



**FY 2011**  
**Community Meetings Report**

September 2010

**Prepared by:**

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## Report Summary

For the Fiscal Year 2011 Priorities and Allocations process, the Denver HIV Resources Planning Council held two community meetings. One meeting occurred in advance of the Planning Council's process and one meeting was scheduled after the process was complete.

**The first meeting, held on Tuesday, July 27, 2010** was intended to provide community members with an opportunity to learn about the prioritization and allocations process and provide input and ideas into the process. Approximately 30 people attend the meeting and were active participants as presenters, community members or interested parties.

The group participated in its own version of priorities where it was asked to dot vote for its top five priorities. When the dots were tallied, the following categories came out on top (see page 4 for the complete tally):

- Outpatient/Ambulatory Care
- AIDS Drug Assistance Program (ADAP)
- Oral Health Care
- Medical Case Management
- Mental Health Services

The group then discussed its choices and the full discussion of the tally is included in this report. Finally, a community representative was selected to report to the Planning Council about the process and findings of the community meeting.

**The second meeting , on August 17, 2010,** was held after priorities and allocations in order to provide the community with the FY 2011 decisions and to gather input from the community about the process and ideas for future community engagement.

Key themes and ideas from this meeting include:

### ***FY 2011 Process Feedback***

- The community input process was good; especially liked the dot-voting activity; discussion of the dots was helpful
- Appreciation of the Planning Council for inviting a community representative to share the results
- We had more provider input than consumer input; need more input from people living with HIV
- Marketing and promotions of the meetings; how can we get more people there?

### ***Key Themes Discussed for FY 2012 Process and Ongoing, Meaningful Community Input***

- It's a great time to do the comprehensive needs assessment
- Consider meeting PLWH where they already go: providers, HIV forum, consumer advisory boards
- Point of entry services (this would also potentially allow us to track how people use services over time)
- Creative options beyond meetings
- Do more mock processes so that people can understand the balancing act that Planning Council has to go through
- Need to determine how to get more consumers engaged, now it's mostly providers
- Hold topic or category-focused meetings

**Community Input Meeting #1**  
Mi Casa Resource Center Community Hall; 360 Acoma Street Denver, CO  
**Tuesday, July 27, 2010**  
5:30—7:30 p.m.

**Meeting Notes**

**Attendees**

Brooke Bender, Matthew Bennett, Caryn Capriccioso (facilitator), Francisco Cordova, Penny DeNoble, Catherine Dunlap, Kim Eggert, Jessica Forsyth, Estevan Gastelum (staff), Falon Hamel, Bettina Harmon, Scott Harris, Kari Hartel, Sue Hayek, Lynn Hough, Scott Jackson, Steve Johnson, Randy Kilbourn, Maria Lopez (staff/co-facilitator), Leanne Lowenthal, Steve Pastor, Don Pults, Ann Reilly, John Respondek, Rika Rodriguez, Anthony Stamper, Maria Vasquez, Richard Weinert, Ingrid Wright

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**Welcome and introductions**

Jessica Forsyth, Planning Council co-chair, welcomed attendees to the first community meeting, discussed the reason for the community meeting and led introductions.

**Agenda and ground rules**

Caryn Capriccioso, facilitator, provided an overview of the agenda and worked with the group to develop ground rules for the meeting.

**Role of the Planning Council**

Jessica Forsyth shared the role of the Planning Council, discussed the federal legislation under which the Planning Council works and answered questions about the funding.

**Role of data**

Lynn Hough, Program Director for Denver's Office of HIV Resources, provided an overview of the role of data, walked the group through the contents of the data book, discussed data challenges and plans for addressing the challenges. Lynn responded to several clarifying questions from the group about the data book.

**Community prioritization**

Maria Lopez presented the currently prioritized categories for discussion by the community. Attendees then received five dots each to place on the categories they feel are the most important. Three colors of dots were provided to help differentiate between providers, consumers/participants/people living with HIV and other community members/Planning Council members.

The following table indicates the number of dots from each group for each category. The list is ordered from those categories determined to be most important to least important by the group. The final column indicates the category's rank in the FY2010 prioritization process.

Category	Total*	Providers	Consumers	Other	FY 2010 Priority
Outpatient/Ambulatory Care	20	4	8	4	1
AIDS Drug Assistance Program (ADAP)	15	5	6	4	2
Oral Health Care	11	3	7	1	4
Medical Case Management	8	2	2	4	5
Mental Health Services	7	3	1	3	6
Health Insurance Premium & Cost Sharing Assistance	7		4	3	10
Early Intervention Services	6	1	3	2	8
Substance Abuse - Outpatient	6	1	2	3	7
Housing Services	4	1	1	2	9
Emergency Financial Assistance	3		2	1	11
Non-medical Case Management	3	2	1		12
Food Bank/Home-delivered Meals	3	2	1		14
Home Health Care	3	2	1		15
Medical Transportation Services	1		1		13
AIDS Pharmaceutical Assistance (local)	1	1			3
Home & Community-based Health Services	1	1			16
Substance Abuse- Inpatient	1			1	17

\*Note: In the case of a "tie," the categories are listed as follows: Those with the most consumer votes first, those with the most provider votes next, those with the most other votes last

Following the attendees selecting their top five most important categories, the group discussed *why* they selected their top priorities, raised questions about and discussed what they saw in the prioritization. Key discussion, ideas and themes are outlined below:

- I selected the Outpatient/Ambulatory Care and ADAP as my top two priorities because my life depends on having access to these services
- Food Bank/Home-delivered Meals and Home Health Care were in my top five because Outpatient/Ambulatory Care and ADAP are only options for people who can still travel to services. Once it is not possible to get to these services, home services become very important.
- Medical and Non-medical Case Management are important especially for women who often struggle to navigate the system. They need support.
- Seven people selected Health Insurance Premiums as a most important category, but no providers selected this? Why?

- With only five dots, this didn't rise to the top for me
- A lot of people we serve don't have insurance and/or insurance doesn't cover their services, so this isn't as important for us
- Ryan White Part A covers services
- Consumer: I picked this as a top category because when I have insurance, I don't need to access many of these other services
- Consumer: It's a priority because I need insurance, but it's very expensive
- Transportation is important for me, and I'd like to understand the free bus tokens/passes. One provider gives free passes, but that might be ending soon. (Response: It is likely that the free bus passes are being funded by a source other than Ryan White funding)
- Mental Health Services was a top priority because I could not afford this service if it wasn't funded
- Consumers and providers thoughts on Substance Abuse Outpatient:
  - If I don't have help with my substance abuse issues, I don't stay on top of my medical needs
  - When our patients aren't sober, they don't take care of themselves
  - People who are not getting treatment for substance abuse do not tend to come to community meetings; they don't get involved. This is a very important service for people, but might be why it didn't get as much support—the people who need it aren't here.
- Both mental health and substance abuse issues are barriers to taking medications
- In work with women recently released from prison, we see that Mental Health Services and Substance Abuse Outpatient services reduce recidivism
- Substance abuse in residential settings is a real issue that needs to be addressed

### **Needs Assessment Discussion**

The Leadership Committee asked that the community meeting include time for a discussion of unmet needs among people living with HIV and providers of these services. The Planning Council will be embarking on a comprehensive needs assessment soon and will review this initial feedback and explore how to test the needs outlined below in the context of the assessment.

Responses to the question "What is missing and/or what else do you need?" are below:

- Nutrition services and counseling
- Education about prevention and treatment; especially for young people (x2)
- Physical therapy and occupational therapy durable medical equipment
- Drugs that were cut—how can we get access to the 57 drugs that were cut

- Financial assistance level is too low at 125% of the poverty level
- Child care for medical appointments (x2)
- Treatment adherence services
- Linguistic services
- Finding ways to engage mono-lingual Spanish speakers
- We need to fully define the unmet needs

### **Selecting a community representative**

Jessica asked for a volunteer from the community meeting to attend the Planning Council meeting on August 5 and share the results of the community meeting. Don Pults was selected to represent the community members. He will get notes from tonight's meeting and work with Maria and Caryn on his presentation.

### **Next steps**

Maria shared information about each of the upcoming Planning Council meetings and final Community Meeting on August 17, 2010.

### **Adjourn**

The meeting was adjourned at 7:25 p.m.

**Community Input Meeting #2**  
Mi Casa Resource Center Community Hall; 360 Acoma Street Denver, CO  
**Tuesday, August 17, 2010**  
5:30—7:30 p.m.

**Attendees**

Brooke Bender, Caryn Capriccioso (facilitator), Anna Chung, Penny DeNoble, Catherine Dunlap, Jessica Forsyth, Estevan Gastelum (staff), Cathy Grimm, Kari Hartel, Sue Hayek, Lynn Hough, Scott Jackson, Lisa Komara, Steve Pastor, John Responder, Michele Shimomura, Anthony Stamper

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**Welcome and introductions**

Kari Hartel welcomed everyone and led the group in introductions.

**Overview of the priorities process**

Jessica provided the group with an overview of the process and shared the FY 2011 priorities and allocations.

**Community discussion/input**

Caryn reminded the group of the community meeting process for the year and asked the group to share feedback.

**What worked well?**

- The process was good
- I enjoyed the dot voting activity at the first community meeting; the visual was helpful
- Having different colored dots or providers and consumers was great
- I appreciated that the Planning Council asked to have a community representative share the results of the first community meeting
- The discussion of substance abuse services and health insurance was very helpful

**What would you change? What didn't work well?**

- I would like to have a better understanding of how/when Part A is the payer of last resort
- I'm not sure how people would know about the community meetings
- We had more provider input than consumer input
- The provider point of view focuses only on the people they serve
- We need input all year; especially from People Living with HIV (PLWH)
- Could we encourage agencies to bring consumers to meetings?
- Negative perceptions of past processes still linger

**General comments/ideas**

- We need a needs assessment with new data across the board
- We often hear the needs of Planning Council members, providers and consumers as individuals, but need to focus the decision-making on the big picture needs of all PLWH

- The needs assessment might help with the debate about the need for substance abuse services for PLWH
- The needs assessment can examine all of the concerns that were raised this year (e.g. health insurance)
- Now that we have a data analyst; we'll understand more about the data we have
- Need to explore point of entry data gathering
- Idea to track the EIS cohort from point of entry
- It's time to assess a broader picture of people's needs
- Hire a consultant to direct the needs assessment (talk with Denver Regional Council of Governments about its consultant)
- Get clarification from HRSA on the grievance process and make the process clear to consumers
- Gather information from other programs; conduct a resource inventory

### **Ideas for Year-Round Input**

- Surveys collected by providers
- Don't only do surveys or do them at the expense of face-to-face feedback
- Point of entry surveys
- General forums throughout the year
- Link into existing consumer advisory boards or support groups
- Topic (category)-focused meetings
- Establish a set schedule of open meetings
- Link into the HIV Forum
- Provide new and interesting incentives
- Have an open process to apply to Planning Council
- Tell people what the Planning Council needs to make decisions, otherwise they will only think about what they need
- We need a chance to discuss service duplication
- Do more of the mock processes (like community meeting #1) so people can see the big picture
- Hold a bitch and gripe session so that people can get it out of their system
- Overall there seems to be shifting interest in attending community meetings; find out what's working in other places to replace this format
- Utilization data tells a lot
- Keep spreading the positive message of an open process
- Help people understand how to provide input within Planning Council's narrow focus

## Evaluation

The following is the FY 2011 Priority Setting and Resource Allocation Process Evaluation Data and Comments for the August 17, 2010 Community Meeting.

### Question #1: Please let us know other specifics that enhanced the process or that need to be improved

- Would be good to have community involvement
- Caryn was great! Need to find a way to get more community involved.
- Looking forward to the data gathering process & getting more HIV/AIDS community involved
- Thank you Caryn! You rocked it!
- There are many HIV+ individuals (like myself the last 16 years) that are not involved in the community much & have a private healthcare through insurance (employment) that don't utilize many of these services at all until the need arises (such as losing job) they are not aware of much of these funded services + these people also need to be involved as part of the broader picture of people's needs. This was a very fine experience attending these meetings.
- More holistic consideration

**Evaluation Data Table for Priorities FY 2011**

Gender	Totals	Evaluation Questions	Yes	Somewhat	No
Male	3	Was the meeting agenda clear?			
Female	9		9	3	0
PC Member	4	Did the facilitator keep us on track and focused?	12	0	0
Community Member	8	Do you feel there was an open communication process and your voice was heard?	12	0	0
<b>Race</b>		Do you feel the recommendations from the Needs Assessment and community input meeting were thoroughly considered by the Planning Council?	12		
AF/Black	1	Was the group successful in meeting its goal?			
Asian			5	6	1
Caucasian	11	Did you find the revised data format useful?	10	1	1
Hispanic					
Native		Did you attend/do you plan any of the community meeting this year	10	0	2
Multiracial					