



FY 2011
Priority Setting and Resource Allocation
Report

September 2010

Prepared by:

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interSector Partners, L3C

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Denver HIV Resources Planning Council

Executive Summary

Introduction

For the Fiscal Year 2011 Priorities and Allocations process, the Denver HIV Resources Planning Council requested adjustments to its planning process. The Planning Council's input was carefully considered by the Priorities Workgroup and a two day process was developed. The two day process would:

- Break priorities and allocations into two separate days to allow for more discrete processes and the option to spend more time on each part of the FY 2011 decision-making
- Allow for the data discussion to inform the priorities process by having the focus of the first meeting be on data and priority-setting
- Provide a venue for the community input into the priorities process; a community representative was selected to share the results of the community meeting at the priority-setting meeting
- Offer a week between the priorities and allocations processes so that Planning Council members could more carefully consider the data presented and the priorities selected to inform the allocations piece of the process

The Priorities Workgroup hired interSector Partners' Caryn Capriccioso to facilitate and document the FY 2011 process.

Key decisions for FY 2011

Minority AIDS Initiative

The Planning Council voted to **de-prioritize non-medical case management**. The three Minority AIDS Initiatives categories prioritized for FY 2011 along with their corresponding allocation percentages are:

- Medical Case Management—33%
- Substance Abuse—32%
- Mental Health—35%
- Capacity Building

Overall prioritization of categories for FY 2011:

FY 2011 Priority Ranking		Rank
Core	Outpatient/Ambulatory Health Services	1
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2
Core	Medical Case Management	3
Core	AIDS Pharmaceutical Assistance (local)	4
Core	Oral Health Care	5
Core	Mental Health Services	6
Core	Early Intervention Services (EIS)	7
Core	Substance Abuse Services - outpatient	8
Support	Housing Services	9
Core	Health Insurance Premium & Cost Sharing Assistance	10
Support	Emergency Financial Assistance	11
Support	Food Bank/Home Delivered Meals	12
Support	Medical Transportation Services	13
Core	Home Health Care	14
Support	Case Management (non-Medical)	15
Core	Home and Community-based Health Services	16
Support	Substance Abuse Services - residential	17

Allocations decisions for FY 2011

The Planning Council approved the following allocations in the case where funding is at the FY 2010 level or greater.

FY 2011 Priority Resource Allocation Final			100% (or more)	
	Service Category	Rank	\$6,516,861	
			\$	%
Core	Outpatient/Ambulatory Health Services	1	\$2,265,600	34.77%
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2	\$0	0.00%
Core	Medical Case Management	3	\$807,283	12.39%
Core	AIDS Pharmaceutical Assistance (local)	4	\$569,655	8.74%
Core	Oral Health Care	5	\$759,757	11.66%
Core	Mental Health Services	6	\$400,386	6.14%
Core	Early Intervention Services (EIS)	7	\$300,000	4.60%
Core	Substance Abuse Services - outpatient	8	\$300,000	6.31%
Support	Housing Services	9	\$327,470	5.02%
Core	Health Insurance Premium & Cost Sharing Assistance	10	\$200,000	3.07%
Support	Emergency Financial Assistance	11	\$180,988	2.78%
Support	Food Bank/Home Delivered Meals	12	\$123,046	1.89%
Support	Medical Transportation Services	13	\$81,379	1.25%
Core	Home Health Care	14	\$57,942	0.89%
Support	Case Management (non-Medical)	15	\$0	0.00%
Core	Home and Community-based Health Services	16	\$31,901	0.49%
Support	Substance Abuse Services - residential	17	\$0	0.00%
		TOTAL	\$6,405,407	100.00%
	CORE	TOTAL	\$5,634,582	88.17%
	SUPPORT	TOTAL	\$770,825	11.83%

The Planning Council approved the following allocations in the case where funding is less than the FY 2010 level.

FY 2011 Priority Resource Allocation Final			Less than 100%	
	Service Category	Rank	\$6,191,018	
			\$	%
Core	Outpatient/Ambulatory Health Services	1	\$2,152,320	34.77%
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2	\$0	0.00%
Core	Medical Case Management	3	\$766,919	12.39%
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Core	Home and Community-based Health Services	16	\$30,306	0.49%
Support	Substance Abuse Services - residential	17	\$0	0.00%
		TOTAL	\$6,110,137	100.00%
	CORE	TOTAL	\$5,377,853	88.17%
	SUPPORT	TOTAL	\$732,284	11.83%

The following report shares highlights of the presentations, motions, discussion and results of the FY 2011 Priorities and Allocations Process.

Denver HIV Resources Planning Council

Priorities Meeting

Denver City & County Building, 1437 Bannock St., Denver, CO
Parr-Widener Community Room #389 (third floor)

Thursday, August 5, 2010

3:00—7:30 p.m.

Planning Council members present

Brooke Bender; Joshua Blum, M.D.; Bob Bongiovani; Gerald Borden; Thomas Deen; Ernie Duff; Jessica Forsyth; Edward Gardner, MD; Kari Hartel; Terra Haseman; Lynn Hough; Scott Jackson; Kate Leos; Leanne Lowenthal; Fabian Ortega; Robert Riester; Richard Weinert

Staff/Facilitator present

Maria Lopez, Estevan Gastelum, Caryn Capriccioso (facilitator)

Community members and guests present

Matthew Bennett, Penny DeNoble, Bettina Harmon, Steve Johnson, Lisa Komara, Berneice Ornelas, Arthur Powers, John Reid, Ann Reilly, Jalene Salazar, Michele Shimomura, Anthony Stamper, Stewart Thomas

Welcome and introductions

Ground rules and agenda review

One word to describe what you hope to get out of the process:

Unity	Confidence	Clarity (x 4)	Prioritization
Equity	Fairness	Comprehension	Progress
Decisions	Civility	Timeliness	Compassion
Grateful	Commitment		

Community meeting update

Penny DeNoble provided the Planning Council with an update on the process and discussion from the first community meeting held on July 30, 2010. Community members ranked the categories of the most importance to them; the top five ranked categories are provided in the chart below.

Category	Rank	Total	Providers	Consumers	Other	FY 2010 Priority
Outpatient/Ambulatory Care	1	20	4	8	4	1
AIDS Drug Assistance Program (ADAP)	2	15	5	6	4	2
Oral Health Care	3	11	3	7	1	4
Medical Case Management	4	8	2	2	4	5
Mental Health Services	T5	7	3	1	3	6
Health Insurance Premium & Cost Sharing Assistance	T5	7		4	3	10

Penny shared an overview of the discussion of why these categories are important to people:

- My life depends on outpatient/ambulatory care and ADAP
- Those who can no longer get to services need Food Bank and Home Health Care
- Medical and Non-medical Case Management are especially important for women
- Substance Abuse and Mental Health Services are critical to help people stay on top of other medical needs
- No providers selected Health Insurance, why?
 - Most of their patients don't have insurance
 - It's not important because Ryan White Part A covers service provision in these categories

See the Community Meeting Report for more detailed information.

Understanding the data for decision-making

Lynn Hough, Michele Shimomura, Matt Bennett and Brooke Bender provided an overview of the data contained in the Priorities Books and shared additional analysis of the data. The Planning Council and presenters discussed the contents of the data books, observations of the data, the site visit process and recommended future data collection improvements.

Minority AIDS Initiative recommendations

Fabian Ortega and Jalene Salazar presented the Minority AIDS Initiative (MAI) report and recommendations.

The People of Color Leadership Committee recommended prioritizing the following categories for FY 2011: Medical Case Management, Substance Abuse and Mental Health. The committee recommendation included the de-prioritization of Non-Medical Case Management as a priority and the following priorities for FY 2011:

FY 2011 Minority AIDS Initiative Priority Setting		
Service Category		Rank
Core	Medical Case Management	1
Core	Mental Health Services	2
Core	Substance Abuse Services (Outpatient)	3
	Capacity Development	4

➤ **Motion** to accept the People of Color Leadership Committee’s recommendations for FY 2011 Minority AIDS Initiative prioritization. Comments/discussion:

- Will certification levels be different for Medical Case Management than Non-Medical Case Management?
- Yes, this will allow us to increase the level of continuity and coordination.
- This shift allows some safety in that the funding moves to a core category.

Motion passed unanimously. Jessica Forsyth and Lynn Hough abstained from voting.

Categories for consideration and definitions

Maria Lopez provided a brief overview of the core and support categories for consideration.

Prioritization process

Jessica Forsyth provided an overview of the Q-Sort process. The Planning Council completed individual category prioritizations and turned them in for tabulation. Prioritizations were tabulated and reported back to the Council as follows:

FY 2011 Priority Ranking		
Core	Outpatient/Ambulatory Health Services	1
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2
Core	Mental Health Services	3
Core	Medical Case Management	4
Core	AIDS Pharmaceutical Assistance (local)	5
Core	Oral Health Care	6
Core	Early Intervention Services (EIS)	7
Core	Substance Abuse Services - outpatient	8
Support	Housing Services	9
Core	Health Insurance Premium & Cost Sharing Assistance	10
Support	Emergency Financial Assistance	11
Support	Food Bank/Home Delivered Meals	12
Support	Medical Transportation Services	13
Support	Case Management (non-Medical)	14
Core	Home Health Care	15
Core	Home and Community-based Health Services	16
Support	Substance Abuse Services - residential	17

- **Motion** to accept the prioritization as calculated and to return to the Planning Council on August 12, 2010 for revote if needed after recalculating votes.

Motion passed unanimously. Jessica Forsyth, Lynn Hough, Gerald Borden, Thomas Deen, Ernie Duff, Hassen Latif and Richard Weinert abstained.

Denver HIV Resources Planning Council
Directives and Allocations Meeting
Mi Casa Resource Center, 360 Acoma Street, Denver

Thursday, August 12, 2010
12:00—5:00 p.m.

Planning Council members present

Brooke Bender; Joshua Blum, M.D.; Bob Bongiovani; Gerald Borden; Thomas Deem; Ernie Duff; Jessica Forsyth; Kari Hartel; Terra Haseman; Lynn Hough; Scott Jackson; Hassen Latif; Kate Leos; Leanne Lowenthal; Susan O’Keefe; Fabian Ortega; Ruth Pederson; Robert Riester; Richard Weinert

Staff/Facilitator present

Maria Lopez, Estevan Gastelum, Caryn Caprccioso (facilitator)

Community members and guests present

Matthew Bennett, Bettina Harmon, Lisa Komara, Berneice Ornelas, Arthur Powers, John Reid, Ann Reilly, Jalene Salazar, Michele Shimomura, Anthony Stamper

PLEASE NOTE: The vote tallies vary from motion to motion. Planning Council members who were not able to attend the August 5, 2010 meeting did not vote on the reprioritization motion, but did vote on other motions. In addition, while some Council members abstained from voting due to their positions on the Council, their votes were counted as affirmative votes (per the Planning Council bylaws). Finally, one Council member arrived late and did not participate in the first vote.

Welcome and introductions

Ground rules and agenda review

Priorities: Revised priorities

Maria Lopez, Jessica Forsyth and Caryn Capriccioso discussed the revisions to the FY 2011 priorities based on the recount since the August 5, 2010 Planning Council meeting. The priorities shifted as follows:

FY 2011 Priority Ranking		Rank August 5, 2011	Rank Recalculated with 16 Votes
Core	Outpatient/Ambulatory Health Services	1	1
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2	2
Core	Mental Health Services	3	6
Core	Medical Case Management	4	3
Core	AIDS Pharmaceutical Assistance (local)	5	4
Core	Oral Health Care	6	5
Core	Early Intervention Services (EIS)	7	7
Core	Substance Abuse Services - outpatient	8	8
Support	Housing Services	9	9
Core	Health Insurance Premium & Cost Sharing Assistance	10	10
Support	Emergency Financial Assistance	11	11
Support	Food Bank/Home Delivered Meals	12	12
Support	Medical Transportation Services	13	13
Support	Case Management (non-Medical)	14	15
Core	Home Health Care	15	14
Core	Home and Community-based Health Services	16	16
Support	Substance Abuse Services - residential	17	17

The Q-Sort Tally:

Service Category	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Weighted Total
Outpatient Ambulatory Health Services	15	1																271
AIDS Drugs Assistance (ADAP)	1	14	1															256
AIDS Pharmaceutical Assistance (local)		1	6	3	2		1	2				1						211
Oral Health Care			2	7	3	1	2			1								209
Medical Case Management			5	2	7	2												218
Mental Health Services				1	3	4	4	1	1	1	1							179
Substance Abuse - Outpatient				1		2	5	5		2	1							166
Early Intervention Services				2	1	5	1	4	2	1								178
Housing Services						1		3	3	3	4	1	1					132
Health Insurance/Cost Sharing			2			1	2	1	3		2	1	1			1	1	129
Emergency Financial Asst.							1		1	5	1	5			1	1	1	103
Non-Medical Case Mgt*									1			3	1	5	1	3	2	63
Medical Transportation Svcs									2	1	2	1	5	2	2		1	86
Food Bank/Home Meals									2	2	3	4	3		2			100
Home Health Care											2		4	5	3	1	1	66
Home & Comm-Based Health													1	2	7	6		46
Substance Abuse - Residential									1					2		4	9	34

Final FY 2011 Ranking for Consideration by the Planning Council:

FY 2011 Priority Ranking		Rank
Core	Outpatient/Ambulatory Health Services	1
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2
Core	Medical Case Management	3
Core	AIDS Pharmaceutical Assistance (local)	4
Core	Oral Health Care	5
Core	Mental Health Services	6
Core	Early Intervention Services (EIS)	7
Core	Substance Abuse Services - outpatient	8
Support	Housing Services	9
Core	Health Insurance Premium & Cost Sharing Assistance	10
Support	Emergency Financial Assistance	11
Support	Food Bank/Home Delivered Meals	12
Support	Medical Transportation Services	13
Core	Home Health Care	14
Support	Case Management (non-Medical)	15
Core	Home and Community-based Health Services	16
Support	Substance Abuse Services - residential	17

➤ **Motion** to accept the recalculation of FY 2011 priorities and the new ranking (see above).
Comments/discussion:

- MAI de-prioritized Non-Medical Case Management, but we didn't.
- This could be managed during allocations.
- The change in ranking was in part due to a voting error and in part a calculation error.

Motion passed unanimously. Susan O'Keefe and Ruth Pederson did not vote. At the August 5, 2010 Planning Council meeting, the Council determined that if a revote were necessary that only people who were present and participated in the August 5 meeting would take part in the new vote. Jessica Forsyth and Lynn Hough abstained from voting.

Directives update and process overview

Maria Lopez provided an update on previous directives and shared the process for submitting a directive. The following is the update on the 2009 Directives that focused on restoring funding to FY 2008 levels. Categories that received increases in FY 2009 should be awarded the increase.

Category #1 Outpatient/Ambulatory Care

Special consideration: Coordinate with first cares program and an allocation of \$50,000

Update: None

Category #2 AIDS Pharmaceutical Assistance (local)

Issue: Cost benefit to have pharmacies pay medication co-pays in house. Inefficiency for single payer to process payment.

Special consideration: Hospitals dispensing medications to pay medication co-pays. Allocation of \$20,000 pharmaceutical co-pay assistance to this category

Update: Worked well for the system by saving time and resources. Currently happening out of the award.

Category #3 Oral Health Care

Issue: Currently long waitlists and limited access for dental emergencies; identified as #3 in importance as per needs assessment. Originally put 5% of total dental award to address need (\$38,194)

Special consideration for emergency dental: Needs an additional \$90,000 to category

Update: Currently happening out of the award

Category #4 Medical Case Management

Issue: Large case loads; needs assessment identified barrier to accessing resources on knowledge could be a case management issue; lower case load size MCM other resources for participant

Special consideration: DOHR access this category based on HRSA new title and definition of service delivery as well as assessment of acuity based system. Improve quality of service for the participant based on effectiveness and efficiency within service delivery system.

Special consideration: To put \$100,000 toward MCM

Update: Done

Category #9 Housing Services

Issue: Identified as barrier to remaining in care for recently incarcerated; needs Assessment ranks housing as #4 before mental health (#7), substance abuse (#9), Nutrition (#10) and Emergency Financial Assistance not ranked. Recommendation to put remaining \$50,000 in housing services with special consideration that these resources focus on eliminating short-term housing barriers for recently incarcerated barriers.

Update: RRI developed Standards. Now happening through award.

Directives questions/discussion:

- A guidance call is scheduled for next week to discuss how Parts A and B work on early intervention services
- The HRSA shift in January required a scramble; that may be why no new directives were submitted this year
- Appreciate the process and the form for submitting directives

FY 2011 Minority AIDS Initiative allocations

Maria Lopez provided an update on the Minority AIDS Initiative (MAI) priorities decision from the August 5, 2010 meeting.

Historically, MAI has been funded as follows:

Service Category	FY 2007		FY 2008		FY 2009		FY 2010	
	%	\$	%	\$	%	\$	%	\$
Case Management (Non-Medical)	33.00%	\$ 81,821	33.00%	\$ 81,821	33.00%	\$ 82,962	33.00%	\$ 82,441
Mental Health	32.00%	\$ 79,342	32.00%	\$ 79,342	32.00%	\$ 80,448	32.00%	\$ 79,942
Substance Abuse	35.00%	\$ 86,780	35.00%	\$ 86,780	35.00%	\$ 87,990	35.00%	\$ 87,437
Capacity Development	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL	100.00%	\$247,943	100.00%	\$247,943	100.00%	\$251,400	100.00%	\$249,820

Maria shared the People of Color Leadership Committee’s recommendation that funding continue to follow this historical pattern:

Minority AIDS Initiative Priority Setting			FY 2011	
Service Category		Rank	%	\$
Core	Medical Case Management	1	33.00%	\$82,441
Core	Mental Health Services	2	32.00%	\$79,942
Core	Substance Abuse Services (Outpatient)	3	35.00%	\$87,437
	Capacity Development	4	0	\$ -
Total			100%	\$249,820

- **Motion** to approve the FY 2011 Minority AIDS Initiatives allocations as recommended by the People of Color Leadership Committee.

Motion passed unanimously. Jessica Forsyth and Lynn Hough abstained from voting.

Allocations process and allocation setting

Maria Lopez and Jessica Forsyth explained the process for allocation setting. Bob Bongiovani shared the spreadsheet to be used to calculate proposed changes to allocations. The Planning Council was asked to review two scenarios:

1. FY 2011 Funding of 100% funding or above (anticipated maximum 105%)
2. FY 2011 Funding of less than 100% (legislative requirement of no more than a 5% cut)

➤ **Motion** to move funding from Non-Medical Case Management to Medical Case Management for *the 100-105% funding scenario* for FY 2011 and to keep all other services at the same level. Comments/discussion:

- Quality management is a concern
- If we attempt to hold all current medical case management programs to the standards of care today, they would fail
- An emphasis on medical case management will be addressed through the additional training that planned
- This shift shows a glacial movement of case management along a continuum; if we take the step, we have to believe we can get there
- Non-medical case management is a duplication of services.

Motion rescinded.

Discussion:

- Part B will not eliminate non-medical case management
- Medical case management has a lot of flexibility within the category
- This decision represents an acknowledgement of a continued shift toward medically-focused services
- We are not removing the category, but would choose not to fund it

➤ **Motion** to shift funding from Non-Medical Case Management to Medical Case Management for *the 100% and above funding scenario* for FY 2011.

Motion passed. 12 yes, 2 no and 6 recusals. Jessica Forsyth and Lynn Hough abstained from voting.

➤ **Motion** to keep FY 2011 allocations the same as FY 2010 levels *for all categories in the 100% or more scenario* (see chart below). Discussion/comments:

- EIS utilization data is not yet available making it hard to determine whether a shift between EIS and Health Insurance would be valuable
- ADAP needs \$200,000, but with some grants pending should be okay this year
- It's hard to make informed decisions when we don't have the utilization data we need

Motion passed: 17 yes, 1 no Jessica Forsyth and Lynn Hough abstained from voting.

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TOTAL			\$6,405,407	100.00%
CORE			\$5,634,582	88.17%
SUPPORT			\$770,825	11.83%

➤ **Motion** to shift the allocation from Non-Medical Case Management to Medical Case Management *for the less than 100% funding scenario* for FY 2011

Motion passed: 12 yes, 2 no, 6 recusals. Jessica Forsyth and Lynn Hough abstained from voting.

➤ **Motion** to maintain FY 2011 allocations the same as FY 2010 levels for all categories in the less than 100% scenario. Discussion/comments:

- Some categories might be able to take the hit
- We try so hard to be evidence-based, it's hard to speculate about which categories could take the hit

- Some categories got hit last year; don't like to take money away two years in a row
- Community Health Centers will be receiving more from other sources, maybe hits in those categories could work
- Consider de-funding the Non-Medical Case Management dollars that shifted to Medical Case Management

Motion passed unanimously. Jessica Forsyth and Lynn Hough abstained from voting.

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CORE		TOTAL	\$5,377,853	88.17%
SUPPORT		TOTAL	\$732,284	11.83%

Recommendations/Ideas for Next Year's Process

- Would love to have a HRSA update; perhaps at a meeting prior to the priorities and allocations process
- A health care reform update and analysis of the potential impact would be helpful
- Please provide key informant interview information in advance
- Share utilization data quarterly, if possible
- We need a true needs assessment that analyzes categories, populations and service gaps
- State and national information and trends is very helpful
- We need to better understand the various funding sources so that we can see what's needed

- Enhanced outreach to providers to get people to attend community meetings and Planning Council meetings
- Continue the community meetings as we did this year; it worked well
- Two or three community meetings throughout the year at various times of day might help with turnout
- See what we can do to better align with the priorities shared by the community
- Revisit our values around the process; how are we making decisions, what are we taking into consideration?

Evaluation

The following is the FY 2011 Priority Setting and Resource Allocation Process Evaluation Data and Comments for the August 5 and August 12, 2010 Planning Council meetings.

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

- As previously discussed, great job by the facilitator, Maria and Jessica
- Great job to all....Thanks!
- The data with its errors (i.e., substance abuse 2007, 2008, 2009 - 247, 320, 790) made it somewhat confusing. Statistics (data) can be used anyway to make any point - was not completely confident that my decisions were data driven. Many of my decisions were referral based-dependent on others view/work and or personal perception based. However, I feel good about my participation and the outcome of the process. Continued improvement each year.
- I don't know how to change this but to me a system that takes 2 or 3 days to review and comes out the same each year isn't a good use of my time. Ruth Pederson
- Great Job!!
- This was by far one of my more enjoyable processes.
- Allocations ran smoothly. Prioritization needed to be better organized in tabulating results, should have checked technology in advance.
- I would like PowerPoint ahead of time
- All things on sticky chart
- Try using "clarification" cards so that questions can be answered outside of speaker list
- Treating drug addicts is a duplication of services. Use our money for medical and dental
- Caryn was fabulous
- The list generated in the meeting was great
- Somewhat because its new, yes because it worked

- Find a way to get better data!! Plan NOW for the next needs assessment
- The Data presentation really needs to be nailed down. Handouts and slides need to be created so they are easy to read and clear. Data needs to be summarized with an executive summary.
- I don't think the data was concrete enough to guide decision-making, however, I think the revised data format would have been useful if the data was better.

Question #2: What ideas do you have for ongoing, meaningful involvement of the community in this process?

- Continue the community input meetings, as a new method for getting input
- Reresent [sic] educated HIV and help uneducated ones
- Booths at venues ie: gay pride, etc.
- Research how to better get meaningful community input, maybe go to where community visits!

Evaluation Data Table for Priorities FY 2011					
Gender	Totals	Evaluation	Yes	Somewhat	No
Male	1	Was the meeting agenda clear?	22	2	0
Female	1				
		Did the facilitator keep us on track and focused?	23	1	0
PC Member	1				
		Do you feel there was an open communication process and your voice was heard?	17	4	3
Community	6				
Race		Do you feel the recommendations from the Needs Assessment and community input meeting were	14	6	4
AF/Black	2	Was the group successful in meeting its goal?	23	0	1
Asian					
Caucasian	1	Did you find the revised data format useful?	17	5	2
Hispanic	2				
Native		Did you attend/do you plan any of the community meeting this year	11	0	5
Multiracial	2				