

April 20, 2023

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval of Amendment #13 adjusting Fiscal Year 2023 funding and updating program language to a Revenue Intergovernmental Agreement with Oregon Health Authority for the financing of Public Health Services. Amendment value is \$440,505.62 for 1 year, agreement value is increased to \$17,079,470.14 for 2 years. Funding is through the Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review	The Board reviewed and approved this Agreement on July 22, 2021, Agenda item 072221-A8, October 14, 2021, Agenda item 20211014 A14, February 3, 2022, March 03, 2022, Agenda item 220303IIB.1, June 9, 2022, Agenda item 220609II.D.5, July 14, 2022, Agenda item 220714III.E4, August 18, 2022, Agenda item 220818III.E8, October 13, 2022, Agenda item 221013 I.C. December 8, 2022, Agenda item 221208IV.C.1 March 9m 2023m Agenda item 230309II.D.7 Briefed at Issues – April 18, 2023		
Performance Clackamas	1. Ensure safe, healthy, and secure communities		
Counsel Review	Yes	Procurement Review	No
Contact Person	Philip Mason-Joyner, Public Health Director	Contact Phone	(503) 742-5956

EXECUTIVE SUMMARY: The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests the approval of Amendment #13 with Oregon Health Authority (OHA) for Operation as the Local Public Health Authority (LPHA) increasing funding and updating program element language.

Funding through this Amendment allows the Clackamas County Public Health Division (CCPHD) to continue to provide public health-related services to Clackamas County residents, such as HIV Prevention Services, Tobacco Prevention and Education, Women’s, Infants, and Children (WIC) Program, and School-Based Health Centers.

Award adjustments are made periodically over the course of the Agreement based on quarterly reports submitted. Amendment #13 decreases PE40-01EWIC NSA: July - September by \$4,655.58, increases PE44-01 by \$92,235.20, PE44-02 SBHC – Mental Health Expansion by \$43,500 increases PE 62-02 Fentanyl

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Campaign Funds by \$12,443. and PE73 HIV Early Intervention and Outreach Services by \$296,983. The fiscal year 2023 awards net increase is \$440,505.62. The total contract value is \$17,079,470.14 for 2 years.

Per the OHA, Amendment #13 is effective on January 1, 2023, through June 20, 2023, regardless of the date signed.

RECOMMENDATION:

Staff recommends that the Board approve Amendment #13 to the Intergovernmental Agreement #10213.

Respectfully submitted,



Rodney A. Cook, Director
Health, Housing, and Human Services

Agreement #169503



**THIRTEENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2021-2023 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Thirteenth Amendment to Oregon Health Authority 2021-2023 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2021, (as amended and restated the “Agreement”), is between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and Clackamas County, (“LPHA”), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Clackamas County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2022 (FY22) Financial Assistance Award set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2023 (FY23) Financial Assistance Award set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200 (FY22);

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200 (FY23);

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. This Amendment is effective on January 1, 2023, regardless of the date this amendment has been fully executed with signatures by every Party and when required, approved by the Department of Justice. However, payments may not be disbursed until the Amendment is fully executed.
2. The Agreement is hereby amended as follows:
 - a. Exhibit A “Definitions”, Section 18 “Program Element” is amended to add Program Element titles and funding source identifiers as follows:

PE NUMBER AND TITLE • SUB-ELEMENT(S)	FUND TYPE	FEDERAL AGENCY/ GRANT TITLE	CFDA#	HIPAA RELATED (Y/N)	SUB-RECIPIENT (Y/N)
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PE 62 Overdose Prevention

<u>PE 62</u> Overdose Prevention	FF	SAMHSA/State Targeted Response to the Opioid Crisis Grants	93.788	N	Y
	FF	CDC/Injury Prevention and Control Research and State and Community Based Programs	93.136	N	Y

PE 73 HIV Early Intervention

<u>PE73</u> HIV Early Intervention	GF	HIV Early Intervention and Outreach Services	N/A	N	N
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- b. Exhibit B Program Element #62 “HIV Early Intervention and Outreach Services” and #73 “HIV Early Intervention Services and Outreach” are hereby added in their entirety by Attachment A attached hereto and incorporated herein by this reference.
 - c. Section 1 of Exhibit C of the Agreement, entitled “Financial Assistance Award” for FY23 is hereby superseded and replaced in its entirety by Attachment B, entitled “Financial Assistance Award (FY23)”, attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C.
 - d. Exhibit J of the Agreement entitled “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” (FY23) is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

7. Signatures.

STATE OF OREGON, ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY

Signature: _____

Name: /for/ Nadia A. Davidson

Title: Director of Finance

Date: _____

CLACKAMAS COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: _____

Name: _____

Title: _____

Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by Wendy Johnson, Senior Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on September 19, 2022, copy of email approval in Agreement file.

REVIEWED BY:

OHA PUBLIC HEALTH ADMINISTRATION

By: _____

Name: Lynn Marie Brady (or designee)

Title: LPHA Fiscal and Contracts Analyst

Date: _____

Attachment A
Program Element Description(s)

Program Element # 62 Overdose Prevention

OHA Program Responsible for Program Element:

Public Health Division/Center for Prevention & Health Promotion/Injury & Violence Prevention/Overdose Prevention Program

Background:

Substance use disorder and drug overdose are increasing health threats in Oregon. A 2020 National Survey on Drug Use and Health ranks Oregon at #2 in the country for rate of substance use disorder and #1 in illicit drug use disorder, prescription opioid misuse, and methamphetamine use. Oregon has seen a recent increase in overdoses from illicit fentanyl and non-opioid drugs, such as methamphetamine. The Oregon Health Authority aims to reduce the burden of substance use disorder and overdose through several key strategies, including increasing equitable access to harm reduction supplies, supporting overdose response planning and coordination, increasing access to substance use disorder treatment, supporting safe and effective non-opioid pain management, providing tools and guidelines to support appropriate prescribing, and collecting and reporting data to inform response, prevention, and policy.

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to implement Overdose Prevention activities.

Funds provided under this Agreement are to be used to implement strategies that prevent opioid overuse, opioid misuse, substance use disorder, drug overdose, and related harms from substance use. Funds are designed to serve counties or regions with a high burden of drug overdose deaths and hospitalizations. Funds should complement other substance use disorder or overdose prevention initiatives and leverage additional funds received by other organizations throughout the county to reduce overdose deaths and hospitalizations.

Recipients are expected to collaborate with multi-disciplinary stakeholders to develop, plan, implement, and evaluate an overdose emergency response plan and collaborate with other projects within the county that address the community's challenges related to drug overdose deaths. The funded activities for this grant seek to promote the OHA's overdose prevention aims and collaboration expectations.

Program Components to be funded for this Program Element are:

- a. Convene or strengthen a county and/or regional multisector stakeholder coordinating body to assist with strategic planning and implementation of substance use disorder and/or overdose prevention efforts. Include stakeholders such as: collaborating providers and organizations, Coordinated Care Organizations, peer recovery mentor organizations, persons with lived experiences, and representatives of diverse populations.

Develop, plan, implement, and evaluate an overdose emergency response plan. Convene and coordinate with local partners (i.e. health preparedness, law enforcement, first responders, hospital emergency departments, harm reduction partners, substance misuse prevention partners, and others). Assess and update response plans throughout the grant period.
- b. Review, coordinate, and disseminate local data to promote public awareness of the burden and opportunities to prevent drug overdose.
- c. Coordinate with the stakeholders responsible for determining how local governments will allocate opioid settlement funds within the county and/or region to implement complementary overdose prevention activities. Support coordination of local resource allocation.

- d. Establish Linkages to Care - Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community programs) and public safety and courts (e.g., police, emergency response, diversion programs) to support care linkages with improved awareness, coordination, and technology.
- e. Support Providers and Health Systems – Support clinical education and training based on evidence-based guidelines (e.g., CDC guidelines).
- f. Partner with Public Safety and First Responders – Support data sharing across public health and public safety partners, and programmatic collaborations to share and leverage prevention and response resources.
- g. Empower individuals to make safer choices – Disseminate awareness and educational materials informed by media campaigns, translational research for public consumption, and appropriate messaging and resources to communities.

All changes to this Program Element are effective the first day of the month noted in the Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to this PE – Not Applicable .

3. Alignment with Modernization Foundational Programs and Foundational Capabilities. The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
Establish Linkages to Care		*				X	X	X	X	X	X	X
Support Providers and Health Systems		*				X	X	X	X	X	X	X

Partner with Public Safety and First Responders		*				X	X	X	X	X	X	X
Empower Individuals to make safer choices		*				X	X	X	X	X	X	X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Health Outcome Measure:

Lower the opioid mortality rate per 100,000 population

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Local Public Health Process Measure:

Not Applicable

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

- a. Submit local program work plan and local program budget to OHA for approval.
- b. Engage in activities as described in its local program work plan, which has been approved by OHA.
- c. Use funds for this Program Element in accordance with its local program budget, which has been approved by OHA. Modification to the local program budget may only be made with OHA approval.
- d. Ensure that staffing is at the appropriate level to address all sections in this Program Element. LPHA must designate or hire a lead staff person to carry out and coordinate all the activities described in this Program Element, and act as a point of contact between the LPHA and OHA.
- e. Provide the workspace and administrative support required to carry out the grant-funded activities outlined in this Program Element.
- f. Attend all Overdose Prevention meetings reasonably required by OHA. Travel expenses shall be the responsibility of the LPHA.
- g. Cooperate with OHA on program evaluation throughout the duration of this Agreement, as well as with final project evaluation.
- h. Meet with a state level evaluator soon after execution of this Agreement to help inform the OHA evaluation plan.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

- a. LPHA must have on file with OHA an approved Work Plan no later than November 1st of each year. LPHA must implement Overdose Prevention activities in accordance with its approved Work Plan. Modifications to the plan may only be made with OHA approval.
- b. LPHA must submit quarterly Progress Reports.
- c. In addition to Section 5, General Revenue and Expense Reporting, LPHA must submit quarterly Overdose Prevention Expense Reports.
- d. OHA will provide the required format and current service data for use in completing the Work Plan, Progress and Expense Reports.

7. **Performance Measures.**

- a. LPHA must operate the Overdose Prevention Program described in its local Work Plan and in a manner designed to make progress toward achieving the following Public Health Accountability Metric -- Prescription opioid mortality rate per 100,000 population.
- b. If LPHA completes fewer than 75% of planned activities in the description above, for two consecutive calendar quarters in one state fiscal year, LPHA will not be eligible to receive funding under this Program Element in the next state fiscal year

Program Element #73: HIV Early Intervention Services and Outreach**OHA Program Responsible for Program Element:**

Public Health Division/Center for Public Health Practice/HIV, STD and TB (HST) Section

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver HIV Early Intervention and Outreach Services as defined and described below. The continuum of HIV Early Intervention Services and Outreach will be referred to as (EISO) or (EISO Services).

Background.

EISO is funded by Health Resources and Services Administration (HRSA)'s Ryan White Part B, AIDS Drug Assistance Program (ADAP), 340B Drug Pricing Program. Due to the primary purpose and variability of funds generated by this source, these resources cannot be guaranteed beyond the current allocation. Beginning January 2023, funds have been allocated to support EISO activities for four and a half years.

HRSA specifically requires that EISO activities are to supplement – not supplant – HIV services funded through other mechanisms. These activities must be planned and implemented in coordination with local and state HIV prevention and care programs to avoid duplication of effort and to ensure people receive the benefit of the full continuum of services available in Oregon. As a coordinated system of public health, OHA will share information with LPHA on directly funded contracts with community-based organizations and other entities which receive HIV/STI, harm reduction and sexual health funding from the HST program and other OHA programs.

OHA will provide EISO Standards of Service to help guide program design and implementation. These services are consistent with Oregon's plan to eliminate new HIV infections, End HIV Oregon, which is developed and approved by the End HIV/STI Statewide Planning Group. End HIV Oregon focuses on eliminating new HIV infections through testing, prevention, treatment, and responding to end inequities. This Program Element directly addresses the four End HIV Oregon priority areas (Testing, Prevention, Treatment, and Responding to End Inequities). (See <https://www.endhivoregon.org>).

This Program Element, and all changes to this Program Element, are effective the first day of the month noted in the Issue Date section of Exhibit C of the Financial Assistance Award, unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to HIV Early Intervention Services and Outreach.**

- a. **Early Intervention Services:** Defined by HRSA/Ryan White Program Guidance, must contain the following four elements: (1) HIV testing; (2) referral services; (3) health literacy/education; and (4) access and linkage to care.
- b. **HRSA:** The United States Health Services & Resources Administration, which funds the Ryan White CARE Act and Ryan White HIV/AIDS Programs.
- c. **MSM:** Men who have sex with men.
- d. **Not-in-Care:** Describes a person living with HIV who has never been linked to HIV medical care or was previously in HIV medical care but has not attended an HIV medical care appointment in a specified period of time (out of care).
- e. **Outreach Services:** Defined by HRSA/Ryan White Program Guidance; Outreach Services “are aimed at identifying persons with HIV who may know or be unaware of their status and are not in care.” Outreach Services cannot be delivered anonymously.
- f. **PLWH:** People living with the human immunodeficiency virus or HIV.

- g. **Pre-Exposure Prophylaxis or PrEP:** Medications taken prior to HIV exposure to reduce or prevent infection. PrEP can stop HIV from taking hold and spreading throughout the body. It is highly effective for preventing HIV if used as prescribed, but it is much less effective when not taken consistently. (Source: <https://www.cdc.gov/hiv/basics/prep.html>)
- h. **Priority Populations:** Designated in the End HIV/STI Oregon Strategy, 2022-2026 and the focus of status neutral interventions to end HIV/STIs. These will be updated on an at-least annual basis. All EISO Programs must focus on people with STI’s as one Priority Population. LPHAs should add additional populations based on local epidemiology.
- i. **PWID:** Persons who inject drugs.
- j. **STI:** Sexually Transmitted Infections, such as Syphilis and Gonorrhea. This term may be used synonymously with Sexually Transmitted Diseases (STDs).
- k. **U=U:** Undetectable = Untransmittable is an important prevention and anti-stigma message that means if a person living with HIV has an undetectable HIV viral load, they cannot transmit HIV to others through sexual contact. U=U also refers to the concept of Treatment as Prevention.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon’s Public Health Modernization Manual, http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities							
	CD Control	Prevention and Health Promotion	Environmental Health	Population Health	Direct Services	Access to Clinical Preventive Services	Leadership and Organizational Competencies	Health Equity and Cultural Responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy and Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>						<i>X = Foundational capabilities that align with each component</i>							
Assessment and Referral	X	X		X	*X		X	X					

Health Literacy and Education	*	X		*			X	X				
Linkage to HIV Care	X	X		X	*X		X	X	X			
HIV/STI Partner Services	X	X		X	*X		X	X	X			
Follow-up of PLWH Not-in-Care	X	X			*X		X	X	X			
Recruitment to Services	*							X				
HIV/STI Prevention Education, including PrEP	X	X		X	X		X	X	X			

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Not applicable.

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

EISO supports the workplan reflected in PE51 for Communicable Disease work.

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

- a. Engage in activities as described in its local program plan, which has been approved by and is on file with OHA.
- b. Engage in activities as described and located in the EISO Standards, developed by OHA.
- c. Use funds for this Program Element in accordance with its local program budget and as allowable by HRSA’s Ryan White Part B. Modification to the local program budget may only be made with OHA approval. Approved local program budget is on file with OHA.
- d. **Outreach.** Outreach, as defined by HRSA/Ryan White Program Guidance, are services “aimed at identifying persons with HIV who may know or be unaware of their status and are not in care.” A primary goal for End HIV Oregon is to identify people who do not know their HIV status, as this group is at highest risk of transmitting HIV and most in need of rapid access to medical care, treatment and supportive services. Identifying persons with HIV who are unaware of their status requires a combination of education, outreach, and service navigation strategies broadly focused on Priority Populations who are at increased vulnerability to HIV (e.g. people with STI, MSM, PWID). The purpose of Outreach Services is to identify individuals who:
 - Do not know their HIV status: these individuals should be referred into testing to help them learn their status and engage in appropriate adjunct services.
 - Know their HIV-positive status and are not in care: these individuals should be connected to HIV medical care and supportive services.

Outreach participants must be part of a Priority Population known through local epidemiology to be at increased vulnerability for HIV. Priority Populations for Oregon are designated in the End HIV/STI Oregon Strategy, 2022-2026; Programs may focus activities more narrowly based on

local epidemiology.

<https://www.oregon.gov/oha/ph/diseasesconditions/hivstdviralhepatitis/ipg/pages/index.aspx>

Outreach activities are client engagement strategies delivered in a clinic (e.g., integrated HIV/STI testing and partner services delivered at a set location) or in community-based settings outside of local public health clinic environments (e.g., educational setting, field testing in conjunction with social or educational activities). Outreach may also include targeted awareness activities (e.g., social media directed to a Priority Population). No broad scope awareness activities (e.g., media to general public) are allowed. Specific activities are to be defined by the County, as described in an EISO workplan.

Outreach activities may include, or leverage the services already in place:

- (1) **Integrated HIV/STI testing:** Ensures HIV and/or STI testing will be integrated for all people newly diagnosed with early syphilis and/or rectal gonorrhea, and pregnant people diagnosed with any stage of syphilis by leveraging or referring to existing HIV/STI testing.
- (2) **HIV/STI partner services:** Partner services ensures that all people with a new diagnosis of HIV, early syphilis, rectal gonorrhea, and pregnant people with syphilis at any stage will receive treatment, be interviewed for names of contacts or partners, and their contacts or partners are found, tested and treated for HIV/STIs. Highest Priority Populations for EISO-funded partner services are:
 - (a) People newly diagnosed with HIV.
 - (b) Pregnant people with syphilis of any stage.
 - (c) People with early syphilis.
 - (d) People with rectal gonorrhea.
 - (e) People with known HIV infection with a new early syphilis, rectal gonorrhea diagnosis, or are pregnant with syphilis of any stage.
- (3) **Follow-up of PLWH Not-in-Care:** Connects previously diagnosed people with HIV who are out of care into medical care and treatment thereby improving individual health outcomes and reducing transmissibility of HIV. LPHA may work with local case management systems to reconnect PLWH to medical services who have never been in care or who have fallen out of care.
- (4) **Recruitment to services:** Services shall be focused on Priority Populations, specifically individuals identified at increased vulnerability for HIV, and delivered in accordance with local outreach and education plans. Education and recruitment may be provided in-person at outreach events or in conjunction with other local services, such as syringe exchange, and/or virtually, using social media and/or geospatial dating/networking apps. Services shall reach and be made available to individuals in the LPHA service area, unless otherwise specified (e.g. if Priority Populations can be best reached in a particular geographic region or through specific, limited methods). LPHAs will delineate one or more specific Priority Population to focus Outreach Services.
- (5) **HIV/STI prevention education, including PrEP:** Provides comprehensive HIV education, including information about harm reduction, HIV Treatment as Prevention, and U=U. Provide PrEP education and refer HIV-negative individuals to PrEP services, as needed.

- (6) **Outreach testing:** Ensures testing of Priority Populations engaged through Outreach Services by leveraging or referring to existing HIV/STI testing.
- (7) **Linkage to HIV case management and medical care:** For individuals engaging in Outreach Services who test HIV positive or disclose HIV positive status and are not in medical care, provide active referrals/warm hand-offs to Ryan White HIV/AIDS Programs, such as to HIV case management services or the local EISO Program, during their appointment. Referrals/warm hand-offs should be expedited for clients who are newly diagnosed with HIV, experiencing homelessness or otherwise in behavioral health crisis. Referral pathways and timelines should be delineated in a referral map or flow chart.

e. **Early Intervention Services.** LPHA's HIV EISO Programs must include the following minimum components:

HIV Early Intervention Services (EIS) identify people living with HIV, refer them to services, link them to care and provide health education to assist with navigating HIV care and support services. EIS is designed to ensure that all people newly diagnosed with HIV in Oregon are linked to HIV medical care within 30 days, with a goal of being linked to care and starting antiretroviral therapy within seven days, preferably immediately. EIS is particularly important for newly diagnosed people who need extra help getting linked to, and retained in, HIV medical care, case management, and other services provided by the Ryan White HIV/AIDS Program. A combination of locally-defined methods (e.g., referral networks, community partnerships), systems (e.g., priority appointments for newly diagnosed), and staffing arrangements (e.g., peer navigators, community health workers) should be developed or leveraged to ensure the ability to prioritize service to a person with HIV when newly diagnosed.

HIV Early Intervention Services are for individuals with a documented HIV-positive status and Oregon residency. EIS activities include:

- (1) **HIV Testing:** Ensures HIV testing to individuals whose status is HIV-negative or unknown but at increased vulnerability to HIV (e.g. Priority Populations) by leveraging or referring to existing HIV testing.
- (2) **Initial contact & enrollment:** Initiate contact with all HIV+ individuals referred by OHA Surveillance within 72 hours of referral. Enroll clients in EIS or document reasons for non-enrollment.
- (3) **Assessment and referral:** Assesses client needs related to sexual health, STI testing, HIV prevention, medical and behavioral health care, and basic needs which may interfere with participation in services (e.g., housing, food, alcohol & drug use). Referrals and linkages are made to HIV case management, CAREAssist, medical care, food assistance programs, housing support, behavioral health services, syringe exchange, transportation, STI testing, etc.
- (4) **Health literacy/education:** Provides comprehensive HIV education, including information about harm reduction, HIV service navigation, HIV Treatment as Prevention, and U=U.
- (5) **Linkage to care:** Ensures linkage to and engagement with HIV medical care, with a goal of linking HIV+ individuals to care within 30 days of initial referral, and ideally within 0-7 days. Depending on client needs and local systems, programs may refer HIV+ individuals into existing case management services via active referral OR may play a more active role in ensuring linkage to HIV medical care.

- f. End HIV/STI Oregon Promotion & Support.** Support and promote the Oregon Health Authority End HIV/STI Oregon initiative. Required activities include:
- (1) Display the End HIV Oregon logo and website link on LPHA website (on pages related to EISO Services).
 - (2) Provide LPHA logo for inclusion on End HIV Oregon website.
 - (3) Ensure that any promotional materials developed, related to EISO services and funded by this agreement, includes information about the End HIV Oregon initiative, including the logo and website address.
 - (4) Actively use the End HIV Oregon Ambassador Kit to promote End HIV Oregon messaging.
- g. Continuing Education, Training and Partner/Systems Coordination.** Participate in community learning and ongoing training opportunities facilitated by OHA and its training contractor, Oregon AIDS Education and Training Center. Required activities include:
- (1) Staff with FTE funded through this Program Element shall complete OHA's HIV Prevention Essentials training prior to providing EISO Services. Training is available at: <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Pages/Trainings.aspx>
 - (2) Staff with FTE funded through this Program Element for Disease Intervention Services shall complete HIV/STI Partner Services training or its equivalent prior to providing EISO Services. Training is available at: <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTEDDISEASE/Pages/trainings.aspx>
 - (3) Participate in quarterly EISO meetings convened by OHA.
 - (4) Participate in monthly EISO check-in calls or meetings with the OHA-designated contact.
 - (5) Attendance by one or more EISO program staff at the End HIV/STI Oregon Statewide Planning Group meetings, convened virtually three to five times/year.
 - (6) Participate in other training opportunities as requested by OHA.
 - (7) Participate in quarterly EISO case reviews convened virtually. Presentation of non-identifiable EISO Services cases are shared and discussed.
 - (8) Attendance at one additional conference by at least two staff. Suggested conferences include Oregon's Meaningful Care Conference, the HIV Continuum of Care Conference, and Oregon Epidemiologists' Meeting.
- h.** HRSA funding has minimum activity and reporting requirements. In addition to the activities and requirements listed above, all providers of HIV EISO Services are required to submit the following by March 30 of each year:
- (1) A staffing plan and organizational chart submitted with yearly budgets.
 - (2) Mid-Year Progress Report and Annual Progress Report.
 - (3) An Outreach Services Work Plan, to include the following required elements:
 - (a) Priority Populations for Outreach Services
 - (b) Specific methods for reaching Priority Population(s) and recruiting into services (e.g., use of social media, events, plans to engage community and public health partners)

- (c) Policies and standard operating procedures (e.g., for HIV testing, referrals, PrEP navigation, and retention/follow-up with HIV-negative clients, linkage to Ryan White HIV/AIDS Program Services for HIV-positive clients)
 - (d) A process map/flow chart detailing service and referral pathways, including expected times for getting HIV positive and HIV negative clients into services.
 - (e) A strategy map delineating key activities and how they connect to EISO Program goals
 - (f) Service goals/metrics for each Priority Population
- i. In addition to the requirements in this Program Element, all EISO Services supported in whole or in part with funds provided under this Agreement must comply with the following confidentiality and reporting requirements:
- (1) Centers for Disease Control and Prevention. Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2011.
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>
 - (2) All HIV testing data is entered directly by providers into Evaluation Web, the CDC’s database system for HIV testing, or through a pre-approved data export process. Evaluation Web is accessed using two-factor authentication through the CDC Secure Access Management System (SAMS). LPHA staff needing access to SAMS for data entry into Evaluation Web must first request access through OHA.
 - (3) All EISO data shall be entered into Orpheus, Oregon’s integrated electronic disease surveillance system, on an ongoing basis in the EISO interface. An EISO Orpheus Data Entry Guide to assist in correct and consistent reporting will be provided by OHA. All LPHA staff that provide EISO Services will participate in twice yearly EISO data cleaning and participate in annual evaluation of data. OHA will provide data elements at end of second quarter and end of fourth quarter.
 - (4) Establish and comply with a written policy and procedure regarding a breach of the confidentiality requirements of this Program Element. Such policy must describe the consequences to any employee, volunteer or subcontractor for a verified breach of the confidentiality requirements as outlined in this Program Element.
 - (5) Report to the OHA the nature of confirmed breaches by LPHA staff, including volunteers and subcontractors, of the confidentiality requirements of this Program Element within 14 days from the date the breach was confirmed.
- j. Acceptable use of financial awards for HIV EISO activities include:
- (1) Staffing and structure for programs addressing goals, objectives, strategies and activities described above.
 - (2) Collaborative work with other agencies furthering HIV EISO work.
 - (3) Advertising and promotion of activities for Priority Populations.
 - (4) Travel costs.
 - (5) Purchase and/or production of program materials.
 - (6) Necessary office equipment and/or supplies to conduct EISO activities, excluding furniture unless approved by OHA.

- (7) Training and/or conferences for staff and/or supervisors that is relevant to the intervention and/or working with Priority Populations. This includes monitoring and evaluation trainings.
- (8) Documentation, meetings, and preparation related to conducting programs.
- (9) Supervision, data collection and review and quality assurance activities.
- (10) Participation in planning, task force and other workgroups.

k. EISO funds shall not be used to pay for:

Actual HIV tests or test kits; PE7 funding allows for HIV tests and test kits and should be used for this purpose. EISO funds are intended as a resource of last resort; if an LPHA can justify why PE7 funds are unable to be used, or other resources leveraged, for HIV tests, LPHAs can submit a request to use EISO funds for this purpose. This will require OHA approval.

EISO funds shall not be used for STI tests or STI test kits or to pay cash to service clients, pay for PrEP or STI medications. EISO funds may not be used to pay for harm reduction supplies or services, such as Syringe Service Programs, syringes, cookers, cotton, or other drug paraphrenia. FTE must primarily be allocated to EISO primary/core activities but may be delivered in support of other prevention activities.

Due to the variability of these funds, LPHAs are encouraged to leverage Ryan White Part A and B monies, as well as insurance and other reimbursement to pay for and support sustainable EISO Services.

l. Subcontracted Services. LPHAs may use all or some of HIV EISO funds to subcontract with other LPHAs or community-based organizations for delivery of EISO Services. LPHA must ensure each subcontractor adheres to the standards, minimum requirements and reporting responsibilities outlined in this Program Element. LPHA must ensure each subcontractor:

- (1) Completes an OHA approved planning/reporting document.
- (2) Submits fiscal and monitoring data in a timely manner.
- (3) Meets the standards outlined in this Program Element.
- (4) Submits a strategy map delineating key activities and how they connect to EISO Program goals.

5. General Requirements Applicable to Ryan White HIV/AIDS Program Services Funding.

a. Payor of Last Resort.

Funds shall not be used to cover the costs for any item or service covered by other state, federal or private benefits or service programs and shall be used as dollars of last resort.

b. Allowable Services. Ryan White Part B Services funds must be allowable per [HRSA's Ryan White Part B and per the Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/2018\)](#).

c. Direct Cash Reimbursements to Clients are Prohibited.

Funds shall not be used to provide direct cash reimbursement to a person receiving services under this Program Element.

d. Specified Services Funding Only.

Funds may only be used for those serviced detailed in the approved budget unless otherwise approved by OHA.

e. Vehicle Purchase.

Vehicle purchases by LPHA using funding provided under this Program Element are subject to 45 CFR 75.320. Equipment must be used for EISO services as long as needed. When no longer needed for EISO services, OHA shall be notified. The vehicle may be used for other activities in the following order of priority:

- (1) Allowable Ryan White Program activities.
- (2) Activities allowable under Federal awards from other U.S. Department of Health & Human Services (HHS) awarding programs.
- (3) Costs associated with use of the vehicle for non-EISO related activities shall not be charged under this Program Element.
- (4) The LPHA is considered the owner and is responsible for management requirements. At the end of this the funding period, LPHA shall retain ownership to use, sell, and dispose of the vehicle per federal rule.

f. AIDS Drug Assistance Program Funding Priority.

The OHA is required to ensure AIDS Drug Assistance Program (ADAP) services are available to eligible Oregonians. Funding availability for EISO is not guaranteed. OHA reserves the right to terminate funding under this Program Element with 90 days advance written notice to LPHA, if OHA deems it necessary to ensure the stability of ADAP services.

g. Aggregate Administrative Costs NTE 10%. LPHA may use up to 10% of the direct costs listed in the budget to cover costs of administrative services.

6. General Revenue and Expense Reporting. LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

- a. Each quarter, OHA will review LPHA expenditures to ensure allocated funds are maximized and used appropriately.
 - (1) If 50 percent of funds are not spent annually by December 31, OHA and LPHA will meet to discuss barriers as well as ideas and plans for spending and use of these monies.
 - (2) If 75 percent of funds are not spent annually by April 30, LPHA will propose a formal action plan to OHA for use of unspent monies no later than May 15. This action plan may include a proposal to use unspent funds for a time-limited special project.
- b. OHA must approve LPHA proposals on use of unspent funds when funds are underspent pursuant to Section a, above.

- c. If agreement on an action plan is not achieved between LPHA and OHA, an approved action plan implementation does not result in timely use of underspent funds, or LPHA continues to underspend funds, OHA may reallocate any unspent EISO monies on allowable statewide special projects throughout the funding cycle.

7. Reporting Requirements.

- a. The following HRSA-required data elements must be collected for all clients receiving services: client first name, client last name, complete date of birth, gender, complete zip code, HIV status, and residency. For purposes of this requirement, client self-reported residency documentation is permissible.
- b. LPHA and subcontractors must enter data into the Orpheus and Evaluation Web as referenced in Sections 4.i.(2) and (3) with all demographic, service and clinical data fields entered within 30 days of the date of service. All annual HRSA required data must be entered into Orpheus and Evaluation Web by February 1 for the prior calendar year. If these reporting timelines are not met, OHA will work with the LPHA or subcontractor to establish and implement a corrective action plan.
- c. In addition to the General Revenue and Expense reporting requirements in Section 6 of this Program Element, LPHA must submit Mid-Year Progress Report (due January 31) and Annual Progress Report (due July 31) each year starting 2023.

8. Performance Measures.

LPHA must operate its program in a manner designed to achieve the following performance goals:

- a. All people newly diagnosed with HIV linked to HIV medical care within 30 days, with a goal of being linked to care and starting antiretroviral therapy within seven days.
- b. Initiate contact with all HIV+ individuals referred by OHA Surveillance within 72 hours of referral. Enroll HIV+ individuals in EIS Services or document reasons for non-enrollment.
- c. By March 30, of every year, complete activities referenced in Section 4.h.

9. Early Intervention Services and Outreach/Orpheus-Based Outcome Measures.

- a. HIV status and residency are HRSA-required data elements that must be collected for all clients receiving services, for purposes of this requirement, client self-reported residency documentation is permissible.
- b. LPHA shall enter the following data elements into Orpheus on an ongoing basis in the EISO interface. An EISO Orpheus Data Entry Guide to assist in correct and consistent reporting will be provided by OHA.

(1) For Persons with HIV/People with an HIV Positive Status:

- (a)** HIV case interviewed
- (b)** EISO enrolled
- (c)** Contacts/partners named and tested for HIV
- (d)** EISO services provided:
 - HIV Care
 - Other STI Testing
 - Health Education
 - Case Management

- CAREAssist
 - Insurance
- (2) For persons with syphilis, rectal gonorrhea, or who are pregnant with syphilis at any state, and/or with an unknown HIV status:
- (a) STI case interviewed
 - (b) Enrolled in EISO
 - (c) Contacts/partners named and tested for HIV
- (3) For persons receiving EISO services:
- (a) HIV Testing
 - (b) PrEP Referral
 - (c) Other STI Testing
 - (d) Health Education

10. Early Intervention Services and Outreach Close-Out Measures

LPHA must use the following criteria to close out a person from EISO services:

- a. HIV positive clients – Newly Diagnosed or Out of Care: Documentation of EISO services offered and provided.
 - b. Persons with HIV with a new Syphilis or rectal gonorrhea Diagnosis, or Pregnant person with syphilis of any stage: Documentation of EISO services offered and provided and documentation of a visit for HIV medical care (defined as evidence of at least one HIV viral load laboratory test within a year of the new STD diagnosis).
 - c. Persons with unknown HIV status, a person with syphilis or rectal gonorrhea, or, Pregnant person with syphilis of any stage: Documentation of EISO services offered and provided and documentation of an HIV negative test within 30-days (plus or minus) of the syphilis or rectal gonorrhea report date.
 - d. Contacts/partners to clients listed in Section 9 above: Documentation of EISO services offered and provided and documentation of HIV status of contact. HIV status is defined as either documentation of an HIV negative test within 30 days (plus or minus) of the initiation of the contact investigation or documentation of a visit for HIV medical care defined as evidence of at least one HIV viral load laboratory test within a year of the contact investigation.
11. A client may be enrolled again in EISO if they present with a subsequent STI diagnosis, are a contact to a new EISO case, or have been determined to be out of HIV care by OHA HIV Surveillance.

**Attachment B
Financial Assistance Award (FY23)**

State of Oregon Oregon Health Authority Public Health Division		
1) Grantee Name: Clackamas County Street: 2051 Kaen Rd., Suite 637 City: Oregon City State: OR Zip: 97045-4035	2) Issue Date Sunday, January 1, 2023	This Action Amendment
	3) Award Period From July 1, 2022 through June 30, 2023	

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE01-01	State Support for Public Health	\$506,335.00	\$0.00	\$506,335.00
PE01-09	COVID-19 Active Monitoring - ELC	\$186,061.05	\$0.00	\$186,061.05
PE01-10	OIP - CARES	\$1,111,564.64	\$0.00	\$1,111,564.64
PE02	Cities Readiness Initiative	\$53,917.00	\$0.00	\$53,917.00
PE03-02	Tuberculosis Case Management	\$18,762.61	\$0.00	\$18,762.61
PE07	HIV Prevention Services	\$141,528.00	\$0.00	\$141,528.00
PE12-01	Public Health Emergency Preparedness and Response (PHEP)	\$184,622.00	\$0.00	\$184,622.00
PE13-01	Tobacco Prevention and Education Program (TPEP)	\$1,304,336.00	\$0.00	\$1,304,336.00
PE40-01	WIC NSA: July - September	\$182,838.00	(\$4,655.58)	\$178,182.42
PE40-02	WIC NSA: October - June	\$548,513.00	\$0.00	\$548,513.00
PE40-03	BFPC: July - September	\$19,101.00	\$0.00	\$19,101.00
PE40-04	BFPC: October - June	\$57,302.00	\$0.00	\$57,302.00
PE40-05	Farmer's Market	\$8,403.00	\$0.00	\$8,403.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$10,933.00	\$0.00	\$10,933.00

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE42-04	MCAH Babies First! General Funds	\$34,934.00	\$0.00	\$34,934.00
PE42-06	MCAH General Funds & Title XIX	\$20,513.00	\$0.00	\$20,513.00
PE42-11	MCAH Title V	\$117,303.00	\$0.00	\$117,303.00
PE43-01	Public Health Practice (PHP) - Immunization Services	\$90,569.00	\$0.00	\$90,569.00
PE44-01	SBHC Base	\$420,000.00	\$92,235.20	\$512,235.20
PE44-02	SBHC - Mental Health Expansion	\$373,500.00	\$43,500.00	\$417,000.00
PE44-03	COVID COAG Funds	\$100,093.00	\$0.00	\$100,093.00
PE44-04	SBHC Telehealth Program	\$225,000.00	\$0.00	\$225,000.00
PE46-05	RH Community Participation & Assurance of Access	\$50,380.67	\$0.00	\$50,380.67
PE50	Safe Drinking Water (SDW) Program (Vendors)	\$189,173.00	\$0.00	\$189,173.00
PE51-01	LPHA Leadership, Governance and Program Implementation	\$1,854,790.45	\$0.00	\$1,854,790.45
PE51-03	ARPA WF Funding	\$382,121.00	\$0.00	\$382,121.00
PE62	Overdose Prevention-Counties	\$151,008.00	\$0.00	\$151,008.00
PE62-02	Fentanyl Campaign Funds	\$0.00	\$12,443.00	\$12,443.00
PE73	HIV Early Intervention and Outreach Services	\$0.00	\$296,983.00	\$296,983.00
		\$8,343,601.42	\$440,505.62	\$8,784,107.04

5) Foot Notes:	
PE01-01	9/1/2022: Funds are available 07/01/2022 - 06/30/2023. Not eligible for Carryover
PE01-09	9/1/2022: Funds are available 07/01/2022 - 06/30/2023
PE01-10	9/2022: Awarded funds can be spent on allowable costs for the period of 7/1/2022 - 6/30/2024. Any unspent funds as of 6/30/23 will be rolled over into the FY24 award. Please see provided budget guidance for more details on roll over information.

5) Foot Notes:	
PE40-01	5/2022: Underspent SFY2023 Q1 funding award needs to be spent by 9/30/2022. No unspent funds carryover to Q2-4 period.
PE40-01	01/2023: WIC NSA grant SFY2023 Q1 reconciliation - rescind underspent funds
PE40-03	5/2022: All SFY2023 Q1 funding award needs to be spent by 9/30/2022. No unspent funds carryover to Q2-4 period.
PE40-05	5/2022: Submit final quarterly Revenue and Expense Report to State LPHA by 1/31/2023.
PE42-11	5/2022: Indirect rate maximum is 10%
PE51-01	9/2022: Funds available for 7/1/22-6/30/23. Not eligible for carryover.
PE51-03	10/2022: unspent funds from FY23 can be carried over to FY24 – Funds must be spent by 6/30/2024.

6) Comments:	
PE01-09	9/2022: rollover unspent funds from FY22 to FY23;
PE01-10	9/2022: rollover unspent funds from FY22 to FY23;
PE02	Nov 2022: PHEP SFY22 carryover awarded to SFY23 (\$3,588) must be spent by 06/30/2023 & program will require a revised budget by 12/31/2022.
PE03-02	9/2022: Funds are available between 7/1/22-12/31/22 on screening of Ukrainian immigrants
PE07	5/2022: \$43,528 must be spent by 12/31/22
PE12-01	12/2022: SFY23 Unspent SFY22 funds \$22,771 must be spent by 6/30/2023. A revised program budget is due 1/31/2023
PE13-01	11/2022: Amendment to add FY22 Carry-over funds of \$93638
PE40-01	5/2022: SFY23 award; require spend on \$36568 Nutrition Ed, \$5057 on BF Promotion
PE40-02	5/2022: SFY23 Q2-4 award: spend \$109703 on Nutrition Ed, \$15170 on BF Promotion
PE40-03	5/2022: SFY2023 Q1 funding
PE40-04	12/2022: Transfer balance from phase 20 to phase 21 5/2022: SFY23 Q2-Q4 award
PE40-05	5/2022:SFY2023 WIC FDNP mini grant, to be paid in equal installment on 7/1 and 10/1 of 2022.
PE42-04	5/2022: SFY23 award is for the period of 7/1/2022 to 6/30/2023.

6) Comments:	
PE44-01	02/23: Q1 SFY23 re-obligated roll-over from Q4 SFY22, based on final R/E report 8/2022: increase of award
PE44-02	2/2023: Q1 SFY23 re-obligated roll-over from Q4 SFY22, based on final R/E report 9/2022 Adding funds to award; 8/2022: realignment of funding source
PE44-03	9/2022: correct PCA-no FIT changes
PE46-05	07/2022: SFY23 Title X Initial Award
PE50	10/2022: realign funding sources;
PE51-01	9/2022: move unspent funds from FY22 to FY23;
PE51-03	9/2022: rollover unspent funds from FY22
PE62	12/2022: FY23 additional funds of \$113,256 available 10/1/22 - 6/30/23. 7/2022: Prior comment null and void. \$25,168 available July 1-August 31, 2022. \$12,584 available September 1- 30, 2022 only. No funds eligible for carry forward. 5/2022: FY23 funds available 7/1/22 - 8/31/22 only.
PE62-02	12/2022: FY23 Funds Available 1/1/23 - 6/30/23
PE73	01/2023: Must be spent by 06/30/23

7) Capital outlay Requested in this action:				
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.				
Program	Item Description	Cost	PROG APPROV	

Attachment C
Information required by CFR Subtitle B with guidance at 2 CFR Part 200 (FY23)

PE40-01 WIC NSA: July - September

Federal Award Identification Number:	217OROR7W1003	217OROR7W1003	217OROR7W1003
Federal Award Date:	04/06/22	04/06/22	04/06/22
Budget Performance Period:	10/01/2021-09/30/2022	10/01/2021-09/30/2022	10/01/2021-09/30/2022
Awarding Agency:	FNS USDA	FNS USDA	FNS USDA
CFDA Number:	10.557	10.557	10.557
CFDA Name:	WIC NSA Grant	WIC NSA Grant	WIC NSA Grant
Total Federal Award:	\$26,840,681	\$26,840,681	\$26,840,681
Project Description:	WIC Admin	WIC Nutrition Education	WIC Breastfeeding Promotion
Awarding Official:	USDA Western Region	USDA Western Region	USDA Western Region
Indirect Cost Rate:	17.64%	17.64%	17.64%
Research and Development (T/F):	FALSE	FALSE	FALSE
HIPPA	No	No	No
PCA:	52255	52257	52256
Index:	50331	50331	50331

Agency	UEI	Amount	Amount	Amount	Grand Total:
Clackamas	NVWKAVB8JND6	\$137,488.54	\$35,636.88	\$5,057.00	\$178,182.42

PE42-03 MCAH Perinatal General Funds & Title XIX

Federal Award Identification Number:	00031222	06-0305OR5048
Federal Award Date:	12/10/21	09/26/21
Budget Performance Period:	10/01/2022-9/30/2023	10/01/2021-9/30/2022
Awarding Agency:	Medicaid XIX	Medicaid XIX
CFDA Number:	66.432	93.778
CFDA Name:	Medical Assistance Program	Medical Assistance Program
Total Federal Award:	2454666.00	N/A
Project Description:	Medical Assistance Program	N/A
Awarding Official:	Samina Panwhar	N/A
Indirect Cost Rate:	18.06	N/A
Research and Development (T/F):	FALSE	FALSE
HIPPA	No	No
PCA:	52180	52425
Index:	50336	50336

Agency	UEI	Amount	Amount	Grand Total:
Clackamas	NVWKAVB8JND6	\$8,199.76	\$2,733.24	\$10,933.00

PE62-02 Fentanyl Campaign Funds

Federal Award Identification Number:	B08TI083963
Federal Award Date:	05/17/21
Budget Performance Period:	9/1/21-9/30/25
Awarding Agency:	SAMHSA
CFDA Number:	93.959
CFDA Name:	Block Grants for Prevention and Treatment of Substance Abuse
Total Federal Award:	\$16,658,056
Project Description:	Substance Abuse Prevention & Treatment Block Grant
Awarding Official:	Jessica Hartman
Indirect Cost Rate:	0%
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	82376
Index:	87850

Agency	UEI	Amount	Grand Total:
Clackamas	NVWKAVB8JND6	\$12,443.00	\$12,443.00