

## **Needs Assessment and Comprehensive Planning**

Salus Center 3545 Lafayette Ave.

Room 1412D

**Meeting Date:** Wednesday, March 20, 2019

**Time:** 10:00 a.m.

**Minutes are recorded**

**Members Attending:** W. Bradley (co-chair), T. Brown (co-chair), E. Burries, T. Hampton, J. Alexander

**Guests:** K. White, K. Jupka, P. Collins

**Staff Attending:** R. November, D. Stepney

All members are referred by first initial and last name.

<b>Topic/Discussion</b>
<b>Welcome, Introductions &amp; Announcements</b> <ul style="list-style-type: none"><li>• Welcome</li></ul>
<b>Approve Minutes</b> <ul style="list-style-type: none"><li>• 2/20/2019<ul style="list-style-type: none"><li>○ Minutes approved by consensus.</li></ul></li></ul>
<b>FY2018 Multi-Year Plan</b> <ul style="list-style-type: none"><li>• <b>Data Request Template for Epi, Client Utilization, and other needs assessment information</b><ul style="list-style-type: none"><li>○ The Needs Assessment Committee reviewed the requested data from the Epi report from the February meeting and had no additional changes to make.</li></ul></li><li>• <b>Arrange other data from Recipient to compare with needs assessment</b><ul style="list-style-type: none"><li>○ RSR Report (Ryan White Services Report)<ul style="list-style-type: none"><li>▪ This report is a snapshot for a year period. All funded grant recipients and Subrecipients must submit a RSR data report each year via the online system.</li><li>▪ It is data on who has been served and criteria for client providers.</li><li>▪ There are fields that pull data validation and completeness reports.</li><li>▪ The data does not allow for crosstabs.</li><li>▪ It has demographics but not by subpopulations.</li><li>▪ RSR data fields:<ul style="list-style-type: none"><li>• Age</li><li>• Race</li></ul></li></ul></li></ul></li></ul>

- Gender
- Poverty Level
- Insurance status
- K. Jupka can see what's specified and provide a list of variables that can be pulled, however the data cannot be manipulated like it can be in SPOUT.
- Needs Assessment is looking to summarize potential service gaps through client survey data and compare that it to client utilization (who Ryan White served.)
- Client-Level Database (SCOUT/Provide)
  - The following template below was provided by PC Support as a way to show client utilization.

**Client Utilization Template**

Service Category	Priority			Service Unit	Allocated			Spent			Unduplicated Clients Served			# of Service Units Provided		
	2016	2017	2018		2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
Medical Case Management		1	1	1 assessment												

- While the Prevention and Care Strategy's Service Standards workgroup is updating the service standards including service unit definitions, the Needs Assessment will look at other data associated with each service category such as encounter types and the number of encounters.

**Discussion:**

- Is viral load data only done for certain providers?
  - Viral load data is done for all subcontractors. If a person is in the Ryan White system, viral load can be monitored.
  - There is viral load data that loads into SCOUT for anyone in Case Management who has a reported CD4 viral load.
- What if a person hasn't had blood work in over a year?
  - That would feed into the unmet number. In the unmet need table that's in the statewide Epi Report, people who don't have evidence of care would show up as unmet need.
- What if Medicaid pays for the medical visit?
  - If a person had labs, that would be reported to the state.
- What if a person hasn't had labs in over a year?
  - If a person hasn't had labs in over a year and Medicaid is paying for their care, there isn't going to be any measure of unmet need.

- There are providers that will no longer see patients if they are no call, no shows or are unable to pay the no call, no show fees.
  - There are ways to address no show situations without there being a monetary stipulation for the clients. For instance, Washington University has a process where if people have 3 no shows in a row, they can't be scheduled for an appointment until they have an appointment with the Retention Specialist.
- How often under direct enrollment is a person supposed to update their information?
  - There is a 6-month update and an annual update.
- There is some unmet need in the transgender population. If they are not feeling respected at the doctor's office, maybe even with their chosen names, they may not come back to that doctor.
  - The data will help us identify the places where we need to focus our attention. Either by, supporting providers in providing more sensitive services or creating specific service lines for subpopulations because there need is higher than others.
  - When tracking the transgender population, are they counted as male or female?
    - Our EPI hasn't broken it out for us yet. In client level databases and the client survey transgender populations are counted as transgender.
  - It is important that people complete the surveys because we are trying to represent an even larger population. There are about 7,500 cases in our TGA. While it is important for people to come to the table and do the advocacy work, we have to get more voices to participate in our survey. The larger that sample, the more likely it represents that broad range of needs for all those people.
  - In thinking about how to prepare this data, the Needs Assessment committee wants to be conscious of specifically the overlap with Ryan White Part B on the Illinois side and seeing there is a way for us to get that similar data.

#### **Approaches to Epi Data Presentation:**

- Epi Data
  - Using the template from the Metropolitan Washington Regional Ryan White PC and Jurisdictional Groups, the Needs Assessment Committee discussed taking some of the following approaches for presenting epi data:
    - **A limited number of slides, with explanation of trends:** differences among PLWH population groups and other observations that may help the Planning Council in its decision making about service priorities and allocations.
    - **Inclusion of useful data even where there are limitations or imperfections.**
    - **Presentation of both numbers and percentages**

- **HEAT map for incidence and prevalence by zip code**
- **Highlight the prevalence so the numbers stand out.**
- **Hit home key messages helpful to prioritization.**
- **Client Utilization**
  - ADAP Data (most recent completed program year)
  - Data on other Funding Streams
- **Needs Assessment Data**
  - A separate page of data for each service category including client utilization and needs assessment data.
- **Assessment of PLWH Service Needs and Barriers**
  - Initial work on Lost to Care/Unmet Needs Study
    - This was tabled until the next meeting.

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#### **New Business**

- Homework/Main Agenda Items for Next Meeting:
  - Have Planning Council Support provide Needs Assessment with a summary of things from the client survey data so that we can think about client utilization data that we want to see to demonstrate whether or not those subpopulations needs are being addressed.
  - Revisit this discussion looking at the client utilization template and coming up with what information the Needs Assessment Committee wants to see about how services were delivered.
  - Discuss the lost to care/unmet need study.
  - Look into the “Templates for 201\_ PSRA Presentations – Data and Allocations Presentations to the Metropolitan Washington, Regional Ryan White Planning Council and Jurisdictional Groups” at the list if any additional approaches and see if anything stand out.

#### **Adjourn**

- T. Brown adjourned the meeting.

**Next Meeting:** Wednesday, April 17, 2019 at 10:00 a.m. Salus Center – Room #1412D