

Needs Assessment and Comprehensive Planning

Salus Center 3545 Lafayette Ave.

Room 1412D

Meeting Date: Monday, September 17, 2018

Time: 10:00 a.m.

Minutes are recorded

Members Attending: W. Bradley (co-chair), T. Brown (co-chair) T. Hampton, M. Butler

Guests: P. Collins, K. White, K. Jupka, Y. Ineza, L. Gilden, I. Reid

Staff Attending: D. Stepney, S. Scroggins, R. November, E. Shacham

All members are referred by first initial and last name.

Topic/Discussion
Welcome, Introductions & Announcements
Approve Minutes <ul style="list-style-type: none">• 07/16/2018<ul style="list-style-type: none">○ Minutes approved by consensus.
Data Presentations: <ul style="list-style-type: none">• Ryan White Client Survey/SCOUT data for Transgender populations – S. Scroggins<ul style="list-style-type: none">○ Presentation overview:<ul style="list-style-type: none">▪ SCOUT & Client Survey Data▪ Demographics & Descriptions▪ Drivers of Viral Suppression▪ Summary and Recommendations○ Summary and Recommendations:<ul style="list-style-type: none">▪ Transgender individuals are more likely to be African American/Black, younger, and with less college education compared to males and females.▪ Transgender individuals are less likely to use intravenous drugs (but this may be under-reported).▪ A unique service need for transgender individuals is transportation.▪ A higher proportion of transgender individuals have been living with HIV for 5-10 years and their age at time of diagnosis seems to be more varied compared to males.

- While transgender individuals may be more likely to be virally unsuppressed, this may be because they are proportionally younger.
- S. Scroggins recommended improved health provider/care competency, education training and support, peer leadership support, and tailored mental health care and support.
- After S. Scroggins' presentation, the Needs Assessment Committee reviewed the Ryan White HIV Planning Council Needs Assessment Transgender Women Telephone Interviews conducted by the UMSL's Missouri Institute of Mental Health (MIMH) in 2017.
 - The population in the SCOUT sample skewed older. More transgender youth are needed to complete needs assessments.
 - Out of the 13 participants, five were unemployed and only one was working full-time. time.
 - More job/employment training continues to show up in the client survey but it is not fundable through Ryan White.
 - About 1 in 4 were previously incarcerated (24%). The term incarcerated could be misleading. For transgender populations, they may have been arrested for sex work to support themselves after being kicked out of their homes.
 - Being previously incarcerated impacts the ability to find work. They may drop out of school due to bullying and engage in sex work. It starts at a young age and teenagers are being impacted.
 - **Action:** Topics to be added to the client survey for participants who identify as transgender:
 - Sex work
 - Incarceration
 - If an interruption in education led to decreased access to work.
 - Housing
 - Transportation
 - Housing for transgender youth and young trans women of color is an issue. There are no trans-specific housing shelters and no trans-youth specific housing. There is one organization that serves youth but If you are a trans woman without a legally changed ID, you have to go to a male shelter. Older adults are more stable and may see transportation as a higher need than housing and since the survey participants skewed towards older adults, that's why it's showing in the data.
 - The Committee discussed changing how the survey is asking about housing.
 - **Action:** Add to the client survey the question, "How has your transgender identity affected your access to housing?"

○ **Methods for distribution:**

- Divert survey participants who identified as transgender to specific questions in the client survey.
- Put up flyers.
- Use Early Intervention Services staff and leverage prevention funds.
- Utilize Effective Behavioral Interventions (evidence-based interventions that have been scientifically proven to significantly reduce HIV risk). Staff may be able to incorporate a needs assessment into the paperwork participants already have to fill out. They could have a group specifically for transgender populations.
- Phone interviews (not intrusive).
- Incentives
 - Request makeup donations in the form of makeup bags from MAC Cosmetics.
 - Bus pass/tickets
- Facebook chat rooms

● **BEACON Project Findings – E. Shacham**

- The BEACON project was developed to figure out a better method to reach lost to care clients by identifying needs and developing interventions around those needs.
- The study was conducted between 2011 – 2015.
- 322 participants were enrolled in the program and participants received intensive case management, peer navigation, and access to a community nurse.
- Eligible participants had been in and out of care for at least a year and asked to enroll in an 18-month intervention to increase HIV medical care. The data was only reported at 6 months in this study.
- **Of the 322 participants:**

Descriptives	N	%
Race		
African American/other minorities	245	76.1
Caucasian	77	23.9
Gender		
Male	250	77.6
Female	65	20.2
Transgender	7	2.2
Age, years	36.7 ± 10.6	--
Income		
≤\$10,000	227	70.5
>\$10,000	95	29.5
Education (n=296)		
<High School	79	24.5
High School degree/GED	100	31.1
>High School /GED	117	36.3
Years with HIV diagnosis	8.2 ± 6.1	--

○ **Self-reported barriers to HIV Care Engagement:**

Variables	Baseline (n= 322)	6-month (n= 263)
Lack of money	64 (19.9)	52 (19.8)
Competing priorities	42 (13.0)	22 (8.4)
Housing or shelter	37 (11.5)	14 (5.3)
Fear	32 (9.9)	6 (2.3)
Denial	22 (6.8)	1 (0.4)
Stigma	16 (5.0)	6 (2.3)
Transportation	15 (4.7)	14 (5.3)
Drug use	12 (3.7)	2 (0.8)
Location of care	6 (1.9)	2 (0.8)

○ **Client who were virally unsuppressed at 6 months:**

- African American clients.
- Male clients more likely to be virally suppressed than female clients.
- Less than high school education attainment.

○ **Discussion:**

- The Committee discussed getting an update on the data, exploring what made clients fall out of Ryan White care, and what were those experiences in care that led them to drop out?
 - The committee can explore the data they already have and look at ways to get more information.

- Part B currently funds this program minus the evaluation piece. However, there is an opportunity to work with the provider on collecting the same data.

FY2018/FY2019 Needs Assessment Activities

- **Phone Survey-Lost to Care/New to Care**
 - Existing staff could be utilized to distribute a needs assessment but there would be a cost for the tablets and a survey tool will need to be created.
- **Additional Focus Groups**
 - **Mental Health Services**
 - The Committee would like to get a better understanding of mental health services are being provided and figure out a method to compile the data.
 - Provider input
 - Leveraging client survey data
 - There is one psychiatrist in network.
 - The Committee also wants to find out if the insurance network is or isn't a barrier to accessing mental health services.
- **FY2018/FY2019 Needs Assessment Activities**
 - Consultants to do outreach for surveys
 - Flyers and posters
 - Focus group/phone interview for trans populations
 - Focus groups around mental health
 - Newly diagnosed
 - Out of Care
 - Seek donations for incentives

Unfinished Business

- **Multi Year Plan Provider Survey Technical Assistance**
 - EGM Consulting will provide technical assistance around prioritizing needs assessment activities and the provider survey at the October 15th meeting.

New Business

- No new business

Adjourn

- T. Brown adjourned the meeting.

Next Meeting: Monday, October 15th at 10:00 a.m. at the Salus Center
– Room #1412D