FY 2010
Priority Setting & Resource Allocation

Report

August 2009

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Council Preparation Meeting:

Introductions
PP Slides – Mission and Values
Identify Values and Guidelines for the day
Practice using Audio Response System (Electronic Devices)
Council Members who did not attend mandatory data presentation are not eligible to vote and will not use Electronic Devices

Ground Rules/Guidelines:

No cell phones and pagers
1 person speak at a time
Changes = Solutions
Queue to talk
Comments additive vs. repetitive
Assume the best
Use "real" words

Understanding	Professionalism	Empathy
Respect	Trust	Open-Mind
Collaboration	Humor	Clarity
Communication	Attentive	Fun
Diversification	Honesty	Honesty
Big-Picture	Patience	Caring
Courage	Mission-Driven	Inclusiveness
Safety	Transparency	Reality-Based

Presentations:

1. *Rank Categories*: Jessica Forsyth
    - New Q-Sort Process utilized to rank categories.
        a. Each Council Member was given Q-Sort Cards
        b. Card content: Category Name on the front and on the back category definition.
        c. Category included in Q-Sort had been ranked and/or funded in the last three years.
        d. Council Members organized cards, and then numerically marked rank order from one to sixteen.
        e. Final step was for each Council Member to write their rank order on one-sheet category form and turn into staff for tabulation.
    - Weighted Tabulation utilized to determine rank order.
    - Vote 1: Hand vote to accept new rank order **unanimously passed**.

Ryan White Denver TGA FY 2010 Service Priority Ranking Outcome

Ryan White Denver TGA FY 2010 Service Priority Ranking Outcome																	
Rank	**Category/total value**	**Priority Ranking**															
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
1	Outpatient/ Ambulatory Health Services/ 288	288															
2	AIDS Drug Assistance Program (ADAP)Treatment/ 247		195	45								6					1
3	AIDS Pharmaceutical Assistance (local)/ 241		60	154	26												1
4	Oral Health Care/ 221			28	117	36	22	10		8							
5	Medical Case Management/ 209			14	39	72	66	10		8							
6	Mental Health Services/ 182			14	13	24	33	40	27	24	1						
7	Substance Abuse Services: Outpt/ 161				13	12	11	40	54	24	7						
13	Food Bank/Home Delivered Meals/ 95							10	18		21	12	15	8	6	4	1
10	Emergency Financial Assistance/ 117							10	18	32	21	12	5	16	3		
8	Housing Services/ 141				13	24	33	10	18		7	12	15	4	3	2	
12	Medical Transportation Services/ 98							30	9		7	24	15	4	6	2	1
11	Case Management: Non-medical/ 110					12		10	18	8	14	12	10	20	6		
14	Home Health Care/ 79									8	21	12	10	12	9	6	1
15	Home& Community-based Services/ 62										14	6	10	8	15	6	3
9	Health Insurance Premium & Cost Sharing Assistance/ 139		15		13	36	11	10		16	14		10		8	6	
16	Substance Abuse Services: Residential/ 47						11			16						10	10

Ryan White Denver TGA FY 2009 and 2010
Service Priority Ranking Outcome Comparisons

	FY 2009 Priority Ranking	Rank		FY 2010 Priority Ranking	Rank
Core	Outpatient/Ambulatory Health Services	1	Core	Outpatient/Ambulatory Health Services	1
Core	AIDS Drugs Assistance Program (ADAP) Treatments	2	Core	AIDS Drugs Assistance Program (ADAP) Treatments	2
Core	AIDS Pharmaceutical Assistance (local)	3	Core	AIDS Pharmaceutical Assistance (local)	3
Core	Oral Health Care	4	Core	Oral Health Care	4
Core	Medical Case Management	5	Core	Medical Case Management	5
Core	Mental Health Services	6	Core	Mental Health Services	6
Core	Substance Abuse Services - outpatient	7	Core	Substance Abuse Services - outpatient	7
Support	Food Bank/Home Delivered Meals	8	Support	Housing Services	8
Support	Emergency Financial Assistance	9	Core	Health Insurance Premium & Cost Sharing Assistance	9
Support	Housing Services	10	Support	Emergency Financial Assistance	10
Support	Medical Transportation Services	11	Support	Case Management (non-Medical)	11
Support	Case Management (non-Medical)	12	Support	Medical Transportation Services	12
Core	Home Health Care	13	Support	Food Bank/Home Delivered Meals	13
Core	Home and Community-based Health Services	14	Core	Home Health Care	14
Core	Health Insurance Premium & Cost Sharing Assistance	15	Core	Home and Community-based Health Services	15
Support	Substance Abuse Services - residential	16	Support	Substance Abuse Services - residential	16

2. *MAI Funding Level Recommendations: Gerald Border*
   - Historical Fiscal category and percent allocations FY 2006-2009
   - Discussion MAI funding recommendations for the last four years 2006-2009 has not changed.
   - More discussion and information is needed as to why?
   - Vote 2: Hand vote to accept categories, rank order and funding allocation **unanimously passed**.

MAI FY 2010 - Recommendations				
MAI Service Category	**% From PCLC***	**MAI Allocation**		**TOTAL**
Case Management (Non-Medical)	33.00%	$81,821		**$ 81,821**
Mental Health	32.00%	$79,342		**$ 79,342**
Substance Abuse	35.00%	$86,780		**$ 86,780**
Capacity Development	0.00%			
TOTAL	**100.00%**	**$247,943**		**$ 247,943**

3. *Priority Setting:*

- Motion to Re-define 3 funding scenarios
- Vote 3: Approved 3 new scenario's:
    a. Decrease scenario: < 91%
    b. Level funding: 100 %(91.1-104.9%)
    c. Increase scenario: ≥105%
    d. Vote passed: 15 yes and 3 no
- Vote 4: hold harmless top 7 core categories in the level and increase funding scenarios **unanimously passed**.
    a. Please note that in the increase scenario, the hold harmless vote does not limit the top 7 categories from increasing. It does keep them from decreasing.
- Vote 5: De-fund Home and Community-based Health Services. Reallocating $50,000 to Medical Transportation and $19,800 to Non-Medical Case Management.
    a. Vote **did not Pass** 9 yes and did not proceed to get no's and abstentions.

    b. Vote 6: Level Funding Scenario for FY 2010 91.1-104.9 as Level Funding Scenario
    c. **Final Funding scenario for FY 2010:** After the averages were displayed, the group discussed concerns and made proposals to change the averages. From these suggestions the group straw poll voted to see which ones led in a good direction. Those with little support in the straw poll were eliminated. The floor was opened to anyone willing to suggest an alternative to the averages. The alternative was voted on and approved. Vote: 18 Yes votes
    d. Due to the circumstance of the award process for the Part A funds the Planning Council does not know the dollar amount for the coming fiscal year**.**
    e. To account for this fact, the funding scenario process begins by utilizing the final dollar amount allocated in FY 2008 $6,591,430.
    f. It is extremely unlikely that Part A will receive the exact same amount as the previous year, so a percent range is utilized to account for slight decrease or increase.

- **Refer to table on next page titled Final Funding scenario for FY 2010**

- Please note: the Planning Council will reconvene to complete decrease and increase scenario final decisions.

Final Funding scenario for FY 2010

Level Funding For FY 2010 100%(91.1-104.9%)				
	Service Category		$6,591,430	
		Rank #	$	%
Core	Outpatient/Ambulatory Health Services	1	$2,454,541	37.24%
Core	AIDS Drugs Assistance Program (ADAP) Tre	2	$0	0.00%
Core	AIDS Pharmaceutical Assistance (local)	3	$616,981	9.36%
Core	Oral Health Care	4	$845,534	12.83%
Core	Medical Case Management	5	$744,937	11.30%
Core	Mental Health Services	6	$445,478	6.76%
Core	Substance Abuse Services - outpatient	7	$458,105	6.95%
Support	Housing Services	8	$364,422	5.53%
Core	Health Insurance Premium & Cost Sharing A	9	$0	0.00%
Support	Emergency Financial Assistance	10	$200,797	3.05%
Support	Case Management (non-Medical)	11	$133,464	2.02%
Support*	Medical Transportation Services*	12	$90,483	1.37%
Support	Food Bank/Home Delivered Meals	13	$137,071	2.08%
Core	Home Health Care	14	$64,817	0.98%
Core*	Home and Community-based Health Service	15	$34,800	0.53%
Support	Substance Abuse Services - residential	16	$0	0.00%
	Funding Held Harmless		$5,565,576	84.44%
	Funding Not Held Harmless		$1,025,854	15.56%
	Total		$6,591,430	100.00%
*Please note these two categories experienced fiscal change.				

Directives for FY 2010: No directives. Planning Council indicates importance to formalize process for Directives Feedback in collaboration with Denver Office of HIV Resources. Focus on defining process for data collection to provide directive specific outcomes. Planning Council also voted to recommend to MDASC to look at Substance Abuse and Mental Health Standards based on report presented by Bob Bongiovanni and Rod Rushing.

Recommendations/Observations for Next Year:

Needs Assessment process to drive future decisions, specifically include disenfranchised implement into our process in a meaning and on-going manner. Focus on routine utilization data.
Gather information for Needs Assessment around these topics: Issue of HIV and Aging (scope defined in workgroup), Substance Abuse and Mental Health (Standards of Care), Housing Dollars (are they utilized effectively and efficiently) and Undocumented Populations (scope defined in workgroup).

Formalize Process for Directives Feedback; focus on outcomes collaborates with DOHR.
Further define part that the community plays; purpose of community in Priorities
Other topics that need further clarification: Marketing, Legal Discrimination, Early Intervention, Return to Care, ADAP

Priorities Process:
Need to have a retreat. One or two days for the Planning Council so they can define the role of the Community at Priorities. Discuss timeframe for upcoming Priorities one or two days as there was not enough time to accomplish tasks. For future years it is recommended that logistical details for priorities take place in a Priorities Workgroup.

The Retreat should focus on information relevant to decisions made at Priorities. An assessment of the presentations should focus on what best serve the needs of the listeners and helps them achieve the final outcome. Clarify what is needed from each presentation (verbal information and data sheets) <u>and</u> what is not needed. The presentations can be formulated in such a way that they provide solid, simple information in a manner that eliminates, rather than causes, confusion. The Planning Council should think about the presentations as a whole, not as parts, and create a cohesive series of presentations that are clear, follow the data book, are easy to digest, and build on one another to create an accurate picture of where the disease is that year. Retreat as a Dry-Run of Priorities: In the best of circumstances, the Council would already be familiar with the material in the presentations and we could use the retreat to dry run and critique the presentations before giving them at the priorities meeting. The retreat could also include a dry run of the simulated allocation (see simulation, listed below). Also be sure to finalize funding scenarios at this point as there is not enough time to process them the day of priorities.

Presentations: Truly assess what is needed from each topic. Assess who the best person would be to present and support the data. The only information that should be presented is information that participants need to know to make allocation decisions. The Council should look carefully for extraneous information. We recommend collecting questions from council members, staff, and outsiders. Ask what they want/need to know from each presentation topic. Ask the facilitator to help in the discussion to build a presentation process, and framework that is focused and concise.

The Book: The book should correspond exactly to the presentations. A very general draft agenda should go in the book, but the time allocated agenda should be passed out that day, allowing for any needed changes. The Planning Council and Community Members did not have sufficient time to review and become familiar with the book's information. It is recommended to review the book at retreat and answer any lingering questions. Consider another half-day retreat closer to priorities for Planning Council members as well as a community forum to go over information in the book prior to Priorities.

Agenda: This should include all items to be discussed with no major additions once the process is under way. This means thinking through all possible and necessary agenda topics ahead of time. Remember, nothing goes as quickly as you think when you surprise people with a topic and add it to the agenda at the last minute. If, for example, the MAI funding allocation needs to be a part of the agenda, everyone should know ahead of time.

Service Categories: Keep the format of the computer presentation including ranking from previous year. Q-Sort process very beneficial exercise and consider including it as a retreat exercise that includes all HRSA listed categories.

Simulated Allocation: Day one of the priorities meeting should include a simulated allocation, in essence, a practice allocation, complete with computer averaging. The agenda should be structured to give new participants an opportunity to ask questions about the mechanics of allocating and the thinking behind the computer averaging. To avoid confusion, the simulation should be set in a different TGA.

Evaluation results:

Evaluation Data Table for Priorities 2009					
Gender	**Totals**	**Evaluation Questions**	**Yes**	**Somewhat**	**No**
Male	25				
Female	13	Was the meeting agenda clear?	20	17	1
PC Member	17	Did the facilitator keep us on track and focused?	12	23	3
Community Member	21	Do you feel there was an open communication process and your voice was heard?	25	10	3
Race		Do you feel the recommendations from the Needs Assessment and community input meeting were thoroughly considered by the Planning Council?	14	18	6
AF/Black	5				
Asian		Was the group successful in meeting its goal?	16	21	1
Caucasian	23				
Hispanic	7	Did you find the revised data format useful?	15	15	8
Native					
Multiracial	3				