

## PORTLAND TGA PROJECT ABSTRACT

**Project Title:** Portland TGA Ryan White Part A Services

**Applicant Name:** Multnomah County Health Department (MCHD)

**Grant Number:** H89HA00040   **Contact Person:** Kim E. Toevs

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**a) General demographics of the TGA** The Portland TGA, population 2.3 million, encompasses over 5,000 square miles, including Clackamas, Columbia, Multnomah, Washington, and Yamhill Counties in Oregon and Clark County in Washington. The population is 74.8% of the population is White (non-Latino), 6.8% Asian/Pacific Islander, 2.8% Black/African American, 3.3% multi-racial, 0.7% Native American, and 11.5% Latino.

**b) Demographics of the HIV/AIDS populations in the TGA** As of 12/31/14, a total of 5,250 PLWHA resided in the TGA. During 2012-2014, 203 new AIDS cases and 381 new HIV (non-AIDS) cases occurred. Twenty-six percent of PLWHA are persons of color, with Blacks/African Americans overrepresented and the proportion of Latinos continuing to grow. Sixty-nine percent of PLWHA are men who have sex with men (MSM), 6% are persons who inject drugs (IDU), 9% are MSM/IDU, 0.7% had pediatric/perinatal transmission, and 16% are associated with other modes of transmission, including heterosexual contact.

**c) Geography and the location of HIV/AIDS services** Residence by county of PLWHA is as follows: 62% live in Multnomah, 15% in Washington, 12% in Clark, 8% in Clackamas, 2% in Yamhill, and 1% in Columbia. The one Part A-funded medical clinic is located in Multnomah County. Many insured PLWHA receive services through private providers. Other HIV primary care and support services access points are distributed throughout the TGA.

**d) Description of the continuum of care offered in the TGA** Early intervention, primary care, and support services focus on identifying new positives, facilitating early entry into treatment, and supporting retention in treatment. HIV counseling, testing, and referral services target high-risk populations. Core services for PLWHA include medical care, early intervention services, medical case management, health insurance, oral health care, and substance abuse and mental health treatment. Support services, which include housing, psychosocial support, and food assistance, help clients meet basic needs and contribute to retention in medical care and adherence to treatment.

**e) Number of years the TGA has received Part A & MAI funding** 21 & 15 years respectively.

**f) Changes to Part A program as a result of ACA** ACA-related insurance reforms have shifted the Portland TGA PLWHA population from being mostly covered by private insurance paid for by ADAP to being predominantly covered by Medicaid. As a result, Part A funds are now crucial to compensate for gaps in Medicaid coverage (e.g. services like medical case management are not covered by Medicaid.)

**g) Challenges and/or successes implementing HIV Care Continuum** Close coordination of services has contributed to successes. The CDC-funded community test site is in the same building as the ambulatory care provider, meaning warm hand-offs between testing and linkage to care happen often. The Early Intervention Services program is located across the street from this building, and this same agency provides an array of other services that support retention (e.g. housing, employment support). Adding Part A-funded testing in the County jail system has increased testing. The biggest challenges to moving people through the care continuum are lack of housing and access to mental health treatment. The Portland TGA has one of the lowest rental/home vacancy rates in the nation, and the area experiences a dearth of mental health providers who accept Medicare.