

# DENVER HIV RESOURCES PLANNING COUNCIL

Denver HIV Resources Planning Council Meeting  
1473 Bannock Street, Room 380  
December 8, 2008  
4:30-6:00pm

## Minutes

- **Discussion of Comprehensive Plan**
  - Implication of changes
  - Questions of how restructure will impact specific subcommittees
    - Going from subcommittee's that are meeting based to workgroups focused on tasks
      - Instead of creating an agenda to fill meeting time, will have meeting based on tasks...Not meeting for meeting sake
    - Task Oriented
      - Tasks will be evidence based and data driven
      - Outcomes will be reported to Leadership Committee and Larger Planning Council
    - Workgroup task/projects
      - Time-limited
        - Depending on the task/project the timeframe will terminate once project is complete
        - Projects could be 3, 6, 9 months or on-going
- **Due to time constraints will review comprehensive plan at January's meeting.**  
All Planning council members please read the plan and be prepared to discuss at next meeting
- **Brief Introduction of Planning Council and Community Member attendees to Mayor Hickenlooper**
- **Needs Assessment (NA) Presentation – Mark Thrun**
  - The purpose of yearly NA is to further assess Ryan White eligible consumer service issues among targeted individuals living with HIV in the Denver Transitional Grant Area (TGA)

- TGA; Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson counties.
  - This year's in depth Needs Assessment focused on unmet need
    - Unmet need – PLWH/A who know their HIV status but are not receiving primary medical care have an unmet need.
  - Goals:
    - Assess the service use and needs among persons living with HIV infection (PLWH); including ability to access needed services.
    - Assess unmet need and service gaps
    - This data provides Planning Council with information to make decisions at priorities.
  - Explained the steps in the improved system of education and outreach to increase PLWH in care. Changes in structure and function to address health disparities of communities hardest hit.
- **Comprehensive Plan Presentation – Jessica Forsyth, Co-Chair**
  - Needs assessment shapes Comprehensive Plan and benchmarks of accomplishments
  - Data as fundamental tool for decision making
  - Desire to increase collaboration across all providers
  - Submission of Comprehensive Plan to HRSA outlines changing needs and Denver's resources inventory.
- **Priorities Presentation – Maria Lopez**
  - One day where the Planning Council and Community come together to decide what and how much to fund for the coming FY.
  - We have three main tasks:
    - Set the categories to fund, example:
      - Outpatient Ambulatory
        - Primary Care/Doctors/Hospitals
      - Local AIDS Drug Program (ADAP)
        - Dollars go to Pharmacy Staff to dispense medication
        - Our partners at the Colorado Department of Public Health and Environment (CDPHE) fund the actual medication
    - Rank them in order of importance:
      - Outpatient Ambulatory **Ranked 1**
        - Primary Care/Doctors/Hospitals
      - Local AIDS Drug Program (ADAP) **Ranked 2**
        - Dollars go to Pharmacy Staff to dispense medication
    - Allocate a percentage % amount to each category
      - Allocate percentage as opposed to dollar amount as we are making recommendations on an award we have not received and do not know the dollar amount.

- How does the Planning Council make the decisions?
  - Data and Evidence for need
  - Needs Assessment
  - Expert Recommendations
  - The Planning Council bring their personal and work experience to the table
  - Community present and actively participate
- Why is this process important?
  - These decisions impact people
  - The services we fund are for participants who face serious health issues
  - Stigma
  - Average participant earns \$800 dollars a month
  - Without these services our participants would go without healthcare, housing, mental health and substance abuse treatment.
- Priorities Process is the voice for the voiceless.
- **The role of the Mayor's Office of HIV Resources – Lynn Hough**
  - Broad construct to analyze and evaluate objectives
  - Release a RFP, fund agencies
  - Fine tunes suggestion from Planning Council – Receive monies, spend on services, and account for standards of care
  - Measures Quality by monitoring contracts and data collection
  - MOHR are responsible for funding agencies that can help improve the quality of life for participants
- **Website Unveil – Rod Rushing**
  - Access is a issue we have seen time and time again
  - Participants may have little or knowledge of services
  - Website a response to need
  - Community resource
  - Tool to increase outreach efforts
- **Introduce the Mayor – Mark Thrun**
- **Mayor Hickenlooper**
  - Acknowledges and thanks Planning Council – processes must continue
  - “Once you chose hope, anything is possible”
  - Planning Council process creates public sentiment and involvement
  - Presentation of Special Recognition Plaque to Dr. Mark Thrun