

**Houston Area HIV Services Ryan White Planning Council**

**HIV/AIDS Needs Assessment Group (NAG)**

**Analysis Workgroup**

10:00 a.m., Monday, May 23, 2016

Meeting Location: 2223 W. Loop South, Room #416

**AGENDA**

\* = Handout to be distributed at the meeting

- 
- I. Call to Order Evelio Salinas Escamilla and  
Nettie Johnson, Co-Chairs
- A. Welcome & Introductions
  - B. Moment of Reflection
  - C. Adoption of the Agenda
  - D. Purpose of the Workgroup: *To determine how the needs assessment survey data should be analyzed and how the needs assessment report should be organized. The workgroup ensures that the final needs assessment product is an effective tool for HIV planning.*
  - E. Review of Workgroup Voting Rules Workgroup  
Membership Requirements, Voting Rules, and Quorum
- II. Public Comments and Announcements
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/AIDS status. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.)
- III. 2016 Needs Assessment Data Analysis Process Amber Harbolt, Health  
Planner, Office of Support
- A. Brief Review of Survey Tool, Sampling Summary\*, and Qualitative Analysis Codebook
  - B. Discuss and Update Principles for Data Analysis
  - C. Discuss Necessities, Hypotheses, and Curiosities:  
"What do we want *and* need to learn from the data?"
- IV. Next Meetings – Set Dates Evelio Salinas Escamilla and  
Nettie Johnson, Co-Chairs
- A. Discuss Weighing Data, and Revise Report Domains
  - B. Review and Approve Report
- V. Announcements
- VI. Adjourn

# Membership Requirements, Voting Rules and Quorum for the FY2016 Comprehensive Needs Assessment Process

*Approved by the NAG 10-29-15*

## Partners in the FY2016 Comprehensive Needs Assessment Process

- ⌘ *Houston Area HIV Services Ryan White Planning Council*
- ⌘ *Houston HIV Prevention Community Planning Group (CPG) and Task Forces*
- ⌘ *Harris County Public Health Services Ryan White Grant Administration*
- ⌘ *Houston Health Department Bureau of HIV/STD and Viral Hepatitis Prevention*
- ⌘ *The Houston Regional HIV/AIDS Resource Group*
- ⌘ *Harris Health System*
- ⌘ *Housing Opportunities for Persons with AIDS (HOPWA)*
- ⌘ *Coalition for the Homeless of Houston/Harris County*
- ⌘ *Community Advisory Board (CAB) Members and Consumers*

\*\*\*\*\*

## Needs Assessment Group (NAG)

Quorum for the Needs Assessment Group (NAG) is defined as:

- *51% of membership in attendance, including participation by phone;*
- *Of these, at least 2 must be PWA's*
- *Of these, there must be at least one Part A Planning Council Member, one Part B representative of a funded agency, volunteer or staff member and one member or staff from the CPG.*

Membership of the Needs Assessment Group (NAG) is defined as follows:

- *No voting at a member's first meeting.*
- *Each agency gets one vote.*
- *No more than 1 absence. This is based upon employment and applies even if a member of the group is not representing the agency where they are employed.*
- *The Office of Support needs written notification to change a group's representative.*

Members must email Diane Beck (diane.beck@cjo.hctx.net) or call the Office of Support (713-572-3724) at least one day in advance, except in an emergency. If a member does not email or call in, they are unexcused.

\*\*\*\*\*

## All Workgroups

Quorum for the Workgroups is defined as:

- *Must be one PWA present.*
- *At least 3 voting members present (including a chair).*

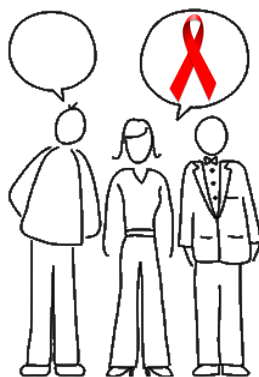
Membership of the Workgroups is defined as follows:

- *No voting at a member's first meeting except for the first meeting of the workgroup.*
- *Each agency gets one vote.*
- *Members must email/call in at least one day in advance, except in an emergency. If a member does not email/call in, they are unexcused.*
- *After 2 absences, member cannot vote until the next workgroup meeting.*

Members must email Diane Beck (diane.beck@cjo.hctx.net) or call the Office of Support (713-572-3724) at least one day in advance, except in an emergency. If a member does not email or call in, they are unexcused.

**STAFF USE ONLY-SURVEY ADMIN**

Date of survey: \_\_\_\_\_  
Agency/location: \_\_\_\_\_  
Staff initials: \_\_\_\_\_  
Gift card #: \_\_\_\_\_



**STAFF USE ONLY-DATA ENTRY**

Date of data entry: \_\_\_\_\_  
Auto survey #: \_\_\_\_\_  
Staff initials: \_\_\_\_\_

# 2016 Consumer Survey

Dear Participant,

The purpose of this survey is to learn about your needs for HIV care and what it's like for you to be living with HIV. Only people who are HIV positive, 18 years of age or older, and who live in the greater Houston area should take this survey. If you don't meet these requirements or are not sure, please talk to a staff person now.

Please read the following before you begin:

- Your participation in this survey is 100% voluntary. You do not have to participate. If you do, it will help us learn what people need for HIV care.
- Everything you tell us is 100% confidential. You will not be identified in the report, and no information about you *as an individual* will be shared. All the answers you give will be combined with other surveys and shown as a group.
- You may find some of the questions personal, and they may make you feel uncomfortable. You do not have to continue if you feel this way. Please talk to a staff person at any time if you feel uncomfortable with the survey.
- You will receive an incentive for your participation after you have finished the survey. You will be asked to sign for the incentive, but you do not have to use your legal name.
- If you complete the survey, you are consenting to participate in this project. You are also giving us your consent to use your survey answers. Again, you will not be identified in the report, and no information about you *as an individual* will be shared.
- Please take your time to answer all questions as completely and accurately as possible. There are no right or wrong answers. There is no time limit.
- If you have questions about this survey, please contact the Ryan White Planning Council Office of Support at (713) 572-3724 at any time.

You can begin the survey now. Please bring your completed survey to a staff person when you are done. Thank you for your participation in this project!



## Section 1: HIV Services

1. Please tell us about any of the following HIV services that you have used in the past 12 months:

<p><b>HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant</b> (i.e., outpatient primary HIV medical care)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>HIV medication assistance <i>in addition</i> to ADAP</b></p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Health insurance assistance</b> (this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Oral health care visits with a dentist or hygienist</b></p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

**Con't: Please tell us about any of the following HIV services that you have used in the past 12 months:**

<p><b>Case management</b> (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Alcohol or drug abuse treatment or counseling</b> (in an outpatient setting only)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p><b>Did you need this service for:</b> <b>(Check all that apply)</b></p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Professional mental health counseling</b> (by a licensed professional counselor or therapist either individually or as part of a therapy group)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Day treatment</b> (this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is <i>not</i> a place you live.)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

**Con't: Please tell us about any of the following HIV services that you have used in the past 12 months:**

<p><b>Hospice care</b> (a program for people in a terminal stage of illness to get end-of-life care)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Nutritional supplements</b> (like Ensure, fish oil, protein powder, etc.) and/or nutritional counseling from a professional dietician</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Legal services</b> (help from an attorney with things like Medicaid eligibility, wills, and permanency planning)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Language translation</b> (at your clinic or program in a language <i>other than English or Spanish</i>)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

**Con't: Please tell us about any of the following HIV services that you have used in the past 12 months:**

<p><b>Transportation</b> (to/from your HIV medical appointments on a van or with a Metro bus card)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p><b>Did you need this service for:</b> <b>(Check all that apply)</b></p> <p><input type="checkbox"/> Van ride(s)</p> <p><input type="checkbox"/> Bus pass(es)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Housing</b> (specifically for HIV+ people or for a family with an HIV+ family member. This can be temporary or long-term housing)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Food pantry vouchers</b></p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>**If you were in Harris County Jail, please tell us about: Pre-discharge planning</b> (this is when jail staff help you plan for HIV medical care after your release)</p>	<p><b>Please check one:</b></p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>



**2. In the past 12 months, have you been told you were on a waiting list for any of the following services? (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> I was not told I was on a waiting list for any service<br><b>(skip bullets below and go to Question 3)</b> | <input type="checkbox"/> Professional mental health counseling                      |
| <input type="checkbox"/> HIV medical care visits  | <input type="checkbox"/> Day treatment  |
| <input type="checkbox"/> HIV medication assistance <i>in addition to ADAP</i>   | <input type="checkbox"/> Hospice care   |
| <input type="checkbox"/> Health insurance assistance  | <input type="checkbox"/> Nutritional supplements                                    |
| <input type="checkbox"/> Oral health care   | <input type="checkbox"/> Legal services   |
| <input type="checkbox"/> Case management  | <input type="checkbox"/> Language translation                                       |
| <input type="checkbox"/> Alcohol or drug abuse treatment or counseling  | <input type="checkbox"/> Transportation   |
|   | <input type="checkbox"/> Housing  |
|   | <input type="checkbox"/> Food pantry vouchers                                       |
|   | <input type="checkbox"/> Pre-discharge planning (if you were in Harris County Jail) |

- **What was the time period between your first request for the service(s), and when you received the service(s)?** \_\_\_\_\_
- **Were you aware of another provider for the service(s) while you were on the waiting list?**
  - Yes, and I went to the other provider
  - Yes, but I did not go to the other provider
  - No
  - Don't remember
- **Have you been placed on a waiting list for the service(s) more than once?**
  - Yes
  - No
  - Don't remember

**3. What other kinds of services do you need to help you get your HIV medical care? (Check any that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Childcare services or childcare reimbursement | <input type="checkbox"/> In-home health care services   |
| <input type="checkbox"/> Companion services, or a buddy to support you | <input type="checkbox"/> Peer counseling  |
| <input type="checkbox"/> Emergency financial assistance                | <input type="checkbox"/> Support groups   |
| <input type="checkbox"/> Emergency rental assistance                   | <input type="checkbox"/> Rehab services (therapy, medical care, and other help for regaining independence with daily tasks) |
| <input type="checkbox"/> Food bank                                     | <input type="checkbox"/> Respite care (short-term help to those who are caring for HIV positive family members)             |
| <input type="checkbox"/> Homeless shelter vouchers                     | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Housing coordination assistance               |   |

**Section 2: When You Were First Diagnosed**

4. **What year were you diagnosed with HIV?** \_\_\_\_\_

**5. When you got your HIV diagnosis, did you get any of the following services from the same agency? (Check one answer for each item below)**

- **A list of HIV clinics to go to for medical care**     Yes     No     Don't remember
- **An appointment for your first HIV doctor's visit**     Yes     No     Don't remember
- **Someone offered to help you get into HIV care**     Yes     No     Don't remember

### Section 3: Your HIV Care History

**6. If you delayed seeing a doctor for HIV more than 1 month after you received your HIV diagnosis, why? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> I did not delay seeing a doctor for HIV     | <input type="checkbox"/> I had a mental health issue/illness at the time    |
| <input type="checkbox"/> I felt fine, I wasn't sick                  | <input type="checkbox"/> There were other priorities in my life at the time |
| <input type="checkbox"/> I didn't want to believe I was infected     | <input type="checkbox"/> I couldn't get there, no transportation            |
| <input type="checkbox"/> I didn't want to take medications           | <input type="checkbox"/> I was afraid of people finding out I was HIV+      |
| <input type="checkbox"/> I didn't know where to get HIV medical care | <input type="checkbox"/> Don't remember                                     |
| <input type="checkbox"/> I couldn't afford HIV medical care          | <input type="checkbox"/> Other: _____                                       |
| <input type="checkbox"/> I was drinking or doing drugs at the time   |   |

**7. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> I never stopped seeing a doctor for 12 months | <input type="checkbox"/> I was drinking or doing drugs at the time          |
| <input type="checkbox"/> I felt fine, I wasn't sick                    | <input type="checkbox"/> I had a mental health issue/illness at the time    |
| <input type="checkbox"/> I was tired of it, wanted a break             | <input type="checkbox"/> There were other priorities in my life at the time |
| <input type="checkbox"/> I didn't want to take HIV medications         | <input type="checkbox"/> I couldn't get there, no transportation            |
| <input type="checkbox"/> I had side effects from my HIV medications    | <input type="checkbox"/> My doctor or case manager left                     |
| <input type="checkbox"/> My viral load was undetectable                | <input type="checkbox"/> I had a bad experience at the clinic               |
| <input type="checkbox"/> I couldn't afford it anymore                  | <input type="checkbox"/> Don't remember                                     |
| <input type="checkbox"/> I lost my health insurance or Ryan White      | <input type="checkbox"/> Other: _____                                       |

**8. In the past 6 months, have you done any of the following?**

(Check one answer for each item below)

- |  | Yes                      | No                       | Don't know               | Don't remember           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Seen a doctor, nurse, or PA for HIV    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Been prescribed HIV medication (ART)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Had a test for your HIV viral load     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Had a test for your CD4 (t-cell) count | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**9. If you are not currently taking HIV medications, why are you not taking them?**

(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> N/a, I do take HIV medication                   | <input type="checkbox"/> I don't have prescription insurance coverage    |
| <input type="checkbox"/> No doctor has offered them to me                | <input type="checkbox"/> I don't have a safe place to keep them          |
| <input type="checkbox"/> My doctor doesn't think it's a good idea for me | <input type="checkbox"/> I don't want anyone to know I'm taking HIV meds |
| <input type="checkbox"/> I had bad side effects                          | <input type="checkbox"/> I was tired of it, wanted a break               |
| <input type="checkbox"/> They are too hard to take as prescribed         | <input type="checkbox"/> I choose not to take them                       |
| <input type="checkbox"/> I don't have the correct food to take with them | <input type="checkbox"/> I feel fine, I'm not sick                       |
| <input type="checkbox"/> I can't pay for them                            | <input type="checkbox"/> Other: _____                                    |

**10. In the past 12 months, did you go to an ER because you felt sick?**

*(Check one)*

- Yes  No  Don't remember

**Section 4: Other Health Concerns**

**11. Has a doctor told you that you currently have any of the following *non-HIV* medical condition? *(Check all that apply)***

- |  |   |
|--|---|
| <input type="checkbox"/> Alzheimer's or dementia               | <input type="checkbox"/> High cholesterol   |
| <input type="checkbox"/> Arthritis                             | <input type="checkbox"/> HPV (human papillomavirus)   |
| <input type="checkbox"/> Asthma                                | <input type="checkbox"/> Lung disease/COPD  |
| <input type="checkbox"/> Auto-immune disease (i.e., MS, lupus) | <input type="checkbox"/> Liver disease  |
| <input type="checkbox"/> Cancer                                | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> Diabetes                              | <input type="checkbox"/> Osteoporosis, or bone disease  |
| <input type="checkbox"/> Heart disease                         | <input type="checkbox"/> TB. If so: <input type="checkbox"/> Active TB <input type="checkbox"/> Latent TB |
| <input type="checkbox"/> Hepatitis C                           | <input type="checkbox"/> I have not been told I have any of these   |
| <input type="checkbox"/> Herpes                                | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> High blood pressure                   | <input type="checkbox"/> Other: _____   |

**12. In the past 6 months, have you been tested, diagnosed, and/or treated for the following conditions? *(Check all that apply for each item below)***

	Not tested	Tested	Diagnosed	Treated	Don't know
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. In the past 12 months, have you felt any of the following *to such a degree* that you thought you wanted help? *(Check all that apply)***

- |  |   |
|--|---|
| <input type="checkbox"/> Anger                           | <input type="checkbox"/> Memory loss                            |
| <input type="checkbox"/> Anxiety or worry                | <input type="checkbox"/> Sadness                                |
| <input type="checkbox"/> Fear of leaving your home       | <input type="checkbox"/> Thoughts of hurting yourself or others |
| <input type="checkbox"/> Feeling manic or out of control | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Hallucinations                  | <input type="checkbox"/> None of the above                      |
| <input type="checkbox"/> Night terrors                   | <input type="checkbox"/> Prefer not to answer                   |
| <input type="checkbox"/> Insomnia                        |   |

*\*\*If you are having any of these thoughts right now, contact your counselor immediately or refer to the resource list attached to this survey.*

**14. Has a doctor told you that you currently have any of the following conditions?**

*(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> ADD/ADHD                 | <input type="checkbox"/> Gender dysphoria/gender identity disorder |
| <input type="checkbox"/> Agoraphobia              | <input type="checkbox"/> Obsessive compulsive disorder             |
| <input type="checkbox"/> AIDS Survivor Syndrome   | <input type="checkbox"/> PTSD                                      |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Bipolar disorder         | <input type="checkbox"/> I don't have a mental health diagnosis    |
| <input type="checkbox"/> Depression               |  |

**15. In the past 12 months, have you experienced any of the following?**

*(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Been treated differently because of being HIV+ | <input type="checkbox"/> Threats of violence by a stranger    |
| <input type="checkbox"/> Been denied services because of being HIV+     | <input type="checkbox"/> Physical assault by someone you know |
| <input type="checkbox"/> Been asked to leave a public place             | <input type="checkbox"/> Physical assault by a stranger       |
| <input type="checkbox"/> Verbal harassment/taunts                       | <input type="checkbox"/> Sexual assault by someone you know   |
| <input type="checkbox"/> Threats of violence by someone you know        | <input type="checkbox"/> Sexual assault by a stranger         |
|   | <input type="checkbox"/> None of the above                    |
|   | <input type="checkbox"/> Prefer not to answer                 |

**16. Are you currently in an intimate relationship with someone who makes you feel afraid, threatened, isolated, forces you to have sex, or physically hurts you?**

*(Check one)*

- Yes  No  Prefer not to answer

**Section 5: Substance Use**

**17. Has your alcohol or drug use ever interfered with you getting HIV medical care?**

*(Check one)*

- |  |  |
|--|--|
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No, I do not use alcohol or drugs ( <i>skip bullets below and go to Question 18</i> ) |
| <input type="checkbox"/> No, my alcohol or drug use has not interfered with getting HIV medical care | <input type="checkbox"/> Prefer not to answer  |

**• If you answered yes, which substance(s)? *(Check all that apply)***

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol                   | <input type="checkbox"/> Prescription drugs not prescribed to you (e.g., painkillers, tranquilizers)      |
| <input type="checkbox"/> Club/party drugs          | <input type="checkbox"/> Prescription drugs prescribed to you, but that you use differently than intended |
| <input type="checkbox"/> Cocaine or crack          | <input type="checkbox"/> Legal drugs from a shop (e.g., bath salts, fake marijuana)                       |
| <input type="checkbox"/> Hallucinogens             | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Heroin                    | <input type="checkbox"/> None of the above  |
| <input type="checkbox"/> Inhalants (poppers, glue) | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Marijuana                 |   |
| <input type="checkbox"/> Methamphetamine (meth)    |   |

**Section 6: Housing, Transportation, and Social Support**

**18. Do you feel your housing situation is stable? *(Check one)***  Yes  No

**19. Has your housing situation interfered with you getting HIV medical care? *(Check one)***  Yes  No

**20. Has your transportation situation interfered with you getting HIV medical care? *(Check one)***  Yes  No

**21. Social support is when people or groups in your life provide emotional support, assistance, advice, and/or companionship. Do you feel that you have enough social support? *(Check one)***  Yes  No

22. Please mark which types of social support a.) you currently have, b.) you do not have, but feel you need; or c.) you do not have and do not need.

(Check one answer for each item below)

	a. Currently Have	b. Don't Have But Need	c. Don't Need
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobriety group (like AA or NA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a mentor to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An HIV-related group or program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/activism group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board, committee, or task force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Do you have any other types of social support not listed above? \_\_\_\_\_

## Section 7: Financial Resources

24. What is your current monthly household income? \$ \_\_\_\_\_

Prefer not to answer

- How many people, including you, depend on this income? \_\_\_\_\_
- Of these, how many are children under 18 years old? \_\_\_\_\_

25. How do you pay for *general* medical care for yourself or your family?

(Check all that apply)

Private health insurance. If so, which company do you have? \_\_\_\_\_  
(e.g., Aetna, Anthem, Blue Cross/ Blue Shield, CIGNA, Humana)

- COBRA
- Medicaid
- Medicare
- Gold Card

- VA
- Indian Health Service
- Self-pay
- I don't get medical care because I can't pay for it
- I only get medical care for HIV through Ryan White
- Other: \_\_\_\_\_

26. Do you have trouble paying for the following types medications on your own?

(Check one answer for each item below)

	Yes	No	I do not take this
HIV medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-HIV related medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications for mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **If you have trouble paying for your medications, are you getting help paying for them?** *(Check one)*
  - Yes
  - No
  - Don't know
  - N/a, I do not take medication

## Section 8: Please Tell Us About Yourself...

27. What zip code do you live in? \_\_\_\_\_

28. What is your age (in years)?

- 13-17 years old
- 18-24 years old
- 25-34 years old
- 35-49 years old
- 50-54 years old
- 55-64 years old
- 65-74 years old
- 75+ years old

29. What sex were you assigned **at birth?** *(Check one)*

- Male
- Female
- Intersex *(someone born with both male and female reproductive or sex organs; or with reproductive or sex organs that were not clearly male or female)*

30. What is your ***primary*** gender identity or gender expression **today?** *(Check one)*

- Male
- Female
- Part time male, part time female
- Other: \_\_\_\_\_

31. Are you **currently pregnant?** *(Check one)*  Yes  No  Don't know

- **If you are currently pregnant, are you in prenatal care?** *(Check one)*  Yes  No  Don't know

32. How do you identify in terms of your sexual orientation? *(Check one)*

- Straight/Heterosexual
- Gay
- Lesbian
- Bisexual
- Pansexual *(someone who feels sexual attraction, desire, love toward all sexes/genders)*
- Asexual *(someone who does not feel sexual attraction)*
- Undecided
- Other: \_\_\_\_\_

33. Are you of Hispanic or Latino origin?  Yes  No

34. What is your primary race? *(Check one)*

- White
- Black/African American
- Hispanic/Latino
- Asian American
- Pacific Islander or Native Hawaiian
- American Indian or Alaska Native
- Multiracial
- Other: \_\_\_\_\_

35. What is your immigration status? *(Check one)*

- Permanent resident/born here
- U.S. citizen for more than 5 years
- U.S. citizen for less than 5 years
- Visa (student, work, tourist, etc.)
- Prefer not to answer
- Other: \_\_\_\_\_

36. **In the past 12 months**, have you been released from jail or prison?  
 (Check one)  Yes  No

**Section 9: Prevention Activities**

37. Where did you get your HIV diagnosis? \_\_\_\_\_

38. **In the past 12 months**, have you received any information about preventing HIV transmission? (Check one)  Yes  No

• If so, where did you get this information? \_\_\_\_\_

39. Pre-Exposure Prophylaxis (also called PrEP) is a way for people who don't have HIV to prevent getting HIV by taking a pill every day. Have you heard about PrEP before? (Check one)  Yes  No  Don't remember

40. Do you know where a person who does not have HIV can go to get on PrEP?  
 (Check one)  Yes  No

*\*\*See the resource list attached to this survey for more information about PrEP.*

41. **If you've had sex in the past 6 months**, what is the HIV status of your sex partner(s)?

This could be anal, vaginal, or oral sex, either receptive (bottom) or insertive (top), with any person. (Check all that apply)

- HIV positive
- HIV negative
- I don't know
- I don't remember
- Prefer not to answer
- I have not had sex in the past 6 months (*skip Questions 42-44 below and go to Question 45*)

42. **If you've had sex in the past 6 months**, how often did you use a condom (or female condom) for each of the following? (Check one answer for each item below)

	Every time	Most of the time	About half of the time	Rarely	Never	N/A, I didn't do this
• Getting oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Giving oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anal sex, receptive (bottom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anal sex, insertive (top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**43. If you've had sex in the past 6 months, and you did not use a condom, why?**

*(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> I only ever have sex with one person          | <input type="checkbox"/> I get caught up in the moment, and forget to use them       |
| <input type="checkbox"/> My sex partner(s) is also HIV+                | <input type="checkbox"/> I don't think my partner likes condoms                      |
| <input type="checkbox"/> My sex partner(s) is on PrEP                  | <input type="checkbox"/> My partner(s) doesn't know my HIV+ status                   |
| <input type="checkbox"/> My viral load is undetectable                 | <input type="checkbox"/> I'm not comfortable talking to partners about condoms       |
| <input type="checkbox"/> I don't think I can get HIV again             | <input type="checkbox"/> I'm afraid of what my partner will do if I bring up condoms |
| <input type="checkbox"/> I can't get condoms                           | <input type="checkbox"/> I only have oral sex, so I don't feel like I need a condom  |
| <input type="checkbox"/> I don't like condoms                          | <input type="checkbox"/> I want to have a baby                                       |
| <input type="checkbox"/> I'm not comfortable using condoms             | <input type="checkbox"/> Sex with a condom doesn't feel as good                      |
| <input type="checkbox"/> I'm allergic to condoms                       | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> I can't find condoms that fit                 |  |
| <input type="checkbox"/> I'm too drunk/high to remember to use condoms |  |

**44. How often do you talk about your HIV status with new sex partners? (Check one)**

- Always, with every partner
- Sometimes, with some partners
- Never, my partner already knows
- Never, I always use condoms, so I don't feel like I have to disclose my status
- Never, I don't feel comfortable disclosing my status
- Never, I don't want to disclose my status
- Never, I do not have sex

**One Last Question...**

**45. Do you know how to file a grievance or a complaint? (Check one for each item below)**

	Yes	No
<b>With an agency</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>With Ryan White**</b>	<input type="checkbox"/>	<input type="checkbox"/>

*\*\*See the resource list attached to this survey for the Ryan White grievance/complaint lines.*

**Thank you for taking our survey!**

Your answers will help us learn what people need for HIV care in the Houston Area.

If you have questions about this survey after today, please contact:

Ryan White Planning Council  
Office of Support  
(713) 572-3724

Please bring your completed survey to a staff person now.



**RESOURCE LIST – YOURS TO KEEP!***Please tear off this page and take it with you.***If you need immediate help, please contact the agencies below.**

All services are available in English and Spanish.

<b>CRISIS HOTLINES (available 24 hours/7 days)</b>	
Abuse/Neglect Hotline (Adult, Child, Disabled)	1-800-252-5400
Coalition for the Homeless	713 739-7514
Crisis Intervention of Houston Spanish	713 HOTLINE (468-5463) 713 4AYUDA
LGBT Switchboard Helpline	713 529-3211
Rape Crisis Hotline	713 528-7273
Suicide Prevention Hotline	1-800-273-TALK (8255) 1-800-799-4TTY (4889) TTY
Teen Crisis Hotline	713 524-TEEN
Texas Youth Hotline	1-800-989-6884
Trevor Lifeline (LGBTQ youth)	1-866-488-7386
United Way	211 (713-957-4357)
Vet2Vet Crisis Hotline	1-877-VET2VET (838-2838)
Veteran Crisis Line	1-800-273-8255 (Press 1)
<b>DOMESTIC/INTIMATE PARTNER VIOLENCE</b>	
Aid to Victims of Domestic Abuse	713 224-9911
Domestic Violence Hotline	713 528-2121
LGBT Switchboard Helpline	713 529-3211
<b>DOMESTIC VIOLENCE EMERGENCY SHELTER</b>	
Fort Bend County Women's Center	281 342-HELP (4357)
Houston Area Women's Center	713 528-2121
Montgomery County Women's Center	936 441-7273
The Montrose Center (LGBT)	713 529-3211
<b>MENTAL HEALTH CRISIS</b>	
Emergency Psychiatric Services	713 970-7070
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)	1-800-659-6994
<b>PRE-EXPOSURE PROPHYLAXIS (PrEP)</b>	
Bee Busy Wellness Center	713 771-2292
Dr. Gorden Crofoot	713 526-0005
Houston Area Community Services (HACS)	832 384-1406
Legacy Community Health	832 548-5221
St. Hope Foundation	713 778-1300
<b>SUBSTANCE &amp; ALCOHOL ABUSE</b>	
Alcoholics Anonymous	713 686-6300
Al-Anon	713 683-7227
Cocaine Anonymous	713 668-6822
Narcotics Anonymous	713 661-4200
Palmer Drug Abuse Program	281 589-4602
<b>QUESTIONS ABOUT THE SURVEY</b>	
	713 572-3724

# GRIEVANCE/COMPLAINT PROCEDURES

*If you have questions on how to file a complaint with one of the agencies listed below regarding a Ryan White funded service, please contact:*

## FUNDED AGENCIES

### RYAN WHITE PART A:

- Accesshealth (Fort Bend)
- Houston Area Community Services
- Houston Health Department
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation
- Thomas Street Health Center
- UT Health Science Center (pediatrics)
- VA Medical Center

### RYAN WHITE PART B & STATE SERVICES

- Bering Omega Community Services
- Harris County Jail
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation

### RYAN WHITE PART A:

English: 713-439-6089

Spanish: 713-439-6095

#### **Or write to:**

Harris County Public Health Services  
Ryan White Grant Administration  
2223 West Loop South, Suite 417  
Houston, TX 77027

### RYAN WHITE PART B & STATE SERVICES:

Reachelian Ellison, Consumer Relations  
Coordinator

**713-526-1016, Ext. 104**

rellison@hivtrg.org

#### **Or write to:**

Houston Regional HIV/AIDS Resource  
Group  
500 Lovett Boulevard, Suite 100  
Houston, TX 77006

*If your complaint remains unresolved after you have followed all procedures with the agency, you will be informed on how to file a formal grievance.*

## Final Barriers Codebook (2016 Needs Assessment)

Main Theme (Barrier Types)	Sub-Theme (Barriers)	
<b>Education and Awareness (EA)</b>	<b>EA1 – Availability</b> (Didn't know the service was available)	<b>EA3 – Location</b> (Didn't know where to go (location or location w/in agency))
	<b>EA2 – Definition</b> (Didn't know what service entails)	<b>EA4 – Contact</b> (Didn't know who to contact)
<b>Administrative (AD)</b>	<b>AD1 – Staff Changes</b> (Change in staff w/o notice)	<b>AD4 – Complex Process</b> (Burden of long complex process for accessing services)
	<b>AD2 – Understaffing</b> (Shortage of staff)	<b>AD5 – Dismissal</b> (Client dismissal from agency)
	<b>AD3 – Service Change</b> (Change in service w/o notice)	
<b>Interactions with Staff (S)</b>	<b>S1 – Communication</b> (Poor correspondence/ Follow up from staff)	<b>S4 – Staff Knowledge</b> (Staff has no/ limited knowledge of service)
	<b>S2 – Poor Treatment</b> (Staff insensitive to clients)	<b>S5 –Referral</b> (Received service referral to provider that did not meet client needs)
	<b>S3 – Resistance</b> (Staff refusal/ resistance to assist clients)	
<b>Transportation (T)</b>	<b>T1 – No Transportation</b> (No or limited transportation options)	<b>T2 – Providers</b> (Problems with special transportation providers such as Metrolift or Medicaid transportation)
<b>Wait (W)</b>	<b>W1 – Waitlist</b> (Put on a waitlist)	<b>W3 – Wait at Appointment</b> (Appointment visits take long)
	<b>W2 – Unavailable</b> (Waitlist full/not available resulting in client not being placed on waitlist)	<b>W4 – Approval</b> (Long durations between application and approval)
<b>Housing (H)</b>	<b>H1 – Homeless</b> (Client is without stable housing)	<b>H2 – IPV</b> (Interpersonal domestic issues make housing situation unsafe)
<b>Employment (EM)</b>	<b>EM1 – Unemployed</b> (Client in unemployed)	<b>EM2 – Leave</b> (Employer does not provide sick/wellness leave for appointments)
<b>Health Insurance Coverage (I)</b>	<b>I1 – Uninsured</b> (Client has no insurance)	<b>I3 – Locating Provider</b> (Difficulty locating provider that takes insurance)
	<b>I2 – Coverage Gaps</b> (Certain services/medications not covered)	<b>I4 – ACA</b> (Problems with ACA enrollment process)
<b>Financial (F)</b>	<b>F1 – Financial Resources</b> (Could not afford service)	
<b>Eligibility (EL)</b>	<b>EL1 – Ineligible</b> (Did not meet eligibility requirements)	<b>EL2 – Documentation</b> (Problems obtaining documentation needed for eligibility)
	<b>EL2 – Eligibility Process</b> (Redundant process for renewing eligibility)	
<b>Accessibility (AC)</b>	<b>AC1 – Literacy</b> (Cannot read/difficulty reading)	<b>AC3 – Released from Incarceration</b> (Restricted from services due to probation, parole, or felon status)
	<b>AC2 – Spanish Services</b> (Services not made available in Spanish)	<b>AC4 – Distance</b> (Service not offered within accessible distance)
<b>Resource Availability (R)</b>	<b>R1 – Insufficient</b> (Resources offered insufficient for meeting need)	<b>R2 – Quality</b> (Resource quality was poor)

## **2014 Houston Area HIV/AIDS Needs Assessment Group (NAG) Analysis Workgroup**

### **Principles for the FY 2014 Needs Assessment Analysis**

(Approved by the Workgroup on 11-14-13)

1. Needs assessment is an ongoing process of collecting and analyzing information about the needs of PLWHA from a variety of data sources in order to provide a sound information base for HIV services planning and decision making in the EMA.
2. Primary data collected directly from PLWHA (“consumer survey”) are the Planning Council’s principal source of information on what services are needed, what barriers to services exist, and what conditions are experienced that may influence services.
3. Results from the consumer survey should have meaningful use for the Planning Council; therefore, analytics performed on the data will be prioritized for the following purposes (*in order*):
  - a) Reviewing service definitions
  - b) Setting priorities for the allocation of funds
  - c) Evaluation and monitoring of the comprehensive plan
  - d) Analyzing needs by a specific PLWHA population group, risk factor, geographic area, or other characteristic, and determining if there is a need to target services
  - e) Determining the need for special studies of service gaps or PLWHA subpopulations
  - f) In response to specific data requests made by the Planning Council or its Committees
  - g) Use by specific Ryan White Parts, providers, or other partners to assess services
4. Results should be presented in a format and with a level of detail that is understandable and useful by individuals of varying technical backgrounds and familiarity with data.
5. Results should produce information about documented need for services as well as emerging need for services using a social determinants framework.
6. Though sampling methods and quality control measures have been applied to survey data, limitations to the data and data analysis will exist. However, data collected through this process represent the most current and comprehensive primary data source on PLWHA needs in the EMA. Other data sources should be used to provide context for and to better understand the results.
7. Per HRSA guidance, a comprehensive consumer survey should be administered only every three years in order to avoid “survey fatigue.” As such, survey results will be used in Planning Council activities for the subsequent three year period. Other sources of needs assessment data, such as epidemiologic data and unmet need estimates, will be produced during interim years of the cycle.

- ii. Funding Amount (\$)
  - iii. Funded Service Provider Agencies
  - iv. Services Delivered
  - v. HIV Care Continuum Step(s) Impacted (*please see Section I. B. HIV Care Continuum*)
- b. Provide a narrative description of the HIV Workforce Capacity in the jurisdiction and how it impacts the HIV prevention and care service delivery system. The jurisdiction must define the workforce (e.g. licensed providers, community health workers, paraprofessionals) as applicable to the jurisdiction.
  - c. Provide a narrative description of how different funding sources interact to ensure continuity of HIV prevention, care, and treatment services in the jurisdiction.
  - d. Provide a narrative description identifying any needed resources and/or services in the jurisdiction which are not being provided, and steps taken to secure them.

#### **D. Assessing Needs, Gaps, and Barriers**

This section of the Integrated SCSN/Needs Assessment will describe the process used to develop a collaborative and coordinated needs assessment that will result in greater alignment and access to HIV prevention, care, and treatment services. The goals of the needs assessment process are to: (1) identify and describe HIV prevention and care services that currently exist and those that are needed; (2) enhance the quality of services for persons at higher risk for HIV and PLWH, based on stakeholder feedback; and (3) identify barriers that impede access to existing services. Needs assessments determine needs for specific populations, such as:

- PLWH who know their HIV status, but are not in care;
- Persons at higher risk for HIV infection;
- Disparities in access to care for certain populations and underserved groups; and
- Coordination among HIV prevention, care, and treatment programs, as well as other necessary services (e.g., substance abuse, mental health, housing, etc.).

This section should:

- a. Describe the process used to identify HIV prevention and care service needs of people at higher risk for HIV and PLWH (diagnosed and undiagnosed); this process description should include how various strategies were used to target, recruit, and retain participants in the HIV planning process that represent the myriad of HIV-infected populations and persons at higher risk for HIV infection, other key stakeholders in HIV prevention, care, and related services, and organizations that can best inform and support the development and implementation of the Integrated HIV Prevention and Care Plan.
- b. Describe the HIV prevention and care *service needs* of persons at risk for HIV and PLWH.

- c. Describe the *service gaps* (i.e., prevention, care and treatment, and necessary support services e.g. housing assistance and support) identified by and for persons at higher risk for HIV and PLWH.
- d. Describe *barriers* to HIV prevention and care services, including, but not limited to:
  - i. Social and structural barriers (e.g., poverty, cultural barriers, stigma, etc.);
  - ii. Federal, state, or local legislative/policy barriers (e.g., the changing health care coverage landscape, policies on HIV testing or lab reporting, etc.);
  - iii. Health department barriers (e.g., political landscape, staff capacity, etc.);
  - iv. Program barriers (e.g., infrastructure capacity, access to data, data sharing, inadequate health information systems, availability of funding, etc.);
  - v. Service provider barriers. Discuss any stakeholder(s) that are not involved with planning for HIV services that need(s) to be involved in order to address gaps in components of HIV Prevention programming and/or along the HIV Care Continuum more effectively (e.g., lack of specialized resources or specialty care providers.); and
  - vi. Client barriers (e.g., transportation, homelessness/housing instability, inability to navigate the system, poverty, stigma, comorbid conditions, etc.).

## **E. Data: Access, Sources, and Systems**

Identifying relevant data sources and data systems is vital to ensuring the SCSN/Needs Assessment section of the Integrated HIV Prevention and Care Plan is as complete as possible. Collaboration among state/local health department colleagues from HIV Surveillance, HIV Prevention, Ryan White HIV/AIDS Programs, and other public health stakeholders, including private entities to identify the main data sources and data systems that are most appropriate for developing the plan is essential.

This section should:

- a. Describe the main sources of data (e.g., RSR data, qualitative data, and surveillance data) and data systems (e.g., CAREWare, eHARS) used to conduct the needs assessment, including the development of the HIV Care Continuum.
- b. Describe any data policies that facilitated and/or served as barriers to the conduct of the needs assessment, including the development of the HIV Care Continuum.
- c. Describe any data and/or information that the planning group would like to have used in conducting the needs assessment including developing the HIV Care Continuum and the plan, but that was unavailable.

<p>UPDATED: 05/12/16</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724.</p> <p><i>Unless otherwise noted, meetings are held at:</i></p> <p>2223 W. Loop South, Suite 240 Houston, TX 77027</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	<b>1</b>	<b>2</b> 3:00 pm Prevention and Early Identification Wg Room #532	<b>3</b>	<b>4</b>	<b>5</b> CANCELLED Steering Committee	<b>6</b> 5:00 pm Deadline to submit Proposed Idea Forms	<b>7</b>
	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b> CANCELLED Planning Council 1:30 pm Speaker's Bureau Workgroup Room #532 2:00 pm Comp HIV Planning Room #532	<b>13</b> 9:00 am Coordination of Effort Rm #240	<b>14</b>
	<b>15</b>	<b>16</b> 3:00 pm Leadership Team Room 532	<b>17</b> 11:00 am HTBMN Wg #4 and Operations Room #240	<b>18</b> HIV Vaccine Awareness Day	<b>19</b> 11:00 am Quality Improvement Room #101 2:00 pm NAG Room #416 National Asian & Pacific Islander HIV Awareness Day	<b>20</b> 9:00 am Special Populations Wg Rm #240	<b>21</b>
	<b>22</b>	<b>23</b> 10:00 am NAG Analysis Wg Rm #416	<b>24</b> 12:00 pm Affected Community HOPE Clinic 7001 Corporate Drive Suite 120; 77036 7:00 pm Public Hearing 900 Bagby 77002	<b>25</b> SIRR	<b>26</b> 9:00 am TENTATIVE Quality Improvement 11:00 am Priority & Allocations Room #532	<b>27</b>	<b>28</b>
	<b>29</b>	<b>30</b> Memorial Day OFFICE CLOSED	<b>31</b>				

**May**

**2016**

<p>UPDATED: 05/13/16</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724.</p> <p><i>Unless otherwise noted, meetings are held at:</i></p> <p>2223 W. Loop South, Suite 240 Houston, TX 77027</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				<b>1</b>	<b>2</b> 12 noon Steering Committee Room #240  3:00 pm Gaps in Care Wg Rm #416	<b>3</b>	<b>4</b>
	<b>5</b> National HIV Long-Term Survivors Awareness Day	<b>6</b> 3:00 pm Prevention and Early Identification Wg Room #416	<b>7</b>	<b>8</b> National Caribbean American HIV Awareness Day	<b>9</b> 12 noon Planning Council Leonel Castillo Community Ctr 2101 South St, 77009  2:00 pm Comp HIV Planning	<b>10</b> 9:00 am Coordination of Effort Wg Room #TBD	<b>11</b>
	<b>12</b>	<b>13</b> 11 am - 3 pm Priority & Allocations Special meeting Room #240	<b>14</b> CANCELLED Operations  11 am - 3 pm Priority & Allocations Special meeting Room #240	<b>15</b> 11 am - 3 pm Priority & Allocations Special meeting Room #240	<b>16</b> CANCELLED Quality Improvement	<b>17</b>	<b>18</b>
	<b>19</b>	<b>20</b>	<b>21</b> 12:00 pm Affected Community Room #532	<b>22</b> 11:00 am Priority & Allocations w/Project LEAP Room #416	<b>23</b> CANCELLED P & A	<b>24</b> 9:00 am Coordination of Effort Wg Room #TBD	<b>25</b>
	<b>26</b>	<b>27</b> 7:00 pm Public Hearing 900 Bagby 77002  National HIV Testing Day	<b>28</b> 11:00 am TENTATIVE Priority & Allocations	<b>29</b> SIRR	<b>30</b>		

**June**  
**2016**