



## Bryan – College Station HSDA Allocations and Comprehensive Planning

10.16.2006

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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)



## B-CS Thresholds

Service	Threshold	Proposed 07-08 Allocations RW and SS
AOMC	\$40,315	\$29,500
Drug Reimbursement	\$14,874	\$20,000
Oral Health	\$6,819	\$15,000
Case Management	\$210,954	\$201,967
Mental Health	\$3,460	\$3,500
Substance Abuse	\$2,907	\$1,500
Food Bank	\$2,441	\$2,500
Transportation	\$29,538	\$20,000
Health Insurance	\$4,715	\$5,500



## Proposed Allocations 07-08

Service	Ryan White	State Services	Total
AOMC	\$29,500	\$0	\$29,500
Oral Health	\$15,000	\$0	\$15,000
Case Management	\$162,457	\$39,510	\$201,967
Medical Case Management	\$0	\$0	\$0
Drug Reimbursement	\$20,000	\$0	\$20,000
Food Bank	\$0	\$2,500	\$2,500
Transportation	\$0	\$20,000	\$20,000
Health Insurance	\$5,500	\$0	\$5,500
Mental Health	\$3,500	\$0	\$3,500
Substance Abuse	\$1,500	\$0	\$1,500
<b>Total</b>	<b>\$237,457</b>	<b>\$62,010</b>	<b>\$299,467</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, up to \$500 would be cut from Substance Abuse, up to \$2,000 cut from Mental Health, up to \$3,000 cut from Transportation, up to \$1,000 cut from Health Insurance, and up to \$5,500 cut from Case Management, in that order. Cuts from SS will follow the same pattern, but an initial shift from SS CM to RW CM to accommodate the cut.
- In the event of an increase in funds in RW, up to \$1,000 would be placed in Emergency Financial Assistance, up to \$3,000 placed in Case Management, and any remainder placed in Oral Health. SS increase would follow the same pattern, with a shift across Case Management to accommodate the increase.

Service	05-06 Total	06-07 Total	07-08 Total
AOMC	\$38,880	\$28,636	\$29,500
Oral Health	\$6,405	\$8,000	\$15,000
Case Management	\$198,134	\$204,078	\$201,967
Drug Reimbursement	\$13,970	\$23,546	\$20,000
Food Bank	\$2,293	\$2,500	\$2,500
Transportation	\$27,743	\$23,836	\$20,000
Health Insurance	\$4,428	\$5,000	\$5,500
Emergency Financial Assistance	\$2,721	\$0	\$0
HERR	\$691	\$0	\$0
Mental Health	\$0	\$3,871	\$3,500
Substance Abuse	\$0	\$0	\$1,500
<b>Total</b>	<b>\$295,375</b>	<b>\$299,467</b>	<b>\$299,467</b>

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

Service  
Priorities  
2007

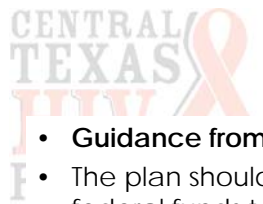


07-08 Funded



## 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
<b>Case Management</b>	2
Food Bank	3
Housing Assistance	4
Health Insurance	5
Emergency Financial Assistance	6
<b>Oral Health</b>	7
<b>Drug Reimbursement</b>	8
Psychosocial Support	9
<b>Ambulatory Outpatient Medical</b>	10
<b>Mental Health</b>	19
<b>Substance Abuse</b>	20



## B-CS findings

- 70% of respondents reported insurance of some form
- 90% reported ART/HAART use, of those 52% reported missing a dose rarely (no more than once a week), < 10% reported missing a dose often (5+ times a week)
- 54% currently experiencing depression and 40% currently experiencing anxiety



## Unmet Need

- Unmet need = out of care
- No CD4, VL, ART/HAART, and AOMC in the course of a year
- In Bryan-College Station HSDA, 112 people, 40.6% considered out of care (287 PLWHA as of 2004)



## Unmet Need

- Male: 77 Female: 35

African American	63
Hispanic	12
Other	1
White	36

MSM	34
IDU	13
MSM/IDU	9
Hetero	28
Not Classified	25



## Unmet Need

### Age in 2004

0 - 2	1
2 - 12	-
13 - 24	7
25 - 34	27
35 - 44	50
45 - 54	19
55 - 64	7
65 +	1



## 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