



## Legislation Text

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**File #:** 24-0770, **Version:** 1

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**Department:** Public Health Services

**Department Head/Elected Official:** Barbie L. Robinson, MPP, JD, CHC – Executive Director

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Grant

**Project ID** (if applicable): FY24\_RW\_ADMIN, FY24\_RW\_QM, FY24\_RW\_DIR, FY24\_RW\_MAI

**Vendor/Entity Legal Name** (if applicable): U.S. Department of Health and Human Services

**MWDBE Contracted Goal** (if applicable): N/A

**MWDBE Current Participation** (if applicable): N/A

**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**

Request by Public Health Services for approval to accept from the U.S. Department of Health and Human Services grant funds in the amount of \$7,977,471, with no required match, for the FY 24 Ryan White Part A and MAI HIV Emergency Relief Project.

**Background and Discussion:**

Ryan White Part A is a federal program administered through the Health Resources and Services Administration (HRSA). The grant serves individuals living with HIV who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. In addition to outpatient medical care, Ryan White also funds services that support access or retention to medical care.

**Expected Impact:**

To provide optimal HIV care and treatment for people with HIV who are low-income, uninsured, and underserved, to improve their medical outcomes.

**Alternative Options:**

Approval ensures uninterrupted HIV services for residents living with HIV and staffing to support grant activities.

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health

- \_ Transportation
- \_ Flooding
- \_ Environment
- \_ Governance and Customer Service

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken
1/30/2024	219	Request for temporary transfer of funds approved

**Location:**

Address (if applicable): N/A

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>				
Service Name	Ryan White Part A Grant			
	<b>Current Fiscal Year Cost</b>			<b>Annual Fiscal Cost</b>
	<b>Labor</b>	<b>Non-Labor</b>	<b>Total</b>	<b>Recurring Expense</b>
<b>Funding Sources</b>				
<b>Existing Budget</b>			FY24 Portion	FY25 Portion
Grant			\$4,653,525	\$3,323,946
Choose an item.				\$
Choose an item.				\$
<b>Total Current Budget</b>			<b>\$4,653,525</b>	<b>\$3,323,946</b>
<b>Additional Budget Request (Requires Fiscal Review Request Form)</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Additional Budget Request</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Funding Request</b>	<b>\$</b>	<b>\$</b>	<b>\$4,653,525</b>	<b>\$3,323,946</b>
<b>Personnel (Fill out section only if requesting new PCNs)</b>				
Current Position Count for Ser	-	-	-	-
Additional Positions Request	-	-	-	-
<b>Total Personnel</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

**Anticipated Court Date:** February 27, 2024

**Anticipated Implementation Date (if different from Court date):** February 27, 2024

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Dr. Ericka Brown, Director of Community Health and Wellness Division,  
Public Health Services

**Attachments** (if applicable): Grant documents.