

## Needs Assessment Committee Meeting Minutes

Needs assessment committee 8.17.10

Start 6:09

Discussed how the needs assessment is not totally comparable to the utilization data.

Greg emphasized that need to quantify need - get a percentage!

Committee discussed idea of going through each of the service categories in the needs assessment and identifying what is 'working' and what is 'not working' - meaning what are people worried about and what are they not worried about getting.

Reviewed the categories in the needs assessment to come up with a list of services that are needed greater than what is occurring now. How many populations are identifying each service as most needed, and so on down the line? (Numbers do not indicate a priority or ranking - this is not priority setting)

1. Psychosocial case management - based on needs assessment, 5 priority populations listed this service as their top need. (Youth, out of care, MCSM, IDU, non-IDU). There needs to be more assistance with help for psychosocial issues. There may be an issue of how the assistance is provided based on the case management report of 2006 and information provided by case management consultant. Issues may be resolved as changes to case management system take hold

2. AIDS pharmaceutical assistance - 4 populations (MCSM, IDU, non-IDU, AA women) rank the service as a 2, still indicating a need above what is happening. Coming medical evidence of the need for starting ART at diagnosis may lead to an increased need later, even though it is not readily apparent in the needs assessment report.

3. Out patient ambulatory medical care - there will most likely be an increased need in this despite the results from the needs assessment. This is based on the detection and referral in to care of those who are unaware of their status; the implementation of op-out testing at the community health care clinics and hospital(s);

4. Oral health care - ranked 1 by 3 population (AA women, White MSM, Latina women) - based on needs assessment; this is the unheard of service and would benefit from increased marketing or awareness among PLWHA.

5. Housing - Ranked 2 by Rural and AA women, 3 by Latino men/women, AA men, recently released. Report from needs assessment says there is a growing trend of chasing rent from one area to another. People have reported needing this before other categories. Barriers were security deposit, criminal history, credit history. Across minority populations it shows that housing is needed before other medical services.

6. Transportation - ranked 1 by 4 population (AA women/men, rural, recent released). Latina women rank it as 2. Not sure of the complete issue is with transportation. Know that there is some kind of issue going on since so many populations rate this as a 1, but not sure of what the issue is. Can't recommend an increased need. Would like more information about this category as to why people are ranking this highly in the needs assessment (is it a problem of how the service is delivered, convenience of public transport, etc).

7. Mental health services - AA women rank as 1, Latina women as a 2, AA men as a 3. Heard in the needs assessment report that mental health is related to having a support groups led by a professional or paraprofessional. Not a group therapy session, but a support group. Issues related to co-pays and sliding scales at some providers. Pastoral care may be a part of this - for consideration that directives include multimodal delivery of the service if funded.

8. Utility assistance - ranked 1 by AA women, Latino men, ranked 2 by AA men, rural, recent released, 3 by Latina women. Over half of the populations rated this as 3 or higher. there is an increased need for assistance with utilities.

9. Non-HIV medical care - (mostly related to specialty care). ranked on the lower end of the spectrum. The level of need may not be high. There may be an issue with aging of HIV/AIDS population and other co-morbidities, recommending that this be for further study, but not indicative of an increased need.

10. Legal assistance - ranked 2 by rural and Latino men, 3 by AA women. kind of weighs lower among other populations. Needs assessment report attributed this to criminal advocacy, getting in to housing, assistance with SSI/benefits. There is some need for this category, but questionable to how much need there is. Should find out more about this category (talking with providers etc to see what is provided, what isn't provided, wait lists, etc).

11. Substance abuse outpatient - ranks very low among populations. TGA has issued guidance on use of SAMISS in case management. Based on needs assessment, 38.8% are normal (using substance where it doesn't affect daily life), 18.7% drug problem, 11% severe problem. Know there are people that need this service.

12. Food bank - ranks 2 among AA women, 3 Latina women, 4 Latino men, 5 rural, very low among others. Issues about this category have been related to the foods that are provided - specifically more proteins, foods meeting the nutritional plans.

13. Child care - 3 among AA women, very low among everyone else. There is at least one population that is identifying this as a need. The level of need is not known. rapid growth among AA women PLWHA. Explore this category more and see if it is at DPCHC or the whole community. See what arrangements can be made between organizations. To meet this need

14. Home and community based - appears to not be a real worry for this category. Question of if the need among rural and Latino populations is related to child care.

15. Home health - only 3 populations ranked the category, AA women ranked as a 4. Is this related to child care and transportation? Not real large stated need.

16. EFA probably transposed from utility assistance

17. Psychiatric care - ranked only among AA men and Latino men as an 8. May be part of mental health. May be a transposed name.

18. MCM - ranked as a 2 among White MSM, 6 among rural populations - issue is about health coordination of medical appointments and prescriptions (making sure they are being refilled).

19. Counseling - transposed from mental health - ranked among recently released as transitioning etc.

Next meeting 8.31.10 at 6pm to discuss priority setting method and set priorities

Adjourn: 9:04pm