

Houston Area HIV Services Ryan White Planning Council

Needs Assessment Group (NAG)

Analysis Workgroup

9:00 a.m., Friday, June 21, 2019

Meeting Location: 2223 W. Loop South, Room #101

AGENDA

- I. Call to Order Angela F. Hawkins and
Nancy Miertschin, Co-Chairs
- A. Welcome
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Introductions
- 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 their name or HIV 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 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 living with HIV", 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. Review Workgroup Membership Requirements, Voting Rules, and Quorum Amber Harbolt, Health
Planner Office of Support
- IV. Overview of the 2019 Needs Assessment Process
- A. Workgroup Structure and Purpose
 - B. Goals for Today's Meeting
 - C. Brief Review of 2019 Survey Concepts, Sampling Plan, Survey Tool, and Timeline
- V. Revised and Adopt Principles for Data Analysis
- VI. Discussion: Necessities, Hypotheses and Curiosities:
"What do we want *and* need to learn from the data?"
- VII. Next Meeting Angela F. Hawkins and
Nancy Miertschin, Co-Chairs
- A. **October 2019**
 - B. Meeting goals: discuss data weighting and report domains
- VIII. Announcements
- IX. Adjourn

Membership Requirements, Voting Rules and Quorum for the 2019 Comprehensive Needs Assessment Process

Approved by the NAG 02-18-19

Partners in the 2019 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 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*
- ⌘ *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 PLWH*
- *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 CPG member/staff or prevention staff member*

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

- *No voting at a member's first meeting.*
- *Only one person from each agency can vote at the meeting. 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.*
- *No more than 1 absence.*

Members who plan to be absent must email Diane Beck (diane.beck@cjo.hctx.net) or call the Office of Support (832-927-7926) at least one day in advance, except in an emergency.

All Workgroups

Quorum for the Workgroups is defined as:

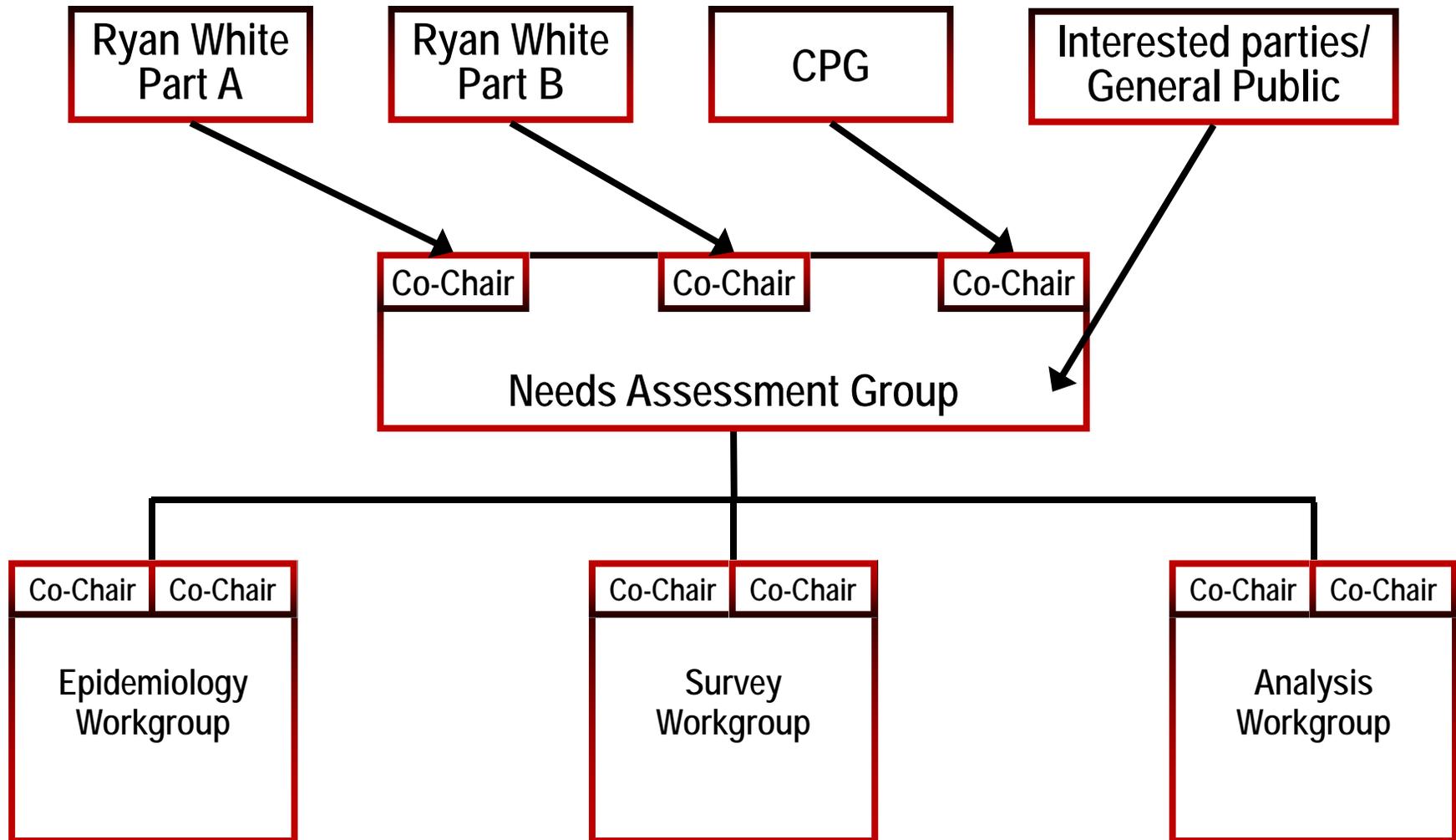
- *Must be one PLWH present.*
- *At least 3 voting members present (including a chair).*

Membership of the Workgroups is defined as follows:

- *No voting at a member's first meeting except for the first meeting of the workgroup.*
- *Only one person from each agency can vote at the meeting.*
- *After 2 consecutive absences, member cannot vote until the next workgroup meeting.*

Members who plan to be absent must email Diane Beck (diane.beck@cjo.hctx.net) or call the Office of Support (832-927-7926) at least one day in advance, except in an emergency.

Needs Assessment Structure



Houston Area HIV Services Ryan White Planning Council (RWPC)

2019 Needs Assessment

Key Concepts for Primary Data Collection

Streamlined – prune any questions that are redundant or for which data have not been used; focus on service utilization, needs, accessibility and barriers; qualitative & quantitative data collection on barriers; continued effort to survey Out of Care population, including electronic surveying and expanding sites beyond primary care locations; focus groups with case managers, prevention/linkage/outreach staff, rural consumers, and urban consumers

Concept 1: Demographics

- 1.1 – Expand nationality/nation of origin question from Hispanic/Latino participants (2014) to all race/ethnicity categories

Concept 2: HIV Care Service Needs

- 2.1 – Needs of long-term survivors and aging PLWH
- 2.2 – Assess need for all fundable service categories, with clarification on which services are currently funded to avoid confusion.

Concept 3: HIV Care Service Accessibility

Concept 4: HIV Care Service Barriers

- 4.1 – Assess communication with care providers (types of communication, and barriers including language barriers)

Concept 5: Social Determinants of Health – Include questions to assess knowledge gaps identified through the 2018 Social Determinants of Health Special Study:

- 5.1 – **Economic Stability** (unreported employment; persistent food insecurity)
- 5.2 – **Education** (types of higher education and completion/reasons for not completing; consider changes in methodology/questions to accommodate non-English/Spanish languages; linguistic isolation)
- 5.3 – **Social and Community Context** (fuller picture of other types civic participation like volunteering and engaging in collective activities; in-depth linkage, retention, and service navigation following release from incarceration (possibly save for a Special Study); aspects of social cohesion such as resource sharing and navigation, shared social identity)
- 5.4 – **Health and Health Care** (reasons for lapses in health care coverage; health literacy)
- 5.5 – **Neighborhood and Built Environment** (access to foods that support healthy eating patterns; community crime and violence/safety; environmental conditions; quality of housing, including overcrowding)

Houston Area HIV Services Ryan White Planning Council

2019 Houston Area HIV Needs Assessment Epidemiology Workgroup (Workgroup Approved 3-18-2019)

Survey Sampling Principles and Plan

1. Calculate finite population sample size using current total prevalence of diagnosed HIV in the Houston EMA (2017=28,225) and determine a high/low range for the total respondent size (*n*) based on a 95% confidence interval

$$n = N * X / X + (N - 1)$$

$$X = Z^2 * p * (1-p) / MOE^2$$

$$Z=1.96$$

$$MOE = 0.04 \text{ or } 0.03$$

$$p = 0.05$$

$$N=28,225$$

Using a 95% confidence interval, the total respondent (*n*) range would be as follows:

	Low	High
Confidence Interval	95%	95%
Confidence Level (=/-)	4%	3%
Sample Size (n)	588	1,029

2. Obtain approximately 91% of surveys from Harris County and 9% from non-Harris County; as this is representative of the distribution of current prevalent cases in the EMA:

	Low (n)	High (n)
Total EMA	588	1,029
Harris County (91%)	535	936
Non-Harris County (9%)	53	93

3. Apply the current unmet need estimate (2017=25%) for the Houston EMA to sampling totals for the estimated out-of-care respondent pool for the survey. Recognizing that this is a hard-to-reach population, actual surveying levels are expected to be lower.

	Low (n)	High (n)
Total EMA	588	1,029
In-Care (N) (75%)	441	772
Out-of-Care (25%)	147	257

4. Create ranges for survey respondents per demographic category based on the proportion of current total prevalence for the EMA, including transmission risk. Smaller units of analysis are not practical for survey administration.

	% of Prevalence	Low (n)	High (n)
Total EMA	100%	588	1,029
Male	75%	441	772
Female	25%	147	257
White	19%	112	196
Black	49%	288	504
Hispanic	28%	165	288
13 – 24*	4%	24	41
25 – 34	20%	118	206
35 – 44	24%	141	247
45 – 54	27%	159	278
55 – 64	18%	106	185
65+	6%	35	62
MSM	57%	335	587
PWIDU	8%	47	82
Heterosexual	29%	171	298

*Surveys for PLWH between the ages of 13 and 17 must be completed by parent or legal guardian.

5. Undertake targeted efforts to sample Special Populations: youth (13-24 yoa, see above), homeless, incarcerated/recently released (**I/RR**), people with injection drug use (**PWIDU**), men who have sex with men (**MSM**), people who are transgender/gender non-conforming, women of color (**WOC**), aging populations (50+ yoa), and substance use/treatment/recovery populations.
6. Develop estimates of the number of surveys to collect at each Ryan White-funded agency that are proportional to the agency's share of clients served.
 - The denominator for this calculation will be the unique number of clients served per agency and in total for calendar year 2018.
 - As clients may receive services at more than one agency within a calendar year, the agency-level denominators will include duplicate clients. This will inflate some of the proportions.
 - Agencies that served clients in 2018 but that are not currently funded by Ryan White will be removed from the sampling proportions, but will be included as survey administration sites.

Sources:

^{1, 4}Texas eHARS. Prevalence as of 12/31/17. Released August 2018.

²Texas 2017 HIV Surveillance Annual Report. Released July 27, 2018.

³Texas Department of State Health Services, Unmet Need by EMA/TGA 2017. Released August 2018

⁵Special Populations identified in the Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 – 2021). Released September 30, 2016.

⁶To be developed using CPCDMS utilization data for CY 2018.

J:\Committees\Comprehensive HIV Planning\2019 Needs Assessment\Survey Process\Sampling\2019 Sampling Plan - WG Approved - 03-18-19.doc

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: _____

2019 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 living with HIV, 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.

* A parent or legal guardian must complete a survey on behalf of a person living with HIV ages 13-17.

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 collected or 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 collected or 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 (832) 927-7926 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 funded HIV services you have used or needed in the past 12 months:

<p>HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>HIV medication assistance (this is help paying for HIV medications <i>in addition to or instead of</i> assistance from the state/ADAP)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Health insurance assistance (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>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Oral health care visits with a dentist or hygienist</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Case management (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outpatient alcohol or drug treatment or counseling</p>	<p>Please check one:</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>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Professional mental health counseling (this is counseling or therapy with a licensed professional counselor or therapist, either individually or as part of a therapy group)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Day treatment (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>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Hospice care (this is a program for people in a terminal stage of illness to get end-of-life care)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Nutritional supplements (this includes supplements like Ensure, fish oil, protein powder, etc. and/or nutritional counseling from a professional dietician)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Vision care (this includes routine vision services and glasses provided at your HIV clinic or program)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Language translation (at your clinic or program in a language <i>other than English or Spanish</i>).</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Transportation (this is when your clinic or program offers van rides or a Metro bus card to help you attend your HIV medical appointments)</p>	<p>Please check one:</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>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Van ride(s)</p> <p><input type="checkbox"/> Bus pass(es)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outreach services (these are people at your clinic or program who contact you to help you get HIV medical care when you have a couple of missed appointments)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>ADAP enrollment workers (these are people at your clinic or program who help you complete an application for ADAP medication assistance from the state)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>**If you were in Harris County Jail, please tell us about: Pre-discharge planning (this is when jail staff help you plan how to access HIV medical care after your release)</p>	<p>Please check one:</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>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

2. The following services are not currently funded through Ryan White, but could be funded in the future. You may have used these services at facility or through a different funder than Ryan White. Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Home health care (this is medical care provided specifically for the treatment of HIV when you cannot leave home)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Child care services (this is child care provided to children living in your household to allow you to attend HIV medical visits)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Food bank / home delivered meals (this includes food items, personal hygiene produces, cleaning supplies, water filters; hot meals; meal delivery; and vouchers to purchase food)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Food bank</p> <p><input type="checkbox"/> Home delivered meals</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Health education / risk reduction (this is education about strategies to prevent or reduce the risk of HIV transmission to others)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Housing (this is temporary or long term housing specifically for people living with HIV)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Other professional services (these are professional and consultant services for HIV-related: legal services like Social Security Disability Insurance denial and discrimination, permanency planning including wills and dependent placement, and tax preparation if you used the advanced premium tax credit to purchase Affordable Care Act health insurance)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Legal services</p> <p><input type="checkbox"/> Permanency planning</p> <p><input type="checkbox"/> Tax preparation</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Psychosocial support services (these support group and counseling services not provided by a licensed mental health professional, including bereavement counseling and HIV support groups)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Online support/groups</p> <p><input type="checkbox"/> In person support/groups</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
<p>Rehabilitation services (this is outpatient physical, occupational, speech, and vocational therapy)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
<p>Respite care (this is in-home non-medical assistance provided to a person living with HIV to relieve a primary caregiver responsible for the person's daily care)</p>	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>

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

Residential or inpatient alcohol or drug treatment or counseling	<p>Please check one:</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 from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
---	--	---

3. What is your preferred method of communication? _____

4. How do you currently communicate with your HIV medical provider?

(Check all that apply)

- I don't currently have a medical provider (*skip bullets below and go to Question 5*)
- Phone calls
- Email
- Text messaging
- An online portal (ex: MyChart)
- I drop by the office in person
- Other: _____

• Does your HIV medical provider communicate information about your health in a way that is straightforward and easy to understand?

- Yes
- No

• How would you rate communication with your HIV medical provider?

 It's Poor	 It's Not Very Good	 It's Good	 It's Very Good	 It's Great!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• If communication is "Poor", "Not Very Good", or "Good", what could be changed to make it better? (*skip to Question 5 if "Very Good", or "Great"*)

5. What other kinds of services do you need to help you get your HIV medical care?

Section 2: When You Were First Diagnosed

6. What year were you diagnosed with HIV? _____

7. Where did you get your HIV diagnosis? _____

• If you were diagnosed after 2014, did you get any of the following services from the same agency where you were diagnosed? (*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
- Someone answered all of my questions about how to live with HIV Yes No Don't remember
- Someone told me how to get help paying for HIV medical care Yes No Don't remember

Section 3: Your HIV Care History

8. If there was a delay in seeing a doctor for HIV for more than 1 month after you received your HIV diagnosis, what caused the delay? (Check all that apply)

- N/a, there was no delay in seeing a doctor for HIV
- My first HIV medical appointment was rescheduled
- I didn't know services exist to help pay for HIV care
- I was diagnosed before HIV treatment existed
- I felt fine, I wasn't sick
- I didn't want to believe I contracted HIV
- I didn't want to take medications
- I didn't know where to get HIV medical care
- I couldn't afford HIV medical care
- I was drinking or doing drugs at the time
- I had problems with mental health at the time
- There were other priorities in my life at the time
- I couldn't get there, no transportation
- I was afraid of people finding out I contracted HIV
- Don't remember
- Other: _____

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

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

10. In the past 12 months, how many times have you:

Visited a doctor, nurse, or PA for HIV: _____

Been prescribed HIV medication (ART): _____

Had a test for your HIV viral load: _____

Had a test for your CD4 (t-cell) count: _____

- I haven't done any of these in the past 12 months
- I've never done any of these
- I don't remember

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

(Check all that apply)

- N/a, I *do* take HIV medication
- I missed a refill
- I am undetectable or an elite controller/long-term non-progressor *(please note that current treatment standards recommend continuing with HIV medication if you are undetectable to help stay undetectable)*
- I forget to take them
- I did not receive my mail-order medications or I think someone else took them from my mail
- My eligibility expired
- No doctor has offered them to me
- My doctor doesn't think it's a good idea for me
- I had bad side effects
- They are too hard to take as prescribed
- I don't have the correct food to take with them
- I can't pay for them
- I don't have prescription insurance coverage
- I don't have a safe place to keep them
- I don't want anyone to know I'm taking HIV meds
- I was tired of it, wanted a break
- I choose not to take them
- I feel fine, I'm not sick
- Other: _____

Section 4: Other Health Concerns

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

- Alzheimer's or dementia
- Arthritis
- Asthma
- Auto-immune disease (i.e., MS, lupus)
- Blood clotting disorder
- Cancer
- Chronic pain
- Diabetes
- Epilepsy or seizures
- Heart disease
- Hepatitis B
- Hepatitis C
- If so: Treated Not treated
- Herpes
- High blood pressure
- High cholesterol
- HPV (human papillomavirus)
- Lung disease/COPD
- Liver disease
- Neuropathy/pain or numbness in hands or feet
- Obesity
- Osteoporosis, or bone disease
- Sleep disorder
- TB. If so: Active TB Latent TB
- Thyroid disease
- I have not been told I have any of these
- Prefer not to answer
- Other: _____

13. Have you been tested for any the following conditions?

(Check all that apply for each item below.)

	In the past <u>3</u> months	In the past <u>6</u> months	In the past <u>9</u> months	In the past <u>12</u> months	It has been <u>longer</u> <u>than 12</u> months	I have never had this test	I don't remember
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• **Were you diagnosed with any of the conditions?**

(Check all that apply. If you have never had testing for any of the conditions or you do not remember, skip below and go to Question 14)

- No, I was not diagnosed with any of the conditions
- Chlamydia
- Gonorrhea
- Syphilis

• **If you were diagnosed with any of the conditions, did you complete treatment?**

(Check all that apply, and write in the condition/s to which each answer applies.)

- N/a, I was not diagnosed with any of the conditions
- No, I never got treatment for _____
- I started treatment, but did not complete it for _____
- Yes, I completed treatment for _____

14. 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"/> Mood swings |
| <input type="checkbox"/> Anxiety or worry | <input type="checkbox"/> Trouble remembering |
| <input type="checkbox"/> Fear of leaving your home | <input type="checkbox"/> Trouble focusing |
| <input type="checkbox"/> Feeling impulsive or out of control | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Thoughts of hurting yourself or others |
| <input type="checkbox"/> Loneliness or isolation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Night terrors | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Prefer not to answer |

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

15. 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"/> Schizophrenia or episodes of psychosis |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> I don't have a mental health diagnosis |

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

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Been treated differently because you're living with HIV | <input type="checkbox"/> Threats of violence by a stranger |
| <input type="checkbox"/> Been denied services because you're living with 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 |

17. 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

***If you currently feel unsafe in an intimate relationship, refer to the resource list attached to this survey for help.*

Section 5: Substance Use

18. In the past 12 months, has alcohol or drug use interfered with you getting HIV medical care? *Examples could include alcohol or drug use that led to missing HIV medical appointments, having trouble taking HIV medications as prescribed, avoiding medical care for fear of legal issues, or fear telling your HIV doctor about alcohol or drug use. (Check one)*

- No, I have not used alcohol or drugs
- No, I have used alcohol or drugs, but it has not interfered with me getting HIV medical care
- Yes
- Prefer not to answer

If you answered no or prefer not to answer, skip bullet below and go to Question 19.

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

- Alcohol
- Club/party drugs (e.g., ecstasy/MDMA/Molly, GHB, roofies, ketamine)
- Cocaine or crack
- Hallucinogens (e.g., LSD, PCP, mushrooms)
- Heroin
- Inhalants (e.g., poppers, glue)
- Marijuana
- Methamphetamine/meth
- Prescription drugs not prescribed to you (e.g., painkillers, opioids, tranquilizers)
- Prescription drugs prescribed to you, but used differently than intended
- Legal drugs from a shop (e.g., bath salts, kush/spice)
- Other: _____
- None of the above
- Prefer not to answer

Section 6: Housing, Transportation, and Social Support

19. Where do you sleep most often? (Check one)

- My own house/apartment that I pay for
- My own house/apartment that someone else pays for
- At the home of friends/family
- A group home for people living with HIV
- A group home, not just for people living with HIV
- Hotel/motel room that I pay for
- Hotel/motel room that someone else pays for
- Shelter
- Car
- On the street
- A combination of places, it changes all the time
- Other: _____

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

21. Does your housing situation currently have any of the following problems?
(Check all that apply)

- Problems with housing quality (e.g. mold, asbestos, exposed wires, broken windows, leaks, poor insulation, broken plumbing, or broken appliances)
- Problems with overcrowding/too many people
- Feeling like I have no privacy, or my personal items and medications are not safe
- Feeling unsafe or threatened in my house/apartment
- Feeling unsafe or threatened in my neighborhood
- I've had trouble getting housing because of felon status
- Other problems with my housing situation: _____
- I have no problems with my housing situation

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

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

24. Social support is when people or groups in your life provide emotional support, assistance, advice, and/or companionship. Do you get social support from any of the following? (Check all that apply)

- Family / friends
- Faith group
- Recovery / sobriety group
- In-person support group
- Online groups (please specify): _____
- N/a, I don't get social support from any of these

Section 7: Financial Resources

25. What is your employment situation? (Check all that apply)

- Employed full time
- Employed part time
- Employed as a contractor (ex: Lyft, Uber, Instacart, DoorDash, etc.)
- Employed for cash (ex: cleaning, childcare, landscaping, construction, etc.)
- Self-employed
- I support myself through sex work
- I support myself through street work (ex: panhandling, drug trade, etc.)
- Retired
- Not working due to disability
- Unemployed, but currently seeking employment
- Unpaid volunteer
- Full time student
- Part time student
- Stay at home parent
- Unpaid caregiver for a family member or friend
- Other: _____

26. 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? _____

27. 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: _____

28. Do you have trouble paying for the following types of 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

29. Do you regularly have difficulty accessing healthy food? (Check one)

Yes

No (*skip bullet below and go to Question 30*)

• What are the reasons you regularly have difficulty accessing healthy food?

Healthy food is too expensive

There is nowhere to buy healthy food near where I live

It takes too long to travel to buy healthy food

I don't have time to buy healthy food

I'm not sure what kinds of food are healthy

I don't like the taste of healthy food or I find it boring

My family doesn't like healthy food

I just choose not to eat healthy food

I don't know how to cook

I don't have the resources to be able to cook or store food

I don't have time to prepare healthy food

The options available at the food bank or food pantry I use are not healthy

Other: _____

Section 8: Please Tell Us About Yourself...

30. What zip code do you live in? _____

31. What is your age (in years)?

13-17 years old

(*parent / guardian completed*)

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

32. 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*)

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

Man

Woman

Non-binary or

Other: _____

gender fluid

34. 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

35. 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: _____

36. Are you of Hispanic or Latin(o/a/x) origin? Yes No

37. What is your primary race? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Hispanic/Latin(o/a/x) | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Other: _____ |

38. How long have you lived in the U.S.? (Check one)

- | | |
|--|---|
| <input type="checkbox"/> I was born in the U.S.
(if you were born in the U.S., skip bullet below and go to Question 39) | <input type="checkbox"/> I am here temporarily on a visa (student, work, tourist, etc.) |
| <input type="checkbox"/> More than 5 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Less than 5 years | <input type="checkbox"/> Other: _____ |

- What is your country of origin? (Please specify): _____
 Prefer not to answer

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

Section 9: Prevention Activities

40. 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? _____
- What was the information? _____

41. People living with HIV who maintain an undetectable viral load (under 20 copies/mL) for at least 6 months have essentially no risk of transmitting HIV to another person through sex. This is sometimes called Undetectable = Untransmittable, or U = U. **Have you heard about U = U before today?**
(Check one) Yes No Don't remember

42. 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 today?** (Check one) Yes No Don't remember

43. 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.*

44. Post-exposure Prophylaxis (also called PeP) is a way for people who don't have HIV to prevent getting HIV if they think they may have been exposed through sex or needle sharing in the last 72 hours. **Have you heard about PeP before today?**
(Check one) Yes No Don't remember

45. Do you know where a person who does not have HIV can go to get PeP?

(Check one) Yes No

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

46. **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)

- I have not had sex in the past 6 months (**skip Questions 47-49 below and go to Question 50**)
- HIV positive
- HIV negative, taking PrEP
- HIV negative, not taking PrEP
- I don't know
- I don't remember
- Prefer not to answer

47. 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 share my status
- Never, I have an undetectable viral load, so I don't feel like I have to share my status
- Never, I don't feel comfortable sharing my status
- Never, I don't want to share my status
- Never, I do not have sex

48. **If you've had sex in the past 6 months**, how often did you use a condom (or female / internal 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"/>					
Giving oral sex	<input type="checkbox"/>					
Vaginal sex	<input type="checkbox"/>					
Anal sex, receptive (bottom)	<input type="checkbox"/>					
Anal sex, insertive (top)	<input type="checkbox"/>					

49. 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'm afraid my partner(s) will tell other people about my HIV status |
| <input type="checkbox"/> My sex partner(s) is living with HIV | <input type="checkbox"/> I'm not comfortable talking to partners about condoms |
| <input type="checkbox"/> My sex partner(s) is on PrEP | <input type="checkbox"/> I'm afraid of what my partner(s) will do if I bring up condoms |
| <input type="checkbox"/> My viral load is undetectable | <input type="checkbox"/> I only have oral sex, so I don't feel like I need a condom |
| <input type="checkbox"/> I don't think I can get HIV again | <input type="checkbox"/> I only use condoms when I have vaginal or anal sex, not with oral |
| <input type="checkbox"/> I can't get condoms | <input type="checkbox"/> I want to have a baby |
| <input type="checkbox"/> I don't like condoms | <input type="checkbox"/> Sex with a condom doesn't feel as good |
| <input type="checkbox"/> I'm not comfortable using condoms | <input type="checkbox"/> I only use sex toys for penetrative sex |
| <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 at the time to remember to use condoms | |
| <input type="checkbox"/> I get caught up in the moment, and forget to use them | |
| <input type="checkbox"/> I don't think my partner likes condoms | |

50. In the past 12 months, did you use a needle to inject any substance, including medications, insulin, steroids, hormones, silicone, or drugs? This does not include an injection or blood test from a medical professional. (*Check one*)

- No (*skip Questions 51-52 below and go to Question 53*)
- Yes

51. In the past 12 months, how often did you share or use needles or injection equipment that somebody else may have used?

- | | |
|--|--|
| <input type="checkbox"/> N/a, I never share or use other people's needles or injection equipment | <input type="checkbox"/> Only a few times |
| <input type="checkbox"/> Never | <input type="checkbox"/> About half the time |
| | <input type="checkbox"/> Often |
| | <input type="checkbox"/> Always |

52. In the past 12 months, how often did you clean your needles or injection equipment with bleach?

- | | |
|---|--|
| <input type="checkbox"/> N/a, I never share or reuse needles or injection equipment | <input type="checkbox"/> About half the time |
| <input type="checkbox"/> Never | <input type="checkbox"/> Often |
| <input type="checkbox"/> Only a few times | <input type="checkbox"/> Always |

Final Questions...

53. In the **past 12 months**, did you get help for yourself from any of the following agencies? (*Check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> AAMA | <input type="checkbox"/> Harris County Jail |
| <input type="checkbox"/> Accesshealth in Fort Bend | <input type="checkbox"/> Legacy Community Health |
| <input type="checkbox"/> AIDS Foundation Houston (AFH) | <input type="checkbox"/> Memorial Hermann |
| <input type="checkbox"/> AIDS Healthcare Foundation (AHF) | <input type="checkbox"/> Positive Efforts |
| <input type="checkbox"/> Avenue 360 Health & Wellness | <input type="checkbox"/> St. Hope Foundation |
| <input type="checkbox"/> Bee Busy Inc. | <input type="checkbox"/> TDCJ |
| <input type="checkbox"/> Bee Busy Wellness Center | <input type="checkbox"/> Texas Children's Hospital |
| <input type="checkbox"/> Bering Omega Community Services | <input type="checkbox"/> The Montrose Center (formerly
Montrose Counseling Center) |
| <input type="checkbox"/> Change Happens! | <input type="checkbox"/> Thomas Street Health Center |
| <input type="checkbox"/> Covenant House | <input type="checkbox"/> Veteran's Affairs/VA |
| <input type="checkbox"/> Fundación Latinoamericana De Acción
Social (FLAS) | <input type="checkbox"/> Other: _____ |

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

	Yes	No
With an agency	<input type="checkbox"/>	<input type="checkbox"/>
With Ryan White**	<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
(832) 927-7926

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.

CRISIS HOTLINES (available 24 hours/7 days)			
Abuse/Neglect Hotline (Adult, Child, Disabled)		1-800-252-5400	
Coalition for the Homeless		713 739-7514	
Crisis Intervention of Houston		832 416-1177	
LGBT Switchboard Helpline		713 529-3211	
National Suicide Prevention Lifeline		1-800-273-TALK (8255)	
Ayuda En Español		1-888-628-9454	
Rape Crisis Hotline		713 528-RAPE (7273)	
TeenTalk Crisis Hotline		832 416-1199 or text 281 201-4430	
Texas Youth Hotline		1-800-989-6884 or text 512 872-5777	
Trevor Project Lifeline (LGBTQ youth)		1-866-488-7386 or text START to 678678	
United Way of Greater Houston HELPLINE		2-1-1	
Veterans Crisis Line		1-888-947-4431	
DOMESTIC/INTIMATE PARTNER VIOLENCE			
Aid to Victims of Domestic Abuse		713 224-9911	
Domestic Violence Hotline		713 528-2121 or 1-800-256-0551	
LGBT Switchboard Helpline		713 529-3211	
DOMESTIC VIOLENCE EMERGENCY SHELTER (available 24 hours/7 days)			
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	
MENTAL HEALTH CRISIS (available 24 hours/7 days)			
The Harris Center Emergency Psychiatric Services		713 970-7070	
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)		1-800-659-6994	
PRE-EXPOSURE PROPHYLAXIS (PrEP) and POST-EXPOSURE PROPHYLAXIS (PEP)			
AIDS Healthcare Foundation	713 524-8700	Kelsey Seybold	713 442-0000
Avenue 360 Health & Wellness	832 384-1406	Legacy Community Health	832 548-5221
Bee Busy Wellness Center	713 771-2292	Planned Parenthood	1-800-230-7526
Dr. Gorden Crofoot	713 526-0005	St. Hope Foundation	713 778-1300
Dr. Joseph Gathe Jr.	713 526-9821	Thomas Street Health Center	713 873-4000
SUBSTANCE & ALCOHOL USE			
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	
QUESTIONS ABOUT THE SURVEY		832 927-7926	

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)
- AIDS Healthcare Foundation
- Avenue 360 Health and Wellness
- Houston Health Department
- Legacy Community Health
- Montrose Center
- St. Hope Foundation
- Thomas Street Health Center
- UT Health Science Center (pediatrics)
- VA Medical Center

RYAN WHITE PART B & STATE SERVICES:

- Avenue 360 Health and Wellness
- Harris County Jail
- Legacy Community Health
- Montrose Center
- St. Hope Foundation

RYAN WHITE PART A:

English: 713-439-6089

Spanish: 713-439-6095

Or write to:

Harris County Public Health
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:

The 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.

Proposed Needs Assessment Group Activities Timeline
February 2019 – March 2020

Draft
Updated 06-14-19

Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Needs Assessment Group (NAG) meets to design Needs Assessment (NA) process ✓	Survey Workgroup creates survey tool – 3/18/19, 11a – 1p ✓	NAG approves survey tool and sampling plan – 4/15/19, 1p – 3p ✓	NA data collection and entry continues ✓	Analysis Workgroup adopts principles – 6/21/19, 9-11a NA data collection and entry continues	NA data collection and entry continues NAG update – 7/15/19, 1p – 3p	NA data collection and entry continues
	Epi Workgroup convenes to create sampling plan – 3/18/19, 2p – 4p ✓	NA data collection and entry begins ✓	Project LEAP students assist with online surveying pilot ✓	Focus Group: Case Mgmt Staff – 6/19/19	Focus Group: Outreach & Linkage Staff – 7/10/19	Focus Group: Prevention Staff
Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
NA data collection and entry ends, cleaning and analysis begins	Analysis WG convenes to review preliminary findings	Analysis concludes, staff write report	Committee approves NA report	No activities	Steering and Council approve NA report	Report findings prepared for HTBMN and priority setting processes
Focus Group: HSDA/Rural consumers	Focus Group: EMA/Urban consumers	NAG reviews/approves NA report – 11/18/19, 1p – 3p				

2016 Houston Area HIV/AIDS Needs Assessment Group (NAG) Analysis Workgroup

Principles for the FY 2016 Needs Assessment Analysis

(Approved by the Workgroup on 05-23-16)

1. Needs assessment is an ongoing process of collecting and analyzing information about the needs of PLWH from a variety of data sources in order to provide a sound information base for HIV services planning and decision making in the EMA/HSDA.
2. Primary data collected directly from PLWH (“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 (*How to Best Meet the Need*)
 - b) Analyzing needs by a specific PLWH population group, risk factor, geographic area, or other characteristic, and determining if there is a need to target services
 - c) Setting priorities for the allocation of funds
 - d) Evaluation and monitoring of the comprehensive plan
 - e) Determining the need for special studies of service gaps or PLWH 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 PLWH needs in the EMA/HSDA. 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.

<p>UPDATED: 03/15/19</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>
			1	2	3 12 noon Steering Committee	4	5
<h1>October</h1> <h1>2019</h1>	6	7 2:00 p.m. Community SOC Workgroup Room 416	8	9	10 12 noon Planning Council Room 532 2:00 p.m. Comp HIV Planning Room 532	11	12
	13	14	15 National Latino HIV Awareness Day 12 noon Operations 2:00 p.m. Quality Improvement Room 416	16	17	18	19
	20	21 12:00 p.m. Affected Community	22	23 9:00 a.m. SIRR Meeting Montrose Center 401 Branard 77006	24 12 noon Priority & Allocations Room 416	25	26
	27	28	29	30	31		