

Needs Assessment Committee

Salus Center 3545 Lafayette Ave.
Room 1412D

Meeting Date: Monday, November 19, 2018,

Time: 10:00 a.m.

Minutes are recorded

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

Guests: L. Mayhew, T. Hampton, I. Reid, K. Jupka

Staff Attending: R. November, D. Stepney

All members are referred by first initial and last name.

Topic/Discussion
Welcome, Introductions & Announcements <ul style="list-style-type: none">• Welcome• Announcements:<ul style="list-style-type: none">○ There is a Trans Rally tonight at 6pm at 1200 Market. I. Reid will be speaking at the rally at 6:55 p.m.
Approve Minutes <ul style="list-style-type: none">• 10/15/2018<ul style="list-style-type: none">○ Approved by consensus
Draft Multi-Year Needs Assessment Plan <ul style="list-style-type: none">• Support Staff provided the draft of the multi-year needs assessment plan that E. Gantz created. Right now, this is just a draft but if the committee wants to keep it, it can move forward.• The components of the Multi-Year Plan:<ul style="list-style-type: none">○ Epidemiologic Profile○ Estimates of the Number and Characteristics of PLWH with Unmet Need○ Assessment of PLWH Service Needs and Barriers○ Provider/Resource Inventory○ Profile of Provider Capacity and Capability○ Assessment of Unmet Need/Service Gaps [using data from all needs assessment components along with data from recipient]• The handout is available upon request

Minority AIDS Initiative (MAI)

- At the last Care Strategy meeting, GA provided programmatic findings relating to Care Strategy.
 - Finding: The services supported by the Minority AIDS Initiative (MAI) in the St. Louis TGA were not tailored for the needs of specific racial and ethnic minority populations or sub-populations, as required to improve RN-related health outcomes to reduce existing racial and ethnic health disparities.
 - Recommendation: The recipient should ensure all services supplied by MAI funds are addressing the unique needs of the targeted MAI population and are consistent with epidemiological data. The recipient should use different data collection methods and/or tools (e.g., oversampling, multi-variate analysis, special studies) to collect epidemiological data necessary for targeted MAI populations. Additionally, the recipient and the PC should receive training about MAI and its purpose in the program. The recipient should immediately review the program's monitoring tools to fully incorporate requirements of the Universal National Monitoring Standards, inform Part A sub-recipients about the changes, and provide TA, as needed.
- **Conversation:**
 - L. Mayhew: There's no problem with the three populations we've chosen for MAI, we just don't have the data that we need. With the service we deliver, the service delivery method has to target a specific service need for the target populations. We have to somehow identify what the need is for the target population and then tailor the service to meet the need. We're not sure how to get to this specific level of information.
 - T. Hampton: The Housing Specialist addressed some of the concern
 - L. Mayhew: We don't have any data to support that.
 - W. Bradley: If we look at the demographics in the client data and compare it to what they list as their needs that aren't being met, that would give you a starting point.
 - L. Mayhew: HRSA wants us to start at the beginning with our Needs Assessment data looking at the unique service needs of our target populations.
 - I. Reid: Are these target populations correct according to the data?
 - K. Jupka: The data supports these target populations. HRSA is fine with the populations we've chosen but with Needs Assessment we are looking at if we want to change those populations based on additional needs assessment data.

- T. Brown: I'm hearing that HRSA is fine with the rationale that we used to choose our target population but what is needed is adequate documentation of the special needs of those populations and why these target populations were chosen. Are the ways we are targeting services not distinct enough from what we are doing on the Part A side. For example, the housing specialist?
 - K. Jupka: The Housing Specialist wasn't present during the site visit so HRSA is looking at information that was present during the site visit and PC is looking forward based on where they are now.
- L. Mayhew: As we are doing planning process, each step should have a component for the MAI plan at the same time we are doing Part A plans.
- T. Brown: Using the data we have, we need to look deeper in that data into maybe age, geography, etc. to help us understand more about the needs. We need to look at how we can make our planning for EIIHA and MAI make more sense.
- L. Mayhew: Because of what's due when, we tend to create the MAI budget when the grant goes in but we don't have a plan to go with it. We want to get the plan started early enough so that when we get to the budget we can already have the other pieces lined up. We have to start using our Care Continuum more. We need to start focusing on our planning process for 2019 that will start in 2020.
- T. Brown: Thinking about the planning cycle timeline, maybe consider having an offline meeting where all the data is present. Are we then going to propose to PC a change in the target population based on data?
 - L. Mayhew: I think so, the committees are going to have to come forward with recommendations at each step. It would make sense to do some cross tabbing and see where the greatest health disparities are.
- I. Reid: Is there a legal way to have surveys be at homeless shelters and use this as a way to get people into care?
 - M. Butler: People probably aren't going to be comfortable disclosing that information to a stranger just to have shelter for the night. When it comes to housing, the housing specialist needs to do a special survey for individuals who are homeless.
- T. Brown: I don't want us to get so caught up in what we aren't doing that we lose sight of what we are doing. With Needs Assessment already being busy, we should look at if it is possible use current data to get us started and look backwards. Instead of trying to find time to do additional analysis of data we're just getting, can we use the data we have now and present that along with the EPI and make recommendations for next year?

- R. November: if we use data that we already have and have the Program Evaluator look at it, we can bring that data on a more regular basis.
- K. Jupka: Thank you for letting me hijack your meeting, we've been doing that a lot lately.
 - T. Brown: this is what a functional partnership between the recipient and the Planning Council looks like.
- T. Brown: Just some additional notes that I took for myself.
 - *Action Steps:*
 - For fall and winter we would do cross tab analysis and additional EPI analysis to identify and reaffirm target minority populations and determine the specific needs of those populations. We should review utilization and outcome data from the populations we had identified the year before to see how successful we were with the plan we had in place the year before about making improvements for those populations we had these targeted approaches for.
 - Plan, through committees, what the targeted service approach should be to meet those needs.
 - Present, either before or during prioritization and allocation, what the new MAI plan is.
 - Create a budget based on this MAI plan.
 - In the spring and summer, we will be mindful as we are receiving the new updated EPI Profile and Needs Assessment summaries to identify their additional subpopulations that we want to do a deeper dive into.
- T. Brown: Another challenge is with such a significant amount of MAI funds being allocated to EIS, essentially testing, other than the first part of the continuum maybe it's looking at linkage data for subpopulations. We don't have health outcome data to substantiate what we're doing with EIS funds. I don't know what other outcomes we can attach to EIS other than are we linking them, quickly?
 - K. Jupka: There's also who we are reaching and who we are testing
 - L. Mayhew: It's also are we reaching the target population that we expect to find.
- I. Reid: You all need to go to the clubs where the people are instead of depending on rallies to do testing.
 - T. Brown: We need to break out of what historically what is done. We need to look at when we find positives, what is the evaluation we're doing on the services being delivered?

- This item is moved to the top of the agenda for the December meeting.

New Business

- No new business.

Adjourn

- T. Brown adjourned the meeting.

Next Meeting: Monday, December 17th at 10:00 a.m. at the Salus Center – Room #408