

Program #40012B - Services for Persons Living with HIV - Regional Education and Outreach

4/21/202⁻

Program Contact: Kim Toevs **Department:** Health Department

Program Offer Type: Existing Operating Program Program Offer Stage: As Proposed

40010B **Related Programs:**

Program Characteristics:

Executive Summary

HIV Grant Administration & Planning (HGAP) provides community-based services to 2,800 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 Summary

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 which 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 life skills assistance to secure housing and 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 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 guality improvement projects. In order to better identify disparities for communities with small numbers a new consumer data review group is meeting to improve the use and presentation of BIPOC data.

Performance Measures									
Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer				
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	2,787	2,800	2,800	2,800				
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	90%	91%	90%	91%				
Outcome	Increase viral suppression rate of Black/African Americans	86%	89%	87%	88%				
Outcome	Increase housing stability rate of Native American & Alaskan Native PLWH								

Performance Measures Descriptions

Performance Measures 2 and 3 address disparities compared Whites.

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	2021	2021	2022	2022
Personnel	\$0	\$801,076	\$3,177	\$809,128
Contractual Services	\$5,500	\$4,659,444	\$7,300	\$4,724,336
Materials & Supplies	\$500	\$26,875	\$500	\$16,815
Internal Services	\$49,684	\$175,713	\$47,187	\$162,902
Total GF/non-GF	\$55,684	\$5,663,108	\$58,164	\$5,713,181
Program Total: \$5,718,792		\$5,77	1,345	
Program FTE	0.00	5.63	0.02	5.48

Program Revenues							
Intergovernmental	\$0	\$5,663,108	\$0	\$5,713,181			
Total Revenue	\$0	\$5,663,108	\$0	\$5,713,181			

Explanation of Revenues

This program generates \$91,671 in indirect revenues.

\$ 2,550,751 - Ryan White Part A funds for 20-21: Medical, Case management, Non-medical case management, and Housing

\$ 3,162,430 - Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2021: 40012B Services for Persons Living with HIV - Regional Education and Outreach

Significant Changes: In FY21, Oregon Health Authority increased the grant award for program income from Ryan White Part B by \$1,641,457.

COVID-19-Related Impacts: In FY21, some HGAP staff were reassigned to COVID-19 response, mostly specific to persons living with HIV (PLWH). The program received CARES ACT funding, which went towards emergency financial assistance and food assistance; and any low expenditures within Ryan White Part A or B were reallocated to fund housing, food, and medical care based on PLWH needs related to the impacts of COVID-19.