

Needs Assessment and Evaluation Committee
Tuesday, April 26, 2022
9:00 – 10:30 a.m.
Microsoft Teams Meeting
Meeting Minutes

Committee Members Present:	
Joe Amrhein (co-chair)	Lesa Nelson
Alissa Fountain	Angela Reed
Julian Hines (co-chair)	John Vener, MD
Guests:	
Emily Reimer (DHS)	Calvin Hillary Hylton
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Anika Kaleewoun	Dennis London
MDH (Prevention) Representative:	MDH (Surveillance) Representative:
Japhet Nyakundi (MDH)	Allison LaPointe
MCHACP Staff:	
Carissa Weisdorf, Coordinator	Bryan Bick, Administrative Specialist (minutes)

Quorum? Yes

- I. **Welcome and introductions:** Julian Hines called the meeting to order at 9:00 a.m. Introductions were made.

- II. **Review and approval of March 22 meeting minutes & proposed agenda**
 - The March 22, 2022 minutes were reviewed and approved as printed.
 - The proposed agenda was reviewed and approved as printed.

- III. **Data dashboard training for the council:** Emily Reimer presented ***HIV Council Data Training: Data Dashboard***
 - Emily stated that the Data Dashboard can be found on the council web site at <https://www.mnhivcouncil.org/>.
 - Emily asked the Needs Assessment and Evaluation Committee to let her know if they have any feedback on how to improve this training for the full council.
 - Emily was asked if the 2020 HIV/AIDS Comprehensive Needs Assessment main databook can be found on the Data Dashboard.
 - Emily explained that the databook is hosted on Hennepin County’s Ryan White HIV Services web site at <https://www.hennepin.us/business/work-with-henn-co/ryan-white-hiv-services>.
 - Carissa Weisdorf shared the databook is also posted on the web site of the council at <https://www.mnhivcouncil.org/needs-assessment--evaluation.html> and offered to send a printed copy to anyone who requests it.

- Emily Reimer was asked to demonstrate how to filter data by region. Emily showed how to select either "Greater MN" or "MSP-TGA" under the "Region" heading.
- Emily was asked if the information on the data dashboard is available as a PDF. Carissa Weisdorf explained that the council encourages members to use the data dashboard on the web site because it lets them select the data they want to see and filter it any way they need.
- Emily pointed out that some charts appear small and can be expanded for a larger view.
- Emily was asked about disparities among MSM utilization of ADAP services. Emily replied that did not have an answer prepared and encouraged further investigation on the dashboard with filtering by year and by region.
- Emily was asked to review the basics on how to use the dashboard to filter data. Emily explained that all the Ryan White service categories are listed on the left side of the dashboard. She showed how to select for one service at a time, or to select all core medical services or all support services. She also demonstrated how to filter by year or by region. Emily mentioned that data is "suppressed" if it represents fewer than ten clients.

IV. Using data in the priority setting and resource allocation process: Carissa Weisdorf gave the committee an overview of priority setting and resource allocation (PSRA) and led a discussion on how the committee can best inform the entire council about the data that are used.

- Carissa displayed the ***Needs Assessment and Evaluation Committee Roles and Responsibilities*** from the agenda and reviewed the item that describes the committee's responsibilities related to gathering information, presenting it to the council and its committees, and ensuring the information is used in the PSRA process.
- Carissa explained that the council completes the PSRA process every other year, and it happens this year. She stated that the Planning and Allocations Committee drives the process, but the Needs Assessment and Evaluation Committee is responsible for the data that will be used.
- Carissa presented ***Planning CHATT Module 5: Priority Setting and Resource Allocation***.
- Carissa Weisdorf was asked if resource allocation for Part A is changed when applied to Part B.
 - Carissa replied that the council does a combined allocation for Part A and Part B funding.
 - Carissa displayed the ***FY 2021 Minnesota Ryan White HIV/AIDS Program Part A and Part B Combined Expenditure Report*** and used Medical Case Management (MCM) as an example.
 - Carissa illustrated that the annual allocation for MCM was \$2,745,838. The council did not separate Part A and Part B when it allocated the funds, but the expenditure report shows that \$2.2 million was allocated to Part A and just over \$500,000 was allocated to Part B.
 - Carissa was asked if the council can raise funds on its own. Carissa answered that

raising funds is not a responsibility of the council, and Hennepin County Ryan White Program staff has stated that fundraising by the council is not possible due to its role in allocating Ryan White funds.

- Carissa displayed the **Data Dashboard** and showed how it can be used to see all sources of funding for MCM in 2020, including rebate and state funding. She filtered the data to show that 462 clients in Greater Minnesota received MCM services that year.
- A committee member stressed that there may be greater need for specific services in Greater Minnesota than in the metro or vice versa. They asked why the council sets priorities for Part A and assumes they are the same for Part B.
 - Carissa Weisdorf replied that the council does not do priority setting separately for Part A and Part B because it is a body for both. She said it may be difficult for people to differentiate between the two without having more qualitative information.
 - Dennis London added that the council prioritizes the needs of people living with HIV, and that serves as a recommendation for Part B. He explained that the Department of Human Services (DHS) has discretion to allocate more funds if it determines there are additional needs that are not being met.
- A committee member said the service area they are most concerned about in Greater Minnesota is transportation. They stated there are no buses or trains in most communities, and taxis exist but are extremely expensive (as much as \$200-\$400 for a 200-mile round trip). They also expressed concerns about how the grant funding for HIV testing in Greater Minnesota has been awarded.
 - Carissa Weisdorf encouraged council members to speak about their experiences providing services and finding unmet needs. She agreed that priority setting should be used as an opportunity to address gaps in services.
 - Carissa displayed the **Prioritization Rankings for FY 2021-2022**. She explained that the council has prioritized medical transportation highly in the last two priority setting and resource allocation (PSRA) cycles.
 - Emily Reimer shared data from the 2020 HIV/AIDS Comprehensive Needs Assessment that demonstrated transportation is harder to access in Greater Minnesota than in the transitional grant area (TGA). 33.7% of respondents in Greater Minnesota reported they were unable to access transportation, compared to 26.1% in the TGA. The Northeast region of MN had the highest rate of individuals unable to access transportation to health care services at 61.9%.
- Carissa Weisdorf reminded the committee any council member can propose a change to the allocations proposal that comes from the grant recipients. She shared that the council will review the allocations proposal at its first meeting in August, and then council members will have a week to consider it and prepare amendments.
- Emily commented that looking at the 2020 HIV/AIDS Comprehensive Needs Assessment main databook is a good way to make comparisons of service access among the different regions in the state.
- Carissa displayed **RWHAP Part A Planning Council Primer Appendix I: Types of Data**

Reviewed by Planning Councils for Priority Setting and Resource Allocation

- Joe Amrhein led the committee in describing the different data sources.
- Carissa was asked what EMA stands for. She explained that it is an acronym for Eligible Metropolitan Area, and there are no EMAs in Minnesota.
- Carissa shared the plan for how these data sources are presented to the council.
 - In June the Minnesota Department of Health (MDH) will provide its annual HIV epidemiological data presentation including the epidemiological profile.
 - HIV care continuum data will come a little later from MDH. Carissa stated that information can be located on the MDH web site at <https://www.health.state.mn.us/diseases/hiv/stats/index.html>.
 - Service expenditure and cost data and client characteristics and service utilization data are available on the data dashboard.
 - Data from the recipients is provided through regular presentations to the council.
 - There will be a quality management presentation at the council meeting in May.
 - HIV testing and Early Identification of Individuals with HIV/AIDS (EIIHA) data are provided by MDH.
 - Needs assessment data has been presented to the council, but there is much information to consider. Carissa asked the Needs Assessment and Evaluation Committee for ideas on how to best share these data with the council.
- Carissa shared the **2020 HIV Comprehensive Needs Assessment: service needs analysis presentation** and suggested the top 12 unmet needs presentation might be useful for people to refer to as they are completing the priority setting and resource allocation process. As an example, Carissa showed that 30% of the respondents reported needing but not accessing oral health care.
- Carissa shared examples of what the Needs Assessment and Evaluation Committee has done previously to help the council learn how to use data in the Priority Setting and Resource Allocation process.
 - One activity consisted of Needs Assessment and Evaluation Committee members participating in a fishbowl activity where they discussed amendments to the allocations proposal and council members identified whether they provided opinions or data-driven arguments.
 - Another activity was to break into small groups and have members of the Needs Assessment and Evaluation Committee lead guided conversations about the actual proposal. Council members shared their thoughts on what funding changes they wanted, and then the committee members showed them how to find data to support their ideas.

V. Unfinished Business / New Business

- No unfinished business was discussed.
- No new business was discussed.

VI. Set agenda for next meeting

- The **FY 2022 NAE Workplan** was displayed. There are no items on the workplan for May. The committee agreed to cancel the May meeting.
- Carissa Weisdorf reminded the committee that it requested to hear from a subject expert on HIV testing and treatment in jails and prisons, and to conduct a focus group for people who have gone through the corrections system. The committee agreed to do this in June if it can be scheduled.

VII. Announcements: Lesa Nelson reminded the committee that Dining Out for Life is April 28.

VIII. Adjourn: Joe Amrhein adjourned the meeting at 10:38 a.m.

Meeting Summary

- The committee received training on how to use the Data Dashboard.
- Council staff led an overview of the types of data that are used in the priority setting and resource allocation (PSRA) process and how the Needs Assessment and Evaluation Committee can help the full council learn how to use the data.

Documents distributed before the meeting:

- Proposed agenda
- March 22 meeting minutes
- Description of PSRA (Planning Council primer)
- RWHAP Part A Planning Council Primer Appendix I: Types of Data Reviewed by Planning Councils for Priority Setting and Resource Allocation
- FY 2022 NAE Workplan

Additional documents displayed during the meeting:

- HIV Council Data Training: Data Dashboard
- Planning CHATT Module 5: Priority Setting and Resource Allocation
- FY 2021 Minnesota Ryan White HIV/AIDS Program Part A and Part B Combined Expenditure Report
- Prioritization Rankings for FY 2021-2022
- 2020 HIV Comprehensive Needs Assessment: service needs analysis presentation

BB/cw