



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 12/6/12
Agenda Item #: R.5
Est. Start Time: 11:05 am
Date Submitted: 11/9/12

Agenda Title: **BUDGET MODIFICATION # HD-13-07 – Request approval to appropriate \$47,025 in revenue from the Oregon Health Authority HIV Prevention Technology grant.**

Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.

Requested Meeting Date: December 6, 2012 **Time Needed:** 5 Minutes
Department: Health Department **Division:** Community Health Services
Contact(s): Lester A. Walker – Budget & Finance Manager
Phone: (503) 988-3663 **Ext.** 26457 **I/O Address:** 167/2/210
Presenter Name(s) & Title(s): Kim Toevs, STD/HIV/HCV Program Manager;
Loreen Nichols, Community Health Services Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$47,025 in revenue from the Oregon Health Authority HIV Prevention Technology grant.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Oregon Health Authority (OHA) has granted the Multnomah County Health Department's (MCHD) STD/HIV/Hepatitis C Program to support integration of innovative uses of technology to implement a variety of evidence based approaches to either test individuals for HIV or to support prevention or health care efforts for individuals already living with HIV. MCHD STD/HIV/HCV Program will use this grant to improve the health of populations disproportionately affected by HIV by recruiting hard-to-reach populations into HIV testing. These populations include Latino and African American men who have sex with men (MSM), methamphetamine-using MSM who meet sexual partners at private home sex parties, and other individuals at risk who do not regularly seek testing services or receive testing through primary care.

The rate of late diagnosis individuals—individuals who are diagnosed with AIDS at the same time as HIV, or progress to an AIDS diagnosis within one year of HIV diagnosis—is higher in Oregon than the US on average. Fully 35-40% of individuals are diagnosed late, meaning they have been living with undiagnosed HIV infection (and potentially transmitting it to others) for an average of 7-10 years. Within this group are significant racial and other demographic disparities. By focusing on these high risk populations, the MCHD hopes to pursue health equity among underserved/ difficult-to-serve populations while also protecting the general public's health through decreasing exposure to HIV from undiagnosed individuals.

New approaches are needed to engage those individuals in HIV testing who are otherwise not seeking it. Social Network Strategy is an evidence-based intervention that incentivizes individuals from high risk social/sexual networks to recruit their peers at risk into testing, and to incentivize testing for these peers, by providing gift cards for small amounts of money (usually \$10-20). This grant would allow MCHD to develop new uses of technology to reduce the face-to-face interaction normally required to implement this intervention, and to begin implementation. Technology includes an on-line process for distribution of gift cards (used successfully in the past by the STD/HIV/HCV program), on-line orientation and informational videos, and use of Quick Response (QR) codes through smart phones instead of paper coupons and tracking tools. The technology will reduce barriers to participation in Social Network Strategy project for our clients. Potential recruiters will be identified by MCHD STD/HIV/HCV Program staff through outreach, testing, and disease investigation interactions, and through outreach and testing efforts by Cascade AIDS Project (CAP). Recruited peers would be tested through MCHD STD/HIV/HCV Program or CAP test sites.

This budget modification supports Program Offer 40011: STD/HIV/Hepatitis C Community Prevention Program.

3. Explain the fiscal impact (current year and ongoing)

Approval of this budget modification will increase the Health Department's federal/state FY 2013 budget by \$47,025. There is no impact to the County General Fund. There is currently no fiscal impact extending past the grant end date of December 31, 2012, although MCHD has the opportunity to apply for annual grant renewal through December 31, 2015.

4. Explain any legal and/or policy issues involved.

None.

5. Explain any citizen and/or other government participation that has or will take place.

N/A

Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

- **What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

The Health Department's federal/state revenue budget will increase by \$47,025 in FY 2013 as a result of the work performed under this award.

This is federal revenue, CFDA 93.940: HIV Prevention Activities – Health Department

Based.

- **What budgets are increased/decreased?**

The Health Department's budget will have the following changes:

- Permanent budget will increase by \$4,890
- Temporary budget will increase by \$21,261
- Salary Related Expense budget will increase by \$1,501
- Non Base Fringe budget will increase by \$6,527
- Insurance Benefits budget will increase by \$1,674
- Non Base Insurance budget will increase by \$1,031
- Printing budget will increase by \$400
- Communications budget will increase by \$290
- Supplies budget will increase by \$3,655
- Local Travel/Mileage budget will increase by \$300
- Central Indirect budget will increase by \$987
- Department Indirect budget will increase by \$2,960
- Internal Service Data Processing budget increase by \$1,549

- **What do the changes accomplish?**

As a result of this grant, the STD/HIV/HCV program will diagnose individuals at high risk for HIV earlier in their disease and facilitate their entry into treatment and risk reduction activities.

- **Do any personnel actions result from this budget modification? Explain.**

- Add 0.08 Program Coordinator to an existing position, number 705877.

The internal services costs necessary to support any temporary personnel are included in the current FY 2013 budget.

- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**

The revenue covers all central and department indirect costs.

- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

This grant is one-time-only in nature. Funding in subsequent years is contingent on available Prevention and Public Health Funds and will require the competitive submission of new grant proposals. The Department intends to pursue additional funding through FY 2015.

- **If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (i.e. cash match, in kind match, reporting requirements etc)?**

The grant period is September 6, 2012 to December 31, 2012.

There are no match requirements or non-standard reporting requirements.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signature

**Elected Official
or Dept Director:**

Jillian Shuley / w2

Date: 11/07/2012

Budget Analyst:

Althea Gregory /s/

Date: 11/9/2012

Department HR:

A/Bree

Date: 11/6/2012
