

Priority: Accountability

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: Kalissa Canyon-Scopes

Related Programs: 40023A, 40032, 40035

Program Characteristics:

Executive Summary

The HIV Planning Council (HIV PC), Community Health Council (CHC), and Coalition of Community Health Clinics (CCHC) are community-based planning bodies that facilitate community involvement in quality assurance, public policy advocacy, and management accountability. Collectively, these programs build and leverage community partnerships in order to increase access to health care for our most vulnerable residents.

Program Description

1)The HIV PC is responsible for ensuring that lifesaving medical care and other related services are available to citizens living with HIV and AIDS in our community. The Council annually reviews local services for people living with HIV and AIDS, identifies gaps in those services and allocates money to address those gaps. The Council is responsible for ensuring that funds are rapidly and effectively distributed by MCHD to those with the greatest need. 33% of the members must be people living with HIV and AIDS and receiving local services. 2) The CHC serves as MCHD's community advisory board, offering an entry point for residents across the County to give input about how the County can better meet the health needs of the community. It acts as the Department's Citizen Budget Advisory Committee, required by County Charter. The CHC plays a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by the federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. A majority of CHC members are County residents who use MCHD's clinical services. 3) The CCHC provides clinical services to low-income residents in Multnomah County. MCHD's support of the 13 clinics (coalition) assures access to clinical services for those Multnomah County residents lacking the financial resources to meet their health needs. Research indicates that to develop programs that meet the actual needs of the community, we must involve people who are most directly affected by the issue in quality improvement, program oversight and planning. The HIV PC and the CHC are mandated to serve as community governing bodies. All three programs contribute to outcomes in the poverty framework.

Program Justification

The HIV PC is federally mandated by the Ryan White Care Act Title I. The CHC is federally mandated by the Bureau of Primary Health Care. The CHC's role as the Citizen Budget Advisory Committee is mandated by County Charter. Through these effective partnerships, the county has leveraged millions of dollars of local, state, and federal revenue, increasing access to services for vulnerable populations.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of participants	942	1,027	1,027	984
Outcome	Percentage of consumers involved	40%	44%	44%	45%
Outcome	Number of uninsured patients seen	21,436	20,723	20,723	20,101
Output	Number of meetings held	79	88	88	83

Performance Measure - Description

CHC consumer participants 65%, HIV PC 44%.
 CHC meetings held 24, HIV PC meetings held 64.
 CHC participants 260, 24 unduplicated, HIV PC participants 767, 39 unduplicated.
 Number of uninsured includes only the Health Department. The Health Department represents about 95.4% of all the users within the scope of the 330 grant. The estimated number of uninsured for FY04-05 using the UDS definition of coverage is $(20,450 / 0.954) = 21,436$.

Legal/Contractual Obligation

The HIV PC is federally mandated by the Ryan White Care Act Title I. The CHC is federally mandated by the Bureau of Primary Health Care. The CHC's role as the Citizen Budget Advisory Committee is mandated by County Charter. The Health Department has a contractual relationship with Coalition clinics to build capacity, ensure quality, and leverage funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2006	2006	2007	2007
Program Expenses				
Personnel	\$94,437	\$175,113	\$106,804	\$205,098
Contracts	\$119,402	\$40,946	\$83,778	\$326,007
Materials & Supplies	\$9,957	\$15,593	\$8,494	\$16,477
Internal Services	\$23,589	\$67,846	\$25,648	\$48,585
Subtotal: Direct Exps:	\$247,385	\$299,498	\$224,724	\$596,167
Administration	\$0	\$0	\$13,113	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$13,113	\$0
Total GF/non-GF:	\$247,385	\$299,498	\$237,837	\$596,167
Program Total:	\$546,883		\$834,004	
Program FTE	0.00	0.00	1.00	2.95
Program Revenues				
Indirect for dep't Admin	\$15,670	\$0	\$17,575	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$326,000
Intergovernmental	\$0	\$299,498	\$0	\$270,167
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$15,670	\$299,498	\$17,575	\$596,167

Explanation of Revenues

Ryan White Care Act Title 1 federal grant funds a little over half of this program.

Significant Program Changes

Last year this program was: #40009, Citizen and Community Involvement and Governance
No significant changes.