

Department: Health Department

Program Contact: Neisha Saxena

Program Offer Type: Operating

Program Offer Stage: Proposed

Related Programs:
Program Characteristics:

Program Description

ISSUE: With access to appropriate medical care and supportive services, people living with HIV can achieve viral suppression, where the amount of virus in their system is significantly reduced and there is virtually no risk of transmission to other people, and live long, healthy lives. However, low income and a variety of other factors, including but not limited to homelessness/unstable housing and cultural needs not met by typically provided services, can inhibit access to treatment and achievement of viral suppression.

PROGRAM GOAL: The goal of the HIV Grant Administration Program (HGAP) 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. By statute, the program serves people living on low incomes (locally, about half of all people living with HIV), and HGAP works with partners to address lower viral suppression rates that exist for Blacks/African Americans, injection drug users, and youth/young adults ages 13-29, as well as people who are houseless/unstably housed.

PROGRAM ACTIVITY: HGAP coordinates a regional six-county system that achieves these goals by promoting access to high quality HIV services through contracts with local health departments and community organizations to fund the following services: Peer Support and 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 and manage 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 also analyzes health outcomes (viral suppression, new diagnoses, linkage to care) and data on access to services by race, ethnicity, and other demographics 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 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 Black, Indigenous, and other People of Color (BIPOC)-focused consumer data review group meets to improve the use and presentation of BIPOC data.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	3,028	3,100	3,203	3,100
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	91%	91%	91%	91%
Outcome	Percent Black/African American clients who are virally suppressed	88%	90%	90%	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. If someone is virally suppressed, they will not transmit HIV to partners through sex or other transmission routes.

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties; 2) A community-based Planning Council; 3) A 10% cap on planning and 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	Proposed General Fund	Proposed Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,002,898	\$32,885	\$1,067,218
Contractual Services	\$6,741	\$5,004,234	\$2,918	\$5,067,056
Materials & Supplies	\$544	\$40,331	\$556	\$33,082
Internal Services	\$102,532	\$205,201	\$107,315	\$212,294
Total GF/non-GF	\$109,817	\$6,252,664	\$143,674	\$6,379,650
Program Total:	\$6,362,481		\$6,523,324	
Program FTE	0.00	5.80	0.20	6.05

Program Revenues				
Intergovernmental	\$0	\$6,252,664	\$0	\$6,379,650
Total Revenue	\$0	\$6,252,664	\$0	\$6,379,650

Explanation of Revenues

This program generates \$125,722 in indirect revenues.

Direct Federal: \$2,628,343 - Ryan White Part A funds for 25-26: Medical, Case management, Non-medical case management, and Housing(Admin, QM, Services)

Direct State: \$3,751,307 - Oregon Health Authority Ryan White(Admin, QM, Services)

Significant Program Changes

Last Year this program was: FY 2025: 40011 Services for Persons Living with HIV - Regional Education and Outreach

Increased revenue was from reallocated County General Fund dollars from the Public Health Director's Office to HGAP to make staff whole.