



Temple – Killeen HSDA Allocations and Comprehensive Planning

10.3.2006

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)



Temple - Killeen Thresholds

Service	Threshold	Proposed 07-08 Allocations RW and SS
AOMC	\$8,520	\$8,600
Drug Reimbursement	\$87,725	\$77,679
Oral Health	\$18,675	\$15,000
Case Management	\$205,643	\$199,309
Mental Health	\$23,755*	\$0
Substance Abuse	\$66,774*	\$0
Food Bank	\$8,606	\$8,081
Transportation	\$11,521	\$10,818
Health Insurance	\$9,156	\$10,304



Proposed Allocations 07-08

Service	Ryan White	State Services	Total
AOMC	\$8,600	\$0	\$8,600
Oral Health	\$15,000	\$0	\$15,000
Case Management	\$152,168	\$47,141	\$199,309
Medical Case Management	\$0	\$0	\$0
Drug Reimbursement	\$77,679	\$0	\$77,679
Food Bank	\$0	\$8,081	\$8,081
Transportation	\$0	\$10,818	\$10,818
Health Insurance	\$10,304	\$0	\$10,304
Mental Health	\$0	\$0	\$0
Substance Abuse	\$0	\$0	\$0
Total	\$263,751	\$66,040	\$329,791



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 (96% in core six)



Contingencies

- In the event of a decrease in funds in RW, up to \$5,000 would be taken from Food Bank category and funds moved from RW case management to SS case management. Further reductions may come in the Case Management category as funds are shifted from RW and SS to HOPWA.
- In the event of an increase in RW funds, up to \$2,000 would be placed in Oral Health and the remainder in Drug Reimbursement. An increase in SS funds would be placed in Transportation.

Service	05-06 Total	06-07 Total	07-08 Total
AOMC	\$8,000	\$8,000	\$8,600
Oral Health	\$17,536	\$10,906	\$15,000
Case Management	\$193,097	\$199,309	\$199,309
Medical CM	\$0	\$0	\$0
Drug Reimbursement	\$82,373	\$82,373	\$77,679
Food Bank	\$8,081	\$8,081	\$8,081
Transportation	\$10,818	\$10,818	\$10,818
Health Insurance	\$8,597	\$10,304	\$10,304
Mental Health	\$0	\$0	\$0
Substance Abuse	\$0	\$0	\$0
Total	\$328,502	\$329,791	\$329,791

Service	Priority
Case Management	1
Ambulatory Outpatient	2
Drug Reimbursement	2
Oral Health	3
Transportation	4
Health Insurance	5
Mental Health	6
Home Health	7
Emergency Financial	7
Related Housing	8
Housing	8
Referral	8
Hospice	9
Food Bank	9
Legal Services	9
Substance Abuse	10

Service Priorities 2007

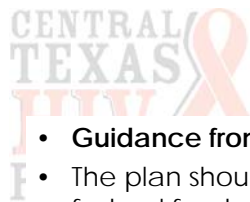


07-08 Funded



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)
Transportation	1
Drug Reimbursement	2
Health Insurance	3
Case Management	4
Oral Health	5
Emergency Financial Assistance	6
Ambulatory Outpatient Medical	7
Housing Assistance	8
Housing Related	9
Mental Health	10
Legal	11
Substance Abuse Treatment	26



Temple - Killeen findings

- 67% of respondents have some form of health insurance
- 46% currently experience depression, 44% anxiety
- Oral health highest unfulfilled need 49.1%
- Hypertension was reported by 20% of respondents



Unmet Need

- Unmet need = out of care
- No CD4, VL, ART/HAART, and AOMC in the course of a year
- In Temple Killeen HSDA, 166 people, 51.1% considered out of care (331 PLWHA as of 2004)



Unmet Need

- Male: 118 Female: 48

African American	76
Hispanic	19
White	67
Asian/PI	2
American Indian/Alaska Native	1

MSM	51
IDU	14
MSM/IDU	10
Hetero	29
Not Classified	58



Unmet Need

Age in 2004

2 - 12	2
13 - 24	12
25 - 34	34
35 - 44	69
45 - 54	37
55 - 64	9
65 +	3



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

- Better screening and treatment for HTN
- 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