



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

(Revised: 10/27/14)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-10 DATE 11/12/15  
MARINA BAKER, ASST BOARD CLERK

**Board Clerk Use Only**

Meeting Date: 11/12/15  
Agenda Item #: R.10  
Est. Start Time: 10:55 am approx  
Date Submitted: 11/3/15

**Agenda NOTICE OF INTENT to submit an application of up to \$900,000 a year to  
Title: MCHD Public Health Division, as a sub-recipient of Ryan White Part A**

*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:** 11/12/15 **Time Needed:** 5 min

**Department:** Health **Division:** Integrated Clinical Services

**Contact(s):** Jodi Davich; Laurel Moses

**Phone:** 503.988.8790 **Ext.** N/A **I/O Address:** 160/5;160/9  
**Presenter Name(s) & Title(s):** Laurel Moses, Grant Writer; Alison Frye, Grant Writer.

**General Information**

**1. What action are you requesting from the Board?**

Authorization for the Integrated Clinical Services Director to submit an application for up to \$900,000 a year for six years to the Multnomah County Health Department (MCHD) Public Health Division as a sub-contractor of the Health Resources & Services Administration, HIV/AIDS Bureau's Ryan White Part A HIV Emergency Relief 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 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 these Part A funds to support ambulatory care and medical case management services. This application is for funding to support medical case management services, including culturally specific navigation services.

As the primary provider of HIV care to uninsured and low-income people living with HIV (PLWH) in the Portland, the HHSC provides integrated clinical and behavioral health services in a patient-centered medical home (PCMH) model to over 1,400 low-income PLWH each year, approximately one in three PLWH in the region. Medical case management is a crucial part of the PCMH when it comes to engaging and retaining HHSC patients in care. Each medical case manager is assigned to a primary care team where they serve as the teams' behaviorists and provide a wide array of behavioral and psychosocial support services that are essential to providing a whole person model of care. HHSC receives Ryan White Parts A, C, D, and F. These funding streams all work together to support a full range of comprehensive high quality services that help PLWH in our community achieve viral suppression.

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

Up to \$900,000 a year for up to six years will support medical case management, including culturally specific navigation services.

**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.**

Grant activities and service category allocation are informed by a Planning Council that maintains a high percentage of consumer participation. The HHSC has a Community Advisory Board that participates in quality improvement and other projects.

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**Grant Application/Notice of Intent**

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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 MCHD, via funds from the Health Resources and Services Administration (HRSA).

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

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is the federal grantor of Ryan White funds. HAB's mission is to provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families.

No matching is required. The grant requires quarterly narrative reporting and annual client-level data reporting.

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

This is a one-time grant with the expectation of continued funding annually. This application qualifies the applicant for six years. Future funding is dependent on HRSA allocations to

the Portland Transitional Grant Area (TGA)

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

The application is due November 30, 2015.

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

The grant covers the period of March 1, 2016 through February 28, 2021.

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

When the grant expires, the HHSC will reapply to the Public Health Division for funding.

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

The Part A grant program considers indirect costs as an administrative cost, which is capped at 10% of the total request.

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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:** 11/3/2015

**Budget Analyst:** Jeff Renfro /s/      **Date:** 11/3/2015