

# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # R-3 DATE 10/13/16  
MARINA BAKER, ASST BOARD CLERK

**Board Clerk Use Only**

<b>Meeting Date:</b>	10/13/16
<b>Agenda Item #:</b>	R.3
<b>Est. Start Time:</b>	9:40 am
<b>Date Submitted:</b>	9/26/16

**Agenda Title:** NOTICE OF INTENT to submit a grant application to the Health Resources and Services Administration for \$4,322,017

*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.*

<b>Requested Meeting Date:</b>	10/13/16	<b>Time Needed:</b>	5 min
<b>Department:</b>	Health	<b>Division:</b>	Public Health
<b>Contact(s):</b>	Margy Robinson and Alison Frye		
<b>Phone:</b>	X88800	<b>I/O Address:</b>	160/4;160/9
<b>Presenter Name(s) &amp; Title(s):</b>	Ext. X88687		
Margy Robinson, HIV Care Services Manager and Alison Frye, Health Services Development Administrator			

A 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:**

<b>Granting Agency</b>	Health Resources and Services Administration
<b>Proposal due date</b>	10/18/16
<b>Grant period</b>	3/1/17-2/28/18
<b>Approximate level of funding by year</b>	\$4,322,017
<b>Program Offer(s) potentially impacted</b>	40012A
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input checked="" type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No

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

Health Resources and Services Administration (HRSA) Ryan White 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. HIV Care Services, part of the Health Department's STD/HIV/HCV Program, has received Part A funds for 22 years as the grantee for the Portland Transitional Grant Area (TGA), which includes Multnomah, Clackamas, Washington, Columbia, and Yamhill Counties in Oregon, and Clark County, Washington.

The number of persons living with HIV and AIDS (PLWHA) in the Portland TGA has continued to grow. There were a total of 5,553 HIV/AIDS cases in the Portland TGA as of 12/31/2015. This prevalence represents a 5.8% increase since 2014 and a 21.2% increase since 2012. The majority of HIV and AIDS cases are among adults ages 45-64 years-old (56.4% of all cases). Blacks/African Americans are dramatically overrepresented among HIV/AIDS cases: 8.3% of all cases but 2.8% of the general population. This disparity has been long-standing in the Portland TGA. Men make up 89.7% of HIV/AIDS cases despite comprising roughly half the population. The majority of both HIV and AIDS cases are amongst men who have sex with men (78.5% of all cases).

HIV Care Services intends to apply for another year of Part A funding in order to continue to provide PLWHA in the Portland TGA with high quality, culturally competent core medical and support services. Eighty-five percent of funds are put out in contracts to community based organizations and local health departments for direct service provision based on service categories identified by the HIV Services Planning Council (e.g. outpatient medical care, oral health, housing). Funds are awarded in a competitive bidding in five-year cycles (with condition of annual Part A renewal). The MCHD STD/HIV/HCV Program and MCHD HIV Clinic receive funding for outpatient medical care, medical case management, and early intervention services. The remaining 15% supports administrative and quality management activities

**2. Brief overview of how proposal is aligned with Department's strategic direction.**

The proposed project fits squarely within the Health Department's mission to assure, promote, and protect the health of the people of Multnomah County in partnership with the diverse communities we serve. In addition, the proposal supports the Public Health Division's strategic direction of "Relentlessly Pursuing Health Equity".

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

Grant activities and fund allocation are determined by a Planning Council, an appointed planning body that maintains a high percentage of consumer participation as well as a wide range of services providers from community-based organizations. HIV Care Services staffs the Planning Council.

**4. What partners may be included in program activities?**

As referenced above the majority of funds are contracted to community partners/agencies to who provide services in the local continuum of care for PLWHA. Contracts are on five-year cycles. Organizations that currently receive Ryan White funds include: Quest Center for Integrative Health; Ecumenical Ministries of Oregon; Cascade AIDS Project; OHSU Partnership Project and Russell Street Dental Clinic; Clark County Public Health; and Washington County Health and Human Services. In addition to these sub-contracted external organizations, MCHD's STD and HIV clinics receive funds to provide services along the continuum, awarded through a competitive bidding process

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

The grant requires annual progress reporting an monthly updates.

**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 year's competitive round of funding.

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

The Part A grant program considers indirect costs as an administrative cost, which is capped at 10% of the total request. Multnomah County does not charge indirect costs on pass through funds to community based organizations

**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.**

As referenced above, public dialogue is on-going via the Planning Council.

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### **Required Signatures**

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**Elected Official  
or Department/  
Agency Director:**

Joanne Fuller /s/

**Date:** 9/26/16

**Budget Analyst:**

Jeff Renfro /s/

**Date:** 9/26/16

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