



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

(revised 08/02/10)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R.9 DATE 4-26-12
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date: 4/26/12
Agenda Item #: R.9
Est. Start Time: 10:58 am
Date Submitted: 4/18/12

Agenda Title: **NOTICE OF INTENT To submit an application of up to \$300,000 a year for five years to the Health Resources and Services Administration HIV/AIDS Bureau's Special Projects of National Significance Program—Building a Medical Home for Multiply Diagnosed HIV positive Homeless Populations—Demonstration Sites grant program.**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>5/3/12</u>	Amount of Time Needed:	<u>5 minutes</u>
Department:	<u>Health</u>	Division:	<u>ICS/HHSC</u>
Contact(s):	<u>Jodi Davich and Marc Harris</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>26561; 29778</u>
Presenter Name(s) & Title(s):	<u>Jodi Davich, Program Manager, and Marc Harris, Health Services Development Administrator</u>		
I/O Address:	<u>160/4; 160/9</u>		

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit a grant for up to \$300,000 per year for five years to Health Resources and Services Administration HIV/AIDS Bureau Special Projects of National Significance: Building a Medical Home for Multiply diagnosed HIV positive Homeless Populations—Demonstration Sites 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.

The Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Programs. According to the Centers for Disease Control and Prevention, national HIV incidence in the United States is now relatively stable. However, as many as one third of those previously diagnosed and aware of their HIV infection remain out of care. Homeless

persons living with HIV who also have persistent mental illness and substance use disorders present a formidable challenge for public health authorities seeking to engage and retain them in HIV primary care. The daily imperative of meeting subsistence needs (food, shelter, clothing, etc.) makes getting any form of medical care a secondary concern for most homeless people, until a medical issue becomes acute and warrants a visit to the emergency room and often subsequent hospitalization.

Data show that these issues are highly present in Multnomah County. According to the 2010 United States Conference of Mayors Hunger and Homelessness Survey, 15% of the homeless population in Portland is HIV-positive; this value was the highest of all cities surveyed across the nation. Approximately 36% of homeless individuals in Portland are dually diagnosed with mental illness, substance abuse, and a chronic health condition, such as HIV.

The purpose of this SPNS Program funding opportunity is to implement and evaluate models for providing coordinated or integrated care for multiply-diagnosed HIV positive homeless individuals that will help in the implementation of medical homes for the target population. The Health Department's HIV Health Services Center (HHSC) plans to apply for funding to hire a program supervisor and three Navigators, to be housed at Cascadia AIDS Project (CAP). The Navigators will be fully integrated into HHSC's medical home model provider teams and coordinate and accompany patients to medical and support service appointments. While integrating Navigators into a medical home provider team is new territory for HHSC, there is strong evidence supporting its efficacy for retaining patients in care. Conducting this project will greatly improve HHSC's ability to care for its most vulnerable patients and will contribute to its reputation as a leader in HIV specialty services.

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

This grant will provide the Health Department with up to \$300,000 a year over a five-year project period.

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.

HHSC will contract with Cascadia AIDS Project and will partner with Central City Concern, as well as other service providers identified during the project period. The project will have an oversight committee of local stakeholders to help steer project activities.

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?**

The granting agency is the Health Resources and Services Administration HIV/AIDS Bureau Special Projects of National Significance Program.

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

The goal of this grant is to design, implement, and evaluate models for providing coordinated or integrated care for multiply-diagnosed HIV-positive homeless individuals that will lead to the development of a medical home for the target population.

No matching is required. If funded, reporting will include quarterly electronic Federal Financial Report Cash Transaction Reports; a Federal Financial Report at the end of each budget period; semi-annual progress reports; and a final report at the end of the project period.

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

This is a one-time grant that will cover a five-year project period

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

The application is due May 7, 2012.

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

Projects are expected to begin on September 1, 2012, and to continue until August 31, 2017.

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

The HHSC expects to have the patient navigator model fully integrated and sustainable so that it can continue on some level after the project ends.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

Yes, 100% of indirect costs are covered by grant funds.

ATTACHMENT B

Required Signatures

Elected Official or
Department/
Agency Director:

KaRin Johnson for

Lillian Shirley

Date: 04/18/2012

Budget Analyst:



Date: 04/18/12