



Brazos Valley Council of Governments

HIV Administrative Services

2008 Plan for Community Input

In the Central Texas Planning Area

Revised October 14, 2008

INTRODUCTION

The Brazos Valley Council of Governments HIV Administrative Services department (BVCOG) began work on the community input plan shortly after the announcement of changes was made by the Department of State Health Services HIV/STD Branch (DSHS) on March 20, 2006.

The BVCOG Planner contacted members of the Executive Committee of the Central Texas HIV Planning Council (CTHPC) and held a conference call to inform them of the changes, specifically the elimination of Title II planning councils. The Planner proposed to the Executive Committee that he call all CTHPC members individually immediately following the conference call and inform them of the changes. It was determined that April 11, 2006 would be the last meeting of the CTHPC, to which all members were encouraged to come.

The council meeting on April 11, 2006 reiterated the changes that were being made to planning, explained how the decision was made, and asked those present for their ideas on how they would like to participate under the community input function being developed. The same information was shared with the Austin Title I Planning Council, also on April 11, 2006. Suggestions for methods of input were accepted until April 30, 2006.

In developing the methods of input, BVCOG sought to use as many existing structures as possible, to minimize creating or duplicating any systems, as well as reduce costs associated with creating an input structure. A plan for the remainder of the 2006 Ryan White Title II contract year was in place and utilized.

December of 2006 marked the reauthorization of the Ryan White CARE Act, now known as the Ryan White HIV/AIDS Treatment Modernization Act of 2006. Changes from the act are incorporated into this plan. Title I is now referred to as Part A, Title II is now referred to as Part B. Because of changes in eligibility for Eligible Metropolitan Areas (EMA), and the creation of Transitional Grant Areas (TGA), the Austin EMA is now grandfathered in as a TGA, and is referred to as such throughout this plan.

Community, within the context of this plan, refers to anyone infected with HIV (consumer), affected by HIV (advocate), or anyone that expresses a desire to have input into the planning product development process, other than directly contracted service providers. Since BVCOG is in frequent contact with directly contracted service providers, they may be consulted at any time for input into planning product development.

A summary of suggestions from the community regarding methods of input for the first input plan is included in Appendix A. The evaluation of the 2006 plan may be found in Appendix B, and the evaluation of the 2007 plan may be found in Appendix C.

PRODUCTS OF PLANNING

There are projects carried out by planners at regularly timed intervals that need the input and participation of the community. The following is a list of three primary products produced by planners at regular intervals.

Product	Time Line	Description
Needs Assessment	Every year	Focused study projects that relate to accessing services will be conducted annually, based on problems identified throughout the year, as well as from the comprehensive needs assessment, reports of unmet need, and other data sources.
Allocations	Every year	Allocations for services categories will continue to take place annually.
Comprehensive Plan	Every 3 years	A comprehensive area services plan is created every three years, updated with the most recent data from epidemiological sources, comprehensive needs assessment, reports of unmet need, and other data sources as appropriate.
	Evaluation every year	Goals and objectives contained in the comprehensive plan will be evaluated annually to assess progress towards those goals. Results of this evaluation may be an additional source of focused study topics that occur as part of the annual needs assessment function.

Other projects not identified as part of the three major planning products may develop throughout the year. Some of these ad-hoc projects may need community input to be conducted and / or evaluated.

METHODS OF INPUT

Each health service delivery area (HSDA) has its own culture, is its own community. How members of a community participate in the planning process will be unique for each area as a particular method may not be suitable for all areas. One method of input may be better suited for one area, while inappropriate for another. Therefore, the following methods of input are potential avenues and used accordingly.

Developmental Participation

Distribution lists - BVCOG Planner will create a distribution list of mail and email addresses, as well as phone numbers, as a source of additional community input. The stakeholder distribution list started with members of the Central Texas HIV Planning Council who wished to receive updates regarding planning activities. This distribution list will serve as a referral source, whereby members of the list may contact others and ask for their input and/or refer them to the BVCOG Planner. As the need arises, BVCOG may call upon members of the stakeholder distribution list to serve in discussion groups or focus groups related to planning activities. BVCOG will make use of conference calls and other electronic means in facilitating discussion groups to reduce costs.

Anonymous Web Feedback – the BVCOG-HIV web site has a link for anyone to submit feedback, comments, or suggestions anonymously. The form may be accessed at <http://hiv.bvcog.org/feedback.html>. Previously, the web site www.txconsumerconnection.org was to fulfill this purpose. Due to technical issues with the message board software and the low utilization, the message board has been removed. New uses for the site are being explored and may include a resource guide, links to other resources, information for patients, descriptions of accessing services in Central Texas, or other information.

Telephone - BVCOG will maintain a toll-free number (1-866-841-7288) that will allow consumers to provide input into the planning process by speaking with the BVCOG Planner. The toll-free number will allow anyone to provide input or contact BVCOG without incurring costs. Access to long distance and in some cases telephones is an often cited barrier by clients.

Site Visits – The BVCOG Planner will travel with BVCOG Administrative Agency staff during site visits of contracted service providers in order to talk with front line provider staff and clients, as well as review client files for case notes, needs assessments and care plans. Information obtained from these observations, key informant interviews, and file reviews will be used in developing planning products.

Annual Participation

Public Hearing – A formal hearing on priorities, allocations, and area services plan will be conducted once a year in each HSDA. The term “public hearing” is modeled after the State of Texas definition, “A meeting of a house or senate committee or subcommittee during which public testimony may be heard and formal action may be taken on any measure or matter before

the committee or subcommittee.”¹ The purpose of a public hearing, as it relates to this plan, is to go to the community and present the plan (comprehensive plan, including allocations) and obtain feedback regarding the plan. The BVCOG staff will review all comments and input from the hearings. All input is equally weighted and to the extent logistically and economically feasible, suggested changes from community input that more closely meet client needs or improve the care delivery system will be incorporated. The public hearing marks the opening of a 30 day comment period during which community members may provide input.

Two sessions of the hearing will be presented, one during the day, one at night. Legal notices will be placed in the newspapers of each city in which the presentation will be given. The BVCOG will also submit public service announcements and press releases to radio, TV, and newspapers prior to the presentation in hopes of further notice at no cost. Additional publicity will be carried out through word of mouth and stakeholder distribution lists, as well as service providers contacting clients.

Recruitment

Recruiting people to be a part of the planning process will be an essential function in obtaining community input. The BVCOG will rely primarily on word of mouth and social networks to inform the community of the opportunities for input as well as for input to be communicated to BVCOG. Members of the distribution list may serve as leaders in their communities and the entry point into social networks. Disseminating information to those on the list may then flow to those with whom list members have contact. Comments and suggestions may also flow in a similar fashion from the community, to leaders (list members), back to BVCOG.

Another method of notifying clients is through their service provider. An informational flyer detailing the methods of community input as well as the topics that clients are encouraged to comment on will be developed and distributed to clients along with the information regarding grievance procedures. Clients receive grievance filing information when they visit with case managers at entry into care and when the grievance process is updated. This is an ideal opportunity to distribute information regarding community participation, ensuring all active clients receive the information.

Providers may also assist in spreading the word as they visit with clients. As a project develops and community input is needed, BVCOG may contact subcontractors and ask that case managers inform their clients as they visit with them of the project and ask for their participation. Clients with questions or desiring to participate may then contact BVCOG through email, mail, or phone. This method may not reach all clients, but is a low cost method of soliciting participation.

For some projects needing a large number of community / client participants, BVCOG may direct mail or call clients based on mailing address, mail receipt preference or phone call receipt preference as indicated in ARIES.

¹ <http://www.capitol.state.tx.us/tlo/resources/glossary.htm#P>

The BVCOG will also use free sources of publicity and advertising to recruit people to participate in developing the planning products. Some suggestions we received regarding community input provide specifics about advertising, such as applying for Google grants (free advertising by Google within search results), Craigslist, local newspapers that are low or no cost (Austin Chronicle, Touchstone), community newsletters, and other sources.

Collaboration with Austin TGA Planning Council

In December 2006, the BVCOG Planner joined the Austin TGA Planning Council as a full voting member and was also appointed as Chair of the Allocations and Evaluation (A&E) Committee. The Planner serves as the Council's Part B representative. Community input for the Austin HSDA is obtained through participation in the Planning Council and A&E Committee.

A concurrent and coordinated planning effort for the Austin HSDA is possible through this formalized arrangement. As the planning products for both the Austin TGA (Part A) and the Austin HSDA (Part B) are the same, there is no reason to duplicate efforts or develop processes that are incongruous. It is the Austin TGA Planning Council that will provide the input for the planning activities in the Austin HSDA.

WORK FLOW

Each planning product will have community involvement and comment during its development and before it is finalized.

Product	Time Line	Description
Needs Assessment	Every year	Working draft → 1 st Draft → DSHS input and review → Evaluate input and make changes → Open comment period 30 days → Evaluate input and make changes → Final Draft for Submittal
Allocations	Every year	Working draft → 1 st Draft → DSHS input and review → Evaluate input and make changes → Public Hearing, comment period open 30 days → Evaluate input and make changes → Final Draft for Submittal
Comprehensive Plan	Every 3 years	Working draft → 1 st Draft → DSHS input and review → Evaluate input and make changes → Public Hearing, comment period open 30 days → Evaluate input and make changes → Final Draft for Submittal
	Evaluation every year	Working draft → 1 st Draft → DSHS input and review → Evaluate input and make changes → Open comment period 30 days → Evaluate input and make changes → Final Draft for Submittal

The working draft stage of products includes community participation, utilizing the ‘development methods’ listed previously in this plan. The BVCOG staff will evaluate the product to determine its stage of completion. Once determined complete, the product will be labeled as “First Draft.” At this stage, the product/document will be reviewed by DSHS planning staff for suggestions, which will be evaluated and incorporated into the product. From here, products may either have a formal public hearing, or a less formal open comment period of 30 days. A formal public hearing will also open a 30 day comment period. The open comment period will also use the ‘development methods’ for acquiring community input. Once the comment period is closed, BVCOG staff will evaluate the comments and suggestions, and to the extent logistically and fiscally possible, and to the extent to which the suggestion improves services, the delivery system, or more closely meets client needs, changes will be made to the “First Draft.” The final product will be ready for submission as the “Final Draft.”

APPENDIX A - Summary of Suggestions for Community Input

The BVCOG Planner informed members of the Central Texas HIV Planning Council of the changes to planning and new model of community input at its April 11 meeting. At that time, the Planner announced an open comment period that closed April 30. Anyone was welcome to submit ideas for methods of community input by phone, email, mail, fax, or anonymous web form.

The BVCOG Planner also attended the Austin Area Comprehensive HIV Planning Council (Title I) meeting to discuss the changes and ask for ideas on acquiring community input.

Prior to the close of the comment period, two reminder emails were sent to large distribution lists, including CTHPC members, reiterating the change, need for community input, and the deadline for submitting ideas.

The April 11 CTHPC meeting also served as a brainstorming session to develop some ideas of ways to acquire community input. During the meeting two ideas were offered, both of which center around the same theme, local visits by the Planner. One request was for the Planner to come and speak to the *Women Rising* group in Austin. Another request was to come to meetings in the Waco area.

From April 11 to April 30, four people offered suggestions on ways to involve the community. There are three major ideas that surfaced from these suggestions. The first is educating community members about the issues, the plans, or other aspects of the process. The second theme is local focus groups / visits with community members. Lastly, using low or no cost advertising and publicity were submitted as methods of recruiting community members to participate in the process.

All of these suggestions have been incorporated in the community input plan through the use of town hall meetings, Consumer Connection groups, distribution lists, message forum / web log, and the recruitment methods listed that rely on free advertising.

Submissions During Comment Period

1. I, personally, (emphasize personally) as a community member believe that as people who are HIV+ have their status become more chronic in nature that a chronic disease model should be followed. Just like with heart disease and its related health problems even children need to be educated on how they can be responsible for their own health. I am very interested in finding ways to educate the public and raise their awareness. This is my personal area of interest. I also believe that we have accomplished virtually nothing in achieving objectives in this area. I don't even know if we have any of these objectives in our local service area. It is a definite area where I believe there should be growth and I do not believe that we should be reticent or frightened to educate on this topic.
2. I imagine you have already thought of this, but perhaps doing a number of focus groups, (especially that offer a breakfast, lunch or snack!!) which would provide an atmosphere

for the community to brainstorm and discuss those issues considered most important. It might help to have a few chosen topics of discussion ("focus") to help keep it organized. Once this info is obtained, it might help to document the meeting's outcome and circulate it amongst the community; this would inspire others, and get the attention of those who may not necessarily agree with the group's findings; which in turn would make it a "well-rounded" effort to get the feedback you need.

3. Project Transitions as well as Wright House have a regular mailout - either or both might be willing to put a notice in their next issues, or on a regular basis. I'm not sure if ASA has any kind of newsletter or not.

My suggestion would be to approach the Austin Chronicle (www.austinchronicle.com) and perhaps some of the smaller newspapers geared towards minority communities in Austin and ask if they would be willing to print a notice as a community service as well. www.austin360.com would be a good online community resource to look at.

You might also consider www.outinaustin.com and posting notices in TapeLenders and Lobo in Austin to reach the gay community.

One other idea - you could require all of your contractors to post "we want community input" in waiting or other public areas...

4. I just wanted to offer a suggestion about getting community input for Title II initiatives. In my present position I have organized popular education sessions with community organizers, leaders and individuals interested in addressing domestic violence in their communities. I think good community organizing is the key to plan and sustain any community initiatives. I am willing to offer my expertise in organizing and well as obtain help from some of my friends to help in planning for Title II. Popular Education sessions are very productive if the right stakeholders are at the table. It can be a done fairly easily and inexpensively. Let me know what you think.

APPENDIX B – Evaluation of 2006 Community Input Plan

As part of the quality management program at the Brazos Valley Council of Governments (BVCOG), the “Plan for Community Input in the Central Texas HIV Planning Area” was evaluated March 2, 2007 by the BVCOG Planner and changes to the plan recommended to the Quality Management Committee. Following is the evaluation of the methods of input from the 2006 plan and suggested changes.

Methods of Input:

Distribution Lists – Distribution lists were used in announcing the development of priorities, allocations, the comprehensive plan, and announcing town hall meetings. No comments were received back via email that asked questions or suggested changes to any of the planning products.

Message Board – The web site www.txconsumerconnection.org had one area of the message board dedicated to planning issues and activities. Announcements of planning products open for comment were posted as well as links to the products themselves. No one posted anything to this section of the message board. The message board overall only registered 10 users and the last post of anything by someone other than the BVCOG Planner was May 2006. Technical issues surrounding the maintenance of the board, including frequent spam insertion, and low to no utilization necessitated the message system removal. Other possibilities for use of the site are being explored. An anonymous web feedback form is still available from the BVCOG-HIV web site. No comments or feedback was received via this form during the year.

Telephone – Through operation of a toll free number, the BVCOG Planner spoke with one person that offered suggestions for improving the care system, however they were not specific to a planning product open for comment.

Group Discussion – “Consumer Connection” groups did not form in the planning area during the year. Support groups, hosted or facilitate by providers are just starting to form in March 2007. These groups may serve as consumer groups in the future, but at present are not ready.

Town Hall Meetings – The BVCOG Planner conducted a series of town hall meetings in October 2006 to elicit community input regarding allocations and the comprehensive plan. The town hall meetings were conducted in the four rural HSDAs of Bryan – College Station, Concho Plateau, Temple – Killeen, and Waco, with one session at noon, and a second session in the evening to allow for varying schedules. Letters were mailed to clients who indicated in ARIES they would receive mail. Overall, 385 clients were mailed letters. Following is the participation for both sessions of meetings in the four HSDAs.

HSDA	Clients/Consumers	Advocates/Other	Providers
Bryan – College Station	2	1	4
Concho Plateau	3	1	3
Temple – Killeen	0	0	0
Waco	2	3	4

A total of 7 clients attended town hall meetings. A few of those clients offered valuable information and suggestions for allocations and the comprehensive plan. Approximately half of all those present were contracted providers' staff. The Austin HSDA community input was in the form of collaboration and presentations to the Austin Title I EMA Planning Council; now the Austin Part A Transitional Grant Area (TGA).

The cost of mailing and travel for all town hall meetings was \$779.05. Only 12 people with whom regular contact is not made by BVCOG were elicited through this process, at a cost of nearly \$65 per person present (only non-providers).

Unfortunately, of the methods used, the town hall meetings had the greatest yield of participation. Based on the projects in the comprehensive plan goals and objectives and the more frequent collaboration with the Austin TGA Planning Council, the funds originally designated for town hall meetings could be better used in expanding the small scale needs assessments, covering additional travel costs to Austin for Planning Council meetings, and travel with the AA during site visits to meet with front line staff and any clients present that wish to talk. Because a public hearing utilizes the same methods of notifying clients and travel as town hall meetings, it is an inefficient use of funds to conduct these similar processes twice a year in the four rural HSDAs. Based on this evaluation, the following changes are recommended to the "Plan for Community Input in the Central Texas HIV Planning Area:"

- Community is to be defined as anyone infected with HIV (consumer/client), affected by HIV (advocate), or anyone that expresses a desire to have input into the planning product development process, other than directly contracted service providers. BVCOG is in regular contact with contracted service providers and can consult them at any time.
- Planning products is to remain the same
- Methods of input
 - Developmental participation
 - Distribution lists to remain the same
 - Message board eliminated – anonymous web based feedback may still be submitted at <http://hiv.bvcog.org/feedback.html>. The BVCOG Planner will explore other potential uses for the www.txconsumerconnection.org web site.
 - Telephone will remain the same
 - Group discussion - this section will be replaced by a site visit participation section. The BVCOG Planner will travel with Administrative Agency staff during annual contractor site visits to talk with front line staff and clients. These key informant interviews and observations will help further guide the development of the planning products.
 - Annual participation
 - Public hearing will remain the same
 - Town hall meetings – this section will be removed from the plan. The previously mentioned Site Visit section will replace this function.
 - Recruitment will stay the same
 - Collaboration with Austin TGA Planning Council

- The BVCOG Planner joined the Austin TGA Planning Council as a full voting member in December 2006. At present, the Planner also chairs the Allocations and Evaluation Committee. Community input for the Austin HSDA will come from participation on the Planning Council and A&E Committee.
- Work Flow – will remain the same

APPENDIX C – Evaluation of 2007 Community Input Plan

As part of the quality management program at the Brazos Valley Council of Governments (BVCOG), the “Plan for Community Input in the Central Texas HIV Planning Area” was evaluated October 13, 2008 by the BVCOG Planner and changes to the plan recommended to the Quality Management Committee. Following is the evaluation of the methods of input from the 2007 plan and suggested changes.

Methods of input:

Distribution Lists – Distribution lists were used in announcing the development of allocations, the comprehensive plan, and announcing town hall meetings. No comments were received back via email that asked questions or suggested changes to any of the planning products. This does remain an effective, no cost means of distributing information and announcements.

Anonymous web feedback – The anonymous web feedback submission form was disabled due to a large amount of SPAM being received while no community input was offered. At present, a note on the page informs visitors of the change. The BVCOG Planner will research alternative web forms in order to reinstate the form and cut down the SPAM being submitted.

Telephone – There have not been any phone calls related to any planning products or projects. However, the toll-free number has been used for client surveys and other projects. Prior to a monitoring visit, a letter is mailed to clients inviting them to take part in a short survey regarding the services they receive from the agency being monitored. Survey questions include items related to accessibility, timeliness, and satisfaction of services. Survey responses have been helpful in planning and while on site monitoring visits.

Site visits – The BVCOG Planner went on site visits to contracted providers in each of the four rural HSDAs (not the Austin HSDA) on August 8, 2007, September 13, 2007, November 14, 2007, and December 10, 2007. While on site, the Planner was able to talk with a few clients and with front line staff. In addition, his review of client files for case notes, needs assessments, and care plans gave a longitudinal view of services and the impact of changes made to the service delivery system.

Public hearings – Public hearings were conducted in each of the HSDAs in July 2007.

Austin HSDA – July 11, 2007: Five people in attendance, all service providers

Bryan – College Station HSDA – July 19, 2007: One person in attendance, service provider

Concho Plateau HSDA – July 12, 2007: One person in attendance, service provider

Temple – Killeen HSDA – July 16, 2007: no attendees

Waco HSDA – July 17, 2007: One person in attendance, community member

Based on the evaluation of the methods of input, as well as changes to required planning products, the following is recommended for the 2008 community input plan:

- Planning products: priorities were removed as a sequential list/numerical ranking of services is no longer required by DSHS. A group of priority services is established and

noted in the comprehensive plan; please see the comprehensive plan for more information.

- Methods of input
 - Developmental participation
 - Distribution lists to remain the same
 - The BVCOG Planner will explore alternative web feedback submission forms so the anonymous feedback form may be reinstated. The BVCOG Planner will explore other potential uses for the www.txconsumerconnection.org web site.
 - Telephone will remain the same
 - Site visits will remain the same
 - Annual participation
 - Public hearing will remain the same
 - Recruitment will stay the same
 - Collaboration with Austin TGA Planning Council will remain the same
- Work Flow – the work flow pertaining to priorities was removed as a sequential list/numerical ranking of priorities is no longer required.