

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax
<http://rwpchouston.org>

Memorandum

To: Members, Comprehensive HIV Planning Committee
Allen Murray, Co-Chair
Steven Vargas, Co-Chair
Johanna Castillo
Kathryn Fergus
Kenia Gallardo
Dawn Jenkins
Shital Patel
Evelio Escamilla
Paul Richards
Ryan Rose
Imran Shaikh
Robert Sliepka
Carol Suazo

Copy: Tori Williams
Mackenzie Hudson
Tiffany Shepherd
Marlene McNeese
Sha'Terra Johnson
Mauricia Chatman
Diane Beck
David Babb – email only
Janice Burns – email only
Ann Robison – email only
Gretchen Hollingsworth – email only
Algernon Moorhead
Oscar Perez
Miyase Koksai-Ayhan

From: Mackenzie A. Hudson, Health Planner, Office of Support

Date: Thursday, July 7, 2023

Re: **Meeting Reminder**

Please note that there will be a virtual meeting of the Comprehensive HIV Planning Committee. Meeting details are as follows:

Comprehensive HIV Planning Committee Meeting
2:00 pm, Thursday, July 13, 2023

Join Zoom Meeting by clicking on this link:
<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHI6SzRRNG12VndnR21YUT09>
Meeting ID: 893 3021 9598
Passcode: 253271
Or, call 346 248-7799
In Person: Bering Church, 1440 Harold St, Houston, Tx 77006

Members are also welcome to join us in-person at our new office space at Bering Church in Montrose. For this reason, it is even more important that you contact Rod to RSVP, even if you cannot attend. Rod can be reached by telephone at: 832 927-7926 or by email at: Rodriga.Avila@cjo.hctx.net.

Thank you!

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 PM, Thursday, July 13, 2023

Join Zoom Meeting by clicking on this link:

<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHI6SzRRNG12VndnR21YUT09>

Meeting ID: 893 3021 9598

Passcode: 253271

To join via telephone call: (346) 248-7799

In-person location: Bering Church, 1440 Harold Street, Houston, Tx 77006

AGENDA

I. Call to Order

A. Welcome and Introductions

Allen Murray and

B. Moment of Reflection

Steven Vargas, Co-Chairs

C. Adoption of the Agenda

D. Approval of the Minutes

II. Public Comment and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.

III. Old Business

A. SMART vs. SMARTIE Goals (45 min.)

Steven Vargas

B. 2023 Needs Assessment Survey (45 min.)

Mackenzie Hudson

VI. Announcements

Allen Murray and
Steven Vargas, Co-Chairs

V. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, May 11, 2023

Meeting Location: St. Philip Presbyterian Church 4807 San Felipe, Houston, Texas 77056
and Zoom teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Allen Murray, Co-Chair	Evelio Escamilla, excused	Tionna Cobb, The Resource Group
Johanna Castillo	Kathryn Fergus, excused	Tori Williams, Office of Support
Kenia Gallardo	Paul Richards	Diane Beck, Office of Support
Dawn Jenkins	Imran Shaikh	
Shital Patel	Steven Vargas, excused	
Ryan Rose	Ashley Barnes	
Robert Sliepka	Dominique Brewster	
Carol Suazo		
Gina German		
Mary L. Guidry		
John Heathcock		

Call to Order: Allen Murray, Co-Chair, called the meeting to order at 2:07 p.m. and asked for a moment of reflection.

Adoption of Agenda: Motion #1: *it was moved and seconded (Sliepka, Castillo) to adopt the agenda. Motion carried.*

Approval of the Minutes: Motion #2: *it was moved and seconded (Sliepka, Castillo) to approve the May 11, 2023 minutes. Motion carried.* Abstentions: Castillo, German, Guidry, Patel.

Public Comment: None.

2023 Epidemiological Supplement and 2024 Epidemiological Profile: Williams said that Hudson has been working with Houston Health Department staff and because they are very short staffed, it would be best if we could do an Epi Supplement in 2023 and a full Epi Profile in 2024.

Updates on 2022 Integrated Plan: Williams said on May 24th, the SIRR Coalition hosted a meeting to discuss the pros and cons of distributing condoms in jails and prisons. Guidry and Beck attended, both said there were many participants and good discussion. These meetings are hybrid, so those interested can attend in person at the Montrose Center or on GoToMeeting. Beck added that the link is on our website.

Evaluation Workgroup of the 2022 Integrated Plan: See the attached Plan Activities Organized by Pillar. Williams said that this committee will serve as the Evaluation Workgroup. The first task for the workgroup is to create S.M.A.R.T. goals for the activities. SMART stands

DRAFT

for Specific, Measurable, Attainable, Relevant, and Time-Based and HRSA requires that our goals are SMART. She will mail everyone a worksheet and the graphic explaining SMART goals along with instructions so you can complete this activity on your own time. Everyone agreed this would be a good way to get this done.

Announcements: Everyone was encouraged to take the 2023 Project LEAP and Proyecto VIDA information and distribute it broadly.

Adjournment: Motion: *it was moved and seconded (Suazo, Sliepka) to adjourn the meeting at 2:28 p.m. Motion Carried.*

Submitted by:

Approved by:

Tori Williams, Office of Support Date

Chair of Committee Date

JA = Just arrived at meeting
R = Left room temporarily
M = Left the meeting
C = Chaired the meeting

2023 Voting Record for Meeting Date June 8, 2023

MEMBERS	Motion #1: Agenda				Motion #2: Minutes			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Co-Chair	X				X			
Allen Murray, Co-Chair				C				C
Johanna Castillo		X						X
Evelio Escamilla	X				X			
Kathryn Fergus	X				X			
Kenia Gallardo		X				X		
Dawn Jenkins		X				X		
Shital Patel		X						X
Paul Richards	X				X			
Ryan Rose		X				X		
Imran Shaikh	X				X			
Robert Sliepka		X				X		
Carol Suazo		X				X		
<i>Ashley Barnes</i>	X				X			
<i>Dominique Brewster</i>	X				X			
<i>Gina German</i>		X						X
<i>Mary L. Guidry</i>		X						X
<i>John Heathcock</i>		X				X		

When you're moving from equity-neutral goals to goals with equity and inclusion considerations baked in, practice these tips to stay on track:

Mind the “how”

Some goals don't—at face value—specifically promote equity and inclusion, so you'll want to specify how you're mitigating disparate impact or advancing equity and inclusion in your *tactics, benchmarks, or metrics*. Below are two examples:

- Your development team may have an outcome goal to “raise \$X by Y to cover this year's budget and 3 months' operating reserve.” There are many ways to do this, and one of them might include this activity goal: “recruit, retain, and develop a total of 30,000 dues-paying members, at least X% of whom identify as [people of color / women / trans or gender non-conforming / poor / Spanish-speaking].”
- Your policy team might have a goal to create and disseminate X policy briefs on immigration by the end of the year. In order to be more inclusive and equitable in the process, you might say explicitly: “We will consult with X coalition or Y community leaders to get feedback before finalizing.”

Ask yourself: If the outcome specified in the goal isn't specifically promoting equity and inclusion, is the process of achieving this goal going to improve equity and inclusion on our team/organization?

Check for unintentional disparate impact

A big part of developing a [SMARTIE goal](#) is checking for unintentional disparate impact along lines of identity and power and finding ways to mitigate that impact. But sometimes, you just don't have enough information (whether that's precedent or perspective) to anticipate unintended consequences. If that's the case, make sure you're explicit about how and when you'll check for it along the way. Below are two examples:

- “Lower overhead costs by \$X by [date]” can be improved by adding “...with quarterly check-ins with staff to check for negative disparate impact of cost savings.”

- “Increase representation of staff with marginalized identities in our hiring processes by [date]” can be improved with the addition of “...with checks to ensure staff with marginalized identities aren’t carrying an unequal share of the work.”

Ask yourself: What unintended disparate impact might result from this goal? Who have I consulted to check for unintended negative consequences? Any key stakeholders I’m missing from this list?

Make your metrics matter

There’s a fine line between inclusion and tokenism. What’s the difference? Power. In most cases, it’s not enough to tack on “...and x number of volunteers/new hires/spokespeople should be people of color” unless the people you’re trying to include will be able to influence the work in a meaningful way. Here’s an example:

- “Build a volunteer team of 100 door-to-door canvassers by May, with at least 10% people of color” is a much different goal than “Build a volunteer team of 100 door-to-door canvassers by May, with at least 10 people of color recruited as volunteer leaders first, so that they can help shape the way we run the canvasses.”

Ask yourself: If I added an outcome or activity goal related to a specific marginalized community, will achieving this goal help build power and/or shrink disparities for this community? If so, how?

<https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/>

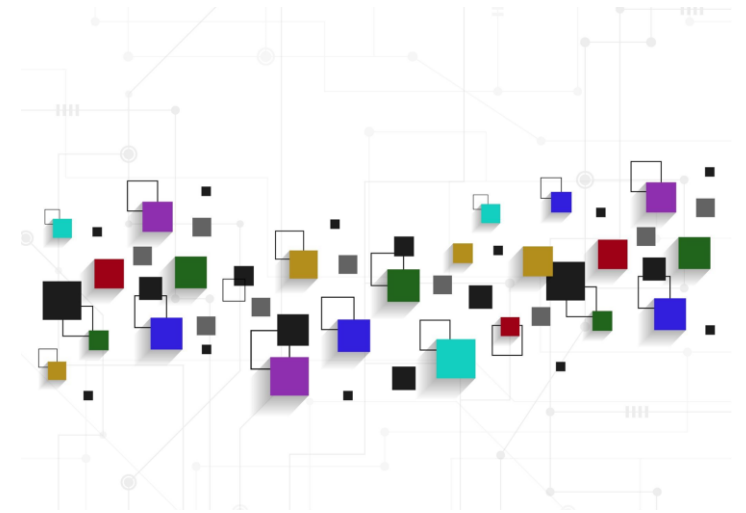
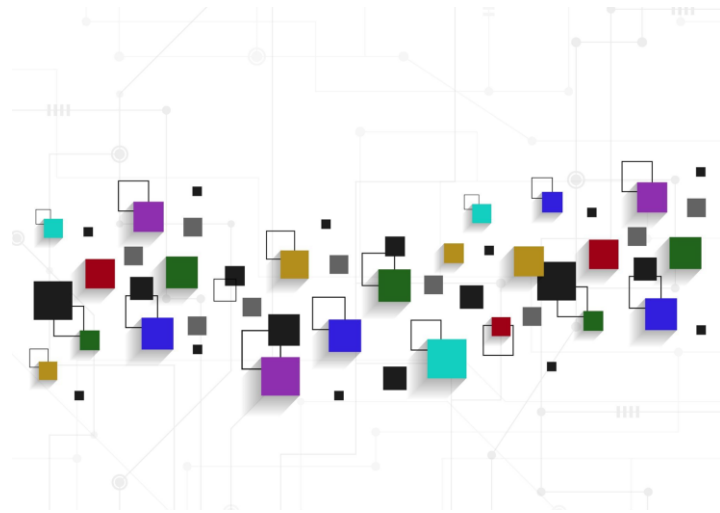
Published: May 3, 2021

From SMART to SMARTIE Goals

July 5, 2023

Steven Vargas, Co-Chair

Comprehensive HIV
Planning Committee



Why SMARTIE instead of SMART goals?

2016

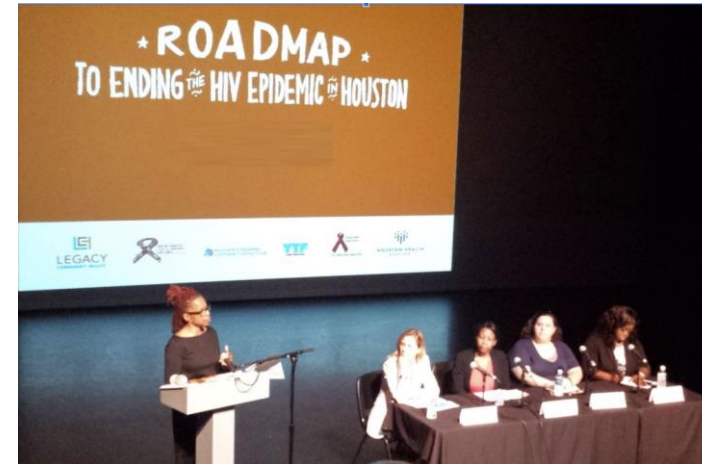
- Funded by The Ford Foundation and AIDS United

Brought together People With HIV (PWH), and people from the fields of medicine, policy-making, faith, criminal justice, and education

The plan was not attached to HRSA or CDC priorities, though many are reflected.

Through an intersectional and multidisciplinary approach, solutions address

- the core drivers of HIV from the community's perspective: stigma and discrimination most keenly felt by...
- People of Color, women, LGBTQ+ community, people who use drugs, the incarcerated, people experiencing homelessness

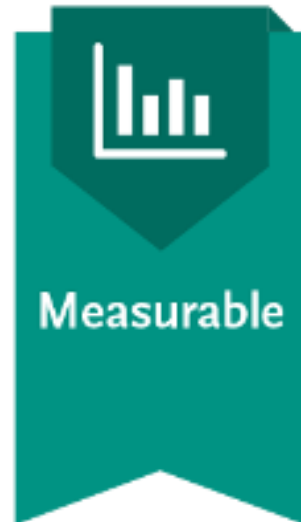


What are SMART goals?

S



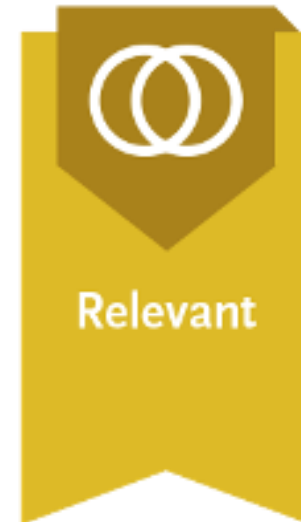
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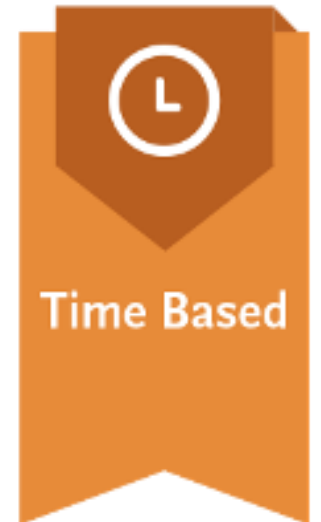
A



R



T



What are SMARTIE goals?



Inclusive

I

greater say and determination in the care system attending PWH by PWH.



Inclusion speaks to sharing power as an aspect of meaningfully involving people with HIV.

Ryan White Planning Councils' are an example.

Results and recommendations from respondents to our Needs Assessments and Focus Groups could be seen as another example.

Equitable

E

an explicit focus on increasing access to care for all PWH,

particularly PWH benefiting less from prevention and treatment advances

Tips

Pay attention to the "how"

- Specify how our goal improves health outcomes, increases access to RW-funded treatment and support services, and meaningful representation of PWH in the development of goals, strategies, benchmarks or other metrics.

Check for unintended consequences, or unintentional disparate impact

- Be explicit about how and when you'll check for unintended consequences or unintentional disparate impact along lines of identity and/or power
- Find ways to mitigate that impact.

Make your metrics matter

- Ensure the people we are trying to include will be able to influence the work in a meaningful way

Example:



“Lower overhead costs by \$X by [date]”

“Build a volunteer team of 100 door-to-door canvassers by May, with at least 10% people of color”



“...with quarterly check-ins with staff to check for negative disparate impact of cost savings.”

“Build a volunteer team of 100 door-to-door canvassers by May, with at least 10 people of color recruited as volunteer leaders first, so that they can help shape the way we run the canvasses.”

Example:



Goal 1A: Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.

Goal 1A.1: Encourage status awareness through increased screening, diverse non-stigmatizing campaigns, improved hiring practices and updated accessibility in historically marginalized communities in Houston/Harris County.





Good work!
Keep practicing
and
see you next week!

Pillar 1: Diagnose

Goal 1B: Improve HIV-Related Health Outcomes of All People Being Tested for HIV

- *Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide whole-person care and treatment for individuals testing for HIV.*

Goal 1C: Increase Knowledge and Understanding of HIV

- *Establish a Houston Area HIV Education Council.*

Pillar 2: Treat

Goal 2B: Increase Access to Care and Medication

- *Increase access to services that replace or provide identification documents.*

Goal 2C: Increase access to HIV education, prevention and care services among priority populations.

- *Request the RWPC to create a service definition and allocate funds for one full-time case manager or service linkage worker with lived experience to provide HIV education and case management services to this population.*

Goal 2D: Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive).

- *Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones.*

Pillar 3: Prevent

Goal 3A: Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV.

- *Establish a Houston Area HIV Education Council.*

Goal 3C: Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: Condom distribution in jails and prisons and Texas becoming a Medicaid Expansion state

- *Gather and review data related to policy changes.*

Pillar 4: Respond

Goal 4B: Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.

- *Build contingency/surge capacity.*

- *Utilize case data and case studies to train both community partners and the HHD staff on better approaches to effectively respond to clusters, including the role partner services can play.*

Pillar 5: Quality of Life

Goal 5A: Improve Quality of Life for Persons Living with HIV

- *Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.*

No need to revise as SMART Goals:

Goal 5B: Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.

- *To be determined (TBD) by RWHAP Quality Management staff.*

Goal 5C: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.

- *TBD by RW Quality Management staff.*

Goal 5D: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.

- *TBD by RW Quality Management staff.*

Goal 5E: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.

- *TBD by RW Quality Management staff.*

Goal 5F: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.

- *TBD by RW Quality Management staff.*

Goal 5G: Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data

- *Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.*

GOAL & ACTIVITY	Specific Narrow for more long-term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<u>Goal 1C:</u> Increase Knowledge and Understanding of HIV <i>Activity: Establish a Houston Area HIV Education Council.</i>						
Pillar 2: Treat						
<u>Goal 2B:</u> Increase Access to Care and Medication <i>Activity: Increase access to services that replace or provide identification documents.</i>						
<u>Goal 2C:</u> Increase access to HIV education, prevention and care services among priority populations. <i>Activity: Request the RWPC to create a service definition and allocate funds for one full-time case manager or service linkage worker with lived experience to provide HIV education and case management services to this population.</i>						
<u>Goal 2D:</u> Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive). <i>Activity: Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones.</i>						

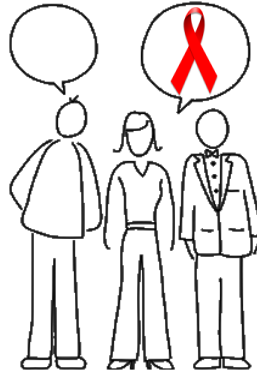
GOAL & ACTIVITY	Specific Narrow for more long-term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Pillar 3: Prevent						
<p><u>Goal 3A</u>: Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV. <i>Activity: Establish a Houston Area HIV Education Council.</i></p>						
<p><u>Goal 3C</u>: Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: Condom distribution in jails and prisons and Texas becoming a Medicaid Expansion state <i>Activity: Gather and review data related to policy changes.</i></p>						
Pillar 4: Respond						
<p><u>Goal 4B</u>: Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.</p> <ul style="list-style-type: none"> • <i>Activities: Build contingency/surge capacity.</i> • <i>Utilize case data and case studies to train both community partners and the HHD staff on better approaches to effectively respond to clusters, including the role partner services can play.</i> 						

GOAL & ACTIVITY	Specific Narrow for more long-term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Pillar 5: Quality of Life						
<u>Goal 5A:</u> Improve Quality of Life for Persons Living with HIV <i>Activity: Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.</i>						
<i>No need to revise the following as SMART goals.</i>						
<u>Goal 5B:</u> Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. <i>Activity: To be determined (TBD) by RWHAP Quality Management staff.</i>						
<u>Goal 5C:</u> Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. <i>Activity: TBD by RW Quality Management staff.</i>						
<u>Goal 5D:</u> Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. <i>Activity: TBD by RW Quality Management staff.</i>						

GOAL & ACTIVITY	Specific Narrow for more long-term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<p><u>Goal 5E</u>: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. <i>Activity: TBD by RW Quality Management staff.</i></p>						
<p><u>Goal 5F</u>: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. <i>Activity: TBD by RW Quality Management staff.</i></p>						
<p><u>Goal 5G</u>: Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data <i>Activity: Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.</i></p>						

STAFF USE ONLY-SURVEY ADMIN

Date of survey: _____
Agency/location: _____
Staff initials: _____
Gift card #: _____



STAFF USE ONLY-DATA ENTRY

Date of data entry: _____
Auto survey #: _____
Staff initials: _____

2023 Consumer Survey

Dear Participant,

The purpose of this survey is to learn about your needs for HIV care and what it's like for you to be living with HIV. Only people who are living with HIV, 18 years of age or older*, and who live in the greater Houston area should take this survey. If you don't meet these requirements or are not sure, please talk to a staff person now.

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

Please read the following before you begin:

- Your participation in this survey is 100% voluntary. You do not have to participate. If you do, it will help us learn what people need for HIV care.
- Everything you tell us is 100% confidential. You will not be identified in the report, and no information about you *as an individual* will be collected or shared. All the answers you give will be combined with other surveys and shown as a group.
- You may find some of the questions personal, and they may make you feel uncomfortable. You do not have to continue if you feel this way. Please talk to a staff person at any time if you feel uncomfortable with the survey.
- You will receive an incentive for your participation after you have finished the survey. You will be asked to sign for the incentive, but you do not have to use your legal name.
- If you complete the survey, you are consenting to participate in this project. You are also giving us your consent to use your survey answers. Again, you will not be identified in the report, and no information about you *as an individual* will be collected or shared.
- Please take your time to answer all questions as completely and accurately as possible. There are no right or wrong answers. There is no time limit.
- If you have questions about this survey, please contact the Ryan White Planning Council Office of Support at (832) 927-7926 at any time.

You can begin the survey now. Please bring your completed survey to a staff person when you are done. Thank you for your participation in this project!

Section 1: HIV Services

1. Please tell us about any of the following funded HIV services you have used or needed in the past 12 months:

<p>HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>HIV medication assistance (this is help paying for HIV medications <i>in addition to or instead of</i> assistance from the state/ADAP)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Health insurance assistance (this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Oral health care visits with a dentist or hygienist</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Case management (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outpatient alcohol or drug treatment or counseling</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Professional mental health counseling (this is counseling or therapy with a licensed professional counselor or therapist, either individually or as part of a therapy group)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Day treatment (this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is <i>not</i> a place you live)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Hospice care (this is a program for people in a terminal stage of illness to get end-of-life care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Nutritional supplements (this includes supplements like Ensure, fish oil, protein powder, etc. and/or nutritional counseling from a professional dietician)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Vision care (this includes routine vision services and glasses provided at your HIV clinic or program)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Language translation (at your clinic or program in a language <i>other than English or Spanish</i>).</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

<p>Transportation (this is when your clinic or program offers van rides or a Metro bus card to help you attend your HIV medical appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Van ride(s)</p> <p><input type="checkbox"/> Bus pass(es)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outreach services (these are people at your clinic or program who contact you to help you get HIV medical care when you have a couple of missed appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>ADAP enrollment workers (these are people at your clinic or program who help you complete an application for ADAP medication assistance from the state)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>**If you were in Harris County Jail, please tell us about: Pre-discharge planning (this is when jail staff help you plan how to access HIV medical care after your release)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

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

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

<p>Health education / risk reduction (this is education about strategies to prevent or reduce the risk of HIV transmission to others)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Housing (this is temporary or long term housing specifically for people living with HIV)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Other professional services (these are professional and consultant services for HIV-related: legal services like Social Security Disability Insurance denial and discrimination, permanency planning including wills and dependent placement, and tax preparation if you used the advanced premium tax credit to purchase Affordable Care Act health insurance)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Legal services</p> <p><input type="checkbox"/> Permanency planning</p> <p><input type="checkbox"/> Tax preparation</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

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

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

Residential or inpatient alcohol or drug treatment or counseling	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
---	---	---

3. What is your preferred method of communication? _____

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






(Check all that apply)

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

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

- Yes
- No

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

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

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

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

Section 2: When You Were First Diagnosed

6. What year were you diagnosed with HIV? _____

7. Where did you get your HIV diagnosis? _____

• If you were diagnosed after 2014, did you get any of the following services from the same agency where you were diagnosed? (*Check one answer for each item below*)

- A list of HIV clinics to go to for medical care Yes No Don't remember
- An appointment for your first HIV doctor's visit Yes No Don't remember
- Someone offered to help you get into HIV care Yes No Don't remember
- Someone answered all of my questions about how to live with HIV Yes No Don't remember
- Someone told me how to get help paying for HIV medical care Yes No Don't remember

Section 3: Your HIV Care History

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

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

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

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

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

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

Been prescribed HIV medication (ART): _____

Had a test for your HIV viral load: _____

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

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

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

(Check all that apply)

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

Section 4: Other Health Concerns

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

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

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

(Check all that apply for each item below.)

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

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

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

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

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

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

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

14. In the past 12 months, have you felt any of the following to such a degree that you thought you wanted help? (Check all that apply)

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

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

15. Has a doctor told you that you currently have any of the following conditions?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Gender dysphoria/gender identity disorder |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Obsessive compulsive disorder |
| <input type="checkbox"/> AIDS Survivor Syndrome | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Schizophrenia or episodes of psychosis |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> I don't have a mental health diagnosis |

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

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Been treated differently because you're living with HIV | <input type="checkbox"/> Threats of violence by a stranger |
| <input type="checkbox"/> Been denied services because you're living with HIV | <input type="checkbox"/> Physical assault by someone you know |
| <input type="checkbox"/> Been asked to leave a public place | <input type="checkbox"/> Physical assault by a stranger |
| <input type="checkbox"/> Verbal harassment/taunts | <input type="checkbox"/> Sexual assault by someone you know |
| <input type="checkbox"/> Threats of violence by someone you know | <input type="checkbox"/> Sexual assault by a stranger |
| | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Prefer not to answer |

17. Are you currently in an intimate relationship with someone who makes you feel afraid, threatened, isolated, forces you to have sex, or physically hurts you?

(Check one)

- Yes No Prefer not to answer

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

Section 5: Substance Use

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

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

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

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

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

Section 6: Housing, Transportation, and Social Support

19. Did you have trouble obtaining housing in the past 12 months?

- Yes
- No

20. Did you experience barriers to obtaining housing in the past 12 months?

- Didn't have enough money for the deposit
- Could not find affordable housing
- Was put on a waiting list
- Didn't qualify for housing assistance
- Had a criminal record
- Had a mental/physical disability
- Other
- Felt discriminated against
- Had substance use issues
- No money for rent
- Not having enough to eat

21. How long have you stayed at your current residence?

- Less than 6 months
- 6 months to a year
- More than a year

22. How many nights in the past 12 months have you spent homeless or without a place to sleep? Examples could include couch surfing, staying at a homeless shelter, or staying outside or "camping"

- None
- 1-30
- 31-90
- More than 90

23. What is your rent or mortgage that you pay out of pocket monthly?

24. Have you had to move due to inability to afford rent or mortgage in the last 3 years?

- Yes
- No

25. How many places have you lived in the past six months?

- 1
- 2
- 3+

Section 7: Financial Resources

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

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

27. What is your current monthly household income? \$ _____

Prefer not to answer

- **How many people, including you, depend on this income? _____**
- **Of these, how many are children under 18 years old? _____**

28. How do you pay for *general* medical care for yourself or your family?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Private health insurance. <i>If so, which company do you have? _____</i>
<i>(e.g., Aetna, Anthem, Blue Cross/ Blue Shield, CIGNA, Humana)</i> | <input type="checkbox"/> VA
<input type="checkbox"/> Indian Health Service
<input type="checkbox"/> Self-pay
<input type="checkbox"/> I don't get medical care because I can't pay for it
<input type="checkbox"/> I only get medical care for HIV through Ryan White
<input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> COBRA
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare
<input type="checkbox"/> Gold Card | |

29. Do you have trouble paying for the following types of medications on your own?

(Check one answer for each item below)

	Yes	No	I do not take this
HIV medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-HIV related medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications for mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• **If you have trouble paying for your medications, are you getting help paying for them? *(Check one)***

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> N/a, I do not take medication |

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

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

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

- Healthy food is too expensive
- There is nowhere to buy healthy food near where I live
- It takes too long to travel to buy healthy food
- I don't have time to buy healthy food
- I'm not sure what kinds of food are healthy
- I don't like the taste of healthy food or I find it boring
- My family doesn't like healthy food
- I just choose not to eat healthy food
- I don't know how to cook
- I don't have the resources to be able to cook or store food
- I don't have time to prepare healthy food
- The options available at the food bank or food pantry I use are not healthy
- Other: _____

Section 8: Please Tell Us About Yourself...

31. What zip code do you live in? _____

32. What is your age (in years)?

- 13-17 years old
- 18-24 years old
- 25-34 years old
- 35-49 years old
- 50-54 years old
- 55-64 years old
- 65-74 years old
- 75+ years old

(parent / guardian completed)

33. What sex were you assigned at birth? (Check one)

- Male
- Female
- Intersex (someone born with both male and female reproductive or sex organs; or with reproductive or sex organs that were not clearly male or female)

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

- Man
- Woman
- Non-binary or gender fluid
- Other: _____

35. Are you currently pregnant? (Check one) Yes No Don't know

• If you are currently pregnant, are you in prenatal care?

(Check one) Yes No Don't know

36. How do you identify in terms of your sexual orientation? (Check one)

- Straight/Heterosexual
- Gay
- Lesbian
- Bisexual
- Pansexual (someone who feels sexual attraction, desire, love toward all sexes/genders)
- Asexual (someone who does not feel sexual attraction)
- Undecided
- Other: _____

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

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

- White
- Black/African American
- Hispanic/Latin(o/a/x)
- Asian American

- Pacific Islander or Native Hawaiian
- Native American or Alaska Native
- Multiracial
- Other: _____

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

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

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

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

41. Were you born outside of the U.S.? Yes No

42. How many people are in your household? _____

43. How many are dependent children? _____

44. Do you have health insurance? (including Medicaid, Medicare) Yes No

45. Do you have a sexual partner who is living with HIV? Yes No

46. Do you have a sexual partner who is transgender? Yes No

47. Have you ever experienced domestic violence or intimate partner violence? Yes No

48. Have you ever exchanged sex for money, drugs, food, or housing? Yes No

49. Have you ever used a needle to inject any substance, including steroids, hormones, silicone, or drugs? Yes No
(Do NOT include prescribed medications or insulin)

50. Have you ever used crystal meth or crack? Yes No

51. Have you been released from jail or prison in the last year? Yes No

52. Have you ever been a registered sex offender? Yes No

Section 9: Prevention Activities

53. In the past 12 months, have you received any information about preventing HIV transmission? (Check one) Yes No

- If so, where did you get this information? _____
- What was the information? _____

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

55. Pre-Exposure Prophylaxis (also called PrEP) is a way for people who don't have HIV to prevent getting HIV by taking a pill every day. **Have you heard about PrEP before today?**
(Check one) Yes No Don't remember

56. **Do you know where a person who does not have HIV can go to get on PrEP?**
(Check one) Yes No
***See the resource list attached to this survey for more information about PrEP.*

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

58. **Do you know where a person who does not have HIV can go to get PeP?**
(Check one) Yes No
***See the resource list attached to this survey for more information about PeP.*

59. If you've had sex in the past 6 months, what is the HIV status of your sex partner(s)? This could be anal, vaginal, or oral sex, either receptive (bottom) or insertive (top), with any person. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I have not had sex in the past 6 months (skip Questions 47-49 below and go to Question 50) | <input type="checkbox"/> HIV negative, not taking PrEP |
| <input type="checkbox"/> HIV positive | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> HIV negative, taking PrEP | <input type="checkbox"/> I don't remember |
| | <input type="checkbox"/> Prefer not to answer |

60. **How often do you talk about your HIV status with new sex partners?** (Check one)
 Always, with every partner
 Sometimes, with some partners
 Never, my partner already knows

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

61. If you've had sex in the past 6 months, how often did you use a condom (or female / internal condom) for each of the following? (Check one answer for each item below)

	Every time	Most of the time	About half of the time	Rarely	Never	N/A, I didn't do this
Getting oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex, receptive (bottom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex, insertive (top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. If you've had sex in the past 6 months, and you did not use a condom, why?

(Check all that apply)

- I only ever have sex with one person
- My sex partner(s) is living with HIV
- My sex partner(s) is on PrEP
- My viral load is undetectable
- I don't think I can get HIV again
- I can't get condoms
- I don't like condoms
- I'm not comfortable using condoms
- I'm allergic to condoms
- I can't find condoms that fit
- I'm too drunk / high at the time to remember to use condoms
- I get caught up in the moment, and forget to use them
- I don't think my partner likes condoms
- I'm afraid my partner(s) will tell other people about my HIV status
- I'm not comfortable talking to partners about condoms
- I'm afraid of what my partner(s) will do if I bring up condoms
- I only have oral sex, so I don't feel like I need a condom
- I only use condoms when I have vaginal or anal sex, not with oral
- I want to have a baby
- Sex with a condom doesn't feel as good
- I only use sex toys for penetrative sex
- Other: _____

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

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

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

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

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

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

Final Questions...

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

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

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

	Yes	No
With an agency	<input type="checkbox"/>	<input type="checkbox"/>
With Ryan White**	<input type="checkbox"/>	<input type="checkbox"/>

****See the resource list attached to this survey for the Ryan White grievance/complaint lines.**

Thank you for taking our survey!

Your answers will help us learn what people need for HIV care in the Houston Area.

If you have questions about this survey after today, please contact:

Ryan White Planning Council

Office of Support

(832) 927-7926

Please bring your completed survey to a staff person now.

RESOURCE LIST – YOURS TO KEEP!*Please tear off this page and take it with you.***If you need immediate help, please contact the agencies below.**

All services are available in English and Spanish.

CRISIS HOTLINES (available 24 hours/7 days)			
Abuse/Neglect Hotline (Adult, Child, Disabled)		1-800-252-5400	
Coalition for the Homeless		713 739-7514	
Crisis Intervention of Houston		832 416-1177	
LGBT Switchboard Helpline		713 529-3211	
National Suicide Prevention Lifeline		1-800-273-TALK (8255)	
Ayuda En Español		1-888-628-9454	
Rape Crisis Hotline		713 528-RAPE (7273)	
TeenTalk Crisis Hotline		832 416-1199 or text 281 201-4430	
Texas Youth Hotline		1-800-989-6884 or text 512 872-5777	
Trevor Project Lifeline (LGBTQ youth)		1-866-488-7386 or text START to 678678	
United Way of Greater Houston HELPLINE		2-1-1	
Veterans Crisis Line		1-888-947-4431	
DOMESTIC/INTIMATE PARTNER VIOLENCE			
Aid to Victims of Domestic Abuse		713 224-9911	
Domestic Violence Hotline		713 528-2121 or 1-800-256-0551	
LGBT Switchboard Helpline		713 529-3211	
DOMESTIC VIOLENCE EMERGENCY SHELTER (available 24 hours/7 days)			
Fort Bend County Women's Center		281 342-HELP (4357)	
Houston Area Women's Center		713 528-2121	
Montgomery County Women's Center		936 441-7273	
The Montrose Center (LGBT)		713 529-3211	
MENTAL HEALTH CRISIS (available 24 hours/7 days)			
The Harris Center Emergency Psychiatric Services		713 970-7070	
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)		1-800-659-6994	
PRE-EXPOSURE PROPHYLAXIS (PrEP) and POST-EXPOSURE PROPHYLAXIS (PEP)			
AIDS Healthcare Foundation	713 524-8700	Kelsey Seybold	713 442-0000
Avenue 360 Health & Wellness	832 384-1406	Legacy Community Health	832 548-5221
Bee Busy Wellness Center	713 771-2292	Planned Parenthood	1-800-230-7526
Dr. Gorden Crofoot	713 526-0005	St. Hope Foundation	713 778-1300
Dr. Joseph Gathe Jr.	713 526-9821	Thomas Street Health Center	713 873-4000
SUBSTANCE & ALCOHOL USE			
Alcoholics Anonymous		713 686-6300	
Al-Anon		713 683-7227	
Cocaine Anonymous		713 668-6822	
Narcotics Anonymous		713 661-4200	
Palmer Drug Abuse Program		281 589-4602	
QUESTIONS ABOUT THE SURVEY		832 927-7926	

GRIEVANCE/COMPLAINT PROCEDURES

If you have questions on how to file a complaint with one of the agencies listed below regarding a Ryan White funded service, please contact:

FUNDED AGENCIES

RYAN WHITE PART A:

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

RYAN WHITE PART B & STATE SERVICES:

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

RYAN WHITE PART A:

English: 713-439-6089

Spanish: 713-439-6095

Or write to:

Harris County Public Health
Ryan White Grant Administration
2223 West Loop South, Suite 417
Houston, TX 77027

RYAN WHITE PART B & STATE SERVICES:

Reachelian Ellison, Consumer Relations
Coordinator
713-526-1016, Ext. 104
rellison@hivtrg.org

Or write to:

The Resource Group
500 Lovett Boulevard, Suite 100
Houston, TX 77006

If your complaint remains unresolved after you have followed all procedures with the agency, you will be informed on how to file a formal grievance.