



# Waco HSDA Allocations and Comprehensive Planning

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## 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)



## Waco Thresholds

Service	Threshold	Proposed 07-08 Allocations RW and SS
AOMC	\$30,731	\$40,451
Drug Reimbursement	\$61,295	\$61,300
Oral Health	\$23,358	\$23,400
Case Management	\$191,086	\$185,403
Mental Health	\$222	\$1,000
Substance Abuse	\$2,469	\$0
Food Bank	\$61,176	\$45,000
Transportation	\$7,952	\$11,500
Health Insurance	\$18,083	\$15,000



## Proposed Allocations 07-08

Service	Ryan White	State Services	Total
AOMC	\$40,451	\$0	\$40,451
Oral Health	\$23,400	\$0	\$23,400
Case Management	\$100,200	\$25,753	\$125,953
Medical Case Management	\$59,450		\$59,450
Drug Reimbursement	\$61,300		\$61,300
Food Bank		\$45,000	\$45,000
Transportation		\$11,500	\$11,500
Health Insurance	\$15,000		\$15,000
Mental Health	\$1,000		\$1,000
Substance Abuse	\$0	\$0	\$0
<b>Total</b>	<b>\$300,801</b>	<b>\$82,253</b>	<b>\$383,054</b>



## 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 (95% in core six)




## Contingencies

- In the event of a reduction in funds in Ryan White, the cut would be made in the Food Bank category, funds shifted from RW case management to SS case management. A reduction in State Services would come from the Food Bank category.
- In the event of an increase in funds in RW, 40% of the increase would go to AOMC, 40% would go to Drug Reimbursement, 10% would go to Mental Health, and 10% would go to Emergency Financial Assistance.

Service	05-06 Total	06-07 Total	07-08 Total
AOMC	\$27,628	\$30,628	\$40,451
Oral Health	\$21,000	\$12,642	\$23,400
Case Management	\$171,794	\$176,948	\$125,953
Medical CM	\$0	\$0	\$59,450
Drug Reimbursement	\$55,107	\$80,000	\$61,300
Food Bank	\$55,000	\$59,557	\$45,000
Transportation	\$7,149	\$11,022	\$11,500
Health Insurance	\$16,257	\$12,257	\$15,000
Nutritional Counseling	\$449	\$0	\$0
Emergency Financial Assistance	\$18,327	\$0	\$0
HERR	\$2,500	\$0	\$0
Mental Health	\$0	\$200	\$1,000
Substance Abuse	\$0	\$0	\$0
<b>Total</b>	<b>\$375,411</b>	<b>\$383,054</b>	<b>\$383,054</b>

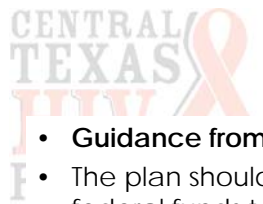
Service	Priority
Ambulatory Outpatient Medical Care	1
Case Management	1
Drug Reimbursement	2
Oral Health	3
Transportation	3
Health Insurance	4
Mental Health Services	5
Food Bank	6
Emergency Financial Assistance	7
Substance Abuse - outpatient	8
Substance Abuse - inpatient	8
Housing Services	8
Related Housing Services	8
Referral	8
Home Health Care	9

**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)
<b>Drug Reimbursement</b>	1
Health Insurance	2
<b>Case Management</b>	3
Emergency Financial Assistance	4
Transportation	5
<b>Ambulatory Outpatient Medical</b>	6
Housing Assistance	7
<b>Oral Health</b>	8
Food Bank	9
Housing Related	10
<b>Mental Health</b>	12
<b>Substance Abuse</b>	24



## Waco findings

- 62% of respondents have some form of health insurance
- 70% currently experience depression, 53% anxiety
- Oral health highest unfulfilled need 38.5%



## Unmet Need

- Unmet need = out of care
- No CD4, VL, ART/HAART, and AOMC in the course of a year
- In Waco HSDA, 134 people, 40.7% considered out of care (332 PLWHA as of 2004)



## Unmet Need

- Male: 101 Female: 33

African American	70
Hispanic	17
White	46

MSM	31
IDU	22
MSM/IDU	6
Hetero	21
Not Classified	50



## Unmet Need

### Age in 2004

2 - 12	1
13 - 24	6
25 - 34	31
35 - 44	41
45 - 54	34
55 - 64	15
65 +	6



## 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
- Increase access to AOMC for clients outside McLennan County that are unable to travel to S&W in Temple.



## Goals and objectives cont'd

- Increase access to transportation services
- 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](mailto:chamilton@bvcog.org)
- Web: <http://hiv.bvcog.org/feedback.html>
- Post: PO Drawer 4128, Bryan, TX 77805