



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

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R.3 DATE 8/31/17
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 8/31/17
Agenda Item #: R.3
Est. Start Time: 10:05 am approx
Date Submitted: 8/8/17

**Agenda NOTICE OF INTENT to submit an application for up to \$827,530 per year
Title: for 3 years to Ryan White Part C – Early Intervention Services Program**

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:** 5 minutes

Department: Health **Division:** ICS

Contact(s): Jodi Davich and Alison Frye

Phone: 88790 **Ext.** 88687 **I/O Address:** 160/5; 160/9

Presenter Name(s) & Title(s): Jodi Davich, HIV Health Services Center Manager; Emily Borke, Grant Manager, Alison Frye, 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	Health Resources and Services Administration
Proposal due date	August 14, 2017*
Grant period	January, 1, 2018– December, 2020
Approximate level of funding by year	\$827,530
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.

This announcement solicits new and competing continuation applications for fiscal year (FY) 2018, Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) for designated jurisdictions. Funds support outpatient HIV primary care services targeted to low-income, vulnerable, medically underserved people living with HIV (PLWH). Multnomah County HIV Health Services Center (HHSC) was established with Part C grant funds in 1990.

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 C funds. The HHSC is the largest single provider of HIV-specific care in the Portland Metropolitan Area (serving one out of three PLWH 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 PLWH 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.

Over the past several years, the number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. EIS funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections. In 2016, HHSC served over 1,400 patients.

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. Examples include Cascade AIDS Project, OHSU Russell Street Dental Clinic, and Quest Center for Integrative Health.

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 round of competitive funding.

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

No. Ryan White limits indirect costs at 10% of total award.

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.

No

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