

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; and 4) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$219,458	\$2,999,157	\$534,546	\$2,781,243
Contractual Services	\$72,801	\$2,638,978	\$1,000	\$2,567,029
Materials & Supplies	\$18,830	\$158,998	\$11,717	\$164,130
Internal Services	\$27,067	\$865,207	\$56,271	\$914,256
Total GF/non-GF	\$338,156	\$6,662,340	\$603,534	\$6,426,659
Program Total:	\$7,000,496		\$7,030,193	
Program FTE	3.15	24.68	5.37	23.93

Program Revenues				
Indirect for Dept. Admin	\$297,653	\$0	\$283,287	\$0
Intergovernmental	\$0	\$5,529,146	\$0	\$5,448,731
Other / Miscellaneous	\$0	\$0	\$0	\$5,000
Beginning Working Capital	\$0	\$75,000	\$0	\$0
Service Charges	\$322,557	\$1,058,194	\$567,792	\$972,928
Total Revenue	\$620,210	\$6,662,340	\$851,079	\$6,426,659

Explanation of Revenues

Services for Persons Living with HIV receives funding from the federal Ryan White Care Act Part A grant, county general fund, federal grants, local contracts, and medical fees.

HIV Clinic Revenue - Federal grants: \$2,538,558; medical fees: \$1,540,720; and state/local revenue contracts: \$119,322
HIV Care Services Revenue - Federal Ryan White Part A grant: \$2,795,851; and county general fund: \$35,742

Significant Program Changes

Last Year this program was: 40012 Services for Persons Living with HIV

Ryan White grant does not adequately fund administrative costs because of restrictions in the grant. Increased fixed and personnel costs in HIV Care Services team resulted in FTE reductions as we reassigned some FTE onto other funding sources to do other public health work. Clinic caseloads continue to be very high, 250- 300 patients. Less attention will be given to medium acuity patients, and fewer patients will have access to a nurse for disease management services. It is anticipated that the new CAP Network Navigators will take some work from the medical case managers by serving patients with a high need for psychosocial support. The LPNs will be doing the majority of phone and walk in triage. A plan will be developed to address the reduction in disease management services.