Explore

a mini-needs assessment, august 2010

This report is the comprehensive report of the 2010 mini-needs assessment conducted by PROVADO The Group, Inc. The assessment took a high-level look at five target populations, their HIV needs, and their ability to access HIV services and medical treatment.

HIV
treatment
stigma
services
needs

compassion
dignity
medical care
life
gaps

BEXAR COUNTY
DEPARTMENT OF COMMUNITY RESOURCES

233 North Pecos Street, San Antonio, TX 78207

210.335.7056 www.hiv210.org

ACKNOWLEDGEMENTS

Members of the Needs Assessment Committee:

Carlos Carmona
Rachel Gonzalez
Johnny Jackson
Ann Price
Roland Recio
Frank Rosas
Gloria Salinas-Garcia
Charles Whitehead, CHAIR

Members of the People's Caucus who Helped Recruit Focus Group Participants

John Barbo
Douglas Garriott
Glenda Small
Charles Whitehead

Participating Providers

Mujeres Unidas
San Antonio AIDS Foundation
Alamo Area Resource Center
Beat AIDS
United Medical Center (Part B)
University Health System

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Planning Council and Administrative Agent Staff

Aurora M. Sanchez, Executive Director
Laura Castro
Stephanie Cisneros
Charlene Doria-Ortiz
Allison Elmer
Erin Grothues
Andrea Ramirez
Teresa Sanchez
Peggy Villarreal

Project Consultants

Chris Wilkie, Founding Senior Principal — PROVADO The Group, Inc.
William "Bill" Stringer, Senior Consultant — PROVADO The Group, Inc.

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EXECUTIVE SUMMARY

In 2009, the San Antonio Area HIV Health Services Council completed a comprehensive needs assessment, one of the vitally important duties for which the Council is responsible. That needs assessment has been utilized to determine if people living with HIV/AIDS are receiving optimal health services, and if not, to implement recommended changes to the care system. In 2010, the Council voted to conduct a mini-needs assessment in preparation for the required 2011 Comprehensive Needs Assessment. The purpose of this 2010 Mini-Needs Assessment is to conduct a quantitative and qualitative assessment for five severe needs populations (the populations are listed in the Introduction Section). The populations were chosen not only because their needs are often complex, but in an effort to gain an enhanced understanding of each population.

The purposes of this mini-assessment, in addition to preparing for the 2011 assessment, are to determine a wide array of specific information regarding the five populations to be assessed, and to communicate those needs in its annual Part A application. Additionally, the quantitative and qualitative data derived from this assessment can provide important information to the Council regarding the continuum of care and its accessibility, gaps, barriers and needs in the service delivery system, and any special needs of the five populations assessed.

In April, 2010, the Bexar County Purchasing Department released a Request for Proposals to applicants interested in responding with proposals. In May, 2010, the consulting firm, PROVADO The Group, Inc. was awarded the contract to conduct this 2010 Mini-Needs Assessment.

Scope of Work/Methodology

The Needs Assessment Committee (NAC) of the Council developed the timeline and scope of work, as well as being charged with general oversight of the project. At the beginning of the project, Provado met with the NAC and representatives from the Administrative Agency to ensure Provado had a local understanding of the desired development and implementation of the project. Provado was provided with the expectations of the NAC which included the overarching goal, the objectives, and specific data points for the targeted populations (all of which are listed in the Introduction Section).

The methodology utilized for quantitative data collection was a survey distributed to each of the consumers. The methodology utilized for qualitative data collection included key informant interviews with service providers and focus groups for each of the severe needs populations. Following data collection for all methodologies utilized, analysis was conducted. Additionally, documentation review of a comprehensive array of key documents was conducted which mirrored a literature review process.

The scope of work, the overarching goal, the objectives and the required data points are described in detail in the Introduction Section. Among the most important components of this assessment are the findings and themes, presented below.

Findings and Themes

This section of the report was formatted by first identifying the theme (finding) that emerged from the analysis, followed by supportive data. The supporting data was derived from Focus Groups (FG), Key Informant Interviews (KI) and Consumer Surveys (CS). The FG, KI and CS data are presented by supportive quotes, documentation references and facilitator comments/notes.

Overarching Theme: This theme, *Lack of Information and Access*, is unique in that it is overarching. It was the primary identifier that further linked the remaining themes together. Throughout data collection, participants related their frustration and confusion in accessing the services available, and oftentimes not even aware of services that were available. Data verified that a lack of information through education was the presenting barrier.

Theme #1: Because of the overarching theme of lack of information via education, and access to available services, one must look to *Case Management and ARIES* as a potential underlying cause. The vital importance of Case Management in the continuum of care cannot be overstated. The healthy "partnership" between the case manager and the client directly impacts the client's ability to navigate the system of care successfully. If the interaction is not of high quality, the client may not be able to access the services the client needs, and in the worst case, may lead to the client dropping out of care. As the ARIES system is the client record-keeping mechanism, it directly impacts all aspects of the client's care.

Theme #2: Consumers overwhelmingly expressed great dissatisfaction and frustration with *Transportation*, which was reportedly a highly utilized service across all populations. This theme is an example of the interconnectedness of all findings. Transportation is a literal means of accessing any service available in the care system, and was identified as a reason for dropping out of care.

Theme #3: In the report, it was stated that the findings were complex, interconnected and overlapping. Consequently, the three findings described here demonstrate that concept: consumers in all of the targeted populations described *Long Waits to Schedule an Appointment*, *Long Waits for the Appointment* and *Red Tape* (documentation, eligibility and recertification) as significant barriers to care services. Additionally, consumers rated these three issues among the top reasons for dropping out of care.

Theme #4: The need for *Support Groups* was a common theme across all of the targeted populations. Analysis indicated that support is highly regarded from peers who can relate to another's experiences. Participants explained that it was important to have individuals who can provide emotional support as well as informational support to effectively manage their disease.

Theme #5: Pervasive across all targeted populations, *Stigma and Discrimination* associated with HIV appeared to be broad in scope. However, while broad in scope, the supporting data indicates stigma is a barrier to healthcare from the participants' point of view.

Theme #6: *Residential treatment for Substance Abuse* was a repeatedly identified gap in services. Analysis of data indicated that when using drugs or alcohol, staying healthy was of low priority. Though drugs and alcohol are often used as a form of self-medication, the substance abuse was already a part of respondents' lives prior to their HIV diagnoses. Maintaining adherence to medical regimens means that one would have to alter an important component of his/her lifestyle.

Recommendations

Provado utilized the following techniques and criteria to identify and present recommendations and suggestions:

- Identification and ordering of emerging themes from the Analysis/Results Section.
- Identification and ordering of those emerging themes and respondent quotes based upon interpretation of importance, utilizing the criteria of "number of responses".
- Comparison and contrast of the qualitative analysis/results.
- Recognition of the overlapping and interconnected issues that relate to the needs of the targeted populations.

For this section of the report, Provado utilized a format of re-identifying the themes, to be directly followed by the recommendations. Additionally, Provado presented recommendations utilizing a step-by-step action plan, rather than utilizing generalized action statements with no real pathway to achieve the recommendation. Due to the length of the recommended action plans, the plans are not included in this Executive Summary.

INTRODUCTION

The San Antonio Area HIV Health Services Planning Council (the Council) was established in 1994 when the San Antonio Transitional Grant Area (SATGA) became eligible to receive Ryan White Part A funds. The Administrative Agency (AA), Bexar County, through its Department of Community Resources (DCR), administers the Ryan White program. The Council is charged with conducting qualitative and quantitative Needs Assessments, which enhance comprehensive planning in the San Antonio TGA, comprised of Bexar, Comal, Guadalupe and Wilson counties.

People living with HIV/AIDS (PLWHA) face medical, psychosocial and other challenges that require optimal health service delivery. Education and enhanced availability of information on HIV/AIDS disease, the Continuum of Care, and the needs of those living with HIV/AIDS, are vital components necessary for PLWHA to access those optimal services.

Effort must be made to obtain quantitative and qualitative data from individuals in severe needs populations to better equip the Council in their efforts to address needs, barriers, and gaps relative to these populations.

This Mini-Needs Assessment is a partnership amongst the Council, the AA and the Ryan White community. Consequently, the collaboration of providers, consumers, health care planners, and other key stakeholders was integral to the development and production of this report. The Council will utilize this assessment for priority setting and resource allocation, to provide guidance for decisions regarding service delivery, and to communicate the TGA's severe needs to the Health Resources Service Administration (HRSA) in its annual Part A grant application.

SCOPE OF WORK & METHODOLOGY

The Needs Assessment Committee (NAC) of the Council was charged with developing the timeline and scope of work for this Mini-Needs Assessment and with general oversight of the total project.

In April, 2010, the Bexar County Purchasing Department released a Request for Proposals (RFP) to applicants interested in responding with proposals. In May, 2010, the consulting firm, PROVADO The Group, Inc. was awarded the contract to conduct the 2010 Mini-Needs Assessment.

At the beginning of the assessment activity, Provado met with the NAC and representatives from the AA to ensure Provado had a local understanding for the development of the process to complete the Mini-Needs Assessment.

The Council will utilize the information obtained in this 2010 Mini-Needs Assessment to initiate its process for its 2011 Comprehensive Needs Assessment. Conducting this Mini-Needs Assessment in mid-2010 will allow adequate time for the Council to understand the issues of the targeted populations cited below.

The project's overarching goal was defined as:

The overarching goal was to conduct a qualitative/quantitative Mini-Needs Assessment to enhance the comprehensive planning in the SATGA. The process will better equip the Council in their efforts to address service needs, barriers and gaps of the identified target populations. Additionally, the Mini-Needs Assessment will be utilized to initiate the process for the Council's 2011 Needs Assessment.

Provado was charged with focusing on the following main objectives:

- Collect a data sample and focus on the following target populations:
  - Transgender PLWHA
  - Young men who have sex with men (MSM) - ages 13-24
  - Veterans
  - African American MSM
  - Women of Color
- Address each of the target populations with the following data points:
  - Traditional demographic data
  - The extent to which population members know their HIV status and are not actively enrolled in a system of HIV/AIDS primary medical care
  - The barriers to primary medical care (both actual and perceived). Analysis of the barriers to medical care should be qualitative explanations or reasons, not services
  - The real and/or perceived service gaps for those who are in HIV/AIDS primary medical care. Again, these should be qualitative reasons or explanations, not services

Additionally, the assessment was to be conducted with surveys and focus group/key informant scripts that were approved by the NAC prior to implementation. This process ensures that the data points accurately reflect the needs of the Council.

DATA COLLECTION & ANALYSIS PROCESSES

In the initial meeting with the NAC and the AA, Provado assured the NAC that each issue bulleted above would be addressed in the methodology design. Further, Provado assured that all elements of the design would be openly discussed with the NAC and/or Planning Council Liaison to ensure compliance with any additional requirements desired by the Committee. Provado utilized the following program design to complete the stated scope of work, divided into three components:

1. Documentation Review/Analysis
2. Data Collection/Analysis
3. Identified Data Limitations

Component 1: Documentation Review/Analysis

The documentation review process scientifically mirrored a literature review process. Similar to a literature review, Provado read, analyzed and critically reviewed a comprehensive array of key documents relevant to this project. The purpose of this in-depth document review was to gain a full understanding of the predetermined needs and gaps within the service area (as identified in prior Council reports).

List of Documents Reviewed:

- 2009-2011 Comprehensive Plan
- 2009 Needs Assessment
- The Resource Guide (2009)
- 2009 Standards of Care
- Texas Department of State Health Services (DSHS) HIV/STD Epidemiological Report
- HRSA/HIV/AIDS Bureau (HAB) Standards for Conducting Needs Assessments

Epidemiology
A comprehensive epidemiological report utilizing 2007 data was included in the 2009 Comprehensive Needs Assessment. The most current DSHS Epidemiological Report (2008), inclusive of co-morbidity rates of STDs can be found at the following web link: www.dshs.state.tx.us/hivstd/stats/pdf/surv_2008.pdf.

Component 2: Data Collection (FG/KI)

This Mini-Needs Assessment conforms to the legislative mandates and the HRSA/HAB expectations, as well as generally accepted qualitative/quantitative procedures. The primary data collection method involved the utilization of Survey Tools, KIs, and FGs.

The data collection process utilized survey instruments that adhered to the survey topics which were determined and approved by the NAC, and focused on issues surrounding medical care, reasons for being out of care, reasons for dropping out of care and specific services (gaps and barriers). Additionally, Provado mirrored the same survey tool utilized in the 2009 Needs Assessment so that the same data points could be crossed back to the comprehensive assessment conducted 8 months ago. This is particularly important to determine which themes are unique to specific populations and which themes present consistently across all populations (or majority of populations assessed). A copy of the 2009 Needs Assessment can be viewed at the following web link: www.hiv210.org/index.php/about-us/planning-council/publications.

Surveys were conducted and collected in English only via Survey Monkey, an online survey collection and analysis platform. Survey Monkey's program features organized, sorted, and analyzed data. The goal in the design and utilization of the surveys was to obtain the desired information using the shortest, most user-friendly approach.

Provado conducted six KIs with providers who were identified as currently serving one or more of the targeted populations. The qualitative data from the key informant interviews were obtained in person and via telephone utilizing a written script of questions. Again, all responses were grouped by theme and commonality of response.

Finally, consumer FGs were planned to gain in-depth, detailed information to enhance understanding of the needs assessment's priority populations. The qualitative data from all focus groups were collected via facilitator notes and responses were grouped by theme and commonality of response. In addition, all consumer focus group participants completed the survey instrument. Provado scheduled six FGs and successfully facilitated five FGs:

1. People's Caucus (included a mix of PLWHA)
2. Young MSM (13-24)
3. Women of Color
4. Transgendered
5. Veterans
6. African American MSM

Note: The African American MSM group did not make, however they were represented in both the People's Caucus and the Young MSM FGs.

Component 3: Identified Data Limitations

- Respondents to the surveys were not selected on a random basis. Surveys were only offered to FG participants.
- Qualitative research is meant to prompt solid discussion and provide insight into a particular group's thoughts and experiences; therefore, the information in this report is subjective to the participants' experiences and opinions only.
- FG and KI were not recorded, and therefore there are no verbatim transcriptions of the interviews. Instead, themes and qualitative supporting data were compiled from facilitator notes.

Guidance about the Analysis

Qualitative Research and Interpretation

The findings from qualitative research result from the ideas and thinking of the individual(s) conducting the analysis, and are therefore subjective opinions, which are presented as findings or themes in this report. Consequently, care should be taken when drawing any conclusions. The findings and themes are best utilized to generate insights that lead to good, vibrant discussion that can in turn provoke ideas, and aid in judgment.

Presentation of the Results

The findings from this project involve the use of quotations and/or excerpts from the participants. Provado's analysis process identified key themes within the data which address key issues of the five targeted populations. To ensure validity and reliability, this approach to the analysis process was guided by the following criteria:

- Identification and ordering of information relating to each topic from each data collection method.
- Identification of the most frequent responses or most common responses within and across groups or respondents, and differences reported within and across groups of respondents.
- A summary of information and a comparison of responses by type of respondents and population group.
- A comparison/contrast of qualitative information across sources.

Analysis - Respondent Overview:

FGs, KIs, and a survey were utilized to assess the targeted populations and service providers. The total number of participants who completed a key informant interview or participated in a FG was 32, of which 81.25% (26) represented consumers, and 18.75% (6) represented providers. Total number of surveys completed was 26, of which 100% represented consumers, as providers were not asked to complete a survey tool.

The following table exhibits the further breakdown within each of the target groups assessed. Additionally, Appendix A represents the basic demographic information collected from each participant. The data in Appendix A is presented per target population to aid in easily dissecting the numerous data points collected.

Target Population	Number of Respondents	Percentage of Respondents
Transgender	6	19%
Young MSM (13-24)	6	19%
African American MSM	4	12%
Women of Color	6	19%
Veteran	4	12%
Providers	6	19%
Total	**32**	**100%**

Note: The Young MSM focus group consisted of participants who were Young MSM (age 18-24), MSM who were 25-34 and self identified as "Young MSM," and also MSM volunteers who worked in HIV prevention programming which targets Young MSM 18-24 and serve as gate-keepers to the Young MSM community.

FINDINGS, THEMES, & RECOMMENDATIONS

Findings & Themes Guidance:

This section of the report has been formatted by first identifying the theme (finding) that emerged from the analysis, followed by supportive data. The supporting data was derived from FG, KI and CS. The FG, KI and CS data is presented by supportive quotes, documentation references and facilitator comments/notes. Provado staff utilized the following codes to relate Target Populations to quotes/comments/concepts throughout the remainder of this section.

Target Population	Code
Transgender	TG
Young MSM (13-24)	YMSM
African American MSM	AAMSM
Women of Color	WoC
Veteran	Vet
Providers – key informant interviews	P

Recommendations Guidance:

Provado utilized the following techniques and criteria to identify and present recommendations and suggestions:

- Identification and ordering of emerging themes from the Analysis/Results Section.
- Identification and ordering of those emerging themes and respondent quotes based upon interpretation of importance, utilizing the criteria of "number of responses."
- Comparison and contrast of the qualitative analysis/results.
- Recognition of the overlapping and interconnected issues that relate to the needs of the targeted populations.

For this section, Provado utilized a format of identifying the themes, to be directly followed by supporting data which is followed by the recommendations. Additionally, Provado has presented recommendations utilizing a step-by-step action plan, rather than utilizing generalized action statements with no real pathway to achieve the recommendation.

Overarching "Big Picture" Theme

An overarching finding, strongly supported by all data collection methods utilized in this study, is that *the findings are complex, overlapping and interconnected.* Additionally, there was profound commonality of issues among all of the targeted populations, with only slight exceptions for Transgender and Veterans. The emerging overarching theme centered upon *Lack of Information and Access*, from which the detailed findings emerged. The access issue is not one of entry into the care system, but rather access to core and support services once the client has entered care. The contributing factor to the access issue is a lack of information via education for the client on how to navigate the care system, validating the overlapping and interconnected dynamics cited above.

Overarching Theme - Lack of Information and Access
This theme is unique in that it is overarching. It was the primary identifier that further linked the remaining themes together. Throughout data collection, participants related their frustration and confusion in accessing the services available, and oftentimes were not even aware of services that were available. Data verified that a lack of information through education was the presenting barrier.

Supporting Data

- When responding to a question in the Consumer Survey, "Which barriers apply to these services", which listed 12 services, respondents cited "lack of information" and scored the barriers as 100%. *(CS, YMSM)*
- All other populations scored "lack of information" 100% nearly 75% of the time. *(CS, Vet, WoC, AAMSM, TG)*
- "Prioritize getting them into medical care, then focus on treatment, this leads to a snowball effect for other service needs. Use EIS – we have four milestones clients must meet before they can move on – and there is lots of education associated with the milestones." *(KI, P)*
- "Must be in the right place at the right time. Communication on overarching things that impact the system or about services that are available seems to be lacking." *FG, People's Caucus)*
- "ASOs have the information, but do not share it effectively with the consumers." *(FG, People's Caucus)*
- When participating in a focus group, one respondent indicated the Resource Guide, "does not help me know what I need, again that don't know what you don't know stuff that we've been talking about." *(FG, WoC)*
- This group seemed to identify the hardest time accessing services and also knowing what is available to them. *(FG Facilitator note, YMSM)*
- Varying policies from agency to agency regarding referrals and access. *(FG Facilitator note, Vet)*
- "It is a constant runaround getting information." *(FG, TG)*
- "Education, education, education!" *(KI, P)*
- "We provide lots of education, client responsibilities, keeping up with eligibility paperwork, etc." *(KI, P)*

Overarching Theme Recommendation(s)

Goal: Ensure the standardized availability and dissemination of the necessary and appropriate information for PLWHA to navigate through the Continuum of Care (CoC).

Objective: Determine the cause(s) for the lack of information and make appropriate corrections.

Tasks:

1. The Council should form an ad hoc investigative committee charged with identifying cause(s) for the information gaps by 9.1.2010.
2. The committee should create a provider assessment document, with input from case managers from each provider agency that elicits information and data to determine how each provider agency delivers and manages information and education relative to how PLWHAs navigate the CoC. This could include review of policies, procedures and protocols, case management intake procedures, and verbal input from provider agencies' "front-line" staff. The assessment should be conducted by the AA. The assessment document should be completed by 10.1.2010. The assessment of all provider agencies should be completed and analyzed by 12.1.2010.
3. Utilizing the assessment data, the Council, in conjunction with the AA, and input from case managers from each provider agency, should develop policies and procedures that address and correct the gaps in dissemination of information for PLWHA to navigate the CoC by 1.1.2011.
4. Case managers from each provider agency should be convened by the ad hoc committee, the Council officers, and the AA to attend a training session prior to implementation by 2.1.2011

Measurement:

1. Council minutes that reflect the formation of the ad hoc committee and its charge.
2. Evidence of the written assessment document.
3. Evidence of completion of provider agency assessments and analysis via a written assessment analysis document.
4. Evidence of written policies and procedures that will improve dissemination of information related to PLWHAs navigating the CoC.
5. Sign-in sheets verifying all provider agencies have attended the training session.
6. Within 90 days (5.1.2011), the ad hoc committee, the Council and the AA should evaluate for identified improvements via a consumer survey. Appropriate identified adjustments should be implemented by 6.1.2011.
7. Additional note: Provider agencies should implement questions regarding the lack of information/access issues in an annual Satisfaction Survey with PLWHAs.

Additional Themes Identified

Theme #1 – Case Management & ARIES
Because of the overarching theme of lack of information via education, and access to available services, one must look to Case Management and ARIES as a potential underlying cause. The vital importance of Case Management in the continuum of care cannot be overstated. The healthy "partnership" between the case manager and the client directly impacts the client's ability to navigate the system of care successfully. If the interaction is not of high quality, the client may not be able to access the services the client needs, and in the worst case, may lead to the client dropping out of care. As the ARIES system is the client record-keeping mechanism, it directly impacts all aspects of the client's care.

Supporting Data:

- The 2009 Comprehensive Needs Assessment reported that nearly 90% of consumers described a need for non-medical or social case management. *(Document/Literature review)*
- **"**Staff doesn't do a good job of identifying what we do not know or anticipating what we need. Again, answers come to the questions we ask and the way we ask them. It's like a riddle or something. If you ask the right question in the right way, you get the answer, if not, you don't." *(FG, People's Caucus)*

- "Providers need to anticipate and tell you what you need and what is available." *(FG, WoC)*
- Young MSM: This group seemed to experience the hardest time accessing services and also did not know what was available to them. *(FG, YMSM, Facilitator notes)*
- "Funding and paperwork is driving services – paperwork is the job, not the person." The client went on to talk about how she is not seen as a person, just part of someone's job, and followed up with, "If I am not important to them, I start thinking I am not important to me." *(FG, WoC, Quotes and Facilitator notes)*
- "All organizations are overwhelmed. Paperwork is clogged." *(KI, P)*
- "Large caseloads." *(KI, P)*
- ARIES information is not being utilized by providers consistently. Additionally, not all providers know how to access the needed information in ARIES; therefore, it delays the ability to access a service. Providers do not know how to input the right information into ARIES, so another provider can access it and use it at a different location. *(FG, People's Caucus, Facilitator notes)*
- ARIES: caseworkers make a referral and the client goes to that agency. Upon arrival, the agency cannot find any of the documentation, releases, etc., in ARIES, so the client is sent back to the VA to get it. *(FG, Vet, Facilitator notes)*
- "ARIES often down and operation protocols are not universally clear to data enterers.**"** *(FG, Provider)*

Theme #1 – Case Management & ARIES Recommendation(s)

Goal: As an adjunct to Goal 1, ensure that Case Managers, both medical and social, are proficient in CoC dynamics and pathways, and can provide the needed education and guidance to PLWHAs to navigate the CoC, thus increasing access to services.

Objective: Develop a user-friendly "road map" of the CoC, inclusive of provider agencies that provide each service on the roadmap. Case managers should explain and distribute the road map to PLWHAs at initial intake, at recertification and as needed by the PLWHA. Ensure ARIES data enterers and users are uniformly trained and knowledgeable regarding ARIES.

Tasks:

1. Charge the Comprehensive Plan/Continuum of Care Committee (CPCC) with the development of a road map illustrating the CoC and the services provided along that CoC road map by 1.1.2011.
    a. *Suggestion: the road map should not take the format of a flow chart which can be confusing to many people. Your guiding criteria should be simplicity. A straight line beginning with outreach, through prevention, through treatment, to end of life, for example. An easy to understand incorporation of services available along the CoC line should be developed.)*
2. The CPCC should select and convene a diverse group of PLWHAs to meet with the CPCC when appropriate, to advise and provide input to the charge, with the selection accomplished by 1.15.2011.
3. Develop the road map and solicit comment from PLWHAs by 3.1.2011.
4. Incorporate appropriate comments into the road map by 4.1.2011. *(Note: If no comments indicate any alterations should be made to the road map, distribution to provider agencies should be accomplished by the 4.1.2011 date.)*
5. When conducting the next Comprehensive Needs Assessment, a part of the data collection should include a methodology to assess the degree of success in achieving the goal.

6. A standardized ARIES policies and procedures should be developed and implemented, with policy development beginning 10.1.2010 and completed by 11.1.2010. A vitally important directive in the policy should address the frequency of training sessions provided by the AA or DSHS, as well as provision for proficiency examinations.

Measurement:

1. Minutes reflecting the charge to the CPCC.
2. A roster of the PLWHAs selected to convene with the CPCC and sign-in sheets to record attendance.
3. Minutes of meetings convened to develop the road map.
4. If any comments recommending alteration to the road map are incorporated, a written document should describe those activities.
5. If no comments are suggested or incorporated, written evidence of provider agencies receiving the road maps should be maintained.
6. Evidence from the next Comprehensive Needs Assessment that access to services has improved, and to what degree of improvement.
7. Evidence of the ARIES policy and procedures.
8. Documented evidence of trainings and proficiency examinations.

Theme #2 - Transportation
Consumers overwhelmingly expressed great dissatisfaction and frustration with Transportation, which was reported as a highly utilized service across all populations. This theme is an example of the interconnectedness of all findings. Transportation is a literal means of accessing any service available in the care system, and was identified as a reason for dropping out of care.

Supporting Data:

- 83.3% of Women of Color, 75% of Veterans, 75% of African Americans, 66.7% of Young MSM and 66.7% Transgender cited transportation as making it hard to get into medical care and other available services. *(CS, YMSM, AAMSM, WoC, Vet, TG)*
- "There is a lot of dollars being spent on van activities. I think they could spend those dollars wiser if they would utilize more bus passes." *(FG, People's Caucus)*
- "Bus tokens receive low funding. Vans receive significant over-funding - $300,000." *(KI, P)*
- "Gas. Many of us still have cars, but have trouble paying gas. But there is no help with gas." *(FG, YMSM)*
- "Transportation is difficult. Getting to the VA is not easy because of its location. Infectious disease services are only offered at the main VA hospital and not at any of the four satellite offices across Bexar County." *(FG, Vet)*

(Note: Provado, in conducting other needs assessments in other regions, has found transportation issues to be a common problem. As local transit systems are always one means of transportation for consumers, Councils and AAs will recognize they have no control over public transit systems. Consequently, solutions have to work around the local system and fill the gaps as best as possible with provider transportation. The outcome will likely not be ideal, nor will the solutions satisfy all.)

Theme #2 - Transportation Recommendation(s)

Goal: Ensure that access to transportation availability for PLWHAs is uniformly distributed across the SATGA.

Objective: Determine the causes for the gaps in transportation services and take corrective action.

Tasks:

1. The Council should establish a diverse ad hoc transportation committee to investigate the reasons and causes for consumer dissatisfaction with transportation services, by 1.1.2011. Ideally, the ad hoc transportation committee should be composed of a Council member, an AA staff person, a representative from each agency providing transportation services, and significant PLWHA representation.
2. The ad hoc transportation committee should conduct an assessment of transportation providers' policies and procedures regarding transportation, and produce a written document of the findings by 3.1.2011.
3. The ad hoc transportation committee should develop and distribute to all provider agencies a brief consumer survey that elicits information regarding the reasons for dissatisfaction and that solicits suggestions for improvement by 4.15.2011.
4. A written analysis of the survey findings, including recommendations for corrective action should be presented to the appropriate Council committee for further review and discussion, by 5.15.2011. The review should have the latitude to change or alter the recommendations.
5. The final recommendations should be the basis for the production of a new and standardized transportation policy and procedures. All transportation service providers should sign the new policies and procedures document, to be maintained by the AA by 6.1.2011.
6. Six months following implementation of the new policy, a transportation consumer satisfaction survey should be distributed to all Ryan White providers. A written document of the results of that survey should be presented to the appropriate Council Committee by the ad hoc transportation committee. The Committee and the AA should make changes in the policies and procedures document, where possible by 6.15.2011.

Measurement:

1. A roster of the ad hoc Transportation Committee members.
2. A written document with results and findings of the assessment.
3. A written document with results of the consumer survey.
4. Minutes from the Council Committee regarding survey review.
5. A standardized transportation policy and procedures.
6. A written evaluation of the impact of the new policy.

Theme #3 – Long Waits & "Red Tape"
As the overarching theme stated, the findings are complex, interconnected and overlapping. Consequently, the three findings described here demonstrate that concept: consumers in all of the targeted populations described long waits to schedule an appointment, long waits for the appointment and red tape (documentation, eligibility and recertification) as significant barriers to care services. Additionally, consumers rated these three issues among the top reasons for dropping out of care.

Supporting Data:

- Women of Color in answering the survey question "Things that make it hard to get into medical care" cited "Waits for service too long" with a rating of 83.3% and answered "Appointments took too long" for reasons of dropping out of care with a rating of 33.3%. *(CS, WoC)*

- Veterans cited "Waits for services too long" as the top barrier to care, with a rating of 75%, and "Appointment waits too long" as a reason for dropping out of care with a rating of 25%. *(CS, Vet)*
- African American MSM answered the question "Things that make it hard to get medical care" with "Waits for services too long" (50%) and "Too much paper work and red tape" (25%), and "Waits for services too long" as a reason for dropping out of care (25%). *(CS, AAMSM)*
- The Transgender population in answering the question "Things that make it hard to get into medical care" cited "Long wait for appointment" – 66.7% and "Too much paperwork" – 33.3%. Answering the question "Reasons for dropping out of care," they cited "Appointments took too long/hard to get appointments" – 33.3%. *(CS, TG)*
- Young MSM in answering the question "Things that make it hard to get into medical care" cited "Waits for service too long" – 66.7%. *(CS, YMSM)*
- "There are lots of hoops and all that interferes with my classes and work." *(FG, YMSM)*
- In responding to the question "Do you think your clients have issues with the services they receive," the respondent cited "Long waits to schedule an appointment and long waits waiting for appointment." *(KI, P)*
- "Long waiting times to schedule appointments and long wait times when the client appears for the appointment." *(KI, P)*

Theme #3 – Long Waits & "Red Tape" Recommendation(s)

Goal: To decrease the identified barriers to care, red tape, long waits to schedule appointments and long waits for appointment.

Objective: To improve required paperwork responsibilities of PLWHA, and to make a good faith effort to lessen wait times for appointments.

Tasks:

1. The AA, as appropriate, should establish a Study Group of case managers, both medical and social, by 2.1.2011, charged with finding solutions to find solutions to all three issues.
2. Develop a survey tool to elicit information from providers' policies, procedures and protocols related to how required documentation (paper work) is processed and handled, as well as any policies regarding appointment scheduling and wait times. The survey should be distributed to all providers by 3.1.2011 and collected from them by 3.15.2011.
3. The Study Group should then analyze pertinent information from the surveys and produce a document describing the findings by 4.15.2011.
4. From the findings, the Study Group should produce a document that presents recommendations for improvements regarding the three issues by 5.15.2011.
5. The Study Group should present the findings and recommendations document to an appropriate Council Committee for review and comment, with review and comment to be completed and sent back to the Study Group by 6.15.2011.
6. To the extent possible, the recommendations should be incorporated into each provider agency's operations, validated by policies and procedures relative to the recommendations by 8.1.2011.
7. Six months following implementation, a consumer satisfaction survey should be developed by the Study Group and distributed to consumers via provider agencies, and the completed surveys should be retrieved by 9.1.2011.

8. The Study Group should analyze the survey data by measuring improvement thresholds, make revisions to the policies and procedures as appropriate, and distribute the revisions to provider agencies to incorporate into their policies and procedures by 10.1.2011.

Measurement:

1. A roster of the Study Group members.
2. Evidence of the survey tool.
3. Evidence of a findings document.
4. Evidence of a recommendations document.
5. Evidence of review and comment.
6. Evidence that each provider has incorporated the recommendations.
7. Evidence of a consumer satisfaction survey.
8. Evidence of survey analysis.

Theme #4 – Support Groups
The need for support groups was a common theme across all of the targeted populations. Analysis indicated that support is highly regarded from peers who can relate to another's experiences. Participants explained that it was important to have individuals who can provide emotional support as well as informational support to effectively manage their disease.

Supporting Data:

- "People's Caucus is good with general guidance, but not a support group and not specific." *(FG, People's Caucus)*
- There needs to be a long-term standing support group for specific populations. People's Caucus tends to be an older group, age 30 and below are not engaged with the Caucus. *(FG, People's Caucus, Facilitator notes)*
- "Even the gay community in San Antonio is not that strong." There was a sense that even within the gay community, there was limited support for this age group. *(FG, YMSM, and Facilitator notes)*
- "There are few groups just for me, and I really don't have people to talk to about this." Support groups for Young MSM seemed minimal. When that is compounded by the lack of a support system, it's very powerful for this group. *(FG, YMSM, Facilitator notes)*
- Veterans answering the question "Top 5 needed services" cited HIV support groups – rated 50%. *(CS, Vet)*
- African American MSM answered the same question citing support groups – 66.7% rating. *(CS, AAMSM)*
- In answering the question, "Are there gaps in the continuum of care" one provider cited "support groups," another cited "more active social support groups – need a buddy/mentoring system." *(KI, P)*

Theme #4 – Support Group Recommendation(s)

Goal: To make a "good faith effort" to incorporate a strong support group service into the Continuum of Care.

Objective: To establish support groups that provides peer-to-peer and mentoring to PLWHA.

Tasks:

1. An appropriate Council Committee should be charged with conducting a simple Feasibility Study regarding the interests of provider agencies promoting and allowing PLWHA support groups at their facilities on 6.1.2011.
2. The Feasibility Study should include the number and type of existing support groups. The Study should canvass providers to determine if a provider has an appropriate physical space to host a group, if the provider's hours of operation provide an appropriate time for the support group meetings, and other criteria the Committee might establish. The Study should be completed by 7.15.2011.
3. The Feasibility Study results should be presented to the full Council for discussion and comment in its August, 2011 meeting.
4. As the willingness of provider agencies to establish support groups on their sites is unknown at this time, no further tasks or action steps are possible. Consequently, the Council should make the Feasibility Study results available to PLWHA via distribution at provider agencies.

Measurement:

1. Council minutes reflecting the appointment of the committee and its charge.
2. Evidence of a Feasibility Study document and its results.
3. Council minutes reflecting discussion and comment of the Study.
4. Evidence of dissemination of Study results to PLWHAs.

Theme #5 – Stigma & Discrimination
Pervasive across all targeted populations, stigma and discrimination associated with HIV appeared to be broad in scope. However, while broad in scope, the supporting data indicates stigma is a barrier to healthcare from the participants' points of view.

Supporting Data:

- The general population still sees HIV/AIDS as a gay disease. Further, stigma was a high causative for dropping out of care. "No matter what, in-service or out of service, the stigma is the #1 issue" – AAMSM. *(FG, People's Caucus, Facilitator notes)*
- "Friends are all we have and you cannot talk about HIV with them unless they are positive too." *(FG, YMSM)*
- For "Reasons for dropping out of care", responses were: "I do not want to be labeled with the traditional stereotypes (touch someone and you can get it)," and "Even if I am positive, I am not gonna go to those agencies (ASOs) because everyone knows why you go there. People will sit outside and look just to see who is coming and going." *(FG, YMSM)*
- While there is solid stigma in San Antonio about being HIV+, in this particular group, that was definitely secondary to the stigma and discrimination (perceived or real) to the fact that they are transgendered individuals. *(FG, TG, Facilitator notes)*
- Responding to the question "Reasons for dropping out of care" the group cited stigma (rated 25%). *(CS, Vet)*

(Note: It must be recognized that historically, stigma and discrimination have been a significant issue facing PLWHA and continues to be. There are no easy solutions to address the issue.)

Theme #5 – Stigma & Discrimination Recommendation(s)

Goal: To decrease the stigma and discrimination towards PLWHAs.

Objective: To explore, with the involvement of a diverse group of HIV/AIDS stakeholders, ideas and means to achieve the decrease of stigma and discrimination.

Tasks:

1. The Council, with the cooperation of service providers, should recruit a diverse group of volunteers to form a group of key stakeholders to address the many and varied forms of stigma and discrimination. The PLWHA component of the stakeholders should strive to include representation from each of the affected populations, i.e., Young MSM, Transgenders, Women of Color, etc., by 4.1.2011.
2. The group may select a name for itself, establish some basic rules to maintain order, select a Chair Person, and set a meeting schedule by 5.1.2011.
3. It is suggested the group identify as many sources experiencing or knowledgeable about the issues. These sources could be national organizations that deal with PLWHA stigma and discrimination, local or regional groups that address the issues, literature review of best practice models to address the issues, and other sources of the group's choosing by 6.1.2011.
4. The group should then solicit information and/or guidance from those sources and produce a written document describing their findings by 8.1.2011.
5. The group should then convene with the full Council and the AA to present and discuss their findings at the next regularly scheduled Council meeting.
6. The Council, with the support of the AA and service providers, should make recommendations for implementation to any identified solutions throughout the SATGA. This will be an ongoing task with no end date.

Measurement:

1. A roster of the group membership.
2. Evidence of a group name, rules, selection of a Chair and a meeting schedule.
3. A written document listing all sources the group may utilize.
4. A written document of findings from the sources.
5. Council minutes reflecting a discussion of findings.
6. A written document describing the solutions and how the group intends to address the solutions.

Theme #6 – Residential Substance Abuse Treatment
Residential treatment for Substance Abuse was a repeatedly identified gap in services. Analysis of data indicated that when using drugs or alcohol, staying healthy was of low priority. Though drugs and alcohol are often used as a form of self-medication, the substance abuse was already a part of respondents' lives prior to their HIV diagnosis. Maintaining adherence to medical regimens means that one will have to alter an important component of his or her lifestyle.

Supporting Data:

- In response to the question "Are there gaps in the continuum of care" one respondent stated that there was decreased funding and a lack of resources for substance abuse, both inpatient and outpatient. Another stated that clients do not take advantage of resources available. *(KI, P, Interviewer's notes)*
- Four out of six provider respondents cited substance abuse as a reason for dropping out of care. *(KI, P, Interviewer's notes)*

- "We need to address the co-morbid factors of substance abuse and mental health. Assessments of both should be part of initial intake." *(KI, P)*
- In responding to the question "Reasons for not receiving care" the respondent stated, "Don't know where to go for substance abuse problem." *(CS, YMSM)*
- In response to the question "Top 5 needed services" the respondent cited substance abuse (rated 100%). *(CS, Vet)*

(Note: The scarcity of inpatient slots or beds in the State of Texas greatly impacts a successful solution to this issue. The ability of the Council to increase the number of those slots or beds locally is severely limited due to State agency control.)

Theme #6 – Residential substance Abuse Treatment Recommendation(s)

Goal: To increase the number and availability of inpatient substance abuse treatment beds in the SATGA.

Objective: To explore the realistic potential of meeting the Goal.

Tasks:

1. The appropriate Council Committee should be charged with exploring the potential of an interested party to secure licensure and funding from the State to establish an inpatient substance abuse treatment center by 1.1.2011.
2. The Committee should initiate discussion with the Bexar County Health Department and County Judge, or other appropriate entity, to elicit information on the feasibility of Task 1, and present findings to the full Council by 3.1.2011.
3. Dependent upon the findings, the Council and any community partners recruited and cited in Task 2, will proceed or not proceed with activities to achieve the Goal. There are too many unknown factors at this time to provide additional Tasks.

Measurement:

1. Minutes reflecting the Council Committee charge.
2. A written document describing the activities in Task 2.
3. Council minutes reflecting presentation and discussion of the written document in Task 2.

Conclusion for Recommendations and Action Plans

The above recommendations were each presented with a "Goal" and an "Objective". To achieve the stated goal and objective, a list of "Tasks" were presented in numerical order with calendar dates specified for the completion of each task. Following the tasks are itemized "Measurements" whose purpose is to verify the task was completed. The goal, objective, tasks and measurements comprise an "Action Plan".

All entities having responsibility for Plan of Action completion, whether the Council, Council Committees, the AA, and/or the service providers should note the following:

- Completion dates specified for each task can, and should be, flexible. Though Provado determined completion dates to be realistic, external factors may require that those completion dates may change as the action plan is implemented.

- Likewise, the order in which tasks have been presented should have the same flexibility. During implementation of the action plan, it may be discovered that some steps may be changed in their order, new steps may be added, and some steps may be deleted.

The purpose in the utilization of an action plan is simply to provide a "pathway" towards achieving the objective and ultimate goal. *Allowing for flexibility throughout the process is a vital component towards achieving the desired results.*

Appendix A

Demographic Analysis

Age:

	Women of Color	AA MSM	Young MSM	Transgender	Veteran
18-24	1	0	3	0	0
25-34	1	2	3	0	1
35-44	2	1	0	3	0
45-54	2	0	0	2	0
55+	0	1	0	1	3
Totals	6	4	6	6	4

Note: The Young MSM focus group consisted of participants who were Young MSM (age 18-24), MSM who were 25-34 and self identified as "Young MSM," and also MSM volunteers who worked in HIV prevention programming which targets Young MSM 18-24 and serve as gate-keepers to the Young MSM community.

Ethnicity:

	Women of Color	AA MSM	Young MSM	Transgender	Veteran
White	0	0	0	1	1
Black/AA	4	3	1	3	1
Hispanic	2	0	3	1	1
Multi-Race	0	1	0	0	0
Other	0	0	2	1	1
Totals	6	4	6	6	4

County Living In:

	Women of Color	AA MSM	Young MSM	Transgender	Veteran
Bexar	4	4	5	5	3
Not Answered	2	0	1	1	01
Totals	6	4	6	6	4

Appendix B

This appendix is comprised of additional quantitative data that was analyzed, though not fully utilized in the main body of the Needs Assessment report. It was utilized in the sense that it provided a fuller and more comprehensive understanding of the target populations by Provado staff. The Council is encouraged to review and utilize the data, as the data provides, in an ancillary manner, additional quantitative information that can be useful in planning.

Note: Provado believes there to be a data limitation for Appendix B: The data was analyzed from the surveys completed by participants. Each survey was completed as self-reporting by the consumer and therefore should not be viewed as conclusive or absolute, as self-reporting oftentimes presents flaws in the data.

African American MSM:

- 75% of the group are People Living With AIDS (PLWA)
- 25% of the group are People Living With HIV (PLWH)
- 50% use street drugs
- 100% in medical care

Things that make it hard to get into medical care:

- Transportation access: 75%
- Staff not understanding culture:50%
- Waits for service too long: 50%
- Hours of operations: 25%
- Too much paperwork/red tape: 25%

Have you ever been out of medical care for more than six months:

- Yes – 50%
- No – 50%

Reasons for dropping out of care:

- Hard to keep appointments – 50%
- Financial reasons – 50%
- Not sick/tired of following treatment/appointments took too lone/ drug relapse/not treated well by staff/transportation access/inconvenient hours/treatment options confusing/stigma/costs too much/homeless – 25%

Ever dropped out of medical care:

- Yes – 25%
- No – 75%

Top 5 “USED” services:

- Free supplements/vitamins – 100%
- Emergency funds for rent – 100%
- Emergency funds for utilities – 100%
- Social case management – 100%
- Medical case management/Substance abuse – 100%

Top 5 “EASIEST” services to get:

- Food bank – 25%
- Free supplements/vitamins – 25%
- “Somewhat hard to get – social case management/medical case management/substance abuse treatment – 25%

Do you need these services:

- Food bank – No – 100%
- Free supplements/vitamins – Yes -50%
- Emergency fund for rent – Yes -50%
- Emergency funds for utilities – Yes – 50%
- Social case management – Yes – 50%
- Medical case management – Yes – 75%
- Dental care – Yes – 33.3%
- Residential substance abuse treatment – Yes -33.3%
- HIV support groups – Yes – 66.7%
- Permanent housing – Yes – 50%

Transgender

- 83.3% are PLWA
- 16.7% are PLWH
- 66.7% were in jail or prison in last two years
- 50% use street drugs
- 83.3% had labs/viral loads in last 12 months
- 16.7% had not had labs/viral loads in last 12 months

Things that make it hard to get into medical care:

- Long waits for appointments – 66.7%
- Transportation problems – 50%
- Waits for services too long – 33.3%
- Too much paperwork/red tape – 33.3%
- 33.3% said it is not hard to get into medical care

Ever dropped out of medical care for more than six months:

- Yes – 33.3%
- No – 66.7%

Reasons for dropping out of care:

- Inconvenient hours/transportation access/appointments took too long/hard to keep appointments – 33.3%
- Wasn’t sick/tired of following the treatment/financial reasons/don’t know where to go for care/too much paperwork/red tape – 16.7%

Ever been in medical care and dropped out:

- Yes – 33.3%
- No – 66.7%

Reasons for dropping out:

- Tired of following the treatment/stigma – 33.3%
- Not feeling sick/hard to keep appointments/appointments took too long/financial reasons/not treated well by staff – 16.7%

Top 5 Services "USED":
- Social and medical case management – 100%
- Dental care/HIV support groups – 80%
- Permanent housing – 60%
- Free supplements/vitamins – 40%
- Emergency funds for rent – 40%

Top 5 Services "EASY" to get:
- Food bank – 60%
- Social case management – 60%
- HIV support groups – 60%
- Dental care – 50%
- Medical case management – 50%

Top 4 Services "NEEDED":
- Medical case management – 100%
- HIV support group – 100%
- Dental care – 100%
- Social case management – 100%

Which barriers apply to these services:
- All but "emergency funds for rent" (lack of information) and "permanent housing" (lack of information), scored as "no barriers"

Young MSM (13-24):
- 16.7% are PLWA
- 83.3% are PLWH
- 100% had not been in jail or prison
- 16.7% use street drugs
- *66.7% did not know if they had a CD4 in last 12 months*
- *50% did not know if they had a viral load in last 12 months*
- *16% did not know if they if they had medical care or HIV medication in the last 12 months!*

Things that make it hard to get into medical care:
- Transportation access/wait for services too long – 66.7%
- Long wait to get an appointment – 33.3%
- Hours of operation/staff doesn't understand culture/too much paperwork/red tape – 16.7%
- 33.3% say it is not hard to get into care

Ever dropped out of medical care for more than six months:

- Yes – 16.7%
- No – 83.3%

Reasons for dropping out of care:

- Not feeling sick/tired of following the treatment/access to transportation – 33.3%
- Hard to keep appointments/not treated well by staff – 16.7%

Reasons for not receiving care:

- Don't feel sick/stigma – 59%
- Transportation access – 33.3%
- Don't know where to go for care/substance abuse issues/inconvenient hours/costs too much – 16.7%

Ever been in medical care and dropped out:

- No – 100%

Top 5 services "USED":

- Social case management – 50%
- Medical case management – 33.3%
- Dental care – 33.4%
- Food bank – 16.7%
- Emergencies funds for utilities – 16.7%

Top 5 services "EASIEST" to get:

- Social case management – 50%
- Medical case management – 33.3%
- No other services listed

Top 5 services "NEEDED":

- Food bank – 40%
- Emergency funds for rent – 40%
- Emergency funds for utilities – 40%
- Free supplements/vitamins – 40%
- Social case management – 25%

Which barriers apply to these services:

- Free supplements/vitamins – 100% say "lack of information" and "access to transportation"
- Emergency funds for rent – 100% say "lack of information" and "access to transportation"
- Emergency funds for rent – 100% say "lack of information" and 50% say "access to transportation"
- Emergency funds for utilities – 100% say "lack of information" and 50% say "access to transportation"
- Social case management – 100% say "lack of information" and 100% say "access to transportation"
- Medical case management – 100% say "lack of information" and "access to transportation"
- Dental care – 100% say "lack of information" and "access to transportation"
- Substance abuse treatment – 100% say "lack of information" and "access to transportation"

- HIV support groups – 100% say “lack of information” and “access to transportation”
- Permanent housing – 100% say “lack of information” and “access to transportation”

Women of Color:

- 83.3% are PLWH
- 16.7% are PLWA
- 100% say no use of street drugs
- 83.3% had labs/diagnostics in last 12 months
- 16.7% did not know

Things that make it hard to get into medical care:

- Waits for appointments too long – 83.3%
- Long wait to get an appointment – 66.7%
- Too much paperwork/red tape – 66.7%
- Transportation access – 50%

Ever dropped out of medical care for more than 6 months:

- Yes – 16.7%

Reasons for dropping out of care:

- Appointments took too long – 16.7%
- Inconvenient hours – 16.7%
- Not treated well by staff – 16.7%
- Financial reasons – 16.7%
- Did not feel sick – 16.7%
- Transportation access – 16.7%
- Costs too much – 16.7%

Ever been in medical care and dropped out:

- Yes – 16.7%

Reasons for dropping out:

- Appointments took too long – 33.3%
- Tired of following the treatment/financial reasons – 16.7%

Top 5 services “USED”:

- HIV support groups/emergency funds for utilities – 83.3%
- Dental care – 66.7%
- Social case management – 66.7%
- Food bank – 66.7%
- Free supplements/vitamins – 50%

Top 5 “EASIEST” services to get:

- HIV support groups – 66.7%
- Social case management/food bank – 50%
- Permanent housing – 33.3%
- Medical case management – 33.3%
- Dental care – 33.3%

Top 5 services “NEEDED”:

- Emergency funds for utilities – 83.3%
- Food bank – 80%
- Free supplements/vitamins/support groups – 66.7%
- Social case management/permanent housing/dental care – 50%
- Emergency funds for rent – 48.5%

Which barriers apply to these services:

- Food bank – (can’t access transportation) – 66.7%
- Free supplements/vitamins – (lack of information) – 100%
- Emergency funds for rent – (lack of information) – 100%
- Emergency funds for utilities – (lack of information) – 50%; (don’t qualify) – 50%
- Social case management – (lack of information) – 100%
- Medical case management – (lack of information) – 100%
- Dental care – (lack of information) – 66.7%; (don’t qualify) – 33.3%; (transportation access) – 66.7%
- Residential substance abuse treatment – (service not available) – 100%
- HIV support groups – (lack of information) – 100%
- Permanent housing – (don’t qualify) – 100%

Veterans:

- 75% are PLWA
- Labs and diagnostics – Yes – 66.7%
- Labs and diagnostics – No – 33.3%
- In medical care – Yes – 75%
- Not in medical care – 25%

Top 5 “BARRIERS” to care:

- Transportation access/waits for services too long – 75%
- Hours of operation/long wait to get an appointment – 50%
- Don’t understand culture – 25%

Dropped out of care for more than 6 months:

- Yes – 25%
- No – 75%

Reasons for dropping out of care:

- Didn’t feel sick/hard to keep appointments/appointment waits too long/too much paperwork/red tape/drugs and alcohol/transportation access – 25%
- Stigma – 50%

Been in medical care and dropped out:

- Yes – 25%
- No – 75%

Reasons for dropping out of care:

- Did not feel sick/hard to keep appointments/appointments took too long/stigma – 25%

Top 5 services "USED":

- Medical case management – 100%
- Social case management – 75%
- Emergency funds for utilities – 66.7%
- Food bank – 50%
- HIV support groups – 50%

Services "EASIEST" to get:

- Medical case management – 50%
- Social case management/HIV support group – 33.3%
- Dental care – 25%

Services "SOMEWHAT HARD" to get:

- Food bank/free supplements/vitamins – 50%
- Emergency funds for utilities/social case management – 33.3%
- Medical case management/dental care – 25

Services "HARD" to get:

- Substance abuse treatment – 66.7%
- Emergency funds for rent – 50%
- Emergency funds for utilities/HIV support groups – 33.3%
- Dental care – 25%

Top 5 "NEEDED" services:

- Medical case management – 100%
- Permanent housing – 100%
- Residential substance abuse treatment – 100%
- Food bank – 75%
- HIV support groups/emergency funds for rent – 50%

Appendix C

Focus Group Questions

1. Is it difficult for you to receive the services you need? If yes, why is it difficult?
2. For those of you in care, if you have issues for the care you are receiving what are the issues?
3. How well does the Ryan White system work for you, and why or why not?
4. For those of you not in care, what would motivate you to get into care, or back into care?
5. What do you perceive as the risks of you contracting HIV? (Young MSM only)

Key Informant Questions

1. How available do you think Ryan White services are for your clients?
    a. Follow-up: For any services not easily available, what do you think is the reason or barrier?
2. Regarding the continuum of care, are there gaps in the continuum?
    a. Follow-up: What do you think the reasons are for the gaps?
3. For those of your clients in care, do you think the clients have issues with the care they are receiving, and if so, what are the issues?
4. For your clients that have dropped out of care, what do you think are the reasons for their dropping out?
5. Do you have any thoughts on what might motivate clients to get into care?
6. This question concerns young MSM (aged 13-24) only. What do you think are their perceived risks for contracting HIV?
7. How effectively do you think the system responds to identified gaps in, or barriers to, care?

Participant Survey

1. Focus Group [ ] Transgender [ ] Women of Color [ ] Veteran
   [ ]Young MSM [ ] African American MSM

2. Age:
   - ☐ Under 18
   - ☐ 18-24
   - ☐ 25-34
   - ☐ 35-44
   - ☐ 45-54
   - ☐ 55+

3. Race/Ethnicity:
   - ☐ White
   - ☐ Black/African American
   - ☐ Hispanic
   - ☐ Multi-Race
   - ☐ Other (specify)_____

4. What County do you live in?_____

5. How did you become infected with HIV?
   - ☐ Sex with a man
   - ☐ Sex with a woman
   - ☐ Sharing needles
   - ☐ Other (specify)_____

6. Have you ever been diagnosed with AIDS? ☐ Yes ☐ No

7. Have you been in jail or prison for more than one month in the last two years?
   ☐ Yes ☐ No

8. Do you use street drugs? ☐ Yes ☐ No
   If yes, what is your preferred drug?_____

9. Have you had any of the following in the last 12 months?

CD4 Test	☐ Yes	☐ No	☐ Don't Know
Viral Load Test	☐ Yes	☐ No	☐ Don't Know
Antiretroviral Medication for HIV	☐ Yes	☐ No	☐ Don't Know
HIV Medical Care	☐ Yes	☐ No	☐ Don't Know

IN-CARE

10. Where do you go for HIV medical care?
    - ☐ UHS
    - ☐ Centro Med
    - ☐ VA (Veterans Administration)
    - ☐ United Medical Centers (Eagle Pass)
    - ☐ Victoria City-County Health Department
    - ☐ Private Doctor
    - ☐ Other (specify) _____

11. Below is a list of things that might make it hard to get HIV medical care. Do any make it hard for you to get HIV medical care? **(Mark All that Apply)**
    - ☐ Agencies' hours of operation
    - ☐ Transportation problems
    - ☐ Staff members don't understand your culture
    - ☐ Immigrant/legal status
    - ☐ Waits for service are too long
    - ☐ Too much paperwork, red tape
    - ☐ Long wait to get an appointment
    - ☐ Need child care
    - ☐ Staff don't speak my language
    - ☐ Other (specify)_____
    - ☐ It is not hard to get care

12. Have you ever dropped out of medical care for more than six months? ☐ Yes ☐ No

13. (**If yes**) Below is a list of possible reasons for dropping out of care. Which apply to the last time you dropped out of care? **(Mark All that Apply)**
    Did you drop out because:
    - ☐ You were not sick so you didn't think you needed medical care
    - ☐ You were tired of following the treatment
    - ☐ It was hard for you to keep appointments
    - ☐ Appointments took too long
    - ☐ You were actively using drugs or relapsed (started using street drugs/alcohol)
    - ☐ You were worried someone might find out you are HIV-positive if you went there
    - ☐ Financial reasons
    - ☐ You didn't like the way you were treated by the people there
    - ☐ It was too hard to get there (transportation)
    - ☐ They weren't open when you could get there (convenient hours)
    - ☐ Other (specify)_____

OUT-OF-CARE

14. I have a list of other reasons for not receiving care. **Mark All that Apply** to you.

- ☐ You don't feel sick so you don't need medical care
- ☐ Treatment options are confusing
- ☐ You didn't know where to go for care
- ☐ Too much paperwork
- ☐ You were worried someone might find out you are HIV-positive if you went there
- ☐ Drug or alcohol use
- ☐ It is too hard to get there (transportation)
- ☐ They are not open when you can get there (convenient hours)
- ☐ Immigrant/legal status
- ☐ It costs too much
- ☐ You don't have a place to live
- ☐ They don't speak your language
- ☐ Other (specify)_____

15. Have you ever been in medical care and dropped out? ☐ Yes ☐ No

16. (**If yes**) I have a list of possible reasons for dropping out of care. Which apply to the last time you dropped out of care? **(Mark All that Apply)**

Did you drop out because:

- ☐ You were not sick so you didn't think you needed medical care
- ☐ You were tired of following the treatment
- ☐ It was hard for you to keep appointments
- ☐ Appointments took too long
- ☐ You were actively using drugs or relapsed (started using street drugs/alcohol)
- ☐ You were worried someone might find out you are HIV-positive if you went there
- ☐ Financial reasons
- ☐ You didn't like the way you were treated by the people there
- ☐ It was too hard to get there (transportation)
- ☐ They weren't open when you could get there (convenient hours)
- ☐ Other (specify)_____

Services	Do you use this service?		If YES, how easy is it for you to get this service?			If NO, do you need this service?		IF YOU NEED IT AND DON'T GET IT OR IT IS HARD TO GET, why?
	Yes	No	Easy	Somewhat Hard	Hard	Yes	No	Barriers
Food Bank								
Free supplements/vitamins								
Emergency Funds for rent								
Emergency Funds for utilities								
Social Case Management: Help accessing social/support services								
Medical Case Management: Help with coordination of your medical care								
Dental Care								
Residential Substance Abuse Treatment								
HIV Support Groups								
Permanent Housing								

BARRIERS

What is the *main* reason you were not able to get (or it was hard to get) this service?

I=Information You didn't have the information you needed–where to get it, how to qualify, etc.

P/C=Personal or Cultural You were not comfortable with the agency staff. They didn't speak your language. The staff doesn't understand your culture.

S=Service Delivery No agency provided the service or you didn't qualify because of income, residence, age, or insurance.

A=Access The services were too far away or weren't open when you could get there. There was no child care. Waiting times for appointments were too long

Appendix D

- **ADAP –** AIDS Drug Assistance Program (state-operated program to provide medications to those who financially and medically qualify) also known as Texas HIV Medication Program **(THMP).**
- **AA -**Administrative Agency, also known as the Lead Agency. The Bexar County Department of Community Investment **(DCI)** is the designated agency or "grantee" to administer the grants received for HIV services in Region 8.
- **ARIES -** AIDS Regional Information and Evaluation System. Texas database collecting HIV/AIDS client information.
- **ASO -**AIDS Service Organization.
- **CBO -**Community Based Organization.
- **CDC -**Center for Disease Control and Prevention.
- **CPG -**Community Planning Group (often referred to as **PPG** – Prevention Planning Group) plans for HIV/STD prevention activities.
- **DSHS -**Department of State Health Services. Texas state bureau which coordinates HIV/AIDS issues.
- **TGA -**Transitional Grant Area. Geographic area among most severely affected by the HIV/AIDS epidemic.
- **HOPWA -**Housing Opportunities for People With AIDS, grants to organizations to help provide housing assistance to client infected with HIV.
- **HRSA -** Health Resources and Services Administration. The federal agency that administers the Ryan White Treatment and Modernization Act funds.
- **HSDA -** Health Services Delivery Area. The geographic area eligible to receive Title II (Part B) Ryan White funds.
- **MAI -**Minority AIDS Initiative. Legislated by the Congressional Black Caucus **(CBC)** to provide funds targeting underserved communities of color.
- **NA -**Needs Assessment. A study conducted in an area to understand a particular issue in order to facilitate making proactive and needed planning decisions.
- **PC/Council -**A mandated council made up of various community representatives, consumers, providers and professionals.
- **PLWHA -**People Living With HIV/AIDS.
- **SCSN -**Statewide Coordinated Statement of Need. A required activity of each state which coordinates needs assessment activities.
- **SOC -**Standards of Care. A document composed of several elements, which identifies and defines minimum acceptable requirements that service providers and their staff must meet. The Standards of Care include such areas as licensure, knowledge, skills, experience, client confidentiality, care, access to care, Quality Assurance **(QA)** and Quality Improvement **(QI)**, and staff training.
- **SS -**State Services. A grant provided by DSHS for HIV health and social issues.