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Medication lockers help Miami's homeless living with HIV

ABC News

Homeless people living with HIV in Miami now have secure locations where they can store their expensive medications

MIAMI -- Ivette Naida says keeping tabs on her HIV medication can be a daunting task.

Naida lives underneath a Miami highway overpass with several other homeless men and women. She has no safe place to keep her belongings.

HIV-positive people who live on the streets are less likely to be successful in suppressing the virus with medication, according to a 2017 National Institute of Health study and the U.S. Department of Health and Human Services. One reason, health experts say, is that they usually carry all their belongings with them every day, and their medicine, valued at hundreds of dollars per prescription bottle, is often lost or stolen as they navigate life on the streets.

"The main thing that you worry about out here is people stealing your stuff," says Nadia, 33, who was diagnosed with the virus more than a decade ago; she says she contracted it as the result of using illegal injected drugs.

A University of Miami-sponsored program called the IDEA Exchange has begun providing infected homeless people with medication lockers: secure locations where participants' prescriptions are stored. They can pick up their medicine from the lockers at a converted shipping container office in Miami, or have social workers deliver a few days' worth of the medicine to them. Smaller quantities are easier to safeguard. Prescriptions are paid for by Medicaid or a federal drug assistance program for low-income people living with HIV.

Storing medication for the homeless has long been encouraged by public health experts: Washington, D.C., New York, Boston and other cities offer similar services.

The Miami initiative began in 2018 after an HIV outbreak among the city's homeless, says Dr. Hansel Tookes, a University of Miami physician who leads the program. An unprecedented number of homeless people were entering the health system, and a key problem for them was losing track of their possessions, Tookes says. Medication lockers help "avoid hiccups" as health professionals attempt to stabilize the situation, he says.

Elisha Ekowo, a social worker who leads the program's outreach team, says preventing the spread of HIV is a top priority. She notes that if those infected are able to suppress it, there is less of a chance they'll give it to someone else.

The program claims a 100% viral suppression rate among its 13 participants, an accomplishment considering Florida has the highest rate of new HIV diagnoses in the nation, according to the Centers for Disease Control and Prevention. Of the nearly 28,000 people living with HIV in Miami-Dade County, 58% are virally suppressed, Florida Department Health data shows.

Another benefit of the program is that participants, who often have low self-confidence or little emotional support from their families, can develop self-reliance skills while staying on top of their health, Ekowo says.

Michael Ferraro says the IDEA Exchange has been vital to his recovery, and he calls staff members his "angels." Although he is no longer homeless, the 52-year-old former heroin addict still uses his medication locker. Not long ago he was sleeping behind a Taco Bell, where Exchange staff hand-delivered his prescription once a week.

"It was unheard of," says Ferraro, who was estranged from his family at the time. "I was still running around getting high, but they made sure I got my meds." They stuck by him, and he eventually agreed to enter rehabilitation. He now has permanent housing.

On a recent afternoon, Ferraro picked up a three-day supply of his medication, gave Ekowo a hug and rode off on his bicycle.

In an interview at her "home" under a shadowy overpass, Naida says the ability to consistently take her pills with the program's support has given her a new sense of pride. She had previously gone 10 years without taking her meds.

Ekowo and her partner, Chevel Collington, drive here once a week to deliver Naida's pills, along with other supplies. The gregarious social workers also remind Naida of upcoming medical appointments and offer sincere words of encouragement.

The program "gives me something to be responsible for," Naida says.

San Francisco Homeless Have 27-Fold Greater Risk of Dying Following HIV Diagnosis

Alexandra Ward *Jul 10, 2019*

Individuals in San Francisco experiencing homelessness at the time of HIV diagnosis are 27 times more likely to die, according to a new study evaluating the impact of potentially intervenable factors on mortality for people living with HIV (PLWH).

Driven by the "Getting to Zero SF" (GTZ-SF) coalition's goal of reducing preventable deaths among PLWH, investigators with the University of California, San Francisco, and the San Francisco Department of Public Health sought to assess why the age-adjusted mortality rate among PLWH in San Francisco has not decreased since 2013 despite a 44% reduction in new HIV diagnoses. Their findings were published in the journal *AIDS*.

"The goal of this investigation was to identify factors associated with death among [PLWH] using an incidence-density case-control study, to inform programs designed to meet the GTZ-SF goal of reducing preventable deaths among [PLWH]," the research team wrote. "We hypothesized that substance use, housing status, and mental health would contribute to increased odds of HIV mortality."

Using data on PLWH pulled from the SF Department of Public Health surveillance registry, investigators randomly selected 50 of 171 decedents for enhanced mortality review and matched them with living controls based on age +/- 3 years and date of diagnosis +/- 6 months. The research team extracted demographic, transmission group, housing status at diagnosis, CD4 counts, and HIV viral load data from the registry, and performed unadjusted and adjusted conditional logistic regression in order to assess risk factors for mortality. In total, data from 156 individuals, 48 decedents, and 108 matched controls were included.

"As clinicians, we know that HIV viral load and CD4 count are important prognostic factors, and we know that housing is also important. However, I was surprised by the extent of the impact of housing status on mortality," Matthew Spinelli, MD, with the Division of HIV, ID, and Global Medicine at the University of California, San Francisco, and lead author of the study, told *Contagion*®. "Our findings were a stark reminder that housing status may be as important and perhaps more important than traditional markers of disease control that I follow closely among my patients."

In the adjusted analysis, factors associated with death among PLWH in San Francisco included: homelessness at diagnosis [adjusted odds ratio (AOR)=27.4; 95% CI=3.0-552.1], injection drug-use in the past year (AOR=10.2; 95% CI=1.7-128.5), tobacco use in the past year (AOR=7.2; 95% CI=1.7-46.9), not using antiretroviral therapy (ART) at any point in the prior year (AOR=6.8; 95% CI=1.1-71.4), and being unpartnered/living alone vs. married/partnered (AOR=4.7; 95% CI=1.3-22.0).
Spinelli further explained what clinicians can take away from the study results.

"Housing is a key vital sign for our patients. I would recommend working closely with social workers and case managers to help your patients access additional services

that may be available, including housing," he said. "Unfortunately, the housing supply is not currently sufficient to meet the need. We need to continue to advocate that policy makers increase the supply of supportive housing in San Francisco and elsewhere and ensure there are protections for those who are at risk of losing their housing, such as legal aid and rental subsidies."

Carlos del Rio, MD, FIDA, co-director of the Emory Center for AIDS Research and *Contagion*® Editorial Advisory Board member who was not involved in the study, also weighed in on the significance of the findings.

"Causes of death included an HIV-associated condition in about a third, non-AIDS cancer and overdose in 15% each, and in 10% cardiovascular disease," he said. "Substance use, mental illness, and housing status were the major contributors to mortality and suggests that mental health care, treatment of drug use, and housing should be considered lifesaving interventions necessary to end the HIV epidemic in the US."

Future research should focus around exploring innovative care delivery models that integrate substance use treatment, housing support, and case management with medical care, Spinelli said.

"We need to develop new strategies, as well as scale up strategies that we know save lives, such as supportive housing, to prevent deaths among PLWH," he concluded. "Developing evidence that shows the impact of these strategies will be key for advocating for wider adoption from policy makers. The clinic where I work (Ward 86) has recently developed the Positive-Health Onsite Program for Unstably-Housed Populations (POP-UP), which seeks to provide low-barrier care, incentives, and enhanced outreach to try to improve outcomes for our unstably housed patients."

To stay informed on the latest in infectious disease news and developments, please sign up for our weekly newsletter.

hiv.gov

Housing and Health

Why Do People with HIV Need Stable Housing?

Stable housing is closely linked to successful HIV outcomes. With safe, decent, and affordable housing, people with HIV are better able to access medical care and supportive services, get on HIV treatment, take their HIV medication consistently, and see their health care provider regularly. In short: the more stable your living situation, the better you do in care.

Individuals with HIV who are homeless or lack stable housing, on the other hand, are more likely to delay HIV care and less likely to access care consistently or to adhere to their HIV treatment.

Throughout many communities, people with HIV risk losing their housing due to such factors as stigma and discrimination, increased medical costs and limited incomes or reduced ability to keep working due to HIV-related illnesses.

What Federal Housing Assistance Programs Are Available for People with HIV?

To help take care of the housing needs of low-income people living with HIV and their families, the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing manages the Housing Opportunities for Persons With AIDS (HOPWA) program. The HOPWA program is the only Federal program dedicated to addressing the housing needs of people living with HIV. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income people living with HIV and their families. (View grantee eligibility requirements.)

Many local HOPWA programs and projects provide short-term and long-term rental assistance, operate community residences, or provide other supportive housing facilities that have been created to address the needs of people with HIV.

Find a HOPWA Grantee or Local Program: Search HIV.gov's HIV Services Locator to search for housing assistance near you.

Are People with HIV Eligible for Other HUD Programs?

In addition to the HOPWA program, people living with HIV are eligible for any HUD program for which they might otherwise qualify (such as by being low-income or homeless). Programs include public housing, the Section 8 Housing Choice Voucher Program, housing opportunities supported by Community Development Block Grants, the HOME Investment Partnerships Program, and the Continuum of Care Homeless Assistance Program.

Find Housing Assistance: If you are homeless, at risk of becoming homeless, or know someone who is, help is available. Use HUD's Resource Locator to find housing assistance programs near you.

Access Other Housing Information: Find resources for homeless persons, including, youth, veterans, and the chronically homeless, as well as rental, homebuyer, and homeowner assistance.

This page was developed in collaboration with HUD's Office of HIV/AIDS Housing.

Rapid rehousing support for homeless people living with HIV improves housing and HIV outcomes

Michael Carter

Homeless people with HIV who are provided with rapid rehousing and intensive, tailored case management are placed in stable housing more quickly and are twice as likely to be virally suppressed when compared to individuals receiving standard homelessness support, according to research conducted in New York City and published in *AIDS and Behavior*.

The rapid rehousing intervention involved intensive case management and support to overcome potential obstacles to stable housing and viral suppression, such as mental health problems and substance abuse. Support was temporary, lasting 12 months.

“Results from this trial suggest that how a rapid re-housing program is implemented can potentially impact housing and health outcomes among homeless populations,” comment the authors. “The overall importance of placing participants as quickly as possible in housing was captured in this study.”

In a case-control study, a process to make the cases and the controls comparable with respect to extraneous factors. For example, each case is matched individually with a control subject on variables such as age, sex and HIV status.

Homelessness is a widespread problem in the US, especially for people with HIV. Lack of stable, secure or adequate housing has been associated with poorer HIV-related, overall health and social outcomes.

Housing in New York City (NYC) is among the most expensive in the US, and people with HIV often face multiple barriers to finding affordable, secure and appropriate housing, such as stigma, mental and physical health problems, substance abuse, a history of imprisonment and institutional racism.

A team of investigators therefore wanted to see if a rapid rehousing initiative involving short-term intensive case management had a positive impact on both housing outcomes and viral suppression.

They designed a study involving 236 homeless adults living with HIV in NYC. Recruited from HIV homelessness shelters across the city between 2012 and 2013, participants were randomised to receive the rapid rehousing or standard homelessness support.

Individuals in the rapid rehousing group were immediately assigned a case manager. The case manager worked to quickly identify affordable and appropriate housing, travelled with participants to housing appointments and viewings, ensured that individuals received assistance with moving and rent, and delivered intensive housing stabilisation services (for example substance abuse, mental illness, financial management) for up to a year post enrolment.

Individuals in the standard-of-care group received referral to an organisation engaged by NYC authorities to find housing for individuals with HIV. Housing stabilisation services were provided as needed and usually ended within three months of enrolment. Individuals assigned to the standard-of-care arm had to travel to housing programme offices to access services.

Participants were followed for 12 months post-enrolment. Outcomes were speed and rate of placement in stable housing and the rate of viral load suppression, data which were accessed through registries.

Ten people died during the study and one individual could not be matched to HIV registry databases, leaving a final study population of 225 people.

The majority were male, black or Hispanic, aged 40 years and older, medically unfit for work, and in chronic housing need. Over three-quarters had a history of incarceration, over half had a mental health diagnosis and over 80% reported substance abuse in the year prior to enrolment. Almost all were enrolled in HIV care, but just 40% were virally suppressed and the majority had a CD4 cell count below 350 cells/mm^3.

Individuals assigned to the rapid rehousing initiate were significantly more likely to have been placed in stable housing within 12 months compared to those who received the standard of care (45% vs 32%, $p = 0.02$). It took 150 days to place a quarter of people in the rapid rehousing group into stable housing. It took almost 100 days longer (243) to achieve the same outcome for a quarter of individuals in the standard-of-care group.

Provision of rapid rehousing support was associated with an 80% higher rate of housing placement (aHR = 1.8; 95% CI, 1.1-2.8).

As regards HIV-related outcomes, 97% of people in both study groups were in HIV care at the 12-month follow-up point.

A significant improvement in the proportion of people with viral suppression was observed among those assigned to rapid rehousing, from 28% at baseline to 47% at the end of follow-up ($p < 0.01$). The rate of viral suppression in the standard-of-care group increased modestly from 52% to 57%. (One limitation of the study is that the two study groups were unbalanced in their baseline viral suppression, despite randomisation.)

The rate of improvement in viral suppression was twice as high in the rapid rehousing group (aOR = 2.1; 95% CI, 1.1-4.1).

The authors conclude that their study showed that, compared with usual housing services for people with HIV, immediate case management lasting up to a year is associated with higher rates of housing placement and a greater rate of improvement in viral suppression.

References

Towe VL et al. *A randomized controlled trial of a rapid re-housing intervention for homeless persons living with HIV/AIDS: impact on housing and HIV medical outcomes*. AIDS and Behavior, online edition: https://doi.org/10.1007/s10461-019-02461-4.

Unstable housing associated with low CD4 cell count and detectable viral load for HIV-positive women in US

Michael Carter

Unstable housing is associated with an increased risk of a detectable viral load and low CD4 cell count among HIV-positive women, according to US research published in *Social Science & Medicine*. Women with unstable housing were around 50% more likely to have adverse HIV treatment outcomes than women living in more secure accommodation. Reasons for the poorer outcomes observed in women with unstable housing included poorer continuity of health care.

"We find that unstable housing drastically reduces both HIV suppression and CD4 T-cells for PLHIV [people living with HIV]; thus worsening clinical outcomes and further exacerbating health disparities," write the investigators. "We show specific pathways for the effects, including use of any mental health/counselling, any healthcare, and continuity of care."

Understanding the impact of socio-economic factors, including housing, on health is a research priority. Previous research has shown that PLHIV are at increased risk of experiencing unstable housing. However, the impact of homelessness on key HIV outcomes including viral load and CD4 cell count is unclear.

Investigators from the US therefore used data obtained from the large Women's Interagency HIV Study (WIHS) and funding data from the Housing Opportunities for People with AIDS (HOPWA) programme to determine the relationship between unstable housing, a detectable viral load (above 200 copies/ml) and low CD4 cell count (below 350 cells/mm^3).

The study population consisted of 3082 WIHS participants who received care between 1995 and 2015 at sites in the Bronx, Brooklyn, Chicago, Washington DC, Los Angeles and San Francisco. Unstable housing was defined as living in the previous 12 months on the street, beach, a shelter, a welfare hostel, a jail or correctional facility, or in a halfway house.

About a third of participants were high school graduates, 57% were African American and 23% Hispanic, 33% were married or living with a partner, 30% had ever injected drugs and three-quarters reported using recreational drugs.

The availability of resources to address housing instability among people living with HIV was estimated with funding allocations to Housing Opportunities for Persons with AIDS (HOPWA). This is a federal programme which provides housing and supportive services (such as substance abuse treatment, job training and assistance with daily living) to people living with HIV who have a low income.

For each location and each year, the researchers calculated HOPWA funding per 1000 people newly diagnosed with HIV. There was considerable variability in HOPWA funding between study sites.

The investigators' model examined the impact of unstable housing on the two key HIV treatment outcomes after taking into account HOPWA funding allocations.

The study participants attended 57,323 follow-up appointments. Unstable housing was reported at 4.8% of these visits. Viral load was suppressed at 48% of visits, with CD4 cell count was above 350 cells/mm^3 at 56% of visits.

The probability of unstable housing fell with increasing HOPWA funding. Lower HOPWA funding allocations were strongly associated with an increased likelihood of unstable housing, a relationship that remained robust after taking into account covariates such as age, education, relationship status and drug use.

The investigators' calculations showed that unstable housing had a negative impact on health, decreasing the probability of viral suppression and of an adequate CD4 cell count, both by 8%. When HOPWA allocations were included as the key variable, unstable housing reduced viral suppression by 51% and it decreased the likelihood of having a CD4 cell count above 350 cells/mm^3 by 53%.

The authors also examined the potential pathways between unstable housing and adverse viral load and CD4 cell outcomes. Unstable housing was shown to affect use of healthcare resources and continuity of care. It was associated with 25% less use of counselling and mental health services, 37% less use of any healthcare services and a 76% reduction in the probability of seeing the same provider.

"This paper shows a strong negative effect on viral suppression and adequate CD4 cell count, and it elucidates specific channels by which unstable housing can affect these HIV treatment outcomes," conclude the researchers. "These findings suggest that increasing efforts to improve housing assistance, including HOPWA allocations, and other interventions to make housing more affordable for low-income populations, and HIV-positive populations in particular, may be warranted not only for the benefits of stable housing, but also to improve HIV-related biomarkers."

References

Galárraga O et al. *The effect of unstable housing on HIV treatment biomarkers: an instrumental variables approac*h. Social Science & Medicine, https://doi.org/10.1016/j.socscimed.2018.07.051

2016 Houston HIV Care Services Needs Assessment: Profile of the Recently Released

PROFILE OF THE RECENTLY RELEASED

The Texas Department of Criminal Justice (**TDCJ**) estimates that 386 people living with HIV (**PLWH**) with legal residence in Harris County were released from incarceration in 2015 (TDCJ, 2016). This represents 31% of estimated PLWH released from TDCJ in 2015, a greater proportion than any other county in Texas. Data about PLWH re-entering Harris County and the greater Houston area after incarceration of particular importance to local HIV planning as this information equips communities to provide timely and appropriate linkage to HIV medical care and needed support services.

Proactive efforts were made to gather a representative sample of all PLWH in the 2016 Houston HIV Care Services Needs Assessment as well as focus targeted sampling among key populations (See: *Methodology*, full document), and results presented throughout the full document include participants who were recently released. This Profile highlights results *only* for participants who were recently released from incarceration at the time of survey, as well as comparisons to the entire needs assessment sample.

Notes: "Recently released from incarceration" and "recently released" are defined in this analysis as PLWH who indicated at survey that they were released from jail or prison within the past 12 months at time of survey. Data presented in this in the Demographics and Socio-Economic Characteristics section of this Profile represent the *actual* survey sample, rather than the *weighted* sample presented throughout the remainder of the Profile (See: *Methodology*, full document). Proportions are not calculated with a denominator of the total number of surveys for every variable due to missing or "check-all" responses.

DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(**Table 1**) In total, 41 participants in the 2016 Houston HIV Care Services Needs Assessment were released from jail or prison within the 12 months prior to survey, comprising just over 8% of the total sample.

Ninety-seven percent (97%) of recently released participants were residing in Houston/Harris County at the time of data collection. Like all needs assessment participants, the majority of recently released participants was male (68%), African American/Black (80%), between the ages of 25 and 49 (46%) and identified as heterosexual (63%). No recently released participants reported being out of care. However, several differences were observed in comparison to the total sample. The proportion of recently released participants who identified as African American/Black was 22% higher than that the total sample. Compared to all needs assessment participants, greater proportions of recently released participants identified as bisexual (15% v. 8%) rather than gay or lesbian (17% v. 34%). Though representing a relatively small overall number, the proportion of transgender participants was 47% higher among recently released participants than the total sample.

Several socio-economic characteristics of recently released participants were also different from all participants. A lower proportion of recently released participants reported having private health insurance (7% v. 9%) or public health insurance in the form of Medicaid and/or Medicare (29% v. 50%). The average annual income among recently released participants who reported income was almost half the total sample ($4,800 v. $9,380). A greater proportion of recently released participants reported experiencing current housing instability compared to the total sample (50% v. 28%; *not shown*).

Characteristics of recently released participants (as compared to all participants) can be summarized as follows:

- Residing in Houston/Harris County
- Male
- African American/Black
- Adults between the ages of 25 and 49
- Heterosexual
- With higher occurrences of no health insurance coverage, lower average annual income, and a greater proportion unstably housed.

TABLE 1-Select Participant Characteristics, Houston Area HIV Needs Assessment, 2016

	No.	Released %	Total %
County of residence			
Harris	38	97.44%	93.40%
Fort Bend	1	2.56%	4.20%
Liberty	0	-	0.20%
Montgomery	0	-	1.20%
Other	0	-	1.00%
Primary race/ethnicity			
White	2	4.88%	11.80%
African American/Black	33	80.49%	62.70%
Hispanic/Latino	5	12.20%	23.90%
Asian American	0		1.00%
Other/Multiracial	1	2.44%	0.60%
Immigration status			
Born in the U.S.	37	92.50%	84.60%
Citizen > 5 years	2	5.00%	6.50%
Citizen < 5 years	0	-	0.80%
Undocumented	0	-	2.00%
Prefer not to answer	1	2.50%	4.40%
Other	0	-	1.80%

	No.	Released %	Total %
Age range (median: 50-54)			
13 to 17	0	-	0.20%
18 to 24	1	2.44%	3.40%
25 to 49	19	46.34%	43.20%
50 to 54	13	31.71%	24.30%
55 to 64	8	19.51%	26.20%
≥65	0	-	2.80%
Seniors (≥50)	21	51.22%	53.30%
Sexual orientation			
Heterosexual	26	63.41%	54.00%
Gay/Lesbian	7	17.07%	33.70%
Bisexual	6	14.63%	7.70%
Other	2	4.88%	4.50%
MSM	14	34.15%	42.60%
Yearly income (average: $4,800)			
Federal Poverty Level (FPL)			
Below 100%	21	80.77%	78.80%
100%	4	15.38%	12.70%
150%	0	-	3.70%
200%	1	3.85%	2.80%
250%	0	-	0.60%
≥300%	0	-	1.40%

	No.	Released %	Total %
Sex at birth			
Male	28	68.3%	67.30%
Female	13	31.7%	37.70%
Intersex	0	-	-
Transgender	3	7.32%	3.90%
Currently pregnant	0		0.20%
Health insurance (multiple response)			
Private insurance	3	6.67%	8.60%
Medicaid/Medicare	13	28.89%	49.80%
Harris Health System	20	44.44%	23.70%
Ryan White Only	9	20.00%	17.00%
None	0	-	1.00%

BARRIERS TO RETENTION IN CARE

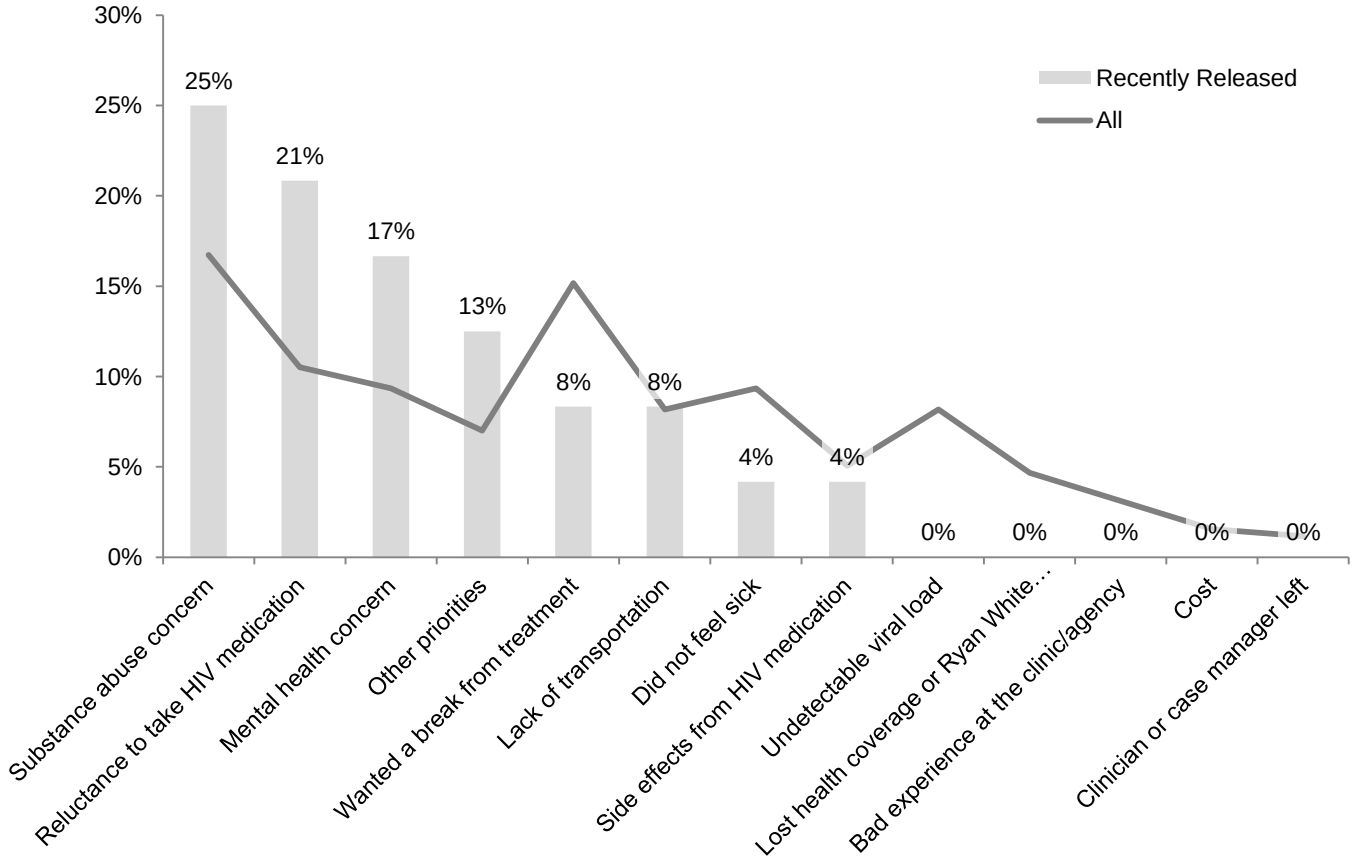
As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

While 71% of all needs assessment participants needs assessment participants reported no interruption in their HIV care for 12 months or more since their diagnosis, only 34% of recently released participants reported no interruption in care. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Thirteen commonly reported reasons were included as options in the consumer survey. Participants could also write-in their reasons.

(**Graph 1**) Among recently released participants, experiencing substance abuse concerns was cited most often as the reason for interruption in HIV medical care at 25% of reported reasons, followed by reluctance to take HIV medication (21%), experiencing mental health concerns (17%), and having competing priorities other than HIV (13%). The greatest differences between recently released participants and the total sample were in the proportions reporting reluctance to take HIV medication (21% v. 11%), substance abuse concerns (25% v. 17%), having an undetectable viral load (0% v. 8%), and wanting a break from treatment (8% v. 15%) as reasons for falling out of care. The only write-in reason for recently release participants falling out of care was experiencing homelessness.

GRAPH 1-Reasons for Falling Out of HIV Care among Recently Released PLWH in the Houston Area, 2016

Definition: Percent of times each item was reported by recently released needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.



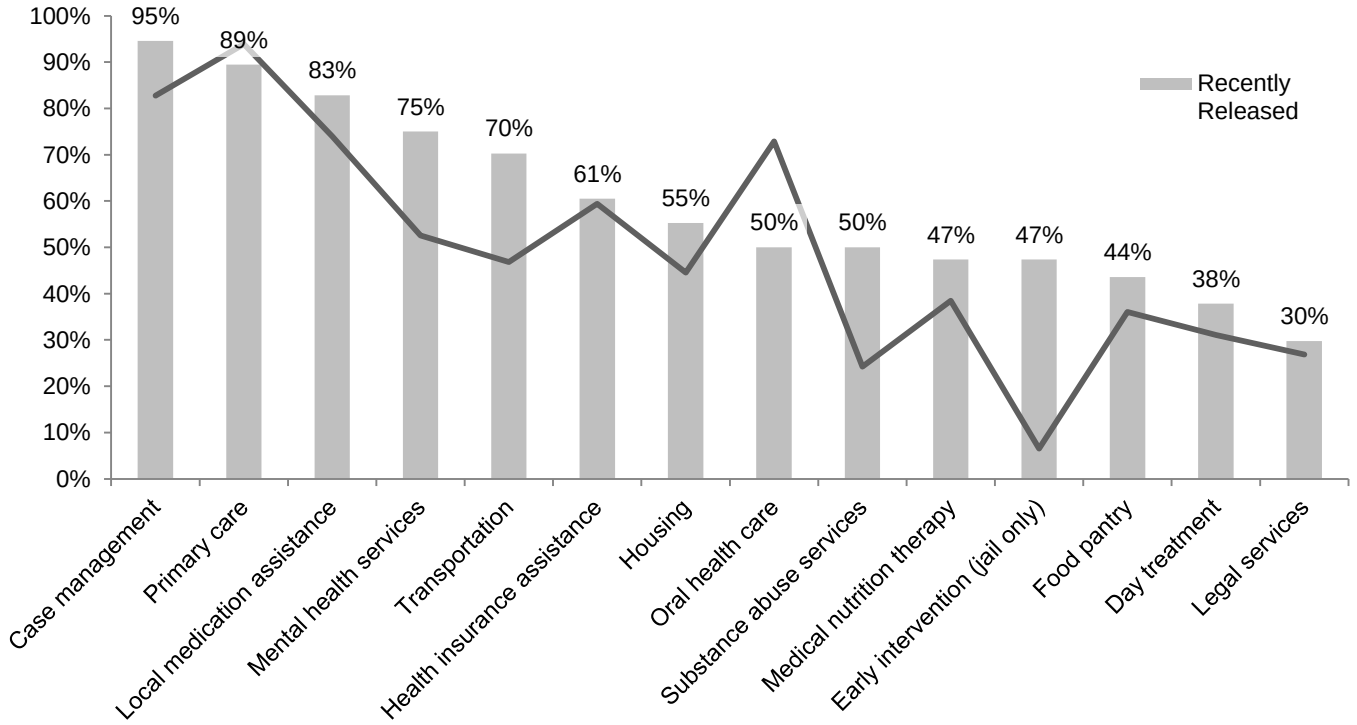
OVERALL RANKING OF FUNDED SERVICES, BY NEED

In 2016, 15 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program, and housing services were provided through the local HOPWA program. Though no longer funded through the Ryan White HIV/AIDS Program, Food Pantry was also assessed. Participants of the 2016 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

(**Graph 2**) Among recently released participants, case managements was the most needed funded service at 95% of recently release participants, followed by primary care (89%), local medication assistance (83%) mental health services (75%) and transportation assistance (70%). The greatest differences between recently released participants and the total sample were in the proportions reporting need for early intervention services (47% v. 7%), substance abuse services (50% v. 24%), and oral health care (50% v. 73%).

GRAPH 2-Ranking of HIV Services among Recently Released in the Houston Area, By Need, 2016

Definition: Percent of recently released needs assessment participants stating they needed the service in the past 12 months, regardless of ease or difficulty accessing the service.



Other Identified Needs

Twelve other/non-Ryan White funded HIV-related services were assessed to determine emerging needs for Houston Area PLWH. Participants were also encouraged to write-in other types of needed services.

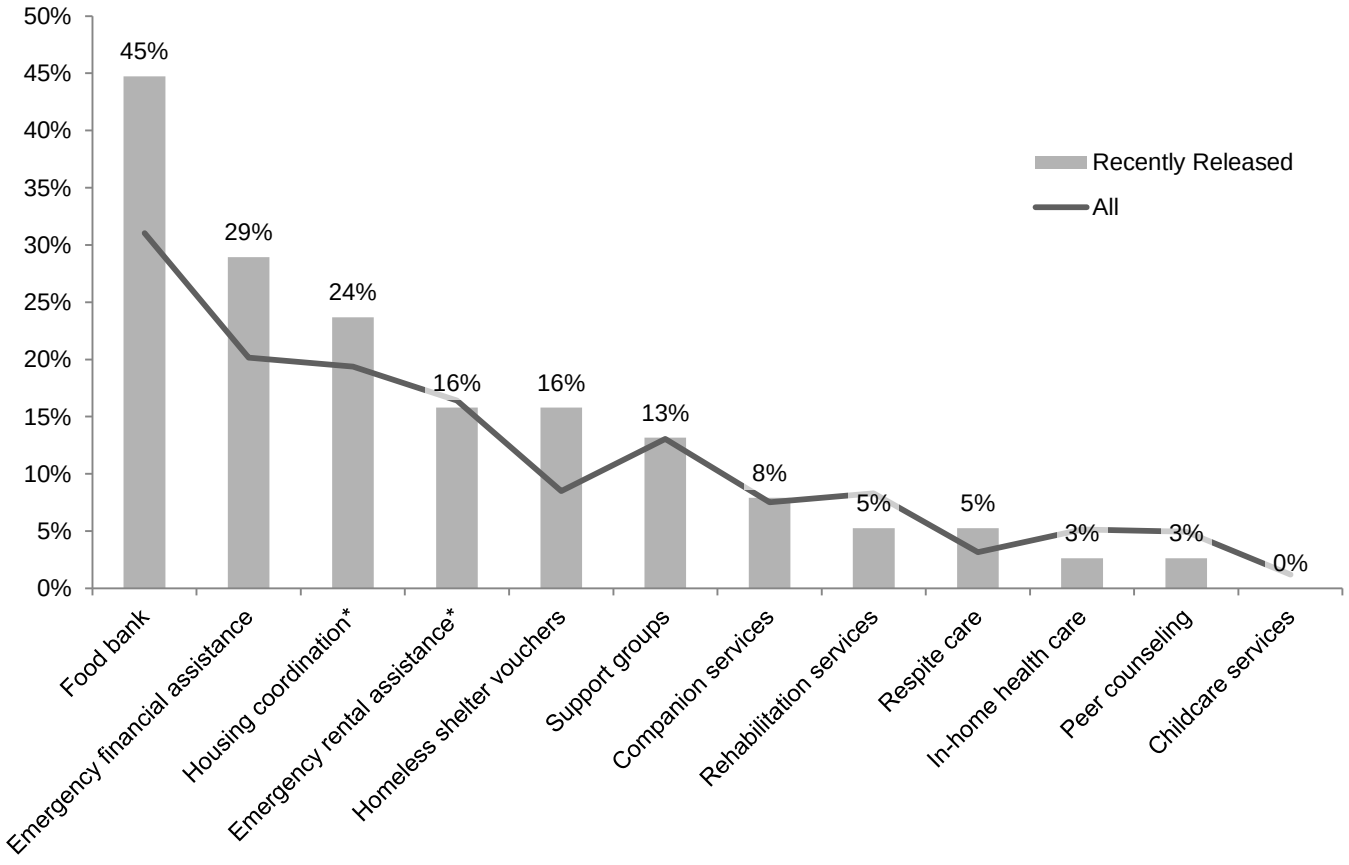
(**Graph 3**) From the 12 services options provided, the greatest proportion of recently released participants reported also needing food bank services (45%), followed by emergency financial assistance (29%), housing coordination (24%), emergency rental assistance (16%) and homeless shelter vouchers (16%). Compared to the total sample, greater proportions of recently released participants reported needing food bank (45% v. 31%), emergency financial assistance (29% v. 20%), homeless shelter vouchers (16% v. 8%), housing coordination (24% v. 19%), and respite care (3% v. 2%).

Recently released participants provided no write-in services.

GRAPH 3-Other Needs for HIV Services among Recently Released PLWH in the Houston Area, 2016

Definition: Percent of recently released needs assessment participants, who selected each service in response to the survey question, "What other kinds of services do you need to help you get your HIV medical care?"

*These services are not currently funded by the Ryan White program; however, they are available through the Housing Opportunities for People with AIDS (HOPWA) program.



OVERALL BARRIERS TO HIV CARE

For the first time in the Houston Area HIV Needs Assessment process, participants who reported *difficulty* accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Recursive abstraction was used to categorize participant descriptions into 39 distinct barriers. These barriers were then grouped together into 12 nodes, or barrier types.

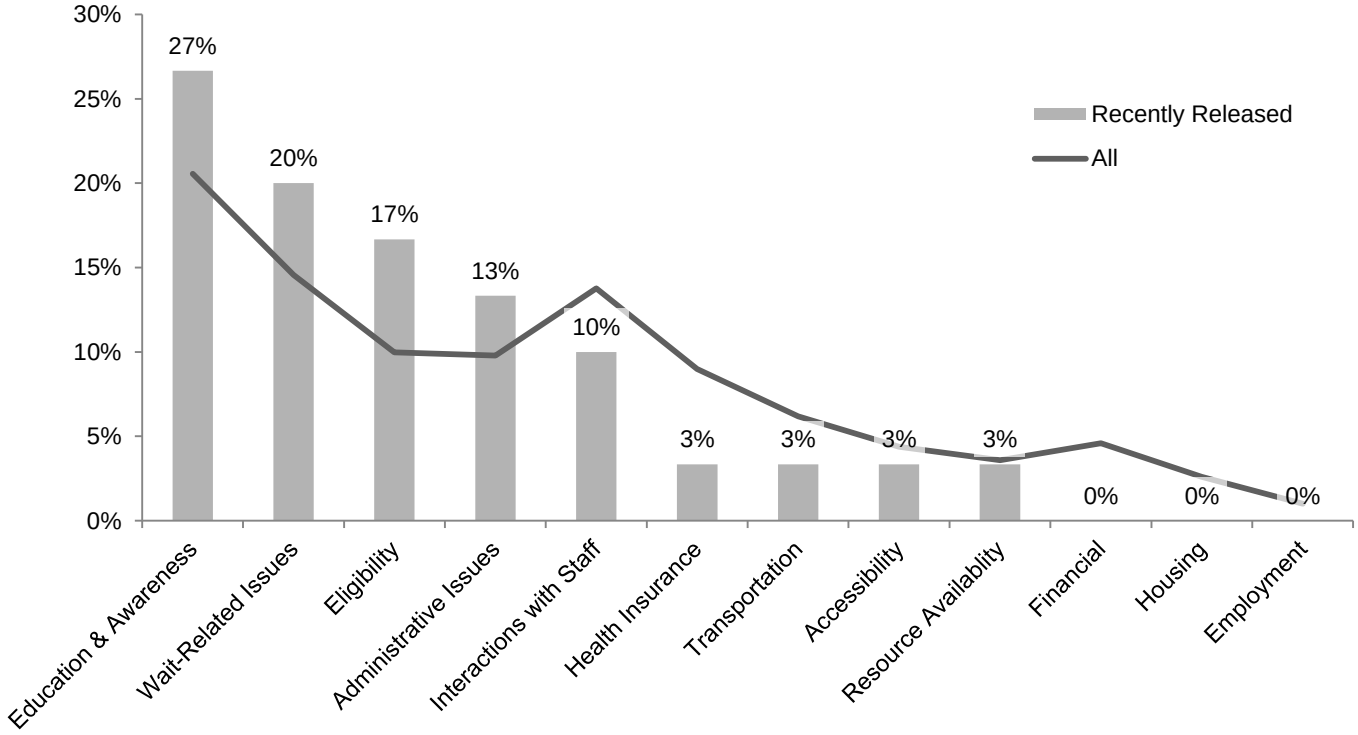
(**Graph 4**) Overall, the barrier types reported most often among recently released participants related to service education and awareness issues (27% of all reported barriers); wait-related issues (15%); eligibility issues (17%); administrative issues (13%); and interactions with staff (10%).

Compared to the total sample, recently released participants reported greater proportions of eligibility-related barriers (17% v. 10%) such as not meeting eligibility requirements for needed services; education and awareness barriers (27% v. 21%) like not knowing not knowing that a service exists or is available; and wait-related barriers (20% v. 15%) such as being placed on a waitlist for services.

Among all accessibility barriers reported in the survey, 32% of stemmed from for former incarceration status, i.e. being restricted from services due to probation, parole, or felon status. This was observed most often for housing services.

GRAPH 4-Ranking of Types of Barriers to HIV Services among Recently Released PLWH in the Houston Area, 2016

Definition: Percent of times each barrier type was reported by needs assessment participants, regardless of service, when difficulty accessing needed services was reported.



For more information or a copy of the full 2016 Houston HIV Care Services Needs Assessment contact:

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