

Program #40012A - FQHC-HIV Clinical Services

Program Contact: Nick Tipton

Department: Health Department **Program Offer Type: Existing Operating Program** Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The HIV Health Services Center (HHSC) provides community-based primary care and support services to 1,500 highly vulnerable people living with HIV. Services target low-income, uninsured, and people experiencing houselessness, mental illness, and substance abuse. These services contribute to lower mortality from HIV, fewer disease complications and their associated costs, and reduced transmission of HIV in the community.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

HHSC, the only Ryan White clinic in Oregon, offers culturally specific LGBTQI HIV/HCV outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, intimate partner violence (IPV) universal education and screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling. Onsite clinical pharmacy services increase patients' access to and use of HIV medications. HHSC integrates prevention into all services to reduce client risk of HIV transmission. HHSC integrates primary/specialty care via telehealth, telemedicine, in person visits in coordination with field services provided by our navigation and field nursing care management team using National HIV best practices and treatment guidelines.

The clinic is supported by an active Client Advisory Council and a well-established network of HIV social services providers. HHSC is an AIDS Education and Training Center site, training more than 40 doctors, nurses, clinic administrators, quality directors, and pharmacists each year. The clinic serves as a Practice Transformation Training Site to mentor providers in rural FQHCs caring for clients living with HIV. The clinic provides a monthly Nursing Community of Practice webinar for the 10 state region around current HIV nursing related best practices that include equity, race, COVID-19 strategies in working with persons living with HIV.

Performance Measures								
Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer			
Output	Number of unduplicated HIV clinic clients	1992	1475	1500	1550			
Outcome	Percent of clients whose last viral load test is below 200 copies	90%	90%	90%	90%			

Performance Measures Descriptions

Output: This measure shows how many unique clients were seen at the HIV Health Services Center during the fiscal year. Outcome: This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and also a very low chance of transmitting HIV to others. Supports the Undetectable equals Untransmittable campaign.

7/14/2022

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) 10% cap on planning & administration, requiring the County to cover some administrative costs, and 3) The County must spend local funds for HIV services at least at the level spent in the previous year.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$660,654	\$3,755,049	\$0	\$4,749,569
Contractual Services	\$144,557	\$20,710	\$0	\$108,296
Materials & Supplies	\$59,768	\$190,079	\$0	\$265,904
Internal Services	\$671,558	\$746,407	\$0	\$1,601,320
Total GF/non-GF	\$1,536,537	\$4,712,245	\$0	\$6,725,089
Program Total:	n Total: \$6,248,782		\$6,725,089	
Program FTE	5.07	24.33	0.00	31.68

Program Revenues							
Intergovernmental	\$0	\$3,335,697	\$0	\$3,416,930			
Service Charges	\$1,536,537	\$1,376,548	\$0	\$3,308,159			
Total Revenue	\$1,536,537	\$4,712,245	\$0	\$6,725,089			

Explanation of Revenues

This program generates \$533,959 in indirect revenues.

\$ 1,379,783 - Ryan White Part A funds for 21-22 (Medical, Case management, Non medical case mgmt, Housing), \$459,930 - Ryan White Part D funds for 21-20 (Women, Children, Youth), \$13,120 - Ryan White Part F funds for 21-22 (OHSU dental referrals case management), \$45,000 - Federal Primary Care Grant (330) for FY 22, \$763,855 - Federal Ryan White Part C funds Primary Care HIV-Early Intervention, \$355,500 - OHA Ryan White, \$111,842 - Oregon Health Authority HIV Care (OA/Case Management support), \$3,308,159 - Medical Fees projected, \$287,900 - FOCUS Hepatitis C Foundation Grant 21-22: Hep C Primary Care Screening and Treatment

Significant Program Changes

Last Year this program was: FY 2022: 40012A Services for Persons Living with HIV-Clinical Services

COVID-19 pandemic has changed the delivery of HIV care in terms of telehealth, telemedicine and in person care. We received a HRSA COVID-19 CARES grant which allowed us to purchase and assemble health kits that included cell phones/cell phone plans, backpacks, tents, sleeping bags, hand sanitizers, socks, etc. for homeless clients. Staff FTE was increased to support front desk services. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.