



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

PROFILE OF THE RECENTLY RELEASED

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

Proactive efforts were made to gather a representative sample of all PLWH in the 2016 Houston HIV Care Services Needs Assessment as well as focus targeted sampling among key populations (See: *Methodology*, full document), and results presented throughout the full document include participants who were recently

released. This Profile highlights results *only* for participants who were recently released from incarceration at the time of survey, as well as comparisons to the entire needs assessment sample.

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

DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

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

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

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

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

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

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

			No.	Released %	Total %				No.	Released %	Total %			
County of residence					Age range (median: 50-54)					Sex at birth				
Harris	38	97.44%	93.40%	13 to 17	0	-	0.20%	Male	28	68.3%	67.30%			
Fort Bend	1	2.56%	4.20%	18 to 24	1	2.44%	3.40%	Female	13	31.7%	37.70%			
Liberty	0	-	0.20%	25 to 49	19	46.34%	43.20%	Intersex	0	-	-			
Montgomery	0	-	1.20%	50 to 54	13	31.71%	24.30%	Transgender	3	7.32%	3.90%			
Other	0	-	1.00%	55 to 64	8	19.51%	26.20%	Currently pregnant	0	-	0.20%			
				≥65	0	-	2.80%							
				Seniors (≥50)	21	51.22%	53.30%							
Primary race/ethnicity					Sexual orientation					Health insurance (multiple response)				
White	2	4.88%	11.80%	Heterosexual	26	63.41%	54.00%	Private insurance	3	6.67%	8.60%			
African American/Black	33	80.49%	62.70%	Gay/Lesbian	7	17.07%	33.70%	Medicaid/Medicare	13	28.89%	49.80%			
Hispanic/Latino	5	12.20%	23.90%	Bisexual	6	14.63%	7.70%	Harris Health System	20	44.44%	23.70%			
Asian American	0	-	1.00%	Other	2	4.88%	4.50%	Ryan White Only	9	20.00%	17.00%			
Other/Multiracial	1	2.44%	0.60%	MSM	14	34.15%	42.60%	None	0	-	1.00%			
Immigration status					Yearly income (average: \$4,800)									
Born in the U.S.	37	92.50%	84.60%	Federal Poverty Level (FPL)										
Citizen > 5 years	2	5.00%	6.50%	Below 100%	21	80.77%	78.80%							
Citizen < 5 years	0	-	0.80%	100%	4	15.38%	12.70%							
Undocumented	0	-	2.00%	150%	0	-	3.70%							
Prefer not to answer	1	2.50%	4.40%	200%	1	3.85%	2.80%							
Other	0	-	1.80%	250%	0	-	0.60%							
				≥300%	0	-	1.40%							

BARRIERS TO RETENTION IN CARE

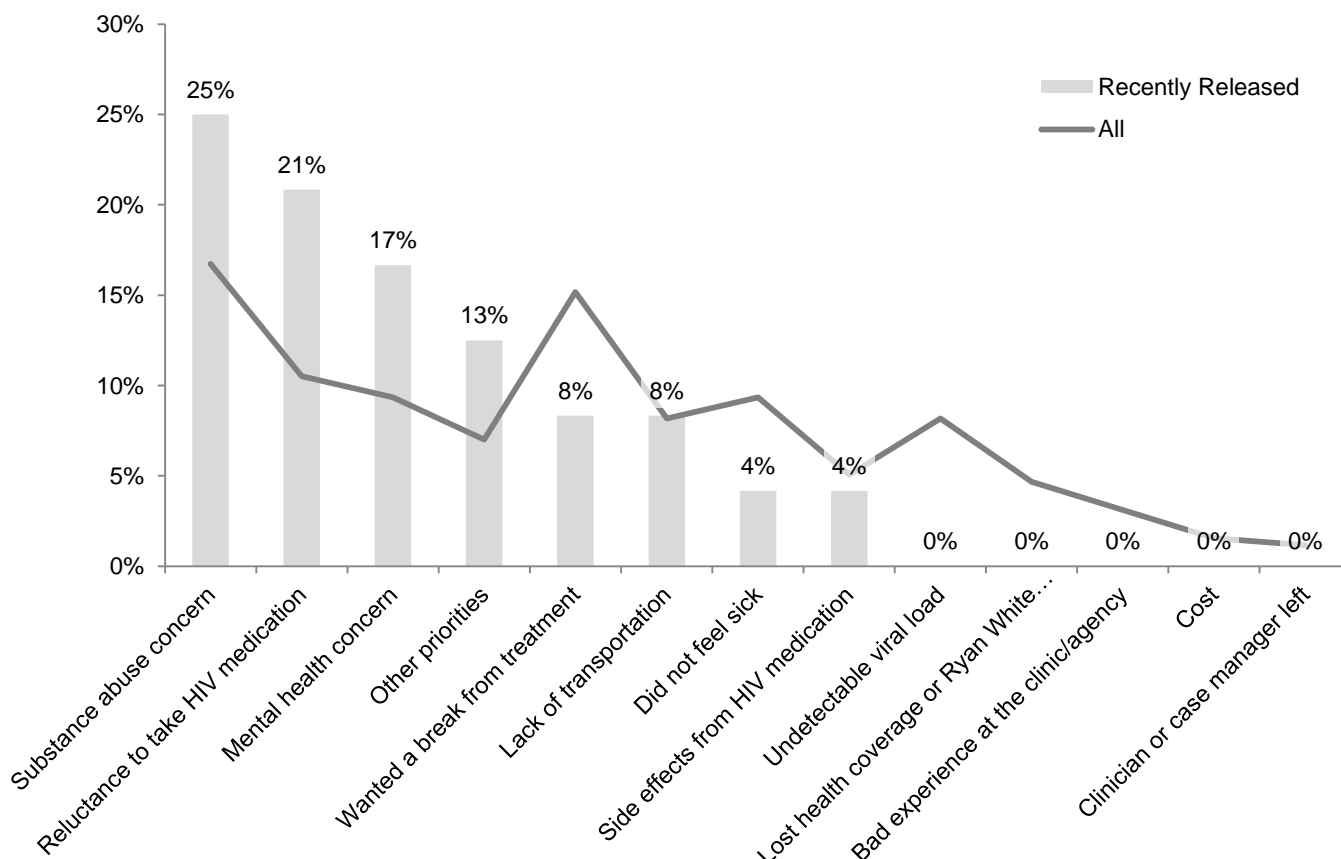
As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

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

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

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

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



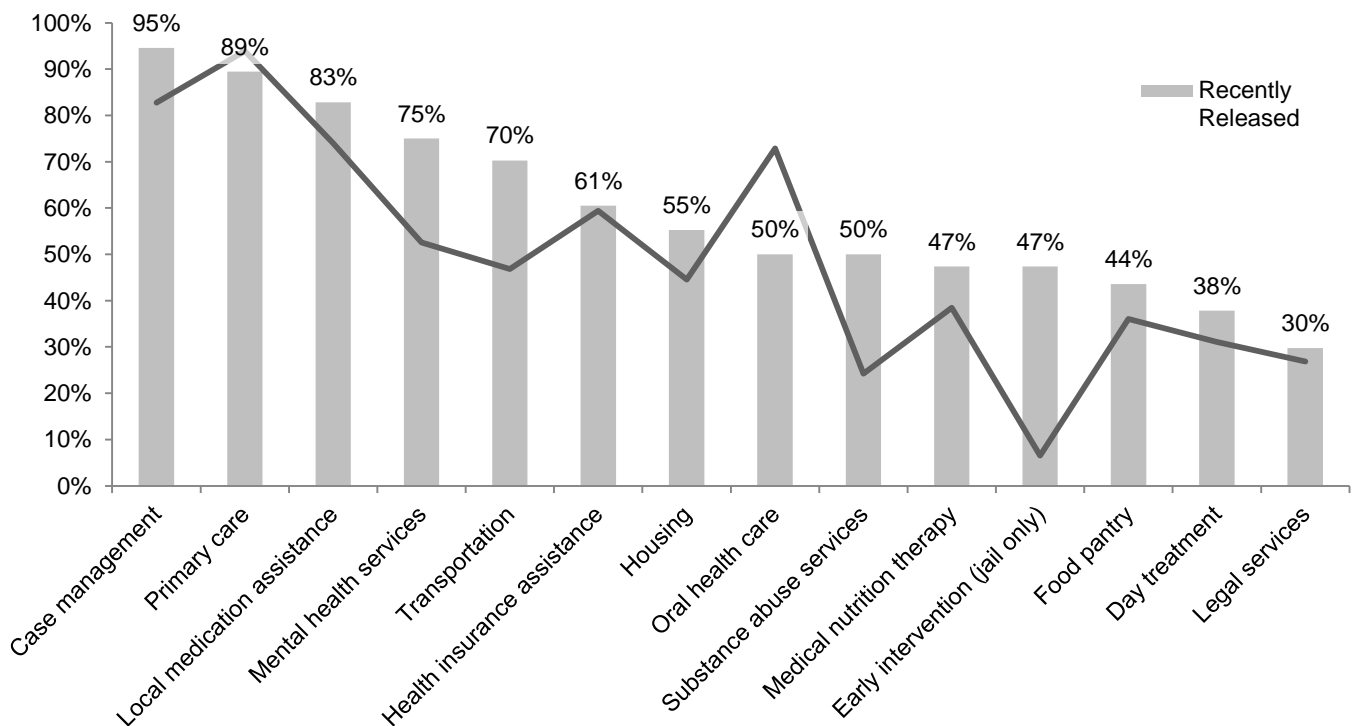
OVERALL RANKING OF FUNDED SERVICES, BY NEED

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

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

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

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



Other Identified Needs

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

(Graph 3) From the 12 services options provided, the greatest proportion of recently released participants reported also needing food bank services (45%), followed by emergency financial assistance (29%), housing coordination (24%), emergency rental

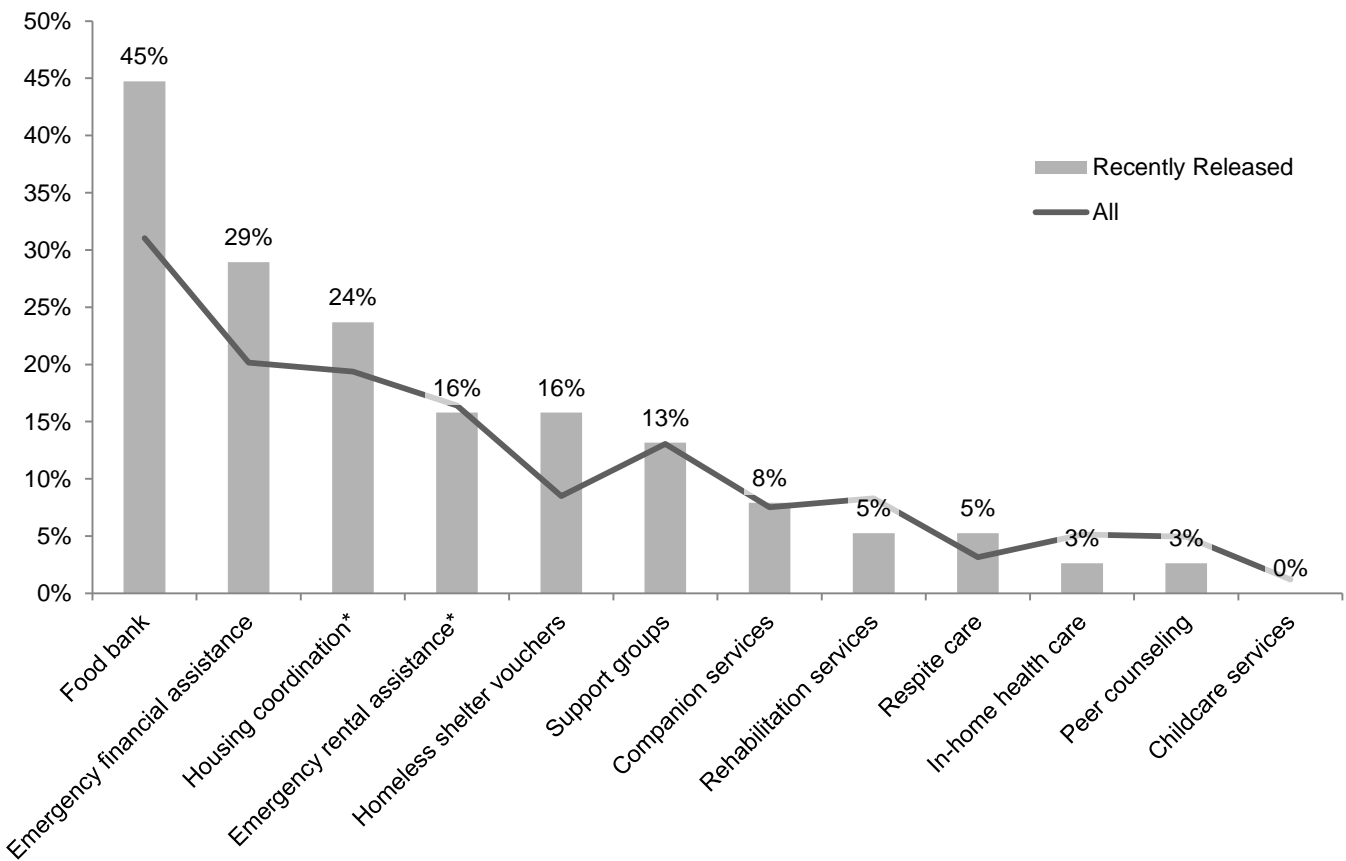
assistance (16%) and homeless shelter vouchers (16%). Compared to the total sample, greater proportions of recently released participants reported needing food bank (45% v. 31%), emergency financial assistance (29% v. 20%), homeless shelter vouchers (16% v. 8%), housing coordination (24% v. 19%), and respite care (3% v. 2%).

Recently released participants provided no write-in services.

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

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

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



OVERALL BARRIERS TO HIV CARE

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

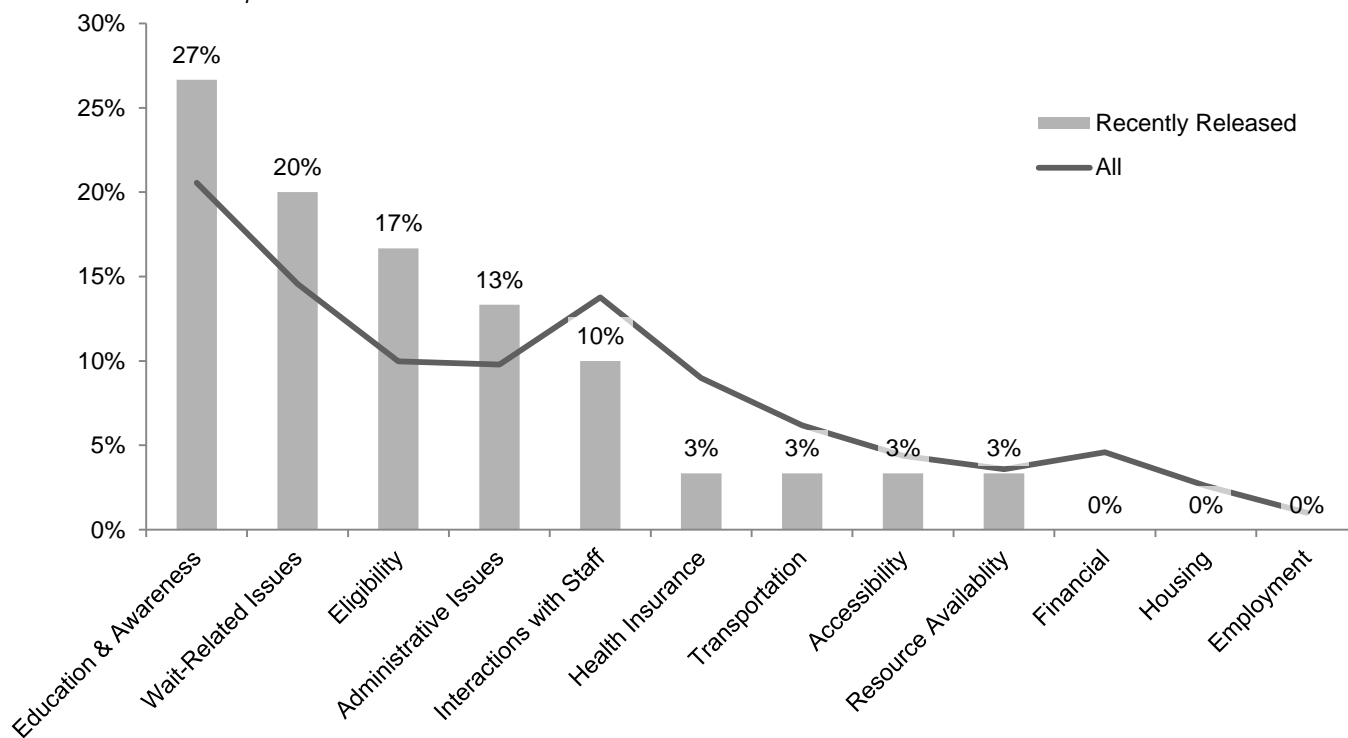
(Graph 4) Overall, the barrier types reported most often among recently released participants related to service education and awareness issues (27% of all reported barriers); wait-related issues (15%); eligibility issues (17%); administrative issues (13%); and interactions with staff (10%).

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

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

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

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



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

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