Service Categories

This service category analysis integrates utilization data from the Houston Ryan White Centralized Patient Care Data Management System (CPCDMS), consumer surveys, the profile for provider capacity and capability and focus group discussions. For some services, secondary resources are also cited.

CPCDMS data reflect service utilization between January 1, 2003 and December 31, 2003. CPCDMS data include information on all Ryan White Title I through IV providers with the exception of Texas Children's Hospital and Fort Bend Family Health Center. In some cases, these data are augmented with other information. When that occurs, additional sources are footnoted.

Among other things, the consumer survey identifies:

- Total expressed need for a service. This is the difference between the total number of respondents and those who have no need.
- Number and percentage of people who accessed the service and found it easy to get. This is the **Need Met Easily.**
- The number and percentage of people who accessed the service and found it hard or somewhat hard to get. This is the **Need Met Hard.**
- The number and percentage of people who need the service but have not gotten it. This is the **Need Not Met.**
- Barriers to care. In order to promote understanding and uniform response to the consumer survey, participants received a support packet clearly defining the barriers to care. While the complete support packet is available in Appendix 1, the following presents a summary of definitions:
  - **Information barriers** were described by the phrase: "I didn't have the information I needed about the service—that it existed, where to get it, how to qualify, etc.",
  - **Access/Availability barriers** were described with the following examples: "The services available were too far from my home or work", "Services were not open at the hours I could get there", "There was no childcare", "Waiting times for appointments or to see the person I needed to see were too long."
  - **Personal or Cultural barriers** were described by the statements: "I was not comfortable with the agency staff, they didn't speak my language or support my cultural beliefs."

- **Service Delivery barriers** include such things as: “There was no agency that provided the service I needed”, “I didn’t qualify for services because of income, residence, age, etc.” and “I had no insurance.”

The service need and barriers are presented for the total sample, in-care and out-of-care consumer respondent**.** The total number of respondents for any question is displayed with “n”.

GAP ANALYSIS

The gap analysis generalizes the results of the consumer survey to the entire population of people living with HIV/AIDS in the Houston HSDA. This projects the total need for a service, the extent to which that need is currently being met and estimates the number of PLWHA that need the service who are not having their need met.

The gap analysis is accomplished by projecting the need identified by the consumer survey. This can be calculated by:

1. Calculating Total Need by adding all levels of need together (Need Met Easily + Need Met Hard + Need Not Met) or by subtracting those with no need from all consumers responding to the question (Total - No Need).
2. Projecting this need to the population of 15,690 PLWHA in the HSDA identifies total potential need for the service in the region.[6] The calculation divides the total need by the total respondents and multiplying by the population of PLWHA (Total Need/ Total Respondents * 15,690).
3. The projected need that is being met is compared against the number of consumers receiving the service through provider survey respondent agencies. The total number of HIV positive consumers served by these agencies is presented, and it is used to calculate the percentage of need that is being met by these agencies.
4. The total consumers who need the service but who are not having their need met is calculated by subtracting the total who are having their need met by the total needing the service. This figure is, again, a projection from consumer survey responses.
5. Capacity required to provide service to all needing but not getting service compares those whose need for the service is being met with those whose need is not being met.

It should be noted that 31% of respondents were “out-of-care,” therefore the number of PLWHA needing but not getting services is large. Bringing these out-of-care consumers into the care system is challenging and will occur incrementally as targeted strategies are developed. The care system must accommodate this *incremental* growth, but the total additional consumers whose need for services is not being met do not have to be accommodated immediately. Capacity must grow *incrementally* to accommodate need.

[6] PLWHA population in the EMA is 15,591. Projecting need to this population will reduce totals slightly.

AMBULATORY/OUTPATIENT MEDICAL CARE

HRSA DEFINITION

Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient setting. This includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary Medical Care for the Treatment of HIV Infection includes the provision of care that is consistent with the Public Health Service's Treatment Guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. *(HRSA cites this as a core service for Title I)*

Ambulatory/Outpatient Medical Care includes:

- Primary Medical Care
- Vision Care
- OB/GYN Care
- Pediatric Care
- Referral to Clinical Research
- Treatment Adherence Services

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 8,472 unduplicated PLWHA received Ambulatory/Outpatient Medical Care services across all funding sources. This total represents 54% of the reported 15,690 PLWHA residing in the Houston EMA/ HSDA.

Within each funding source, Title I served 6,123 PLWHA, Title II served 68, Medicaid served 27, Medicare served 14 and other funding sources served approximately 347. In addition, approximately 21 PLWHA received primary care through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

PRIMARY MEDICAL CARE

2003 SERVICE UTILIZATION

CPCDMS identifies 5,461 adult patients in Primary Medical Care, or 35% of the reported 15,690 PLWHA in the residing in the Houston EMA/HSDA.

Other data sources, including Texas Children's Hospital (Title IV), Ft. Bend Family Health Center, Harris County Jail and Veterans Administration identify 1,835 unduplicated patients. This is nearly 12% of PLWHA in the region.

Primary Medical Care: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=632)	308	48.7%	69	10.9%	175	27.7%	80	12.7%
In-care (n=431)	293	68.0%	56	13.0%	37	8.6%	45	10.4%
Out-of-care (n=201)	15	7.5%	13	6.5%	138	68.7%	35	17.4%
Note: Does not include missing values & NA (not applicable) responses.								

Primary Medical Care: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=266)	123	46.2%	19	7.1%	38	14.3%	86	32.3%
In-care (n=113)	44	38.9%	11	9.7%	10	8.8%	48	42.5%
Out-of-care (n=153)	79	51.6%	8	5.2%	28	18.3%	38	24.8%
Note: Does not include missing values & NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

Primary Medical Care

CONSUMER SURVEY RESULTS

Primary medical care is consumers' most needed service, with over 87% identifying the need.

The largest percentage of consumers report that their need for primary medical care has been met—nearly 60%.

This, however, still leaves 40% of PLWHA with their needs for primary medical care not met.

- Those with their needs not being met are largely out-of-care consumers with primary medical care among the top five services that is needed but not being used by those out-of-care.

Barriers to primary medical care were more frequently identified by out-of care consumers than those in-care. Seventy percent of out-of-care consumers identified at least one barrier to primary medical care, while only 24% of in-care consumers did so.

- Access barriers were the most frequently identified for in-care consumers.
- Information barriers were most frequently identified for those outside the care system.

Primary Medical Care: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**13,704** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 5,690/Total]	**9,359** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**6,378** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**68%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**4,345** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**46%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

- Nine provider survey respondents offer primary medical care. This is 75% of the primary medical care providers identified in the Blue Book.
- The gap analysis finds 4,345 PLWHA report a need for primary medical care and are not receiving it. Since this figure is based upon the need for primary medical care that is not being met identified in the consumer survey, it can be assumed that 78% of these PLWHA are currently outside the care system (The percentage derived from primary care service need table, 138/175). In order to accommodate all PLWHA needing but not getting primary medical care, all providers throughout the care system would have to increase capacity 46%.
- Although additional capacity is limited, waiting times for initial and follow up appointments are generally less than two weeks. Two providers indicated waiting times for initial appointments of three days or less, and three providers report "no wait" for follow-up appointments.

FOCUS GROUP RESULTS

Focus group participants were satisfied with many aspects of HIV medical care services. When asked directly if they were *pleased* or *satisfied* with care received, most participants responded positively. Nevertheless, the focus groups identified areas for improvement. Participants' most frequent concerns centered on the level of personal service provided. This was manifest in comments about:

- Lack of confidentiality in the environment:
  - Crowded conditions were a concern with resulting breaches in confidentiality in waiting rooms and public areas.
  - While some in the white MSM group commented that actions are being taken to improve confidentiality at their medical care providers, comments about confidentiality demonstrate continued consumer concern among the various groups.
- Staff care and respect:
  - In providing care for large numbers of patients, staff may appear brusque, uncaring or disrespectful.
- Amount of time spent with physicians and other personnel:
  - Members of almost all consumer groups discussed the busy clinics and the limited time spent with personnel during visits.

SPECIAL POPULATIONS

OUT-OF-CARE

- Out-of-care consumers tend to be in better health, have been treated for fewer co-morbid conditions and use the emergency room for medical care to a greater extent than in-care consumers.
  - More than 46% of in-care consumers have an AIDS diagnosis and less than 27% of out-of care consumers report receiving this diagnosis.
  - Feeling well is the most frequently identified reason for not accessing medical care, with 32% of out-of-care consumers citing this.
  - 27% of out-of-care consumers use the emergency room for medical care.
- Identified barriers to care that can be controlled by primary medical providers include:
  - "I don't feel welcome" with 21% of out-of-care identifying this barrier.

- "Not open when I could get there (convenient hours)" was identified as a barrier by 17% of those out-of-care on the consumer survey. The need for more convenient hours and quicker turnaround at medical care providers was reiterated in several consumer focus groups.
  - Latino men and women focus group participants discussed the extended time and delays required for medical appointments caused by waiting for translation assistance.

While 31% of the total survey sample was not receiving medical care, youth and recently released had higher out-of-care percentages:

Primary Medical Care: Populations with the Largest Percentage of Out-of-Care Consumer Survey Respondents

Population	%
Youth (n=66)	59.1%
Recently Released (n=115)	41.7%
African-American (n=327)	33.3%
Homeless (n=64)	32.8%
IV Drug Users (n=171)	32.7%
Total Sample (n=654)	30.9%

YOUTH

Among youth ages 13 to 24 years, disclosure concern is the most significant barrier to accessing HIV medical care. In addition, not feeling welcome was mentioned frequently.

- Disclosure is the most significant barrier to care for youth with 44% identifying "I'm afraid of others knowing I'm HIV positive."
- 39% report not feeling welcome as a barrier to accessing HIV medical care.
- 50% of those identifying barriers to primary medical care report informational barriers and 25% identify access barriers.
- Co-morbid conditions, reported by approximately 68% of youth respondents, demonstrate continued high-risk behaviors among this population. The most commonly identified conditions include STI (24%) and TB (16%). Hepatitis A, B and C were also mentioned. IV drug use was identified by 21% of youth respondents, and street drug use was identified by 46%.

RECENTLY RELEASED

On the consumer survey, the recently released were typically low income. Nearly 40% did not have a high school diploma. Eight-two percent were not working and more than 87% earned less than $10,000 annually.

- Barriers to accessing primary medical care were informational (46%), personal (24%) and access (21%). This is a higher percentage of personal barriers to care than is found in other populations.
- Focus group participants report disclosure concerns in jail and prison were significant barriers to care due to the stigma of HIV among the incarcerated populations, and most participants agreed that jail and prison medical care was of poor quality.
- Upon release, obtaining required documentation to access medical care was identified as a barrier to care and a reason for delaying care. Members from several groups described cumbersome documentation requirements, and when one recently released participant tried to begin the process before release, he was unsuccessful.

CO-MORBID CONDITIONS

- Out-of-care consumers are less likely than those in-care to have received treatment for a co-morbid condition in the last year.
  - Three-quarters of in-care consumers have received treatment for at least one co-morbidity whereas less than one-quarter of out-of-care received treatment.
- The percentage or respondents treated for an STI over the past year was the same for both in-care and out-of-care survey respondents.
- Treatment for hepatitis A, B and C was more often seen among in-care consumers than those out-of-care.
- Mental health conditions were the most common in-care co-morbid condition treated in the last 12 months, with 22% identifying it. This is followed by high blood pressure (15%) and hepatitis C (13%).
- Drug use is clearly linked to HIV disease. Percentages of respondents with a history of IV or street drug use do no vary between in-care and out-of-care. Differences exist, however, among current users.
  - 13% of out-of-care report current IV drug use and 26% report current street drug use. This compares to 3% of in-care consumer survey respondents that report current IV drug use and 8% who report current street drug use.

RECOMMENDATIONS

- As programs are developed to bring out-of-care PLWHA into the care system, medical care services must be incrementally expanded. Current providers have limited capacity to serve large volumes of additional patients. Through targeted development, new and expanded programs should reduce perceived barriers to care for those who are currently outside the care system.
  - Consider funding model programs that combine targeted outreach and medical care for specific out-of-care populations.
  - Examine why more youth aren't utilizing Houston's primary medical care targeting youth. Drawing upon expertise gleaned from other programs across the country, consider incorporating additional components such as: a youth peer counseling program to support youth in the medical care system, using technology in both care and education, etc.
  - Support existing programs and establish new program(s) to facilitate entry into the medical care system upon release from jail/prison. Ensure that such programs address disclosure concerns for soon-to-be released and recently released PLWHA.

- Re-evaluate the feasibility of expanding capacity through a continuum of HIV care, with care for "well" PLWHA in community or neighborhood clinic settings progressing to specialty infectious disease care for those with more advanced disease.

- Increase targeted HIV medical care information for out-of-care populations. Vary the format and message in order to maintain interest.

- Continue to monitor quality and client satisfaction at existing medical care providers. Even among providers with high quality and satisfaction, establish goals for further improvement or to target populations with services that will enhance their medical care experience.

VISION CARE

Local Service Definition: Services must be provided at an eye care clinic or Optometrist's office. Services must include but are not limited to external/internal eye health evaluations; refractions; dilation of the pupils; glaucoma and cataract evaluations; CMV screenings; prescriptions for eye glasses and over the counter medications; provision of eye glasses (contact lenses are not allowable); referrals to other service providers for treatment of CMV, glaucoma, cataracts, etc.

2003 SERVICE UTILIZATION

CPCDMS data show that during 2003, a total of 1,147 unduplicated PLWHA received Vision services through Title I, II, III, IV or DSHS contracts. An additional 3 PLWHA were reported through COMPIS. This total of 1,150 represents 7% of the reported 15,690 PLWHA living in the Houston EMA/HSDA.

CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

Vision Care: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=627)	218	34.8%	35	5.6%	237	37.2%	137	21.9%
In-care (n=426)	208	48.8%	29	6.8%	118	27.7%	71	16.7%
Out-of-care (n=201)	10	5.0%	6	3.0%	119	59.2%	66	32.8%
Note: Percentages based upon total responses. Does not include missing values & NA (not applicable) responses.								

Vision Care: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=271)	120	44.3%	22	8.1%	31	11.4%	99	36.4%
In-care (n=128)	50	39.1%	12	9.4%	13	10.2%	53	41.4%
Out-of-care (n=143)	70	49.0%	10	7.0%	18	12.6%	45	31.5%
Note: Percentages based upon total responses. Does not include missing values & NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Vision care follows primary medical care as the most needed service, with more than 78% of consumer survey respondents identifying this need. In comparison to primary medical care, however, a larger percentage report their vision care needs are not being met (38%). If only those with an identified need are considered, more than 48% report that their need for vision care is not being met.

Out-of-care consumers need vision care services to a lesser extent than in-care

consumers, with one-third of out-of-care reporting no need compared to 17% of in-care respondents. Those in-care, however, have their needs met to a much greater extent than the out-of-care.

- Nearly 50% of in-care consumers report that their needs are easily being met and 7% report their needs are met but the service is hard or somewhat hard to get.
- Nearly 60% of out-of-care consumers report that their need for vision care is not being met. Considering only the number of out-of-care consumers with a need for vision care, 88% are not having their need met.

Out-of-care consumers identified more barriers to vision care than in-care consumers. Two-thirds of those out-of-care identified at least one barrier to vision care services compared to 27% of in-care consumer survey respondents.

- Informational barriers were most frequently identified for out-of-care consumers.
- Access barriers were the most frequently identified for in-care consumers.

Although it is widely needed and many report this need is not being met, vision care is not among consumers' "top of mind" needs. It was only briefly mentioned during focus group discussions, and it was not identified in the open-ended consumer survey question that asked for identification of services that are needed but not available.

Few consumer survey respondents report serious vision conditions. When asked, "Have you been unable to get needed HIV services because of the following conditions," eight consumers report being "visually impaired, not correctable by glasses" and one reported being blind. In addition, four consumers reported being treated for cytomegalovirus (CMV) in the last 12 months. This is a serious co-morbid condition that can affect the eyes.

Vision Care: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**12,262** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**6,331** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**1,239** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**20%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**5,931** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**94%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Five provider survey respondents offer vision care. This is 100% of vision care providers identified in the Blue Book.

The gap analysis projects nearly 6,000 PLWHA need vision care but are not getting it, and half of these people are out-of-care consumers, based upon consumer survey projections. In order to accommodate all PLWHA needing but not getting vision care, all vision care providers throughout the care system need to nearly double capacity.

Two vision care providers responding to the provider inventory provided information about their ability to treat additional patients with the current level of resources (i.e., staff, facilities). The largest provider, with over 1,200 patients, reports being at maximum capacity with current resources. The smaller provider, treating 21 HIV positive vision care patients, can accommodate another nine patients with current resources.

FOCUS GROUP RESULTS

One member of the African-American men's group briefly mentioned vision care, stating that a downtown Houston church offers free glasses. This point was made in the context of discussing the range and variety of services available in Houston if one is able and willing to travel to various agencies and faith-based organizations to access them.

SPECIAL POPULATIONS

RURAL

Vision care is the most frequently identified unfulfilled need among rural consumer survey respondents with 48% of all rural respondents reporting a need for vision care that is not being met. Of rural residents identifying a need for vision care services, nearly 60% report that need is not being met.

- Although the number of rural respondents reporting barriers to vision care was small, access barriers were the most frequently reported followed by informational barriers.

AFRICAN AMERICANS

Vision care is the second most frequently identified unfulfilled need among African-Americans. Eighty percent report a need for vision care services, and more than half of those with a need for vision care are not having that need met.

- Among African-Americans, information was identified as a barrier slightly more frequently than access (40% vs. 38%, respectively). Personal barriers were identified by 14% of African-American respondents.

YOUTH

Youth has the largest percentage of respondents reporting no need for vision care services, with 42% not needing this service.

RECOMMENDATIONS

- Working with existing providers, identify the specific components of vision care that their HIV positive clients need—ophthalmology services, optometry services or vision correction (glasses, etc.) services. Identify no-cost and low-cost vision care resources in the community that are available to meet these needs. Provide information to case managers and other providers to facilitate referral.

- Continue to support existing, well-utilized vision-care programs.

- Evaluate options for enhancing access to vision care for rural consumers.

OBSTETRICS & GYNECOLOGY

Local Service Definition: Well woman care, including but not limited to: PAP, pelvic exam, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services; obstetric care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.; on-site colopscopies as needed, performed by a OB/GYN physician, or physician extender with a colopscopy provider qualification; perinatal preventative education and treatment; social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site; on-site social work services; physical therapy services; specialty clinic referrals.

2003 SERVICE UTILIZATION

CPCDMS data show that during 2003, a total of 85 unduplicated PLWHA received OB/GYN services through Title I, II, III, IV or DSHS contracts. An additional 6 PLWHA were reported through COMPIS. This total of 91 represents less than 1% of the reported 4,058 women living with HIV/AIDS living in the Houston EMA/HSDA.

CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

CONSUMER SURVEY RESULTS

OB/GYN: Service Need (women only)‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=229)	86	37.6%	17	7.4%	56	24.5%	70	30.6%
In-care (n=164)	79	48.2%	11	6.7%	25	15.2%	49	29.9%
Out-of-care (n=65)	7	10.8%	6	9.2%	31	47.7%	21	32.3%
Note: Percentages based upon total responses. Does not include missing values & NA responses.								

OB/GYN: Barriers to Care (women only)‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=104)	39	37.1%	11	10.5%	12	11.4%	42	41.0%
In-care (n=53)	17	32.1%	5	9.4%	6	11.3%	25	47.2%
Out-of-care (n=51)	22	43.1%	6	11.8%	6	11.8%	17	33.3%
Note: Percentages based upon total responses. Does not include missing values & NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

More than 30% of female PLWHA do not report a need for OB/GYN care. Among all female respondents, 45% are having their need for OB/GYN care met. This represents nearly two-thirds those with a need for this service. Women who are not receiving HIV medical care tend not to have their needs met for OB/GYN care. Nearly 48% of all out-of-care women report their need for OB/GYN services is not being met. This is 70% of women with an identified need for the service.

Barriers to care are informational and access . Women in the care system had somewhat more access barriers and women outside the care system had somewhat greater informational barriers.

OB/GYN: Gaps Analysis (women only)[‡]

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**2,817** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**1,825** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**787** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**43%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and **total** projected need that is met (row a - row b)	**992** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**54%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Four provider survey respondents offer OB/GYN care, which is 57% of all providers identified in the Blue Book.

The gap analysis projects nearly 1,000 female PLWHA need OB/GYN care but are not getting it, and 55% of these people are out-of-care consumers, based upon consumer survey projections. In order to accommodate all women needing but not getting OB/GYN care, all providers throughout the care system need to increase capacity by approximately 50%.

None of the OB/GYN providers reported on available capacity with current resources. Three, however, report limited waiting times for new and follow-up appointments.

FOCUS GROUP RESULTS

A limited number of women focus group participants discussed access and system barriers for OB/GYN care. One woman said she was referred to HIV-specific gynecologic care, but she preferred to use general gynecologic care. Therefore, she did not inform the general gynecologist of her HIV status. Another woman was very satisfied with her HIV-specific obstetrical care, but postpartum she was no longer able to access the service, reportedly due to a change in her insurance from Medicaid to Medicare. Since that time, she has not used a gynecology service that she finds as comfortable.

SPECIAL POPULATIONS

WOMEN

All female consumer survey respondents were asked, “Are you pregnant or have you been pregnant in the last 12 months?”. Twenty-one (9.6%) responded positively and two-thirds of these women report receiving medication to prevent transmission of HIV to the baby. Six (28.6%) did not receive medication and one woman didn’t know if she received it.

An increased risk for gynecological complications is found among women with sexually transmitted infections (STI). Nearly 12% of female consumer survey respondents report receiving medical care for an STI in the last 12 months. Of these 71% were in-care and 29% were out-of-care.

Commercial sex workers are also at increased risk for gynecological complications. Nearly 10% of female consumer survey respondents report commercial sex work as a mode of transmission. Of these women, 43% are in-care and 57% are outside the medical care system.

RECOMMENDATIONS

- The percentage of women with recent STIs indicates continuing high risk sexual behaviors. Education related to risk reduction as well as the potential impact of STIs on their health must be continued with female PLWHA.

- Continue to educate HIV+ women about the importance of gynecologic care in order to increase utilization and reduce the number of women who report "no need" for OB/GYN services.

- Expand OB/GYN treatment options and locations offering care for HIV+ women.
  - As HIV medical care is expanded, include OB/GYN care for female PLWHA.
  - Co-locate services with HIV medical care providers.
  - Work with community clinics to offer OB/GYN services for HIV+ women. Provide education and training for personnel to enhance the quality of care offered.

PEDIATRICS

Local Service Definition: Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, psychiatry, home health care referral, licensed dietician, patient medication education and patient care coordination. There must be continuity of care with inpatient services and subspecialty services and subspecialty physician, primary care nursing or ancillary health care provider services available on-site or by specific established referral protocols to appropriate agencies upon primary care physician order.

2003 SERVICE UTILIZATION

CPCDMS data show that during 2003, a total of 3 unduplicated PLWHA received Pediatric services through Title I, II, III, IV or DSHS contracts.

CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

CONSUMER SURVEY RESULTS

Depending on their situations, consumers may need general pediatric care and/or pediatric HIV care. On the consumer survey, the designated need for "pediatrics" could relate to either of these situations.

Overall, 80% of consumer survey respondents report no need for pediatric services. Among adult respondents, 381 (59%) report having children, and 361 (95%) of these children do not have HIV disease.

- 24% of PLWHA with children who are *not* HIV+ report a need for pediatric care.
  - Among the 80 PLWHA reporting a need for pediatric care, more than 50% have that need easily fulfilled. Forty percent report their need for pediatric care is not being met.
- 55% of the 20 PLWHA with children who *are* HIV+ report a need for pediatric care.
- Among the 13 pediatric survey respondents, 12 report a need for pediatric care. All of these children use this service and find it easy to use. One person reportedly does not need pediatric care and does not use it.
- Among all survey respondents, identified barriers are informational, followed by access.

PROVIDER INVENTORY

Four (4) provider survey respondents indicated they offered pediatric care services for PLWH. This is 33% of pediatric care providers identified in the Blue Book.

- Two pediatric HIV providers responding to the provider inventory provided information about their ability to treat additional patients with the current level of resources (i.e., staff, facilities). The largest provider, with over 220 patients, reports being at maximum capacity with current resources. The smaller provider, treating 75 HIV positive pediatric patients, reportedly can accommodate all new pediatric patients entering the system.

SPECIAL POPULATIONS

PEDIATRICS

Pediatric consumer survey respondents were split between African-American/non-Hispanic and Hispanic ethnicity. Only 57% spoke English. All were from Harris County.

- Almost all pediatric respondents were diagnosed since 2000, and nearly all were immediately linked with care. Half have both medical care and medication paid by Medicaid. They rarely miss appointments and report few disabilities or barriers to receiving care. The only noteworthy barrier is the fear of disclosure of HIV status. A small number of pediatric respondents expressed concern about someone knowing they were HIV-positive.

RECOMMENDATIONS

- Since current providers can accommodate existing and new patients, maintain funding for pediatric HIV medical care providers.

- Identify general pediatric care resources for PLWHA with HIV negative children. Provide this information to case managers and others to disseminate to PLWHA.

REFERRAL TO CLINICAL RESEARCH

HRSA Definition: The provision of education about and linkages to clinical research services through academic research institutions or other research service providers. Clinical research involves studies in which new treatments—drugs, diagnostics, procedures, vaccines, and other therapies—are tested in people to see if they are safe and effective. All institutions that conduct or support biomedical research involving people must, by Federal regulation, have an Internal Review Board (IRB) that initially approves and periodically reviews the research.

2003 SERVICE UTILIZATION

In the Houston EMA/HSDA, referral to clinical research is provided within the Ambulatory Outpatient Medical Care service category. The data cannot be separated, therefore no utilization data is available for this service category.

CONSUMER SURVEY RESULTS

Consumers were asked if doctors, nurses or health care professionals talked to them about participating in clinical trials, approximately 44% of those in-care responded positively.

- Responses ranged from 37% of Latinos to 48% of recently released who reported that their health care provider talked to them about participating in clinical trials. Other populations include:
  - 45% of IDUs;
  - 43% of African-Americans;
  - 39% of other substance users; and
  - 39% of women.

RECOMMENDATIONS

- Provide consumers with information about when and how to speak to their medical care providers about the benefits of clinical trials.

TREATMENT ADHERENCE

Local Service Definition: Patient Medication Education-All clients must receive documented education regarding their medication regimen. Clients who will be prescribed ongoing medication regimens (i.e. ART) must be assessed for adherence. Clients with adherence issues that are behavioral or involve mental health or substance abuse issues must be provided counseling by the Medication Educator and assessment and treatment by a psychiatrist as clinically indicated.

2003 SERVICE UTILIZATION

Many Houston area providers bundle treatment adherence services with HIV medical care, therefore no data is available on this service.

Treatment Adherence: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=607)	63	10.4%	13	2.1%	137	22.6%	394	64.9%
In-Care (n=424)	61	14.5%	9	2.1%	58	13.7%	296	69.8%
Out-of-Care (n=183)	2	1.1%	4	2.2%	79	43.2%	98	53.6%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

Treatment Adherence: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=184)	114	62.0%	11	6.0%	19	10.3%	40	21.7%
In-Care (n=78)	49	62.8%	5	6.4%	3	3.9%	21	26.9%
Out-of-Care (n=106)	65	61.3%	6	5.7%	16	15.1%	19	17.9%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Nearly two-thirds of consumer survey respondents report no need for treatment adherence services. Almost all respondents whose need for treatment adherence services is being met are in-care. They represent 12% of the sample and 36% of those with a need for the service. Among those whose need is not being met, 42% are in-care.

Information represents 60% of the barriers to treatment adherence services. Access barriers are more commonly found among in-care consumers and personal barriers among those out-of-care.

- In-care consumer survey respondents use a wide range of medications. Antiretrovirals are the most frequently identified, followed by antidepressants, antibiotics and nutritional supplements.
- Nearly 43% of in-care consumers report never missing doses of prescribed HIV medication.
  - Only 5% report missing doses of their HIV medication “often,” five or more times per week. Thirteen percent report missing medication doses one to four times per week, and 39% miss doses no more than once weekly.
- By far, the most frequent reason given for missing medications is forgetting to take them, with two-thirds of consumers who miss medication doses providing this answer. Other reasons include: concerns about side effects (21%), just didn’t want to take them (14%), and difficult schedule (14%).

Treatment Adherence: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**5,506** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**1,965** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**26** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**1%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**3,288** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**180%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Five provider survey respondents indicated they offer treatment adherence services for PLWH. The Blue Book lists three agencies providing this service. None of the survey respondents provided utilization information for treatment adherence.

The gap analysis projects 3,288 PLWHA need treatment adherence services but are not getting them, compared to 1,965 who need the service and are receiving it. Provider survey respondents reported delivering the service to only 26 PLWHA in 2003. The gap analysis projects 3,288 PLWHA need treatment adherence services but are not getting them, compared to 1,965 who need the service and are receiving it.

Since treatment adherence is incorporated into HIV medical care, both consumer survey and provider survey-based projections may understate both the need for the service and the number of patients receiving it.

None of the agencies offering treatment adherence services provided information about their ability to treat additional patients with the current level of resources.

FOCUS GROUP RESULTS

Treatment adherence was never discussed, per se, but issues affecting adherence were brought up when discussing HIV medication and their side effects. These included: concerns about side effects (diarrhea, night dreams, lethargy both mentally and physically), building resistance, following complicated regimens, and have a "life ruled by pills."

Some consumer focus group participants discussed deliberate decisions to take medication "vacations" while continuing to monitor CD4 and viral load levels. Others have made conscious decisions not to take HIV medication until absolutely necessary. They are in the care system, monitoring their HIV status with laboratory tests, but want to delay beginning antiretroviral medication. Case management supervisors also reported increasing numbers of clients delaying antiretroviral therapy.

SPECIAL POPULATIONS

Populations with the largest percentage of respondents who need but are not getting treatment adherence services include youth (42%), recently released (39%) and African-Americans (32%).

AFRICAN AMERICANS

African-Americans report missing doses of medication slightly more than the overall survey sample, with 7% missing doses five or more times per week, compared to 5% for the total sample. Of those who missed their medications, 43% said they forgot. Side effects (14%) and difficult schedules (11%) also limited adherence among African-Americans.

RECENTLY RELEASED

Most recently released report never or rarely missing doses of their prescribed HIV medication. For those that missed doses, half report "forgot to take them" as the reason.

YOUTH

Small sample size prohibits reporting on treatment adherence for youth.

RECOMMENDATIONS

- Require all HIV medical care providers to offer treatment adherence programs. Whenever possible, target treatment adherence services to specific populations. Provide specific consideration to programs targeting African-Americans, recently released and youth.

- Share best practices for treatment adherence services among Houston-area providers. As appropriate, draw upon national treatment adherence experience.

- Evaluate the need for treatment adherence classes that can also serve as short-term support groups. Consider segmenting these classes/groups by subpopulation (i.e., women, African-Americans, youth, etc.).

BUDDY/COMPANION SERVICES

HRSA DEFINITION

An activity provided by volunteers/peers to assist the client in performing household or personal tasks and providing mental and social support to combat the negative effects of loneliness and isolation.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 85 unduplicated PLWHA received Buddy Companion services from the Texas Department of State Health Services (DSHS). This total represents less than 1% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Please note that in COMPIS, these services are labeled as "Volunteer Services." These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Buddy/Companion: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=608)	56	9.2%	4	0.7%	163	26.8%	385	63.3%
In-care (n=412)	52	12.6%	4	1.0%	73	17.7%	283	68.7%
Out-of-care (n=196)	4	2.0%	0	0.0%	90	45.9%	102	52.0%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Buddy/Companion: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=222)	132	59.4%	13	5.9%	33	14.9%	44	19.8%
In-care (n=106)	69	65.1%	8	7.5%	8	7.5%	21	19.8%
Out-of-care (n=116)	63	54.3%	5	4.3%	25	21.6%	23	19.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Buddy/Companion services are not widely needed by consumer survey respondents, with 68% of in-care consumers and 52% of out-of-care consumers reporting “no need” for the service.

- Among in-care consumers needing buddy/companion services, 43% report their needs are being met, while 57% report their needs are not met.
- Almost all of the out-of-care with a need for buddy/companion services report that the need is not being met.
- Barriers are predominantly informational, but out-of-care also identified personal barriers.

Buddy/Companion: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**5,755** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**1,549** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**300** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**19%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**4,206** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**272%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Although only one provider of buddy/companion services is identified in the Blue Book, six survey respondents offer buddy/companion services.

The identified need for buddy companion services that is not being met is nearly three times as great as the need that is being met. Over 55% of PLWHA whose need for buddy/companion service is not being met are outside the care system. Provider survey respondents reported providing buddy/companion services to 300 PLWHA in 2003. This is 19% of the projected 1,549 whose needs for the service are being met.

Of the three organizations submitting buddy/companion utilization, only one has the capacity to accommodate additional clients with current resources. This agency has the capacity to provide buddy/companion services to 20 additional clients.

SPECIAL POPULATIONS

WHITE/ANGLO MSM

While 63% of white/Anglo men who have sex with men (white MSM) do not have a need for buddy/companion services, almost all who do identify it as a need that is not fulfilled. Barriers identified include information (62%) and access (27%).

Background about the white MSM population, may help structure services for this population. White MSM survey respondents tend to be older and more highly educated than those in the total survey sample. More than 60% have at least some college education. Nevertheless, almost two-thirds are unemployed with incomes of less than $15,000 per year.

- Fifty-seven percent of white MSM were diagnosed before 1995, and three-quarters are receiving HIV medical care. More than half suffer from a mental health condition.

In addition, to buddy/companion services, white MSM need other services that focus on relationships including psychosocial support and support groups. For support groups, approximately one-third report a need that has been easily fulfilled, one-third have a need that has not been met and one-third report no need. For psychosocial support percentages are similar, with 29% reporting a need that is easily fulfilled, 8% report a fulfilled need but the service is hard to get, 27% report an unfilled need, and 35% report no need. Barriers for both are similar to those for buddy/companion services.

CASE MANAGEMENT

HRSA DEFINITION

A range of client-centered services that link clients with health care, psychosocial and other services. Ensures timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Also includes inpatient case management services that prevent unnecessary hospitalization or that expedite discharge from an inpatient facility. Key activities include: (1) initial assessment of service needs, (2) development of a comprehensive, individualized service plan, (3) coordination of services required to implement the plan and client monitoring to assess the efficacy of the plan, and (4) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. May include client-specific advocacy and/or review of utilization of services. *(HRSA cites this as a core service for Title I)*

Case Management includes:

- Community Case Management
- Medical Case Management
- Client Advocacy
- Referral

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 7,264 unduplicated PLWHA received Case Management services across all funding sources. This total represents 46% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 5,766 PLWHA, Title II served 147, the Texas Department of State Health Services (DSHS) served 235, the Texas Commission on Alcohol and Drug Abuse (TCADA) served 419, Medicaid served 27, Medicare served 16 and other funding sources served approximately 582. In addition, approximately 44 PLWHA received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Community Case Management: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=617)	265	42.9%	29	4.7%	145	23.5%	178	28.8%
In-care (n=423)	253	59.8%	26	6.1%	54	12.8%	90	21.3%
Out-of-care (n=194)	12	6.2%	3	1.5%	91	46.9%	88	45.4%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Medical Case Management: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=602)	156	25.9%	16	2.7%	166	27.6%	264	43.9%
In-care (n=410)	144	35.1%	15	3.7%	75	18.3%	176	42.9%
Out-of-care (n=192)	12	6.3%	1	0.5%	91	47.4%	88	45.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Differences exist between in-care and out-of-care consumers needs for community and medical case management and their perceptions of whether that need can be easily met.[7]

- In-care consumers generally recognize their need for community case management and are easily having that need met, with nearly 60% reporting their need for (community) case management services is easily met.
- These consumers identify a lesser level of need for medical case management, with 43% reporting “no need” for this service. Among those with a need, however, 61% are having it easily met.
- More than 45% of out-of-care consumers specify no need for either community or medical case management services; among those with need, 85% perceive the need is not being met.

[7] It should be noted consumers had difficulty differentiating between community and medical case management. They reported that they had a “case manager,” but many did not know if this was a community or medical care manager.

Community Case Management: Barriers to Care‡

	Information		Service		Personal		Access	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total (n=602)	156	25.9%	16	2.7%	166	27.6%	264	43.9%
In-care (n=410)	144	35.1%	15	3.7%	75	18.3%	176	42.9%
Out-of-care (n=192)	12	6.3%	1	0.5%	91	47.4%	88	45.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Medical Case Management: Barriers to Care‡

	Information		Service		Personal		Access	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total (n=238)	131	55.0%	19	7.9%	26	10.9%	62	26.1%
In-care (n=118)	58	49.2%	15	12.7%	8	6.8%	37	31.4%
Out-of-care (n=120)	73	60.8%	4	3.3%	18	15.0%	25	20.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service barrier definitions can be found on page III-1.

Barriers to medical and community case management services are similar, with information the most frequently cited in both cases. Information is followed by access.

- A larger percentage of out-of-care consumers consider information about case management services a barrier than in-care consumers.
- A larger percentage of in-care consumers consider access as a barrier when compared to out-of-care consumers.

Community Case Management: Gaps Analysis‡

a. **Total Projected Need in EMA/HSDA (n)** Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**11,164** Need Service
b. **Total Projected Need that is Met (n)** Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**7,476** Need is Met
c. **PLWHA Treated by Provider Survey Respondents (n)** Total reported clients from provider survey respondents	**2,497** Clients
d. **Percent of Need Being Met by Provider Survey Respondents (%)** Provider survey clients divided by total whose need is met (row c/row b)	**33%**
e. **Potential Additional Clients Whose Need not Being Met (n)** Difference between total projected need and total projected need that is met (row a - row b)	**3,688** Need Service Not Getting It
f. **Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service** Current provider expansion required to completely meet need (row e/row b)	**49%**

Medical Case Management: Gaps Analysis‡

a. **Total Projected Need in EMA/HSDA (n)** Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**8,809** Need Service
b. **Total Projected Need that is Met (n)** Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**4,438** Need is Met
c. **PLWHA Treated by Provider Survey Respondents (n)** Total reported clients from provider survey respondents	**1,227** Clients
d. **Percent of Need Being Met by Provider Survey Respondents (%)** Provider survey clients divided by total whose need is met (row c/row b)	**28%**
e. **Potential Additional Clients Whose Need not Being Met (n)** Difference between total projected need and total projected need that is met (row a - row b)	**4,371** Need Service Not Getting It
f. **Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service** Current provider expansion required to completely meet need (row e/row b)	**99%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Ten provider survey respondents report offering community and/or medical case management. Six organizations offer both. This is 45% of case management providers identified in the Blue Book.

It should be noted that eight of those case management providers participate in the HIV Case Management System (HIVCMS). For those eight, their case managers receive special training and are held to a specific standard of care. Because of their

formal relationship with the rest of the HIV-specific funded care system, these case managers are given the authority to link consumers with specific Ryan White/DSHS funded services, such as food pantries, annual bus passes and van services. Case managers not participating in the HIVCMS cannot directly access these types of services for their consumers.

Two-thirds of consumers needing community case management are having that need met. Projected to the population of PLWHA living in the HSDA, nearly 7,500 people have community case management needs fulfilled while approximately 3,700 do not have fulfilled needs. In order to completely fulfill this need, all community case management providers would need to increase capacity by nearly 50%.

Medical case management is not needed by as many PLWHA, but these needs are only about 50% fulfilled. Medical case management providers will need to nearly double capacity in order completely fulfill the need of all those potentially needing this service.

Five provider survey respondents offering community case management and two providing medical case management report they are at full capacity and cannot accommodate additional consumers with the current level of resources (i.e., personnel, facilities, etc.) Two community case management agencies report the ability to accommodate a total of 90 additional consumers and one medical case management agency can serve 70 more PLWHA needing this service.

FOCUS GROUP RESULTS

Many focus group participants, across all population groups, feel their case managers provide excellent and much needed services. Consumers' needs for case management services change throughout the course of their illnesses.

- PLWHA who have been diagnosed for longer periods of time may use their case managers as "safety nets," appreciating that they are available if needed.
- Case management is considered an essential service for newly diagnosed PLWHA who are unfamiliar with the care system and the services provided. The case management relationship is considered critical in linking the newly diagnosed into the care system. Case managers are considered not only educators, but also critical, compassionate relationships for newly diagnosed. Effective case management relationships can reduce barriers and enhance access to care for these consumers.
- Case management supervisors discussed the challenges of supporting consumers through varying levels of acuity for case management services.

Criticisms of case managers centered on perceived knowledge level, perceptions that case managers are unwilling to help and overuse of the Houston Area HIV/AIDS Re-

source Directory, more commonly known as the Blue Book, in lieu of assisting their consumers.

- Consumers in almost every group discussed perceptions that case managers are not knowledgeable, available and/or helpful. These consumers suggest that case managers could reduce barriers to service access, but feel this is not being done.
- A recurring negative theme was the emphasis case managers place on the Blue Book, with consumers feeling case managers are not "doing their jobs" but simply handing out the book.
- Case management supervisors discussed "empowering" consumers. A fine line exists between empowerment and consumer perceptions that case managers are "not doing their jobs."
- Some consumers in each focus group had very strong negative feelings about the effectiveness of their experiences with case management and advocated reduced funding levels.

Latinos described difficulty navigating the system with the Blue Book, feeling they need bilingual case managers to make the calls and connections with English-speaking agencies. Spanish-speaking case managers discussed the additional burden they confront in verbal translation and reviewing forms completed by Spanish-speaking consumers.

Case management supervisors discussed ongoing frustration with the level of required paperwork. They feel that paperwork has a significant negative impact on the time available to spend with consumers.

SPECIAL POPULATIONS

Case management is an essential service that must be accessible and customized to all populations. In order to be effective, case managers must understand and be able to relate to consumers.

Populations with the greatest need for community case management include the homeless, consumers with mental health conditions and rural residents. Those with the largest percentage reporting that their need for community case management is not being met include youth, recently released and homeless.

Findings are similar for medical case management, but the need for the service is generally not as great. The populations with the largest percentages of respondents reporting their medical case management needs are not being met include youth, recently released and white MSM.

RECENTLY RELEASED

Seventeen percent of the survey sample report being in jail or prison during the past year. Recently released PLWHA demonstrate a range of circumstances, barriers to care and co-morbid conditions that result in complex situations that benefit from case management support.

- Although the majority of recently released were African-American/non-Hispanic, the percentages of respondents that were Latino (15.2%) or white (21.4%) were noteworthy. In addition, 60% of recently released were male.
- Recently released respondents tended to be somewhat younger than the total sample. This population was very low income. Nearly 40% did not have a high school diploma. Eighty-two percent were not working, and over 87% earned less than $10,000 annually.
- Among recently released respondents, 42% were out-of-care, compared to 31% of the total sample.
- Drug involvement was commonly identified. More than forty percent (41%) said they had a history of IV drug use and 64% said they used street drugs. The most frequent reason for being out-of-care was active drug use, with 33% of out-of-care recently released providing that answer.
- Homelessness was mentioned by 21% of recently released respondents, compared to 10% of the total sample.
- Recently released respondents suffered from a wide variety of co-morbid conditions including STIs, hepatitis, TB, mental health conditions and pneumonia. Hepatitis (A, B or C) was identified by 23%.
- Identified barriers for both community and medical case management were approximately 45% informational, 35% access and 14% personal.

CLIENT ADVOCACY

Local Service Definition: The provision of advice and assistance obtaining medical, social, community, legal, financial, and other needed services. Advocacy does not involve coordination and follow-up on medical treatments, as case management does.

2003 SERVICE UTILIZATION

Client Advocacy is not tracked as an individual service, therefore no data is available.

Client Advocacy: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=612)	46	7.5%	13	2.1%	132	21.6%	421	68.8%
In-care (n=414)	43	10.4%	12	2.9%	63	15.2%	296	71.5%
Out-of-care (n=198)	3	1.5%	1	0.5%	69	34.9%	125	63.1%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Client Advocacy: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=174)	103	59.2%	12	6.9%	22	12.6%	37	21.3%
In-care (n=85)	48	56.5%	10	11.8%	4	4.7%	23	27.1%
Out-of-care (n=89)	55	61.8%	2	2.3%	18	20.2%	14	15.7%
Note: Percentages based upon total responses. Does not include missing values & NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Advocacy services are not widely needed by PLWHA responding to the consumer survey, with more than two-thirds reporting no need for this service. This includes 72% of in-care consumers reporting no need for advocacy services.

- Among in-care consumers needing advocacy services, approximately half are having their needs met and half are not. Almost all PLWHA outside the care system report their needs are not being met.
- In-care consumers identify informational (57%) and access (27%) barriers to advocacy services. Out-of-care also identify informational barriers (62%) but they have more personal barriers (20%) than access barriers (16%).

Client Advocacy: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**4,898** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**1513** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**26** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**2%**
e. Potential Additional Clients **Whose Need not Being Met (n)** Difference between total projected need and total projected need that is met (row a - row b)	**3,385** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**224%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

PLWHA client advocacy services are offered by five (5) provider survey respondents. This is 83.3% of the 6 client advocacy providers identified in the Blue Book.

- Less than one-third of PLWHA have a projected need for client advocacy services, but only 30% of these consumers are having their needs met. Provider survey respondents report very few advocacy clients.
- One client advocacy provider, currently providing the service to 26 clients, reports the ability to serve 100 additional clients with current resources.

FOCUS GROUP RESULTS

Consumer focus group participants did not discuss advocacy service needs directly, but participant comments relating to their inability to directly voice concerns and complaints about providers could be addressed with advocacy services.

- Reluctance to complain due to fear of reprisals, including harassment and eviction from housing, was discussed.
- Latino men specifically stated that a *defender of rights* is needed. This was defined as *someone who takes your complaints and tries to resolve them.*

SPECIAL POPULATIONS

Specific populations identifying advocacy as a need that is not being met include: recently released (33.0%), youth (30.8%), white MSM (28.9%) and IDU (25.5%).

REFERRAL

The consumer survey asked about "referral" and two definitions were provided. The provider survey asked about "referral to health."

REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made formally from one clinical provider to another, within the case management system by professional case managers, informally through support staff, or as part of an outreach program.

2003 SERVICE UTILIZATION

Referral is not tracked as an individual service, therefore no data is available.

Referral: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=563)	149	26.5%	35	6.2%	135	24.0%	244	43.3%
In-care (n=394)	142	36.0%	27	6.9%	54	13.7%	171	43.4%
Out-of-care (n=169)	7	4.1%	8	4.7%	81	47.9%	73	43.2%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

Referral: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=218)	133	61.0%	12	5.5%	24	11.0%	49	22.5%
In-care (n=105)	61	58.1%	7	6.7%	9	8.6%	28	26.6%
Out-of-care (n=113)	72	63.7%	5	4.4%	15	13.3%	21	18.6%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

Referral

CONSUMER SURVEY RESULTS

Referrals are not needed by 45% of consumer survey respondents. Those in the care system easily obtain referrals, 71% with a need report it is easily met. Over one-quarter of in-care consumers report their need for referrals is not being met. Out-of-care PLWHA needing referrals are generally not getting them, with 87% of those with a need reporting it is not being met. Informational barriers were most common, cited by more than 60% of respondents. This is followed by access barriers, identified by 23% of respondents.

Referral: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**8,890** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**5,128** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**52** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**1%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**3,762** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**73%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

All seven agencies identified as referral service providers in the Blue Book completed the provider survey. These respondents provide “referral to health services.”

The gap analysis reveals 5,128 PLWHA are having their needs for referral services met, while 3,762 are not having these needs met. In order to completely meet the need, all providers need to expand capacity by approximately three-quarters of their current capacity.

One referral service provider serving 20 clients in 2003 reports capacity to accommodate 20 additional clients with the current level of resources.

SPECIAL POPULATIONS

Recently released PLWHA have the greatest need for referral services, with over 40% of recently released respondents citing it. Informational barriers and access barriers are the most common among all subpopulations.

RECOMMENDATIONS

- Empowering consumers is being emphasized at the policy level by HRSA as well as at the local level. Case managers need to understand the subtleties of empowerment and have effective tools to explain expectations to consumers.
- A fine line exists between empowering consumers and consumer perceptions that case managers are "not doing their jobs." The difference between empowerment and advocacy and how to assess for the need for each approach with the consumer should be included in the training for case managers.
- Develop case management guidelines for supporting consumers though the first year of diagnosis.
- Increase utilization of case managers who specialize in meeting the needs of PLWHA who are recently released from jail/prison. As necessary, expand this case management category.
- Evaluate the effectiveness of case managers targeting services for youth. Consider the need to expand availability.
- Filing grievances at providers can be uncomfortable for PLWHA, particularly when they must return to the provider for care. Client advocacy can facilitate resolving differences and increase client satisfaction. Evaluate the effectiveness of the grievance processes in place at HIV-specific agencies.
- Referral services can serve as resources for PLWHA who are self-empowered and do not regularly use case management services. Ensure case managers are familiar with referral services so they may provide this information to consumers who are ready to be more self-sufficient.

CHILDCARE SERVICES

HRSA DEFINITION

The provision of care for the children of clients who are HIV-positive while the clients are attending medical or other appointments or attending Title-related meetings, groups, or training.

NOTE: This does not include daycare while client is at work.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 185 unduplicated PLWHA received Childcare Services across all funding sources. This total represents 1% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 95 PLWHA and the Texas Department of State Health Services (DSHS) served 75. In addition, approximately 13 PLWHA received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Childcare: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=605)	26	4.3%	6	1.0%	82	13.6%	491	81.2%
In-care (n=409)	22	5.4%	6	1.5%	35	8.6%	346	84.6%
Out-of-care (n=196)	4	2.0%	0	0.0%	47	24.0%	145	74.0%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Childcare: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=124)	73	58.9%	6	4.8%	18	14.5%	27	21.8%
In-care (n=57)	34	59.6%	4	7.0%	6	10.5%	13	22.8%
Out-of-care (n=67)	39	58.2%	2	3.0%	12	17.9%	14	20.9%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Although 381 (59%) consumer survey respondents report having children, childcare services are among the least needed services. More than 80% of consumer survey respondents report "no need" for this service. Nearly 85% of in-care consumers do not need childcare services, and 74% of out-of-care consumers do not need it.

Childcare

Among both in-care and out-of-care consumers with childcare needs, more report that the need is not being met than report having the need fulfilled. Reported barriers are similar for both in-care and out-of-care consumers with nearly 60% of respondents identifying informational barriers, 22% identifying access barriers and 15% identifying personal barriers to childcare services.

- Consumer survey respondents were asked if "no help in taking care of my children keeps you from getting needed HIV medical care." A total of 21, or 2% of the sample, responded positively. Of these, 17 (80%) were women.
- An indicator of the need for childcare services is reflected in the fact that among consumer survey respondents with children, the number of children is proportional to the percentage out-of-care. The more children a PLWHA has, the more likely he/she is to be outside the medical care system.

Childcare: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**3,060** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**830** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**314** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**38%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**2,230** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**269%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Six provider survey respondents offer childcare services. This is 100% of childcare providers identified in the Blue Book.

Although the need for childcare is not large relative to other services, more than 2,000 clients are projected to need the service that are not currently receiving it. Service system capacity would need to increase by more than 250% in order to completely meet this need.

One childcare provider reports that the agency is unable to expand service capacity with the current level of resources. No other respondents provided information on current capacity.

FOCUS GROUP RESULTS

Consumer focus group participants did not identify childcare as a need, but case management supervisors did. They mentioned that childcare is well utilized at clinics that currently provide it, and attempts are being made to offer childcare at other primary care sites.

SPECIAL POPULATIONS

WOMEN

Women have the greatest need for childcare services, with one-third of women respondents citing this need. Of those with a need, approximately one-third report the service is easy to get. While informational barriers are common among women, they report a higher percentage of access barriers than other populations.

RECOMMENDATIONS

- As the number of female PLWHA increases, the demand for childcare services at medical care providers may grow. In order to facilitate access to medical care, childcare should be available at HIV medical care providers. Maintain childcare funding for well-utilized service providers. Evaluate the need to provide childcare services at additional primary care providers serving large numbers of women.

- Evaluate the need to expand childcare services during summer and school vacations to accommodate larger numbers of young, school-age children.

- Evaluate childcare options to encourage PWLHA with multiple children to access HIV medical care.

DAY OR RESPITE CARE

HRSA DEFINITION

The provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 396 unduplicated PLWHA received Adult Day Care services across all funding sources. This total represents 3% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 53 PLWHA, Title II served 59. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Day or Respite Care: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=613)	32	5.2%	7	1.1%	99	16.1%	475	77.1%
In-care (n=416)	30	7.2%	7	1.7%	43	10.3%	336	80.8%
Out-of-care (n=197)	2	1.0%	0	0.0%	56	28.4%	139	70.6%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Day or Respite Care: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=135)	82	60.7%	7	5.2%	24	17.8%	22	16.3%
In-care (n=55)	33	60.0%	6	10.9%	4	7.3%	12	21.8%
Out-of-care (n=80)	49	61.3%	1	1.3%	20	25.0%	10	12.5%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Day/respite care is not a widely needed service, with 23% of consumer survey respondents identifying a need.† Out-of-care consumers have a greater need for the service than in-care. Almost all of the out-of-care needing the service report an unfulfilled need. Less than half of in-care consumers with a need for day/respite care are having that need met.

Informational barriers to care are the most frequent reported. In-care consumers identify access barriers and out-of-care consumers identify personal barriers to using day/respite care.

† Interpretation of data for Hospice, Home Health Care and Adult Day Care is limited by the fact that the population surveyed was primarily ambulatory and relatively healthy.

Day or Respite Care: Gaps Analysis[‡]

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**3,532** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**998** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**63** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**6.3%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**2,534** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**254%**

[‡] General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Five agencies providing day/respite care responded to the provider survey, representing half of those listed in the Blue Book.

- Although day/respite care is not a widely needed service, only 28% of the projected total need for the service is being met. The result is that over 2,500 PLWHA need the service and are not getting it. In order to fulfill this need, provider capacity will have to increase significantly.

- One agency reporting utilization and capacity on the provider survey can accommodate 17 additional day/respite consumers with current resources.

SPECIAL POPULATIONS

Although numbers are generally small, the following populations report the greatest unfulfilled need for day/respite care services: youth (33%), rural PLWHA (23%), recently released (21%) and white MSM (20%).

RECOMMENDATIONS

- The consumer survey identifies an unfulfilled consumer need for day/respite services, but available capacity is not fully utilized. Identify reasons for this discrepancy. Consider hours of operation, service location or the need for population-specific services.

- Identify additional community day/respite care agencies and provide this information to case managers and others who make referrals to this service.

DRUG REIMBURSEMENT

HRSA DEFINITION

An ongoing service/program to pay for approved pharmaceuticals and/or medications for persons with no other payment source. The program may either be State-ADAP or Local/Consortium Drug Reimbursement Program. *(HRSA cites this as a core service for Title I)*

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 3,453 unduplicated PLWHA received Drug Reimbursement services across all funding sources. This total represents 22% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA. Please note that COMPIS lists this category as “Drug Dispensed.” State ADAP reports 3,662 HSDA clients were enrolled during 2003. It should be noted that a person can receive both local drug reimbursement and ADAP during the course of a year.

Within each funding source, Title I served 2,809 PLWHA and Title II served 1,355. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

CONSUMER SURVEY RESULTS

In-care consumers report taking the following medications:

Do you take any of the following medications?	
	In- Care*
Antiretrovirals/protease inhibitors	304
Antibiotics	131
Antifungal	51
Steroids	34
Antidepressants	142
Herbal treatments	27
Nutritional Supplements	104
Other	27

*For all medications, out-of-care responses range between 0 and 4 with the exception of nutritional supplements, which 8 respondents identified.

Despite the fact that medications are widely used, with 343 in-care consumer survey respondents reporting taking HIV/AIDS medications, survey results demonstrated possible misunderstandings about drug reimbursement services. Payer sources for medication included:

Medication Payers		
	#	%
Local drug assistance program	44	12.8%
State drug assistance program (TDH/ADAP)	196	57.1%
Private insurance	17	5.0%
Medicaid	112	32.7%
Medicare	3	0.9%
Thomas Street Clinic	7	2.0%
Veterans Administration	13	3.8%
Other	4	1.2%

Although many are using local drug reimbursement and State-ADAP to pay for their medications, the number expressing a need for drug reimbursement services was very small, with only 231 consumers identifying a need. This is 35% of the survey sample. Of those with a need, 145 were in-care consumers and 86 were out-of-care. Furthermore, among in-care consumers with a need, 57% reported the need is not being met, and among out-of-care consumers, 94% stated the need is not met.

Consumers taking non-HIV medication indicated some difficulty paying for them. This includes 44% of in-care consumers and 37% of out-of-care consumers taking these medications.

If you are taking non-HIV medications, do you have difficulties paying for them?

	In-care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	157	43.7%	22	37.3%	179	42.8%
No	202	56.3%	37	62.7%	239	57.2%
Total	359	100.0%	59	100.0%	418	100.0%

Information about drug reimbursement services is needed. This service had the third highest percentage of informational barriers to care. This included two-thirds of out-of-care consumers and 60% of in-care consumers reporting informational barriers to access drug reimbursement services.

PROVIDER INVENTORY

Six agencies report providing medication and/or local drug reimbursement, the two provider inventory subcategories of drug reimbursement services. This is 50% of the 12 Blue Book providers in these categories.

One large local drug reimbursement provider reports the ability to accommodate 500 additional clients with current resources.

FOCUS GROUP RESULTS

In most cases, consumers feel that HIV medications and antiretrovirals are accessible, but both consumers and case management supervisors discussed limited access to non-HIV medications due to limited third party payment for them. This was the service need case managers identified and discussed first, demonstrating its top-of-mind importance. Consumers confirmed their comments, stating that they often cannot afford non-HIV medications.

Under some insurance plans, consumers must pay for the entire cost of both HIV and non-HIV medications. In other cases, consumers have co-payments, and even these can be cost prohibitive.

- Reportedly, Medicaid limits prescriptions to three per month, and Medicare does not pay for prescriptions. During some of the focus groups, consumers reported discontinuing antiretrovirals due to the cost which can be more than $1,000 per month. Providers report that Medicaid HMO provides unlimited medications, indicating another consumer information gap.
- In both the Latino and African-American men's groups, focus group participants discussed missing medication doses because they did not have money for the co-payment.

In addition, case management supervisors report the cost of HIV medication is a barrier to returning to the workforce.

OTHER RESOURCES

Recent studies among the general population found that doubling drug co-payment from $10 to $20 triggered substantial cutbacks in the use of important prescription drugs.[8]

SPECIAL POPULATIONS

Populations with the greatest unmet need for drug reimbursement services include: youth, white MSM, homeless (33%), other substance users (33%). In some cases, sample sizes are relatively small.

[8] Goldman, Dana P. et al. "Pharmacy Benefits and the Use of Drugs by the Chronically Ill." JAMA. Vol 291, No. 19 (May 12, 2004).

RECOMMENDATIONS

- Expand the message about the availability of drug reimbursement throughout the PLWHA community.
    - Require drug reimbursement providers to develop and implement plans to disseminate information on the availability of drug reimbursement. Activities should target both providers and consumers.
    - Ideally information should be integrated from all drug reimbursement funding sources and providers in order to reduce duplication.
    - Information should be targeted to consumers in the special populations. It should also be available in both English and Spanish.

- In the short term, maintain or slightly increase funding for drug reimbursement with the goal of using all current capacity. Consider the long term need to expand drug reimbursement funding as information is disseminated and PLWHA enter the medical care system.

- Options to increase drug reimbursement funding for both HIV and non-HIV medication should be evaluated. This includes, but is not limited to, reimbursement for non-HIV medication and reimbursement for co-payments and payments to augment insurance that does not adequately cover HIV medication.

EARLY INTERVENTION SERVICES

HRSA DEFINITION

A combination of services that include outreach, HIV counseling, testing, referral and provision of outpatient medical care and supportive services designed and coordinated to bring individuals with HIV disease into the local HIV continuum of care.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 8 unduplicated PLWHA received Title I-funded Early Intervention Services. This total represents less than 1% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Early Intervention Services: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=606)	52	8.6%	6	1.0%	123	20.3%	425	70.1%
In-care (n=408)	49	12.0%	5	1.2%	44	10.8%	310	76.0%
Out-of-care (n=198)	3	1.5%	1	0.5%	79	39.9%	115	58.1%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

Early Intervention Services: Barriers to Care‡

Population	Information		Service		Personal		Access	
	#	%	#	%	#	%	#	%
Total (n=168)	94	56.8%	14	8.3%	25	14.9%	35	20.7%
In-care (n=71)	42	59.2%	10	14.1%	4	5.6%	15	21.1%
Out-of-care (n=97)	52	53.6%	4	4.1%	21	21.6%	20	20.6%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Early Intervention Services

Appropriately, more than three-quarters of in-care consumer survey respondents do not have a need for early intervention services (EIS) since this service focuses on linkage to care post-HIV diagnosis. Fifty-five percent of PLWHA needing EIS report having that need fulfilled.

The fact that 58% of out-of-care PLWHA do not report a need for EIS points to the difficulty in moving this population into the care system.

- Almost all out-of-care PLWHA needing EIS are not having this need met.
- Out-of-care consumers report informational (54%), personal (22%) and access barriers (21%).

The consumer survey asked questions about initial HIV diagnosis, referrals made and movement into the care system. Results demonstrate that moving newly diagnosed PLWHA into medical care immediately after diagnosis is a critical first step to maintaining PLWHA in the system of care. Specifics include:

- Nearly 60% of in-care consumer survey respondents received medical care immediately after diagnosis, compared to 12% of out-of-care.
- More than 70% of out-of-care PLWHA report that since being diagnosed, they have never received medical care for HIV.
- Among those who delayed care, the most common reason was that the person was feeling well and did not think care was needed.

- Comparing in-care and out-of-care consumers, larger percentages of in-care consumers were diagnosed with HIV in the hospital or ER and during doctors visits, while larger percentages of out-of-care were diagnosed in jail/prison or when donating blood.

Early Intervention Services: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**4,686** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**1,502** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**1,101** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**73%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**3,184** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**212%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Although the Blue Book only identified two EIS providers, seven survey respondents report offering this service.

Provider survey respondents delivered EIS services to nearly three-quarters of those receiving the service in 2003. Consumers whose need is being met comprise approximately one-third of these needing the service.

Only one agency responding to the provider survey reported on current capacity. This agency provided EIS to 170 PLWHA in 2003, and they cannot accommodate more consumers with the current level of resources (staff, facilities, etc).

FOCUS GROUP RESULTS

In each of the focus groups, a portion of the discussion centered on consumers' experiences at diagnosis and suggestions to more effectively link newly diagnosed to the care system. One or more people in every group discussed the denial, depression and bingeing on drugs and alcohol they experienced after diagnosis. In addition, discussions of suicidal thoughts and tendencies were common among some consumers in most groups. Although some discussing these experiences were long-term survivors, others were very recently diagnosed.

When asked what could have been done to link them with the care system sooner or more effectively, two suggestions were common: (1) education, and (2) providing mental health therapy and counseling when results are given. Those who feel they received adequate information and referral to a therapist when necessary had more positive experiences and linked to the care system sooner. Although they were depressed, they began treatment and worked through their concerns.

Education was identified as a means to make the newly diagnosed more accepting of the disease and willing to seek care. It was stated that this education could be initially conducted one-on-one with classes also available.

- The sensitivity displayed by the post-test counselor directly influences a newly diagnosed PLWHAs reaction to the diagnosis. A consumer key informant who delayed care discussed the insensitive manner that her diagnosis was communicated to her. A female focus group participant, who was tested as part of obstetrical care, learned of her status via telephone, was accused of being an IV drug user and never went back for OB care.

Other concerns discussed include: disclosure in the workplace, losing health insurance benefits, rejection from family members, and limited service providers willing to accept immigrants without documentation, causing them to delay both diagnosis and care.

Possible interventions suggested included:

- Expand free lab testing programs that allow newly diagnosed to access the care system without using their insurance.
- Limited appointments or "no wait" appointments to reduce time missed at the workplace.
- Support from other sources including peer advocates/volunteers.
- Additional services that are willing to accept immigrants without documentation or other avenues to obtain documentation.

SPECIAL POPULATIONS

Youth (37%), recently released (34%) and African-Americans (27%) have both the greatest need and the largest percentages with their need not being met.

- Although the numbers are small, youth report both informational (44%) and personal (35%) barriers to EIS services.
- Recently released report informational (51%) and access (28%) barriers.
- African-Americans also report informational barriers (52%) and access barriers (23%).

RECOMMENDATIONS

Moving newly diagnosed PLWHA into medical care immediately after diagnosis is the critical first step to maintaining PLWHA in the system of care. Effective post-test counseling and linkage to care is essential.

- Evaluate effectiveness of current counseling and testing systems in moving newly diagnosed into care.

- Continue to expand linkages between jail/prison and the community care system in order to effectively transition recently released into care.

- Fund model programs designed to enhance linkages to care. These models may be population specific and should be based upon successes experienced regionally or nationally.

- When possible, incorporate mental health therapy and counseling and substance abuse treatment into model programs, evaluating the effectiveness of these referrals in moving newly diagnosed into care.

- Evaluate educational programs and materials available to newly diagnosed, improving as necessary. Ensure that materials target specific populations.

- Educate counseling and testing providers about the value of mental health therapy/counseling referrals as part of post-test counseling for newly diagnosed PLWHA.

EMERGENCY FINANCIAL ASSISTANCE

HRSA DEFINITION

The provision of short-term payment for essential utilities and for medication assistance when other resources are not available. In-Home Support is the provision of vouchers to provide in-home support services for HIV/AIDS infected individuals, which must include, but are not limited to, the performance of household and personal tasks.

Emergency Financial Assistance includes:

- Household Items
- In-Home Support
- Utility Assistance

The consumer survey asked about each of these services separately, but the provider inventory only asked about "emergency financial services."

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 2,161 unduplicated PLWHA received Emergency Financial Assistance services across all funding sources. This total represents 14% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 1,629 PLWHA and Title II served 340. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Emergency financial assistance is a widely needed service. On the consumer survey, 60% identified a need for both household items and utility assistance and 40% identified a need for in-home support. The only survey question allowing a written answer was "Please list or describe any service you need that is not available." A total of 23 consumers specifically identified utility assistance and nine identified "emergency financial assistance." Written responses demonstrate the importance of these services to respondents and can be considered top-of-mind needs.

Household Items: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=614)	88	14.3%	29	4.7%	248	40.4%	249	40.6%
In-care (n=418)	85	20.3%	25	6.0%	129	30.9%	179	42.8%
Out-of-care (n=196)	3	1.5%	4	2.0%	119	60.7%	70	35.7%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Household Items: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=299)	161	53.8%	30	10.0%	22	7.4%	86	28.8%
In-care (n=159)	88	55.3%	17	10.7%	8	5.0%	46	28.9%
Out-of-care (n=140)	73	52.1%	13	9.3%	14	10.0%	40	28.6%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

Household Items

CONSUMER SURVEY RESULTS

HOUSEHOLD ITEMS

Sixty percent of consumer survey respondents report a need for household items. This includes 57% of in-care consumers and 64% of out-of-care consumers.

- Among in-care consumers with a need, nearly half report it is being met, but almost all out-of-care report they are unable to access it.
- Household items are among the top five unfulfilled service needs for both the total sample and in-care consumers.

Barriers to care are similar for both in-care and out-of-care with approximately 55% identifying informational barriers and 30% identifying access barriers

In-Home Support: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=601)	55	9.2%	17	2.8%	167	27.8%	362	60.2%
In-care (n=410)	49	12.0%	15	3.7%	84	20.5%	262	63.9%
Out-of-care (n=191)	6	3.1%	2	1.0%	83	43.5%	100	52.4%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

In-Home Support: Barriers to Care‡

Population	Information		Service		Personal		Access	
	#	%	#	%	#	%	#	%
Total (n=215)	117	54.4%	19	8.8%	20	9.3%	59	27.4%
In-care (n=112)	60	53.6%	12	10.7%	7	6.3%	33	29.5%
Out-of-care (n=103)	57	55.3%	7	6.8%	13	12.6%	26	25.2%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

IN-HOME SUPPORT

Of the emergency financial assistance services, in-home support has the lowest level of need, with 40% of PLWHA respondents identifying a need.

- Among the in-care needing in-home support, two-thirds report it is hard to get or they are unable to get it.
- Among the out-of-care needing the service, nearly 95% are unable to get it.
- Barriers to accessing in-home support are similar to those for household items, with the majority identifying informational barriers followed by access barriers.

Utility Assistance: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=613)	74	12.1%	45	7.3%	259	42.3%	235	38.3%
In-care (n=419)	68	16.2%	44	10.5%	137	32.7%	170	40.6%
Out-of-care (n=194)	6	3.1%	1	0.5%	122	62.9%	65	33.5%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Utility Assistance: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=321)	166	51.9%	39	12.2%	21	6.3%	95	29.7%
In-care (n=172)	88	51.2%	23	13.4%	6	3.5%	55	32.0%
Out-of-care (n=149)	78	52.3%	16	10.7%	15	10.1%	40	26.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

UTILITY ASSISTANCE

More than 60% of consumer survey respondents report a need for utility assistance, including 59% of in-care PLWHA and two-thirds of those out-of-care.

- Of those with a need, three-quarters of the in-care and almost all out-of-care consider utility assistance hard to get or they are unable to get it.
- Informational (52%), access (30%) and service barriers (12%) restrict service use.

Utility assistance is among the top five unfulfilled needs for the total sample and for in-care consumers.

Emergency Financial Assistance: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies unduplicated total need for household items and utility assistance from the consumer survey to the 15,690 Houston-area PLWHA. If consumer identified multiple needs, he/she is counted once. [(Total – No Need) ∗ 15,690/Total]	**10,571** Need Service
b. Total Projected Need that is Met (n) Applies unduplicated need met easily and hard for household items and utility assistance from consumer survey to the 15,690 Houston-area PLWHA. If multiple needs not met, consumer counted once. [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**4,665** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**1,477** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**32%**
e. Potential Additional Clients **Whose Need not Being Met (n)** Difference between total projected need and total projected need that is met (row a – row b)	**5,906** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Svc Current provider expansion required to completely meet need (row e/row b)	**127%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Ten provider survey respondents offer emergency financial assistance. This is 26% of the emergency financial assistance providers identified in the Blue Book.

Projecting consumer survey results to the population of PLWHA in the HSDA, over 10,500 consumers need emergency financial assistance, and less than half are having this need met. Nearly 6,000 PLWHA need the service and are not having that need met. In order to fully meet this need, system capacity would need to increase by over 125%.

Three of the agencies responding to the provider survey reported available capacity to accommodate additional patients with the current level of resources. Two of these can only provide emergency financial assistance for a few additional consumers, and the larger provider could not estimate the number that might be served. A provider serving nearly 1,200 consumers in 2003 stated, “due to reduction of this Title I category, no new consumers can be served.”

FOCUS GROUP RESULTS

Overall, consumer focus group discussions identified some emergency financial assistance needs, but both consumers and case management supervisors made the point that services are available in community. The difficulty, however, is that services are not centralized, requiring consumers to access services at multiple agencies. Consumers must know where to go, when to go and required documentation in order to access the services they need. This presents both consumer and case management challenges.

SPECIAL POPULATIONS

Across the three emergency financial assistance services on the consumer survey, the populations with the greatest need for these services and whose needs are not being met are similar—youth, recently released, homeless and white MSM. Barriers to the three emergency financial assistance services are similar for youth and recently released. They are equally divided between informational and access barriers. Both white MSM and homeless have larger percentages reporting informational barriers.

Utility assistance is among the top five unfulfilled needs for homeless PLWHA, recently released, Latinos, MCSM, other substance users, rural residents and women.

The need for household items is among the top five unfulfilled for injecting drug users, other substance users, African-Americans, homeless, recently released, Latinos and PLWHA with mental health conditions.

RECOMMENDATIONS

- The ongoing need for PLWHA emergency financial assistance must be balanced against available community resources. Reducing emergency financial assistance through CARE Act funding may be appropriate if services funded duplicate those provided by other community organizations. In that event, information about these resources should be clearly outlined and provided to both case management agencies and consumers. Needed information includes:
  - Service location;
  - Hours of operation;
  - Expected wait for approval;
  - Bus route access; and
  - Qualification requirements.
- Enhance collaboration and linkage between housing services and HIV services in order to better meet the needs of homeless PLWHA.
- Educate housing providers on how to best serve PLWHA.

FOOD SERVICES

HRSA DEFINITION

The provision of actual food, meals, or nutritional supplements. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item.

Food Services includes:

- Food Bank
- Home Delivered Meals
- Nutritional Supplements

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 4,347 unduplicated PLWHA received Food Pantry Services across all funding sources. This total represents 28% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 2,861 PLWHA, Title II served 456 Medicaid served 2, the Texas Department of State Health Services (DSHS) served 1,654 and other funding sources served approximately 227. In addition, approximately 447 PLWHA received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

FOOD BANK

SERVICE UTILIZATION

CPCDMS data show that during 2003, a total of 1,740 unduplicated PLWHA received Rural and Urban Food Bank services through Title I, II, III, IV or DSHS contracts. An additional 495 PLWHA were reported through COMPIS. This total of 2,235 represents 14% of the reported 15,690 PLWHA living in the Houston EMA/HSDA.

CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

Food Bank: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	**#**	**%.**	**#**	**%.**	**#**	**%**	**#**	**%**
Total (n=613)	188	30.7%	59	9.6%	203	33.3%	163	26.5%
In-care (n=420)	177	42.1%	51	12.1%	85	20.2%	107	25.5%
Out-of-care (n=193)	11	5.7%	8	4.1%	118	61.1%	56	29.0%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Food Bank: Barriers to Care‡

	Information		Service		Personal		Access	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total (n=318)	139	43.7%	33	10.4%	30	9.4%	116	36.5%
In-care (n=172)	65	37.8%	25	14.5%	10	5.8%	72	41.9%
Out-of-care (n=146)	74	50.7%	8	5.5%	20	13.7%	44	30.1%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

Food Bank

CONSUMER SURVEY RESULTS

Food bank is a highly needed service. More than three-quarters of consumer survey respondents report a need for food bank services. This is the sixth greatest consumer need identified on the survey. In large part, however, this need is being met. Forty percent report the need is "easily" met, ranking third among services in met need.

- In-care consumers have their needs met to a much greater extent than those outside the care system. Of the out-of-care needing the service, 14% report that the need is being met, and 86% report an unfulfilled need.

In-care consumers report access barriers to food bank services. For this population, access barriers are followed by informational barriers. Out-of-care consumers have more informational barriers than access barriers.

The consumer survey asked one open-ended question about services that are "needed but not available. Food bank was the second most frequent response, with 47 PLWHA identifying it. It should be noted that open-ended questions identify "top-of-mind" concerns and issues that are particularly important to consumers.

Lack of food impacts consumers' ability to take care of their HIV disease. When asked if not having enough food to eat stops them from taking care their HIV, 15% of consumers responded positively. This includes 13% of in-care consumers and 19% of those outside the medical care system.

Food Bank: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**11,518** Need Service
b. Total Projected Need that is Met (n) Applies need met easily **&** hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**6,322** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**4,082** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**65%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**5,196** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**82%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

The Blue Book identifies 43 agencies with food pantry services. Of these, seven, or 16%, responded to the provider survey. These agencies provide food bank services to more than 4,000 consumers.

More than half of the 11,518 consumers with a need for food bank services have that need met, but more than 5,000 PLWHA are projected to have an unfulfilled need. Nearly 60% of those needing but not getting food bank services are outside the care system. In order to meet the needs of all PLWHA needing the service, system capacity would need to increase by more than 80%.

Two of the four agencies reporting information about available capacity are able to accommodate additional consumers with current resources. Neither of these agencies, however, were able to quantify the number of consumers. One reported "don't know," and the other can accommodate "many" more. Two agencies are not able to accommodate additional consumers.

FOCUS GROUP RESULTS

Consumer focus group participants discussed both their needs for food and perceptions of recent changes in the Houston-Area Ryan White Title I funding for food services.[9] These PLWHA feel that access to food services is being restricted, not only by Ryan White Title I but by other programs. Case management supervisors validate consumers' concerns that food stamps are harder to qualify for.[10] Homeless PLWHA were very concerned about the availability of food.

Consumer focus group participants discussed changes at food pantries. From the discussion, consumers perceive that:

- Availability of food pantry services will be more restrictive.
- Availability of fresh food will also be limited.
- Food vouchers will be more prevalent than canned or fresh food.
- A person may tap multiple agencies during the course of a month, with each offering limited services.
- Access to food pantries will be determined by severity of illness with some comments that people must have an AIDS diagnosis to access Ryan White Title I funded food services.

SPECIAL POPULATIONS

The populations with large percentages of consumer survey respondents who are unable to access food bank services include youth, white MSM and recently released. Food bank is the number one unfulfilled need among youth.

YOUTH

A disproportionate number of youth are outside the medical care system. While youth are only 10% of the total survey sample, nearly 60% are out-of-care. Reasons for remaining out-of-care are varied and range from lack of advice/referral to a refusal to recognize that care is needed.

Contributing to the need for food bank services, youth are generally living below poverty with 55% reporting incomes of less than $5,000 per year and another 18% with incomes in the range of $5,000 to $10,000 per year. More than half are not working and the majority are uninsured.

[9] During weeks prior to the consumer focus groups, Ryan White Title I was re-evaluating funding for food bank services due to changing HRSA priorities.

[10] Applies to recently released who have felony convictions.

RECENTLY RELEASED

Focus group participants report that food stamps are not available to people recently released from incarceration with adjudicated felonies. Therefore, food bank services are important to these PLWHA.

HOME DELIVERED MEALS

2003 SERVICE UTILIZATION

CPCDMS data show that during 2003, a total of 14 unduplicated PLWHA received Title I-funded Home Delivered Meals.

CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

Home Delivered Meals: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=609)	19	3.1%	2	0.3%	176	28.9%	412	67.7%
In-care (n=415)	19	4.6%	2	0.5%	87	21.0%	307	74.0%
Out-of-care (n=194)	0	0.0%	0	0.0%	89	45.9%	105	54.1%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

Home Delivered Meals: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=221)	120	54.3%	18	8.1%	24	10.9%	59	26.7%
In-care (n=103)	57	55.3%	11	10.7%	7	6.8%	28	27.2%
Out-of-care (n=118)	63	53.4%	7	5.9%	17	14.4%	31	26.3%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

‡ Service need and barrier definitions can be found on page III-1.

More than two-thirds of consumer survey respondents report no need for home delivered meals. This includes nearly three-quarters of in-care PLWHA and 54% of those outside the care system.

- Of those needing the service, however, most report the need is not being met. This includes all out-of-care PLWHA and 81% of in-care needing the service.
- The most frequent barrier for this service was lack of information (54%), followed by access/availability (27%).

Home Delivered Meals

Home Delivered Meals: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**5,075** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**541** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**0** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**0%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**4,534** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**838%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

One provider survey respondent offers home delivered meals. The Blue Book identifies two agencies providing this service.

Projecting from the consumer survey, the gap analysis identifies 5,075 consumers needing home delivered meals, and 541 receiving the service. This leaves more than 4,500 consumers needing but not getting this service. In order to fulfill this need, current providers must increase capacity more than eight-fold.

NUTRITIONAL SUPPLEMENTS

2003 SERVICE UTILIZATION

CPCDMS data show that during 2003, a total of 886 unduplicated PLWHA received Nutritional Supplements through Title I, II, III, IV or DSHS contracts. An additional 154 PLWHA were reported through COMPIS. This total of 1,040 represents 7% of the reported 15,690 PLWHA living in the Houston EMA/HSDA.

CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

Nutritional Supplements: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=608)	103	16.9%	18	3.0%	230	37.8%	257	42.3%
In-care (n=414)	98	23.7%	17	4.1%	121	29.2%	178	43.0%
Out-of-care (n=194)	5	2.6%	1	.5%	109	56.2%	79	40.7%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

Nutritional Supplements: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=262)	137	52.3%	23	8.8%	25	9.5%	77	29.4%
In-care (n=126)	63	50.0%	17	13.5%	7	5.6%	39	31.0%
Out-of-care (n=136)	74	54.4%	6	4.4%	18	13.2%	38	27.9%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

‡ Service need and barrier definitions can be found on page III-1.

Nutritional supplements are needed by nearly 60% of consumer survey respondents. Among those needing the service, approximately half of in-care consumers report their needs are being met, and nearly all the out-of-care report their needs are not being met.

- While both in-care and out-of-care identify informational barriers, larger percentages of those in-care identify access and service system barriers while out-of-care identify more personal barriers.

Nutritional Supplements: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**9,058** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**3,123** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**937** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**30%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**5,935** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**190%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Five provider survey respondents offer nutritional supplements. The Blue Book identifies two nutritional supplement providers.

Just over 9,000 PLWHA in the HSDA are projected to need nutritional supplements. Of these, nearly 6,000 are not getting it. In order to completely meet this need, the service system will need to nearly triple capacity.

Three provider survey respondents responded to questions about available service capacity. Of these, two report no additional capacity with current resources, and one small agency, currently serving 30 consumers, is able to accommodate an additional 40 consumers with available resources.

SPECIAL POPULATIONS

Populations with the largest percentage of consumer survey respondents who *do not* need nutritional supplements include rural residents (56%), Latinos (50%) and African-Americans (44%).

Populations with higher reported need for the service generally have larger percentages of PLWHA whose needs are not being met. These include youth, recently released and white MSM.

RECOMMENDATIONS

- Issues of poverty and the need for food services are critical to poor people living with HIV disease. Food services, particularly food bank, is a highly needed service. As Ryan White Title I funding for food bank services is reduced, PLWHA must be informed of available alternatives. Referral information about Houston EMA/HSDA food banks should be compiled for use by both consumers and case managers. Needed information includes:
    - Service location;
    - Hours of operation;
    - Approval process, if any;
    - Qualification requirements; and
    - Bus route access.

- Consider allowing the recently released to access Ryan White Title I funded food pantries for a limited time post-release. When accessed, these food banks may provide important linkages to the care system.

- Nutritional supplements are excellent sources of vitamins, mineral and calories, and can enhance nutritional status and support adherence by mitigating medication side effects. With limited Houston EMA/HSDA agencies providing nutritional supplements, funding for this service should be maintained for PLWHA meeting specific physical criteria.

- Home delivered meals should be available for homebound consumers. Whenever possible, explore linkages with non-HIV providers of home delivered meals. The consumer survey did not include significant numbers of homebound PLWHA. Therefore, food service needs and available services should be further evaluated, possibly through contact with home health agencies serving these consumers.

HEALTH EDUCATION & RISK REDUCTION (HERR)

HRSA DEFINITION

The provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information, including information dissemination about medical and psychosocial support services and counseling, to help clients with HIV improve their health status.

UTILIZATION DATA

CPCDMS data show that during 2003, a total of 366 unduplicated PLWHA received Title I-funded Health Education services and 1 received DSHS-funded services. These numbers represent up to 2% of the reported 15,690 PLWHA living in the Houston EMA/HSDA.

CPCDMS data represent only those services billed to Titles I, II, III, IV and the Department of State Health Services. Many services have supplemental funding sources.

HERR: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	**#**	**%.**	**#**	**%.**	**#**	**%**	**#**	**%**
Total (n=595)	87	14.6%	15	2.5%	155	26.1%	338	56.8%
In-care (n=406)	83	20.4%	9	2.2%	79	19.5%	235	57.9%
Out-of-care (n=189)	4	2.1%	6	3.2%	76	40.2%	103	54.5%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

HERR: Barriers to Care‡

	Information		Service		Personal		Access	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total (n=203)	123	60.6%	15	7.4%	21	10.3%	44	21.7%
In-care (n=96)	59	61.5%	9	9.4%	4	4.2%	24	25.0%
Out-of-care (n=107)	64	59.8%	6	5.6%	17	15.9%	20	18.7%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Nearly 60% of consumer survey respondents report no need for health education/risk reduction services (HERR).

- Almost all out-of-care PLWHA needing HERR report that this need is not being met.
- Informational barriers are the most frequently mentioned followed by access barriers. Out-of-care PLWHA also identify personal barriers.

The consumer survey asked about sexual risk behaviors. Findings reveal approximately 53% of both men and women “always” or “usually” use a condom or barrier when having vaginal or anal sex with either a regular partner or a casual partner. Although the transgendered sample is smaller (n=26), 43% report always or usually using a barrier/condom with a regular partner and 51% do so with a casual partner.

On the other hand, 30% to 32% of all three genders “rarely” or “never” use condoms or barriers when having vaginal or anal sex with a regular partner. Men and transgendered consumers report rarely or never using condoms or barriers 27% of the time with casual partners, and women rarely or never use condoms or barriers 32% of the time with casual partners.

Condom or barrier use is less frequent with oral sex. 46% of men rarely or never use them when having oral sex, 40% of women don’t use them and 43% of transgendered individuals do not use condoms or barriers when having oral sex.

Among men, the most frequent reason for not using condoms or barriers is "(I) don't like using condoms or barriers," with 100 providing this response. This is followed by "condoms or barriers are not always available" (59), "(My) partner does not like using condoms or barriers" (58) and "(I am) sometimes high or buzzed on drugs or alcohol during sex" (49).

Women most frequently do not use barriers/condoms because partners do not like using them (66). This is followed by personal preference, "(I) don't like using condoms or barriers" (41), and "Condoms or barriers are not always available" (28).

Transgendered individuals' most frequent reasons for not using condoms/barriers include partner preference (9), not always available (8), and high or buzzed on drug or alcohol during sex (8).

HERR: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**6,777** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**2,690** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**NA***
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**NA***
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**4,087** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**90%**
***Note:** Provider survey respondents included both HIV positive and HIV negative Clients	

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Eleven provider survey respondents offer HERR. This is 58% of the 19 providers identified with this service in the Blue Book.

Of the 6,777 PLWHA with a projected need for HERR, more than 4,000 are not having that need met. In order to provide HERR for all PLWHA needing it, system capacity needs to increase by over 150%.

FOCUS GROUP RESULTS

Targeted health education and risk reduction programs were suggested by consumer focus group participants. These included programs targeting recently released, youth and young adults, African-Americans and affected family members. Peer counseling was also suggested as an effective means to communicate health education and risk reduction messages.

Programs targeting the general population in ways that humanize HIV were also suggested.

A key informant from the Latino community stated that high risk behavior is pervasive among Latino MSM, particularly those who frequent clubs. He advised targeting education to this population.

SPECIAL POPULATIONS

Populations with the largest percentage of unmet need or who consider HERR hard to get include: youth (43.9%), white MSM (33%), recently released (32.4%), African-Americans (32.4%), other substance users (32.2%).

The most frequent barrier for all populations is information, but rural residents, recently released and PLWHA with mental health conditions also report access barriers.

RECOMMENDATIONS

- According to the consumer survey, only half of sexually active consumers are practicing safe vaginal or anal sex, and the percentage practicing oral sex with a condom or barrier is even smaller. Therefore, health education and risk reduction must be expanded to reach those who continue to place themselves and others at risk.

    - Programs should be targeted by gender, race/ethnicity and age. A range of messages and media should be implemented.

    - HIV hotline services should be promoted and publicized to be utilized more effectively.

HEALTH INSURANCE

HRSA DEFINITION

A program of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools*, co-payments, and deductibles.

*Texas does not allow federal funding of risk pool payments.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 583 unduplicated PLWHA received Health Insurance services across all funding sources. This total represents 4% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 320 PLWHA, Title II served 273 and other funding sources served approximately 2. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

CONSUMER SURVEY RESULTS

Ryan White funded health insurance targets PLWHA who need financial assistance in order to maintain existing private health insurance. On the consumer survey, however, PLWHA identified a general need for health insurance. Since over 56% of the survey sample report being uninsured, including 48% of in-care survey respondents and 81% of out-of-care survey respondents, general health insurance is a widely needed service.

Lack of health insurance is a significant barrier to care. The consumer survey asked, "Do any of the following keep you from getting needed HIV medical care?" Of the 14 barriers described, "I don't have a way to pay for it" was the most frequently identified barrier to care for both in-care (13%) and out-of-care (31%) survey respondents.

Health Insurance: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	**#**	**%.**	**#**	**%.**	**#**	**%**	**#**	**%**
Total (n=614)	137	22.3%	45	7.3%	283	46.1%	149	24.3%
In-care (n=416)	123	29.6%	36	8.7%	145	34.9%	112	26.9%
Out-of-care (n=198)	14	7.1%	9	4.5%	138	69.7%	37	18.7%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

Health Insurance: Barriers to Care‡

	Information		Service		Personal		Access	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total (n=332)	179	54.0%	29	8.7%	31	9.3%	93	28.0%
In-care (n=176)	93	52.8%	22	12.5%	6	3.4%	55	31.3%
Out-of-care (n=156)	86	55.1%	7	4.5%	25	16.0%	38	24.4%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

‡ Service need and barrier definitions can be found on page III-1.

Health insurance is the number one unfulfilled need for seven of this study's 14 priority populations. It is also the top need that is not being met for the overall survey sample. Eighty percent of out-of-care consumers and 60% of in-care consumers needing health insurance are not having that need met or find the service hard to get.

Barriers to health insurance are largely informational (54%) and access (28%).

- Evaluating need for financial assistance for insurance reveals few consumer survey respondents are in positions to take advantage of this service. Although over 30% of those surveyed work full time, part time or part time on disability, few access insurance through their workplaces. Only 5% currently have insurance through their workplaces and 1% have COBRA.

PROVIDER INVENTORY

The Blue Book identifies two health insurance providers, but six provider survey respondents report offering this service.

Of the six agencies responding to the provider survey, only two reported information about their capacity to accommodate additional consumers with the current level of resources. The larger agency that served 286 consumers in 2003 can accommodate 50 more with current resources. The smaller agency cannot accommodate additional consumers.

SPECIAL POPULATIONS

Populations with the greatest percentage of consumers with unmet need or who find the service hard to get include: white MSM, recently released, homeless, youth and MCSM.

Populations with the greatest percentage of unmet need or consumers with met need who feel the service is hard to get include: white MSM (63.6%), recently released, (62.7%), homeless (61.9%), youth (58.2%) and MCSM (54.4%).

OTHER RESOURCES

Texas has the highest percentage uninsured in the country, 25%, compared to 15% average for the US. Texans are 7.5% of US residents and 12.1% of US uninsured.[11] Counties within the EMA/HSDA range between 20% and 25.5% uninsured. The latter reflects the uninsured in Harris County.

The need for health insurance in the region was confirmed in the *United Way 2003 Community Assessment*. In a sample of 250 United Way funded providers, 18.6% identified health insurance as a need that is not being met among consumers.

[11] www.statehealthfacts.kff.org/cgi-bin

- A recently published study from the Center for Studying Health System Change focusing on adults between the ages of 18 and 64 years with chronic illnesses further documents the impact of being uninsured:
    - 46% of uninsured delayed care for their chronic condition due to cost;
    - 65% of uninsured reporting problems paying medical bills due to cost;
    - 49% of uninsured report unfulfilled need for prescription drugs due to cost.[12]

RECOMMENDATIONS

- Expand information available in the community about access to and the role of HIV-specific funding.
    - Educate case managers, outreach workers and other providers on health insurance options, including Medicaid, Medicare and the Children's Health Insurance Program (CHIP).
    - Provide detailed information to consumers about health insurance program requirements and necessary documentation.
    - Provide outreach workers and others connected to the out-of-care community with detailed information for referral of uninsured to funded programs.

- Reach out to key points of entry to ensure understanding of HIV-specific funding and its ability to provide free care and services for uninsured PLWHA. HRSA-defined key points of entry include: STI testing facilities, family planning clinics, mental health providers, substance abuse treatment facilities, hospital emergency rooms, homeless shelters and jails/prisons.

[12] HSC "Rising Health Costs, Medical Debt and Chronic Conditions", Issue Brief No. 88, September 2004. www..hschange.org/CONTENT/706/

HOME HEALTH CARE

HRSA DEFINITION

HOME HEALTH PROFESSIONAL CARE is the provision of services in the home by licensed health care workers, such as nurses.

HOME HEALTH SPECIALIZED CARE is the provision of services that include intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other high-tech therapies.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 181 unduplicated PLWHA received Home Health Care Services across all funding sources. This total represents less then 1% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 152 PLWHA and Title II served 7. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Home Health Care: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=619)	33	5.3%	12	1.9%	141	22.8%	433	70.1%
In-care (n=421)	30	7.1%	11	2.6%	71	16.9%	309	73.4%
Out-of-care (n=198)	3	1.5%	1	0.5%	70	35.4%	124	62.6%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Home Health Care: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=192)	116	60.4%	7	3.7%	21	10.9%	48	25.0%
In-care (n=85)	52	61.2%	2	2.4%	4	4.7%	27	31.8%
Out-of-care (n=107)	64	59.8%	5	4.7%	17	15.9%	21	19.6%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

A small number of homebound PLWHA were surveyed via telephone, but most consumer survey participants were ambulatory. Therefore, these results may not accurately reflect the need for home health care services.

The need for home health services is limited, with only 30% of consumers identifying a need.† Of those with a need, one-third of in-care consumers consider it easy to get, and almost all out-of-care consumers report an unmet need.

- More than one-third of out-of-care respondents had a need for these services or considered the service hard to get. Approximately 20% of in-care respondents had this response.
- Barriers are similar for in-care and out-of-care respondents with nearly 60% identifying informational barriers, 25% identifying access barriers and 11% identifying personal barriers.

† Interpretation of data for Hospice, Home Health Care and Adult Day Care is limited by the fact that the population surveyed was primarily ambulatory and relatively healthy.

Home Health Care: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**4,715** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**1,141** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**67** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**6%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**3,574** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**313%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Five provider survey respondents offer home health care. This is 45% of the 11 agencies identified in the Blue Book.

The gap analysis finds 6% of those needing and getting home health care are receiving it through provider survey respondents. If providers throughout the care system were to increase capacity in order to accommodate the 3,574 PLWHA needing but not getting home health care, all would have to more than triple capacity.

One agency responding to the provider survey reports no additional consumers can be served with their current level of resources.

SPECIAL POPULATIONS

Youth had the greatest need for home health services (43%) followed by African-Americans (34%) and IDU (34%) who also considered this service hard to get.

While information barriers were the most frequent identified among all specific populations, access barriers were identified by nearly one-third of IDU and recently released PLWHA. Other substance users and youth identified personal barriers getting home health care services.

OTHER RESOURCES

The 2004 Houston-Area Integrated Epidemiological Profile identified 9,432 people living with AIDS as of December 31, 2003. Of these, 584 were newly diagnosed as having AIDS in 2003.

RECOMMENDATIONS

- Evaluate the demand for home health care based upon current utilization and available capacity.
- If in-care consumers experience disease progression, increased service demand will result. Healthy out-of-care consumers entering the care system will not impact demand for home health care in the short term.

HOSPICE SERVICES

HRSA DEFINITION

Services provided through Home Based Hospice Care, including nursing care, counseling, physician services, and palliative therapeutics provided by a hospice program to patients in the terminal stages of illness in their home setting. And services provided through Residential Hospice Care, including room, board, nursing care, counseling, physician services, palliative therapeutics provided to patients in the terminal stages of illness in a residential setting, including the non-acute care section of a hospital that has been designated and staffed to provide hospice services for terminal patients.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 92 unduplicated PLWHA received Hospice Services across all funding sources. This total represents less than 1% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 69 PLWHA and Title II served 46. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Hospice: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=606)	7	1.2%	5	0.8%	100	16.5%	494	81.5%
In-care (n=411)	6	1.5%	3	0.7%	47	11.4%	355	86.4%
Out-of-care (n=195)	1	0.5%	2	1.0%	53	27.2%	139	71.3%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

Hospice: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=123)	78	63.4%	5	4.1%	17	13.8%	23	18.7%
In-care (n=55)	35	63.6%	5	9.1%	1	1.8%	14	25.5%
Out-of-care (n=68)	43	63.2%	0	0.0%	16	23.5%	9	13.2%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Telephone surveys were conducted with a limited number of homebound consumers, and an agency providing hospice services was a site for in-care surveying, however the identified need for hospice services was limited. Less than 15% of in-care consumers and approximately 30% of out-of-care consumers identified a need for hospice services.† Most of these consumers are not having their need met.

Barriers to hospice care were primarily informational. In-care consumers identified access barriers and out-of-care PLWHA identified personal barriers.

Hospice

PROVIDER INVENTORY

Half of the eight Blue Book hospice organizations responded to the provider survey. Provider respondents served 270 consumers in 2003.

One hospice provider reporting on available capacity is able to accommodate 34 additional patients with the current level of resources. This is a volume increase of almost 75% for this agency.

† Interpretation of data for Hospice, Home Health Care and Adult Day Care is limited by the fact that the population surveyed was primarily ambulatory and relatively healthy.

PROVIDER INVENTORY

Half of the eight Blue Book hospice organizations responded to the provider survey. Provider respondents served 270 consumers in 2003.

One hospice provider reporting on available capacity is able to accommodate 34 additional patients with the current level of resources. This is a volume increase of almost 75% for this agency.

SPECIAL POPULATIONS

Culturally, Latinos tend not to use hospice services, and consumer survey responses reflected this. Latinos report the lowest level of need, with over 91% reporting no need for the service.

Information was identified as the most frequent barrier to getting hospice services among specific populations, particularly among white MSM, with nearly 85% reporting informational barriers.

OTHER RESOURCES

Deaths among PLWHA have been stable or decreasing over the last five years. Between 1999 and 2001, total deaths ranged between 439 and 449. That figure decreased to 309 in 2002, and was even lower in 2003, but data from that year may not be complete.

RECOMMENDATIONS

- Continue to educate primary care physicians, physician's assistants, discharge planners and other health care providers to offer end of life care in their treatment plan.
- Expand available options for hospice care, particularly home-based hospice care.

HOUSING ASSISTANCE

HRSA DEFINITION

Limited to short-term or emergency financial assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. Use of CARE Act funds for short-term or emergency housing must be linked to medical and/or healthcare or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.

Housing Assistance includes:

- Rental Assistance
- Shelter Vouchers

The consumer survey included rental assistance and shelter vouchers as the components of housing assistance. The provider survey did not differentiate these categories, asking about housing assistance.

UTILIZATION DATA

CPCDMS data show that during 2003, a total of 832 unduplicated PLWHA received Title I-funded Housing Assistance services and 163 received DSHS-funded services. These numbers represent up to 5% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

Rental Assistance: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=616)	71	11.5%	55	8.9%	279	45.3%	211	34.3%
In-care (n=417)	64	15.3%	48	11.5%	150	36.0%	155	37.2%
Out-of-care (n=199)	7	3.5%	7	3.5%	129	64.8%	56	28.1%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Rental Assistance: Barriers to Care‡

Population	Information		Service		Personal		Access	
	#	%	#	%	#	%	#	%
Total (n=363)	192	52.9%	32	8.8%	30	8.3%	109	30.0%
In-care (n=202)	100	49.5%	19	9.4%	12	5.9%	71	35.1%
Out-of-care (n=161)	92	57.1%	13	8.1%	18	11.2%	38	23.6%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Rental assistance is the second most frequently identified unfulfilled service need among all consumers surveyed. It is the top need that is not being met for in-care consumers, and is among the top five for PLWHA outside the care system. In addition, a total of 29 consumers identified *rent* as a service they need that is not available. It was among the top five written responses to this open-ended question.

Specific questions on the consumer survey further document this need. When asked specifically about rental assistance, two-thirds identify a need.

- Among those with a need, almost all out-of-care PLWHA report an unfulfilled need and three-quarters of in-care consumers report an unfulfilled need or a hard to get service.
- Lack of information about rental assistance was the most common barrier encountered by all PLWHA (52.9%), which was slightly higher among out-of-care respondents. Access/availability was the second most frequent barrier encountered by the survey respondents (30.1%), which was somewhat higher among in-care PLWHA (35.1%).

Almost 30% of consumer survey respondents receive governmental or other assistance paying for their housing.

- In-care consumers are more likely than out-of-care to receive this assistance, with 38% of in-care consumers and 12% of out-of-care consumers receiving assistance.
- HOPWA is the most frequent funding source.

Shelter Vouchers: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=616)	24	3.9%	11	1.8%	169	27.4%	412	66.9%
In-care (n=418)	22	5.3%	6	1.4%	76	18.2%	314	75.1%
Out-of-care (n=198)	2	1.0%	5	2.5%	93	47.0%	98	49.5%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Shelter Vouchers: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=223)	138	61.9%	15	6.7%	17	7.6%	53	23.8%
In-care (n=102)	62	60.8%	8	7.8%	4	3.9%	28	27.5%
Out-of-care (n=121)	76	62.8%	7	5.8%	13	10.7%	25	20.7%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ General description of gaps analysis calculations can be found on page III-2.

Two-thirds of consumer survey respondents report “no need” for shelter vouchers. This includes three-quarters of in-care consumers and half of out-of-care PLWHA.

- Almost all out-of-care PWLHA with a need for shelter vouchers are unable to get them.
- Nearly three-quarters of in-care consumers with a need for shelter vouchers are unable to get them
- The most frequent barrier to getting shelter vouchers was lack of information. Access barriers were also common.

Housing Assistance: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**9,859** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**3,378** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**1,477** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**44%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**6,481** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**192%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Nine of the 21 Blue Book housing assistance agencies responded to the provider survey for a 42.9% response.

Nearly 10,000 PLWHA are projected to need housing assistance, with approximately one-third of this need being met. Of those needing and receiving the service, 44% are using an agency that responded to the provider survey.

The unfulfilled need of nearly 6,500 will require a doubling of current provider capacity to completely fill.

Provider survey respondents report limited ability to meet consumer needs with the current level of resources. One agency can accommodate an additional 30 consumers and another was unwilling to quantify the number that can be served, instead responding that they “may be able to accommodate more.” The other three agencies cannot accommodate additional consumers.

FOCUS GROUP RESULTS

Consumer focus group participants discussed their needs for rental assistance funding. Consumers tend to feel funding is available but is difficult to access. Barriers mentioned include lack of information about where and how to access rental assistance and difficult, bureaucratic processes required to access it.

OTHER RESOURCES

The *United Way 2003 Community Assessment* reports that financial assistance for rent and mortgage is one of most frequent service requests received via their Helpline.

SPECIAL POPULATIONS

Rental assistance is the top need that is not being met for in-care PLWHA and injecting drug users. For nine other populations, rental assistance was among the top five unfulfilled service needs. These populations include African-Americans, homeless, Latinos, women, recently released, PLWHA with mental health conditions, MCSM, other substance users and out-of-care.

Specific populations with the highest proportion of unfulfilled need or their needs for rental assistance were not met easily were recently released PLWHA (46.4%), and youth (44.6%). By population type, the consumers indicated lack of information about rental assistance was the most frequent barrier nearly half of the time, except among rural respondents who indicated access/availability as the most frequent barrier.

RECOMMENDATIONS

- Enhance collaboration between housing programs and substance abuse treatment.

- Issues of poverty and the need for housing assistance, including rental assistance and shelter vouchers, are critical to impoverished people living with HIV disease. Housing assistance, particularly rental assistance, is a highly needed service. A range of services exist in the EMA/HSDA, but they have different requirements and provide varying levels of service. Referral information about housing assistance in the Houston EMA/HSDA should be compiled for use by both consumers and case managers. Needed information includes:
    - Service location;
    - Hours of operation;
    - Qualification requirements; and
    - Approval process.

- Through collaborations with organizations with other funding sources, establish and begin implementation of a plan to expand transitional housing options. Facilities should target specific populations with housing and other services, such as transitional housing for: substance abuse treatment, recently released, women, etc. Begin with a pilot project with the goal of expanding services or targeting additional populations over time.

HOUSING-RELATED SERVICES

HRSA DEFINITION

Assessment, search, placement, and advocacy services provided by professionals who possess an extensive knowledge of local, State and Federal housing programs and how they can be accessed.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 477 unduplicated PLWHA received Housing-Related services across all funding sources. This total represents 3% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 267 PLWHA, Title II served 34, HOPWA served 131, the Texas Department of State Health Services (DSHS) served 4 and other funding sources served approximately 85. In addition, approximately 77 PLWHA received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Please note that we are awaiting further clarification on some COMPIS data, so totals may change.

Housing Related Services: Service Need‡

Population	Need Met—Easily #	Need Met—Easily %.	Need Met--Hard #	Need Met--Hard %.	Need Not Met #	Need Not Met %	No Need #	No Need %
Total (n=603)	51	8.4%	29	4.8%	240	39.8%	283	46.9%
In-care (n=410)	48	11.7%	25	6.1%	131	32.0%	206	50.2%
Out-of-care (n=193)	3	1.6%	4	2.1%	109	56.5%	77	39.9%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

Housing Related Services: Barriers to Care‡

Population	Information #	Information %	Service #	Service %	Personal #	Personal %	Access #	Access %
Total (n=282)	167	59.2%	23	8.2%	20	7.1%	72	25.5%
In-care (n=146)	84	57.5%	16	11.0%	5	3.4%	41	28.1%
Out-of-care (n=136)	83	61.0%	7	5.1%	15	11.0%	31	22.8%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Housing has been, and continues to be, a significant consumer need. Although it is not the most needed service, it is a critical need for those who are without it or concerned about losing it.

- Housing is the service most frequently identified as needed but not available, with 63 PLWHA including it in their written responses to the survey's open-ended question.
- Housing-related services are among the top five unfulfilled needs for the total survey sample and for in-care consumers. Among out-of-care consumers with a need for housing-related services, almost all report that need is not being met.
- Barriers to care are informational (59.5%) and access related (25.4%). These percentages do not vary widely between in-care, out-of-care and the total sample.
- More than one-third of consumer survey respondents report trouble getting housing in the past 12 months. The most frequent reported problems were no money, bad credit and alcohol/drug use.
- Nearly 15% of consumer survey respondents are on housing waiting lists.
  - In-care consumers are more likely than out-of-care to be on housing waiting lists. Public housing and Section 8 were the most frequently identified lists.

The out-of-care tend to live in housing that is of poorer condition than in-care PLWHA.

- Plumbing and kitchen appliances are the most poorly rated components for in-care consumers.

- Features that 20% or more of consumers rated poor include: doors, heating system, plumbing and safety features.

Housing can significantly impact an individual's ability to care for his/her HIV disease. When asked, "Thinking about your housing situation now, do any of the following stop you from taking care of your HIV?", the most frequent answers were "I'm afraid of others knowing I am HIV positive" and "I don't have money for rent." The former was identified by 25% of survey respondents including 20% of in-care consumers and 31% of those out-of-care, and the latter was the response of 23% of all respondents including 27% of those in-care and 18% of out-of-care.

Housing concerns that limit ability to care for HIV disease include:

	(n=331)		(n=267)		(n=605)	
I'm afraid of others knowing I am HIV positive	65	20%	83	31%	149	25%
I don't have money for rent	88	27%	47	18%	136	23%
I don't have enough food	60	18%	38	14%	99	16%
I can't get away from drugs in neighborhood	21	6%	29	11%	52	9%
I don't have a telephone	28	9%	22	8%	50	8%
I don't have a safe and private room	23	7%	23	9%	48	8%
I don't have a bed to sleep in	18	5%	12	5%	30	5%
I don't have a place to store my medications	23	7%	5	2%	28	5%

Note: Does not include missing values and NA (not applicable) responses.

PROVIDER INVENTORY

Nine of the 33 Blue Book housing service providers responded to the provider survey for a 27% response rate.

One-quarter of those needing housing-related services have that need met, leaving 75% with an unfulfilled need. Projections of those with unfulfilled needs for housing-related services total over 6,000 PLWHA in the EMA/HSDA. In order to completely meet these needs, the service system will need to expand by 300%.

Two provider survey respondents reporting on available capacity are unable to accommodate additional consumers with the current level of resources.

Housing Related Services: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**8,326** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**2,082** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**478** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**23%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**6,244** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**300%**

‡ General description of gaps analysis calculations can be found on page III-2.

FOCUS GROUP RESULTS

Housing is an ongoing problem for PLWHA. Members of all groups discussed housing needs. The severity of housing needs is demonstrated by the fact that PLWHA are willing to live in undesirable and potentially unhealthy conditions (leaky pipes and dampness that leads to mold). Homeless shelters are considered unhealthy environments by consumer focus group members who used them.

Consumer opinions about the desirability of HIV-specific housing units varied. Some participants feel stigmatized living in housing for PLWHA while others advocate developing more. African-American women living in HIV housing feel segregated and stigmatized, and have even been harassed. They stated “everybody knows it’s HIV.”

A new homeless information management system that will include 188 Houston-area service providers was discussed during the non-HIV-specific providers focus group. During the eight months from November 2003 until July 2004, 9,770 people came into the system that have declared homelessness and have back-up documentation of homelessness. A goal of this system is to enhance service access for the Houston-area homeless by reducing the intake process.

It was suggested that McKinney-Vento housing funds from HUD can be complemented by Ryan White funds for support services targeting homeless PLWHA.

SPECIAL POPULATIONS

Housing-related services are among the top five unfulfilled needs for the total consumer survey sample, in-care consumers and for eight priority populations. For African-Americans, women and PLWHA with mental health conditions, housing is the unfulfilled need identified by the largest number of respondents. Other priority populations include injecting drug users, substance users, recently released, rural residents and youth. Interestingly, it is not among the top five unfulfilled needs for homeless PLWHA.

HOMELESS

One-tenth of the survey sample is currently homeless and another 14% of the sample has been homeless or in an unstable living situation in the past year.[13]

- Homeless survey respondents were predominantly minority, with low education levels and living in poverty.
- Homelessness and unemployment are related. Nearly 85% of the homeless were unemployed, and those with jobs were working part-time. They depend on government assistance for their health care and medications.
- Other than mental health conditions, homeless respondents identified very few co-morbid conditions.
- IV drugs were used by 33% of homeless respondents, and 38% of these were still involved with IV drugs.
- More than 73% of respondents used street drugs, either in the past or present, and 23% of them are still using.
- Barriers to receiving housing assistance were caused most often by alcohol or drug use. Bad credit, criminal records and lack of money were problems for about 17% of homeless respondents.
- Homeless out-of-care consciously chose to remain outside the system. Respondents either felt they did not need care, did not want it or did not think it would help.

Homeless consumers discussed their poignant stories during the focus group. Many had histories of substance use. Most believe their HIV disease contributed to being homeless and described harsh treatment by family and friends due to their HIV positive status.

Once on the street, they were faced with day-to-day survival as well as fear of the streets. They described sleeping under bridges, at bus stops, hiding away in hospitals and even pretending to be sick to spend time in emergency rooms where they would be safe. They also described their own and others' desperation.

[13] An unstable living situation is defined as at least three different types of living arrangements during the course of the year. (The consumer survey did not determine if a person had lived in more than one location within the same housing category. Therefore, multiple locations of a single housing category is considered one residence.)

Lack of information about available services as well as regulation and bureaucratic processes can be barriers to accessing housing, particularly for a population with limited resources such as the homeless. A non-HIV-specific provider described a range of services for Houston's homeless population, but consumers do not necessarily know how to access the services.

The homeless focus group participants describe a significant need for job skills training and help in finding a job.

OTHER RESOURCES

Housing is a problem not only for PLWHA but also for the general population in the region. In the 2003 United Way of Texas Gulf Coast Provider Survey, 19% of respondents identified available, affordable housing as an unfulfilled need among consumers in the region.

In March 2003, the Coalition for the Homeless of Houston/Harris County, Inc. published their report, "Homeless Service Demands: An Analysis of Trends, Services, Demographics 2003." This report, while not specific to people living with HIV disease, provides background information on homelessness nationally and in the Houston area. It includes results of a survey of homeless individuals and homeless shelter providers. Key points to consider include:

- Recent studies reveal that men continue to be the most represented group among the homeless, but families with children are increasing at a rapid rate. The 2001 U.S. Conference of Mayors Survey projects 40% of homeless are families.
- This same study states the homeless population is 50% African-American, 35% white/Anglo, 12% Hispanic, 2% Native American and 1% Asian.
- According to the National Coalition for the Homeless, as many as 22% of single adult homeless have some form of "severe and persistent mental illness;" 34% have addiction disorders; approximately half of homeless women and children have experienced recent domestic violence.
- One of the main reasons for homelessness is an increasing lack of affordable housing, due to increasing rents.

The survey of 18 emergency shelter providers, conducted in January 2003, found an overall average of over 100% occupancy in Houston and Harris County. Occupancy rates ranged from 14% for a shelter in Humble to 149% for a large shelter in Houston. Providers reported that of their 1,663 consumers, 81.5% were male and 19.5% were female. In addition, 58% were African-American, 23% white/Anglo, 14% Hispanic, 4% Native American and 1% Asian. Shelters by type of consumers served are presented in Table 1.1.24 of the report.

RECOMMENDATIONS

- Safe, affordable permanent housing is an ongoing need for impoverished PLWHA. While some consumers find dedicated housing for PLWHA appealing others are concerned about disclosure by association with dedicate housing. Therefore, both options should be considered as housing is developed.

- Existing programs providing housing for recently released PLWHA and for linking them with the care system were highly regarded by consumer focus group participants and they suggested expanding those programs. In addition, recently released focus group participants requested support to effectively begin obtaining needed paperwork, particularly identification, prior to release.

- Partner with local organizations to expand housing options for PLWHA. Consider collaborative activities in which housing organizations provide facilities and Ryan White provides core and supportive services.
  - Co-located services might include case management, mental health therapy and counseling, substance abuse counseling, etc.

LEGAL SERVICES

HRSA DEFINITION

The provision of services to individuals with respect to power of attorney, do not resuscitate orders, wills, trusts, bankruptcy proceedings, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the CARE Act. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

Legal Services includes:

- Legal Services
- Child Welfare Services
- Permanency Planning

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 810 unduplicated PLWHA received Legal Services across all funding sources. This total represents 5% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 670 PLWHA, Title II served 43, the Texas Department of State Health Services (DSHS) served 90 and other funding sources served approximately 77. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

In responding to questions about their needs for legal services, consumer survey participants may have considered needs for legal services that HRSA would deem ineligible.

Legal Services: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=603)	65	10.8%	16	2.7%	204	33.8%	318	52.7%
In-care (n=408)	60	14.7%	13	3.2%	122	29.9%	213	52.2%
Out-of-care (n=195)	5	2.6%	3	1.5%	82	42.1%	105	53.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Legal Services: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=235)	155	66.0%	12	5.1%	18	7.7%	50	21.3%
In-care (n=123)	79	64.2%	7	5.7%	6	4.9%	31	25.2%
Out-of-care (n=112)	76	67.9%	5	4.5%	12	10.7%	19	17.0%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Of the 605 consumer survey respondents identifying their need for legal services, more than half do not have a need for services.

- Almost all of the out-of-care consumers with a need for legal services report that the need has not been met.
- Among in-care consumers with legal service needs, nearly 70% consider the service hard to get or have unmet needs.
- Barriers to care are largely informational with two-thirds of respondents identifying these barriers. Informational barriers are followed by access barriers with 21% identifying these.

Legal Services: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**7,416** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**2,108** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**675** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**32%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**5,308** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**252%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Seven provider survey respondents offer legal services. This is 70% of legal service providers identified in the Blue Book. In 2003 Ryan White Title I funded three agencies to provide legal services.

Projecting service need to all PLWHA in the HSDA, nearly 7,500 people need legal services, and 2,100 have this need met. This, however, leaves 5,300 people whose needs for legal services are not being met. If providers throughout the care system accommodated those needing but not getting the service equally, all would have to increase capacity 250%.

Three provider survey respondents provided information about their ability to expand capacity with current resources. Two report they are not able to do so, and one is able to accommodate 65 additional consumers.

SPECIAL POPULATIONS

- Specific populations with needs for legal services that are either unmet or hard to get include youth (50%), other substance users (46.6%) and recently released (40%).
- Barriers for other substance users include information (65.7%), access (22.4%), and personal (10.4%). Barriers among youth and recently released are informational and access.

CHILD WELFARE SERVICES include family preservation/unification, foster care, parenting education, and other child welfare services. Services designed to prevent the break-up of a family and to reunite family members. Foster care assistance to place children under the age of 21 years, whose parents are unable to care for them, in temporary or permanent homes and to sponsor programs for foster families. Other services related to juvenile court proceedings, liaison to child protective services, involvement with child abuse and neglect investigations and proceedings, or actions to terminate parents' rights. Presentation or distribution of information to biological, foster, and adoptive parents, future parents, and/or caretakers of HIV-positive children about risks and complications, care giving needs, and developmental and emotional needs of children.

2003 UTILIZATION DATA

In the Houston EMA/HSDA, child welfare services are provided within the legal service category. The data cannot be separated, therefore no utilization data is available.

Child Welfare Services: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=605)	24	4.0%	9	1.5%	87	14.4%	485	80.2%
In-care (n=407)	18	4.4%	7	1.7%	40	9.8%	342	84.0%
Out-of-care (n=198)	6	3.0%	2	1.0%	47	23.7%	143	72.2%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

Child Welfare Services: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=129)	79	61.2%	7	5.4%	18	14.0%	25	19.4%
In-care (n=60)	38	63.3%	5	8.3%	5	8.3%	12	20.0%
Out-of-care (n=69)	41	59.4%	2	2.9%	13	18.8%	13	18.8%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ General description of gaps analysis calculations can be found on page III-2.

CONSUMER SURVEY RESULTS

Eighty percent of consumer survey respondents do not need child welfare services.

- This includes 84% of those who are in-care and 72% of those out-of-care.
- Among in-care consumers needing child welfare services, almost all report the need is being met. On the other hand, consumers outside the care system needing the service report their need is not being met.
- Barriers generally relate to lack of information (61%) and access (19%). An equal number of out-of-care consumers report access barriers and personal barriers to child welfare services.

Child Welfare Services: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**3,112** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**856** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**0** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**0%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**2,256** Need Service Not Getting It
f. **Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service** Current provider expansion required to completely meet need (row e/row b)	**264%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Twenty-seven organizations listed in the Blue Book provide child welfare services. Only four (14.8%) responded to the provider survey.

Child welfare services are provided within the legal service category, and none of the provider survey respondents reported HIV positive child welfare consumers for 2003. Projecting need from the consumer survey, over 3,000 PLWHA in the EMA/HSDA need child welfare services, and approximately 2,250 are not having their needs met. In order to completely meet these needs, system capacity would have to increase by 264%.

Additional capacity for child welfare services was not identified on the provider survey.

SPECIAL POPULATIONS

Women (20%), African-Americans (16%) and substance users (16%) have the greatest unfulfilled need for child welfare services. Barriers vary:

- Women report informational barriers (53%) and access barriers (30%).
- African-Americans also report informational barriers (55%) and access barriers (24%), but they have a higher percentage of personal barriers (16%).

Substance users have a smaller percentage of informational barriers (42%) and a larger percentage of personal barriers (31%). In addition, 19% of substance users report access barriers. (It should be noted that n=26).

PERMANENCY PLANNING is the provision of services to help consumers or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

2003 UTILIZATION DATA

In the Houston EMA/HSDA, permanency planning is provided within the legal service category. The data cannot be separated, therefore no utilization data is available for this service category.

Permanency Planning: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=614)	23	3.8%	5	0.8%	128	20.9%	458	74.6%
In-care (n=419)	22	5.3%	5	1.2%	59	14.1%	333	79.5%
Out-of-care (n=195)	1	0.5%	0	0.0%	69	35.4%	125	64.1%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

Permanency Planning: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=158)	99	62.7%	7	4.4%	19	12.0%	33	20.9%
In-care (n=67)	42	62.7%	2	3.0%	7	10.5%	16	23.9%
Out-of-care (n=91)	57	62.6%	5	5.5%	12	13.2%	17	18.7%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Permanency planning is not a widely needed service. Nearly 80% of consumer survey respondents do not have a need for this service or their need is easily being met.

- Among PLWHA with children, 42 (32%) report a need for permanency planning services.
- Barriers to care are predominantly informational.

PROVIDER INVENTORY

None of the provider survey respondents offer permanency planning services, and only one provider is identified in the Blue Book, so the number of agencies offering the service is not known.

RECOMMENDATIONS

- Provide information and referral to legal services that are not specifically HIV-funded.
- Provide information on child welfare and permanency planning services to families with children.

MENTAL HEALTH SERVICES

HRSA DEFINITION

Psychological and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

(HRSA cites this as a core service for Title I)

Mental Health Services include:

- Psychological/Psychiatric Treatment and Counseling Services
- Support Groups

The consumer survey asked about these services in this manner. The provider survey asked about psychological, psychiatric and professional counseling separately. Support group information was not requested on the provider survey.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 1,495 unduplicated PLWHA received Mental Health Services across all funding sources. This total represents 10% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 1,410 PLWHA, the Texas Department of State Health Services (DSHS) served 216 and other funding sources served approximately 12. In addition, approximately 5 PLWHA received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Psychiatric Treatment & Counseling Services: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=616)	127	20.6%	31	5.0%	145	23.7%	313	50.8%
In-care (n=422)	121	28.7%	27	6.4%	69	16.4%	205	48.6%
Out-of-care (n=194)	6	3.1%	4	2.1%	76	39.2%	108	55.7%
Note: Percentages based upon total responses. Does not include missing values & NA (not applicable) responses.								

Psychiatric Treatment & Counseling Services: Barriers to Care‡

Population	Information		Service		Personal		Access	
	#	%	#	%	#	%	#	%
Total (n=215)	111	51.6%	21	9.8%	26	12.1%	57	26.5%
In-care (n=102)	53	52.0%	12	11.8%	5	4.9%	32	31.4%
Out-of-care (n=113)	58	51.3%	9	8.0%	21	18.6%	25	22.1%
Note: Percentages based upon total responses. Does not include missing values & NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

Support Groups: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=602)	167	27.7%	19	3.2%	160	26.6%	256	42.5%
In-care (n=410)	156	38.1%	15	3.7%	70	17.1%	169	41.2%
Out-of-care (n=192)	11	5.7%	4	2.1%	90	46.9%	87	45.3%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

Support Groups: Barriers to Care‡

Population	Information		Service		Personal		Access	
	#	%	#	%	#	%	#	%
Total (n=234)	132	56.4%	13	5.6%	25	10.7%	64	27.4%
In-care (n=108)	62	57.4%	6	5.6%	6	5.6%	34	31.5%
Out-of-care (n=126)	70	55.6%	7	5.6%	19	15.1%	30	23.8%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Consumers identify a greater need for support groups than for psychological/psychiatric treatment and counseling services, with over 60% reporting a need for the former and 50% identifying a need for the latter.

- More than two-thirds of in-care consumers needing psychological/psychiatric treatment and counseling services are receiving them, and 70% of the in-care needing support groups are accessing them.
    - In-care PLWHA identify similar barriers for these two services. The majority identified informational barriers were the same for psychological/psychiatric treatment/counseling services and support groups.

- Eighty percent of out-of-care consumers report their needs for psychological/psychiatric treatment and counseling services are not being met, and 86% of the out-of-care are not having their needs for support groups met.
    - Barriers confronted by out-of-care consumers are informational, access and personal.

The consumer survey asked, “Have you been unable to get needed HIV services because of any of the following circumstances or disabilities?”. One response, “mentally impaired” was selected by 18 PLWHA, 3% of the sample.

The survey also asked, “In the past 12 months, have you received medical care for any of the following conditions or infections listed below.” One option provided was “Mental Disorder (such as depression, dementia, anxiety).” A total of 184 PLWHA provided this response, 28% of the survey sample. The PLWHA priority population with mental health conditions includes anyone that answered either of these questions positively. (Refer to “Special Populations” on page 120.)

Psychiatric Treatment & Counseling Services: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**7,718** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**4,024** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**981** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**68%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**3,694** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**92%**

Support Groups: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**9,018** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily +Need Met Hard) ∗ 15,690/Total]	**4,848** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**na**
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**na**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**4,170** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**86%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Eight of the 33 organizations identified in the Blue Book report offering either psychological services, psychiatric treatment or professional counseling responded to the provider survey. This is 24.2% of the mental health providers listed in the Blue Book. In 2003, three provider survey respondents reported receiving HIV-specific funding for mental health therapy services.

Projecting consumer survey results to the total population, more than half of the total need for mental health therapy and counseling services is being met. Nearly 3,700 PLWHA, however, need but are not getting this service. Total system capacity needs to nearly double in order to completely meet this need.

Two agencies responding to the provider survey report available capacity to accommodate additional consumers with the current level of resources (staff, facilities, etc.) Neither of these agencies, however, can quantify the number of consumers that might be treated. Three agencies are unable to accommodate additional consumers.

FOCUS GROUP RESULTS

Consumer focus group participants using mental health therapy and counseling are very satisfied with service quality. They report readily accessible services and feel that the services offered have helped them cope with their illness and make better decisions about their care and services.

Consumer focus group participants discussed the need for mental health therapy and counseling services at critical times. These include at diagnosis and when negative information about disease progression is given, such as when a person progresses from HIV to AIDS. Group members discussed being suicidal when learning of their HIV diagnosis, dealing with denial and struggling with depression.

The stigma of mental health therapy is a concern for PLWHA. Those who have used counseling services, however, discussed the benefit of the service and the fact that it is "just talking to someone."

Both consumers and case management supervisors identify the need for support groups. A variety of groups are needed to meet the needs of a wide range of consumers. Support groups should be targeted by gender, race/ethnicity and sexual orientation. Case management supervisors identified a need for professionally facilitated support groups, particularly targeting women. They also suggested developing support groups that include an educational component.

Case management supervisors also identified the need for programs integrating mental health therapy and counseling with substance abuse treatment for patients with dual diagnoses.

SPECIAL POPULATIONS

Special populations with the largest percentage of respondents reporting using psychological/psychiatric treatment and counseling services in the last 12 months include:

- PLWHA with mental health conditions (61%);
- White/Anglo MSM (46%);
- Homeless (39%);
- Injecting drug users (35%); and
- Other substance users (30%).

The following populations report the highest percentages using support groups:

- PLWHA with mental health conditions (55%);
- White/Anglo MSM (38%); and
- Other substance users (43%).

Both recently released and youth include approximately 21% who have used support groups but 40% of those needing and not using the service.

Populations with the lowest percentage of respondents reporting use of psychological/psychiatric treatment and counseling services in the last 12 months include:

- Latinos - 9% have used the service, and 72% report “no need” for it;
- Youth - 11% have used the service but 39% report an unfulfilled need; and
- Recently released - 20% have used the service but 37% report an unfulfilled need.

PLWHA WITH MENTAL HEALTH CONDITIONS

Respondents with mental health conditions accounted for nearly 30% of the survey sample. PLWHA with mental health conditions were defined as consumer survey respondents who:

- Report being unable to get needed HIV services due to being “mentally impaired”; or
- Received medical care for a mental health condition in the last 12 months.

- Although the majority of respondents with a mental health condition were African-American, non-Hispanic, a surprising 31% were Hispanic. This percentage was higher than the percentage of Latinos in the total sample (22%).
- Less than 3% indicated they were out-of-care, which was the lowest of all the sub-populations under study.
- Poverty is a major issue for PLWHA with mental health conditions, with 75% earning less than $10,000 per year. Money was cited most often as a barrier to receiving care.
- More than half (54.3%) of respondents with a mental health condition were diagnosed before 1995.
- Services needed by PLWHA with mental health conditions but with the need not met include: health insurance, rental assistance, household items, housing-related services, legal services.
- The most needed services by PLWHA with mental health conditions include:
  - Support groups, needed by 28%;

- Health insurance, needed by 23%;
- Psychological/psychiatric treatment and counseling services, needed by 23%;
- Case management, needed by 14%;
- Oral health care, needed by 13%; and
- Primary care, needed by 8%.

OTHER RESOURCES

Finding 50% of ethnic consumers ended treatment after one session, a recent California study[14] evaluated the impact of culturally responsive mental health services. Culturally responsive services were defined as (1) located in the ethnic community; (2) good characteristic fit where therapist and patient are similar in ethnicity, language and/or background; (3) good cognitive fit where therapist and patient have similar world views and perspectives.

An ethnic match for the therapist and patient was related to greater length of treatment for each of the four cultural groups under study (Asian-American n= 7,136; African-American n= 47,220; Latino n= 58,844; White n= 99,036). Among these groups, only Mexican-American as a subgroup of Latinos, experienced better outcomes. Language match predicted both greater length of treatment and better treatment outcomes.

Through a $400,000 per year SAMHSA grant, two local agencies collaboratively provide a full range of mental health services to 100 unduplicated PLWHA of color residing within the Houston HSDA each year. Services include: (1) individual, couple, and group counseling; (2) psycho-educational groups including peer support; and (3) psychiatry services. Services are also available to affected partners. Services are provided within the client's home, the agency's office, or other locations within the community which are agreed upon by the therapist and client to ensure confidentiality

RECOMMENDATIONS

- HRSA has defined mental health as a core service for PLWHA. Consider expanding funding for mental health therapy in order to enhance access to services and support PLWHA movement into and maintenance in the care system. Mental health therapy should be integrated with counseling and testing, HIV medical care and case management services.

- Literature about mental health services should inform, promote and de-stigmatize the service. Consider using testimonials or consumers verbatim remarks, similar to those made in the focus groups, attesting to the benefits obtained from mental health services.

[14] Sue, Stanley. "Cultural Implications of Treatment." 54th Annual Meeting of the Canadian Psychiatric Association, October 16, 2004. www.medscape.com/viewarticle/493073_3

- Consider reasons for low use of mental health services by Latinos, youth and recently released and develop targeted services and service promotion for these consumers.

- Expand the availability of support groups for women, white MSM, recently released and youth.

NUTRITIONAL COUNSELING

HRSA DEFINITION

The provision of nutrition education and/or counseling by a licensed registered dietitian outside of a primary care visit. Nutritional counseling provided by other than a licensed/registered dietitian should be recorded under “psychosocial support services.”

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 1,064 unduplicated PLWHA received Nutritional Counseling Services across all funding sources. This total represents 7% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Nutritional Counseling: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=565)	142	25.1%	13	2.3%	196	34.7%	214	37.9%
In-care (n=412)	134	32.5%	11	2.7%	95	23.1%	172	41.8%
Out-of-care (n=153)	8	5.2%	2	1.3%	101	66.0%	42	27.5%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Nutritional Counseling: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=227)	133	58.6%	11	4.9%	19	8.4%	64	28.2%
In-care (n=101)	63	60.6%	4	3.9%	4	3.9%	33	31.7%
Out-of-care (n=123)	70	56.9%	7	5.7%	15	12.2%	31	25.2%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Approximately 62% of consumer survey respondents report a need for nutritional counseling services. Over 60% of in-care consumers with this need are accessing the service. On the other hand, the 90% of out-of-care with a need for nutritional counseling are not having that need met.

Among PLWHA who responded to questions about their need for nutritional counseling services, and 38% report no need for this service.

- Of those needing nutritional counseling, 56% of the in-care feel the service is easy to get.
- More than 90% of the out-of-care needing nutritional counseling services have an unfulfilled need.
- Information about the service is the most frequent barrier. This is followed by access barriers.

Nutritional Counseling: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**9,747** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**4,304** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**623** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**15%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**5,443** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**127%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Although the Blue Book only identifies one agency providing nutritional counseling, eight agencies offering nutritional counseling responded to the provider survey.

Projections from the consumer survey identify more than 5,400 PLWHA needing but not getting nutritional counseling services. In order to fully meet this need, the current system of providers need to more than double current capacity.

Four organizations provided information about their ability to accommodate additional consumers with the current level of resources. Two of the smaller providers report being able to provide nutritional counseling to an additional 58 consumers.

SPECIAL POPULATIONS

Based on the consumer survey, among adult populations, Latinos and African-Americans have reported the least need for nutritional counseling services. Youth, recently released and white MSM report the greatest unfulfilled need for this service. Barriers, predominantly informational followed by access, do not vary between the populations.

RECOMMENDATIONS

- Nutritional counseling is often provided at medical clinics as a component of patient education. Due to the importance of adequate nutrition in maintaining the immune system, PLWHA should have other opportunities to participate in nutritional counseling programs. These may be stand-alone programs or in conjunction with other services or groups.

- Incorporate nutritional counseling into patient education requirements for all primary medical care providers.

- Offer nutritional counseling through other service providers, such as case management or organizations providing support groups.

- Evaluate opportunities for nutritional counseling and other educational programs at meal programs.

ORAL HEALTH

(DENTAL SERVICES)

HRSA DEFINITION

Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

*(*HRSA cites this as a core service for Title I)*

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 3,238 unduplicated PLWHA received Oral Health Services across all funding sources. This total represents 21% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 2,757 PLWHA and Title II served 2,216. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Local Title I Service Definition: Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.

Local Title II Service Definition: Prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

Oral Health: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=601)	193	32.1%	29	4.8%	235	39.1%	144	24.0%
In-care (n=410)	184	44.9%	28	6.8%	110	26.8%	88	21.5%
Out-of-care (n=191)	9	4.7%	1	0.5%	125	65.5%	56	29.3%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Oral Health: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=285)	143	50.2%	16	5.6%	24	8.4%	102	36.9%
In-care (n=132)	54	40.9%	8	6.1%	10	7.6%	60	45.5%
Out-of-care (n=153)	89	58.2%	8	5.2%	14	9.2%	42	27.5%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

Oral Health

CONSUMER SURVEY RESULTS

Approximately one-quarter of consumer survey respondents do not need oral health care services. This includes nearly 30% of PLWHA outside the care system.

- Among in-care PLWHA with a need for this service, more than one-third report their need is not being met.
- Among out-of-care with a need for oral health care, almost all report the need is not being met.
- In-care consumers report access barriers to using oral health care services (46%). This is followed by informational barriers (41%).
- Out-of-care consumers predominantly report informational barriers to care (58%).

Oral Health: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**11,930** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**5,796** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**2,298** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**40%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**6,134** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**106%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

All six of the oral health providers identified in the Blue Book responded to the provider survey. In 2004, one survey respondent providing oral health care reported receiving HIV-specific funding.

Over 6,000 PLWHA need oral health care services and are not getting them. In order to accommodate all these consumers, all current service system providers would have to double capacity. None of the survey respondents provided information on their capacity to provide oral health care .

FOCUS GROUP RESULTS

Focus group participants made few comments about dental services. It was not a "top of mind" service need. When mentioned briefly in two of the groups, opinions were divergent - one consumer discussed dissatisfaction with dental services due to "jumping through hoops" while another discussed that dental care *was* available in the community.

SPECIAL POPULATIONS

- Almost all white MSM report a need for oral health care, with only 8% reporting no need for this service, and approximately half are having that need met.

- Nearly 87% of PLWHA with mental health conditions report a need for oral health care. Approximately two-thirds of these people are having their need met, and one-third are not.

- Other populations with approximately 80% reporting a need for oral health care include: homeless, injecting drug users, Latinos and rural residents.

- Oral health is one of the top five needs that are not being met among homeless, injecting drug users, Latino, rural residents and women. It is also among the top five needs not being met for all out-of-care consumers.

RECOMMENDATIONS

- Compile oral health care benefits and services available through other funding sources and area providers. Make available to case managers, other appropriate providers and PLWHA directly. Information should include:
    - Services provided;
    - Service location;
    - Hours/days of operation;
    - Qualification requirements; and
    - Approval process.

- Ensure adequate oral health care services, particularly for services that can impact overall PLWHA health.

OTHER SUPPORT SERVICES (TRANSLATION/INTERPRETATION)

HRSA DEFINITION

Direct support services not listed above, such as translation/ interpretation services.

This service category was listed as "other support" on the survey, followed by translation/interpretation in parenthesis. A HRSA definition was not included in the support packet.

Note: Title I, Title II and DSHS require all contracted agencies to have bilingual Spanish-speaking staff.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 35 unduplicated PLWHA received Translation/Interpretation Services through Texas Department of State Health Services funding. This total represents less than 1% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Local Title II Service Definition: To provide one hour of interpreter services including but not limited to sign language for deaf and /or hard of hearing and native language interpretation for monolingual HIV positive clients.

Translation/Interpretation: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	**#**	**%.**	**#**	**%.**	**#**	**%**	**#**	**%**
Total (n=609)	65	10.7%	12	2.0%	139	22.8%	393	64.5%
In-care (n=416)	62	14.9%	11	2.6%	61	14.7%	282	67.8%
Out-of-care (n=193)	3	1.6%	1	0.5%	78	40.4%	111	57.5%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Translation/Interpretation: Barriers to Care‡

	Information		Service		Personal		Access	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total (n=207)	111	59.0%	8	4.3%	23	12.2%	46	24.5%
In-care (n=94)	48	58.5%	4	1.0%	7	8.5%	23	28.0%
Out-of-care (n=113)	63	59.4%	4	1.0%	16	15.1%	23	21.7%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

Translation/Interpretation

CONSUMER SURVEY RESULTS

Fifteen percent of the survey sample is “most comfortable speaking” a language other than English, but 35% report a need for translation/interpretation services. Among those needing the service, 45% of in-care consumers are not having their need met, and 94% of those outside the care system are not having their need met.

Sixty percent of barriers are informational, followed by access. Fifteen percent of the out-of-care also report personal barriers.

The consumer survey asked about possible barriers to care, “Do any of the following keep you from getting needed HIV medical care?”. One option, “Information for reading is not in my language” was identified by eight survey respondents.

PROVIDER INVENTORY

Five provider survey respondents have *full time* employees whose jobs are translation. Two employ three full time equivalent (FTE) translators and the other three employ one FTE translator. All of these FTEs are Spanish translators.

Fifty-seven (82%) respondents employ "multilingual staff in professional positions." Fifty-five of these agencies have Spanish-speaking staff. Other languages spoken include: Chinese (5), Vietnamese (4), French (4), and sign (4).

FOCUS GROUP RESULTS

Two consumer focus groups were conducted in Spanish. Translation assistance was the most needed service discussed in both groups. While many agencies employ bilingual staff, Latinos report some limitations in translation services. These include:

- Limited vocabulary for complicated or technical translation.
- Bilingual reception staff not available to answer the telephone in order to answer questions and make appointments. In these cases, PLWHA must rely on case managers to call to make appointments.
- Translation staff, where available, can be difficult to access due to high demand for services. Waiting for translation services extends the overall waiting time required for services. This is a particular problem for the working poor who have limited time off from work, or who are only paid for hours worked.
- Gender-specific translators are needed, particularly for sensitive services such as OB/GYN. For example, women prefer female translators when discussing personal information.

OTHER RESOURCES

As immigration patterns in the Houston area continue to shift from primarily Central and South American to Asia, Africa and other regions of the world, there is an increasing need for translation services. In a focus group with immigrant service providers funded by the Ryan White Planning Council in 2001[15], participants reported serving immigrants from 54 countries, representing at least eleven major languages and numerous dialects and derivatives. In addition to Spanish, most consumers served by these providers spoke French, Arabic Swahili, Amharic, Arabic and Vietnamese.

Beyond basic survival needs of food, shelter and employment/finances, immigrant populations come to this country with high rates of Post Traumatic Stress Disorder (PTSD) and problems related to coerced drug addictions. These result in the additional need of mental health services and substance abuse treatment programs. Women also need education regarding family planning practices.

While many immigrants recruit bilingual family members and friends to assist them, this

[15] Information sources: Ryan White Planning Council Focus Group with Immigrant Service Providers, July 31, 2001; Survey of the African and Caribbean Immigrant Community in the Houston Area, conducted by Saving Lives through Alternate Options (SLAO), 2000; and 2002 Houston Area HIV/AIDS Needs Assessment.

is no longer the norm. Additional focus groups with immigrants, service providers and others indicate that a cultural code of privacy, with respect to personal issues, misunderstanding and shame about HIV status, causes many not only to refrain from enlisting their own contacts, but also to decline a translator appointed by the provider because of fear of exposure to someone from the consumer's community. Even when interpreters are available and the consumer permits their involvement, the challenges of presenting complex medical information in a manner that is comprehensive can be insurmountable.

RECOMMENDATIONS

- Continue to require bilingual Spanish-speaking staff at HIV-specific funded agencies.

OUTREACH

HRSA DEFINITION

Programs which have as their principal purpose identification of people with HIV disease so that they may become aware of, and may be enrolled in, care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. Outreach programs must be planned and delivered in coordination with state and local HIV-prevention outreach programs to avoid duplication of effort, be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection, be conducted at times and in places where there is a high probability that HIV-infected individuals will be reached, and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 840 unduplicated PLWHA received Outreach Services across all funding sources. This total represents 5% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 783 PLWHA, Title II served 12, the Texas Department of State Health Services (DSHS) served 3 and other funding sources served approximately 67. In addition, approximately 1 PLWHA received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Since outreach targets out-of-care PLWHA, their responses are presented below.

Outreach: Service Need

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Out-of-care (n=194)	4	2.1%	3	1.5%	76	39.2%	111	57.2%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Outreach: Barriers to Care

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Out-of-care (n=98)	59	60.2%	4	4.1%	17	17.3%	18	18.4%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Nearly 43% of out-of-care consumer survey respondents perceive a need for outreach services.

- Of those with a need, almost all out-of-care consumers have an unfullfilled need for outreach services.
- Recently released, white MSM and youth are among the populations with the largest percentage of respondents with unmet need.
- Barriers to care are largely informational, followed by access and personal barriers.

One-third of consumer survey respondents report beginning HIV medical care "immediately" after diagnosis, and another 16% began care within six months of diagnosis. Another 16%, however, waited one year or longer to receive HIV medical care, and 28% report never having gotten HIV medical care.

PROVIDER INVENTORY

Eleven outreach organizations responded to the provider survey. This is 55% of the twenty outreach providers identified in the Blue Book. Four provider survey respondents received HIV-specific funding for outreach services in 2004.

Provider survey respondents employ over 55 FTEs of prevention and HIV outreach workers, and most require annual outreach worker continuing education.

Of the five organizations providing information about capacity, four cannot accom-

modate additional outreach consumers with the current level of resources. The one with available capacity served seven outreach consumers in 2003 and can accommodate 143 more.

FOCUS GROUP RESULTS

Participants in the non-HIV-specific providers focus group discussed the diversity of the Houston-area population, and the need for specific, targeted outreach by population. The point was made that over 100 nationalities are represented in the region, and differences in the approach for outreach for each group is needed in order to be effective.

SPECIAL POPULATIONS

Recently released, white MSM and youth are among the subpopulations with the largest percentage of respondents whose needs for outreach services are not being met.

RECOMMENDATIONS

- Linking PLWHA to care is one of the major goals set forth in the Ryan White CARE Act Amendments of 2000, but achieving this goal is very difficult. Those who are easy to reach are in the care system. The June 2002 edition of *HRSA Care Action* stated, “A piece of knowledge… is now commonplace among CARE Act providers: Unless a person’s entire set of needs is addressed, he or she will find it exceedingly difficult to stay in care over time.”[16]

- The consumer survey reveals, out-of-care PLWHA are younger, healthier and more likely to be minorities than those in-care. Specific targeted outreach to segments of the out-of-care population is required. Programs for each priority population under study should be considered. The populations must be sub-divided by race/ethnicity, gender and risk patterns in order to effectively reach them and address their needs. (Refer to Section 5 for profiles of out-of-care populations from consumer survey results.)

- Effective local, regional and national programs should be implemented in the Houston EMA/HSDA.
    - HRSA has suggested approaches that include street outreach, peer outreach, “outposting” to place peers and staff in partner agency sites, “in-reach” provides outreach to consumers at large agencies that are not receiving HIV medical care and partner notification.[17]

[16] *HRSA Care Action*, June 2002, pg. e.

[17] *HRSA Care Action,* June 2002, pg. 4.

- Every outreach program must have clearly defined outcomes and mechanisms for evaluating its success. This will allow the most successful approaches to be replicated and those that are not fruitful to be modified.

- Whenever possible, coordinate outreach activities between needs assessment partner organizations and other outreach providers to increase effectiveness and avoid duplication.

PSYCHOSOCIAL SUPPORT SERVICES

HRSA DEFINITION

The provision of support and counseling activities, including alternative services (e.g., visualization, massage, art, music, and play), child abuse and neglect counseling, HIV support groups, pastoral care, recreational outings, caregiver support, and bereavement counseling. Includes other services not included in mental health, substance abuse or nutritional counseling that are provided to clients, family and household members, and/or other caregivers and focused on HIV-related problems.

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 359 unduplicated PLWHA received Psychosocial Support Services across all funding sources. This total represents 2% of the reported 15,690 PLWHA residing in the Houston EMA/ HSDA.

Within each funding source, Title I served 243 PLWHA and the Texas Department of State Health Services (DSHS) served 23. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Psychosocial Support Services : Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=613)	111	18.1%	22	3.6%	143	23.3%	337	55.0%
In-care (n=419)	106	25.3%	19	4.5%	63	15.0%	231	55.1%
Out-of-care (n=194)	5	2.6%	3	1.5%	80	41.2%	106	54.6%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

Psychosocial Support Services : Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=207)	110	53.1%	15	7.2%	28	13.5%	54	26.1%
In-care (n=94)	52	55.3%	6	6.4%	7	7.4%	29	30.9%
Out-of-care (n=113)	58	51.3%	9	8.0%	21	18.6%	25	22.1%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Psychosocial support is needed by 45% of consumer survey respondents.

- Of those with need, 56% of in-care consumers have that need easily met.
- Almost all out-of-care respondents have an unfulfilled need for psychosocial support.
- Barriers to care are informational followed by access and personal barriers.

Psychosocial Support Services : Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**7,064** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard)] ∗ 15,690/Total]	**3,404** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**0** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**0%**
e. Potential Additional Clients whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**3,660** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**108%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Four provider survey respondents offer psychosocial support. In 2004, two survey respondents providing psychosocial support reported receiving HIV-specific funding. Title I will not continue funding for this service in FY2005.

The gap analysis finds that approximately half of consumers needing psychosocial support are receiving the service. In order to completely meet the need for this service, service system capacity needs to double.

RECOMMENDATIONS

- Since HIV-specific funding for psychosocial support will be increasingly limited, alternative service providers must be identified. Information about these providers should be available to case managers and others who make referrals.

REHABILITATION SERVICES

HRSA DEFINITION

Includes services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

Rehabilitation Services includes:

- Physical Therapy
- Speech Pathology
- Low Vision Training

The consumer survey evaluated need for individual service components of rehabilitation services. The provider survey asked about rehabilitation services in general.

UTILIZATION DATA

CPCDMS data show that during 2003, a total of 173 unduplicated PLWHA received Title I-funded Rehabilitation services. This represents 1% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

No COMPIS data was given for this service. CPCDMS data represent only those services billed to Titles I, II, III, IV and Department of State Health Services, and do not include all possible funding sources.

Definitions of the specific components of rehabilitation services (physical therapy, low-vision training, and speech pathology) were not included in the survey support packet. Consequently, some misunderstanding of terms may affect consumer responses.

Physical Therapy: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=613)	76	12.4%	15	2.5%	126	20.6%	396	64.6%
In-care (n=427)	73	17.1%	11	2.6%	62	14.5%	281	65.8%
Out-of-care (n=186)	3	1.6%	4	2.2%	64	34.4%	115	61.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Low Vision Training: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=610)	23	3.8%	8	1.3%	115	18.9%	464	76.1%
In-care (n=424)	22	5.29%	5	1.28%	48	11.3%	349	82.3%
Out-of-care (n=186)	1	0.5%	3	1.6%	67	36.0%	115	61.8%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Speech Pathology: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=610)	10	1.6%	6	1.0%	80	13.1%	514	84.3%
In-care (n=426)	9	2.1%	3	0.7%	34	8.0%	380	89.2%
Out-of-care (n=184)	1	0.5%	3	1.6%	46	25.0%	134	72.8%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

The consumer survey asked, “Have you been unable to get needed HIV services because of any of the following circumstances or disabilities?”, four respondents reported “yes” because they were wheelchair bound, eight visually impaired, one blind and five hard-of-hearing.

Rehabilitation services are not widely needed by consumer survey respondents. Nearly two-thirds (65%) report “no need” for physical therapy, more than three-quarters (76%) report “no need for low vision training, and 85% report no need for

speech pathology services.

Considering in-care consumers with a need for rehabilitation services:

- Nearly 50% of those with a need for physical therapy are easily having it met.
- More than 60% with a need for speech pathology are having it easily met.
- Nearly 30% with a need for low-vision training are having that need easily met.

Barriers are largely informational. Speech pathology and low vision training have larger percentages of respondents reporting informational barriers than physical therapy. While informational barriers are the most frequently reported for physical therapy, access was more frequently identified as a barrier for this service than for other rehab services.

Rehabilitation Services: Gaps Analysis[‡]

a. Total Projected Need in EMA/HSDA (n) Applies unduplicated total need for physical therapy, low vision training and speech pathology from the consumer survey to the 15,690 Houston-area PLWHA If consumer identified multiple needs, he/she is counted once. [(Total – No Need) ∗ 15,690/Total]	**5,232** Need Service
b. Total Projected Need that is Met (n) Applies unduplicated need met easily and hard for physical therapy, low vision training, and speech pathology from consumer survey to the 15,690 Houston-area PLWHA. If multiple needs not met, consumer is only counted once. [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**2,184** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**361** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**17%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**3,048** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**140%**

[‡] General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

The provider inventory evaluated all rehabilitation services together and four agencies responded to the survey. None of the providers reported on available capacity.

Combining, unduplicating and projecting the need for all rehabilitation services on the consumer survey finds more than 5,200 PLWHA in need of these services in the EMA/HSDA. Of these approximately 2,200 are having their needs met, and 3,000 are not. In order to complete meet these needs, all rehabilitation providers currently serving PLWHA need to increase capacity by 140%.

RECOMMENDATIONS

- Evaluate alternative funding sources for rehabilitation services. Based upon results, maintain or incrementally expand funding to meet a portion of PLWHA needs that are not currently being fulfilled.

SUBSTANCE ABUSE TREATMENT SERVICES

HRSA DEFINITION

OUTPATIENT includes the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the supervision of a physician, or by other qualified personnel.

RESIDENTIAL includes the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) provided in an inpatient health service setting (short-term).

*(*HRSA cites this as a core service for Title I)*

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 244 unduplicated PLWHA received Substance Abuse Services across all funding sources. This total represents 2% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 70 PLWHA and other funding sources served approximately 128. In addition, approximately 38 PLWHA received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Outpatient Treatment: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=606)	75	12.4%	17	2.8%	130	21.5%	384	63.4%
In-care (n=422)	73	17.3%	13	3.1%	46	10.9%	290	68.7%
Out-of-care (n=184)	2	1.1%	4	2.2%	84	45.7%	94	51.1%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

Outpatient Treatment: Barriers to Care‡

Population	Information		Service		Personal		Access	
	#	%	#	%	#	%	#	%
Total (n=183)	102	55.7%	14	7.7%	28	15.3%	39	21.3%
In-care (n=74)	33	44.6%	8	10.8%	11	14.9%	22	29.7%
Out-of-care (n=109)	69	63.3%	6	5.5%	17	15.6%	17	15.6%

Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

The consumer survey reveals the impact that substance use can have on accessing HIV medical care. Nearly 14% of out-of-care consumers report current IV drug use, and 26% report current street drug use. This compares to 3% of in-care consumers reporting current IV drug use and 8% reporting current street drug use. Over 17% of out-of-care consumers cite "I was actively using drugs" as a reason for being out-of-care.

Between 40% and 50% of out-of-care consumers surveyed need outpatient and/or residential substance abuse treatment. For both of these services, very few PLWHA accessed the services in the last twelve months, and even fewer consider them easy to get.

Differences exist between in-care and out-of-care consumers' needs for outpatient substance abuse treatment. Approximately half of out-of-care respondents report a need for this service, while 31% of those in the care system have this need.

Barriers to care also vary. Almost two-thirds of out-of-care report informational barriers. Forty-five percent of those in-care report informational barriers, but 30% have access barriers, and 15% report personal barriers.

Outpatient Treatment: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**5,748** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard)] ∗ 15,690/Total]	**2,382** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**91** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**4%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a – row b)	**3,366** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**141%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Eight provider survey respondents offer outpatient substance abuse treatment. In 2004, one outpatient substance abuse treatment provider reported receiving HIV-specific funding.

Projecting consumer survey results to all PLWHA in the HSDA reveals the total potential unfulfilled need for outpatient substance abuse treatment is more than 3,300 consumers. This number, however, is overstated because it assumes that everyone expressing a need will seek treatment.

- If providers throughout the care system accommodated all of those needing but not getting the services equally, all would have to increase capacity 141%.

Two of the outpatient substance abuse treatment providers responding to the provider survey reported they do not currently have capacity to accommodate additional patients and staff without additional resources.

Residential Treatment: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=607)	45	7.4%	17	2.8%	111	18.3%	434	71.5%
In-care (n=423)	43	10.2%	14	3.3%	41	9.7%	325	76.8%
Out-of-care (n=184)	2	1.1%	3	1.6%	70	38.0%	109	59.2%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

Residential Treatment: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=161)	93	57.8%	9	5.6%	26	16.2%	33	20.5%
In-care (n=62)	31	50.0%	4	6.5%	8	12.9%	19	30.7%
Out-of-care (n=99)	62	62.6%	5	5.1%	18	18.2%	14	14.1%
Note: Percentages based upon total responses. Does not include missing values and NA (not applicable) responses.								

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

As with outpatient substance abuse treatment, residential treatment is needed by a larger percentage of out-of-care consumer survey respondents than those in the care system. Forty percent of out-of-care need this service compared to 23% of in-care.

In addition, in-care consumers had their needs for residential substance abuse treatment met to a greater extent than out-of-care PLWHA. Among in-care, 57% report their needs for this service are being or have been met. On the other hand, 7% of the out-of-care had their needs met.

Informational barriers are prevalent for both in-care and out-of-care PLWHA, but those in-care report a larger percentage of access barriers than those outside the care system.

Substance users were asked about specific treatment-related service needs. Responses from active injecting drug users and active street drug users reveal one third of the former and 40% of the latter report no need for these services. Since "treatment readiness" is critical to substance abuse treatment success, it could be assumed that these consumers prefer to continue using substances and are not ready to access treatment or other services for their substance use.

Among those needing services, free care is the most frequently identified, with 44% of current IDU and 40% of current street drug users reporting this need. Transportation to treatment, outpatient treatment programs, information about available ser-

vices, and information about where to go for treatment were the most frequently identified service needs among current injecting drug users. An understanding counselor and information about available services were the most frequently identified among current street drug users.

Residential Treatment: Gaps Analysis‡

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**4,472** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**1,603** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**0** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**0%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**2,869** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**179%**

‡ General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Two provider survey respondents offer residential substance abuse treatment. It should be noted that Ryan White Title I does not fund residential substance abuse treatment.

In order to accommodate all PLWHA needing residential substance abuse treatment who are not getting it, all providers throughout the care system would have to increase capacity 179%.

FOCUS GROUP RESULTS

Views on the availability and accessibility of substance abuse treatment in the Houston region vary. On one hand, consumers in the substance users focus group, all of whom are in treatment or recovery, reported that substance abuse treatment is readily available, while on the other hand, case management supervisors and other consumers feel that treatment options are limited by HIV status and ability to pay.

Consumers' need for additional targeted programs was discussed. As opposed to discussing services by treatment approach (outpatient, residential, etc.), PLWHA were more inclined to discuss services that were for people with HIV disease or for the general population. Some PLWHA prefer programs specifically for people who are HIV positive. They feel more comfortable discussing HIV-related issues in these programs. Although one PLWHA-specific program was discussed, this program is reportedly for all consumers needing the service. Some participants felt programs targeting specific populations based on gender, race/ethnicity or sexual orientation would be more helpful and comfortable.

On the other hand, some PLWHA are unwilling to access HIV-specific substance abuse treatment programs with issues of stigma and disclosure as barriers.

In discussing the substance abuse treatment continuum of care, several case management supervisors said all components are "unavailable". They advocated developing additional PLWHA-specific treatment programs. Specific suggestions for substance abuse treatment services included:

- Additional HIV-specific treatment programs in locations throughout the city and county. It was stated that current programs have waiting lists. They reiterated the point that general programs do not necessarily fill PLWHA needs;
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings for PLWHA at the HIV clinic sites;
- Other programs near clinic sites or co-located at clinic sites;
- Additional intensive outpatient treatment targeting PLWHA;
- Additional residential treatment;
- Treatment for women with children; and
- Inpatient detox on a designated unit, not integrated with the general inpatient population.

Both case management supervisors and consumers identified a need for more free treatment. Case management supervisors made the point that ability to pay is a barrier to accessing substance abuse treatment and to the type and duration of treatment available. Consumers in the substance users group were asked if they had trouble getting into treatment, and those with insurance did not.

SPECIAL POPULATIONS

The consumer survey found large percentages of youth and recently released have unfulfilled needs for both outpatient and residential substance abuse treatment. African-Americans have needs that are not being met for outpatient treatment, and a noteworthy percentage of white MSM have unfulfilled needs for residential treatment.

With surveillance identifying 18% of PLWHA infected via injecting drug use, and the consumer survey identifying approximately half of respondents who are current or previous injecting drug or street drug users, substance abuse is a significant co-morbidity of the HIV epidemic in the Houston EMA/HSDA. Substance abuse complicates all aspects of care and treatment, from presentation for counseling, testing and referral to maintenance within the care system.

The consumer survey asked whether respondents were current injecting drug or street drug users and if they had a history of either injecting or street drug use. If someone was a current IDU or had a history of IDU, they were classified as an IDU and not included as an “other substance user”.

INJECTING DRUG USERS

Injecting drug users (with a history of IDU or current IDU) represent one-quarter of the survey sample, and one-third of these respondents were not receiving HIV medical care. Injecting drug users include a larger percentage of males, Hispanics and Fort Bend residents than found in the total sample.

- In-care IDUs tended to be older, infected longer, diagnosed with AIDS and suffering from a variety of co-morbid conditions. They reported few barriers and were compliant with their treatment requirements.
- Out-of-care IDUs were younger and HIV-positive only. Although infected by intravenous drugs, many also stated they could have been infected from male to male sex or heterosexual contact.

OTHER SUBSTANCE USERS

Other substance users make up another quarter of the survey sample, and 27% of those are not receiving HIV medical care. Two-thirds are male, and 63% are African-American, non-Hispanic.

In-care substance users tend to be older, with 75% over the age of 35 years, while those outside the care system are younger, with two-thirds under the age of 35. A higher percentage of in-care substance users were infected via male to male sex, compared to those out-of-care with 50% infected via heterosexual contact.

CURRENT SUBSTANCE USERS AND IDU

Substance users were asked about specific treatment-related service needs. Re-

sponses from active injecting drug users and active street drug users reveal one third of the former and 40% of the latter report *no need* for these services. Since "treatment readiness" is critical to substance abuse treatment success, it should be assumed that these consumers prefer to continue using substances and are not ready to access treatment or other services for their substance use.

If you are currently using IV or street drugs, do you need the following?				
	Injecting Drug Users (n=39)		Other Substance Users (n=87*)	
	# yes	% yes	# yes	% yes
Inpatient detox programs	7	18%	13	15%
Residential treatment programs	8	21%	11	13%
Methadone Maintenance Treatment	5	13%	4	5%
Outpatient treatment programs	10	26%	15	17%
Immediate admission to programs when you're ready	5	13%	12	14%
Information about what services are available	10	26%	17	20%
Information about where to go for treatment	9	23%	16	18%
Free treatment	17	44%	35	40%
Transportation to treatment	11	28%	16	18%
An understanding counselor	7	18%	20	23%
None of the above	13	33%	35	40%

* May include IDU who is also current street drug user

Among those needing services, free care is the most frequently identified, with 44% of current IDU and 40% of current street drug users reporting this need. Transportation to treatment, outpatient treatment programs, information about available services, and information about where to go for treatment were the most frequently identified service needs among current injecting drug users. An understanding counselor and information about available services were the most frequently identified among current street drug users. Among unduplicated current IV and other substance users, 31 (37%) identify a need for one of the four substance abuse treatment approaches.

OTHER RESOURCES

The Substance Abuse Mental Health Services Administration (SAMHSA) funds a $500,000 per year Houston-based HIV-targeted pre-treatment and treatment program. Each year, the program provides recruitment, pre-treatment to 150 consumers and outpatient substance abuse treatment to 50 PLWHA of color residing in the Houston HSDA. Recruitment identifies PLWHA and informs them about the services. Pre-treatment services provide the opportunity for PLWHA to prepare themselves to make a commitment to substance abuse treatment. These preliminary steps promote successful completion of the treatment program.

The Center for Substance Abuse Treatment funds a substance abuse treatment program for adolescents ages 12 through 17. Any youth meeting the DSM-IV TR criteria for substance abuse or substance dependence is eligible for services.

In Texas, the Ryan White Title II Special Populations and/or Emerging Needs Program funds $130,000 per year for a comprehensive program for up to 100 pre and post-operative transgender individuals to receive targeted outreach and recruitment, health education and risk reduction, HIV/STI counseling/testing/referral services, HIV outpatient primary medical care, hormone therapy, mental health treatment, substance abuse pre-treatment, and referral to substance abuse treatment programs.

Through a $350,000 SAMHSA grant, a Houston agency provides a unique, integrated HIV/STD/Substance abuse prevention education and intervention program The most intense portion of this program targets Hispanic women and teenagers in a specific apartment complex in Southeast Houston. For the two years ending September 30, 2004, the program served 1,636 people. In addition, programming is provided for younger children while their mothers are in classes. For adult males, “brief” outreach interventions are conducted one night per week in the complex. Health fairs are also provided several times per year.

RECOMMENDATIONS

- The consumer survey and focus group discussions present a picture of substance abuse treatment that is available, but not always optimal for diverse populations. Provider information reveals available services, but these are not always targeted to PLWHA. These services may also be limited for the uninsured. Develop treatment programs for diverse populations.

- Identify opportunities to leverage funding through partnerships with substance abuse treatment programs.

- Explore alternative models of providing mental health and substance abuse counseling at primary care sites.

- Continue to educate substance abuse treatment providers to more effectively treat HIV positive consumers.

- Continue to educate consumers, case managers and primary care providers about the availability of free substance abuse treatment and the availability of various substance abuse treatment approaches.

TRANSPORTATION SERVICES

HRSA DEFINITION

Conveyance services provided, directly or through voucher, to a client so that he or she may access health care or support services.

Transportation services include:

- Bus Pass Assistance
- Van Transportation
- Gas/Taxi Vouchers

UTILIZATION DATA

Data from CPCDMS and COMPIS show that during 2003, a total of 1,535 unduplicated PLWHA received Transportation Services across all funding sources. This total represents 10% of the reported 15,690 PLWHA residing in the Houston EMA/HSDA.

Within each funding source, Title I served 732 PLWHA, Title II served 10 and other funding sources served approximately 137. In addition, 1,839 PLWHA received Title-I funded bus passes and approximately 8 received services through unspecified funding sources. Please note that since PLWHA may receive services through multiple funding sources, the sum of PLWHA served under each funding source will be different from the total number of unduplicated PLWHA across the entire service category. These data represent only those services billed to Titles I, II, III, IV, the Texas Department of State Health Services and other grants, and may not include all possible funding sources.

Bus Passes: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=603)	180	29.9%	40	6.6%	187	31.0%	196	32.5%
In-care (n=417)	170	40.8%	32	7.7%	76	18.2%	139	33.3%
Out-of-care (n=186)	10	5.4%	8	4.3%	111	59.7%	57	30.6%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

Bus Passes: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=268)	134	50.0%	23	8.6%	26	9.7%	85	31.7%
In-care (n=122)	57	46.7%	14	11.5%	10	8.2%	41	33.6%
Out-of-care (n=146)	77	52.7%	9	6.2%	16	11.0%	44	30.1%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

Van Transportation: Service Need‡

	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
Population	#	%.	#	%.	#	%	#	%
Total (n=604)	82	13.6%	27	4.5%	192	31.8%	303	50.2%
In-care (n=418)	79	18.9%	22	5.3%	91	21.8%	226	54.1%
Out-of-care (n=186)	3	1.6%	5	2.7%	101	54.3%	77	41.4%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

Van Transportation: Barriers to Care‡

	Information		Service		Personal		Access	
Population	#	%	#	%	#	%	#	%
Total (n=253)	133	52.6%	20	7.9%	21	8.3%	79	31.2%
In-care (n=119)	60	50.4%	13	10.9%	6	5.0%	40	33.6%
Out-of-care (n=134)	73	54.5%	7	5.2%	15	11.2%	39	29.1%

Note: Percentages based upon total responses. Does not include missing values and NA responses.

‡ Service need and barrier definitions can be found on page III-1.

CONSUMER SURVEY RESULTS

Bus pass assistance is needed by the most consumer survey respondents, with two-thirds of respondents reporting a need. This compares to half of respondents needing van transportation and gas/taxi vouchers.

Gas/Taxi Vouchers: Service Need‡

Population	Need Met—Easily		Need Met--Hard		Need Not Met		No Need	
	#	%.	#	%.	#	%	#	%
Total (n=601)	60	10.0%	26	4.3%	214	35.6%	301	50.1%
In-care (n=416)	57	13.7%	23	5.5%	112	26.9%	224	53.9%
Out-of-care (n=185)	3	1.6%	3	1.6%	102	55.1%	77	41.6%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

Gas/Taxi Vouchers: Barriers to Care‡

Population	Information		Service		Personal		Access	
	#	%	#	%	#	%	#	%
Total (n=267)	143	53.6%	27	10.1%	18	6.7%	79	29.6%
In-care (n=133)	71	53.4%	18	13.5%	4	3.0%	40	30.1%
Out-of-care (n=134)	72	53.7%	9	6.7%	14	10.5%	39	29.1%
Note: Percentages based upon total responses. Does not include missing values and NA responses.								

‡ Service need and barrier definitions can be found on page III-1.

Bus Pass Assistance: More than 60% of in-care consumers with a need for bus passes are easily accessing the service, and another 12% are having their needs met but find the service hard or somewhat hard to get. Approximately one-quarter of in-care consumers with a need for bus passes report that need is not being met. Among out-of-care consumers, 14% are having their need for bus passes met, and 86% of those with a need for bus passes are not having that need met. Note that consumers must register in the CPCDMS in order to receive a bus pass.

Van Transportation: More than 40% of in-care consumers needing van transportation are able to easily access it. More than 12% find it hard to get and 47% are not having their need for van transportation met. Nearly all out-of-care PLWHA with a need for van transportation services report an unfulfilled need.

Gas/Taxi Vouchers: Among the in-care needing gas/taxi vouchers, 30% report they are able to easily access the service; 12% report their need is met, but the service is hard to get, and 58% are not having their need for gas/taxi vouchers met. As with other transportation services, almost all out-of-care consumers needing gas/taxi vouchers report an unfulfilled need.

Barriers are similar for the three transportation services and for in-care and out-of-care PLWHA. The majority of barriers are informational. These are followed by access barriers, identified by approximately 30% of consumers.

When asked “In the past 12 months, how many medical appointments have you missed because of transportation problems,” nearly 25% of in-care consumers reported missing between one and five appointments and 5% missed more than five appointments.

Among out-of-care respondents, 17% report missing one to five medical appointments in the past 12 months, and another 17% report missing five or more medical appointments due to transportation problems.

- No way to get there was identified as a barrier to HIV medical care for 12% of in-care consumers and 24% of out-of-care. In addition, 13% of out-of-care PLWHA identified “It was too hard to get there (transportation)” as a reason for being outside the care system.

Transportation: Gaps Analysis[‡]

a. Total Projected Need in EMA/HSDA (n) Applies total need from the consumer survey to the 15,690 Houston-area PLWHA [(Total – No Need) ∗ 15,690/Total]	**11,330** Need Service
b. Total Projected Need that is Met (n) Applies need met easily & hard from consumer survey to the 15,690 Houston-area PLWHA [(Need Met Easily + Need Met Hard) ∗ 15,690/Total]	**6,618** Need is Met
c. PLWHA Treated by Provider Survey Respondents (n) Total reported clients from provider survey respondents	**1,893** Clients
d. Percent of Need Being Met by Provider Survey Respondents (%) Provider survey clients divided by total whose need is met (row c/row b)	**29%**
e. Potential Additional Clients Whose Need not Being Met (n) Difference between total projected need and total projected need that is met (row a - row b)	**4,712** Need Service Not Getting It
f. Additional System Capacity Required to Provide Service to *All* Needing but Not Getting Service Current provider expansion required to completely meet need (row e/row b)	**71%**

[‡] General description of gaps analysis calculations can be found on page III-2.

PROVIDER INVENTORY

Nine provider survey respondents offer transportation services. This is nearly 82% of the 11 providers identified in the Blue Book.

Combining the need for all transportation services, more than 11,300 PLWHA report this need. Of these, nearly 60% are having their needs met, while approximately 4,700 have unfulfilled needs for transportation. If all of these consumers were to come forward and have their needs met, the service system would need to increase by over 70%.

Asked about their ability to accommodate additional patients with the current level of resources (staff, facilities, etc.), four of five respondents report no available capacity. One agency is able to accommodate 60 additional clients.

FOCUS GROUP RESULTS

Unlike those surveyed, the focus groups were conducted in Houston, and most, if not all, participants live in the city. The case management supervisors focus group included one rural case manager who stated that transportation is an ongoing challenge for rural consumers. In both of the provider focus groups, transportation was discussed as a need. Providers also identified a need for bus passes for caregivers of homebound PLWHA.

Based upon consumer focus group participant descriptions, transportation services have been reduced from previous levels, with most PLWHA receiving free bus passes. These passes, which can be used any time, are considered an excellent service by those who live near bus routes and are well enough to ride the bus, but negative aspects were discussed for those who must walk long distances to bus stops, make multiple transfers or who are not feeling well. Information about “certification” for transportation services varied between groups. Most PLWHA stated that they were given bus passes for a year. One stated that he must be re-certified for van service every three months.

Van transportation services are limited and used primarily to get medically needy or sicker patients to and from medical care. Satisfaction with van transportation services was mixed. Some PLWHA discussed having to wait to be picked up or vans not arriving on time. Others were pleased with door-to-door service.

Case management supervisors and non-HIV-specific providers identified the need for additional van service. They expressed these needs to a greater extent than PLWHA.

Some consumers stated that they are able to access taxi services, and are very satisfied with that. Others report they wish they could use taxi services but are not eligible. Taxi vouchers are available only for documented emergencies (such as van service is unavailable due to breakdown, scheduling conflicts or inclement weather or other unanticipated event) and to transport a client to a disability hearing, emergency shelter or for a documented medical emergency.

Few consumer focus group participants mentioned a need for gas vouchers. Consumers also perceive that gas vouchers are no longer available.

OTHER RESOURCES

Public transportation via bus is accessible throughout most of Harris County. Door-to-door bus service is provided for disabled passengers.

In June 2004, the largest transportation provider in Fort Bend County was not accepting new consumers. For existing consumers, they provide door-to-door van service for

medical and social service appointments. Scheduling is on a "first-come, first-served" basis, with a minimum of seven days advance reservation needed. Reportedly, this provider has four vans, but only two drivers.

Montgomery County has limited transportation services, with multiple agencies providing fragmented services to the elderly and disabled. At least three agencies were identified, but none provide comprehensive services that are easily accessible for PLWHA.

Colorado, Austin, Wharton and Walker counties are served by a transit service. Routes are geographically limited, and some out-of-area transportation is available.

Medicaid provides transportation in most of the HSDA counties via a transit service. Two days advance notice is required for scheduling.

SPECIAL POPULATIONS

RURAL RESIDENTS

Rural consumer survey respondents need gas/taxi vouchers to a greater extent than the overall survey sample, and need bus passes and van transportation to a lesser extent. More than 60% of rural residents need gas/taxi vouchers, 40% need van transportation and 37% need bus passes.

Among rural residents needing gas/taxi vouchers, four (15%) are having their need easily met, and eight (21%) are having this need met, but find it hard or somewhat hard to get. Another 25 (63%) are not having their need for gas/taxi vouchers met.

RECOMMENDATIONS

- Maintain and, if possible, increase funding for transportation services.
- Continue the urban bus pass program through case management agencies, but evaluate options for PLWHA who must walk significant distances to bus stops.
- Evaluate opportunities to fund drivers to drive existing van(s) for Ft. Bend County residents.
- Educate consumers about the availability of gas vouchers for residents of rural counties to access medical care services.