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|---------------------------------|----------------------------|-----------------------------|-------------|
| Department: | Health Department | Program Contact: | Kim Toevs |
| Program Offer Type: | Existing Operating Program | Program Offer Stage: | As Proposed |
| Related Programs: | 40010B, 40012A | | |
| Program Characteristics: | | | |

Executive Summary

The HIV Grant Administration & Planning (HGAP) provides community-based services to 2,700 highly vulnerable people living with HIV through administering and coordinating federal and state grants. Services are focused 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 Summary

HIV Grant Administration & Planning (HGAP) coordinates a regional 6-county care system that promotes access to high quality HIV services through contracts with the health department and community organizations. In the past year HGAP served over 2,700 clients. HIV infection affects different subpopulations at different rates in the US. The overarching goal is to support individuals already infected to achieve successful HIV treatment. Successful treatment means higher quality of life, greater health, longer life, and virtually no transmission to other people if virally suppressed. HGAP work diligently with partners to assure equitable rates of viral suppression, regardless of race, income, sexual orientation, or gender. The three groups with least viral suppression locally currently are Blacks/African Americans, injection drug users, and youth/young adults ages 13-29. People who are unstably housed/experiencing homelessness have significant barriers to treatment which also impacts viral suppression. With these disparities in mind, HGAP contracts services to meet basic needs and improve linkage to care and adherence to medication, including through culturally specific case management.

HGAP funded services include: 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 (Rental assistance and building life skills provide housing and support to clients who are among the most vulnerable in the county to ensure ability to remain engaged in medical care and adherent to medications). Food (Congregate meals, home delivered meals, and access to food pantries eliminates food insecurity and provides nutrition for managing chronic illness. Planning (A community-based council identifies service needs and allocates funding to address these gaps).

Performance Measures

| Measure Type | Primary Measure | FY19 Actual | FY20 Budgeted | FY20 Estimate | FY21 Offer |
|--------------|---|-------------|---------------|---------------|------------|
| Output | Number of unduplicated HCS clients served (all service types/whole 6-county system) | 2,727 | 2,675 | 2,750 | 2,800 |
| Outcome | Percent of HCS clients (all 6 counties) who are virally suppressed | 90% | 90% | 90% | 91% |
| Outcome | Increase viral suppression rate of Black/African Americans to reduce the disparity compared with Whites | 88% | 83% | 88% | 89% |

Performance Measures Descriptions

2) This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and per new scientific evidence an undetectable viral load will not transmit the HIV virus. 3) Viral suppression rates for Black/African-Americans are significantly lower compared to whites and other people of color. Numbers are too small to see statistical significance for some other demographic groups.

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

| | Adopted General Fund | Adopted Other Funds | Proposed General Fund | Proposed Other Funds |
|------------------------|-------------------------|------------------------|--------------------------|-------------------------|
| Program Expenses | 2020 | 2020 | 2021 | 2021 |
| Personnel | \$0 | \$823,697 | \$0 | \$792,421 |
| Contractual Services | \$5,500 | \$3,571,199 | \$5,500 | \$4,660,370 |
| Materials & Supplies | \$1,196 | \$21,730 | \$500 | \$34,604 |
| Internal Services | \$37,990 | \$157,880 | \$49,684 | \$175,713 |
| Total GF/non-GF | \$44,686 | \$4,574,506 | \$55,684 | \$5,663,108 |
| Program Total: | \$4,619,192 | | \$5,718,792 | |
| Program FTE | 0.00 | 6.67 | 0.00 | 5.63 |

| Program Revenues | | | | |
|----------------------|------------|--------------------|------------|--------------------|
| Intergovernmental | \$0 | \$4,574,506 | \$0 | \$5,663,108 |
| Total Revenue | \$0 | \$4,574,506 | \$0 | \$5,663,108 |

Explanation of Revenues

This program generates \$91,560 in indirect revenues.

\$ 2,575,251 Ryan White Part A funds for 20-21: Medical, Case management, Non medical case management and Housing

\$ 3,087,857 Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2020: 40012B-20 Services for Persons Living with HIV - Regional Education and

For FY 2021, additional State Ryan White Part B funding will support expanded housing and other supportive services such as mental health, case management, and access to treatment.