



2010 HIV Prevention Contractor Summit Evaluations

## **A. Things that stood out to participants**

*Each participant identified three.*

### **New direction and changes**

- How DSHS is moving in a new direction
- Texas will be a leader for sure, some states do not even do behavioral intervention
- A better understanding of the DSHS philosophy shift
- Looking at the new face of HIV/STD prevention
- New directions
- New ideas
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### **Positive about changes**

- Great things are taking place
- Great ideas
- Good ideas
- Great enthusiasm from contractors
- People are ok & even excited about the paradigm shift in how we address the epidemic
- Contractors' excitement about new ideas
- Positive about changes ahead

### **Meeting conversations**

- great brainstorming
- Nice to see all contractors together
- The forum was ideal for obtaining input
- Sharing ideas was great
- Good conversation
- I appreciated DSHS staff involvement.
- Energy & commitment
- Really focused work
- The opportunity to provide input
- Opportunity to hear and share with others from organizations around the state
- It was good to put faces to names (DSHS staff and contractors)
- We need more opportunities to get together to have these discussions (DSHS & contractors)
- Felt like a very collaborative meeting, which was very different from the expectation I had coming into the meeting. I hope this continues in the months and years to come.
- Cohesiveness of DSHS & participants
- Refreshing willingness to admit past mistakes & promises to facilitate change
- Discussion of different contractor's experiences- sharing

**Comprehensive coordinated approach/ systems**

- Comprehensive & coordinated approach
- DSHS interest in addressing systemic level issues that involve HIV prevention
- All things considered

**Specific issues**

- More focus on gay men important
- Focus on gay prevention issues
- New HIV/syphilis testing that is coming down the pike

**Openness of DSHS**

- DSHS staff openness & approachability for dialogue about what works/what does not
- Opened view of DSHS and great possibilities
- The openness of the possibilities for the future
- The openness of DSHS to be innovative and creative in future RFPs & programs
- Openness of DSHS staff to explore options for expansion & amendments to our programs
- Open-minded ideas for improvement and effectiveness
- DSHS dedication to support innovation

**Flexibility & Innovation**

- The shared feeling of DSHS staff & contractors on the need for change & flexibility
- The need for more flexibility from DSHS
- The opportunity to be innovative and talk to our consultant about trying new things
- RFP changes, moving forward, being flexible
- Opportunity for creativity & reinvigorating HIV prevention
- Move to flexibility/creativity encouraged
- DSHS and contractors all desire flexibility & innovation
- Innovation

**Meeting - participation**

- Lots of open discussion, sharing of ideas, enthusiasm
- Open dialogue
- DSHS wants to hear from contractors
- Open communication between DSHS & contractors
- Ability to have open and frank conversations about the future of HIV prevention in Texas
- Great participation
- Great networking
- Networking among participants

- The collective perspective of the group

**AT&T Conference Center – food**

- Great food
- Great food
- Snacks were fantastic
- great food
- The food was excellent at lunch
- Most of the food at the reception was fried and not food allergy friendly. Please ask so the menu can be modified or those of us with food allergies know so we can prepare.
- Good food
- Healthy choices, well-prepared & tasty lunch
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**AT&T Conference Center- facility and location**

- Facility was exceptional
- Awesome facility
- Great facilities
- Great location
- Great venue
- Great facility
- Location was great
- Good facility
- Facility was outstanding
- Great hotel
- Great facility to hold meeting
- Great place for a conference

**National HIV/AIDS Strategy discussion**

- National HIV strategy discussion
- National strategy & vision- what part do we play
- Information regarding HIV/AIDS strategy
- Discussion of National HIV strategy

**Getting prepared for the future**

- Started discussion early, two years before RFP ☺
- Having the information now to prepare for the changes

**Change & challenge**

- It seemed like some contractors are/were resistant to the idea of changing or trying something new despite the fact that the epidemic & community needs have changed

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- People who have been around for a while are wary of this process. They don't believe it is real.
- Younger/newer folks were more open and had more ideas
- "how to measure success" needs to move past just measuring process measures
- Lots of work for DSHS regarding these changes- homegrown/community change

### **PBC shifts**

- Shift in PBC testing without counseling
- The fact that many of my colleagues felt & thought the same about counseling & testing\*\*

### **Homegrown interventions enthusiasm**

- Openness to homegrown interventions
- Homegrown interventions
- The roundtable discussion about homegrown interventions
- Embracing of homegrown interventions!!!
- The ideas of homegrown prospects
- Homegrown intervention information
- New ideas for future interventions

### **Meeting logistics**

- The time of the summit- one day & a half, mid-week
- Planning & presentations
- Involvement of DSHS staff at all levels (lab, CMU)
- Good timeline for speakers, a bit rushed for roundtables
- "Experts" sharing their [ ] area & bringing group along
- Well-organized, despite there being so many unknowns. Good facilitation and discussion.

### **Community**

- The community change model was very helpful
- Some contractors have their pulse on their communities
- Participatory intervention to mobilize communities
- Not any disagreement or much discussion about the priority populations the TXCPG selected- means we did well! ☺

## **B. Ways to keep the conversation going**

### **Conference calls**

- Conference calls
- Phone calls
- Conference calls

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- Conference calls
- Follow up meeting call
- DSHS to initiate follow-up via conference call or

### **Quarterly calls**

- Quarterly conference call for contractors
- Quarterly conference calls
- Quarterly conference calls, maybe monthly calls to get us moving along
- Quarterly web-based conference call
- Follow up conference calls
- Conference calls quarterly
- Quarterly conference calls
- Have quarterly conference call with contractors

### **Future summits & meetings**

- Summit one time per year
- Another face-to-face opportunity in 6 months
- Follow up meetings
- Annual meeting like this
- Annually or twice annually summits
- targeted meetings on the topics discussed

### **Internet/Computer technology**

- Share software
- Internet

### **Email**

- Email surveys & share results
- Ongoing communication- email
- email

### **Groupsite**

- Idea of groupsite is appealing
- Start the DSHS prevention groupsite
- Website
- Groupsite

### **Webinars/TA**

- Info-sharing and assisting contractors more thru webinars
- Webcasts on these new developments
- Target training like CBA providers through assessment and responsive TA

### **Topics to discuss**

- Activity or intervention focused calls (PBC calls)

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- Workshop on innovation/homegrown
- Monthly topic of interest, allow each contractor to lead a discussion of interest
- Talk with other major MSM agency as collaborative plans
- Discuss achievements towards national plan over the year, changes, additional
- Can we possibly have C&T people present from other states doing different models at the F/F conference in 6 months
- Data sharing & action plans

### **General communication requests**

- Open it up to the community
- Keep us in the loop
- And can you email us the powerpoint please?
- New ways to communicate with one another
- Let our voices be heard on government
- Ask us for more feedback
- Continue process in future
- Set up regular times to meet and stick to it- no cancelling conference calls, etc!
- Meeting away from office to be able to concentrate on brainstorming and networking with other DSHS contractors and staff
- Multiple communication venues (calls, web-based, face-to-face meetings)

## **C. A Possible Next Step**

### **DSHS Next Steps**

#### **Guide and Support**

- Written guidance, assurance, and support
- Write an RPF that reflects the identified needs.
- Put your money where your mouth is and really allow and advocate for homegrown interventions.
- Try demonstration in several cities over next two years.
- Get contractors' feedback regarding needs, wishes, etc.

#### **Educate and Inform**

- To educate us more on high-risk heterosexual males. The MSM presentation was excellent. Need the same type of tools to help this population.
- Summary of data, information and slides to all participants.
- Train more contractors on how to use the internet for HIV prevention.
- Maybe summary of idea which of suggestions we can start implementing.

#### **Facilitate**

- Provide some forum for follow-up: e-mail; conference call; web links with presentations.

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- Establish consistent communication with this group about progress with new direction and any new funding opportunities.
- Meeting to update new changes

### **Contractor Next Steps**

#### **Innovate**

- Next step for me is to really think about what my community needs and shape prevention to that ideal! Bring prepared to support these changes and shifts.
- Process potential innovation/homegrown activities to see if they can be supported before we submit in an application.
- Personally to process what was said and find ways to incorporate changes.
- Plan on organizing some planning and development at my agency level.
- Present all this to staff and begin thinking.
- Begin formulating idea for homegrown intervention.

#### **Collaborate**

- Also work with agencies in our area.
- Continue to network to learn of benefit from peers.
- Contractors to begin to reflect on their own situation and being to brainstorm and look at potential options and allies in their communities. Also to ask questions of DSHS staff as they occur.

### **Collective Next Steps**

#### **Continues conversations**

Continued conversations!

- Keep talking!
- Conference calls to keep momentum.
- A follow-up meeting with this group in the next 3-6 months
- Follow-up meetings as we approach the competitive RFP
- Condensing of ideas into action plans, activity- or intervention-focused conference calls (PBC calls).
- Bring group together to brainstorm the homegrown initiatives so that they go back with more than just ideas.
- What next? As it relates to what was discussed/shared. Let our voices be heard on issues of government funding and the progress that's been made up to now.
- Utilize conference call in 6 weeks to discuss any changes since today.
- Conference calls are a good next step to keep the momentum going.
- Develop a way to share ideas about things that are going on/happening with EBI, etc. (i.e. Would you? situations from HELP)

Think outside the box!



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- Begin thinking outside the box—homegrown interventions, etc.
- Communication about next steps
- Gain more clarity
- Gather ideas for moving forward.
- More education, awareness, and empowerment around PCSI (Program Collaboration & Service Integration). “Thinking critically out the box.”