



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-1 DATE 1/18/18
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 1/18/18
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 1/4/18

Agenda NOTICE OF INTENT to submit a grant application for up to \$382,500
Title: over 27 months to AIDS United

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: 1/18/18 **Time Needed:** N/A Consent
Department: Health **Division:** Integrated Clinical Services
Contact(s): Toni Kempner, Emily Borke Alison Frye
Phone: 88784 88786 **Ext.** **I/O Address:** 160/5; 160/9
Presenter Name(s) & Title(s): N/A - consent

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	AIDS United
Proposal due date	1/22/18
Grant period	4/1/18-7/15/20
Approximate level of funding by year	Up to \$170,000
Program Offer(s) potentially impacted	40012-18
How do you expect to spend the majority of funds? (check all that apply)	<input checked="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

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

In 2016, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB), released funding to support a new initiative entitled, "Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV." The goal of this initiative is to identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for PLWH, with the following four focus areas: 1) improving HIV health outcomes for transgender women; 2) improving HIV health outcomes for Black men who have sex with men n(MSM); 3) integrating behavioral health with primary medical care for people living with HIV (PLWH); 4) identifying and addressing trauma among PLWH. Multnomah County Health Department (MCHD) plans to implement an intervention aimed at improving health outcomes for Black MSM.

MCHD clinic staff, in partnership with staff from the MCHD HIV/STD Prevention Program will work with recently-diagnosed and out-of-care Black MSM to link them to care, improve retention and support prevention strategies for them and their partners.

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.* In addition, the proposed project furthers MCHD strategies to increase health equity.

3. Describe any community and/or government input considered in planning for this grant.

This project aligns with the End HIV Oregon initiative that supports ensuring people living with HIV are connected to treatment by removing barriers to engaging in care, thus increasing viral suppression rates.

End HIV Oregon was developed as part of a two-year community planning process led by the State's Integrated Planning Group. IPG members include people living with HIV, and representatives of local health departments, community-based agencies, and other stakeholder groups in Oregon.

The HIV Services Planning Council, a Multnomah County appointed planning body, advises on allocation of resource to support the local HIV care continuum and has prioritized services to support engagement of people of color into medical care

4. What partners may be included in program activities?

The primary partner is the MCHD STD/HIV/Hep C Program.

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

Collect and submit information on individual client and service data at regular intervals as specified in intervention-specific evaluation plans (determined post-award); this may include length of interactions with clients, types of interactions and health outcome data such as viral load and CD4

Collect and submit information on the cost of delivering the intervention at specified intervals

Provide regular information related to implementation of the intervention through monitoring calls, annual site visits, and submission of related implementation documents

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 /s/

Date: 1/2/2018

Budget Analyst: Jeff Renfro /s/

Date: 1/4/2018

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