

Needs Assessment and Evaluation Committee
Tuesday, March 22, 2022
9:00 – 11:00 a.m.
Microsoft Teams Meeting
Meeting Minutes

Committee Members Present:	
Joe Amrhein	Lesa Nelson (co-chair)
Alissa Fountain (co-chair)	Angela Reed
Julian Hines	John Vener, MD
Guests:	
Thomas Blissett, DHS	Emily Reimer, DHS
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Anika Kaleewoun	Dennis London
MDH (Prevention) Representative:	MDH (Surveillance) Representative:
McKinzie Woelfel	Hannah Kass-Aten
MCHACP Staff:	
Carissa Weisdorf, Coordinator	Bryan Bick, Administrative Specialist (minutes)

Quorum? Yes

I. Welcome and introductions

- Lesa Nelson called the meeting to order at 9:01 a.m. Introductions were made.

II. Review and approval of January 25 meeting minutes and proposed agenda

- The proposed agenda was reviewed and approved as printed.
- The January 25, 2022 minutes were reviewed and approved as printed.

III. Needs assessment overview

- Carissa Weisdorf led an overview of the Health Resources and Services Administration’s (HRSA) recommendations and requirements for needs assessments, and the different components of a needs assessment.
- Carissa presented **PlanningCHATT-Module 4.1 – Needs Assessment Overview**.
 - Carissa explained that HRSA is most prescriptive for Part A planning, while Part B’s requirements for community planning are not as specific. This council integrates planning for Part A and Part B, so its needs assessments inform the work of both.
 - Hannah Kass-Aten explained that the Minnesota Department of Health (MDH) estimates the number of persons living with HIV (PLWH) in the state who are not aware of their HIV status. Joe Amrhein asked what percentage of the total PLWH that would represent. Hannah answered there are an estimated 1,100 PLWH in Minnesota who are unaware of their status, and about 9,500 PLWH in Minnesota who are aware of their status.

- Anika Kaleewoun explained that the resource inventory for Part A lists all the Ryan White services at the Department of Human Services (DHS) and the Minnesota Department of Health (MDH) that are funded by Part A, as well as related services like Housing Opportunities for Persons with AIDS (HOPWA). The purpose is to show other types of funding that the council needs to consider.
- John Vener asked how the components of the needs assessment are completed by Part B. He stated that the issues in the Part B service area are much different from those in the Part A service area and expressed concerns that these issues are not being appropriately addressed.
 - Dennis London and Thomas Blissett said recommendations made by the council are often adopted by Part B because they pool resources and information to make sure persons living with HIV (PLWH) in Minnesota receive needed services.
 - Carissa Weisdorf added that the Needs Assessment and Evaluation Committee could decide to do more in-depth work on the profile of provider capacity and capability. That might be a way to make sure needs are being met throughout the state.
- Carissa led an activity to discuss some populations in the state that need to be better understood because they are disproportionately affected by HIV or face special barriers to care.
 - John Vener shared that Greater Minnesota is a population with special barriers to care. He cited the lack of public transportation as a huge barrier to accessing care and testing for HIV. He said transportation is provided by taxi service and is very expensive.
 - Joe Amrhein said he would like to know more about the estimated 1100 PLWH in Minnesota who are not aware of their status.
 - Joe added that people who are struggling with addiction are another population to understand better. McKinzie Woelfel mentioned that the HIV outbreak in Hennepin and Ramsey Counties is occurring among people who inject drugs and have experienced homelessness or who live in encampments.
 - Joe asked if individuals in jails and other institutions have adequate access to testing and care. Anika Kaleewoun mentioned that END HIV MN was working with jails and prisons to ensure continuity of care while individuals are incarcerated and when they are released. Hennepin Healthcare and Positively Hennepin are also working with this population. Dennis London said the Department of Corrections provides medication for PLWH while they are incarcerated, spending close to \$2 million. Angela Reed said she believes treatment is provided for people who are already diagnosed with HIV when they enter jail or prison, and people are tested for HIV when they are released, but they are not tested while they are there. McKinzie Woelfel added that testing in jails is different from testing in prisons, and in a previous job she frequently went into jails to provide HIV testing. Joe said he would be interested in interviewing people who are incarcerated or who are being released. Carissa Weisdorf

mentioned there is a vacant spot on the council for a person who was formerly incarcerated or a person who works with that population. The committee agreed they would like an expert to speak on HIV treatment and prevention in jails and prisons, and Rachel Prosser was mentioned as a possibility.

IV. Discuss training on service areas and data dashboard

- Carissa Weisdorf explained that in January this committee discussed how it might bring more training on the data dashboard to the council.
- Carissa explained that all council members will use a tool to help them set their priorities in June, and this committee needs to think about the different data sources that the council will need. The Data Dashboard is a large component of that.
- Carissa displayed the **Data Dashboard** and explained it can be found on the council web site under the Data Dashboard tab.
- Emily Reimer agreed to provide a training on the dashboard and create a few sample questions to demonstrate how it works. The Needs Assessment and Evaluation Committee asked to see the training at the next meeting before it gets presented to the council.
- Carissa demonstrated how the Data Dashboard can be used to look at a specific service.
 - Carissa displayed the **Ryan White Program Service Area Standards: Mental Health** from the Service Standards tab of the council web site.
 - Joe Amrhein observed that Substance Abuse: Outpatient is listed on the Data Dashboard and asked if inpatient substance abuse treatment could be added, specifically in jails and prisons. Carissa explained that the Data Dashboard contains information on services the council has allocated resources for. The council has not funded inpatient substance abuse because the cost of that service is high and there are other funding sources that go toward providing that service.
 - Carissa demonstrated how to select a specific service area on the Data Dashboard, how to filter for a specific year or region, and how to read all the data that are included for each service.
 - Dennis London asked if the information on the Data Dashboard can be filtered by provider. Carissa said it is pooled data from all service providers, and the council would not be looking for information on specific providers.

V. Committee co-chair election

- Carissa Weisdorf explained that the council bylaws call for committee co-chairs to serve one-year terms for up to two years or until a successor is named.
- Carissa displayed the **Needs Assessment Committee Co-Chair Position Description** and Lesa Nelson provided additional information about the role.
- Joe Amrhein and Julian Hines said they are willing to run for co-chair. Lesa Nelson said she will not run again since there are two new nominees.
- Carissa stated two nominees are needed, and Julian Hines and Joe Amrhein are both council members who live in the Transitional Grant Area so they can be elected by acclimation.

- Alissa Fountain thanked Lesa Nelson for all her work as the committee co-chair, and said she serves as a great mentor for new council members.

VI. Review work plan

- Carissa Weisdorf displayed the ***FY 2022 NAE Workplan*** and asked the committee for feedback.
 - HIV testing and treatment in jails and prisons and a focus group for people who have been through the corrections system were added as items to be scheduled.
 - The training on the Data Dashboard from Emily Reimer was added for April.
 - Development of the integrated plan was added as an item to be scheduled.

VII. Unfinished Business / New Business

- Nothing discussed

VIII. Set agenda for next meeting

- The training on the Data Dashboard and using data in the priority setting and resource allocation process was added.
- Carissa mentioned that the Needs Assessment and Evaluation Committee page on the council web site now has the results from the 2020 HIV/AIDS Comprehensive Needs Assessment, including the main databook, the presentation from Emily Reimer and Aaron Peterson, and some additional presentations. More items will be added.

IX. Announcements

- None

X. Adjourn

- Lesa Nelson adjourned the meeting at 10:48 a.m.

Meeting Summary

- An overview of the needs assessment process was presented.
- The Data Dashboard was introduced. Emily Reimer will provide a training to the Needs Assessment and Evaluation Committee first before it is presented to the council.
- Joe Amrhein and Julian Hines were elected by acclamation to serve as co-chairs of the committee.
- The FY 2022 NAE Workplan was reviewed.

Documents distributed before the meeting:

- Proposed agenda
- January 25 meeting minutes
- Quick Reference Handout 4.1: Needs Assessment—Putting the Pieces Together
- Needs Assessment Committee Co-Chair Position Description
- FY 2022 NAE Workplan
- PlanningCHATT-Module 4.1 – Needs Assessment Overview

- Quick reference handout 4.2: example of multi-year needs assessment plan

Additional documents displayed during the meeting:

- Data Dashboard
- Ryan White Program Service Area Standards: Mental Health

BB/cw