the Ryan White HIV Program Services Report (RSR) annually using the HRSA Electronic Handbook.

4. An annual program compliance check will occur in which the agency is required to provide documentation showing program requirements are being met.

B. Quality Improvement Reports:

1. Agency will regularly assess data completeness and take action to improve quality of reporting and ensure data completeness.
2. Agency will review monthly data quality reports generated by HIV Care Services staff. Contractors are responsible for inputting missing data elements found through this report before the RSR is submitted.
3. Agency will submit an Annual Quality Management Plan per agency/contractor
4. Agency will submit mid-year and year end quality improvement project reports
5. Agency will review periodic outcomes reports generated by HIV Care Services staff.

C. Other Reports: Additional information to meet federal, state and local reporting requirements may be requested by the Multnomah County Health Department.

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?
7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.
8. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.
9. If the grant requires a cash match, how will you meet that requirement?
10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.

Required Signatures

**Elected Official
or Department/**

Agency Director: Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 8/8/17

Budget Analyst: Mike Paruszkiewicz/s/ **Date:** 8/8/2017

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