



Concho Plateau HSDA Allocations and Comprehensive Planning

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Christopher Hamilton, M.P.H.
chamilton@bvcog.org
866-841-7288
<http://hiv.bvcog.org>



Thresholds

- DSHS: "Calculate minimum amount needed to maintain a service."
- Developed method that looks at total clients in HSDA, use of service, previous allocation, and PLWHA in HSDA (includes a growth rate)

Concho Plateau Thresholds

Service	Threshold	Proposed 07-08 Allocations RW and SS
AOMC	\$26,052	\$35,013
Drug Reimbursement	\$36,224	\$36,500
Oral Health	\$4,758	\$4,800
Case Management	\$83,571	\$50,784
Medical Case Management	\$0*	\$50,000
Mental Health	\$4,592	\$4,500
Substance Abuse	\$8,755*	\$0
Food Bank	\$10,703	\$10,000
Transportation	\$5,687	\$7,000
Health Insurance	\$18,423	\$12,500

Proposed Allocations 07-08

Service	Ryan White	State Services	Total
AOMC	\$35,013	\$0	\$35,013
Oral Health	\$4,800	\$0	\$4,800
Case Management	\$13,870	\$36,914	\$50,784
Medical Case Management	\$50,000	\$0	\$50,000
Drug Reimbursement	\$36,500	\$0	\$36,500
Food Bank	\$0	\$10,000	\$10,000
Transportation	\$0	\$7,000	\$7,000
Health Insurance	\$12,500	\$0	\$12,500
Mental Health	\$4,500	\$0	\$4,500
Substance Abuse	\$0	\$0	\$0
Total	\$157,183	\$53,914	\$211,097



Rules

- **Core Six:** Ambulatory Outpatient Medical Care, Oral Health, Case Management, Drug Reimbursement, Mental Health, Substance Abuse Treatment
- 75% of Ryan White funds must be in Core Six
- Proposed allocations for 07-08 meet this (92% in core six)

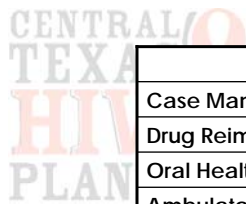


Contingencies

- In the event of a reduction in RW funds, up to \$5,000 would be taken from the Food Bank category and funds shifted from RW Case Management to SS Case Management. For reductions beyond \$5,000, 50% of the remainder (up to \$1,000) would be taken from Health Insurance, and 50% (up to \$1,000) taken from Mental Health. Any reductions beyond this would be split 50% from AOMC and 50% from Drug Reimbursement. Reductions in SS funds would come from the Food Bank category.
- In the event of increased funding, additional funds would be added to Oral Health, Drug Reimbursement, and AOMC



Service	05-06 Total	06-07 Total	07-08 Total
AOMC	\$25,531	\$40,000	\$35,013
Oral Health	\$4,663	\$3,100	\$4,800
Case Management	\$81,900	\$100,784	\$50,784
Medical CM	\$0	\$0	\$50,000
Drug Reimbursement	\$35,500	\$35,500	\$36,500
Food Bank	\$10,489	\$10,000	\$10,000
Transportation	\$5,573	\$6,647	\$7,000
Health Insurance	\$18,055	\$12,566	\$12,500
Mental Health	\$4,500	\$2,500	\$4,500
Substance Abuse	\$0	\$0	\$0
Emergency Financial Assist.	\$2,663	\$0	\$0
Health Education Risk Reduct.	\$10,500	\$0	\$0
Buddy Companion	\$3,478	\$0	\$0
Related Housing	\$15,000	\$0	\$0
Total	\$217,852	\$211,097	\$211,097



Service	Priority
Case Management	1
Drug Reimbursement	1
Oral Health	2
Ambulatory Outpatient	3
Housing Services	4
Food Bank	5
Transportation	6
Related Housing	6
Mental Health	7
Health Insurance	8
Health Education Risk Reduction	8
Emergency Financial Assistance	8
Legal Services	8
Substance Abuse Treatment	9
Referral	9
Buddy Companion	10

Service Priorities 2007

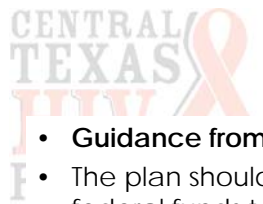


07-08 Funded



Meeting the other needs

- Among the other prioritized services that are not funded, what is the level of need and how can it be met?



Comprehensive Planning

- **Guidance from DSHS**
- The plan should demonstrate how the AA will use state and federal funds to meet client needs, objectives for getting and keeping clients in care and assure that services are delivered in a manner that meets minimum public health standards for quality
- The plan should make logical connections between the epidemiologic profile, needs assessment data, identified barriers and issues, goals and objectives, services funding and plan monitoring.
- The plan must address prevention delivered within the care setting.
- The plan must address RFP/RFA processes, care delivery and monitoring processes to ensure that they support the goals and objectives in the plan.
- Plans should be written for a three year planning cycle.



Outline

- 1 Where are we now: What is our current system of care?
 - Population description
 - Brief summary of most recent needs assessment findings and activities
 - Brief summary of current care resources in the planning area
 - Description of current care system



Outline cont'd.

- 2 Where do we need to go: what system of care do we need?
- 3 How will we get there: how does our system need to change to assure availability of and accessibility to core services?
- 4 How will we monitor our progress: how will we evaluate our progress in meeting our short and long term goals?



Your Help

- Need your input:
- What system of care do we need?
- How will we get there?
- How will we monitor our progress?



Needs Assessment Results

- Overall CTHPA, problems with unmet need, and unfulfilled need in oral health and transportation
- Substance abuse: 4% current IDU, 17% current street drug use
- Mental health: 58% currently experiencing depression, 47% currently experiencing anxiety, only 31% reported having been in counseling within the last 2 years



Rank based on participant report

Service	Rank (of 30 services)
Drug Reimbursement	1
Housing Assistance	2
Case Management	3
Oral Health	4
Food Bank	5
Legal	6
Emergency Financial Assistance	7
Housing Related	8
Transportation	9
Ambulatory Outpatient Medical	10
Mental Health	< 17
Substance Abuse Treatment	< 17



Unmet Need

- Unmet need = out of care
- No CD4, VL, ART/HAART, and AOMC in the course of a year
- In Concho Plateau HSDA, 31 people, 34.1% considered out of care (96 PLWHA as of 2004)



Unmet Need

- Male: 28 Female: 3

African American	0
Hispanic	11
White	20
Asian/PI	0
American Indian/Alaska Native	0

MSM	12
IDU	5
MSM/IDU	9
Hetero	3
Not Classified	2



Unmet Need

Age in 2004

2 - 12	0
13 - 24	0
25 - 34	6
35 - 44	16
45 - 54	6
55 - 64	3
65 +	0



Goals and objectives

- Based on the previous information, some draft goals
- Expand access to dental care to all clients
- Examine issues of unfulfilled need for health insurance, EFA, and housing



Goals and objectives cont'd

- Transition to Medical Case Management and Social Case Management model, away from social only
- Increase medication adherence training



Goals and objectives cont'd

- Increase collaboration with other social support agencies for services (e.g. food bank)
- Reduce unmet need – increase the number of PLWHA, especially those from marginalized communities, linked to primary medical care*
- Increase out of care participation in needs assessment and community input process



Process going forward

- All comments and suggestions taken back and reviewed by BVCOG staff for possible change/inclusion
- 30 day comment period open today
- Phone 866-841-7288
- Email: chamilton@bvcog.org
- Web: <http://hiv.bvcog.org/feedback.html>
- Post: PO Drawer 4128, Bryan, TX 77805