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Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee Meeting

11:00 a.m., Thursday, September 15, 2016
Meeting Location: 2223 W. Loop South, Room 416
Houston, Texas 77027

AGENDA

*=To be sent electronically prior to the meeting. Please see Amber or Diane for a hard copy if needed

I. Call to Order
   - A. Welcome
   - B. Moment of Reflection
   - C. Adoption of the Agenda
   - D. Approval of the Minutes

Nancy Miertschin and John Lazo, Co-Chairs

II. Public Comment 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. 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. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. FY 2017 EIIHA Target Populations

Amber Harbolt, Health Planner
Office of Support

   - A. Review FY 2017 EIIHA Plan Motions from EIIHA Workgroup*
   - B. Review Council and Community Input on Target Populations
   - C. Approve FY 2017 EIIHA Target Populations

IV. Review 2016 Needs Assessment Service-Specific Fact Sheets

V. Announcements

Nancy Miertschin and John Lazo, Co-Chairs

VI. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Friday, July 29, 2016
2223 West Loop South, Room 240; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
John Lazo, Co-Chair	David Benson, excused	Camden Hallmark, HHD
Nancy Miertschin, Co-Chair	Denny Delgado	Megan Canon, HHD
Ted Artiaga	Herman Finley	James Arango, DSHS
Curtis Bellard	Shital Patel	Amber Harbolt, Office of Support
Evelio Salinas Escamilla	Larry Woods	Diane Beck, Office of Support
Allen Murray	Kevin Aloysius	
Robert Noble	Osaro Mgbere	
Gloria Sierra	Esther Ogunjimi	
Denis Kelly		
Tam Kiehnhoff		

Call to Order: Nancy Miertschin, co-chair, called the meeting to order at 2:06 p.m. and asked for a moment of reflection. She then asked everyone to introduce themselves.

Adoption of Agenda: ***Motion #1:*** *it was moved and seconded (Bellard, Kelly) to adopt the agenda with one change: item III.A. change Approve to Concur.* **Motion carried unanimously.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Kelly, Bellard) to approve the July 14, 2016 minutes.* **Motion carried unanimously.**

Public Comment: None.

Review the 2017 Comprehensive Plan Components: See attached. Harbolt said everyone was at the Leadership Team meeting on Monday so she was not going to review all of the documents again but just the changes suggested by the Houston Health Department. All agreed.

System Objectives: Objective 9 – change PrEP Provider Report to HHD.

Prevention and Early Identification
Benchmarks: Benchmark 3 – change to Routine and Targeted; Benchmark 5 – delete. Copy the note on Benchmark 17 and add to System Objective 9.

Solutions: change all instances of Task Forces from Responsible Party to Non-Responsible Party Partner. Solution 2, Activity 1 – change to Expand education activities into new MSM and Transgender specific community events; Activity 3 – change to Expand distribution of HIV testing and PrEP information and resources to healthcare providers; Activity 4 – delete the words 'and use'. Solution 3, Activity 2 – add HHD contractors under resources; Activity 3 – add RWGA and RWPC to responsible parties and HIV care providers as Non-Responsible Party Partners.

Special Populations
Benchmarks: Benchmark 1 – delete recently released; Benchmark 4 – change to Ryan White grievance line and HHD prevention warm line and website grievance.

Gaps in Care and Reaching the Out of Care

Solutions: Solution 3, Activity 4 – change to Identify Houston area hospitals with the highest number of new diagnoses and target for dialogue about ways to interface with the Ryan White system for linkage; Activity 5 – add RW agencies as Non-Responsible Party Partners.

Motion #3: *it was moved and seconded (Escamilla, Kelly) to concur with the 2017 Integrated HIV Prevention and Care Plan section components.* **Motion carried unanimously.**

Announcements: Harbolt said that the completed sections will be presented to the Steering Committee and Planning Council, as well as the CPG, for concurrence in August. Public comment is welcome throughout the approval process. Everyone is also invited to review the full document prior to submission. Those who said that they would like to review the document are Artiaga, Kelly and Bellard.

Adjournment: The meeting was adjourned at 3:10 p.m.

Submitted by: Approved by:

_____ _____

Amber Harbolt, Office of Support Date Chair of Committee Date

JA = Just arrived at meeting
LR = Left room temporarily
LM = Left the meeting
C = Chaired the meeting

2016 Voting Record for Meeting Date July 29, 2016

MEMBERS	Motion #1: **Agenda**				Motion #2: **Minutes**				Motion #3: **Concur with 2017 Comp Plan**			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Nancy Miertschin, Co-Chair				C				C				C
John Lazo, Co-Chair		X				X				X		
Ted Artiaga		X				X				X		
Curtis Bellard		X				X				X		
David Benson	X											
Denny Delgado	X											
Evelio Salinas Escamilla		X				X				X		
Herman Finley	X											
Allen Murray		X				X				X		
Robert Noble		X				X				X		
Shital Patel	X											
Gloria Sierra		X				X				X		
Larry Woods	X											
Kevin Aloysius	X											
Denis Kelly		X				X				X		
Tam Kiehnhoff		X				X				X		
Osaro Mgbere	X											
Esther Ogunjimi	X											

Early Identification of Individuals with HIV/AIDS (EIIHA) Planning Process and Requirements

Purpose of the EIIHA Strategy:

The purpose of this section is to describe the strategy, plan, and data associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV positive. The overarching goal of this initiative is to reduce the number of undiagnosed and late diagnosed individuals and to ensure they are accessing HIV care and treatment by:

1) increase the number of individuals who are aware of their HIV status;
2) increase the number of HIV positive individuals who are in medical care; and
3) increase the number of HIV negative individuals referred to services that contribute to keeping them HIV negative. (HRSA-17-030)

Role of EIIHA Workgroup:

To review existing epidemiologic data and suggest three (3) distinct populations for inclusion in the EIIHA section of the HRSA grant application.

Considerations:

- **Additional populations may be selected, but three (3) distinct populations must be selected for inclusion in the EIIHA section of the HRSA grant application.**
- Selection of target populations must be data-driven and pertinent to the goals of the strategy. Sufficient data must exist for each selected population to allow staff to discuss why each target population was chosen and how data support that decision.
- Comprehensive HIV Planning Committee has final approval of the three (3) populations to be included in the EIIHA section of the HRSA grant application, pending distribution to Planning Council members for review and input.

Timeline for the EIIHA Planning Process:

September 2016

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12 2 p.m. – EIIHA Workgroup identifies selection criteria and selects FY 2017 EIIHA target populations Office of Support distributes FY 2017 EIIHA target populations to Planning Council members for input	13	14	15 9 a.m. – All Council input due to Office of Support 11 a.m. – Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2017 EIIHA target populations.	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

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Fiscal Year 2017
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Criteria Worksheet

Type of Data	Possible Criterion	Definition	Suggested Thresholds	Selected
Epidemiological	**1. HIV diagnosis rate***	Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	2. HIV prevalence rate	Number of HIV diagnosed people within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	3. Unaware estimates*	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Comprises largest # of status-unaware within demographic category	
Care Continuum	**4. Linked proportion**	Percent of population that was linked to HIV medical care within **3 months**** of diagnosis	% < EMA %	
	5. Unmet need/out of care proportion*	Percent of diagnosed persons in the population with no evidence of HIV medical care in the previous 12 months per HRSA definition	% > EMA %	
Planning	**6. Special populations**	Population is designated as a "special population" in the Comprehensive HIV Plan	Yes/No	
	7. FY16 EIIHA Target Group*	Population was included in the FY15 EIIHA Matrix as a Target Group	Yes/No	
Other	**8. Late diagnosis***	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis	% > EMA %	

*Criteria used in selection of FY 2016 EIIHA target populations

**Linkage within 1 month not available by population

Fiscal Year 2017
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix

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■ = meets criteria

	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Unaware Estimates	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY16 EIIHA Target Group	8. Late Diagnosis	Total # Criteria
Houston EMA	22.6	437.0	5,448	81%	24%	--	--	20%	8
Sex									
Male	35.2	658.3	4,075	80%	25%	Y	Y	20%	7
Female	10.1	218.7	1,373	85%	22%	Y	Y	21%	3
Race/Ethnicity									
White	9.3	247.1	1,117	88%	21%	N	N	15%	0
Black / African American	61.2	1211.1	2,661	77%	25%	Y	Y	18%	7
Hispanic	20.3	312.3	1,465	84%	26%	Y	Y	25%	4
Other	5.3	68.5	72	85%	30%	N	N	26%	2
Unknown	--	--	132	89%	13%	N	N	26%	1
Age									
0 - 1	1.7	1.7	--	100%	--	N	N	--	0
2 - 12	0.4	6.5	14	100%	12%	N	N	25%	1
13 - 24	32.2	134.9	284	79%	21%	Y	N	8%	3
25 - 34	51.3	559.9	1070	78%	25%	N	N	15%	4
35 - 44	31.1	742.0	1,324	86%	25%	N	Y	31%	5
45 - 54	22.2	967.9	1,561	85%	23%	Y	Y	32%	5
55+	8.8	459.2	1,195	84%	25%	Y	Y	36%	5
Risk Category									
MSM	[d]	[d]	3,033	79%	24%	Y	Y	18%	4
IDU	[d]	[d]	492	79%	26%	Y	N	24%	4
MSM/IDU	[d]	[d]	222	85%	23%	Y	N	20%	1
Heterosexual contact	[d]	[d]	1,627	85%	24%	Y	N	25%	3
Perinatal. transmission	[d]	[d]	69	100%	26%	N	N	14%	0
Adult other risk	[d]	[d]	4	--	29%	N	N	--	1

Notes	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Unaware Estimates	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY16 EIIHA Target Group	8. Late Diagnosis
Definition of selection criterion	Number of new diagnoses of HIV disease within a population while accounting for population size (rate is the number of new HIV cases per 100,000 population)	Number of HIV diagnosed people within the population after accounting for population size (rate is the number of HIV + HIV stage 3 cases per 100,000 population)	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Percent of population that was linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed persons in the population with no evidence of HIV medical care in the previous 12 months per HRSA definition	Population is designated as a "special population" in the Comprehensive HIV Plan	Population was included in the FY16 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis
Threshold for prioritization	Rate > EMA rate	Rate > EMA rate	Comprises largest # of status-unaware within demographic category	% < EMA %	% > EMA %	Yes/No	Yes/No	% > EMA %
Data source	DSHS, New diagnoses 2015. Released 8/24/16	DSHS, Prevalence 2015. Released 8/24/16	DSHS, Undiagnosed infection 2015. Released 8/24/16	DSHS, Linkage to care 2015. Released 8/25/16	DSHS, Unmet need 2015. Released 8/25/16	2017 Comprehensive Plan Special Populations	FY16 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 9/24/15	DSHS, Late Diagnosis by population 2015. Released 8/25/16
Explanations and additional background	Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	HIV+HIV stage 3 (total HIV disease prevalence) Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	Estimates have been extrapolated using a national approximation of status unaware. No local estimates are available. Unaware estimate not available for age range 0-1	Linked proportion not available for risk category Adult Other	Unmet need proportion not available for age range 0-1 Additional categories: First Diag Date Not in Texas = 22% Before 2005 = 26% 2006-2010 = 27% 2011-2014 = 22% 2015 = 14% No HIV/STD coinfection = 25% HIV/STD coinfection = 10%	--	Target Groups for FY16 EIIHA Plan were: • African Americans • Hispanics/Latinos age 35 and over • Men who have Sex with Men (MSM)	Late diagnosis proportion not available for age range 0-1; risk category Adult Other Numerator for age range 2 – 12 is 1 case

Service-Specific Fact Sheets

CASE MANAGEMENT

Case management, technically referred to as *medical case management, clinical case management, or service linkage*, describes a range of services that help connect persons living with HIV (PLWH) to HIV care, treatment, and support services and to retain them in care. Case managers assess client needs, develop service plans, and facilitate access to services through referrals and care coordination. Case management also includes treatment readiness and adherence counseling.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 83% of participants indicated a need for *case management* in the past 12 months. 73% reported the service was easy to access, and 10% reported difficulty. 7% stated they did not know the service was available.

(**Table 1**) When barriers to *case management* were reported, the most common barrier type was interactions with staff (54%). Staff interaction barriers reported include poor correspondence or follow up, poor treatment, limited staff knowledge of services, and service referral to provider that did not meet client needs.

GRAPH 1-Case Management, 2016

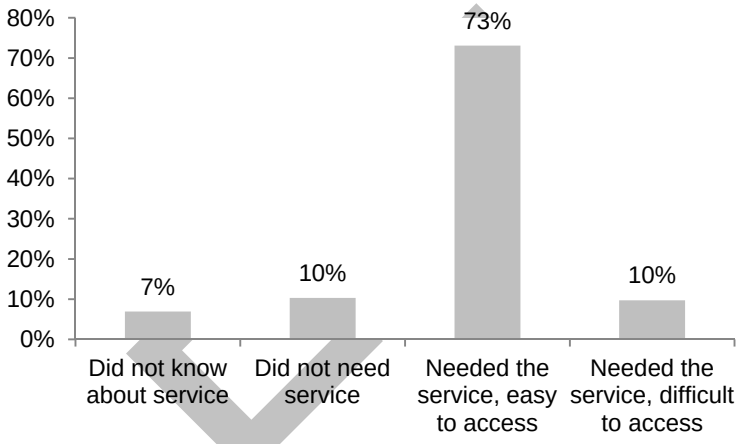


TABLE 1-Top 5 Reported Barrier Types for Case Management, 2016

		No.	%
1.	Interactions with Staff (S)	19	54%
2.	Education and Awareness (EA)	6	17%
3.	Administrative (AD)	5	14%
4.	Resource Availability (R)	2	6%
5.	Eligibility (EL)	1	3%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *case management*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 25 to 49 found the service accessible than other age groups.

In addition, more MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Case Management, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	7%	8%	1%	9%	7%	13%	13%	7%	7%
Did not need service	11%	8%	10%	11%	11%	0%	13%	7%	16%
Needed, easy to access	73%	76%	72%	73%	72%	87%	75%	76%	68%
Needed, difficult to access	10%	9%	17%	7%	11%	0%	0%	11%	9%

TABLE 3-Case Management, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	8%	6%	0%	5%	0%	18%
Did not need service	7%	12%	0%	0%	3%	9%
Needed, easy to access	76%	71%	100%	89%	91%	64%
Needed, difficult to access	10%	11%	0%	5%	6%	9%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

DAY TREATMENT

Day treatment, technically referred to as *home and community-based health services*, provides therapeutic nursing, support services, and activities for persons living with HIV (PLWH) at a community-based location. This service does not currently include in-home health care, in-patient hospitalizations, or long-term nursing facilities.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 31% of participants indicated a need for *day treatment* in the past 12 months. 29% reported the service was easy to access, and 2% reported difficulty. 18% stated that they did not know the service was available.

(**Table 1**) When barriers to *day treatment* were reported, the most common barrier types were administrative (complex processes), eligibility (ineligible), health insurance-related (being uninsured), interactions with staff (poor communication or follow up), transportation (lack of transportation).

GRAPH 1-Day Treatment, 2016

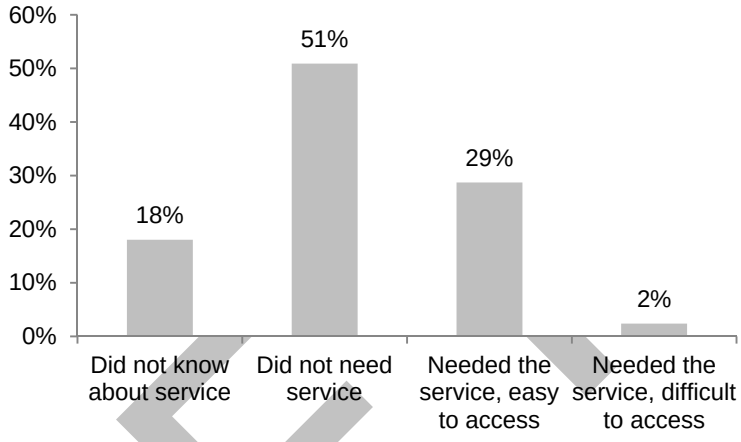


TABLE 1-Top 5 Reported Barrier Types for Day Treatment, 2016

	No.	%
1. Administrative (AD)	1	17%
2. Eligibility (EL)	1	17%
3. Health Insurance Coverage (I)	1	17%
4. Interactions with Staff (S)	1	17%
5. Transportation (T)	1	17%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services For *day treatment*, this analysis shows the following:

- More males than females found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 25 to 49 found the service accessible than other age groups.
- In addition, more unstably housed PLWH found the service difficult to access when compared to all participants.

TABLE 2- Day Treatment, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	18%	18%	28%	17%	15%	0%	30%	20%	12%
Did not need service	49%	56%	56%	49%	50%	53%	52%	45%	61%
Needed, easy to access	30%	23%	13%	33%	31%	47%	17%	32%	24%
Needed, difficult to access	2%	3%	3%	1%	5%	0%	0%	2%	3%

TABLE 3- Day Treatment, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	27%	19%	50%	24%	32%	18%
Did not need service	38%	49%	50%	38%	50%	27%
Needed, easy to access	32%	30%	0%	38%	18%	55%
Needed, difficult to access	3%	2%	0%	0%	0%	0%

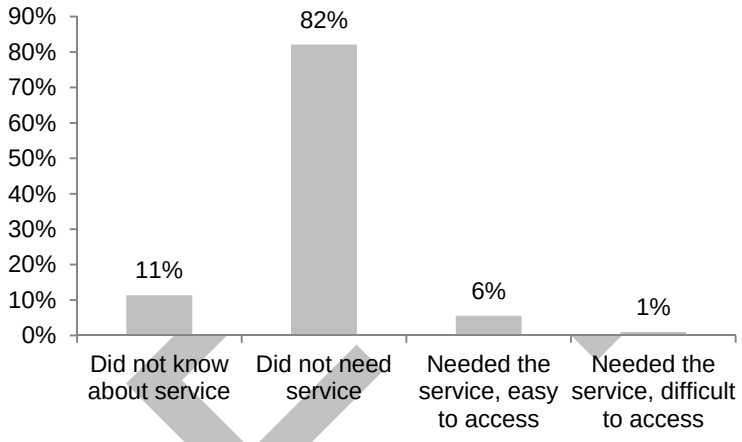
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

EARLY INTERVENTION (JAIL ONLY)

Early intervention services (EIS) refers to the provision of HIV testing, counseling, and referral in the Ryan White HIV/AIDS Program setting. In the Houston Area, the Ryan White HIV/AIDS Program funds EIS to persons living with HIV (PLWH) who are incarcerated in the Harris County Jail. Services focus on post-incarceration care coordination to ensure continuity of primary care and medication adherence post-release.

(**Graph 1**) In the 2014 Houston Area HIV needs assessment, 7% of participants indicated a need for *early intervention services* in the past 12 months. 6% reported the service was easy to access, and 1% reported difficulty. 11% stated that they did not know the service was available.

GRAPH 1-Early Intervention (Jail Only), 2016



(**Table 1**) When barriers to *early intervention services* were reported, the most common barrier type was accessibility (40%). Accessibility barriers reported include release from incarceration.

TABLE 1-Top 4 Reported Barrier Types for Early Intervention (Jail Only), 2016

	No.	%
1. Accessibility (AC)	2	40%
2. Interactions with Staff (S)	1	20%
3. Resource Availability (R)	1	20%
4. Transportation (T)	1	20%
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(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *early intervention services*, this analysis shows the following:

- More males than females found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 25 to 49 found the service accessible than other age groups.
- In addition, more recently release and unstably housed PLWH found the service difficult to access when compared to all participants.

TABLE 2-Early Intervention (Jail Only), by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	12%	8%	13%	13%	7%	14%	4%	15%	7%
Did not need service	81%	86%	86%	80%	88%	43%	96%	77%	88%
Needed, easy to access	6%	5%	1%	6%	5%	43%	0%	6%	5%
Needed, difficult to access	1%	2%	0%	2%	0%	0%	0%	1%	1%

TABLE 3-Early Intervention (Jail Only), by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	11%	12%	0%	26%	0%	9%
Did not need service	78%	82%	100%	26%	97%	86%
Needed, easy to access	9%	6%	0%	42%	3%	5%
Needed, difficult to access	2%	1%	0%	5%	0%	0%

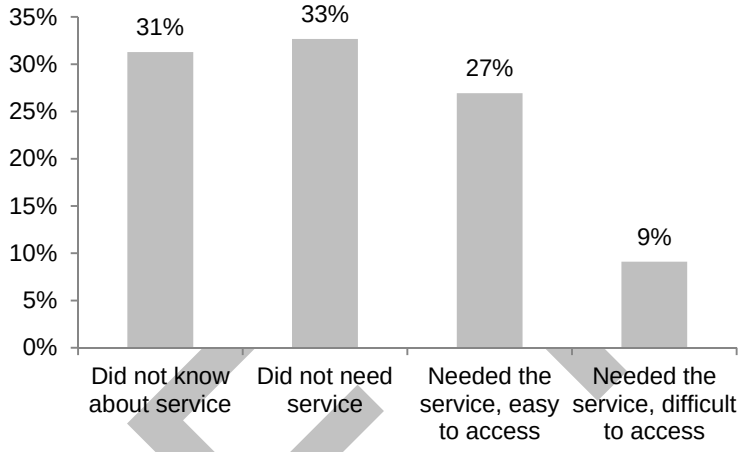
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

FOOD PANTRY

Food pantry is the provision of food and/or household items to persons living with HIV (PLWH). This service can be provided in the form of actual goods (such as through a food bank) or as vouchers for food. In the Houston Area, other non-Ryan White programs provide food bank services to PLWH.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 36% of participants indicated a need for *food pantry* in the past 12 months. 27% reported the service was easy to access, and 9% reported difficulty. 31% stated that they did not know the service was available.

GRAPH 1-Food Pantry, 2016



(**Table 1**) When barriers to *food pantry* were reported, the most common barrier type was education and awareness (45%). Education and awareness barriers reported include lack of knowledge about service availability, location, staff contact.

TABLE 1-Top 5 Reported Barrier Types for Food Pantry, 2016

	No.	%
1. Education and Awareness (EA)	19	45%
2. Eligibility (EL)	5	12%
3. Interactions with Staff (S)	5	12%
4. Resource Availability (R)	3	7%
5. Transportation (T)	3	7%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *food pantry*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 25 to 49 found the service accessible than other age groups.
- In addition, more out of care, unstably housed, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Food Pantry, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	32%	30%	33%	31%	31%	21%	48%	32%	28%
Did not need service	34%	27%	40%	28%	36%	36%	52%	31%	33%
Needed, easy to access	26%	31%	16%	33%	23%	43%	0%	30%	27%
Needed, difficult to access	8%	12%	10%	8%	10%	0%	0%	8%	12%

TABLE 3-Food Pantry, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	42%	31%	50%	28%	35%	29%
Did not need service	17%	36%	0%	28%	41%	19%
Needed, easy to access	31%	23%	0%	38%	15%	52%
Needed, difficult to access	11%	10%	50%	5%	9%	0%

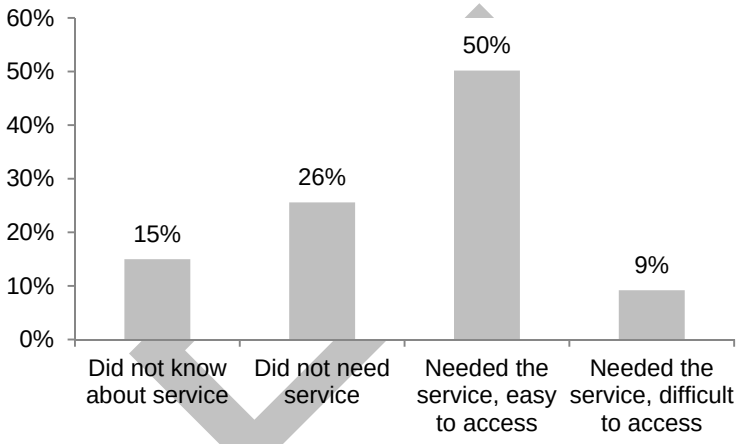
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

HEALTH INSURANCE ASSISTANCE

Health insurance assistance, also referred to as *health insurance premium and cost-sharing assistance*, provides financial assistance to persons living with HIV (PLWH) with third-party health insurance coverage (such as private insurance, ACA Qualified Health Plans, COBRA, or Medicare) so they can obtain or maintain health care benefits. This includes funding for premiums, deductibles, Advanced Premium Tax Credit liability, and co-pays for both medical visits and medication.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 59% of participants indicated a need for *health insurance assistance* in the past 12 months. 50% reported the service was easy to access, and 9% reported difficulty. 15% stated that they did not know the service was available.

GRAPH 1-Health Insurance Assistance, 2016



(**Table 1**) When barriers to *health insurance assistance* were reported, the most common barrier type was related to health insurance coverage (31%). Health insurance-related barriers reported include being uninsured, having coverage gaps, and difficulty with ACA enrollment.

TABLE 1-Top 5 Reported Barrier Types for Health Insurance Assistance, 2016

		No.	%
1.	Health Insurance Coverage (I)	15	31%
2.	Education and Awareness (EA)	10	21%
3.	Administrative (AD)	6	13%
4.	Eligibility (EL)	6	13%
5.	Financial (F)	5	10%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *health insurance assistance* this analysis shows the following:

- More males than females found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more recently released and rural PLWH found the service difficult to access when compared to all participants.

TABLE 2-Health Insurance Assistance, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	14%	19%	8%	17%	16%	20%	35%	18%	8%
Did not need service	25%	27%	26%	27%	25%	0%	30%	23%	28%
Needed, easy to access	52%	42%	54%	46%	53%	67%	30%	50%	54%
Needed, difficult to access	8%	12%	11%	10%	6%	13%	4%	9%	9%

TABLE 3-Health Insurance Assistance, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	21%	12%	0%	16%	15%	5%
Did not need service	27%	25%	0%	24%	24%	27%
Needed, easy to access	42%	56%	100%	42%	47%	64%
Needed, difficult to access	9%	7%	0%	18%	15%	5%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

HOSPICE

Hospice is end-of-life care for persons living with HIV (PLWH) who are in a terminal stage of illness (defined as a life expectancy of 6 months or less). This includes room, board, nursing care, mental health counseling, physician services, and palliative care.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 7% of participants indicated a need for *hospice* in the past 12 months. 7% reported the service was easy to access, and 0.1% reported difficulty. 16% stated that they did not know the service was available.

(**Table 1**) When barriers to *hospice* were reported, the only barrier type identified was education and awareness (lack of knowledge about the availability the service)

TABLE 1- Reported Barrier Type for Hospice, 2016

	No.	%
1. Education and Awareness (EA)	2	100%
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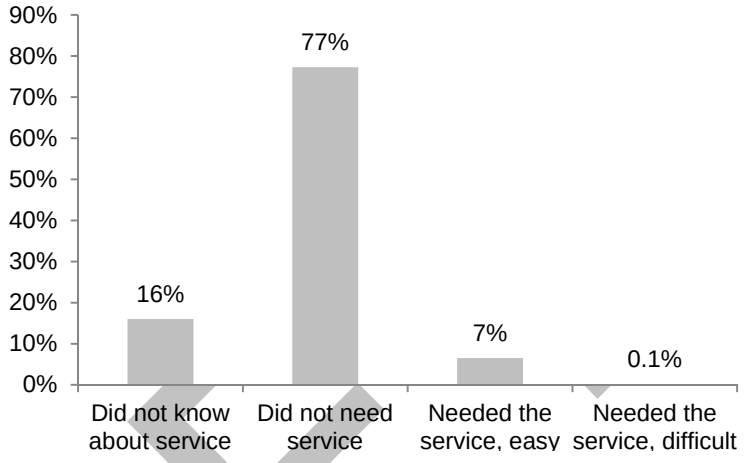
GRAPH 1-Hospice, 2016



(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *hospice*, this analysis shows the following:

- More males than females found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWHA age 50+ found the service accessible than other age groups.
- No PLWH in special populations found the service difficult to access compared to all participants.

TABLE 2-Hospice, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	16%	17%	10%	16%	20%	0%	21%	18%	12%
Did not need service	77%	77%	84%	75%	74%	13%	75%	77%	78%
Needed, easy to access	7%	6%	6%	8%	5%	87%	4%	5%	11%
Needed, difficult to access	0%	0%	0%	0%	0%	0%	0%	0%	0%

TABLE 3- Hospice, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	20%	13%	50%	21%	15%	14%
Did not need service	74%	80%	50%	74%	79%	77%
Needed, easy to access	6%	7%	0%	5%	6%	9%
Needed, difficult to access	0%	0%	0%	0%	0%	0%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

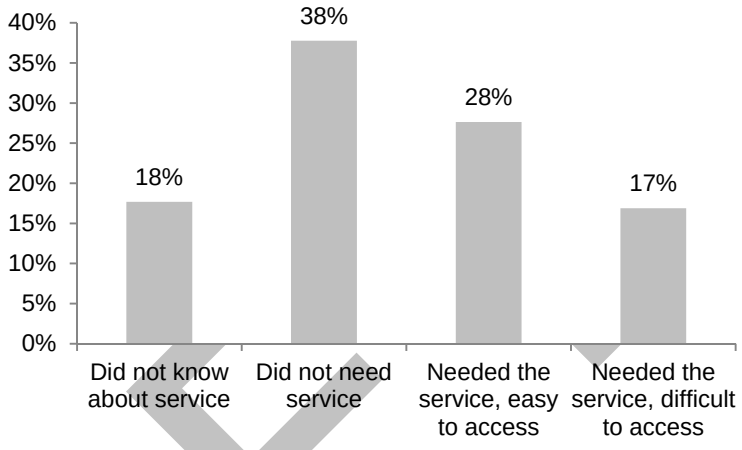
HOUSING

Housing for persons living with HIV (PLWH) is provided by the Housing Opportunities for People with AIDS (HOPWA) program through the Houston Housing and Community Development Department. Services include short-term rent, mortgage, and utility assistance as well as community-based supportive housing facilities for PLWH and their families.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 45% of participants indicated a need for *housing* in the past 12 months. 28% reported the service was easy to access, and 17% reported difficulty. 18% stated that they did not know the service was available.

(**Table 1**) When barriers to *housing* were reported, the most common barrier types were education and awareness (25%) and wait-related issues (25%). Education and awareness barriers reported include lack of knowledge about service availability, location, staff contact, and definition. Wait-related barriers reported include placement on a waiting list, being told a wait list was full/unavailable, and long durations between application and approval.

GRAPH 1-Housing, 2016



(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *housing,* this analysis shows the following:

- More females than males found the service accessible.
- More African American/black PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, more unstably housed and transgender PLWH found the service difficult to access when compared to all participants.

TABLE 1-Top 5 Reported Barrier Types for Housing, 2016

		No.	%
1.	Education and Awareness (EA)	22	25%
2.	Wait (W)	22	25%
3.	Eligibility (EL)	12	14%
4.	Housing (H)	8	9%
5.	Interactions with Staff (S)	7	8%

TABLE 2-Housing, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	17%	20%	11%	19%	23%	6%	35%	20%	13%
Did not need service	41%	28%	47%	29%	42%	81%	26%	36%	41%
Needed, easy to access	27%	30%	20%	35%	22%	13%	35%	28%	26%
Needed, difficult to access	15%	22%	22%	17%	14%	0%	4%	16%	20%

TABLE 3-Housing, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	29%	18%	50%	18%	24%	14%
Did not need service	19%	45%	50%	26%	56%	33%
Needed, easy to access	20%	23%	0%	42%	12%	33%
Needed, difficult to access	33%	14%	0%	13%	9%	19%

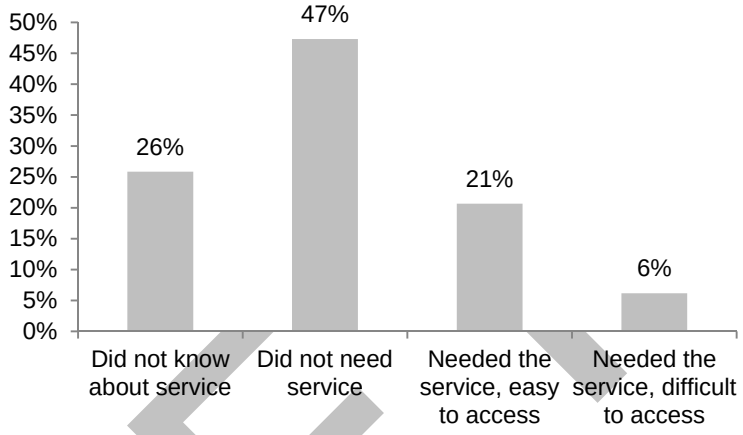
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

LEGAL SERVICES

Legal services provides licensed attorneys to persons living with HIV (PLWH) to assist with permanency planning and various legal interventions that maintain health and other benefits. This includes estate planning, wills, guardianships, and powers-of-attorney as well as discrimination, entitlement, and insurance disputes.

(**Graph 1**) In the 2064 Houston Area HIV needs assessment, 27% of participants indicated a need for *legal services* in the past 12 months. 21% reported the service was easy to access, and 6% reported difficulty. 26% stated that they did not know the service was available.

GRAPH 1-Legal Services, 2016



(**Table 1**) When barriers to *legal services* were reported, the most common barrier type was education and awareness (54%). Education and awareness barriers reported include lack of knowledge about service availability, staff contact, definition, and location.

TABLE 1-Top 5 Reported Barrier Types for Legal Service, 2016

	No.	%
1. Education and Awareness (EA)	13	54%
2. Interactions with Staff (S)	7	29%
3. Administrative (AD)	1	4%
4. Eligibility (EL)	1	4%
5. Financial (F)	1	4%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *legal services*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH than other race/ethnicities found the service accessible.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, recently released PLWH found the service difficult to access when compared to all participants.

TABLE 2-Legal Services, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	27%	23%	30%	25%	31%	36%	43%	30%	17%
Did not need service	47%	47%	40%	50%	34%	21%	43%	46%	49%
Needed, easy to access	20%	23%	20%	20%	20%	43%	13%	19%	25%
Needed, difficult to access	6%	8%	10%	4%	15%	0%	0%	5%	9%

TABLE 3-Legal Services, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	31%	26%	50%	27%	17%	23%
Did not need service	43%	47%	50%	43%	48%	65%
Needed, easy to access	22%	22%	0%	19%	31%	6%
Needed, difficult to access	5%	6%	0%	11%	3%	6%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

LOCAL HIV MEDICATION ASSISTANCE

Local HIV medication assistance, technically referred to as the *Local Pharmacy Assistance Program (LPAP)*, provides HIV-related pharmaceuticals to persons living with HIV (PLWH) who are not eligible for medications through other payer sources, including the state AIDS Drug Assistance Program (ADAP).

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 74% of participants indicated a need for *local HIV medication assistance* in the past 12 months. 66% reported the service was easy to access, and 8% reported difficulty. 10% stated that they did not know the service was available.

(**Table 1**) When barriers to *local HIV medication assistance* were reported, the most common barrier type was related to health insurance coverage (24%). Health insurance-related barriers reported include having coverage gaps and being uninsured.

GRAPH 1-Local HIV Medication Assistance, 2016

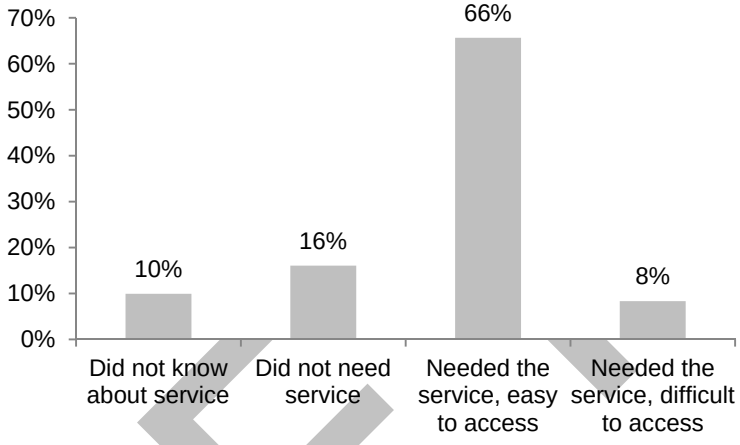


TABLE 1-Top 5 Reported Barrier Types for Local HIV Medication Assistance, 2016

	No.	%
1. Health Insurance Coverage (I)	8	24%
2. Administrative (AD)	4	12%
3. Education and Awareness (EA)	3	9%
4. Eligibility (EL)	3	9%
5. Financial (F)	3	9%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *local HIV medication assistance*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH than other race/ethnicities found the service accessible.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, rural and recently released PLWH found the service difficult to access when compared to all participants.

TABLE 2-Local HIV Medication Assistance, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	10%	9%	7%	12%	9%	0%	5%	11%	8%
Did not need service	18%	11%	16%	17%	11%	53%	14%	14%	20%
Needed, easy to access	65%	68%	71%	62%	73%	33%	76%	66%	64%
Needed, difficult to access	7%	11%	7%	9%	7%	13%	5%	8%	8%

TABLE 3-Local HIV Medication Assistance, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	12%	8%	100%	13%	0%	14%
Did not need service	19%	18%	0%	3%	12%	14%
Needed, easy to access	61%	67%	0%	74%	73%	71%
Needed, difficult to access	8%	8%	0%	11%	15%	0%

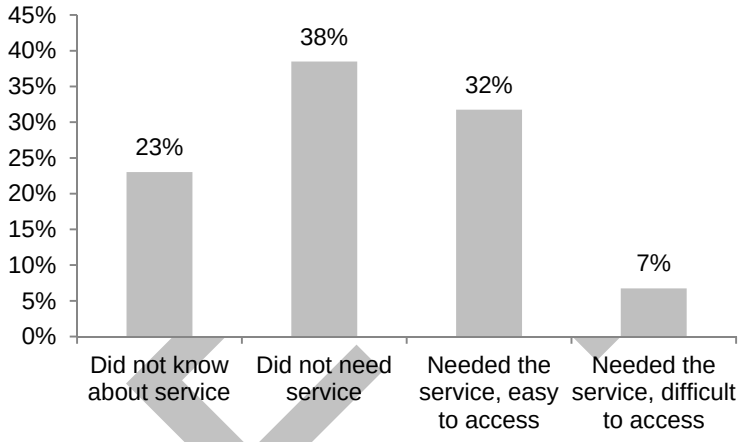
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

MEDICAL NUTRITION THERAPY

Medical nutrition therapy provides nutrition supplements and nutritional counseling to persons living with HIV (PLWH) outside of a primary care visit by a licensed registered dietician based on physician recommendation and a nutrition plan. The purpose of such services can be to address HIV-associated nutritional deficiencies or dietary needs as well as to mitigate medication side effects.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 38% of participants indicated a need for *medical nutrition therapy* in the past 12 months. 32% reported the service was easy to access, and 7% reported difficulty. 23% stated that they did not know the service was available.

GRAPH 1-Medical Nutrition Therapy, 2016



(**Table 1**) When barriers to *medical nutrition therapy* were reported, the most common barrier types was education and awareness (34%) Education and awareness barriers reported include lack of knowledge about service availability and location.

TABLE 1-Top 5 Reported Barrier Types for Medical Nutrition Therapy, 2016

	No.	%
1. Education and Awareness (EA)	10	34%
2. Administrative (AD)	4	14%
3. Eligibility (EL)	4	14%
4. Interactions with Staff (S)	3	10%
5. Wait (W)	3	10%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *medical nutrition therapy*, this analysis shows the following:

- More male than females found the service accessible.
- More African American/black PLWH than other race/ethnicities found the service accessible.
- More PLWH age 25 to 49 found the service accessible than other age groups.
- In addition, more rural and unstably housed PLWH found the service difficult to access when compared to all participants.

TABLE 2-Medical Nutrition Therapy, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	24%	19%	21%	24%	23%	14%	54%	23%	18%
Did not need service	37%	42%	40%	35%	40%	71%	29%	36%	45%
Needed, easy to access	32%	31%	30%	34%	31%	14%	13%	35%	29%
Needed, difficult to access	6%	8%	9%	7%	5%	0%	4%	6%	8%

TABLE 3-Medical Nutrition Therapy, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	35%	22%	0%	18%	40%	14%
Did not need service	28%	37%	100%	34%	34%	36%
Needed, easy to access	30%	35%	0%	42%	14%	45%
Needed, difficult to access	8%	7%	0%	5%	11%	5%

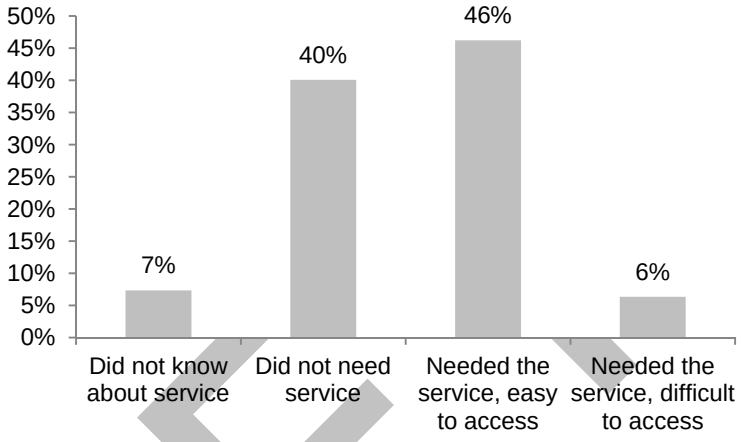
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

MENTAL HEALTH SERVICES

Mental health services, also referred to as *professional mental health counseling*, provides psychological counseling services for persons living with HIV (PLWH) who have a diagnosed mental illness. This includes group or individual counseling by a licensed mental health professional in accordance with state licensing guidelines.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 53% of participants indicated a need for *mental health services* in the past 12 months. 46% reported the service was easy to access, and 6% reported difficulty. 7% stated that they did not know the service was available.

GRAPH 1-Mental Health Services, 2016



(**Table 1**) When barriers to *mental health services* were reported, the most common barrier types were administrative (25%) and wait-related barriers (25%). Administrative barriers reported include hours of operation, complex processes, and staff changes without notification to the client. Wait-related barriers reported include placement on a waitlist.

TABLE 1-Top 5 Reported Barrier Types for Mental Health Services, 2016

	No.	%
1. Administrative (AD)	6	25%
2. Wait (W)	6	25%
3. Health Insurance Coverage (I)	2	8%
4. Interactions with Staff (S)	2	8%
5. Resource Availability (R)	2	8%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *mental health services*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to24 found the service accessible than other age groups.
- In addition, more rural and unstably housed PLWH found the service difficult to access when compared to all participants.

TABLE 2-Mental Health Services, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	8%	6%	4%	8%	9%	0%	13%	8%	6%
Did not need service	40%	39%	29%	41%	47%	40%	33%	39%	43%
Needed, easy to access	46%	48%	57%	45%	39%	60%	54%	47%	44%
Needed, difficult to access	6%	8%	10%	6%	5%	0%	0%	6%	7%

TABLE 3-Mental Health Services, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	11%	5%	0%	3%	0%	14%
Did not need service	25%	37%	50%	22%	50%	18%
Needed, easy to access	53%	51%	50%	69%	35%	68%
Needed, difficult to access	10%	6%	0%	6%	15%	0%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

ORAL HEALTH CARE

Oral health care, or *dental services*, refers to the diagnostic, preventative, and therapeutic services provided to persons living with HIV (PLWH) by a dental health care professional (such as a dentist or hygienist). This includes examinations, periodontal services (such as cleanings and fillings), extractions and other oral surgeries, restorative dental procedures, and prosthodontics (or dentures).

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 73% of participants indicated a need for *oral health care* in the past 12 months. 55% reported the service was easy to access, and 18% reported difficulty. 13% stated that they did not know the service was available.

(**Table 1**) When barriers to *oral health care* were reported, the most common barrier type was wait-related issues (35%). Wait-related barriers reported include placement on a waitlist, long waits at appointments, being told a wait list was full/unavailable, and long durations between application and approval.

GRAPH 1-Oral Health Care, 2016

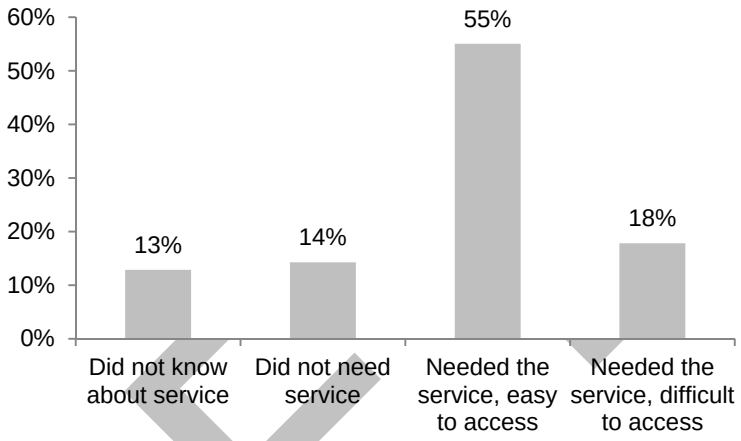


TABLE 1-Top 5 Reported Barrier Types for Oral Health Care, 2016

	No.	%
1. Wait (W)	29	35%
2. Interactions with Staff (S)	11	13%
3. Health Insurance Coverage (I)	10	12%
4. Eligibility (EL)	8	10%
5. Administrative (AD)	7	8%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *oral health care*, this analysis shows the following:

- More females than males found the service accessible.
- More white PLWH found the service accessible than other race/ethnicities.
- More PLWHA age 50+ found the service accessible than other age groups.
- In addition, more rural, unstably housed, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Oral Health Care, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	13%	12%	3%	16%	15%	13%	35%	15%	6%
Did not need service	16%	8%	8%	17%	15%	7%	13%	16%	11%
Needed, easy to access	54%	60%	68%	51%	52%	60%	35%	50%	66%
Needed, difficult to access	17%	20%	21%	17%	18%	20%	17%	19%	16%

TABLE 3-Oral Health Care, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	17%	11%	0%	21%	9%	14%
Did not need service	12%	14%	0%	29%	6%	10%
Needed, easy to access	47%	55%	100%	34%	50%	71%
Needed, difficult to access	25%	19%	0%	16%	35%	5%

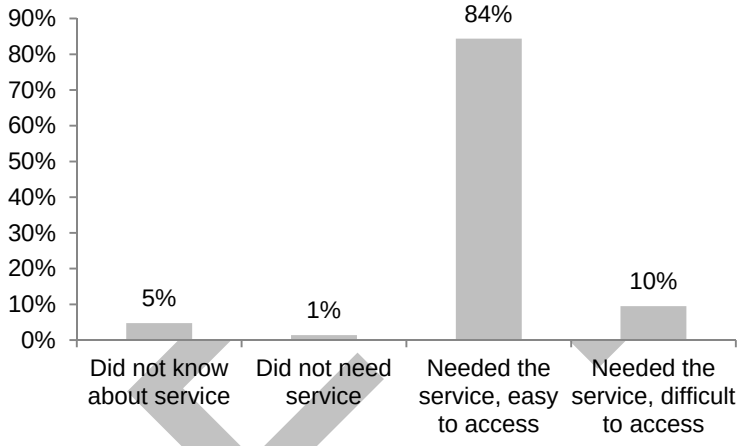
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

PRIMARY HIV MEDICAL CARE

Primary HIV medical care, technically referred to as *outpatient/ambulatory medical care*, refers to the diagnostic and therapeutic services provided to persons living with HIV (PLWH) by a physician or physician extender in an outpatient setting. This includes physical examinations, diagnosis and treatment of common physical and mental health conditions, preventative care, education, laboratory services, and specialty services as indicated.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 94% of participants indicated a need for *primary HIV medical care* in the past 12 months. 84% reported the service was easy to access, and 10% reported difficulty. 5% stated that they did not know the service was available.

GRAPH 1-Primary HIV Medical Care, 2016



(**Table 1**) When barriers to *primary HIV medical care* were reported, the most common barrier type was administrative (19%). Administrative barriers reported include complex processes, staff, hours of operation, understaffing, and service changes without client notification.

TABLE 1-Top 5 Reported Barrier Types for Primary HIV Medical Care, 2016

	No.	%
1. Administrative (AD)	8	19%
2. Interactions with Staff (S)	6	14%
3. Transportation (T)	6	14%
4. Wait (W)	6	14%
5. Education and Awareness (EA)	4	10%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *primary HIV medical care*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH and whites found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more out of care, rural, transgender, recently released, and unstably housed PLWH found the service difficult to access when compared to all participants.

TABLE 2-Primary HIV Medical Care, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	5%	3%	5%	4%	6%	0%	0%	6%	4%
Did not need service	1%	2%	0%	2%	2%	0%	0%	2%	2%
Needed, easy to access	84%	86%	83%	85%	85%	87%	83%	83%	86%
Needed, difficult to access	10%	9%	12%	9%	8%	13%	17%	10%	9%

TABLE 3-Primary HIV Medical Care, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	7%	4%	0%	11%	0%	14%
Did not need service	0%	1%	0%	0%	0%	0%
Needed, easy to access	81%	85%	67%	79%	79%	73%
Needed, difficult to access	12%	10%	33%	11%	21%	14%

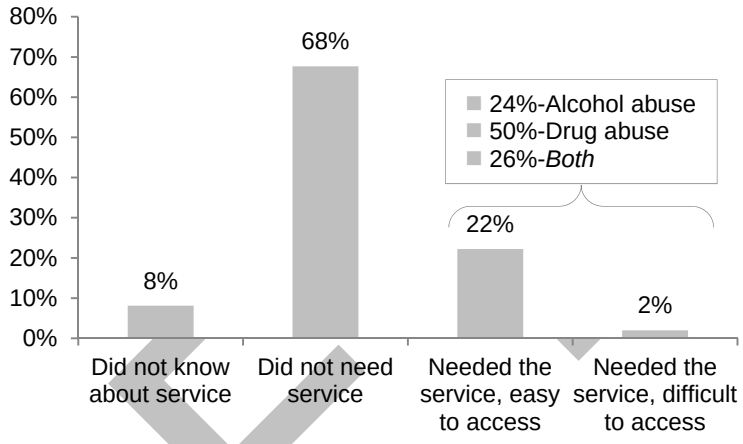
[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

SUBSTANCE ABUSE SERVICES

Substance abuse services, also referred to as *outpatient alcohol or drug abuse treatment*, provides counseling and/or other treatment modalities to persons living with HIV (PLWH) who have a substance abuse concern in an outpatient setting and in accordance with state licensing guidelines. This includes services for alcohol abuse and/or abuse of legal or illegal drugs.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 24% of participants indicated a need for *substance abuse services* in the past 12 months. 22% reported the service was easy to access, and 2% reported difficulty. 8% stated they did not know the service was available. When analyzed by type of substance concern, 24% of participants cited alcohol, 56% cited drugs, and 26% cited both.

GRAPH 1-Substance Abuse Services, 2016



(**Table 1**) When barriers to *substance abuse services* were reported, the most common barrier types were education and awareness (lack of knowledge about location), eligibility (ineligibly), and health-insurance related (being uninsured).

TABLE 1-Top 3 Reported Barrier Types for Substance Abuse Services, 2016

	No.	%
1. Education and Awareness (EA)	1	33%
2. Eligibility (EL)	1	33%
3. Health Insurance Coverage (I)	1	33%
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(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *substance abuse services,* this analysis shows the following:

- More females than males found the service accessible.
- More white PLWH found the service accessible than other race/ethnicities.
- More PLWHA age 50+ found the service accessible than other age groups.
- In addition, more recently released, unstably housed, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Substance Abuse Services, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	8%	8%	2%	10%	11%	0%	30%	9%	4%
Did not need service	69%	64%	73%	65%	70%	60%	48%	68%	70%
Needed, easy to access	21%	26%	24%	23%	17%	40%	17%	22%	24%
Needed, difficult to access	2%	2%	1%	2%	2%	0%	4%	2%	1%

TABLE 3-Substance Abuse Services, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	14%	9%	50%	8%	9%	18%
Did not need service	61%	68%	50%	42%	88%	50%
Needed, easy to access	23%	21%	0%	39%	3%	32%
Needed, difficult to access	2%	2%	0%	11%	0%	0%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

TRANSPORTATION

Transportation services provides transportation to persons living with HIV (PLWH) to locations where HIV-related care is received, including pharmacies, mental health services, and substance abuse services. The service can be provided in the form of public transportation vouchers (bus passes), gas vouchers (for rural clients), taxi vouchers (for emergency purposes), and van-based services as medically indicated.

(**Graph 1**) In the 2016 Houston Area HIV needs assessment, 47% of participants indicated a need for *transportation services* in the past 12 months. 40% reported the service was easy to access, and 7% reported difficulty. 10% stated they did not know the service was available. When analyzed by type transportation assistance sought, 84% of participants needed bus passes, 10% needed van services, and 6% needed both forms of assistance.

(**Table 1**) When barriers to *transportation services* were reported, the most common barrier type was transportation (28%). Transportation barriers reported include both lack of transportation and difficulty with special transportation providers.

GRAPH 1-Transportation Services, 2016

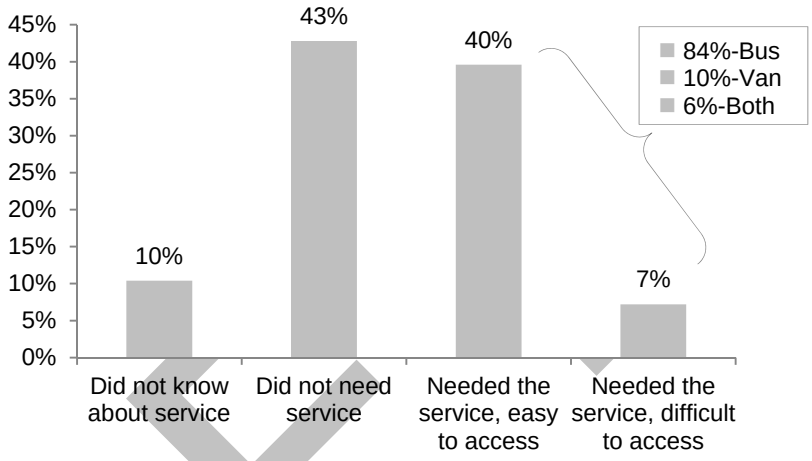

TABLE 1-Top 5 Reported Barrier Types for Transportation Services, 2016

		No.	%
1.	Transportation (T)	9	28%
2.	Education and Awareness (EA)	6	19%
3.	Eligibility (EL)	4	13%
4.	Accessibility (AC)	3	9%
5.	Resource Availability (R)	3	9%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *transportation services,* this analysis shows the following:

- More females than males found the service accessible..
- More African American/black PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more transgender, recently released, unstably housed, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Transportation Services, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	11%	8%	7%	9%	15%	13%	22%	10%	9%
Did not need service	47%	31%	55%	36%	41%	87%	43%	44%	40%
Needed, easy to access	35%	55%	27%	48%	38%	0%	30%	38%	44%
Needed, difficult to access	8%	6%	10%	8%	5%	0%	4%	8%	7%

TABLE 3-Transportation Services, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	17%	13%	50%	8%	6%	14%
Did not need service	27%	49%	50%	22%	72%	18%
Needed, easy to access	46%	31%	0%	59%	16%	50%
Needed, difficult to access	10%	8%	0%	11%	6%	18%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender