

Planning Council 2018 Needs Assessment Activities

The Office of Policy and Community Engagement
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Planning Council's Mission

- ▶ ***Our Mission***

The mission of the Greater Baltimore HIV Health Services Planning Council is to provide comprehensive, high quality services to PLWH/As in the greater Baltimore eligible metropolitan area (EMA) regardless of their ability to pay.

- ▶ The planning council will plan for and ensure access to culturally sensitive, high quality, cost-effective services in collaboration with local authorities, providers and consumers of HIV-prevention and care services. The planning council and its advisors will act in a timely and unbiased manner when setting priorities to allocate resources.

HRSA's Components of Needs Assessment

- ▶ **Epidemiological profile-** Describes the HIV/AIDS epidemic within various populations and identifies characteristics of both HIV-infected and HIV-negative persons in defined geographic areas. It includes information gathered to describe the effect of HIV/AIDS on an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics. The epidemiologic profile serves as the scientific basis from which HIV prevention and care needs are identified and prioritized for any given jurisdiction.
- ▶ **Assessment of service needs-** Service needs among affected populations, including barriers that prevent PLWH from receiving needed services. This component involves gathering an array of information from multiple sources in order to identify trends and common themes. Data sources include PLWH and other community members, the health department, Medicaid agency, community-based providers and, where applicable, grantees funded by other CARE Act titles. Information must also be obtained from and about HIV-positive individuals who know their status and are not in care.
- ▶ **Resource inventory-** Describes organizations and individuals providing services across the full continuum of HIV services accessible to PLWH in the area. The goal of the resource inventory is to develop a comprehensive picture of services, regardless of funding source. At a minimum, the resource inventory includes for each provider a description of the types of services provided, the number of clients served, and funding levels and sources.
- ▶ **Assessment of provider capacity and capability-** Identifies the extent to which services identified in the resource inventory are accessible, available and appropriate for PLWH, including specific subpopulations. Estimates of capacity describe how much of which services a provider can provide. Assessments of capability describe the degree to which a provider is actually accessible and has the needed expertise to provide services. A careful assessment of barriers to PLWH receiving services is an important aspect of this component. Some needs assessments will also explore acceptability of services. However, assessment of client satisfaction is a complex effort that should be undertaken thoroughly in the planning body's quality improvement process.
- ▶ **Assessment of gaps in services-** Brings together the quantitative and qualitative data on service needs, resources and barriers to help set priorities and allocate resources. This should include an estimate of unmet need or gap analyses for both PLWH in care and those not currently receiving primary health care or other HIV services.

Priority Setting and Resource Allocations

- ▶ **Three interrelated components:**
 - ▶ **Priority Setting** - determining what services people with HIV in this EMA/TGA who are eligible for Ryan White services are most likely to need and the relative importance of these services
 - ▶ **Resource Allocation** - determining the amount of RWHAP Part A funds to be allocated to each of the service categories prioritized by the PC
 - ▶ **Directives** - developing guidance to the recipient on how best to meet the PC's service priorities
- ▶ **Decision making for all components should be data-driven**

Community Conversations in 2018

- ▶ Continuum of Care Committee Housing Discussion on April 4th
- ▶ Planning Council Town Hall April 17th
- ▶ PLWH/A Committee Housing Town Hall May 23rd

Disclaimer

- ▶ The information in this presentation represents a collection of perspectives from various members of the community, including consumers of services, front-line workers who provide daily services, administrators, and stakeholders.
- ▶ Getting the perspectives of people from our community provides the council with a snapshot of what may be going on in the service delivery system. Observations and concerns put forth within these forums deserve to be examined.

Housing Discussion 4/4/2018

Continuum of Care Committee invited providers to share their perspectives on housing needs in the community.

Continuum of Care Committee Housing Discussion

- ▶ Held at Baltimore City Health Department on April 4th
- ▶ Majority provider population
- ▶ 25 participants
- ▶ Guiding questions:
 - ▶ What's working?
 - ▶ What isn't working?
 - ▶ What can be done to help providers to be more effective?

What isn't working?

- ▶ Clients reporting being put out of transitional housing.
- ▶ Clients reporting not being receiving three meals a day while receiving transitional housing.
- ▶ Clients feel unwelcomed.
- ▶ Long wait lists.
- ▶ Providers feel like they do not have good communication with housing providers.
- ▶ Case managers cannot get information from Housing agencies without a signed authorization of release.
- ▶ Most housing dollars in Maryland are federal dollars that come with limitations.
- ▶ HOPWA was not designed to be long-term.
- ▶ Homelessness is seen as a secondary issue to HIV in planning.
- ▶ People often receive housing and lose it due to a misunderstanding of the regulations that come with a housing voucher.
- ▶ People lack the skills to maintain their housing.

What can we do to be more effective?

- ▶ Organizations need to work together to maximize resources.
- ▶ Utilization of cross jurisdiction agency resources.
- ▶ Take a closer look at what is not working.
- ▶ Housing needs assessment.
- ▶ Better education for consumers.
- ▶ Package information needed in a more digestible manner.
- ▶ Strategies to get people motivated programmatically as well as consumers.

Town Hall Meeting 4/17/2018

The PC invited all community stakeholders to share their thoughts on housing and other needs affecting people living with HIV in the region.

Planning Council Town Hall on April 17th

- ▶ Held at Baltimore War Memorial
- ▶ Mixed group of providers and consumers
- ▶ Over 100 registrants
- ▶ 9 Speakers
- ▶ Participants discussed needs of the HIV community

Consumer Needs

- ▶ Remove stigma and shame through community/ church educational programs
- ▶ Outreach to young people through community events
- ▶ Housing/ rental assistance, and help with utilities
- ▶ Transportation to and from appointments and CABs
- ▶ Physical, occupational, and rehabilitation therapy
- ▶ Assistance with food, eye glasses, legal needs
- ▶ Healthy living and life skill training classes
- ▶ Access to mental health care

Consumers Needs

Assistance for Aging population:

- ▶ Clients unable to navigate their homes due to mobility issues.
- ▶ Need for long-term physical therapy and rehabilitation services such as water aerobics.
- ▶ Helping long term survivors stay home as long as possible
- ▶ Age without becoming disabled
- ▶ Facilities should be prepared to take care of consumers
 - ▶ Facilities should be aware of the medications that their patients are already taking and how the drugs interact

Incarcerated Population:

- ▶ Are sent to shelters because they do not have documentation.
- ▶ Unlikely to see their case managers because they are dealing with mental health and substance abuse issues.

Consumers Needs

Spanish speaking consumers:

- ▶ Spanish speaking mental health provider- they typically have an interpreter translate and they are unhappy with that method
- ▶ Church support for infected patients and their families
- ▶ Spanish speaking staff in clinics, pharmacies, and administratively assisting with checking in and out to receive services
- ▶ Expanding housing for the Spanish speaking population

Provider Identified Needs for Consumers

- ▶ Home case management for patients who are repeatedly “no shows”
 - ▶ Community based agencies will not provide home case management because it is considered duplicate services. However, the patients are not being serviced at all.
 - ▶ If a patient misses multiple appointments and someone in the clinic locates them, they are told to get in touch with their doctors. The patients often will not do that.
- ▶ Additional housing services;
- ▶ Activities/ groups to address stigma;

Town Hall Meeting for PLWH/A

5/23/2018

The PLWH/A Committee invited consumers of services in Baltimore City and the counties of Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's to come and share their perspectives on housing in the region.

PLWHA Housing Town Hall on May 23rd

- ▶ Held at Baltimore War Memorial
- ▶ Purpose: to listen to people living with HIV about their needs for housing and what services are working to meet their needs for services.
- ▶ Most attendees were consumers
- ▶ Over 90 attendees
- ▶ The room was divided into four groups to answer the following questions:
 - ▶ What housing services do you (or your clients) need?
 - ▶ What is working? What isn't working?
 - ▶ What challenges are you (or your clients) facing in accessing housing?
 - ▶ How can we help you and/or other clients get housing services?

Themes arising from the small groups

Themes from the small groups that are relevant to RWPA service implementation:

- ▶ Issues of client safety within transitional housing units paid for by Ryan White Part A. Safety issues examples: having blankets available, maintenance of units, active drug use and/or drug dealing in units.
- ▶ Concerns of providers collecting clients' food stamps and entitlement checks to defray cost of services paid for under RWPA.
- ▶ Lack of safe transitional units available.
- ▶ Lack of affordable housing, in general, and subsidized housing specifically.
- ▶ Wait list for subsidized housing (specifically HOPWA) has not moved.
- ▶ Lack of culturally competent client orientation at intake.
- ▶ Need for housing-related case management and case management that checks on client.

Themes arising from the small groups

- ▶ Consumer need for life skills training
- ▶ Need for housing for clients coming out of prison, the deaf and transgendered
- ▶ Better programmatic oversight/monitoring; provider and Ryan White Program accountability
- ▶ Housing managers should be reimbursed
- ▶ Lack of security i.e. theft
- ▶ Not enough affordable housing and quality of housing is poor
- ▶ What is considered to be meals in transitional housing
- ▶ Dismissal of clients during the day and let back in during the evening
- ▶ Discrimination against the transgendered persons
- ▶ Need for furniture
- ▶ Checking in clients

Re-occurring Themes

- ▶ Housing needs for the following groups
 - ▶ Aging individuals
 - ▶ Families
 - ▶ Persons coming out of prison
 - ▶ Deaf and hard of hearing persons
- ▶ Need to feel safe in transitional housing
 - ▶ Active substance abuse
 - ▶ Theft
 - ▶ Building security
 - ▶ Maintenance
- ▶ Need for Housing Advisory Boards that includes consumers
- ▶ Need for cultural competency training for providers
- ▶ ADA compliance
 - ▶ Wheel chair accessibility
 - ▶ Interpreter services - language and deaf persons
- ▶ Need for life skills trainings

What's Working?

Feedback from all three community sessions

What is working?- COCC housing discussion

- ▶ Once consumers are connected with housing assistance they understand the expectations. Their social workers work with them to submit the paperwork, the inspections go well.
- ▶ A provider in Howard County stated that they have only housed five people in the last 5 years through HAFD (housing assistance for families with disabilities formerly HOPWA).
- ▶ There are multiple specialty programs in Baltimore for housing
 - ▶ Restoration Gardens (geared toward youth)
 - ▶ A Women's program
 - ▶ The shelter plus program to which he is a part of this program.
- ▶ The shelter plus program provides a Case Manager who makes house visits, along with the consumer making visits to the office.
- ▶ Programs that have interdepartmental communication tend to have better results.
- ▶ Hope Springs has curriculum on financial literacy
- ▶ A program in Philadelphia called Harbor Place has a housing first model.
- ▶ Some consumers receiving housing services have mobility issues.
- ▶ Areas have community organizations that have an impact on what you can and cannot have in their neighborhood.
- ▶ Need for services for the LGBTQ+ community.

What's working?- Planning Council Town Hall

- ▶ Community Health Worker Model
 - ▶ Allows non-medical case managers and outreach teams to go to the homes of clients
 - ▶ Taking the van out to do blood pressure monitoring and education
 - ▶ Offer services from outreach using the mobile unit to link persons to services and medical case management, emergency financial assistance, and housing services.
 - ▶ Support groups for women and men
 - ▶ Offering non-traditional services such as reiki, yoga, meditation, and financial management.

What is working?- PLWHA Housing Discussion

- ▶ Building personal responsibilities
- ▶ 3rd party leasing
- ▶ Funding for transitional housing although limited
- ▶ Peer support
- ▶ Vacant to value program- purchase homes at nominal fee and rehab the building
- ▶ Checking in with clients semi annually
- ▶ Utilities folded into rent
- ▶ Programs that offer single room occupancy
- ▶ De-duplication of programs/services

Summary

- ▶ Overall, there has been a call for organizations to collaborate and maximize available resources
- ▶ Clients and providers have asked for more training for life skills and cultural competency.
- ▶ Clients would like more monitoring of programs and to feel safe in shared spaces.
- ▶ Housing considerations and rehabilitative services for the aging population.
- ▶ Considerations for differently abled persons, the formerly incarcerated, and the Spanish speaking population

Questions?

- ▶ The planning council support office
- ▶ Phone number- 410.396.1646