COMPREHENSIVE HIV NEEDS ASSESSMENT

2014-2015

San Antonio Transitional Grant Area
January 2015

PROVEN INNOVATION WITH PROVEN RESULTS
PROVADO
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EXECUTIVE SUMMARY

The San Antonio Area HIV Health Services Planning Council (Council) and the Bexar County Department of Community Resources (DCR), the Administrative Agency (AA) which administers the Ryan White Program, are responsible for planning Part A core medical and support services for people living with HIV/AIDS (PLWHA) in a four county region referred to as the San Antonio Transitional Grant Area (SATGA). The SATGA is comprised of the counties of Bexar, Comal, Guadalupe and Wilson. The Council is charged with conducting a comprehensive needs assessment to aid in identifying and addressing needs, barriers, and gaps in the service delivery system. The Council also utilizes the data and information presented in the needs assessment report to establish priorities, and allocate necessary resources.

The Needs Assessment Committee (NAC) of the Council was charged with developing the timeline, scope of work and general oversight for this 2014-2015 Comprehensive Needs Assessment. In August of 2014, the consulting firm, PROVADO The Group, Inc. (Provado) was awarded the contract to conduct the 2014-2015 Comprehensive Needs Assessment.

The *Scope of Work*, as defined by the NAC and the AA, is summarized below.

Target Populations	
African American	**Late to Care**
Hispanic	**Out of Care**
Recently Diagnosed	

Target Populations were defined as follows:

Target Populations Defined	
African American	Race / Ethnicity
Hispanic	Race / Ethnicity
Recently Diagnosed	Persons diagnosed with HIV and/or AIDS in the previous twelve (12) months
Late to Care	Persons whose CD4T-Cell count fell below 200 (AIDS Diagnosis) within 12 months of HIV diagnosis
Out of Care	Persons who were out of care for more than six (6) months in any of the previous twenty-four (24) months

In addition to the data collected on the defined target populations, the final Needs Assessment report was to include: 1) an Epidemiological Profile of the SATGA; 2) an assessment of consumer service needs; 3) an assessment of unmet need and service gaps; 4) a correlation tying all of this data into the SATGA's Continuum of Care (Continuum); and, 5) a resource inventory with a profile of provider capacity.

The *Methodology* utilized by Provado was in compliance with Health Resources Services Administration's (HRSA) requirements for conducting a comprehensive needs assessment. The methodology included the following areas: 1) documentation review; 2) data collection and analysis; and 3) the production of a final report. The data collection process utilized qualitative and quantitative survey instruments that adhered to the topics that were determined and approved by the NAC. Also in

this process, Provado created new survey tools and focus group scripts to evaluate the impact of the Affordable Care Act on HIV services. These tools were closely tied to elements of the SATGA Continuum of Care for insights into the community's ability to improve client viral loads to undetectable levels.

Eight (8) Focus Groups (FG) were conducted, with appropriate translation as needed. In addition, 319 consumer surveys were administered. *Note: See "Section 2: Methodology, Data Collection" of the final Needs Assessment report for a comprehensive breakdown of survey data.*

The *Epidemiological Profile* for the SATGA comes directly from the 2015 Ryan White Part A Grant Application submitted in September 2014 by the AA to HRSA. The profile has been updated where appropriate with new 2013 data from the Texas Department of State Health Services (DSHS) 2013 HIV/STD Epidemiological Profile for the State of Texas.

The review of *Consumer Service Needs* data from the 2014 survey tool and from FG interviews is presented by service category and by selected characteristics of respondents. Service data is arranged in two groups: 1) from most-needed/accessed to least-needed/accessed; and 2) most needed/not accessed to least needed/not accessed. The main barriers to care or reasons for lack of access are presented within the second group.

The SATGA *Unmet Need* profile comes directly from the 2015 Ryan White Part A Grant Application from September 2014. The state compiles unmet need data for localities annually, and this was the most recent data available for this report. *Note: Provado recommends an addendum or amendment to this report in 2015 when new data from the state is made available.*

The *Continuum*, or the Treatment Cascade, is discussed at length in Section 6 of this document, but should be regarded as the *lens* through which the entire document is to be read and understood. Each aspect of service provision within the TGA contributes to the success or failure of the Continuum. All notable contributions to the Continuum, revealed through the surveys and focus groups, are summarized in Section 6 for ease of use and dissemination.

The *Resource Inventory and Provider Capacity* profile is included as Appendix A of this document. This is intended to make it possible for the NAC, Council, AA or providers to be able to print this document independently of the full Needs Assessment and to use it as a handout or bulletin board item for staff or consumers who need information on available services in the SATGA.

As a closing note, Provado recognizes the importance of the report's overall format. Through careful analysis and data presentation, Provado is confident that the report will be actively utilized and understood by the AA, the Council, Providers, and Consumers of various levels of education and familiarity with the HIV community. The full Comprehensive Needs Assessment report and Appendices are available on the Planning Council's HIV210.org website for full community access.

SECTION 1: INTRODUCTION

The San Antonio Area HIV Health Services Planning Council (Council) was established in 1994 when the San Antonio Area became eligible to receive Ryan White Part A funding. The Administrative Agency (AA) is the Bexar County Department of Community Resources (DCR), which administers the Ryan White Program. The Council is charged with conducting qualitative and quantitative needs assessments, which enhance comprehensive planning in the SATGA, comprised of Bexar, Comal, Guadalupe and Wilson counties in South Central Texas.

People Living with HIV/AIDS (PLWHA) face medical, psychological and other challenges that require optimal health service delivery to meet their unique needs. Several vital components necessary to deliver a successful continuum of services include: 1) health literacy; 2) enhanced and broad availability of information on the HIV/AIDS disease; 3) the availability of services within the SATGA's Continuum of Care; and, 4) a data-driven assessment of the needs of those living with HIV/AIDS. When assessing need, efforts must be made to obtain both quantitative and qualitative data from PLWHA in distinct populations to better equip the Council in their efforts to address community needs, barriers, and gaps in service relative to targeted populations.

This 2014-2015 Comprehensive Needs Assessment is the result of the partnership amongst: 1) HIV/AIDS consumers; 2) the Council; 3) the AA; 4) Ryan White service providers; and, 5) community stakeholders. Consequently, the collaboration of providers, consumers, health care planners, and other key stakeholders has been integral to the development and preparation of this report. The Council will utilize this assessment for three (3) primary functions:

1) For priority setting and resource allocation;
2) To provide guidance for decisions regarding service delivery; and,
3) To communicate the SATGA's needs to HRSA in its annual Part A grant application.

The Needs Assessment Committee (NAC) of the Council was charged with developing the scope of work for this Comprehensive Needs Assessment, and with general oversight of the project. In May of 2014, the Bexar County Purchasing Department released a Request for Proposals (RFP) to applicants interested in responding with project proposals. In August of 2014, Provado was awarded the contract to conduct the Needs Assessment. This Needs Assessment Report is compliant with the requirements of the HRSA Ryan White HIV/AIDS Treatment Extension Act of 2009.

SECTION 2: METHODOLOGY

The overall methodology was guided by the HRSA requirements for a Comprehensive Needs Assessment. The methodology included the following ten (10) areas:

1) Review of the Scope of Work with Client;
2) Review of Data Collection Options and Requests;
3) Documentation and Available Data Review;
4) Focus Groups with Priority Populations, Consumers, and Stakeholders;
5) Online Data Collection of Needs Assessment Survey and Provider Survey;
6) Electronic Collection of Provider Capacity Questionnaires;
7) Data Analysis of Collected Data;
8) Submission of Draft Document to NAC and AA;
9) Revision/Q&A Process with NAC/AA; and,
10) Final Presentation to Planning Council.

During Provado's project launch conversations with the NAC and the AA, the Scope of Work was reviewed and the proposed project methodology was presented to the NAC for approval. Provado agreed to present all project elements (including data collection tools) to the NAC and/or Council Liaison, as requested, for approval prior to implementation to ensure compliance with project requirements.

A detailed discussion of the key methods approved and employed follows.

SCOPE OF WORK

The Scope of Work identified the following targeted populations for the needs assessment:

Target Populations	
African American	Late to Care
Hispanic	Out of Care
Recently Diagnosed	

The following required elements are in the Needs Assessment report:

1) Epidemiologic trends in the HIV/AIDS epidemic, with a focus on recent changes and emerging affected populations;
2) Consumer service needs with an emphasis on those that are not currently being fulfilled, utilization patterns and barriers to care;
3) A resource inventory of HIV-related services, with an assessment of service availability post implementation of the Affordable Care Act;
4) An assessment of provider capacity for gaps in the Continuum of Care, and an assessment of the potential expansion of service capacity; and
5) Detailed information on PLWHA with unmet need for HIV primary medical care and strategies to improve retention.

Additionally, Section 6 of the Needs Assessment report includes focus on the HIV Treatment Cascade (Continuum of Care), with minimum reporting on the following aspects:

- Gaps in services and barriers to accessing HIV testing

- Gaps in services and barriers to accessing HIV care
- Gaps in services and barriers to remaining in HIV care
- Gaps in services and barriers to accessing and remaining adherent to HIV medication

The report also includes recommendations centered on correlations between identified needs, the data analysis and the following populations:

- Those who are unaware of their HIV status
- Those who are aware of their HIV status
- Those who have met need
- Those who have unmet need
- Those who are retained in medical care
- Those who are not retained in medical care
- Those who have achieved viral suppression
- Those who have not achieved viral suppression

DATA COLLECTION

Consumer surveys for the 2014-2015 Needs Assessment were gathered by Ryan White HIV/AIDS Program service providers, HIV Prevention providers, support groups, and organizations serving targeted populations. Participating agencies were provided two tablet computers that allowed clients to take the survey directly on Survey Monkey while at the agency before, during, or after the provision of services. The AA also provided hard copies of the surveys to agencies for those clients who preferred to take the survey on paper.

The only inclusion criteria were HIV positive status and residency in one of the four counties of the SATGA. Participants were self-selected and self-identified according to these criteria. Surveys were self-administered in both English and Spanish by clients, with agency staff available for assistance with questions. Between October 13, 2014 and November 21, 2014 a total of 334 Surveys were administered to collect quantitative data for analysis. Collected paper surveys were manually entered into Survey Monkey by Provado staff for cumulative analysis from the sampling.

	Total Surveys	Provado Comments / Notes
Total Surveys Administered	**334**	
1. Administered via Survey Monkey	93	N/A
2. Administered via paper copy	241	N/A
3. Unusable Surveys *(Deleted – not included in the data sample)*	17	Of the seventeen (17) surveys: fifteen (15) contained answers to only the first question in the survey; and, two (2) surveys were completed by HIV negative individuals (not meeting the inclusion criteria).
4. Monolingual (Spanish Only) Surveys	4	N/A
Total HIV Positive Administered	**317**	
5. 100% Completed Surveys	300	N/A
6. Partially Completed	11	Sites that distributed the survey on double-sided copies had a high incidence of clients missing the backside of various pages. This occurred most often on page 4 of the survey, questions 6-12, where eleven (11) clients failed to respond to these questions only *(Note: See Appendix B, Client Survey Tool).*
7. Partially Completed	6	Contained randomly unanswered questions throughout a participant's answers

Note: All analysis was completed on a data sample size of 317. All provided data from the seventeen (17) partially completed surveys was incorporated into the analysis as appropriate/available.

Additionally, Provado scheduled qualitative Focus Groups (FGs) with each target population. A monolingual Spanish speaking consumer FG and a FG with the People's Caucus was also scheduled - totaling seven (7) scheduled FGs. *Note: The People's Caucus is consumer group of HIV positive persons that advises the Planning Council on issues facing the community.* FG Participation is as follows:

Focus Group #	FG Audience / Target Population	# of FG Participants
#1	African Americans	5 participants
#2	Hispanics	7 participants
#3	Out of Care	2 participants
#4	Late to Care	0 participants
#5	Recently Diagnosed	6 participants
#6	Monolingual Spanish Speakers	5 participants
#7	People's Caucus	10 participants
	Total FG Participants	**35 Participants**

Note: Appendix C, Facilitation Tool- was used to guide the focus group conversations.

Finally, Provado distributed a separate survey throughout the SATGA's HIV Providers. The survey, Appendix D, was designed to collect answers from the Provider's staff, and to gather information on the perceived needs of the HIV Consumers served at each agency. The surveys were administered through Survey Monkey, with a total of twenty-two (22) staff participating.

Agency Participation–	Responses –
Alamo Area Resource Center	**22.73% (5)**
Centro Med	**18.18% (4)**
San Antonio AIDS Foundation	**40.91% (9)**
University Health System - FFACTS Clinic	**9.09% (2)**
Mujeres Unidas Contra el Sida	**9.09% (2)**
Total	**100% (22)**

Participants were asked to identify their role at the agency. Of the twenty-two (22) respondents, 18.18% (4) reported being at an Administrative level within the organization. The remaining 81.82% (18) reported working in a position that provides "direct client services" to the consumers. Direct client services included, but were not limited to: prevention outreach/HIV counseling and testing, case management, medical/clinical personnel, and administrative assistant responsibilities.

CONFIDENCE LEVEL

The Needs Assessment sample size was determined by the NAC and the AA as 10% of the HIV positive client population in the SATGA. Based on an approved sample size of 317 out of a population of 3,500, the margin of error for the data analysis is +/- 5%.

The NAC and the AA also set the sample demographic goals with the participation broken into the following target groups:[1]

Target Population	Project Goal	Actual Achieved	% of Goal Achieved
African American	18%	27.5%	153%
Hispanics	60%	53.0%	88%
Out of Care	20%	22.6%	113%
Late to Care	30%	16.4%	55%
Recently Diagnosed	6%	11.9%	198%

DATA LIMITATIONS & ASSUMPTIONS

1. Survey Length: The length of the overall survey was identified as a contributing factor, by participants, for incomplete survey answers.
2. Paper Surveys: Sites that distributed the survey on double-sided copies had a high incidence of clients missing the backside of various pages. It was identified by Provado staff that this occurred most often on page 4 of the survey, questions 6-12.
3. Client Survey Tool, Service Utilization Section (Appendix B, pages 11-23): Participants repeatedly, but intermittently, omitted a response to the initial question for each service category:

[1] *Percentages add to more than 100% due to overlap of target populations*

- "I needed this service and received this service"
- "I did not need this service"
- "I needed this service, and did not receive this service."

In situations where a participant chose either the first or the second statement, the survey applied "skip logic" and directed to move on to the next service category. If the participant chose the third statement, the survey advanced and prompted the participant to choose the reason they did not receive the service from a pre-populated list of options.

In those instances where no checkmarks to these initial three statements were present, Provado made two data assumptions during data entry:

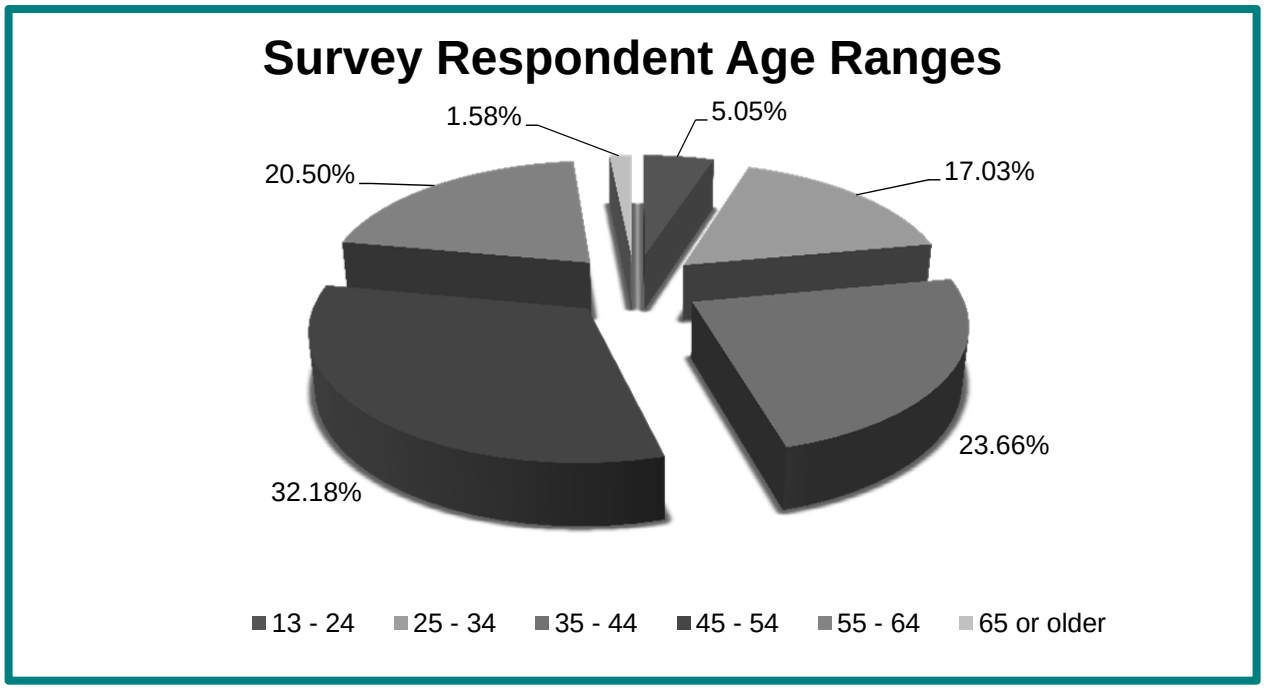
1. If a respondent had no checkmarks to the first three statements, and no checkmarks in the reasons for not receiving the service, Provado assumed "I did not need this service" as the service category response and moved on to the next category; and
2. If a respondent had no checkmarks to the first three statements, but had checkmarks in the reasons for not receiving the service, Provado assumed "I needed this service and did not receive this service" as the service category response, and filled out the question and reasons accordingly.

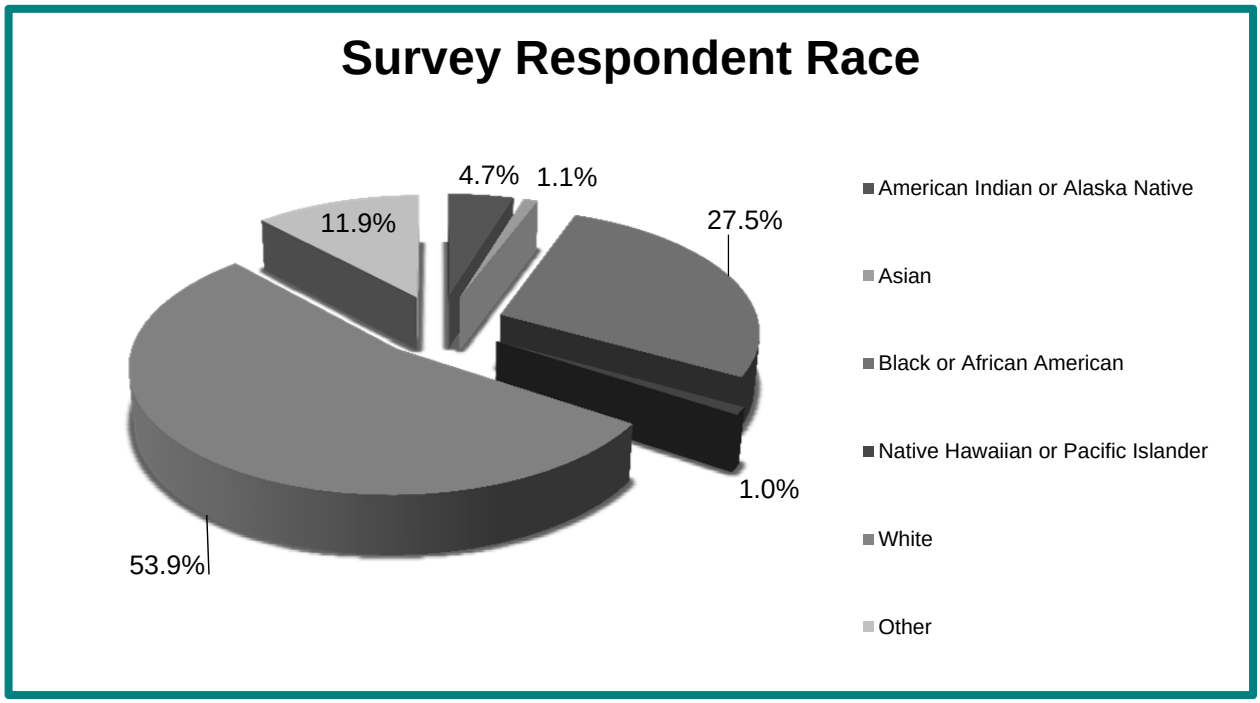
Additionally, on paper copies only, if a participant marked the first or the second statement AND marked a reason they did not receive the service – the "skip logic" of the data entry assumed that the service was needed and received OR not needed and moved to the next question.

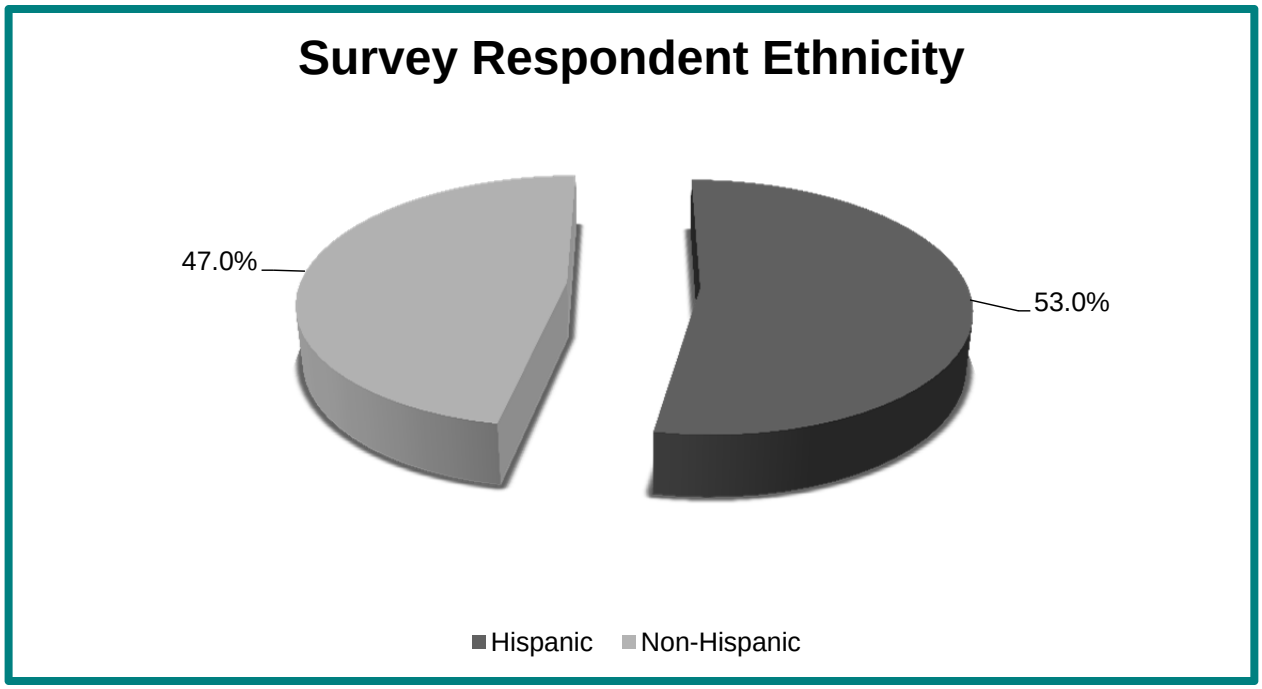
4. Participant perception errors in the service category responses, such as responded "Service was not funded" for the reason they did not receive a service, were noted in the analysis. This response was noted on multiple occasions in service categories that were, in fact, funded by the SATGA. Based on these errors, Provado's assumption is that the particular agency where the client regularly accesses services may not be funded for that service category, and the client therefore did not know it was funded elsewhere. Whether this has broader implications as to client perception and knowledge is discussed further in *Section 4: Customer Service Needs* of the report.

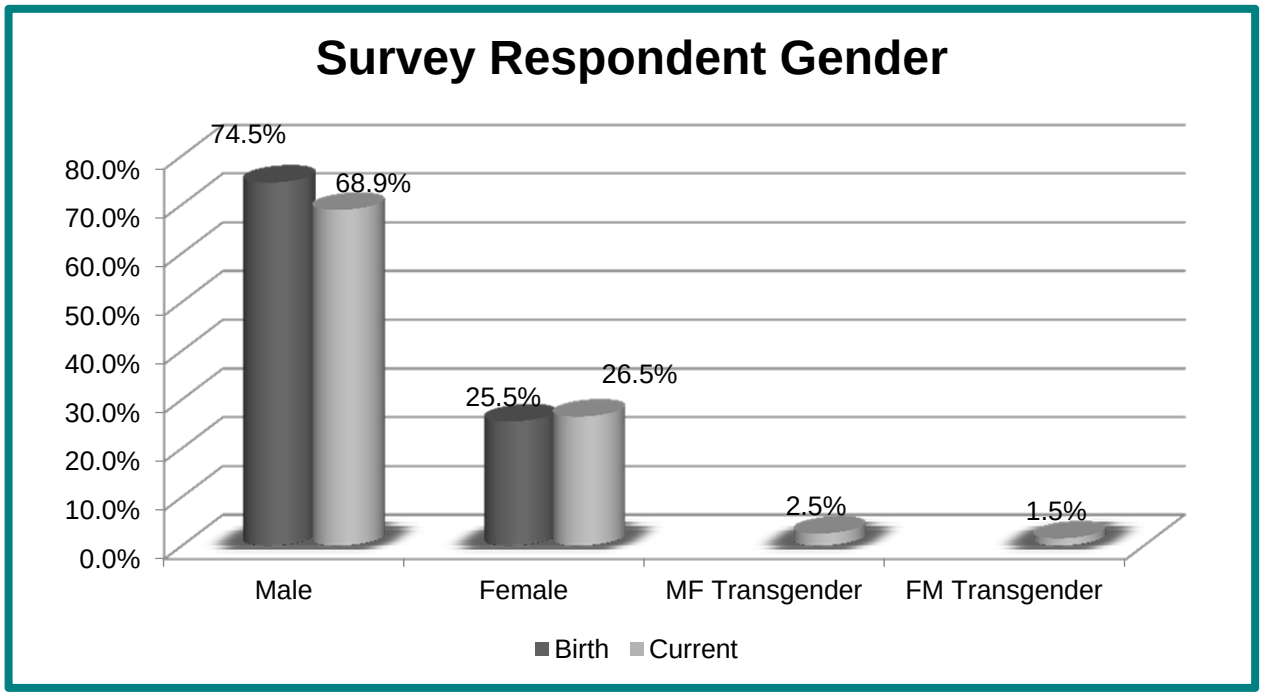
CONSUMER PARTICIPANT PROFILE

The "Consumer Participant Profile" presents participant data from 317 HIV positive individuals that completed the 2014 Needs Assessment Survey, and 35 HIV positive individuals participated in Focus Groups (FG). *Note: Due to the nature of the target populations, it is likely that individuals are duplicated across the Focus Groups and the Consumer Surveys.*


Survey Respondent Age Ranges
1.58%
5.05%
20.50%
17.03%
23.66%
32.18%
13 - 24
25 - 34
35 - 44
45 - 54
55 - 64
65 or older


Survey Respondent Race
4.7%
1.1%
11.9%
27.5%
1.0%
53.9%
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Pacific Islander
White
Other





Additional socio-demographic markers display an array of participants who are representative of the population as a whole. The remaining markers are:

Education Level	% of Participants	# of Participants
8th Grade or Less	3.8%	12
Some High School	14.2%	45
High School Graduate or GED	29.3%	93
Vocational or Technical School	3.5%	11
Some College	32.1%	102
Completed College	10.4%	33
Post-Graduate Education	3.2%	10
Participant provided no response	3.5	11
Totals	**100%**	**317**

Recent (Within 12 Months)	% of Participants	# of Participants
Incarceration	11.4%	36
Homeless	20.5%	65
Did not respond OR N/A	64.7%	205
Participant provided no response	3.5%	11
Totals	**100%**	**317**

Current Living Situation	% of Participants	# of Participants
Own a Home	10.7%	34
Rent House or Apartment	44.5%	141
Living With Family	21.1%	67
Living With a Friend	5.4%	17
Staying With Friends (“Couch Surfing”)	1.9%	6
Drug Treatment Program	0.0%	0
Shelter/Transitional	7.3%	23
Homeless/Unstable Housing	4.1%	13
Other	1.6%	5
Participant provided no response	3.5%	11
Totals	**100%**	**317**

Current Monthly Income	% of Participants	# of Participants
No Income	21.0%	65
$0 to 100% of Federal Poverty Level	41.3%	131
200% of Federal Poverty Level	19.1%	61
300% of Federal Poverty Level	9.0%	29
400% of Federal Poverty Level	6.9%	22
More than 400% of Federal Poverty Level	2.7%	9
Totals	**100%**	**317**

Insurance	% of Participants	# of Participants
Medicare	23.7%	75
Medicaid	24.6%	78
Private Insurance	13.6%	43
Veterans Administration Healthcare System	2.5%	8
CareLink	18.0%	57
No Insurance	14.2%	45
Participant provided no response	3.5%	11
Totals	**100%**	**317**

Geographic Location

Participant zip codes were analyzed by Geo-mapping software, producing the cluster map (below) of the geographic locations reported by respondents. The heavier/darker the "shadow" beneath a marker indicates higher numbers of persons reporting the same zip codes. A full-page version for easier review of this map is available as Appendix E of this document.

HIV Diagnosis

Of the 317 HIV positive survey participants, 83 (26.2%) participants indicated receiving an HIV since 2012, and 23 (7.3%) reported newly diagnosed in calendar year 2014. The following data shows the diagnosis location and the reason for the medical visit that resulted in an HIV positive test result and diagnosis.

Diagnosis Location	% of Participants	# of Participants
Doctor's Office	35.4%	112
Emergency Room	12.9%	41
Veterans Administration	1.1%	3
Blood/Plasma Donation Site	4.8%	15
Free Clinic	15.1%	48
Health Fair	0.5%	2
HIV Counseling & Testing Site	15.1%	48
Other	15.1%	48
Totals	**100%**	**317**

Note: "Other" sites specified by respondents included the city health department, jails, rehabilitation facilities, and while in the hospital for other services.

Diagnosis, Medical Visit Reason	% of Participants	# of Participants
I felt sick	29.2%	93
Clinic or ER blood draw	7.0%	22
Injured & tested as part of my care	0.5%	2
Regular checkup	16.2%	51
Donating blood	6.6%	21
Accessing free services	3.8%	12
Ob/Gyn Visit	4.3%	14
Doing risky behaviors	4.3%	14
Many of my friends were dying	1.1%	3
Incentives were offered to get tested	3.2%	10
Other	18.4%	58
Participant provided no response	5.4%	17
Totals	**100%**	**317**

Note: "Other" responses included getting a DNA test, a spouse or partner had recently tested positive, blood testing for insurance increases or underwriting, and many people chose "other" to indicate multiple items from the list, such as risky behaviors AND feeling sick.

AIDS Diagnosis

Of the 317 HIV positive survey participants, 90 (28.4%) individuals had been diagnosed with AIDS. Of those 90 individuals, 23 participants reported a "late diagnosis", which means progressing to AIDS within one year of HIV diagnosis. With a late diagnosis percentage of 25.6%, it aligns with the 2011 – 2013 DSHS estimate of 31% late diagnosis for the SATGA as cited in the SATGA 2015 Ryan White Part A grant application.

SECTION 3: SATGA EPIDEMIOLOGICAL PROFILE

The table below, *HIV/AIDS Incidence and Prevalence in the SATGA, 2011-2013,* displays the overall trend-line for HIV/AIDS incidence[2] prevalence[3], or existing cases in the SATGA for the past three years with comparative reference to the overall population. A comparison of the demographic profile of PLWHA and new HIV/AIDS cases displays where the epidemic has disproportionately impacted the SATGA.

HIV/AIDS INCIDENCE AND PREVALENCE IN THE SATGA, 2011-2013

	CY 2011		CY 2012		CY 2013	
	Incidence	**Prevalence**	**Incidence**	**Prevalence**	**Incidence**	**Prevalence**
HIV	379	2,070	334	2,225	392	2,463
AIDS	186	2,921	168	3,049	165	3,145

Source: Texas Department of State Health Services eHARS Data, August 1, 2014

NUMBER OF PEOPLE LIVING WITH HIV (PLWH)

As of December 31, 2013, there were 2,463 PLWH in the SATGA for a rate of 115.9 per 100,000. Males represent 83% of HIV cases while females represent 17%. The Hispanic PLWH represent 56%, 23% are White, 17% are African American, less than 1% reported as "Other," which include Asian, Pacific Islander, Native American, and 3% did not report race or ethnicity. The largest age group for PLWH is 25-34, which comprises 29%, followed by those 35-44 years of age who comprise 24%, and the 'Aged' 45+ years of age at 37%. Seventy percent of PLWH reported MSM as the mode of exposure, with heterosexual contact being the second highest category at 16%.[4]

NUMBER OF PEOPLE LIVING WITH AIDS

As of December 31, 2013, there were 3,145 PLWA in the SATGA for a rate of 148.0 cases per 100,000. Of the cases reported, Hispanics comprise 60%, or 1,891 of the AIDS prevalence, while Whites represent 23% or 716, "Others" are less than 1%, or 17, and PLWA not reporting race or ethnicity are 3%, or 92. African Americans comprise 14%, or 429 of AIDS prevalence. PLWA tend to be older than PLWH, with 63% aged 45 and older, compared to 37% of HIV cases. Among PLWA diagnosis, a "late tester" is defined as having an AIDS diagnosis that occurred within 12 months of the initial HIV diagnosis. In the SATGA, this population is a subset of AIDS cases and is significant to the increasing rates of reported cases. In 2013, 28% of those who tested positive for HIV were diagnosed with AIDS within the year. This pattern is most evident in Bexar County, which has the largest population in the four-county SATGA, and is the county with the highest incidence and prevalence of HIV disease.[5]

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[2] *The Epidemiological Profile has been taken from the FY 2015 Ryan White Part A Grant Application for the SATGA*
[3] *Incidence is defined as the number of new HIV cases diagnosed in a given time period.*
[4] *Prevalence is defined as the number of HIV Positive persons living with HIV in a given time period.*
[5] *Texas Department of State Health Services eHARS Data, August 1, 2014*

NUMBER OF NEW AIDS CASES REPORTED (2011-2013)

Between January 1, 2011 and December 31, 2013, there were 519 new AIDS diagnoses reported in the SATGA, including 186 new cases in 2011, 168 new cases in 2012, and 165 new cases in 2013. Among the new AIDS cases reported during this time period, 84% were male and 16% were female; 60% Hispanic, 20% White, 14% African American, and less than 1% "Other." The largest age group was the 'Aged' who are 45+ years of age, with 38% of new AIDS cases. Individuals between the ages of 35-44 years of age, represent 23% of new AIDS cases. Individuals 25-34 years of age comprise 29%. MSM continue to represent the largest exposure category among new AIDS diagnoses with 69%, followed by heterosexuals at 15%, IDU at 12% and MSM/IDU at 4%. The pediatric exposure group only accounts for less than 1% of new AIDS cases.[6]

DATA SUMMARY

Data provided by the Texas Department of State Health Services (DSHS) for the time period ending December 31, 2013, illustrates the impact of the epidemic on severe need populations in the SATGA. This data is summarized in Appendix F.

The SATGA is a minority/majority area where Hispanics represent 55% of the general population, yet are 58% of all PLWHA. The African American population represents 8% of the SATGA's general population with 15% of PLWHA. Hispanics and African Americans together represent 63% of the SATGA's general population with a PLWHA representation of 73%. African Americans and Hispanics are disproportionately impacted by HIV/AIDS and have poorer social indicators, such as higher poverty rates, and higher rates of being uninsured than Whites.

According to DSHS, from 2011 to 2013, 31% of all Hispanics in the SATGA who are HIV+ were late to care, which means progressing to AIDS within one year of an HIV diagnosis, exceeding both African Americans and Whites by over 5%.

Persons aged 45+ years of age, accounted for 52% of all PLWHA in the SATGA, representing a significant impact on the SATGA's healthcare system with multiple co-morbidities associated with aging and HIV disease. MSM continue to be disproportionally impacted in the SATGA. As of December 31, 2013, 68% of the total PLWHA reported exposure as MSM. The 2013 AIDS Regional Information Evaluation System (ARIES) Statistical Analysis Report (STAR) indicated 56% or 1,646 out of 2,964 of PLWHA receiving medical care in the Part A program reported exposure as MSM.

According to the San Antonio/Bexar County Continuum of Care 2014 Point in Time Survey[7], as reported to United States Housing and Urban Development, there were 2,892 total homeless persons and 2,174 total homeless households. In 2013, the ARIES STAR data indicated 62 homeless PLWHA receiving Part A services.

Based on data provided by the DSHS, from 2011-2013, the Texas Department of Criminal Justice (TDCJ) incarcerated 390 HIV+ individuals having a Bexar County address. Upon their release from incarceration, these persons will be returned to Bexar County. Although Bexar County provides

[6] *Texas Department of State Health Services eHARS Data, August 1, 2014*
[7] *http://www.sarahomeless.org/wp-content/uploads/2014/05/Final-PIT-Report-05-05-14.pdf*

resource directories and linkages to care, the return of this population will add to the need for medical and support services. In 2013, DSHS estimated 72 HIV+ offenders were released in Bexar County. The needs and numbers of this population are immense. Their status as ex-offenders imposes additional burdens to the continuum of care. In summary, the formerly incarcerated PLWHA must overcome the stigma of their disease, being an ex-offender and the difficulty of finding housing and employment.

PLWHA who are underrepresented in Outpatient/Ambulatory Medical Care (OAMC/primary HIV medical care) are more prone to higher rates of co-morbidities, homelessness and isolation. The table below, *Underrepresentation in OAMC in the SATGA, FY2014,* presents data representing select demographic markers in Ryan White Part A OAMC in the SATGA. An indicator of "average" means the group is adequately represented in care when compared to the overall population. An indicator of "high" means the group is accessing care at a higher rate than they represent in the general population. Indicators of "low" means members of that group are at-risk for complications in HIV medical care, co-morbidities, and other issues that arise from being out of care.

TABLE 2. UNDERREPRESENTATION IN OAMC IN THE SATGA, FY2014

Race, Gender and Risk Group	Total Persons Living with HIV & AIDS 12/31/13		Part A OAMC Utilization FY 2013		Part A Other Utilization FY 2013		Representation in OAMC Utilization	Representation in Other Service Utilization
	A		B		C			
	#	%	#	%	#	%		
Race/Ethnicity								
African	855	15%	215	15%	473	18%	Average	High
White	1,273	23%	253	18%	524	20%	Low	Low
Hispanic	3,259	58%	919	60%	1,579	65%	High	High
Gender								
Male	4,729	84%	1,182	79%	2,071	83%	Average	Average
Female	879	16%	206	14%	507	19%	Low	High
Risk Exposure								
MSM	3,819	68%	897	56%	1,478	64%	Low	Low
IDU	558	10%	60	4%	168	6%	Low	Low
MSM/IDU	273	5%	45	3%	94	4%	Low	Low
Heterosexuals	901	16%	388	28%	757	29%	High	High

Source: Column A: Texas Department of State Health Services Epidemiology as of December 31, 2013; Columns B & C: 2013 ARIES STAR; Columns D& E: Variance of Column A to B (OAMC) and C (Other Services).

Although the emerging populations in the SATGA remain the same from 2013-2014, there are continued significant challenges to retaining clients in care. New populations that have been identified are transgender, victims of sex trafficking, unaccompanied minors and border crossers, and young men of color who have sex with men (YMCSM). These populations trigger concerns regarding adherence and retention in care.

SECTION 4: CONSUMER SERVICE NEEDS

CORE MEDICAL SERVICES – SURVEY DATA ANALYSIS

Survey participants were asked about their service need as it related to each individual core medical service. Participants were able to respond with one (1) of three (3) answers:

1. *"I needed this service and received this service"*
2. *"I did not need this service"*
3. *"I needed this service, and did not receive this service"*

Participant's responses are analyzed, by core medical service, below:

Core Medical Service	Needed It & GOT It	Did Not Need It	Needed It & Did NOT Get It	TOTALS
Oral Health Care	55.9% (177)	21.5% (68)	22.6% (72)	100% (317)
Hlth. Ins. Premiums / Cost Sharing Assistance	53.1% (168)	29.9% (95)	17.0% (54)	100% (317)
Mental Health Services	53.1% (168)	29.9% (95)	17.0% (54)	100% (317)
Medical Case Management	62.5% (198)	26.1% (83)	11.4% (36)	100% (317)
Medical Nutrition Therapy	48.9% (155)	42.1% (133)	9.0% (29)	100% (317)
AIDS Pharmaceutical Assistance - Local	44.9% (142)	49.4% (157)	5.7% (18)	100% (317)
Substance Abuse Services	22.5% (71)	71.9% (228)	5.6% (18)	100% (317)
Outpatient/Ambulatory	53.9% (171)	41.0% (130)	5.1% (16)	100% (317)
Home & Community-Based Health Services	14.3% (46)	80.9% (256)	4.8% (15)	100% (317)
Home Health Care	12.9% (41)	83.2% (264)	3.9% (12)	100% (317)
Hospice Services	5.1% (16)	92.1% (292)	2.8% (9)	100% (317)

In situations where a participant answered the survey stating that *"I needed this service, and did not receive this service"*, the participant was asked to complete a follow-up question stating why they believed they did not receive the needed service. The analysis for the identified barrier(s) is presented below by the core medical service category.

ORAL HEALTH CARE (72 PARTICIPANTS)

- I did not know about this service 22.5% (16)
- This service was not funded 17.5% (12)
- This service had a waiting list 15.0% (11)
- The clinic hours were not convenient 10.0% (7)
- This service was funded but ran out of money 10.0% (7)
- They did not take my insurance 7.5% (5)
- The available appointments were too long to wait 5.0% (4)
- I did not qualify for this service 5.0% (4)
- I missed my appointments 2.5% (2)

- Other 5.0% (4)

Note: "Other" reasons given indicated clients were awaiting appointments OR referrals to this service.

HEALTH INSURANCE PREMIUMS / COST-SHARING ASSISTANCE (54 PARTICIPANTS)

- I did not know about the service 33.3% (18)
- This service had a waiting list 16.7% (9)
- I did not qualify for this service 10.0% (5)
- This service was not funded 10.0% (5)
- This service was funded, but ran out of money 10.0% (5)
- Other 10.0% (5)
- I missed my appointments 6.7% (4)
- The available appointments were too long to wait 3.3% (3)

Note: "Other" reasons given indicated clients had a general lack of understanding of what the program might be able to do for them.

MENTAL HEALTH (54 PARTICIPANTS)

- Other (please specify) 31.5% (17)
- I did not know about the service 25.9% (14)
- This service had a waiting list 12.9% (7)
- The available appointments were too long to wait 12.9% (7)
- The clinic location was not convenient 5.6% (3)
- The clinic hours were not convenient 5.6% (3)
- This service was not funded 5.6% (3)

Note: "Other" comments, which were the majority, indicate that for some clients, the service was discontinued or "cancelled" at some point, so they could not access it, or that they were on a waiting list. One client stated that they didn't feel as if their issues were being addressed.

MEDICAL CASE MANAGEMENT (36 PARTICIPANTS)

- I did not know about the service 47.1% (17)
- The available appointments were too long to wait 17.7% (7)
- Other 11.8% (4)
- This service had a waiting list 11.8% (4)
- This service was funded, but ran out of money 5.9% (2)
- The clinic hours were not convenient 5.9% (2)

Note: "Other" reasons given indicated clients were awaiting contact from case managers or had not yet found a case manager.

MEDICAL NUTRITION THERAPY (29 PARTICIPANTS)

- This service was not funded 33.3% (10)
- Other (please specify) 33.3% (9
- The available appointments were too long to wait 16.7% (5)
- I did not know about the service 16.7% (5)

Note: "Other" responses included issues reconciling this service with private insurance and combinations of multiple responses, including appointments were too long to wait and the services ran out of funding.

PHARMACEUTICAL ASSISTANCE, INCLUDING AIDS PHARMACEUTICAL ASSISTANCE - LOCAL (18 PARTICIPANTS)

- I did not know about the service 66.7% (12)
- I did not qualify for this service 11.1% (2)
- This service was not funded 11.1% (2)
- Other (please specify) 11.1% (2)

Note: "Other" comments indicate that private insurance and the receipt of this service were complicated to reconcile.

SUBSTANCE ABUSE SERVICES (18 PARTICIPANTS)

- I did not know about the service 40.0% (8)
- Other 22.0% (4)
- The available appointments were too long to wait 22.0% (4)
- This service was funded, but ran out of money 16.0% (2)

Note: "Other" responses included a combination of multiple reasons why the service was not accessed, such as the service running out of funds and available appointments being too far in the future. Also included was an assertion of being denied access to the service by a group leader.

OUTPATIENT / AMBULATORY MEDICAL CARE (16 PARTICIPANTS)

- I did not know about this service 25.0% (4)
- This service had a waiting list 12.5% (2)
- I missed my appointments 12.5% (2)
- The clinic hours were not convenient 12.5% (2)
- The clinic location was not convenient 12.5% (2)
- Other 25.0% (4)

Note: "Other" reasons given were dominated by complications for access, such as paperwork and insurance issues.

HOME & COMMUNITY BASED HEALTH SERVICES (15 PARTICIPANTS)

- I did not know about the service 60.0% (9)
- I did not qualify for this service 20.0% (3)
- This service was funded, but ran out of money 20.0% (3)

HOME HEALTH CARE (12 PARTICIPANTS)

- I did not know about the service 50.0% (6)
- This service was not funded 25.0% (3)
- The available appointments were too long to wait 25.0% (3)

HOSPICE SERVICES (9 PARTICIPANTS)

- I did not know about this service 88.9% (8)
- I missed my appointments 11.1% (1)

CORE MEDICAL SERVICES (HIGHLIGHTS)

The top four (4) Core Medical Services Needed and NOT Received:

1. Oral Health Care (22.6% of participants)
2. Health Insurance Premiums / Cost-Sharing Assistance (17% of participants)
3. Mental Health Services (17% of participants)
4. Medical Case Management (11.4% of participants)

Of the remaining seven (7) Core Medical Services the data suggests that 10% or less of the respondents needed one of these services and could not get it. Additionally, in four (4) of the remaining seven (7) Core Medical Services the participants identified the need for the service was 5% or less.

The most common themes identified as barriers to WHY participants reported needing one (1) of the top four (4) Core Medical Services, and not receiving it are as follows:

- Did not know about the service (four (4) of the four (4) core medical services identified)
- Waiting Lists (three (3) of the four (4) core medical services identified)

SUPPORT SERVICES – SURVEY DATA ANALYSIS

Survey participants were asked about their service need as it related to each individual support service. Participants were able to respond with one (1) of three (3) answers:

1. *"I needed this service and received this service"*
2. *"I did not need this service"*
3. *"I needed this service, and did not receive this service"*

Participant's responses are analyzed, by support service, below:

Support Service	Needed It & GOT It	Did Not Need It	Needed It & Did NOT Get It	TOTALS
Housing Services	33.9% (108)	48.0% (152)	18.1% (57)	100.0% (317)
Emergency Financial Assistance Services	39.1% (124)	44.3% (140)	16.6% (53)	100.0% (317)
Legal Services	19.4% (62)	66.9% (212)	13.7% (43)	100.0% (317)
Food Bank / Home Delivered Meals	39.0% (124)	48.0% (152)	13.0% (41)	100.0% (317)
Non-Medical Case Management	66.1% (209)	24.9% (79)	9.0% (29)	100.0% (317)
Referrals for Health Care / Support Services	52.3% (166)	38.1% (121)	9.6% (30)	100.0% (317)
Psychological Support Services	39.8% (126)	52.3% (166)	7.9% (25)	100.0% (317)
Medical Transportation Services	37.7% (120)	54.9% (174)	7.4% (23)	100.0% (317)
Treatment Adherence Services	36.0% (114)	57.1% (181)	6.9% (22)	100.0% (317)
Rehabilitation Services	17.1% (54)	76.7% (243)	6.3% (20)	100.0% (317)
Health Education / Risk Reduction	56.7% (180)	37.1% (118)	6.2% (19)	100.0% (317)
Respite Care Services	9.2% (30)	86.2% (273)	4.6% (14)	100.0% (317)
Linguistic Services	8.0% (25)	89.1% (283)	2.9% (9)	100.0% (317)
Pediatric Developmental Assessment Services	5.7% (18)	91.6% (289)	1.7% (6)	100.0% (317) **
Child Care Services	6.8% (22)	82.7% (262)	0.5% (2)	100.0% (317) ***

** 1% (4), Participant provided no response
*** 9.8% (31), Participant provided no response

In situations where a participant answered the survey stating that *"I needed this service, and did not receive this service"*, the participant was asked to complete a follow-up question stating why they believed they did not receive the needed service. The analysis for the identified barrier(s) is presented below by the support service category.

HOUSING SERVICES (57 PARTICIPANTS)

- This service had a waiting list 40.6% (23)
- I did not know about the service 18.7% (11)
- This service was funded, but ran out of money 15.6% (9)
- I did not qualify for this service 12.5% (7)
- Other (please specify) 6.2% (3)
- I missed my appointments 3.1% (2)
- This service was not funded 3.1% (2)

EMERGENCY FINANCIAL ASSISTANCE SERVICES (53 PARTICIPANTS)

- I did not know about the service 37.9% (20)
- This service was not funded 17.2% (10)
- This service was funded, but ran out of money 17.2% (10)
- I did not qualify for this service 10.3% (7)
- This service had a waiting list 6.9% (3)
- The clinic hours were not convenient 3.4% (1)
- The clinic location was not convenient 3.4% (1)
- Other (please specify) 3.4% (1)

Note: The "Other" response to this field indicates that the client had some sort of "offence" (sic) that prohibited access to this service.

LEGAL SERVICES (43 PARTICIPANTS)

- I did not know about the service 41.2% (19)
- This service was not funded 17.6% (8)
- This service had a waiting list 17.6% (8)
- The available appointments were too long to wait 5.9% (2)
- The clinic location was not convenient 5.9% (2)
- Other (please specify) 5.9% (2)
- I did not qualify for this service 5.9% (2)

Note: "Other" reasons indicate clients were simply not ready to make the plans that require legal services assistance.

FOOD BANK / HOME DELIVERED MEALS (41 PARTICIPANTS)

- I did not know about the service 52.9% (22)
- This service was not funded 17.7% (7)
- The clinic location was not convenient 17.7% (7)
- This service had a waiting list 11.8% (5)

NON-MEDICAL CASE MANAGEMENT (29 PARTICIPANTS)

- I did not know about the service 33.3% (9)
- This service was funded, but ran out of money 20.0% (6)
- I did not qualify for this service 13.3% (4)
- Other 13.3% (4)
- They did not take my insurance 6.7% (2)
- The clinic location was not convenient 6.7% (2)
- This service was not funded 6.7% (2)

Note: "Other" reasons given indicated clients found it difficult to keep in touch or contact case managers.

REFERRALS FOR HEALTH CARE / SUPPORT SERVICES (30 PARTICIPANTS)

- I did not know about the service 41.2% (13)

- I did not qualify for this service 17.7% (6)
- This service had a waiting list 11.8% (3)
- They did not take my insurance 11.8% (3)
- This service was funded, but ran out of money 11.8% (3)
- Other (please specify) 5.9% (2)

Note: "Other" response included "Previous doctor did not provide…referral" or indicated no referrals had been made.

PSYCHOLOGICAL SUPPORT SERVICES (25 PARTICIPANTS)

- I did not know about the service 45.5% (11)
- Other (please specify) 27.3% (5)
- This service was not funded 9.1% (3)
- They did not take my insurance 9.1% (3)
- I did not qualify for this service 9.1% (3)

Note: "Other" responses from clients included denial of participation in the group by a "moderator", lack of group types to fit client needs, and lack of awareness of where to access group services.

MEDICAL TRANSPORTATION SERVICES (23 PARTICIPANTS)

- I did not know about the service 54.6% (13)
- Other (please specify) 18.2% (4)
- I did not qualify for this service 9.1% (2)
- The available appointments were too long to wait 9.1% (2)
- They did not take my insurance 9.1% (2)

Note: "Other" responses indicate one client was removed from services "they took me off", and the other found the transportation times inconvenient.

TREATMENT ADHERENCE SERVICES (22 PARTICIPANTS)

- I did not know about the service 57.8% (13)
- Other (please specify) 28.6% (6)
- They did not take my insurance 13.6% (3)

REHABILITATION SERVICES (20 PARTICIPANTS)

- I did not know about the service 50.0% (10)
- This service was not funded 16.7% (4)
- Other (please specify) 16.7% (3)
- The available appointments were too long to wait 16.7% (3)

HEALTH EDUCATION / RISK REDUCTION (19 PARTICIPANTS)

- I did not know about the service 50.0% (10)
- I did not qualify for this service 16.7% (3)
- I missed my appointments 16.7% (3)
- They did not take my insurance 16.7% (3)

RESPITE CARE SERVICES (14 PARTICIPANTS)

- I did not know about this service 100.0% (14)

LINGUISTIC SERVICES (9 PARTICIPANTS)

- I did not know about this service 100.0% (9)

PEDIATRIC DEVELOPMENTAL ASSESSMENT SERVICES (6 PARTICIPANTS)

- I did not know about this service 50.0% (3)
- This service was not funded 50.0% (3)

CHILD CARE SERVICES (2 PARTICIPANTS)

- The available appointments were too long to wait 100.0% (2)

SUPPORT SERVICES (HIGHLIGHTS)

The top four (4) Support Services Needed and NOT Received:

1. Housing Services (18.1% of participants)
2. Emergency Financial Assistance Services (16.6% of participants)
3. Legal Services (13.7% of participants)
4. Food Bank / Home Delivered Meals (13% of participants)

Of the remaining eleven (11) Support Services the data suggests that 10% or less of the respondents needed one of these services and could not get it. Additionally, in four (4) of the remaining eleven (11) Support Services the participants identified the need for the service was 5% or less.

The most common themes identified as barriers to WHY participants reported needing one (1) of the top four (4) Support Services, and not receiving it are as follows:

- Did not know about the service (four (4) of the four (4) support services identified)
- This service was funded, but ran out of money (three (3) of the four (4) support services identified)
- This service was not funded (three (3) of the four (4) support services identified)

SERVICE UTILIZATION & REPORTED SERVICE NEEDS – RANKED ANALYSIS

RANKED: REPORTED SERVICE CATEGORY - OVERALL NEED

This list reflects a ranking of service categories that participant responses communicated an overall need for. The analysis only considers a reported need, and does not factor in service utilization or reported availability factors.

1)	**Oral Health Care**	**78.5%**
2)	**Non Medical Case Management**	**68.8%**
3)	**Medical Case Management**	**73.8%**
4)	**Health Insurance Premium and Copay Assistance**	**70.0%**
5)	**Mental Health Services**	**65.0%**
6)	Health Education/Risk Reduction	62.8%
7)	Referrals for Healthcare Services	61.8%
8)	Ambulatory/Outpatient Medical Care	59.0%
9)	Medical Nutritional Therapy	58.0%
10)	Emergency Financial Assistance	55.8%
11)	Housing	52.1%
12)	Food Bank/Home Delivered Meals	52.1%
13)	Local AIDS Pharmaceutical Assistance	50.1%
14)	Psychosocial Support Services	47.6%
15)	Medical Transportation	45.1%
16)	Treatment Adherence Services	42.9%
17)	Legal Services	33.1%
18)	Substance Abuse Services	25.1%
19)	Rehabilitation Services	23.3%
20)	Home and Community Based Health Care	19.9%
21)	Home Health Care	16.7%
22)	Respite Care	13.9%
23)	Linguistic/Translation Services	10.7%
24)	Hospice	7.8%
25)	Pediatric Development Assessment	7.3%
26)	Child Care	7.3%

RANKED: MOST NEEDED/NOT ACCESSED (UTILIZED) DOWN TO LEAST NEEDED/NOT ACCESSED (UTILIZED)

This list reflects a ranking of service categories that participant responses communicated they had a need for a service AND that they did NOT receive the service. Therefore, the identified needs were not met and the participant did not receive the service. Rankings reflect the highest reported need and no service utilization down to the lowest reported need and no service utilization.

1)	**Oral Health Care**	**22.6%**
2)	**Housing Services**	**18.1%**
3)	**Health Insurance Premium and Copay Assistance**	**17.0%**
4)	**Mental Health Services**	**17.0%**
5)	**Emergency Financial Services**	**16.6%**
6)	Legal Services	13.7%
7)	Food Bank/Home Delivered Meals	13.0%
8)	Medical Case Management	11.4%
9)	Referrals for Healthcare Services	9.6%
10)	Non Medical Case Management	9.0%
11)	Medical Nutritional Therapy	9.0%
12)	Psychosocial Support Services	7.9%
13)	Medical Transportation	7.4%

14)	Treatment Adherence Services	6.9%
15)	Rehabilitation Services	6.3%
16)	Health Education/Risk Reduction	6.2%
17)	Local AIDS Pharmaceutical Services	5.7%
18)	Substance Abuse Services	5.6%
19)	Ambulatory/Outpatient Medical Care	5.1%
20)	Home and Community Based Health Services	4.8%
21)	Respite Care	4.6%
22)	Home Health Care	3.9%
23)	Linguistic/Translation Services	2.9%
24)	Hospice	2.8%
25)	Pediatric Assessment	1.7%
26)	Child Care	0.5%

RANKED: MOST NEEDED/ACCESSED (UTILIZED) DOWN TO LEAST NEEDED/ACCESSED (UTILIZED)

This list reflects a ranking of participant responses that communicated they had a need for a service AND that they received the service. Therefore, the identified needs were met and there were no reported gaps in services from these respondents. Rankings reflect the highest reported need and service utilization down to the lowest reported need and service utilization.

1)	**Non-Medical Case Management**	**66.1%**
2)	**Medical Case Management**	**62.5%**
3)	**Health Education/Risk Reduction**	**56.7%**
4)	**Oral Health Care**	**55.9%**
5)	**Ambulatory/Outpatient Medical Care**	**53.9%**
6)	Health Insurance Premium and Copay Assistance	53.1%
7)	Mental Health Services	53.1%
8)	Referrals for Healthcare Services	52.3%
9)	Medical Nutritional Therapy	48.9%
10)	Local AIDS Pharmaceutical Assistance	44.9%
11)	Psychosocial support services	39.8%
12)	Emergency Financial Assistance	39.1%
13)	Food Bank/Home Delivered Meals	39.0%
14)	Medical Transportation	37.7%
15)	Treatment Adherence Services	36.0%
16)	Housing	33.9%
17)	Substance Abuse Services	22.5%
18)	Legal Services	19.4%
19)	Rehabilitation Services	17.1%
20)	Home and Community Based Health Care	14.3%
21)	Home Health Care	12.9%
22)	Respite Care	9.2%
23)	Linguistic/Translation Services	8.0%
24)	Child Care	6.8%
25)	Pediatric Assessment	5.7%
26)	Hospice	5.1%

PERCEIVED CONSUMER NEED (REPORTED BY PROVIDERS)

Survey participants were asked about the perceived needs of the HIV consumers and the HIV community they serve.

HIV STATUS

Accessing a targeted population is always a critical component of a successful HIV testing program. Survey participants were asked to provide input regarding the barriers to finding people with HIV/AIDS who are unaware of their status. The following data was reported.

TOP TEN (10) LIST, PERCEIVED BARRIERS TO IDENTIFYING PEOPLE WITH HIV/AIDS (HIV STATUS UNKNOWN)

To the best of your knowledge and using your experience with client population, what are the barriers to finding people with HIV/AIDS who are unaware of their status? Check up to five items.		
1	Alcohol/drug dependence/abuse	90.9% (20)
2	Clients do not believe they are at risk	86.4% (19)
3	Clients afraid of disclosure or stigma	77.3% (17)
4	Clients not ready to receive results or address health care	50.0% (11)
5	Cultural barrier	40.9% (9)
6	Clients have impaired ability to recognize HIV risk and need	36.7% (8)
7	Clients disenfranchised from medical care	22.7% (5)
8	Clients do not understand HIV testing	22.7% (5)
9	Clients distrustful of the medical system	18.2% (4)
10	Limited resources for substance abuse treatment	18.2% (4)

Survey participants were presented a text box and a follow-up question to identify the "most effective" strategy they had personally used to successfully identify people with HIV/AIDS who were unaware of their status.

Themed responses included:

- Education that everyone is at potential risk (especially "youth") (a.k.a. increased awareness)
- Outreach and testing collaboration with other AIDS Service Organizations (ASOs)
    - Health fairs, community testing, "go where the clients are"
- Probing to identify "risky behaviors" when talking with individuals
- "Normalize" testing (a.k.a. "Routine Testing")

ASSESSING HIV MEDICAL CARE

Regarding perceptions related to consumers accessing medical care, the following data was reported.
Note: Provado has provided a "top ten (10) list" of perceptions for each survey question.

TOP TEN (10) LIST, PERCEIVED REASONS CONSUMERS SEEK HIV MEDICAL CARE (STATUS ALREADY KNOWN)

What do you think prompts people with HIV/AIDS who know their status to decide to get medical care? Check up to five items.		
1	Help from a case manager or peer advocate	83.3% (5)
2	Got sick or started having symptoms of HIV	66.7% (4)
3	Got counseling or support	50.00% (3)
4	Got hospitalized	50.00% (3)
5	Got HIV prevention services	50.00% (3)
6	Got funding to pay for care	33.33% (2)
7	Afraid of getting sick	33.33% (2)
8	Got the information s/he needed	33.33% (2)
9	In jail or prison system	33.33% (2)
10	Help from an outreach worker	33.33% (2)

TOP TEN (10) LIST, PERCEIVED REASONS (INFLUENCING FACTORS) CONSUMERS DO NOT GET HIV MEDICAL CARE

What do you think are the reasons that some people with HIV/AIDS are not getting HIV medical care? Check up to five items.		
1	Using drugs or alcohol	77.3% (17)
2	Afraid people will find out HIV Status	68.2% (15)
3	Mental health problems	63.6% (14)
4	Not ready to deal with having HIV	59.1% (13
5	Stigma	59.1% (13)
6	Homeless/unstably housed	50.0% (11)
7	Feeling healthy	31.8% (7)
8	Don't understand risk of waiting to get care	31.8% (7)
9	"Red tape"/eligibility process	31.8% (7)
10	Undocumented	27.3% (6)

TOP TEN (10) LIST, PERCEIVED BARRIERS TO CARE

What barriers have your clients living with or at risk of acquiring HIV/AIDS faced when accessing services? Check up to three items.		
1	Housing needs	68.2% (15)
2	Substance abuse, mental health, and resource needs	59.1% (13)
3	Knowledge of HIV status, disclosure issues and/or stigma	40.9% (9)
4	Paying for services/eligibility	31.8% (7)
5	Transportation	27.7% (6)
6	Inter-agency coordination	22.7% (5)
7	Appointment availability	22.7% (5)
8	Hours of operation	13.6% (3)
9	Cultural/language issues	9.1% (2)
10	Information about services	4.5% (1)

MEDICAL CARE RETENTION (REFERRAL LINKAGE)

It is important to note that Provado distributed the provider survey community wide, meaning there was a chance some respondents may not be employed at an HIV primary care provider. The survey prompted the following question for agencies that provide referrals to HIV primary care providers.

If your agency is not an HIV Primary Care Provider, how does your agency facilitate referrals to HIV Primary Care Providers (check all that apply)?	
Provide clients with contact information	54.6% (12)
Process actual referral to provider	50.00% (11)
Follow-up with clients	50.00% (11)
N/A - My agency is an HIV care provider	45.5% (10)
Assist clients with scheduling appointments	45.5% (10)
Assess insurance and HIV Primary Care options	36.4% (8)
Provide clients with brochures/flyers	31.8% (7)
Obtain release of information to follow-up with provider to verify appointment	31.8% (7)
Assist with rescheduling	31.8% (7)
Other (testing and outreach)	4.6% (1)

IDENTIFIED NEEDS VS. GAPS IN FUNDED SERVICES - ANALYSIS

The identification of true gaps in funded services is always one of the more challenging parts of any Needs Assessment analysis. Because the identification of need is based on consumer and provider self-reported data, an objective lens must be applied when considering the reported needs compared to the funded services – thus determining any true gaps in services across the SATGA.

Focus Group participants reported no gaps in services. They overwhelmingly reported that their needs were being met and services were available. There were opportunities for improvement that were identified regarding the ease of service utilization, but all needed services were reported being available.

When considering the "Top Ten (10)" lists previously presented in this section regarding consumer's reported unmet need, four (4) of the five (5) "top five (5)" are currently being funded. Housing services is the only "top five (5)" category that is not currently being funded through Part A Ryan White funds. Housing was also the number one (1) perceived barrier by providers when asked to identify the barriers faced by HIV/AIDS consumers when accessing services.

Consumer survey responses also support that there is a need for additional housing services. The recently homeless population comprises 21% of survey respondents. This is a significant figure that is affecting the SATGA's Continuum of Care, and its ability to achieve successful linkages to care, retention in care, and ultimately, higher figures of viral load suppression.

Within the SATGA, housing services are currently funded through the city and county's HOPWA programs. With that said, the only reported gap in service that is consistently supported by the consumer and provider reported data is a need for increased funding for additional housing services.

The SATGA should consider this into future allocation discussions. This data is just one group of data points, and allocation decisions should also consider additional factors such as service utilization data, etc.). When all factors are considered, there may be a justified need for increased funding for Housing Services. *Note: A comprehensive conversation reviewing all data points/trends should be utilized to determine how to best meet the identified needs of the community.*

SECTION 5: UNMET NEED

Unmet Need occurs when there is no evidence that a PLWHA received any of the following three components of HIV primary medical care during a defined 12-month time frame: (1) viral load (VL) testing, (2) CD4 count, or (3) provision of anti-retroviral therapy (ART). DSHS reported 25% of the total PLWHA population in Texas had unmet need in 2013, and in the SATGA, the Treatment Cascade revealed 23% of PLWHA in 2013 had unmet need. An estimated 31% of persons living with HIV (not AIDS – PLWH) have unmet need in the SATGA. The unmet need for Hispanic PLWHA was 20%; Hispanic PLWHA account for 58% of the PLWHA general population in the SATGA. African American PLWHA account for 15% of the general population, however, their unmet need estimates are 32%. See Appendix G for Unmet Need Framework.

The "SATGA Unmet Trends for 2011-2013" table below describes the SATGA's Unmet Need trends from 2011 to 2013. The downward Unmet Need trends from 2011 to 2012 is attributed to the SATGA's Early Intervention Services program, as well as the SATGA's ability to use geo-mapping to further target outreach services to zip codes demonstrating a high unmet need. Much of the change in unmet need between 2011 and 2012 was attributed to better data collection as more CD4 and viral load labs were reported in ARIES. Undetectable viral loads were required to be reported throughout the state wherein these values were not reported in the past. The unmet need increased between 2012 and 2013, which is attributable to increased incidence rates in the SATGA.

SATGA UNMET TRENDS FOR 2011-2013

Year	HIV		AIDS		HIV/AIDS	
	#	%	#	%	#	%
2011	587	28.4	472	16.2	1,059	21.2
2012	636	29	466	15	1,102	20.9
2013	759	31	548	17	1,307	23

Source: *Texas Department of State Health Services, HIV/STD Surveillance Division, 2013*

As of December 31, 2013 DSHS estimated 23% of PLWHA in the SATGA had unmet need, compared to 21.2% in 2011. Based on 2014 Focus Groups, participant feedback suggests that part of the reason for this increase may be attributed to the stigma associated with HIV testing and care in the SATGA. Several respondents cited their unwillingness to be seen at "the AIDS clinic" in their neighborhoods, and others cited two service agencies for having the word AIDS in their names. Clients stated that on occasion when you call these agencies, they answer the phone with the agency's full name, which risks inadvertent disclosure of a client's HIV status.

> *"I would prefer they [a Ryan white service provider agency] change their name so they don't scare people away with the word AIDS."*
> – Focus Group Participant

The SATGA Treatment Cascade reported 23% unmet need or a total of 1,307 PLWHA. The Hispanic and African American PLWHA have a 20% and 33% unmet need, respectively. Unmet need for men was 24% compared to women with 21%. The 'Aged', 45+ years of age, had the largest unmet need with 47%, followed by the 25-34 age group with 27%. Pediatric exposure and IDU exposure category are both at 27% of unmet need. MSM alone carried 23% of the total unmet need in the SATGA. In terms of

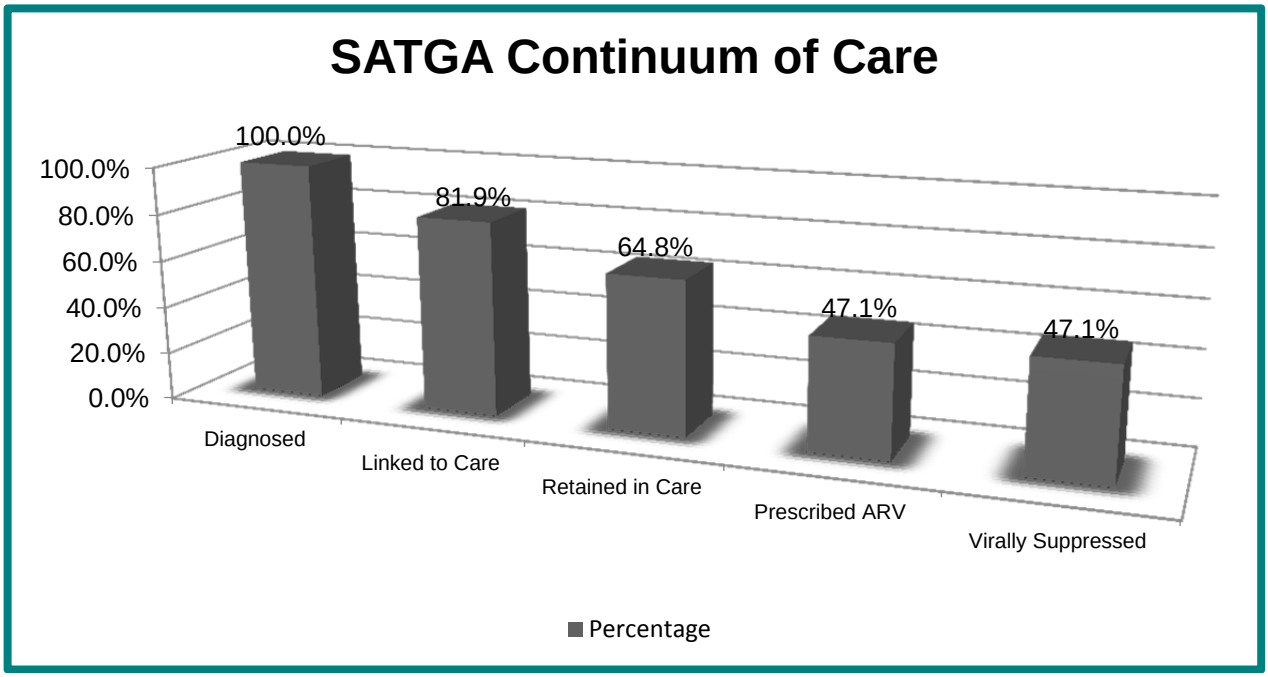
geography, most individuals with unmet need reside in Bexar County. The 78212, 78207, and 78240 have the highest percentage of unmet need in the SATGA, with n= 87, n=67, and n=52, with unmet need respectively. The zip code 78212 is the largest populated area of PLWHA in the SATGA. The two primary medical care providers in the SATGA are housed in zip code 78207, with the second most PLWHA with unmet need at n=67. This area has very high levels of poverty and is the home to the county jail and the largest homeless shelter in the city.

The Planning Council analyzed “Out of care” and “In care” service data alongside unmet need data in determining priority setting and resource allocations (PSRA). Early Intervention Services, Medical Case Management, and Medical Transportation services continue to be prioritized and allocated through evidence of service utilization and trending data. This data identifies specific service categories responsible for successfully identifying and linking clients aware of their status but not in care, back to care. By eliminating barriers to care, when possible, these clients can successfully access services, gain healthy psychosocial outcomes and reduce health disparities.

The SATGA has two successful programs in place to facilitate linkage to care: one that is funded through Early Intervention Services in the Ryan White Program, and one that is privately funded. Both programs successfully link clients who know their status and are not in care, back to care. Also, another HIV service provider conducts monthly linkage to care meetings. These meetings are convened by the agency’s Medical Director and include staff from all Ryan White Program sub-grantees and AIDS service organizations (ASOs). This allows for better linkage of services and seamless integration in the SATGA’s Continuum of Care.

SECTION 6: THE CONTINUUM OF CARE

The Continuum of Care, also known as the HIV Treatment Cascade for the SATGA is as follows:



This information represents a baseline, "report card" of sorts, for HIV/AIDS services in San Antonio, and not the Ryan White Program itself. It also does not represent the quality of the services provided, but rather the level of achievement toward the ultimate goal for any community where HIV/AIDS is prevalent, which is viral load suppression.

What this information does represent is the work that needs to be done in the community to: 1) retain clients in care; 2) adhere to their medication and treatment; and, 3) reach viral suppression.

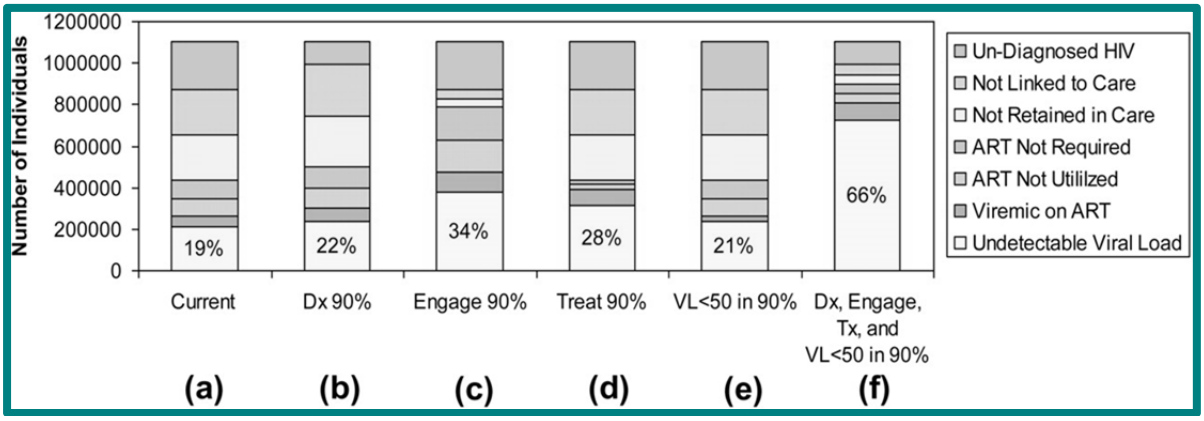
The scope of work detailed that the SATGA planned an assessment that focuses specifically on the Continuum of Care. This kind of broad, comprehensive assessment lends itself well to identifying any gaps or barriers that may be hindering a client's progression along the Continuum. Toward that end, Provado, with the input of the NAC, designed its survey tools as well as FG scripts to answer key questions of how the TGA is performing towards its goal of community-wide viral load suppression for HIV positive persons.

The Texas Department of State Health Services (DSHS) in its 2012 – 2014 Texas HIV Plan[8] noted that the Continuum of Care is a true spectrum for engagement in HIV primary care, and that improvements in just one aspect of the spectrum will not achieve worthwhile results across the Continuum. Improving linkages to care will not improve retention, and improved retention will not improve the provision of

[8] *https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589987273*

ARV therapies, etc. It is only with improvement across the Continuum of Care that the ultimate goals can be achieved.

And still there are barriers to achieving high levels of viral load suppression within a community. Gardner et al[9] posited the following:



GARDNER ET AL, SPECTRUM @ 90% ACHIEVEMENT

The data presented in the table above, shows the improvement throughout the spectrum of the Continuum of Care if each element of it reaches 90% achievement. The element to watch is the bottom-most figure in each column, which measures viral load suppression. On its own, suppression is approximately 19%. With HIV Diagnosis at 90%, suppression only rises to 22%. When Linkage to Care is at 90%, suppression rises to 34%, and then drops off from that high through the ARV therapy stages. The final column (f) demonstrates that even if all aspects of the Continuum reach 90% achievement, the suppression of viral loads would still only reach 66%.

Provado includes this information to demonstrate that the SATGA is already achieving 47.1% for suppression with acceptable achievement in each aspect of the spectrum. This is a good result with acceptable achievements, leaving room for significant improvements towards the goal of 90% achievement towards each element of the spectrum and the overall goal of viral suppression; and

To work through the data collected and the areas of identified improvements, the Continuum of Care is broken out into five sections below for discussion on the results of the Survey and Focus Groups in regard to these target areas.

DIAGNOSED (TESTING & IDENTIFICATION OF PLWH)

The 2012-2014 Texas Statewide HIV Plan[10] identifies what is referred to as the "Texas Spectrum of HIV Engagement". This spectrum is described in a graphic that outlines the Continuum of Care goals for the State.

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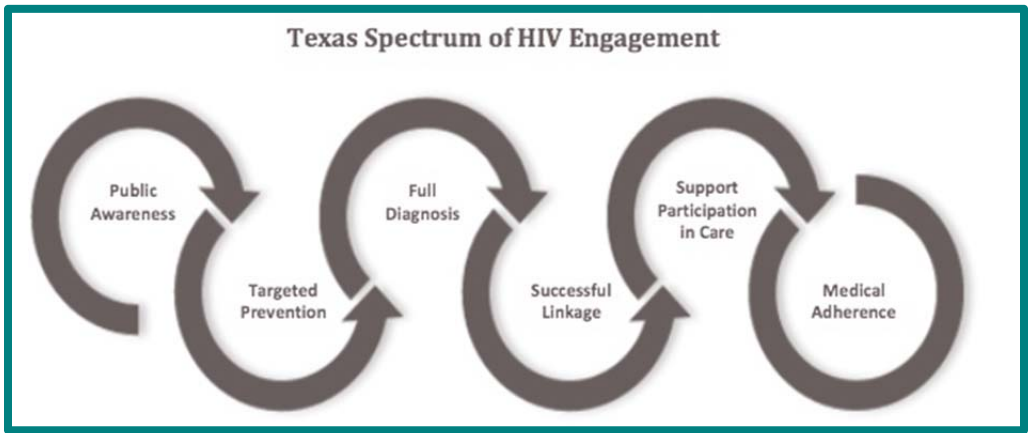
[9] Gardner E., McLees M., Steiner J., del Rios C., Burman W. The spectrum of engagement in HIV Care and its relevance to test and treat strategies for prevention of HIV infection. Clin Infect Dis. 2011;52(6):793-800

[10] https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589987273



TEXAS HIV SPECTRUM OF HIV ENGAGEMENT 2014

In its first two stages, the spectrum relies on factors that are, for the most part, largely out of the control of Ryan White Programs. Ryan White funds are barred by legislation from being utilized in relation to broad public awareness campaigns. For the entire spectrum to work, the partnership between prevention and services must be close, consistent, and concise: Close, to ensure front-line personnel know one another and are at-ease communicating back and forth; Consistent, so there are no gaps created by administrative or facility-level issues; and Concise, meaning each party knows their responsibilities in the partnership, and steps to successful completion of duties is conducted via agency policy or procedure.

The consumer survey contained four (4) questions related to HIV diagnosis: "Where were you diagnosed?"; "Why did you get tested?"; and, two questions regarding partner notification.

Analysis showed that, 15.1% of respondents reported being tested for HIV at an HIV testing facility as opposed to a doctor's office, while in hospital or in jail, etc. This illustrates the important role of HIV testing sites in the SATGA, with one out of six consumers being linked to care through a testing site. Responses to "why" client got tested when they did can be classified in two ways: 1) routine, where the client did not seek the test, but was diagnosed nevertheless, and, 2) targeted, where some knowledge prompted the client to seek out testing. These are important distinctions to make when asking "why" people get tested for HIV. It is important to ensure that the Continuum does not rely solely on the individual to identify a need for testing, but also that the Continuum contains access points that address both areas of "routine" and "targeted" testing options. The <u>most frequently</u> reported reasons for HIV testing by survey participants are as follows:

<u>Routine Testing</u>

1.	A Regular Checkup	16.2% (51)
2.	Injury or ER blood draw	7.5% (24)
3.	Donating Blood or Plasma	6.5% (21)
4.	Ob/Gyn Visit	4.3% (14)

Targeted Testing

1. I felt sick 29.2% (93)
2. I was doing risky behaviors 9.7% (31)
3. Accessing Free Services 3.8% (12)
4. Incentives were offered to get tested 3.3% (10)

The distinction between these categories is important, because persons who intentionally seek out testing likely have a higher degree of awareness of HIV in general and of their own behavior risks in particular. Persons who are diagnosed through routine testing, on the other hand, may be surprised by their diagnosis and could be less likely to successfully navigate being linked to medical care.

For partner notification services the following was learned:

"To your knowledge, after your diagnosis were your sexual partners contacted by the Health Department to request they come in for testing?"	
Yes	40.3% (128)
No	27.4% (87)
I Don't Know	32.3% (102)
Totals	100.0% (317)

"To your knowledge, did your sexual partners receive HIV testing?"	
Yes	46.2% (146)
No	12.9% (41)
I Don't Know	40.9% (130)
Totals	100.0% (317)

Though large numbers of respondents indicated "I don't know" in response to both questions, it is important to note that more than 46% of responses indicated that sexual partners had been notified and tested. The nature of self-reported client level data, however, makes it difficult to draw impressions from the "No" responses. Because a client isn't aware of any contact by the health department to their former partners doesn't mean contacts didn't occur.

Unlike other jurisdictions, Bexar County is not a Public Health Department. Consequently, the AA is not able to collect strategic STI and HIV/AIDS data in the SATGA. This unique qualifying characteristic has led the AA to develop a strong association of local organizations to successfully execute a comprehensive community approach to these first two stages of the continuum's spectrum through the SATGA's EIIHA Plan. The following provides a summary of the current collaborative activities happening in the SATGA:

HIV/Syphilis Testing Task Force

Since late 2009, the group effort in the region has been enhanced through the ongoing efforts of the HIV/Syphilis Testing Taskforce that is supported, in part, by the Planning Council and the Ryan White Part A Quality Management (QM) initiative of the SATGA. The Taskforce supports both routine and targeted testing efforts, striving to reach those who are not usually tested and those unaware of their status such as MSM of color, women, and minorities. The Taskforce meets monthly and addresses issues of assessment, data collection, planning, coordination, cooperation and builds the capacity of those who provide routine and targeted testing activities in the SATGA. It also serves as an instrument for improving referral

relationships among a wide range of service providers. The group began with 14 members and now numbers 90 individuals with a monthly working group of approximately 30 members. Its members include representatives of Colleges and Universities, ASOs, SAMHSA, Office of Minority Health, CDC, TDSHS prevention service providers, HRSA and Special Projects of National Significance providers, the Veterans Affairs, the University of Texas Health Science Center, the Center for Health Care Services, the local mental health authority, Ryan White Program Parts A, B, C, and D grantees and providers, Planning Council members, Bexar Area Harm Reduction Coalition, Planned Parenthood, two FQHCs, the Bexar County Adult Detention Center and Bexar County Re-entry programs, transitional housing and homeless programs, hospitals, and the local health department.

Trinity University, Department of Sociology and Anthropology

The AA has joined forces with students from Trinity University, a local private University to develop and conduct a survey to profile the MSM, more specifically YMSM of color. This survey includes information on popular hangouts and hook-up apps, testing history, sexual behaviors, and safer-sex practices. To date, 219 surveys have been collected. Data suggests that YMSM use social media or mobile applications to interact with other MSM. Identification of hook-up websites/applications will be used for EIIHA to coordinate services to target populations of interest. Data entry and analysis is ongoing and will continue to guide EIIHA activities.

Early Intervention Services – Project THRIVE

In 2008, the SATGA took the first pivotal step in developing a comprehensive strategy for the early identification of those who are recently diagnosed by funding Early Intervention Services through Part A, Part B and MAI. The Early Intervention Services provider developed a marketing plan entitled Project THRIVE, which targets zip codes having the highest number of newly diagnosed in the past three years, those lost to care, and emerging populations that include YMSM, unaccompanied minor immigrants, and Hispanic/Latino day laborers. Project THRIVE has created linkages with all testing and outreach providers and receives referrals from ASOs and HIV medical providers. Those served include both newly diagnosed and those who have fallen out of care. The Early Intervention Services program includes intensive case management designed to engage individuals and ensure linkage to care and other support services. As of August 31, 2014, 1,051 individuals have participated in Project THRIVE. Of this number, 66% were Hispanic, 20% were African-American, and 12% were White. This figure includes 167 related affected individuals also served by the program. Of HIV+ clients served, 55 (6%) were black MSM, 318 (36%) were Hispanic MSM, and 179 (20%) were women of childbearing age. While there are many mechanisms in place that enable newly infected, underserved, and hard to reach individuals access to care and assistance to remain in care, finding those who are unaware of their HIV status is of paramount importance to the SATGA's strategy to reduce the percentage of persons presenting late to care. Project THRIVE, the SATGA's Early Intervention Services program, has had such success that it has been recognized by HRSA as a model for early intervention services.

Routine Testing

In early 2010, the AA facilitated a meeting with TDSHS, MetroHealth, the County Judge and University Health System (UHS). UHS operates the county hospital system that has numerous clinics throughout Bexar County. TDSHS entered into a renewable contract with UHS in mid-2010, to begin routine testing in two express medical clinics and the emergency room of the County hospital. Since the initial implementation of routine testing, the program has expanded to include UHS' emergency rooms in 2011 and two additional clinics in 2012. Since 2010, UHS has conducted 15,259 test events, with 4,162 conducted January 1-July 31, 2013 alone. There have been 142 total positives identified since 2010. Forty-

one individuals were identified in the first seven months of 2013. Of those 41 positive test events, 17 were newly diagnosed and 24 reported they were previously diagnosed.

The SATGA's second largest HIV care provider, CentroMed, conducted routine testing in nine of its clinics. As a result of this initiative CentroMed, a FQHC, has tested 15,719 individuals and has found 57 positives.

The AA through QM activities, along with the TDSHS and Part D, supported the convening of the first Routine Testing HIV Summit held in San Antonio on June 6, 2013. Over 50 participants attended. The AA facilitated a panel presentation on linking newly diagnosed clients to care. The AA continues to invite the participants of this event to other AA sponsored trainings including the upcoming Mental Health Summit in 2015. Ongoing collaborative efforts continue to strengthen the community collaborations along the continuum of care with regards to EIIHA strategies.

Despite the fact that the contracts to conduct routine testing at the two providers have each ended, routine testing continues at CentroMed's nine clinics. Additionally, the AA continues to explore potential opportunities to integrate routine testing at local hospitals in the SATGA.

Targeted Testing

The AA continues to organize and provide sponsorship for a number of targeted testing events. These include: National Women and Girls AIDS Awareness Day, National Gay Men's Awareness Day, gay pride events, National Latino AIDS Awareness Day, and World AIDS Day. A total of 200 people were tested at Pride events in 2013. Further, 156 people were tested at Black Effort Against the Threat of AIDS (BEAT AIDS) 2013 "Safe Sex in the City" event.

MetroHealth is the public health agency charged with the responsibility for providing public health programs in San Antonio and unincorporated areas of Bexar County. The services include health promotion, prevention, testing and counseling. The STD and HIV Prevention and Control Program provides evaluation, diagnosis, and treatment of most STDs. Residents of San Antonio and Bexar County and those who have no other means of obtaining STD services are eligible to obtain services at MetroHealth. In 2013, MetroHealth received a $900,000 annual federal grant for an HIV/STD prevention project to enhance their number of testers, testing, linkage to care, MSM behavior interventions, and condom distribution. Their HIV prevention teams will provide targeted testing for MSM, implement a *Partners in Prevention* MSM intervention model, target HIV testing concentrating on high risk groups including IDU, commercial sex workers, incarcerated and other high risk heterosexual groups, and will expand condom distribution. This project will restore some of the prevention, outreach, and testing services that were previously cut due to budget reductions.

LINKAGES TO CARE

Linkage to care was much more extensively covered in the Consumer Survey, as well as in the targeted Focus Groups (FGs) and the data collected provides a broader insight into the experiences of HIV positive persons getting from diagnosis to HIV primary care. The survey responses to the questions that pertain to linkages were largely positive for the SATGA, with very few exceptions.

"When you were first diagnosed with HIV or AIDS, did the agency that gave you your diagnosis also give you referrals to a doctor or clinic that could help you with your HIV medical needs?"	
Yes	81.0% (257)
No	19.0% (60)
Totals	100.0% (317)

"Were you immediately linked to HIV medical care or treatment?"	
Yes	74.6% (236)
No	25.4% (81)
Totals	100.0% (317)

"Were you provided resources to follow-up with for care, such as a referral to case management or other resources?"	
Yes	76.5% (243)
No	23.5% (74)
Totals	100.0% (317)

"Did you follow-up with your first medical appointment?"	
Yes	88.0% (279)
No	12.0% (38)
Totals	100.0% (317)

"More specifically, how long after being diagnosed with HIV or AIDS did you receive HIV-related medical care?"	
Immediately (within one month) after being diagnosed	59.3% (188)
Within 6 months of being diagnosed	19.2% (61)
Within a year of being diagnosed	7.1% (23)
Other (please specify)	14.3% (45)
Totals	100.0% (317)

Note: "Other" responses ranged from 2 years to 30 years, with an average of around 4 years after HIV diagnosis.

The data for these questions mirrors the data for the overall Continuum of Care for the SATGA. While nearly 75% of respondents say they were given a referral and immediately linked to HIV medical care, only 59% immediately went into HIV medical care after diagnosis.

As with HIV diagnosis, there is improvement to be made in the processes that govern linkage to care. See the Observations and Recommendations section for information on best practices to improve linkages.

RETENTION IN CARE

One key question on the Consumer Survey related to retention in HIV medical care was, *"In the past two years, have you stopped going to your HIV medical provider for more than six months?"*

An overwhelming 85.5% (271) of clients said they had not stopped going to the doctor for six months or longer, but 14.5% (46) stated they had discontinued treatment in the past 24 months. The barriers for dropping out of care were grouped into five distinct areas: 1) Financial Barriers; 2) Facility/Clinic Barriers; 3) Health Barriers; 4) Housing/Responsibility Barriers; and 5) Knowledge Barriers. Clients were asked to mark all barriers that applied to them. *Note: Multiple barriers could have been identified by a single participant.* The responses for each section were:

1) Financial Barriers (22 total responses from 16 participants)	
No car/transportation	40.9% (9)
Not enough money	31.8% (7)
I had no financial barriers	13.6% (3)
No health insurance/not enough health insurance	9.1% (2)
Could not afford time off work	4.5% (1)

2) Facility/Clinic Barriers (18 total responses from 14 respondents)	
Appointments cancelled/rescheduled by clinic	22.2% (4)
Clinic hours were inconvenient	16.7% (3)
Clinic waiting times were too long	11.1% (2)
"Red Tape"/Eligibility Process	11.1% (2)
I had no facility/clinic barriers	11.1% (2)
I didn't know where to go to get care	5.6% (1)
I was unable to get an appointment, or appointments were too far in the future	5.6% (1)
Clinic staff didn't speak my language	5.6% (1)
The clinic location was inconvenient	5.6% (1)
Other: *"unstable"*	5.6% (1)

3) Health Barriers (21 total responses from 15 respondents)	
Depression/Anxiety prevented me from going	42.9% (9)
I felt too sick to go	23.8% (5)
A disability prevented me from going	9.5% (2)
Drug or alcohol use prevented me from going	9.5% (2)
I had no health barriers	9.5% (2)
Other: *"was hospitalized on several occasions"*	4.8% (1)

4) Housing/Responsibility Barriers (17 total responses from 14 respondents)	
I had no housing/responsibility barriers	35.3% (6)
I was homeless	29.4% (5)
I was in jail or prison	11.8% (2)
Need to care for an adult family member or friend	5.9% (1)
Unable to get childcare	5.9% (1)
Unable to get time off from work	5.9% (1)
Other: *"no money"*	5.9% (1)

5) Knowledge/Belief Barriers (28 responses from 16 respondents)	
I didn't want to think about being HIV positive	25.0% (7)
I was afraid of medication side effects	14.3% (4)
I had no knowledge/belief barriers	14.3% (4)
I didn't feel sick	14.3% (4)
I didn't believe HIV medications would help	10.7% (3)
I was too embarrassed or ashamed to go	7.1% (2)
Other: *"Being stupid!"* & *"the* (sic) *always hurt me when drawing blood"*	7.1% (2)
I don't like doctors/clinics	3.6% (1)
Religious/spiritual beliefs	3.6% (1)

In addition to the items listed within each of the five (5) areas, it is also interesting to note the order the overall appearance of each category itself:

- 34.8% of out-of-care experienced Financial Barriers;
- 34.8% of out-of-care experienced Knowledge/Belief Barriers;
- 32.6% of out-of-care experienced Health Barriers;
- 30.4% of out-of-care experienced Facility/Clinic Barriers; and
- 30.4% of out-of-care experienced Housing/Responsibility Barriers

It is important for future evaluations of allocations and service needs to review the Barriers to Care that may be impacted by service funding. For instance, the first and third highest rated barriers to care were "depression/anxiety" and "I didn't want to think about being HIV positive", either of which could be impacted by the presence or lack of mental health services both within the HIV community and in the community in general. Mental Health Services were ranked number three (3) of four (4) in the "top 4" core medical services needed and not received in Section 4 of this report.

The second highest barrier to care was "no car/transportation". This, too, could be impacted by the presence or lack of medical transportation funding within the HIV community, and public transportation in the community in general. Medical Transportation services was ranked eight (8) out of fifteen (15) in support services participants reported needing and not receiving in Section 4 of this report.

It is through these analyses that in-depth information can guide the HIV Planning Council toward formulas for funding in their designated communities. See the Observations and Recommendations section for additional related analysis, observations and recommendations.

ARV THERAPIES

An entire section of the Consumer Survey was dedicated to ARV therapies and what people know about them. It all tied in very closely with therapy adherence, resistance, and how medication adherence can lead to viral load suppression.

When asked whether participants were taking ARV medications, 93.5% (296) of respondents indicated yes, they were, and 6.5% (21) were not taking medications. Specifics regarding ARV therapy were asked of both groups:

"In the past 30 days, how often have you taken your HIV medications in the amounts prescribed, and at the appropriate times during the day?"	
Always	71.4% (226)
Most of the time	20.5% (65)
Sometimes	4.1% (13)
Not all the time	2.9% (9)
Hardly ever	1.2% (4)
Total	100% (317)

"If you answered that you have taken your medications "sometimes", "not all the time" or "hardly ever" (n=26) in the past 30 days, what was the reason you missed those doses?"

- I forget to take my medications 34.6% (9)
- My medications give me side effects 26.9% (7)
- Other reasons 23.1% (6)
- I couldn't afford the medications 15.4% (4)

Note: "Other" responses included comments that indicated a combination of the available factors were to blame for lack of adherence.

"Has your HIV medical provider or case manager ever discussed with you the importance of sticking to your HIV medication regimen?"	
Yes	95.3% (302)
No	4.7% (15)
Total	100% (317)

"Has your HIV medical provider or case manager ever discussed with you the risk of drug resistance in regard to your HIV medications?"	
Yes	87.7% (278)
No	7.7% (24)
I don't know	4.7% (15)
Total	100% (317)

"Do you know what causes HIV medication resistance?"	
Yes	79% (250)
No	21% (67)
Total	100% (317)

"Have you ever had resistance testing done by your HIV medical provider? (Genotyping, Phenotyping)"	
Yes	41.8% (133)
No	31.9% (101)
I don't know	22.4% (71)
Participant Provided No Answer	3.9% (12)
Total	100% (317)

"Do you have trouble paying your medication co-pays?"	
Yes	44.4% (141)
No	55.6% (176)
Total	100% (317)

"Are you enrolled in the Texas HIV Medication Program (THMP), also known as the AIDS Drug Assistance Program (ADAP)?"	
Yes	44.6% (141)
No	39.9% (127)
I don't know	15.5% (49)
Total	100% (317)

The primary take-away from this data is that nearly 92% (291) of respondents indicate that they are adherent to their ARV regimen "Always" or "Most of the Time". This is a very high percentage of self-reported compliance. This, combined with the high degree of knowledge reported by respondents in regard to drug resistance and its consequences, indicates a strong effort toward client education in regard to HIV therapies.

VIRAL LOAD SUPPRESSION

The Focus Groups and Consumer Survey contained an area of emphasis on the clients' understanding of what it means to be virally suppressed/undetectable and whether or not they knew their Viral Load counts from their most recent Viral Load test. In the healthcare field in general, there is a push to "know your numbers". If you have high blood pressure, regular monitoring and knowing your blood pressure is key. If you have diabetes, regular monitoring and knowing your last blood sugar level is a must. The same can be and has been said about HIV/AIDS. It's important for clients to know their numbers so they can fully understand and participate in their own care, and the "number" the HIV/AIDS community has centered consumer goals around is "undetectable".

> [Youth think] *"I'm undetectable. I don't have it anymore."* – Focus Group Participant

In the data collection activities for this needs assessment, specifically the five (5) Focus Groups, Provado facilitated discussion on the term/concept of "undetectable", its definition, and its usage

among PLWHA and their medical providers. FG participant feedback indicated that, especially for the "younger generation", a clinician informs a patient they are undetectable, but the patient hears *"You're cured" or "You can't infect anyone"*. These clients then go out and discontinue the good behaviors that achieved this milestone, such as regimen adherence and safe sex, and re-adopt the behaviors that put them at high risk for re-infection, an escalating viral load, and possible transmission of the virus – resulting in new HIV infections.

To address this important issue, the NAC, the AA, and Provado discussed alternatives to counter any impressions that "undetectable" equals "cured" and to clear up any ambiguity when clients are informed they have reached this goal. The consensus was that education and information was important to spreading a broader understanding of the terminology so clients can relate it to non-HIV medical jargon they may hear more regularly and more fully understand. The group discussed options such as using the term "in remission", also recommend by several Focus Group participants, and which is used broadly in the treatment of cancers. "Good control" was another option, which is a term used widely for persons with diabetes when they achieve optimum blood glucose levels through medication and exercise.

The group ultimately determined that "well managed" or "managing the disease" is the terminology that should be widely used by the SATGA HIV providers. Ideas were discussed to push this information out to front-line personnel and to begin a campaign to emphasize the importance of changing the language to describe the achievement of such "undetectable" goals in the realm of HIV.

The analysis of the Consumer Surveys shows the following results on the topic of "undetectable" and HIV disease management specifically regarding knowledge of the "numbers".

"Do you know what it means for your HIV Viral Load to be "undetectable"?"	
Yes	91.4% (290)
No	8.6% (27)
Total	100% (317)

"Is your Viral Load count undetectable?"	
Yes	75.2% (239)
No	16.5% (52)
I don't know	8.3% (26)
	100% (317)

"Do you know what it means for your HIV Viral Load to be "undetectable"?"	
Yes	91.4% (290)
No	8.6% (27)
Total	100% (317)

"Do you know what your Viral Load count is as of your last test?	
Yes	66.5% (211)
No	33.5% (106)
Total	100% (317)

Survey participants were prompted with a follow-up question if they did not know their viral load count - *"If not, why don't you know your Viral Load count?"* Twenty-four (24) open text responses were received to the follow-up question.

Open Text Responses:

- *"forgot"* (6)
- *"did not look or ask"* (3)
- *"can't remember"* (9)
- *"I never bother to check, I just put it in our Lord's hands."* (1)
- *"don't know"* (4)
- *"I don't have my paperwork or remember what it was"* (1)

"When was your HIV Viral Load last tested?"	
Within the last 3 months	70.9% (225)
Within the last 6 months	19.8% (63)
Within the last year	4.9% (15)
More than a year ago	4.4% (14)
Total	100% (317)

"Have you had a discussion with your HIV medical provider in the past six months regarding achieving an undetectable HIV Viral Load Count?"	
Yes	76.4% (242)
No	21.9% (70)
I don't know	1.7% (5)
Total	100% (317)

As in the ARV Therapy section, the overwhelming majority of clients indicate they are educated as to the meaning of being undetectable or virally suppressed (91.4%, 290), but far fewer actually are (75.2%, 238). And, when asked if they knew their viral load count, the majority of clients indicated "yes" (66.5%, 211), but when asked for the actual number, far fewer actually were able to provide the figure from their last lab test (41.7%, 132). This speaks to a general knowledge base of the disease and disease management conceptually. However, the analysis also suggests gaps in the actual execution and practice of disease knowledge/management vs. what the participants reported knowing about the information they should be knowledgeable of. A similar analogy could be condom knowledge vs. condom utilization. The SATGA should consider this when messaging to providers and consumers. Messaging should not simply focus on the importance of HIV counts, but also knowing/managing your personal, individual disease, including counts. Messaging should focus on **self-accountability**.

SECTION 7: OBSERVATIONS & RECOMMENDATIONS

Provado has organized *Section 7: Observations and Recommendations* in a way that groups and summarizes analysis findings, observations, and recommendations into "groups" (reflected as Section sub-headings below). The groupings are:

- HIV Status Awareness
- Identified Need
- Medical Care Retention
- Viral Suppression

Each grouping (listed above) contains both Observations and Recommendations. Observations are meant to provide summarized remarks from Provado that are further supported by the analysis from the surveys and the qualitative themes/comments from the FG participant. Recommendations should be viewed as suggestions from Provado for the NAC, PC, and AA to consider when completing community planning activities for HIV consumers in the SATGA.

HIV STATUS AWARENESS

HIV STATUS (UNAWARE)

OBSERVATIONS: In Bexar County DCR's 2015 Ryan White Part A grant application, the SATGA estimated there were 1,239 persons in the community who were unaware of their HIV status as of December 31, 2013. The Center for Disease Control's (CDC) back-calculation method was used at the estimate of 18% HIV unaware. In late 2014, the CDC revised that estimate down to 14%, which reduces the estimate for HIV unaware in the SATGA to 913.

The Journal of the International AIDS Society, April 2012, stated that the rate of new infections by the HIV Unaware was 3.5 times that of the HIV Aware. Further, the same article notes that in 2012, 49% of all HIV infections came from the, at the time, 20% of the HIV Unaware population in the US.[11]

One surrogate marker to identify persons who are, or were, HIV unaware is the number of persons who are late to enter HIV care; those whose HIV progressed to AIDS within 12 months of diagnosis. According to the data collected, 26% of the Consumer Survey participants were late to care, and this, in conjunction with the back-calculation method, can lead the SATGA to a more refined quantification of the HIV unaware within the community.

When asked what they felt could contribute the most to the continuum of care in the community, many survey respondents indicated the need for greater community awareness of HIV in the general population. The topic of awareness was also discussed at length in each FG; specifically, awareness of HIV status, the "younger generation", and issues of stigma. This was a common theme across all FGs conducted. Several FG participants spoke to the need for an "ad campaign" or "billboards" with information about HIV, and for the disease to re-enter the common dialogue. Provado observed that these comments were not unique to any specific population or age demographic. Each FG conversation

[11] *http://journals.lww.com/aidsonline/Fulltext/2012/04240/HIV_transmission_rates_from_persons_living_with.17.aspx*

supported tailored messaging to the population being targeted, but the themed need appeared to be across all populations in which FGs were completed. The only "sub-population" that FG participants identified that could be "themed" through the analysis was youth or "the younger generation". Race did not appear to be as important as the age of the individual being targeted though the communication. Provado defines "youth" and "younger generation" as ages 13-34.

RECOMMENDATIONS: Provado understands there are limits on HIV services funding, particularly, limits on expending funds on broad information/awareness campaigns. With the HIV Continuum being heavily weighted in a medical model, it is beyond the scope of most AA's and Planning Councils to actually carry out broad awareness campaigns.

With that in mind, Provado suggests that the following list may have the capacity for broad awareness and information dissemination:

- City & County Government
- Public Health Officials
- Hospitals & Clinics
- For Profit and Not-For Profit Public Information Officers
- Local News Outlets
- Local Radio Stations

With this list, Provado recommends a strategy to mine existing coalitions and committees with which the Planning Council or AA are affiliated to engage the community on conversations regarding HIV testing, treatment, and achieving a community of clients with well-managed HIV. The process would need to be organized to garner maximum participation to ensure the consolidated voice of the Planning Council and AA is one that can be shared across various groups.

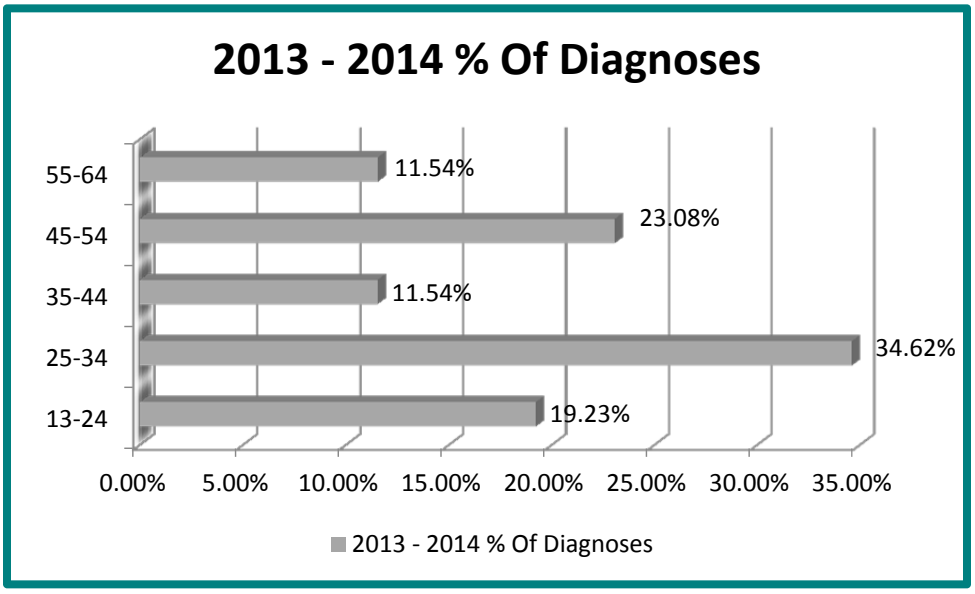
Provado recommends that "youth" and the "younger generation" should be considered as a high priority target audience. Additionally, Provado recommends expanding on existing relationships with the San Antonio Metropolitan Health District, the University Health System, the HIV/Syphilis Testing Task Force, The Health Collaborative, and the Dalé Program. Urging these community partners to adopt the message of HIV education promoted by Bexar County, the various groups could issue press releases to announce the objectives of the campaign and to begin to disseminate HIV/AIDS information. Projects such as ad spots, bus campaigns, billboards, or other broad dissemination methods, based on the strategy's needs, could be created with unrestricted funding from community partners to reach the general public, much as Bexar County is already doing with Project THRIVE.

The way to reach people who don't even know they're HIV positive is to put the information out in the community where individuals don't have to be "in places where high risk individuals are likely to congregate" in order to be made aware of their own risks of HIV. An important aspect of this recommendation is to ensure all campaigns are professionally designed with tailored messaging that the each target audience will be able to identify with.

HIV STATUS (AWARE)

OBSERVATIONS: This group is much simpler to quantify than the HIV unaware, as the HIV aware are comprised of the very individuals who completed the Consumer Survey and told us their needs. One thing that the data tells us, however, is that there is a sub-population of concern within the HIV Aware;

persons aged 13 – 34; namely youth and the young, who made up 53.9% of all HIV diagnoses in 2013 – 2014.



2013 - 2014 SATGA HIV DIAGNOSES BY AGE GROUP

While those aged 45-54 make up 23.1% and are the second largest age group overall, to have more than half (53.9%) of new infections in the past two years be in persons under the age of 34 indicates a missing component in HIV awareness in the community that does not affect older persons as significantly.

The September 2010 amfAR issue brief states: *"American youth are growing up at a time when AIDS in America is considered to be a treatable disease. Unlike young people in the early days of the epidemic in the U.S., this generation has not witnessed the death of many of their peers from AIDS and many are unaware of their risk for HIV infection. In recent years, the sense of urgency surrounding HIV/AIDS has turned into generalized public and political complacency."* [12]

This concept of "complacency" is the enemy of the HIV community. It has been fostered and inadvertently nurtured by the change in focus by federal, state, and local HIV programs toward the medical model of care, which focuses on treatment and often doesn't adequately provide for the supportive services that are necessary to create a comprehensive continuum of care.

Another issue that continues to plague the community is the stigma of HIV. There were clear indications in the focus groups that clients relish the opportunities to talk freely in a group with people like them about the issues that face them, and to have a safe place where they can unburden themselves. FG participants shared heartbreaking stories of having no one to talk to because they have to keep their HIV disease-a secret. If someone did know they were positive, it still wasn't something they talked about freely, because they were ashamed and treated poorly. Repeatedly in comments

[12] *http://www.amfar.org/uploadedFiles/In_the_Community/Publications/Youth.pdf?n=5282*

from both the focus groups and the consumer survey, respondents referred to the need for: 1) more opportunities to get information about HIV, 2) more information about available services; 3) more support group meetings to talk things through; and 4) more opportunities to share and talk with peers who are in their same circumstance(s).

RECOMMENDATIONS: Provado recommends that the SATGA consider some changes to service category allocations for 2016. Overall, 89.6% of service funding is currently directed to core medical services, and just 10.4% toward supportive services. The SATGA and the Planning Council make the attempt to expend as much Ryan White funding as possible on core medical services, limiting the funding for supportive services to a minimal amount. This can be supported through the explanation that the SATGA is historically a late-to-care community, where core medical services are most needed by those newly diagnosed.

While this may be a creditable strategy for funding, it could potentially be a detriment to the Continuum of Care, if the trends shift to a split community between the youth and the late-to-care. The youth present different attitudes, challenges, and needs that focus group participants reported. They reported that the youth rely heavily on supportive services such as non-medical case management, housing services, support group, emergency financial services, etc… in order to keep each stop on the continuum flowing to the next level because of their "live in the moment" mentality.

Revisiting the analysis of the overall reported need from Consumer Survey participants, the top five (5) services consumers reported needing are listed below. *Reminder: this ranking does not consider if the service was received or not received by the client, but simply if a need was expressed.*

1)	Oral Health Care	medical	78.5%
2)	Non-Medical Case Management	support	68.8%
3)	Medical Case Management	medical	73.8%
4)	Health Insurance Premium and Copay Assistance	medical	70.0%
5)	Mental Health Services	medical	65.0%

More importantly, the NAC, AA, and PC should consider the following "top 5" list of services that were identified by Consumer Survey participants as a need and not being received by the client. Future service allocation conversations should consider the information and analysis related to need associated with these five (5) services. *Note: Refer back to Section 4 of this report for detailed analysis on this topic.*

1)	Oral Health Care	medical	22.6%
2)	Housing Services	support	18.1%
3)	Health Insurance Premium and Copay Assistance	medical	17.0%
4)	Mental Health Services	medical	17.0%
5)	Emergency Financial Services	support	16.6%

The SATGA should factor these data points, along with other data points (e.g. service utilization trend data from ARIES, etc…), into future allocations discussions. When all factors are considered, there may be a justified shift in current funding allocations. No one data point or report should be used to solely justify funding priorities and allocations. A comprehensive conversation reviewing all data points/trends should be utilized to determine how to best meet the identified needs of the community.

Additionally, the SATGA should consider increasing its allocation toward Early Intervention Services, and developing or expanding programs that coordinate with local prevention programs to target

persons who are out of care, persons who are at risk for falling out of care, and persons aged 13 – 34. These programs should focus on reducing the number of HIV unaware in the community in these age groups.

IDENTIFIED NEED

MET NEED

OBSERVATIONS*:* A very high percentage of persons report that 100% of their needs are currently being met in the SATGA. When survey participants were asked, between 90% and 95% of clients indicated they had met needs for both - healthcare and supportive services. When offered the opportunity to express what else was needed in the community, a unanimous voice across both focus group and survey participants was identified through themed analysis indicating consumers are happy with services and grateful they are available.

RECOMMENDATIONS: Provado recommends the ongoing dissemination of information and outreach strategies to continue to meet the needs of clients.

UNMET NEED

OBSERVATIONS*:* Provado talked to very few persons with true unmet need, which is the HIV aware, out of care client. A focus group with out of care clients consisted of persons who had been out of care, but recently returned. One client indicated they had stopped receiving care because they needed to "remove one more obstacle (stigma) from my life". Another was in prison, and when released, they waited nearly two years to re-enter care. They only returned to care when they started feeling sick, or as when one client put it, *"My son started noticing spots on my body, and I knew I had to get help."*

RECOMMENDATIONS: Provado's supports the intent to increase funding of Early Intervention Services to expand the EIIHA program as described in the 2015 Ryan White Part A grant application.

MEDICAL CARE RETENTION

RETAINED IN MEDICAL CARE

Provado has no recommendations for changes to the SATGA activities for persons retained in medical care, but refer to the recommendations for persons who have not achieved viral suppression for more relevant recommendations on improving outcomes for clients in medical care. The SATGA should support existing and ongoing strategies to retain clients in medical care, and recognize those individuals and organizations that excel as part of a regular review of these activities.

NOT RETAINED IN MEDICAL CARE

OBSERVATIONS: There are a number of factors that cause clients to fall out of care, and often the reasons can seem insurmountable. However, there are ways that some communities have undertaken that could be implemented to help reduce the numbers of clients who fall out of care or are lost to follow-up.

Survey data indicates that 14.5% of clients stopped receiving HIV medical care at some point in 2013 and 2014. Reasons varied from "I was stupid" to depression/anxiety about their condition causing them to be too upset to care for themselves.

RECOMMENDATIONS: Provado's recommendation is to create, or expand, a collaboration between Medical Case Management and Early Intervention Services that can be a bridge toward ensuring clients do not fall out of care, or if they do, that they are swiftly returned to care.

An effort should be made to train medical case managers to look for the signs that a client is falling out of care – excessive rescheduling of appointments, prescriptions that last too long between refills, conversations that indicate sadness, illicit drug use, or other factors that could contribute to dropping out of care, and finally, no shows for appointments. These indicators can be a precursor to clients falling out of care, but knowing how to spot them and how to help a client through them can improve retention in primary care.

When a client misses an appointment and doesn't call to reschedule, and subsequently can't be reached, this is when a medical case manager should contact Early Intervention or Outreach Services to find the client and get them back into care. This requires a close relationship and regular dialogue between case managers and case-finding personnel.

Additionally, utilizing the ARIES "Barriers to Care" assessment on clients who are returned to care can provide valuable, ongoing insight into the reasons why people are falling out of care. This data can be collected and compiled on an annual or semi-annual basis by the AA to tailor solutions to the realities of client situations as they evolve.

Finally, the AA may want to review current contract performance measures and requirements. There may be an opportunity to enhance the required contractual performance measures, particularly regarding clients who are newly diagnosed, success of referrals, and successful rescheduling of canceled/missed appointments.

VIRAL SUPPRESSION

VIRAL SUPPRESSION (ACHIEVED)

OBSERVATIONS: Many times during the focus groups it was clear that becoming undetectable was the goal, but too often it was noted that many people view "undetectable" the same way they view the word "cure", particularly among young adults. One FG participant stated "Yeah, they find out they're undetectable and they think 'I'm cured!' and they stop taking meds and go out and have sex without protection." This kind of comment was echoed throughout multiple FGs.

At the second focus group, Provado came across a copy of a magazine available for clients to take and read (HIV Plus Magazine[13], September 2014) with a major article inside headlined "Is 'Undetectable' the New Safe Sex?" The messaging and presentation of this article included a photo of an attractive male lying shirtless on a bed with the headline overlying the photo. This type of messaging is what the

[13] *http://www.hivplusmag.com/sex-dating/2014/09/15/undetectable-new-safe-sex*

HIV community is up against when trying to promote safety, harm reduction, and reducing risky behaviors. Provado presented the article to focus group participants and asked if this sort of message was common in the media, and overwhelmingly they agreed; mass media sells being undetectable as if people are cured of HIV. For those who don't read far beyond the headline and photo, the message has settled in, potentially eradicating headway in education and risk reduction.

Provado discussed the article with all following focus groups and found a consensus on the concept of a messaging problem in the media regarding HIV, and whether anything was being done, or could be done, by medical providers to counter that message. If the message "you're cured" is what is being sold, especially to younger generations, then the medical community needs to combat that message with a more measured approach.

FG participants suggested that when an individual receives their results of being undetectable, a brief conversation with the doctor about the implications and responsibilities of being undetectable could help counter media misinformation. Using phrases to describe their condition, like "in remission", a common phrase in cancer treatment, or "good control", a common phrase for diabetes and high blood pressure treatments, could improve people's understanding of being "undetectable" when it comes to HIV. Emphasizing that it's not a cure, but that what the client is doing – maintaining their regimen, seeing the doctor regularly, engaging in healthy behaviors and safe sexual practices, are the reasons they are undetectable, and that they must continue to do so in order to keep themselves healthy. This concept, and the efforts of the SATGA in regard to rebranding the message to "well controlled", is discussed more in depth in the Continuum of Care section under "Viral Load Suppression".

RECOMMENDATIONS: Provado has one recommendation for the SATGA in regard to clients achieving viral suppression, and that is to review and standardize the dialogue that exists between clinics and clients when the client becomes undetectable. Creativity by front-line staff to combat the mass media messages, such as posters in waiting rooms and flyers/stickers on condom dispensers that could have information, perhaps with a catchy slogan, that states "being undetectable does not mean you're cured" are examples of a standardized dialogue – ONE consistent community voice. Success with this recommendation can only be achieved through a community-wide change in the way providers communicate with consumers on this topic.

VIRAL SUPPRESSION (NOT ACHIEVED)

OBSERVATIONS: The consumer survey reveals that 93.5% of respondents take an ARV therapy regimen, 91.8% of those persons indicate that they "always" or "most of the time" follow their ARV therapy regimen closely, and 75.2% indicate their viral load is undetectable. The SATGA Continuum of Care provided by DSHS for calendar year 2012 puts the figure of viral suppression *much* lower than the consumer survey, at 47.1%, and ARIES data for 2013 puts it *slightly* lower at 65.9%.

With these "all over the map" figures from different time periods, it is difficult to know what number to work from. Client reported medical data can be inherently unreliable, and state figures can be outdated and are constantly being revised. A midpoint between the figures at or around 61.2% was chosen for the overall community true figure, which is closer to the ARIES figure than any other. Generally, outliers and other factors can pull data in extreme directions, but given that lab-reported local data can be deemed reliable, Provado sees this as a true estimate of viral suppression in the SATGA. For the purposes of comparing apples to apples, however, Provado compared the following data to the 75.2% reported by consumers in the survey.

The consumer survey revealed no demographic indicators that would explain the failure of some clients to become virally suppressed, but there are a few other characteristics that do.

Of those who claim to not be virally suppressed, they were evenly divided between Hispanic and non-Hispanic persons, demographically representative of the general population in age, race, education and income. **However, for persons who were recently homeless, failing to achieve viral suppression was much more prevalent than in the general population. For recently homeless clients, 56.3% claim they were virally suppressed; nearly 20% below the general population.**

RECOMMENDATIONS: In general, it will be important for the SATGA to improve its messaging on viral suppression in conjunction with the semantic changes discussed regarding achieving "well regulated" HIV status. This includes improving the message across the lifecycle of the client when their labs are first explained to them and throughout the course of their care while the goals they set are achieved and exceeded. It will be important to emphasize a routine with front-line personnel that not only changes the language used, but the frequency and quality of their communication with clients.

Provado recommends the SATGA work with current medical providers and medical case managers to discuss effective strategies for getting clients to take ownership of their care, including knowing their numbers, following up on their appointments and results, and always being aware of the behaviors and activities that are a help or hindrance to their goal of achieving well-managed HIV.

Provado also recommends the SATGA investigate the issue of homelessness among its client populations and its negative effects on their adherence and viral suppression through an additional targeted project. The recently homeless population comprises 21% of survey respondents, which is a significant figure that is affecting the SATGA's Continuum of Care, and its ability to achieve higher figures of viral load suppression. It is recommended that the SATGA build upon existing linkages to community organizations that offer assistance to homeless populations to identify methodologies or best practices for reaching the homeless to link and retain them in HIV medical care.

SECTION 8: APPENDICES

APPENDIX LIST

- Appendix A: Resource Inventory & Provider Profiles
- Appendix B: Client Survey Tool
- Appendix C: FG Scripts
- Appendix D: Provider Survey Tool
- Appendix E: Respondent Distribution Map
- Appendix F: Epidemiologic Data Summary
- Appendix G: Part A Unmet Need Data

PROVEN INNOVATION WITH PROVEN RESULTS

PROVADO

THE GROUP INC.

RESOURCE INVENTORY & PROVIDER PROFILES

2014-2015

SATGA Comprehensive Needs Assessment

January 2015

TABLE OF CONTENTS

RESOURCE INVENTORY

	AARC	Beat AIDS	Centro Med	FFACTS	Mujeres Unidas	SAAF	STVHS
Outpatient/Ambulatory Medical Care	-	-	X	X	-	-	X
Oral Health Services	-	-	X	-	-	X	X
Health Insurance Premium & Cost Sharing Assistance	X	-	-	-	-	-	-
Early Intervention Services	X	X	X	-	-	X	-
Medical Case Management	X	-	X	X	-	X	X
Local AIDS Pharmaceutical Assistance	-	-	X	X	-	-	-
Home Health Care	-	-	-	-	-	-	X
Medical Nutritional Therapy	-	-	X	X	-	-	X
Mental Health Services	X	X	X	X	X	-	X
Substance Abuse Services	X	X	-	X	-	-	X
Home and Community Based Support Services	-	-	-	-	X	-	X
Non-Medical Case Management	X	X	-	X	-	X	X
Child Care Services	-	-	-	-	-	-	-
Food Bank/Home Delivered Meals	X	X	-	-	-	X	-
Health Education/Risk Reduction	X	X	X	-	X	-	X
Emergency Financial Services	X	X	-	-	-	X	-
Housing Services	X	X	-	-	-	X	X
Medical Transportation	X	X	-	-	-	X	X
Psychosocial Support Services	-	X	-	-	-	-	X
Legal Services	-	-	-	-	-	-	-
Linguistic Services (Translation)	-	-	X	-	X	-	X
Hospice Services	-	-	-	-	-	X	X
Pediatric Developmental Assessment	-	-	-	-	-	-	-

Note: The Resource Inventory is populated to reflect the service categories that Providers reported "planning to provide" in 2015.

PROVIDER PROFILES

ALAMO AREA RESOURCE CENTER (AARC)

CONTACT INFORMATION

Name: AARC
Address: 303 N. Frio
San Antonio, TX 78207
Phone: 210.591.0807

CAPACITY INFORMATION

AGENCY'S FUNDING PROFILE

Funding Source	Receives	Does Not Receive
Ryan White Part A	*X*	-
Ryan White Part A (MAI)	*X*	-
Ryan White Part B	*X*	-
Ryan White Part C	-	*X*
Ryan White Part D	*X*	-
Private Insurance	-	*X*
Medicare/Medicaid	-	*X*
Other Insurance	-	*X*
Special Projects of National Significance (SPNS)	*X*	-
HIV Prevention – DSHS	*X*	-
HIV Prevention – CDC	-	*X*
United Way	-	*X*
Private/Foundation Funding	*X*	-
State or County housing Commission	-	*X*
HUD/HOPWA	*X*	-
SAMSHA	-	*X*
Other (specify)	*N/A*	

AGENCY'S STAFF PROFILE

	Male	Female	Transgender (M-F)	Transgender (F-M)
HIV Positive*	*3*	*3*	*0*	*0*
Hispanic	*14*	*14*	*0*	*0*
African American	*1*	*3*	*0*	*0*
Caucasian	*4*	*3*	*0*	*0*
All Other Races	*0*	*0*	*0*	*0*
Disabled	*0*	*0*	*0*	*0*
Bilingual	*7*	*0*	*0*	*0*

Note: Providers were instructed when providing information to whether staff members are HIV Positive is less than 3 in any given row, or if listing a single positive in conjunction with other criteria could potentially identify that staff member, they were to NOT enter staff member's HIV status, and complete the rest of the data as requested.

SERVICE CATEGORY CAPACITY

Service Category	Provided in 2014	Plan to Provide in 2015	Est. Number of Clients Served in 2014	Accepting New Clients	Ryan White Funding Percentage*
Outpatient/Ambulatory Medical Care	-	-	-	-	-
Oral Health Services	-	-	-	-	-
Health Insurance Premium & Cost Sharing Assistance	X	X	1,000	Y	100%
Early Intervention Services	X	X	350	Y	100%
Medical Case Management	X	X	1,000	Y	100%
Local AIDS Pharmaceutical Assistance	-	-	-	-	-
Home Health Care	-	-	-	-	-
Medical Nutritional Therapy	-	-	-	-	-
Mental Health Services	X	X	315	Y	100%
Substance Abuse Services	X	X	325	Y	100%
Home and Community Based Support Services	-	-	-	-	-
Non-Medical Case Management	X	X	1,732	Y	100%
Child Care Services	-	-	-	-	-
Food Bank/Home Delivered Meals	X	X	750	Y	100%
Health Education/Risk Reduction	X	X	160	Y	100%
Emergency Financial Services	X	X	85	Y	18%
Housing Services	X	X	280	Y	N/A
Medical Transportation	X	X	385	Y	30%
Psychosocial Support Services	-	-	-	-	-
Legal Services	-	-	-	-	-
Linguistic Services (Translation)	-	-	-	-	-
Hospice Services	-	-	-	-	-
Pediatric Developmental Assessment	-	-	-	-	-

Note: If a service category is funded by multiple funding sources, indicate the percentage of the funding that comes from the Ryan White Program.

TARGETED CONSUMER POPULATION(S)

Population	Targeted	Not Targeted
PLWH/A and/or affected family members	*X*	-
People at risk for acquiring HIV	*X*	-
Gay/Bisexual Men (MSM)	*X*	-
African American	*X*	-
Hispanic/Latino	*X*	-
Asian	-	*X*
Pacific Islander	-	*X*
Native American	-	*X*
Women	*X*	-
Transgender	*X*	-
Youth	*X*	-
Other Populations not listed (specify)	*N/A*	

BEAT AIDS

CONTACT INFORMATION

Name: BEAT AIDS
Address: 1017 North Main
San Antonio, TX 78212
Phone: 210.212.2266

CAPACITY INFORMATION

AGENCY'S FUNDING PROFILE

Funding Source	Receives	Does Not Receive
Ryan White Part A	-	*X*
Ryan White Part A (MAI)	-	*X*
Ryan White Part B	-	*X*
Ryan White Part C	-	*X*
Ryan White Part D	*X*	-
Private Insurance	-	*X*
Medicare/Medicaid	-	*X*
Other Insurance	-	*X*
Special Projects of National Significance (SPNS)	-	*X*
HIV Prevention – DSHS	-	*X*
HIV Prevention – CDC	-	*X*
United Way	-	*X*
Private/Foundation Funding	-	*X*
State or County housing Commission	-	*X*
HUD/HOPWA	-	*X*
SAMSHA	-	*X*
Other (specify)	*N/A*	

AGENCY'S STAFF PROFILE

	Male	Female	Transgender (M-F)	Transgender (F-M)
HIV Positive*	*5*	*1*	*0*	*0*
Hispanic	*4*	*2*	*0*	*0*
African American	*5*	*6*	*0*	*0*
Caucasian	*0*	*0*	*0*	*0*
All Other Races	*0*	*0*	*0*	*0*
Disabled	*1*	*1*	*0*	*0*
Bilingual	*2*	*2*	*0*	*0*

Note: Providers were instructed when providing information to whether staff members are HIV Positive is less than 3 in any given row, or if listing a single positive in conjunction with other criteria could potentially identify that staff member, they were to NOT enter staff member's HIV status, and complete the rest of the data as requested.

SERVICE CATEGORY CAPACITY

Service Category	Provided in 2014	Plan to Provide in 2015	Est. Number of Clients Served in 2014	Accepting New Clients	Ryan White Funding Percentage*
Outpatient/Ambulatory Medical Care	-	-	-	-	-
Oral Health Services	-	-	-	-	-
Health Insurance Premium & Cost Sharing Assistance	-	-	-	-	-
Early Intervention Services	*X*	*X*	*20*	*Y*	*0..0004%*
Medical Case Management	-	-	-	-	-
Local AIDS Pharmaceutical Assistance	-	-	-	-	-
Home Health Care	-	-	-	-	-
Medical Nutritional Therapy	-	-	-	-	-
Mental Health Services	*X*	*X*	*520*	*Y*	*0%*
Substance Abuse Services	*X*	*X*	*160*	*Y*	*0%*
Home and Community Based Support Services	-	-	-	-	-
Non-Medical Case Management	*X*	*X*	*80*	-	*0%*
Child Care Services	-	-	-	-	-
Food Bank/Home Delivered Meals	*X*	*X*	*300*	*Y*	*0%*
Health Education/Risk Reduction	*X*	*X*	*1,500*	*Y*	*0.0004%*
Emergency Financial Services	*X*	*X*	*84*	*Y*	*0.0004%*
Housing Services	*X*	*X*	*7*	*Y*	*0%*
Medical Transportation	*X*	*X*	*204*	*Y*	*0%*
Psychosocial Support Services	*X*	*X*	*1088*	*Y*	*0%*
Legal Services	-	-	-	-	-
Linguistic Services (Translation)	-	-	-	-	-
Hospice Services	-	-	-	-	-
Pediatric Developmental Assessment	-	-	-	-	-

Note: If a service category is funded by multiple funding sources, indicate the percentage of the funding that comes from the Ryan White Program.

TARGETED CONSUMER POPULATION(S)

Population	Targeted	Not Targeted
PLWH/A and/or affected family members	*X*	-
People at risk for acquiring HIV	*X*	-
Gay/Bisexual Men (MSM)	*X*	-
African American	*X*	-
Hispanic/Latino	*X*	-
Asian	-	*X*
Pacific Islander	-	*X*
Native American	*X*	-
Women	*X*	-
Transgender	*X*	-
Youth	*X*	-
Other Populations not listed (specify)	*N/A*	

CENTRO MED

CONTACT INFORMATION

Name: CentroMed
Address: 315 North San Saba, STE 103
San Antonio, TX 78207
Phone: 210.738.8222

CAPACITY INFORMATION

AGENCY'S FUNDING PROFILE

Funding Source	Receives	Does Not Receive
Ryan White Part A	*X*	-
Ryan White Part A (MAI)	-	*X*
Ryan White Part B	-	*X*
Ryan White Part C	*X*	-
Ryan White Part D	*X*	-
Private Insurance	*X*	-
Medicare/Medicaid	*X*	-
Other Insurance	*X*	-
Special Projects of National Significance (SPNS)	-	*X*
HIV Prevention – DSHS	-	*X*
HIV Prevention – CDC	-	*X*
United Way	*X*	-
Private/Foundation Funding	*X*	-
State or County housing Commission	-	*X*
HUD/HOPWA	-	*X*
SAMSHA	-	*X*
Other (specify)	*HRSA BPHC, DSHS*	

AGENCY'S STAFF PROFILE

	Male	Female	Transgender (M-F)	Transgender (F-M)
HIV Positive*	*0*	*0*	*0*	*0*
Hispanic	*2*	*14*	*0*	*0*
African American	*0*	*0*	*0*	*0*
Caucasian	*0*	*0*	*0*	*0*
All Other Races	*0*	*0*	*0*	*0*
Disabled	*0*	*0*	*0*	*0*
Bilingual	*2*	*14*	*0*	*0*

Note: Providers were instructed when providing information to whether staff members are HIV Positive is less than 3 in any given row, or if listing a single positive in conjunction with other criteria could potentially identify that staff member, they were to NOT enter staff member's HIV status, and complete the rest of the data as requested.

SERVICE CATEGORY CAPACITY

Service Category	Provided in 2014	Plan to Provide in 2015	Est. Number of Clients Served in 2014	Accepting New Clients	Ryan White Funding Percentage*
Outpatient/Ambulatory Medical Care	X	X	700	Y	49%
Oral Health Services	X	X	100	Y	12%
Health Insurance Premium & Cost Sharing Assistance	-	-	-	-	-
Early Intervention Services	X	X	700	Y	64%
Medical Case Management	X	X	250	Y	12%
Local AIDS Pharmaceutical Assistance	X	X	50	Y	13%
Home Health Care	-	-	-	-	-
Medical Nutritional Therapy	X	X	300	Y	7%
Mental Health Services	X	-	300	Y	7%
Substance Abuse Services	-	-	-	-	-
Home and Community Based Support Services	-	-	-	-	-
Non-Medical Case Management	-	-	-	-	-
Child Care Services	-	-	-	-	-
Food Bank/Home Delivered Meals	-	-	-	-	-
Health Education/Risk Reduction	X	X	700	Y	N/A
Emergency Financial Services	-	-	-	-	-
Housing Services	-	-	-	-	-
Medical Transportation	-	-	-	-	-
Psychosocial Support Services	-	-	-	-	-
Legal Services	-	-	-	-	-
Linguistic Services (Translation)	x	X	10	Y	N/A
Hospice Services	-	-	-	-	-
Pediatric Developmental Assessment	-	-	-	-	-

Note: If a service category is funded by multiple funding sources, indicate the percentage of the funding that comes from the Ryan White Program.

TARGETED CONSUMER POPULATION(S)

Population	Targeted	Not Targeted
PLWH/A and/or affected family members	*X*	-
People at risk for acquiring HIV	*X*	-
Gay/Bisexual Men (MSM)	*X*	-
African American	*X*	-
Hispanic/Latino	*X*	-
Asian	-	*X*
Pacific Islander	-	*X*
Native American	-	*X*
Women	*X*	-
Transgender	*X*	-
Youth	-	*X*
Other Populations not listed (specify)	*N/A*	

UNIVERSITY HEALTH SYSTEM – FFACTS CLINIC (FFACTS)

CONTACT INFORMATION

Name: FFACTS
Address: 903 W. Martin, 3rd Floor
San Antonio, TX 78207
Phone: 210.358.5941

CAPACITY INFORMATION

AGENCY'S FUNDING PROFILE

Funding Source	Receives	Does Not Receive
Ryan White Part A	*X*	-
Ryan White Part A (MAI)	*X*	-
Ryan White Part B	*X*	-
Ryan White Part C	-	*X*
Ryan White Part D	*X*	-
Private Insurance	*X*	-
Medicare/Medicaid	*X*	-
Other Insurance	-	*X*
Special Projects of National Significance (SPNS)	-	*X*
HIV Prevention – DSHS	-	*X*
HIV Prevention – CDC	-	*X*
United Way	-	*X*
Private/Foundation Funding	-	*X*
State or County housing Commission	-	*X*
HUD/HOPWA	-	*X*
SAMSHA	-	*X*
Other (specify)	*DSHS – HIV Routine Testing*	

AGENCY'S STAFF PROFILE

	Male	Female	Transgender (M-F)	Transgender (F-M)
HIV Positive*	*0*	*0*	*0*	*0*
Hispanic	*4*	*12*	*0*	*0*
African American	*1*	*2*	*0*	*0*
Caucasian	*4*	*5*	*0*	*0*
All Other Races	*0*	*0*	*0*	*0*
Disabled	*0*	*0*	*0*	*0*
Bilingual	*0*	*0*	*0*	*0*

Note: Providers were instructed when providing information to whether staff members are HIV Positive is less than 3 in any given row, or if listing a single positive in conjunction with other criteria could potentially identify that staff member, they were to NOT enter staff member's HIV status, and complete the rest of the data as requested.

SERVICE CATEGORY CAPACITY

Service Category	Provided in 2014	Plan to Provide in 2015	Est. Number of Clients Served in 2014	Accepting New Clients	Ryan White Funding Percentage*
Outpatient/Ambulatory Medical Care	*X*	*X*	*1,821*	*X*	*NOT PROVIDED*
Oral Health Services	-	-	-	-	-
Health Insurance Premium & Cost Sharing Assistance	-	-	-	-	-
Early Intervention Services	-	-	-	-	-
Medical Case Management	*X*	*X*	*1,178*	*X*	*NOT PROVIDED*
Local AIDS Pharmaceutical Assistance	*X*	*X*	*750*	*X*	*NOT PROVIDED*
Home Health Care	-	-	-	-	-
Medical Nutritional Therapy	*X*	*X*	*610*	*X*	*NOT PROVIDED*
Mental Health Services	*X*	*X*	*1,208*	*LIMITED*	*NOT PROVIDED*
Substance Abuse Services	*X*	*X*	*500*	*X*	*NOT PROVIDED*
Home and Community Based Support Services	-	-	-	-	-
Non-Medical Case Management	*X*	*X*	*675*	*X*	*NOT PROVIDED*
Child Care Services	-	-	-	-	-
Food Bank/Home Delivered Meals	-	-	-	-	-
Health Education/Risk Reduction	-	-	-	-	-
Emergency Financial Services	-	-	-	-	-
Housing Services	-	-	-	-	-
Medical Transportation	-	-	-	-	-
Psychosocial Support Services	-	-	-	-	-
Legal Services	-	-	-	-	-
Linguistic Services (Translation)	-	-	-	-	-
Hospice Services	-	-	-	-	-
Pediatric Developmental Assessment	-	-	-	-	-

Note: If a service category is funded by multiple funding sources, indicate the percentage of the funding that comes from the Ryan White Program.

TARGETED CONSUMER POPULATION(S)

Population	Targeted	Not Targeted
PLWH/A and/or affected family members	*X*	-
People at risk for acquiring HIV	-	*X*
Gay/Bisexual Men (MSM)	-	*X*
African American	*X*	-
Hispanic/Latino	*X*	-
Asian	*X*	-
Pacific Islander	*X*	-
Native American	*X*	-
Women	*X*	-
Transgender	*X*	-
Youth	*X*	-
Other Populations not listed (specify)	*N/A*	

MUJERES UNIDAS CONTRA EL SIDA (MUJERES UNIDAS)

CONTACT INFORMATION

Name: Mujeres Unidas
Address: 307 E. Evergreen
San Antonio, TX 78212
Phone: 210.738.3393

CAPACITY INFORMATION

AGENCY'S FUNDING PROFILE

Funding Source	Receives	Does Not Receive
Ryan White Part A	-	*X*
Ryan White Part A (MAI)	-	*X*
Ryan White Part B	-	*X*
Ryan White Part C	-	*X*
Ryan White Part D	-	*X*
Private Insurance	-	*X*
Medicare/Medicaid	-	*X*
Other Insurance	-	*X*
Special Projects of National Significance (SPNS)	-	*X*
HIV Prevention – DSHS	-	*X*
HIV Prevention – CDC	-	*X*
United Way	-	*X*
Private/Foundation Funding	*X*	-
State or County housing Commission	-	*X*
HUD/HOPWA	-	*X*
SAMSHA	-	*X*
Other (specify)	*Fundraising*	

AGENCY'S STAFF PROFILE

	Male	Female	Transgender (M-F)	Transgender (F-M)
HIV Positive*	*0*	*2*	*0*	*0*
Hispanic	*1*	*0*	*0*	*0*
African American	*0*	*0*	*0*	*0*
Caucasian	*1*	*0*	*0*	*0*
All Other Races	*0*	*0*	*0*	*0*
Disabled	*2*	*2*	*0*	*0*
Bilingual	*1*	*2*	*0*	*0*

Note: Providers were instructed when providing information to whether staff members are HIV Positive is less than 3 in any given row, or if listing a single positive in conjunction with other criteria could potentially identify that staff member, they were to NOT enter staff member's HIV status, and complete the rest of the data as requested.

SERVICE CATEGORY CAPACITY

Service Category	Provided in 2014	Plan to Provide in 2015	Est. Number of Clients Served in 2014	Accepting New Clients	Ryan White Funding Percentage*
Outpatient/Ambulatory Medical Care	-	-	-	-	-
Oral Health Services	-	-	-	-	-
Health Insurance Premium & Cost Sharing Assistance	-	-	-	-	-
Early Intervention Services	-	-	-	-	-
Medical Case Management	-	-	-	-	-
Local AIDS Pharmaceutical Assistance	-	-	-	-	-
Home Health Care	-	-	-	-	-
Medical Nutritional Therapy	-	-	-	-	-
Mental Health Services	*X*	*X*	*100*	*X*	*0%*
Substance Abuse Services	-	-	-	-	-
Home and Community Based Support Services	-	-	-	-	-
Non-Medical Case Management	-	-	-	-	-
Child Care Services	-	-	-	-	-
Food Bank/Home Delivered Meals		-	-	-	-
Health Education/Risk Reduction	*X*	*X*	*400*	*X*	*0%*
Emergency Financial Services	-	-	-	-	-
Housing Services	-	-	-	-	-
Medical Transportation	-	-	-	-	-
Psychosocial Support Services	-	-	-	-	-
Legal Services	-	-	-	-	-
Linguistic Services (Translation)	*X*	*X*	*8*	*X*	*0%*
Hospice Services	-	-	-	-	-
Pediatric Developmental Assessment	-	-	-	-	-

Note: If a service category is funded by multiple funding sources, indicate the percentage of the funding that comes from the Ryan White Program.

TARGETED CONSUMER POPULATION(S)

Population	Targeted	Not Targeted
PLWH/A and/or affected family members	*X*	-
People at risk for acquiring HIV	*X*	-
Gay/Bisexual Men (MSM)	*X*	-
African American	-	*X*
Hispanic/Latino	*X*	-
Asian	-	*X*
Pacific Islander	-	*X*
Native American	-	*X*
Women	*X*	-
Transgender	*X*	-
Youth	*X*	-
Other Populations not listed (specify)	*N/A*	

SAN ANTONIO AIDS FOUNDATION (SAAF)

CONTACT INFORMATION

Name: SAAF
Address: 818 E. Grayson
San Antonio, TX 78208
Phone: 210.225.4715

CAPACITY INFORMATION

AGENCY'S FUNDING PROFILE

Funding Source	Receives	Does Not Receive
Ryan White Part A	*X*	
Ryan White Part A (MAI)	*X*	-
Ryan White Part B	*X*	-
Ryan White Part C	-	*X*
Ryan White Part D	-	*X*
Private Insurance	-	*X*
Medicare/Medicaid	-	*X*
Other Insurance	-	*X*
Special Projects of National Significance (SPNS)	-	*X*
HIV Prevention – DSHS	*X*	-
HIV Prevention – CDC	-	*X*
United Way	*X*	-
Private/Foundation Funding	*X*	-
State or County housing Commission	-	*X*
HUD/HOPWA	*X*	-
SAMSHA	-	*X*
Other (specify)	*N/A*	

AGENCY'S STAFF PROFILE

	Male	Female	Transgender (M-F)	Transgender (F-M)
HIV Positive*	*4*	*1*	*0*	*0*
Hispanic	*16*	*19*	*0*	*0*
African American	*7*	*10*	*1*	*0*
Caucasian	*5*	*10*	*0*	*0*
All Other Races	*0*	*0*	*0*	*0*
Disabled	*0*	*0*	*0*	*0*
Bilingual	*NOT PROVIDED*	*NOT PROVIDED*	*NOT PROVIDED*	*NOT PROVIDED*

Note: Providers were instructed when providing information to whether staff members are HIV Positive is less than 3 in any given row, or if listing a single positive in conjunction with other criteria could potentially identify that staff member, they were to NOT enter staff member's HIV status, and complete the rest of the data as requested.

SERVICE CATEGORY CAPACITY

Service Category	Provided in 2014	Plan to Provide in 2015	Est. Number of Clients Served in 2014	Accepting New Clients	Ryan White Funding Percentage*
Outpatient/Ambulatory Medical Care	-	-	-	-	-
Oral Health Services	X	X	570	Y	100%
Health Insurance Premium & Cost Sharing Assistance	-	-	-	-	-
Early Intervention Services	X	X	46	Y	0%
Medical Case Management	X	X	585	Y	64%
Local AIDS Pharmaceutical Assistance	-	-	-	-	-
Home Health Care	-	-	-	-	-
Medical Nutritional Therapy	-	-	-	-	-
Mental Health Services	-	-	-	-	-
Substance Abuse Services	-	-	-	-	-
Home and Community Based Support Services	-	-	-	-	-
Non-Medical Case Management	X	X	1,070	Y	64%
Child Care Services	-	-	-	-	-
Food Bank/Home Delivered Meals	X	X	450	Y	24.5%
Health Education/Risk Reduction	-	-	-	-	-
Emergency Financial Services	X	X	150	LIMITED	50%
Housing Services	X	X	220	LIMITED	0%
Medical Transportation	X	X	250	LIMITED	82%
Psychosocial Support Services	-	-	-	-	-
Legal Services	-	-	-	-	-
Linguistic Services (Translation)	-	-	-	-	-
Hospice Services	X	X	15	LIMITED	0%
Pediatric Developmental Assessment	-	-	-	-	-

Note: If a service category is funded by multiple funding sources, indicate the percentage of the funding that comes from the Ryan White Program.

TARGETED CONSUMER POPULATION(S)

Population	Targeted	Not Targeted
PLWH/A and/or affected family members	*X*	-
People at risk for acquiring HIV	*X*	-
Gay/Bisexual Men (MSM)	*X*	-
African American	*X*	-
Hispanic/Latino	-	*X*
Asian	-	*X*
Pacific Islander	-	*X*
Native American	-	*X*
Women	-	*X*
Transgender	-	*X*
Youth	*X*	-
Other Populations not listed (specify)	*Out-of-Care & Newly Diagnosed, Never in Care*	

SOUTH TEXAS VETERANS HEALTH CARE SYSTEM (STVHCS) - IMMUNOSUPPRESION CLINIC

CONTACT INFORMATION

Name: South Texas Veterans Health Care System (STVHCS) – Immunosuppression Clinic
Address: 7400 Merton Minter Blvd.
San Antonio, TX 78229
Phone: 210.617.5300

CAPACITY INFORMATION

AGENCY'S FUNDING PROFILE

Funding Source	Receives	Does Not Receive
Ryan White Part A	-	*X*
Ryan White Part A (MAI)	-	*X*
Ryan White Part B	-	*X*
Ryan White Part C	-	*X*
Ryan White Part D	-	*X*
Private Insurance	*X*	-
Medicare/Medicaid	-	*X*
Other Insurance	-	*X*
Special Projects of National Significance (SPNS)	-	*X*
HIV Prevention – DSHS	-	*X*
HIV Prevention – CDC	-	*X*
United Way	-	*X*
Private/Foundation Funding	*X*	-
State or County housing Commission	-	*X*
HUD/HOPWA	-	*X*
SAMSHA	-	*X*
Other (specify)	*US Department of Veterans Affairs*	

AGENCY'S STAFF PROFILE

	Male	Female	Transgender (M-F)	Transgender (F-M)
HIV Positive*	*0*	*0*	*0*	*0*
Hispanic	*2*	*3*	*0*	*0*
African American	*0*	*3*	*0*	*0*
Caucasian	*5*	*2*	*0*	*0*
All Other Races	*0*	*0*	*0*	*0*
Disabled	*0*	*0*	*0*	*0*
Bilingual	*2*	*3*	*0*	*0*

Note: Providers were instructed when providing information to whether staff members are HIV Positive is less than 3 in any given row, or if listing a single positive in conjunction with other criteria could potentially identify that staff member, they were to NOT enter staff member's HIV status, and complete the rest of the data as requested. Table is a reflection of Immunosuppression Clinic only and not of all STVHCS staff.

SERVICE CATEGORY CAPACITY

Service Category	Provided in 2014	Plan to Provide in 2015	Est. Number of Clients Served in 2014	Accepting New Clients	Ryan White Funding Percentage*
Outpatient/Ambulatory Medical Care	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Oral Health Services	*X*	*X*	*DATA UNAVAILABLE*	*To eligible veterans*	*0%*
Health Insurance Premium & Cost Sharing Assistance	-	-	-	-	-
Early Intervention Services	-	-	-	-	-
Medical Case Management	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Local AIDS Pharmaceutical Assistance	-	-	-	-	-
Home Health Care	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Medical Nutritional Therapy	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Mental Health Services	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Substance Abuse Services	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Home and Community Based Support Services	*X*	*X*	*DATA UNAVAILABLE*	*To eligible veterans*	*0%*
Non-Medical Case Management	*X*	*X*	*DATA UNAVAILABLE*	-	*0%*
Child Care Services	-	-	-	-	-
Food Bank/Home Delivered Meals	-	-	-	-	-
Health Education/Risk Reduction	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Emergency Financial Services	-	-	-	-	-
Housing Services	*X*	*X*	*DATA UNAVAILABLE*	*To eligible veterans*	*0%*
Medical Transportation	*X*	*X*	*DATA UNAVAILABLE*	*To eligible veterans*	*0%*
Psychosocial Support Services	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Legal Services	-	-	-	-	-
Linguistic Services (Translation)	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Hospice Services	*X*	*X*	*DATA UNAVAILABLE*	*X*	*0%*
Pediatric Developmental Assessment	-	-	-	-	-

Note: If a service category is funded by multiple funding sources, indicate the percentage of the funding that comes from the Ryan White Program.

TARGETED CONSUMER POPULATION(S)

Population	Targeted	Not Targeted
PLWH/A and/or affected family members	*X*	-
People at risk for acquiring HIV	*X*	-
Gay/Bisexual Men (MSM)	*X*	-
African American	*X*	-
Hispanic/Latino	*X*	-
Asian	*X*	-
Pacific Islander	*X*	-
Native American	*X*	-
Women	*X*	-
Transgender	*X*	-
Youth	-	*X*
Other Populations not listed (specify)	*Veterans*	

About Us

Provado The Group is an independent organization contracted by the Bexar County Department of Community Resources to conduct a Needs Assessment for HIV services. The San Antonio Area HIV Health Services Planning Council has selected Provado to identify the service needs of persons living with HIV/AIDS and their families.

About the Survey

The questions on this survey ask about your experiences in seeking and receiving services. We want to know about the things you need and the kinds of problems you may have encountered in getting services. We are also interested in hearing about other services or help you may need that you are not currently receiving. Your participation in this Needs Assessment Survey is your opportunity as a consumer to influence the way HIV services are provided in your community, and is one of the most direct opportunities for feedback on the Ryan White program that is available to consumers.

Confidentiality

All the information we collect from you in this survey is confidential. We will not identify any of the participants. We will not use your name, address, or any other identifying information in reports or other materials related to this study, and your responses will be used only in combination with other respondents.

First, please tell us which agency provided you with this survey, or from which agency you heard about or were referred to the survey.

- [ ] Alamo Area Resource Center
- [ ] Centro Med
- [ ] San Antonio AIDS Foundation
- [ ] University Health System - FFACTS Clinic
- [ ] Mujeres Unidas Contra el Sida
- [ ] BEAT AIDS
- [ ] Center for Health Care services
- [ ] Dr. Luis Cisneros
- [ ] Project BREATHE
- [ ] San Antonio Fighting Back
- [ ] South Texas Family AIDS Network
- [ ] Veterans Administration
- [ ] University of Texas Health Science Center at San Antonio
- [ ] Other (please specify) _____

About You

We're going to ask you a series of questions about you. We will use this information to learn whether certain issues are affecting just certain people, or whether they affect people of all types.

Where there is multiple choice, please put a clear check mark, X, or other easily recognizable mark in the appropriate squares. Where there is a request for written information, please fill in the blanks.

1. How old are you?

- ☐ Under 13
- ☐ 13 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 or older

2. What was your gender at birth?

☐ Male ☐ Female ☐ Other

3. What is your current gender?

- ☐ Male
- ☐ Female
- ☐ Male to Female Transgender
- ☐ Female to Male Transgender
- ☐ Other (Please Specify) _____

4. What is your ethnic background?

- ☐ Hispanic
- ☐ Not Hispanic

5 What is your race?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other (Please Specify) _____

6. What Languages do you speak?

- ☐ English Only
- ☐ Spanish Only
- ☐ English and Spanish
- ☐ Other (Please Specify) _____

7. In what language do you prefer your services to be provided?

- ☐ English Only
- ☐ Spanish Only
- ☐ Either
- ☐ Other (Please Specify) _____

8. What is the highest education level you have completed?

- ☐ 8th Grade or Less
- ☐ Some High School
- ☐ High School Graduate or GED
- ☐ Vocational or Technical School
- ☐ Some College
- ☐ Completed College
- ☐ Post-Graduate Education

9. In the past 12 months, have you been incarcerated (prison/jail) at any time?

☐ Yes ☐ No

10. In the past 12 months, have you been homeless at any time?

☐ Yes ☐ No

11. Where are you living now?

- ☐ Own a Home
- ☐ Rent a House or Apartment
- ☐ Living with Family
- ☐ Living with a Friend
- ☐ Staying with Friends (“couch surfing”)
- ☐ Drug Treatment Program
- ☐ Shelter/Transitional
- ☐ Homeless/unstable housing
- ☐ Other (Please Specify) _____

12. What is the zip code for your current residence?_____

☐ No Zip Code – Currently Homeless or in Unstable Housing

13. What is your ***monthly*** income?

☐ $0 – No Income
☐ $1 - $975 per month
☐ $976 - $1,460 per month
☐ $1,461 - $1,945 per month
☐ $1,946 – $2,430 per month
☐ More than $2,431 per month

14. What type of health care coverage (insurance) do you currently have?

☐ Medicare
☐ Medicaid
☐ Private Insurance
☐ Veterans Administration Healthcare System
☐ CareLink
☐ No insurance
☐ Other (Please Specify) _____

15. If you indicated you have Private Insurance, did you sign up for the insurance as a result of the Affordable Care Act, also known as Obamacare?

☐ Yes ☐ No ☐ I don't know

16. Did you receive assistance from your case manager or any other personnel with enrolling in the Affordable Care Act?

☐ Yes ☐ No ☐ I don't know ☐ N/A

17. How would you rate the assistance you received?

☐ Excellent
☐ Good
☐ Fair
☐ Not Good
☐ Poor
☐ N/A

About your HIV

The next group of questions focuses on your HIV and your diagnosis. Please answer all questions to the best of your memory and ability.

18. Are you HIV Positive?

☐ Yes ☐ No

19. What year were you diagnosed with HIV? _____

20. Where did you receive your HIV diagnosis?

☐ Doctor's Office
☐ Emergency Room
☐ Veterans Administration
☐ Blood/Plasma Donation Site
☐ Free Clinic
☐ Health Fair
☐ HIV Counseling and Testing Site
☐ Other (Please Specify) _____

21. Why did you get tested?

☐ I felt sick
☐ I visited the clinic or emergency room, and they took my blood
☐ I was injured, and they tested me as part of my care
☐ A regular checkup
☐ I was donating blood
☐ Accessing free services
☐ Ob/Gyn visit
☐ I was doing risky behaviors
☐ Many of my friends were dying
☐ Incentives were offered to get tested
☐ Other (Please Specify) _____

22. To your knowledge, after your diagnosis were your sexual partners contacted by the Health Department to request they come in for testing?

☐ Yes ☐ No ☐ I don't know

23. Did your sexual partners receive HIV testing?

☐ Yes ☐ No ☐ I don't know

24. When you were first diagnosed, had your HIV already progressed to AIDS?

☐Yes ☐No ☐I don't know

25. Have you been diagnosed with AIDS?

☐Yes ☐No ☐I don't know

26. If yes, what year were you diagnosed with AIDS? _____

☐N/A – No AIDS Diagnosis

27. When you were first diagnosed with HIV or AIDS, did the agency that gave you your diagnosis also give you a referral to a doctor or clinic that could help you with your HIV medical needs?

☐Yes ☐No

28. Were you immediately linked to HIV medical care or treatment?

☐Yes ☐No

29. Were you provided resources to follow-up with for care, such as a referral to case management or other resources?

☐Yes ☐No

30. Did you follow-up with your first medical appointment?

☐Yes ☐No

31. More specifically, how long after being diagnosed with HIV or AIDS did you receive HIV-related medical care?

☐I am not in care/never entered care
☐Immediately (within one month) after being diagnosed
☐Within 6 months of being diagnosed
☐Within a year of being diagnosed
☐Other (Please Specify) _____

32. Do you know what it means for your HIV Viral Load to be "undetectable"?

☐Yes ☐No

33. Is your Viral Load Count undetectable?

☐ Yes ☐ No ☐ I don't know

34. Do you know what your Viral Load Count is as of your last Viral Load Test?

☐ Yes ☐ No

35. If not, why don't you know your Viral Load Count?

_____

☐ N/A – I know my Viral Load Count

36. What was your last HIV Viral Load Count? _____

37. When was your HIV Viral Load last tested?

☐ Within the last 3 months
☐ Within the last 6 months
☐ Within the last year
☐ More than a year ago

38. Have you had a discussion with your HIV medical provider in the past six months regarding achieving an undetectable HIV Viral Load count?

☐ Yes ☐ No ☐ I don't know

About Your Medications

The next couple of questions will ask about your HIV medications. Please answer to the best of your ability.

39. Are you currently taking HIV/AIDS medications?

☐ Yes ☐ No

40. In the past 30 days, how often have you taken your medications in the amounts prescribed, and at the appropriate times during the day?

☐ Always
☐ Most of the Time
☐ Sometimes
☐ Not all the time
☐ Hardly ever

41. If you answered that you have taken your medications "sometimes", "not all the time" or "hardly ever" in the past 30 days, what was the reason you missed those doses?

☐ I couldn't afford the medications
☐ I forget to take my medications
☐ My medications give me side effects
☐ I felt fine and didn't think I needed them
☐ N/A – I take my medications regularly
☐ Other (Please Specify) _____

42. Has your HIV medical provider or case manager ever discussed with you the importance of sticking to your HIV medication regimen?

☐ Yes ☐ No

43. Has your HIV medical provider or case manager ever discussed with you the risk of drug resistance in regard to you HIV medication?

☐ Yes ☐ No ☐ I don't know

44. Do you know what causes HIV medication resistance?

☐ Yes ☐ No

45. Have you ever had resistance testing done by your HIV medical provider? (Genotyping, Phenotyping?)

☐Yes ☐No ☐I don't know

46. Do you have trouble paying your medication co-pays?

☐Yes ☐No

47. Are you enrolled in the Texas HIV Medication Program (THMP), also known as the AIDS Drug Assistance Program (ADAP)?

☐Yes ☐No ☐I don't know

HIV Services

In this section, we'll ask you about the services you receive, your knowledge of available services, and your need for any services that might not be available, or are not available enough to meet your needs.

48. Where do you receive your HIV primary medical care?

- ☐ Centro Med
- ☐ University Health System - FFACTS Clinic
- ☐ Private Doctor
- ☐ Public Health Clinic
- ☐ Veterans Administration
- ☐ Emergency Room
- ☐ Other free clinic
- ☐ I do not receive HIV primary medical care at this time
- ☐ Other (Please Specify) _____

49. Think about the HIV services you needed to access this past year and answer the following questions for each service listed. In regard to the reasons you did not receive a needed service, answer to the best of your ability and knowledge.

Ambulatory/Outpatient Medical Care (HIV Medical Care)

- ☐ I needed this service, and received this service (skip to next service)
- ☐ I did not need this service (skip to next service)
- ☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

- ☐ This service was not funded
- ☐ This service was funded, but ran out of money
- ☐ Service had a waiting list
- ☐ The available appointments were too long to wait
- ☐ I missed my appointments
- ☐ I did not qualify for this service
- ☐ They did not take my insurance
- ☐ I did not know about the service
- ☐ The clinic hours were not convenient
- ☐ The clinic location was not convenient
- ☐ Other (Please Specify) _____

Oral Health Care

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Medical Case Management (case management for your medical care)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Non-Medical Case Management (case management for your social and support services)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Health Insurance Premium and Co-Pay Assistance

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Mental Health Services (mental health counseling services)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Substance Abuse Services (substance abuse counseling services)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

AIDS Pharmaceutical Assistance (Local, not the State's AIDS Drug Assistance Program or the Texas HIV Medication Program)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Home Health Care (in-home health care)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Home and Community Based Health Services (in-home support services)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Medical Nutritional Therapy

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient

☐ Other (Please Specify) _____

Child Care Services

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Food Bank/Home Delivered Meals

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient

☐ Other (Please Specify) _____

Health Education/Risk Reduction (information on HIV/AIDS)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Emergency Financial Assistance Services

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient

☐ Other (Please Specify) _____

Housing Services

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Medical Transportation Services

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient

☐ Other (Please Specify) _____

Psychosocial Support Services (group counseling)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Legal Services (powers of attorney, end of life care plan, etc.)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Linguistic Services (interpretation/translation)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Hospice Services

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Pediatric Developmental Assessment (assessment of an HIV positive infant or child's developmental status)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Referrals for Health Care/Supportive Services

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Rehabilitation Services (physical and occupational therapy, speech pathology, and low-vision training)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Respite Care (to relieve the primary caregiver responsible for providing day-to-day care of a client living with HIV/AIDS)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Treatment Adherence Services (information and counseling to assist clients with keep up with their treatment regimen)

☐ I needed this service, and received this service (skip to next service)
☐ I did not need this service (skip to next service)
☐ I needed this service, and did not receive this service (please answer the questions below)

Why did you not receive this needed service?

☐ This service was not funded
☐ This service was funded, but ran out of money
☐ Service had a waiting list
☐ The available appointments were too long to wait
☐ I missed my appointments
☐ I did not qualify for this service
☐ They did not take my insurance
☐ I did not know about the service
☐ The clinic hours were not convenient
☐ The clinic location was not convenient
☐ Other (Please Specify) _____

Barriers to Care

For the next set of questions we're going to ask some questions about how well you are able to participate in your own healthcare, and what types of issues you encounter in trying to do that. When a client is unable to stay in care for any reason, we call that reason a "barrier to care". We'd like to learn more about these barriers. Please answer to the best of your ability.

50. In the past two years, have you stopped going to your HIV medical provider for more than six months?

- ☐ Yes
- ☐ No (skip to question 52)

51. If you said you fell out of care or missed multiple appointments, please tell us a bit about what kept you from participating in medical care. Check all of the items that apply to you from any of the sections below.

Financial Barriers

- ☐ Not enough money
- ☐ No health insurance/not enough health insurance
- ☐ Could not afford time off work
- ☐ No car/transportation
- ☐ I had no financial barriers
- ☐ Other financial barriers (Please Specify) _____

Clinic/Facility Barriers

- ☐ I didn't know where to go to get care
- ☐ The clinic was inconvenient (hours of operation)
- ☐ The clinic was inconvenient (location difficult to get to)
- ☐ Appointments cancelled/rescheduled by clinic
- ☐ The clinic staff didn't speak my language
- ☐ The clinic staff was rude/unkind
- ☐ The clinic waiting times were too long
- ☐ I was unable to get an appointment, or appointments were too far in the future
- ☐ "Red Tape"/Eligibility Process too burdensome
- ☐ I had no clinic/facility barriers
- ☐ Other clinic/facility related reasons (Please Specify) _____

Health Barriers

- ☐ I felt too sick to go
- ☐ Depression/Anxiety prevented me from going
- ☐ A disability prevented me from going
- ☐ Drug or alcohol use prevented me from going
- ☐ I am a victim of domestic abuse, and was afraid or embarrassed, or prevented from going by my abuser
- ☐ I had no health barriers
- ☐ Other health-related reason (Please Specify) _____

Housing/Responsibility Barriers

- ☐ Unable to get childcare
- ☐ Unable to get time off from work
- ☐ Needed to care for an adult family member or friend
- ☐ I was homeless
- ☐ I was in jail or prison
- ☐ I had no housing/responsibility barriers
- ☐ Other reasons related to housing or responsibilities (Please Specify)

_____

Knowledge/Belief Barriers

- ☐ I didn't want to think about being HIV positive
- ☐ I didn't like doctors/clinics
- ☐ I didn't think I was really infected with HIV
- ☐ I didn't feel sick
- ☐ I didn't believe HIV medications would help
- ☐ I was afraid of medication side effects
- ☐ I was too embarrassed or ashamed to go for medical care
- ☐ I didn't want anyone to know I was HIV positive
- ☐ Religious/spiritual beliefs
- ☐ I had no knowledge/belief barriers
- ☐ Other reasons related to knowledge or beliefs (Please Specify)

_____

Client Opinion Section

Almost Done! This final section is all about your opinions and your experiences with the Ryan White HIV program provided by Bexar County. Please be very up-front and open with your responses to help us identify best practices among service providers, challenges in the HIV Care Continuum, and ways the program could serve you better. Answer all questions as fully as possible, and thank you for your honest opinion!

52. In your opinion, is the quality of your HIV services affected by any of the following?

- ☐ Your race
- ☐ Your ethnicity
- ☐ Your gender
- ☐ Your sexual orientation
- ☐ Your income or ability to pay
- ☐ Where you live
- ☐ Not affected by any of these
- ☐ Other (Please Specify) _____

53. List the three biggest problems you have faced when trying to access HIV services in the past year.

1. _____
2. _____
3. _____

54. What is the single most important change you would suggest to improve services for individuals and families living with HIV?

_____

_____

_____

_____

57. What else would you like us to know about your experience receiving HIV services through the Ryan White program?

_____

_____

_____

_____

CONSUMER FOCUS GROUPS

Facilitator's Introduction

Welcome Participants

- Introductions
- Thank you for participating
- Discuss drawing for tablets
- Have participants fill out name tags
    - Late to Care: Cartoon Character Names
    - Out of Care: Superhero Names
    - Newly Diagnosed: Favorite City Names
    - African Americans: Favorite Historical Figure Names
    - Hispanics: Favorite Food Names
    - Hispanic Monolingual: Favorite Drink Names
    - Consumer Group: Favorite Movie Stars
- Disclose audiotaping of session – erasure of taping after dictation
- Discuss Confidentiality outside of focus groups with participants

Explain Purpose of Focus Group

- Provide a brief explanation of why we're here
- Explain how participation in both Focus Groups and the Survey will impact future HIV Planning in the area

Explain Focus Group Process

- Focused discussion about particular topics
- Facilitator will ask questions to the group and clarify terms
- Participants discuss the proposed topics
- Facilitator will give permission to participants to ask questions regarding proposed topics
- Facilitator will summarize discussions with the group

Establish Ground Rules

- One person speaks at a time
- Speak loudly and clearly
- Respect confidentiality of the group

Questions

Opening Questions (Round Robin – set them at ease)

1. Tell us the name that you would like to be called and how long you have lived in the San Antonio Area.

2. What do you like about living in the San Antonio Area?

Introductory Questions (Ease into HIV discussion)

3. From your observations and experiences, overall, how do you think the San Antonio Area handles the needs of HIV Positive persons and their families?

4. Do you think HIV is viewed as a major problem in the San Antonio Area, or does the area seem to be focused on other health issues more?

Transition Questions (Make it personal)

5. Do you believe you have a role in making sure you get good HIV medical care?
    a) If yes, what do you consider your role to be?
    b) If no, why don't you think you have a role to play in making sure you get good HIV medical care?

6. What would it take to get more people into care?

Key Questions (The "meat")

7. Are you in care right now?
    a) If no, why not?
    b) If yes, what is the number one reason you are in care?

8. Do you know your "numbers"? (Explain "numbers")
    a) If no, why not?
    b) If yes, why is it important to know your numbers?

9. Do you know what it means to be "undetectable"?
    a) If yes, how did you learn what it means?
    b) If there are negatives – explain undetectable to the group

10. When you were first diagnosed with HIV or AIDS, did you go to the medical provider right away?
    a) If yes – why?
    b) If no – why not?

11. Have you ever stopped going to the HIV medical provider for a long period, like six months or more?
    a) If yes – why did you stop going?
    b) If no – what keeps you engaged in care?

12. Did you sign up for insurance this year or last year through the Affordable Care Act, also known as Obamacare?
    a) If yes – how has your experience been?
    b) If no – are you planning to enroll later this year or early next year?

HIV Testing/Linkage Questions

13. The preliminary results of the online survey are beginning to indicate that persons with HIV were diagnosed by accident, when they were being seen for something else, or not specifically going in for an HIV test. Is that true for you?
    a) On-the-spot follow-ups based on client responses.

14. The survey responses also seem to be indicating that when testing positive for HIV, the intimate partners of those testing positive are consistently being interviewed and asked to come in for an HIV test. Is that true for you?
    a) On-the-spot follow-ups based on client responses.

15. When asked how long after they were diagnosed did the people first enter primary care, responses have been mixed. Some people entered right away, say within 30 days, and others took longer. How long did it take you to enter care?
    a) Follow – up with those who took longer than 2-3 months.
    b) Additional follow-up based on responses.

Retention Questions

16. We'd like to talk a bit more about whether you've ever stopped going to the doctor for a long period of time, say more than six months. (For those who say they have):
    a) Why did you stop going?
    b) Why did you go back, if you did?
    c) Other follow-up based on responses.

17. Without using any names, do you know anyone else who's stopped going to the doctor?
    a) (Yes) Did that person's actions ever make you consider stopping your own medical care?
    b) Other follow-up based on responses

ARV/Viral Load Suppression Questions

18. Based on the survey responses collected so far, people with HIV seem to have a good understanding of what it means to be "undetectable". More than just having a very low, almost undetectable viral load count, what does it mean for you?

19. With so many other concerns in peoples lives, such a housing, money, work, family, and all the other complications of life, do you think sometimes having your viral load be undetectable falls down on the list of things to worry about?
    a) Follow-up based on responses

20. Knowing we can't get rid of those every day concerns of people, what are some of the ways you think HIV service providers, and the community at large, can help move being undetectable closer to the top of everyone's list?
    a) What would move it to the top of YOUR list, if it wasn't there already?
    b) Follow-up based on responses.

Closing Questions

21. What do you think is the most important thing to tell people who fund and/or plan for HIV services in the San Antonio Area?

22. What one thing that we have not discussed today do you think is an important thing to mention and look into for the Needs Assessment?

San Antonio Transitional Grant Area 2014 Needs Assessment

About This Survey

About Us

Provado The Group is an independent organization that has been contracted by the Department of Community Resources of Bexar County to conduct a Needs Assessment for HIV services. The San Antonio Area HIV Health Services Planning Council has hired us to identify the service needs of persons living with HIV/AIDS and their families. Provado is not affiliated with the Planning Council or Bexar County.

About the Survey

The questions on this survey seek your input and opinion on some client-centered information about the client population and the services they access, as well as some information about your agency.

Confidentiality

All the information we collect from you in this survey is confidential. We will not identify any of the participants. Confidential means we will not use your agency name, address, or any other identifying information in reports or other materials related to this survey, and your responses will be used only in combination with other respondents.

About Your Agency

To begin, we're going to ask a few questions about your agency.

***1. Please tell us which agency you're with.**

- ◯ Alamo Area Resource Center
- ◯ Centro Med
- ◯ San Antonio AIDS Foundation
- ◯ University Health System - FFACTS Clinic
- ◯ Mujeres Unidas Contra el Sida
- ◯ BEAT AIDS
- ◯ Center for Health Care services
- ◯ Dr. Luis Cisneros
- ◯ Project BREATHE
- ◯ San Antonio Fighting Back
- ◯ South Texas Family AIDS Network
- ◯ Veterans Administration
- ◯ University of Texas Health Science Center at San Antonio
- ◯ Other (please specify)

***2. Please tell us what type of work you do at your agency.**

- ◯ Administrative
- ◯ Direct Client Services

***3. If you said you provide "Direct Client Services", please tell us what type of services you provide.**

- ◯ Prevention/HIV Counseling & Testing
- ◯ Case Management
- ◯ Medical/Clinical
- ◯ Mental Health Services
- ◯ Substance Abuse Services
- ◯ Housing/Financial Assistance Services
- ◯ Other Support Services (please specify)

***4. To your knowledge, what barriers has your organization faced when providing services to people living with or at risk of acquiring HIV/AIDS? Check up to three items.**

- ☐ Inadequate funding/resources
- ☐ Recruitment of qualified staff
- ☐ Client issues and expectations
- ☐ Clients with housing needs (hard to reach/find)
- ☐ Lack of services and staff to treat clients' substance abuse and mental health issues and resource needs
- ☐ Trouble getting clients in for services
- ☐ Service and staff limitations
- ☐ You're known as the "HIV Provider" and clients are hesitant to come in for services
- ☐ Inter-agency coordination
- ☐ Cultural/language issues
- ☐ Staff training needs
- ☐ Other (please specify)

***5. What barriers have your clients living with or at risk of acquiring HIV/AIDS faced when accessing services? Check up to three items.**

- [ ] Housing needs
- [ ] Substance abuse and mental health issues and resource needs
- [ ] Paying for services/eligibility
- [ ] Location of services
- [ ] Transportation needs
- [ ] Information about services
- [ ] Knowledge of HIV status, disclosure issues and/or stigma
- [ ] Service and staff limitations
- [ ] Inter-agency coordination
- [ ] Cultural/language issues
- [ ] Hours of operation
- [ ] Appointment availability
- [ ] Other (please specify)

***6. What do you think are the reasons that some people with HIV/AIDS are not getting HIV medical care? Check up to five items.**

- [ ] Afraid people will find out HIV Status
- [ ] Mental health problems
- [ ] Using drugs or alcohol
- [ ] Feeling healthy
- [ ] Not ready to deal with having HIV
- [ ] Homeless/Unstably housed
- [ ] Stigma
- [ ] Children, family or childcare needs
- [ ] Don't understand risk of waiting to get care
- [ ] Afraid people will think they are gay
- [ ] Don't know about Ryan White Primary Care
- [ ] Don't understand how to get care
- [ ] Don't know where to find the service
- [ ] Not enough money or insurance
- [ ] Transportation or service location
- [ ] Don't think s/he is eligible for services
- [ ] Need emotional support
- [ ] Undocumented
- [ ] Difficulty getting an appointment
- [ ] Don't think medical care will help
- [ ] Side effects of medications
- [ ] Don't trust doctors or clinics
- [ ] Need to talk to someone who understands HIV
- [ ] Physical disability
- [ ] Services not available in his/her language
- [ ] "Red Tape" / Eligibility process
- [ ] Other (please specify)

The Continuum of Care

The next couple of questions address your participation in the Continuum of Care, and request your help identifying barriers to successfully moving clients along the Treatment Cascade.

***7. What do you think prompts people with HIV/AIDS who know their status to decide to get medical care? Check up to five items.**

- [ ] Got sick or started having symptoms of HIV
- [ ] Help from a case manager or peer advocate
- [ ] Accepted test results
- [ ] Got counseling or support
- [ ] Got hospitalized
- [ ] Got funding to pay for care
- [ ] Help for or addressed his/her alcohol or drug problem
- [ ] Afraid of getting sick
- [ ] Help with housing
- [ ] Help for or addressed his/her mental health problem
- [ ] Got the information s/he needed
- [ ] Got HIV prevention services
- [ ] In jail or prison system
- [ ] Help from an outreach worker
- [ ] Life became more stable
- [ ] Visited Coordinated Services Center
- [ ] Other (please specify)

***8. Are you familiar with the Continuum of Care, otherwise known as the Treatment Cascade?**

- ◯ Yes
- ◯ No
- ◯ I've heard of it, but I'm not sure what it is all about

***9. To the best of your knowledge and using your experience with client population, what are the barriers to finding people with HIV/AIDS who are unaware of their status? Check up to five items.**

- [ ] Clients do not believe they are at risk
- [ ] Clients afraid of disclosure or stigma
- [ ] Cultural barrier
- [ ] Clients not ready to receive results or address health care
- [ ] Alcohol/drug dependence/abuse
- [ ] Clients disenfranchised from medical care
- [ ] Clients have impaired ability to recognize HIV risk and need
- [ ] Clients distrustful of the medical system
- [ ] Clients do not understand HIV testing
- [ ] Limited resources for substance abuse treatment
- [ ] I don't know
- [ ] Other (please specify)

***10. In your opinion, what is the most effective strategy you have used to successfully identify people with HIV/AIDS who are unaware of their status?**

***11. If your agency is not an HIV Primary Care Provider, how does your agency facilitate referrals to HIV Primary Care Providers (check all that apply)?**

- [ ] N/A - My agency is an HIV care provider
- [ ] Assess insurance and HIV Primary Care options
- [ ] Process actual referral to provider
- [ ] Provide clients with contact information
- [ ] Provide clients with brochures/flyers
- [ ] Assist clients with scheduling appointments
- [ ] Follow-up with clients
- [ ] Obtain release of information to follow-up with provider to verify appointment
- [ ] Assist with rescheduling
- [ ] Other (please specify)

Affordable Care Act (ACA)

Almost Done! This final section asks about your experience with the ACA over the past year.

***12. Does your job require you to assist clients with accessing information regarding the ACA?**

- ◯ Yes
- ◯ No

***13. Did you assist clients with signing up for insurance through the ACA in the past 12 months?**

- ◯ Yes
- ◯ No

14. Do you feel you are familiar enough with the online Health Insurance Marketplace (healthcare.gov) to provide adequate assistance to clients who wish to enroll in a health insurance plan?

- ◯ Yes
- ◯ No

***15. As of October 1, 2014, have you begun preparing clients for ACA open enrollment for 2014?**

- ◯ Yes
- ◯ No
- ◯ I don't know

***16. Have you scheduled client recertification for 2014/2015 to coincide with the ACA 2014/2015 open enrollment period?**

- ◯ Yes
- ◯ No
- ◯ I don't know

Final Question

***17. In as many or as few words as you like, please tell us your opinion on how the San Antonio Area can improve client outcomes that ensure access, quality of care, and suppressed viral loads.**

Distribution of Consumers Responding to 2014 – 2015 Needs Assessment Survey

Attachment 3: HIV/AIDS Demographic Table, SATGA 2013

AIDS PREVALENCE AND HIV (NON AIDS) PREVALENCE DATA BY DEMOGRAPHIC GROUP AND EXPOSURE CATEGORY

Demographic Group/ Exposure Category	2011- PREVALENCE AS OF 12/31/11		2012- PREVALENCE AS OF 12/31/12		2013- PREVALENCE AS OF 12/31/13	
Race/Ethnicity	**HIV**	**AIDS**	**HIV**	**AIDS**	**HIV**	**AIDS**
White, not Hispanic	552	756	519	712	557	716
Black, not Hispanic	372	414	377	422	426	429
Hispanic	1,085	1,684	1,233	1,811	1,368	1,891
Other / Unknown*	61	67	96	104	112	109
Total	**2,070**	**2,921**	**2,225**	**3,049**	**2,463**	**3,145**
Gender	**HIV**	**AIDS**	**HIV**	**AIDS**	**HIV**	**AIDS**
Male	1,691	2,479	1,832	2,601	2,038	2,691
Female	379	442	393	448	425	454
Total	**2,070**	**2,921**	**2,225**	**3,049**	**2,463**	**3,145**
Current Age as of 12/31/2012	**HIV**	**AIDS**	**HIV**	**AIDS**	**HIV**	**AIDS**
<13 years	19	1	16	1	14	1
13 - 24 years	209	69	219	73	244	69
25 - 44 years	1,087	1,086	1,185	1,074	1,299	1,085
45 - 54 years	504	1,176	532	1,241	576	1,254
55+ years	251	589	273	660	330	736
Total	**2,070**	**2,921**	**2,225**	**3,049**	**2,463**	**3,145**
Exposure Category	**HIV**	**AIDS**	**HIV**	**AIDS**	**HIV**	**AIDS**
Men who have sex with men	1,400	1,911	1,526	2,022	1,718	2,101
Injection drug users	198	346	194	348	212	346
Men who have sex with men and inject drugs	99	176	97	180	97	176
Heterosexuals	349	462	380	473	405	496
Other/Unknown**	24	26	28	26	31	26
Total	**2,070**	**2,921**	**2,225**	**3,049**	**2,463**	**3,145**

*Other/Unknown Includes Asian/Pacific Islander, Native American and Multi-Race

**Other/Unknown Includes Pediatric and Adult Other reported exposure category

Attachment 4: Unmet Need Framework for SATGA, 2013

Column 1	Column 2	Column 3	Column 4	Column 5
Population Sizes		**Value**	**Percent**	**Data Source(s)**
Row A.	Number of persons living with AIDS (PLWA), 12/31/2013	3,145	56.1%	Cases from eHARS diagnosed and living as of 12/31/13; Cases diagnosed in Texas Department of Criminal Justice removed and cases with unknown mode of exposure have been proportionately redistributed.
Row B.	Number of persons living with HIV (PLWH)/non-AIDS/aware, 12/31/2013	2,463	43.9%	Cases from eHARS diagnosed and living as of 12/31/2013; Cases diagnosed in Texas Department of Criminal Justice removed and cases with unknown mode of exposure have been proportionately redistributed.
Row C.	Total number of HIV+/aware, 12/31/2013	**5,608**	**100%**	
Care Patterns		**Value**	**Percent**	**Data Source(s)**
Row D.	Number of PLWA who received the specified HIV primary medical care during the 12-month period (01/01/2013-12/31/2013)	2,597	60.4%	Evidence of met need found in eHARS or through matches with AIDS Drug Assistance Program (ADAP), Ryan White program data (all Parts), data from electronic laboratory reporting of viral load and CD4 results, Medicaid or private insurance medical care data.
Row E.	Number of PLWH/non-AIDS/aware who received the specified HIV primary medical care during the 12-month period (01/01/2013-12/31/2013)	1,704	39.6%	Evidence of met need found in eHARS or through matches with AIDS Drug Assistance Program (ADAP), Ryan White program data (all Parts), data from electronic laboratory reporting of viral load and CD4 results, Medicaid or private insurance medical care data.
Row F.	Total number of HIV+/aware who received the specified HIV primary medical care during the 12-month period (01/01/2013-12/31/2013)	**4,301**	**100%**	2013 ARIES Report
Calculated Results		**Value**	**Percent**	**Calculation**
Row G.	Number of PLWA who did not receive the specified HIV primary medical care in 2013	548	17%	Value: Value A – Value D Percent: Value G/Value A
Row H.	Number of PLWH/non-AIDS/aware who did not receive the specified HIV primary medical care in 2013	759	31%	Value: Value B – Value E Percent: Value H/Value B
Row I.	Total HIV+/aware not receiving the specified HIV primary medical care (quantified estimate of unmet need) in 2013	**1,307**	**23%**	Value: Value G – Value H Percent: Value I/Value C