

Department: Health Department **Program Contact:** Neisha Saxena
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Executive Summary

HIV Grant Administration & Planning (HGAP) provides community-based services to 3,100 highly vulnerable people living with HIV through administering and coordinating federal and state grants. The program focuses services on people who are low income, uninsured, and people experiencing homelessness and/or mental illness/substance abuse, as well as other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

Program Description

HGAP's goal is to support individuals living with HIV to achieve successful HIV treatment resulting in improved quality of life, greater health, longer life, and virtually no transmission to other people if the client is virally suppressed. HGAP coordinates a regional 6-county system that achieves these goals by promoting access to high quality HIV services through contracts with the counties' local health departments and community organizations. HGAP works with partners to address viral suppression disparities that exist for Blacks/African Americans, injection drug users, and youth/young adults ages 13-29. People who are unstably housed/experiencing homelessness also have significant barriers to treatment that result in lower viral suppression rates.

With these disparities in mind, HGAP funds the following services: Peer Support & Service Navigation - outreach ensures early identification of people living with HIV and linkage to medical care. Healthcare - a coordinated primary care system provides medical, dental, and mental health and substance abuse treatment. Service Coordination - case management connects clients with health insurance, housing, and other services critical to staying in care. Housing - rent and assistance finding permanent affordable housing to ensure ability to remain engaged in medical care and adherent to medications. Food - congregate meals, home delivered meals, and access to food pantries to eliminate food insecurity and provide nutrition for managing chronic illness. Planning - a community-based Planning Council (at minimum 1/3, but generally about 40%, are consumers) identifies service needs and allocates funding accordingly.

HGAP analyzes both health outcome data (viral suppression, new diagnoses, linkage to care) and data on access to services by race and ethnicity to identify populations (a) disproportionately impacted by HIV infection, (b) with less favorable health outcomes, and (c) experiencing barriers to care. HGAP presents these data, as well as data by age and risk category, to the Ryan White Planning Council to guide resource allocation, outreach, and quality improvement projects. In order to better identify disparities for communities with small numbers, a BIPOC-focused consumer data review group meets to improve the use and presentation of BIPOC data.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	3,089	2,900	3,135	3,100
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	91%	91%	91%	91%
Outcome	Increase viral suppression rate of Black/African Americans	88%	89%	88%	90%

Performance Measures Descriptions

Viral load is a measure of the amount of HIV virus in the blood. Lowering (or eliminating) the viral load a specific amount is called viral suppression. Reaching and maintaining HIV viral suppression is a primary goal of HIV treatment for short and long term health. In addition, if someone is virally suppressed, they will not transmit HIV to partners through sex.

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; 4) 5% allocated toward quality management and evaluation; and 5) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$956,780	\$0	\$1,002,898
Contractual Services	\$6,500	\$5,004,234	\$6,741	\$5,004,234
Materials & Supplies	\$525	\$24,010	\$544	\$40,331
Internal Services	\$69,801	\$187,370	\$102,532	\$205,201
Total GF/non-GF	\$76,826	\$6,172,394	\$109,817	\$6,252,664
Program Total:	\$6,249,220		\$6,362,481	
Program FTE	0.00	5.80	0.00	5.80

Program Revenues				
Intergovernmental	\$0	\$6,172,394	\$0	\$6,252,664
Total Revenue	\$0	\$6,172,394	\$0	\$6,252,664

Explanation of Revenues

This program generates \$110,650 in indirect revenues.

Direct Federal: \$2,718,327 - Ryan White Part A funds for 21-22: Medical, Case management, Non-medical case management, and Housing

Direct State: \$3,534,337 - Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2024: 40012B Services for Persons Living with HIV - Regional Education and Outreach