

# Houston Area HIV Services Ryan White Planning Council

Office of Support  
Bering Church, 1440 Harold St., Houston, Tx, 77006  
832 927-7926 telephone

<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, August 3, 2023

Re: **Meeting Reminder**

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

### **Comprehensive HIV Planning Committee Meeting 2:00 pm, Thursday, August 10, 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 location:** Bering Church, 1440 Harold St., Houston, Tx, 77006

Please 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](mailto:Rodriga.Avila@cjo.hctx.net).

Thank you!

# Houston Area HIV Services Ryan White Planning Council

## Comprehensive HIV Planning Committee

2:00 PM, Thursday, August 10, 2023

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<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. Please park and enter the building from behind the church on Hawthorne Street.

## AGENDA

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- I. Call to Order
  - A. Welcoming Remarks and Moment of Reflection Allen Murray and
  - B. Adoption of the Agenda Steven Vargas, Co-Chairs
  - C. 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. Update on the 2023 Epi Supplement Imran Shaikh
  - B. 2023 Needs Assessment Survey Mackenzie Hudson
  - C. SMARTIE Workshopping of 2022 Integrated Plan Goals Steven Vargas
  
- VI. Announcements
  
- V. Adjourn

## Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, July 13, 2023

Meeting Location: Bering Church 1440 Harold Street, Houston, Texas 77006  
and Zoom teleconference

### Minutes

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

**Call to Order:** Steven Vargas, Co-Chair, called the meeting to order at 2:03 p.m. and asked for a moment of reflection.

**Adoption of Agenda: Motion #1:** *it was moved and seconded (Escamilla, Sliepka) to adopt the agenda with the following changes update to the current date and meeting location. Motion carried.*

**Approval of the Minutes: Motion #2:** *it was moved and seconded (Sliepka, Castillo) to approve the June 8, 2023 minutes. Motion carried. Abstentions: Escamilla, Shaikh.*

**Public Comment:** None.

**2023 Needs Assessment Survey:** Williams said that the Planning Council voted to give this committee final approval of the survey tool. Please send all comments and suggestions to Hudson and she will send the survey to the committee for review and approval. Escamilla said that we usually review the sampling plan; he would like the committee to receive that information. Vargas wants to be sure we reach out to those who participated in the focus groups for the integrated plan.

**SMARTIE Goals:** See the attached worksheet of Integrated Planning Goals. Williams said that the committee will look at the goals to revise them to make them SMARTIE goals. Vargas walked the committee through editing the first goal. Committee members are encouraged to review the remaining goals and think about ways to make them SMARTIE; the information will be used to work on a few goals at each meeting.

**Announcements:** None.

**Adjournment:** ***Motion:** it was moved and seconded (Escamilla, Fergus) to adjourn the meeting at 3:14 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				C				C
Allen Murray, Co-Chair		X				X		
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			

## Housing Questions for Review

**1. Are you aware that there are specific housing services, resources, support and financial assistance for PWH in Houston/Harris County?**

- Yes
- No

**2a. In the past 12 months, have you experienced unstable housing due to any of the following? (Check all that apply.)**

- Loss or decrease of income, benefits, and/or employment
- Medical treatment or expenses
- Loss of resources/support (from family, friends, housing assistance/support)
- Unexpected/unavoidable expenses (examples: car repair, legal expenses, rental deposit)
- Incarceration or criminal record
- Safety (examples: environmental, emotional, physical)
- Health and/or HIV diagnosis

**2b. 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
- Felt discriminated against
- Had substance use issues
- No money for rent
- Not having enough to eat
- Other: \_\_\_\_\_

**3. In the past 12 months, were you offered/provided/made aware of available housing resources, support, financial assistance, regardless of need or request?**

- Yes
- No

**4. In the past 12 months, did you request or communicate your need for resources/supportive services, specific to housing needs?**

- Yes
- No

**5. In the past 12 months, did you receive/access resources/supportive services, specific to housing needs?**

- Yes
- No

**6a. In the past 12 months, did you successfully receive housing placement and/or financial assistance?**

If no, why?

- Not eligible
- Incomplete application, missing documentation/paperwork
- On waitlist
- Application rejected (examples: criminal record, substance use, payer of last resort)
- Application pending
- Other: \_\_\_\_\_

If yes, what type of service did you receive?

- Long-term/permanent placement and rental assistance
- Short-term/temporary placement and rental assistance (examples: 1-12 months - rapid housing, transitional housing)
- Short-term/temporary rental assistance
- Applied/received SSD benefits

**6b. Did you have trouble obtaining housing in the past 12 months?**

- Yes
- No

**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><b>HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant</b> (i.e., outpatient primary HIV medical care)</p>	<p><b>Please check one:</b></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> <input type="text"/>)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>HIV medication assistance</b> (this is help paying for HIV medications <i>in addition to or instead of</i> assistance from the state/ADAP)</p>	<p><b>Please check one:</b></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> <input type="text"/>)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Health insurance assistance</b> (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><b>Please check one:</b></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> <input type="text"/>)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Oral health care visits with a dentist or hygienist</b></p>	<p><b>Please check one:</b></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> <input type="text"/>)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></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><b>Case management</b> (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Outpatient alcohol or drug treatment or counseling</b></p>	<p><b>Please check one:</b></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><b>Did you need this service for:</b> (<i>Check all that apply</i>)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Professional mental health counseling</b> (this is counseling or therapy with a licensed professional counselor or therapist, either individually or as part of a therapy group)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Day treatment</b> (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><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></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><b>Hospice care</b> (this is a program for people in a terminal stage of illness to get end-of-life care)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Nutritional supplements</b> (this includes supplements like Ensure, fish oil, protein powder, etc. and/or nutritional counseling from a professional dietician)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Vision care</b> (this includes routine vision services and glasses provided at your HIV clinic or program)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Language translation</b> (at your clinic or program in a language <u>other than English or Spanish</u>).</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></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><b>Transportation</b> (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><b>Please check one:</b></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><b>Did you need this service for:</b> (<i>Check all that apply</i>)</p> <p><input type="checkbox"/> Van ride(s)</p> <p><input type="checkbox"/> Bus pass(es)</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Outreach services</b> (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><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>ADAP enrollment workers</b> (these are people at your clinic or program who help you complete an application for ADAP medication assistance from the state)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>**If you were in Harris County Jail, please tell us about: Pre-discharge planning</b> (this is when jail staff help you plan how to access HIV medical care after your release)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></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><b>Home health care</b> (this is medical care provided specifically for the treatment of HIV when you cannot leave home)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Child care services</b> (this is child care provided to children living in your household to allow you to attend HIV medical visits)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Food bank / home delivered meals</b> (this includes food items, personal hygiene produces, cleaning supplies, water filters; hot meals; meal delivery; and vouchers to purchase food)</p>	<p><b>Please check one:</b></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><b>Did you need this service for:</b> <b>(Check all that apply)</b></p> <p><input type="checkbox"/> Food bank</p> <p><input type="checkbox"/> Home delivered meals</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></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><b>Health education / risk reduction</b> (this is education about strategies to prevent or reduce the risk of HIV transmission to others)</p>	<p><b>Please check one:</b></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><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Housing</b> (this is temporary or long term housing specifically for people living with HIV)</p>	<p><b>Please check one:</b></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><input type="checkbox"/> How long did you wait to get housing?</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Other professional services</b> (these are professional and consultant services for HIV-related: <b>legal services</b> like Social Security Disability Insurance denial and discrimination, <b>permanency planning</b> including wills and dependent placement, and <b>tax preparation</b> if you used the advanced premium tax credit to purchase Affordable Care Act health insurance)</p>	<p><b>Please check one:</b></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><b>Did you need this service for:</b> (<b>Check all that apply</b>)</p> <p><input type="checkbox"/> Legal services</p> <p><input type="checkbox"/> Permanency planning</p> <p><input type="checkbox"/> Tax preparation</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

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**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><b>Psychosocial support services</b> (these support group and counseling services not provided by a licensed mental health professional, including bereavement counseling and HIV support groups)</p>	<p><b>Please check one:</b></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> _____) <b>↑</b></p> <p><b>Did you need this service for:</b> <b>(Check all that apply)</b></p> <p><input type="checkbox"/> Online support/groups</p> <p><input type="checkbox"/> In person support/groups</p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Rehabilitation services</b> (this is outpatient physical, occupational, speech, and vocational therapy)</p>	<p><b>Please check one:</b></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> _____) <b>↑</b></p>	<p><b>Briefly, please tell us what made it difficult for you to get this service?</b></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)

**Please check one:**

- I did not need this service
- I needed this service, and it was easy to get from \_\_\_\_\_ (agency received from)
- I needed this service, and it was difficult to get (*go here* \_\_\_\_\_) →

**Briefly, please tell us what made it difficult for you to get this service?**

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**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**

**Please check one:**

- I did not need this service
- I needed this service, and it was easy to get from \_\_\_\_\_ (agency received from)
- I needed this service, and it was difficult to get (*go here* \_\_\_\_\_) →

**Briefly, please tell us what made it difficult for you to get this service?**

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**Did you need this service for:**  
**(Check all that apply)**

- Alcohol use concerns
- Drug use concerns

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"*)

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

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## 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

**If you were able to obtain housing in the past 12 months but were unable to keep it, what services would have been helpful in maintaining housing?**

- Training in basic home maintenance (i.e. pest control)
- Help with understanding and following your lease
- Training on developing and following a budget
- Other: \_\_\_\_\_

**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)

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

**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)*
  - Yes
  - No
  - Don't know
  - 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)

- I have not had sex in the past 6 months (*skip Questions 47-49 below and go to Question 50*)
- HIV positive
- HIV negative, taking PrEP
- HIV negative, not taking PrEP
- I don't know
- I don't remember
- 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?**

- N/a, I never share or use other people's needles or injection equipment
- Never
- Only a few times
- About half the time
- Often
- Always

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

- N/a, I never share or reuse needles or injection equipment
- Never
- Only a few times
- About half the time
- Often
- 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)*

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

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

	Yes	No
<i>With an agency</i>	<input type="checkbox"/>	<input type="checkbox"/>

***With Ryan White\*\****

***\*\*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.

<b>CRISIS HOTLINES (available 24 hours/7 days)</b>			
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	
<b>DOMESTIC/INTIMATE PARTNER VIOLENCE</b>			
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	
<b>DOMESTIC VIOLENCE EMERGENCY SHELTER (available 24 hours/7 days)</b>			
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	
<b>MENTAL HEALTH CRISIS (available 24 hours/7 days)</b>			
The Harris Center Emergency Psychiatric Services		713 970-7070	
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)		1-800-659-6994	
<b>PRE-EXPOSURE PROPHYLAXIS (PrEP) and POST-EXPOSURE PROPHYLAXIS (PEP)</b>			
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
<b>SUBSTANCE &amp; ALCOHOL USE</b>			
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	
<b>QUESTIONS ABOUT THE SURVEY</b>		<b>832 927-7926</b>	

# 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.*



## Worksheet for Determining SMART goals for 2022 Integrated HIV Prevention and Care Plan

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

The SMART method provides a way to measure your progress and be accountable for your success. Setting SMART goals allow you to realistically evaluate what you are trying to achieve by assessing what actions to take to reach your goal. For example, you might set a goal to “get better” at typing. However, upon evaluating this goal using the SMART method, you see that your goal is quite vague. By restating your goal in quantifiable terms, such as “be able to type more words per minute,” you have a SMART goal that can be obtained. The characteristics of this goal can then be further detailed to reflect the remaining traits of the SMART goal process.

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<b>EXAMPLE 1 (HHD):</b> 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.	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.	
<b>EXAMPLE 2 (NHAS):</b> 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%.	who report an unmet need for services from a mental health professional	Decrease by 50%	the proportion of people with diagnosed HIV		from a 2017 baseline of 24.2%.	
<b>Pillar 1: Diagnose</b>						
Goal 1B: Improve HIV-Related Health Outcomes of All People Being Tested for HIV  <i>Activity: 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.</i>						

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Goal 1C: Increase Knowledge and Understanding of HIV <i>Activity: Establish a Houston Area HIV Education Council.</i>						
<b>Pillar 2: Treat</b>						
Goal 2B: Increase Access to Care and Medication <i>Activity: Increase access to services that replace or provide identification documents.</i>						
Goal 2C: Increase access to HIV education, prevention and care services among priority populations. <i>Activity: Request the RWPC to create a one full-time case manager or service linkage worker with lived experience to provide HIV education and case management services to this population.</i>						
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). <i>Activity: Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones.</i>						

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<b>Pillar 3: Prevent</b>						
<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>						
<b>Pillar 4: Respond</b>						
<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"> <li>• <i>Activities: Build contingency/surge capacity.</i></li> <li>• <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></li> </ul>						

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<b>Pillar 5: Quality of Life</b>						
Goal 5A: 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>						
<b>No need to revise the following as SMART goals.</b>						
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%. <i>Activity: To be determined (TBD) by RWHAP Quality Management staff.</i>						
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%. <i>Activity: TBD by RW Quality Management staff.</i>						
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%. <i>Activity: TBD by RW Quality Management staff.</i>						

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> 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>						

## **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.*

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/>

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