

2010 Austin Transitional Grant Area
Comprehensive Needs Assessment

Submitted by

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EXECUTIVE SUMMARY

Understanding the overall rank of reported needs requires some interpretation.

- The top five ranked needs reflect the changes in the overall economy and the problems that many people (with or without HIV) are contending with in the current economy.
- When asked many participants indicated that they did not know if HIV-specific oral health services were available and, when prompted further did not know of Jack Sansing Dental clinic.
- Respondents' requests for mental health services focused on the need for psychosocial group-level support provided by a mental health practitioner.
- Some respondents indicated a low need for outpatient ambulatory medical care, AIDS Pharmaceutical Assistance, Home and community health services, and Non-HIV medical care. In the focus groups, this ranking was clarified in that many respondents discussed the availability of these services in the community and therefore not of primary concern.

Ranking of reported needs: Total Sample

Category	Ranking
Emergency financial assistance	1
Transportation	2
Housing services	3
Legal assistance	4
Food bank and home delivered meals	5
Oral health care	6
Mental health services	7
Home and community-based health services	8
Non-HIV medical care	9
Child care services, Substance Abuse Services Outpatient	10
Outpatient Ambulatory Medical Care, AIDS Pharmaceutical Assistance	11

Preliminary recommendations

- Programs are needed to target the racial disparities in HIV among the African American Community.
- Stigma remains a problem in the Austin TGA community. A more in-depth understanding of HIV stigma can assist practitioners in determining why people are not entering into the HIV service system.
- Alternative means of service delivery (i.e. non-HIV specific programming) should be included in the repertoire of providers available to HIV-positive consumers.

- Programs and policies aimed at the basic needs of the HIV positive community can assist in supporting and sustaining people in HIV-related medical care.

Top three ranked needs for the priority populations

African Americans	All	Mental Health services, Transportation
		Utility Assistance
		Oral Health services
	Men	Transportation
		Utility Assistance
		Mental Health services, Housing
	Women	Oral health care, Mental health services, Transportation, Utility assistance
		AIDS drug assistance, Housing, Meals
		Childcare, Legal assistance, Outpatient ambulatory Medical Care
Latino/as	All	Utility assistance
		Oral health care, Legal assistance
		Housing
	Men	Utility assistance
		Oral health services, Legal assistance,
		Housing
	Women	Oral health services
		Mental health services, Transportation
		Meals, Utility assistance, Housing, AIDS Drug assistance
Injection Drug Users		Psychosocial Case management
		AIDS Drug assistance
		Transportation
Out-of-care population		Psychosocial Case management
		Oral health Services
		Outpatient Ambulatory Medical Care
Non-injection Drug users		Psychosocial Case management
		AIDS Drug assistance
		Outpatient Ambulatory Medical Care
White men who have sex with men		Oral Health services
		Medical Case management
		Outpatient Ambulatory Medical Care
Men of Color who have sex with men		Psychosocial Case management
		AIDS Drug assistance
		Outpatient Ambulatory Medical Care
Youth		Psychosocial case management
		Oral Health Services
		Outpatient Ambulatory Medical Care
Recently Released offenders		Transportation,
		Utility assistance
		Housing
Rural Populations		Transportation
		Utility assistance, Housing, Legal assistance,
		Oral health care

INTRODUCTION

The Austin Transitional Grant Area (TGA) includes the Travis, Williamson, Hays, Caldwell, and Bastrop counties. Current epidemiological data suggest that the Austin TGA is home to over 4000 people living with HIV or AIDS. Conversely, the HIV service providers, funded by Ryan White Part A, service a little less than 2000 people living with HIV or AIDS. Although some people not receiving public HIV services may access healthcare through their private health insurance, the Texas Department of State Health Services estimates that approximately 994 will not access public or private HIV healthcare services. Thus, the significance of a needs assessment is twofold: (1) to capture the HIV service needs of people living with HIV and not currently receive medical services and their barriers to healthcare; (2) to determine the changing needs of people living with HIV and currently receive healthcare services.

The Ryan White Comprehensive AIDS Resource Emergency (CARE) Act of 1996

The emergency needs of HIV-positive individuals are addressed through Title I of the Ryan White Comprehensive AIDS Resource Emergency Act. This funding is primarily for primary medical services as well as ancillary services (such as case management, substance abuse and mental health treatment, housing, etc.) in situations where people living with HIV are unable to access these services elsewhere. The CARE act of 1996 invests, annually, in communities for the provision of services to persons living with HIV/AIDS. According to the Care Act, the purpose of the program is to “improve the quality and availability of care for individuals and families with HIV.’ In Austin, the US Department of Health and Human Services releases Ryan White funds to the City of Austin Health Department, the administrative agent for the local HIV planning council. In turn, the HIV

planning council is charged with assessing, planning, and implementing HIV services throughout Austin TGA.

Austin TGA Comprehensive HIV Planning Council

Any geographic area receiving CARE funding is required to also support an HIV Planning Council (HPC). In Fiscal year 1995, the Austin HPC was established and received funds through the CARE Act. The Austin HPC is a planning body responsible for the assessment, allocation, and monitoring of funds throughout the five-county area. As part of its primary responsibility to fulfilling Federal requirements, the following are required:

1. Establish methods for obtaining input regarding needs and priorities;
2. Participate in the Statewide Coordinated Statement of Need;
3. Development of a comprehensive needs assessment within the Austin EMA;
4. Assess the efficiency of administrative functions.

As part of meeting the outlined goals, the Austin HPC must gain an accurate assessment of the needs of the over 4,000 HIV-positive consumers. Additionally, the Austin HPC must incorporate the findings of this assessment in the planning and distribution of funds throughout the five-county region.

Assessing needs for the Austin TGA

As required by CARE funding, the Needs Assessment will include the participation of persons living with HIV/AIDS; and medical health professionals who work with HIV/AIDS clients. The objectives of the needs assessment must address:

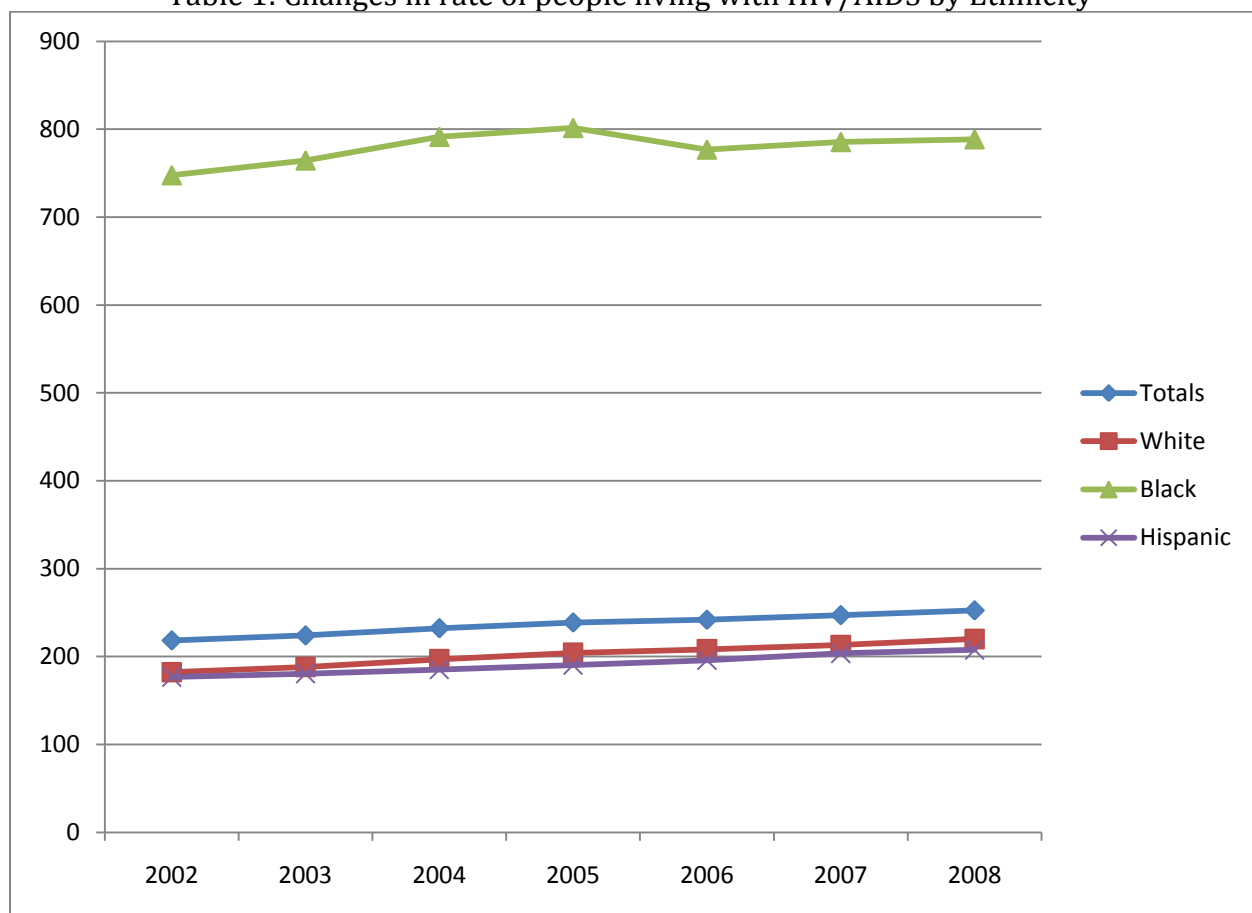
1. The demographics of the community, including the size, scope, and unique cultural differences of people living with HIV;
2. The biopsychosocial needs of the HIV/AIDS community, including:

- a. Individuals with HIV who are currently not engaged in services (out of care);
and,
 - b. Disparities among various subpopulations that are historically underserved.
- 3. The adequacy, appropriateness and satisfaction of current services from each of the populations described above; and,
 - 4. The barriers to care – both actual and perceived – which hinder a consumer from reaching services.

EPIDEMIOLOGICAL ASSESSMENT

In 2008, the Department of State Health services indicated that 4,293 people were living with HIV or AIDS in the Austin Transitional Grant Area (TGA). Over the last 6 years, the rate of people living with HIV or AIDS has increased from 218.3 per 100,000 to 252.6 per 100,000. The rate of Caucasians living with HIV/AIDS increased from 182.2 per 100,000 in 2002 to 220 per 100,000 in 2008. Men represent the majority (84%) of the HIV positive population in the Austin.

Table 1: Changes in rate of people living with HIV/AIDS by Ethnicity



The rate for African Americans increased also with a rate of 747.7 in 2002 to 788.6 in 2008. For Latinos, in 2002 the rate was 176.7 per 100,000 and in 2008 the rate was 207.6. Thus, increases in the number of people living with HIV are evident across ethnicity. What these numbers do not show is the disparities in the number of HIV positive African

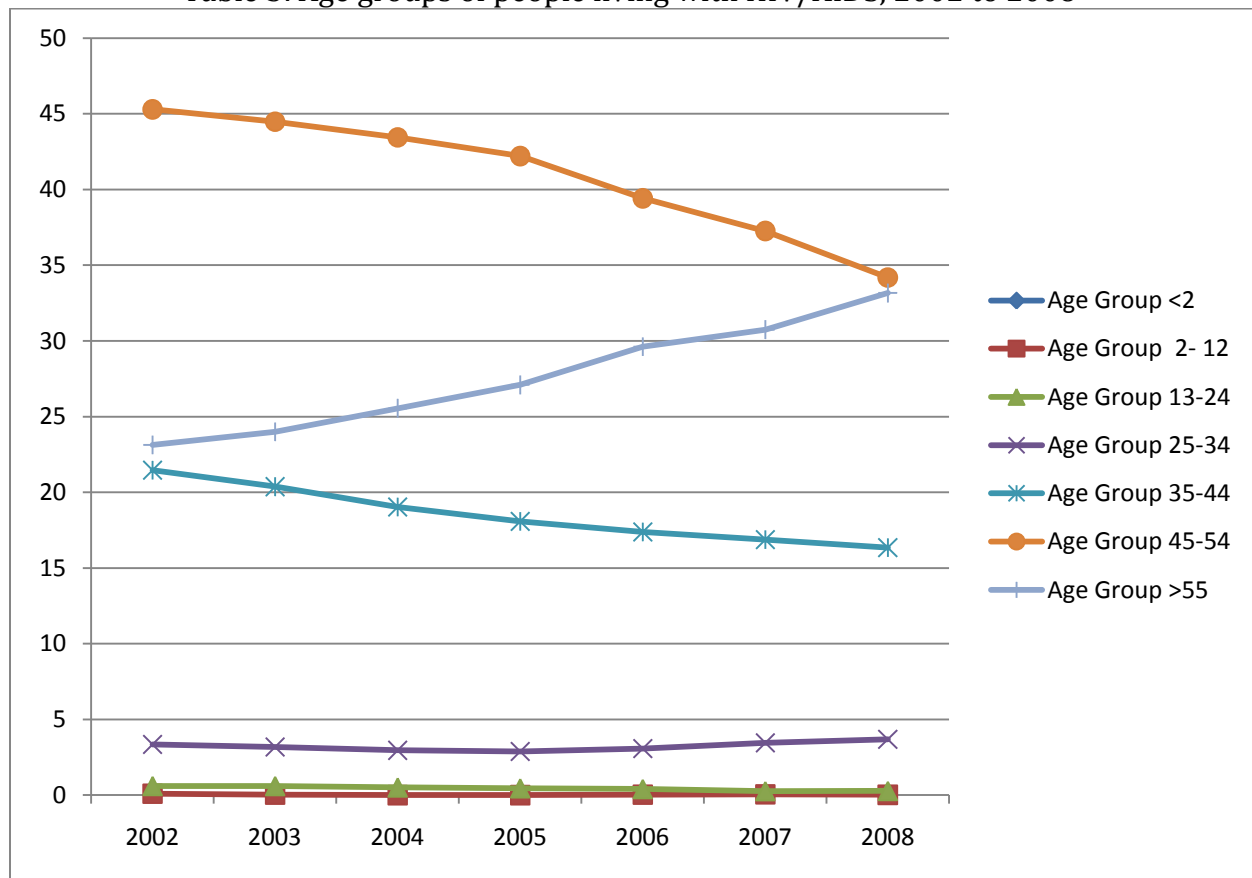
Americans in the Austin TGA. As Table 1 indicates, the percent of HIV positive African Americans in the Austin TGA is more than twice the percent of African Americans living in the Austin TGA.

Table 2: Percentage of African Americans in Austin TGA and HIV population

Ethnicity	Percent of Population in Austin TGA	Percent of HIV population
White	65.4	49.8
Black	10.0	23.7
Latino	30.9	25.2

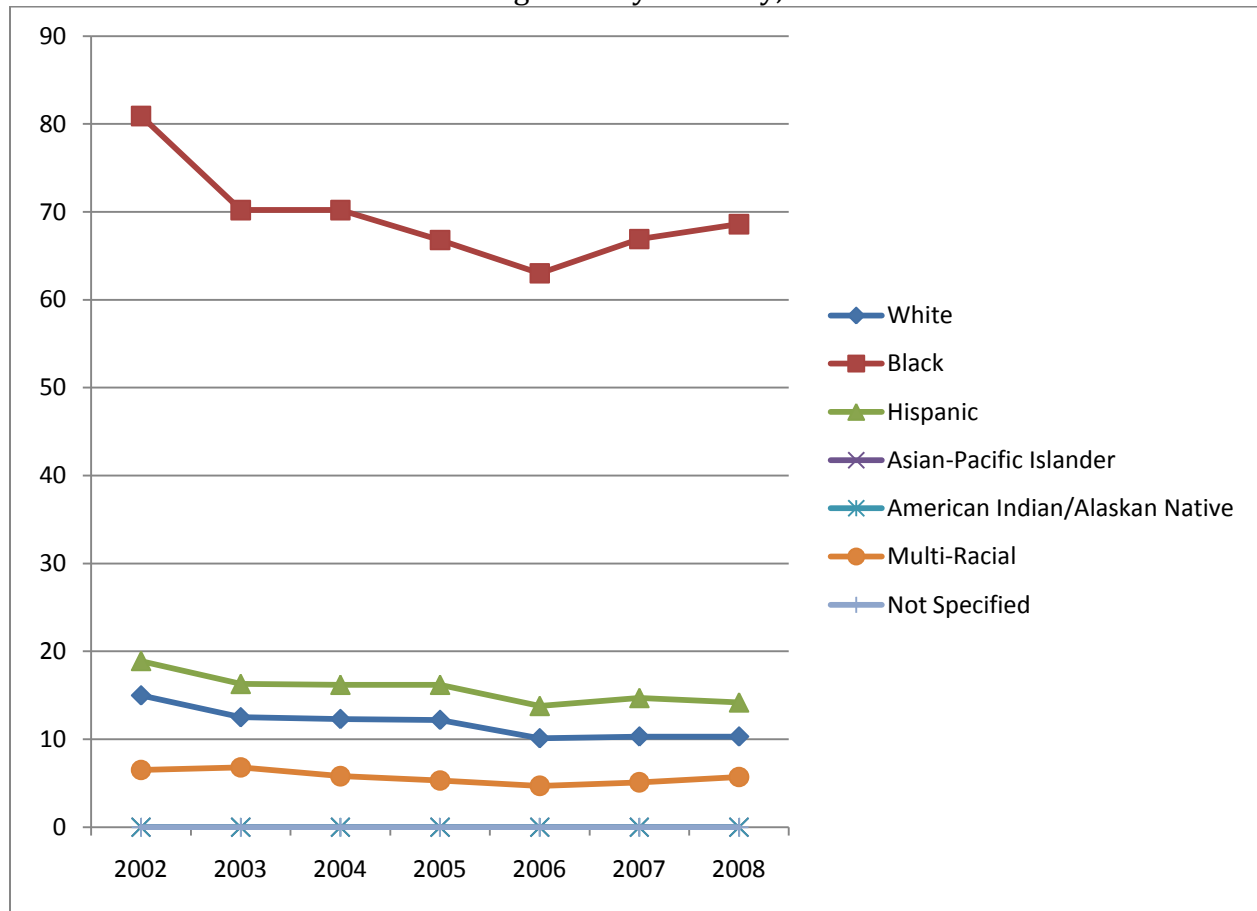
Table 3 suggests that Austin has a “graying” of the population of people living with HIV. Research suggests that as the number of people living with HIV age, they are confronted with diseases and conditions that affect non-HIV positive individuals as they age.

Table 3: Age groups of people living with HIV/AIDS, 2002 to 2008



Further understanding the barriers and needs to HIV services can help programs prepare for the changes that this population will contend with over time. Men who have sex with men represent that greatest number of people living with HIV/AIDS. The greater number of HIV positive MSM is not surprising considering that the number of HIV positive men is higher than the number of women.

Table 4: New diagnoses by ethnicity, 2002 to 2008



Similar to the racial disparities in the overall number of African Americans living with HIV/AIDS, the rate of African Americans with new diagnoses is well beyond the rate of new diagnoses for other ethnic groups. Table 4 graphs the changes in rate of new diagnoses from 2002 to 2008.

Select characteristics of people living with HIV/AIDS, 2002-2008															
		2002		2003		2004		2005		2006		2007		2008	
		#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
	Totals	3,131	218.3	3,308	224.0	3,515	232.3	3,739	238.8	3,940	241.9	4,147	247.2	4,361	252.6
Status															
	HIV	837	58.4	937	63.4	1069	70.7	1,203	76.8	1,356	84.3	1,530	91.2	1,716	99.4
	AIDS	2,294	159.9	2371	160.5	2446	161.7	2537	162	2,584	158.6	2,616	155.9	2,644	153.1
Sex															
	Male	2,606	357.6	2767	368.3	2944	381.9	3,139	393	3,313	398.2	3,492	406.8	3,670	414.5
	Female	525	74.4	541	74.6	571	76.9	600	78.2	600	78.7	654	79.8	689	81.9
Race/Ethnicity															
	White	1614	182.2	1697	188.1	1800	197	1,911	204.3	1,996	208.3	2,081	213.1	2,172	220
	Black	818	747.7	855	764.5	901	791.4	936	801.5	969	776.9	1,000	785.5	1,035	788.6
	Hispanic	673	176.7	726	180.6	781	185.2	849	190.2	929	195.7	1,017	203.6	1,099	207.6
	Other	26	44.7	30	49.2	33	51.8	42	62.6	46	64.8	48	64.4	53	67.4
Age Group															
	<2	3	6.6	1	2.2	0	0.0	0	0.0	1	2.0	2	4.0	1	2
	2- 12	19	8.7	20	8.9	18	7.9	17	7.2	16	6.6	11	4.4	12	4.8
	13-24	105	38.3	105	37.7	104	37.2	108	38.1	121	41.8	143	48.6	161	54.5
	25-34	672	268.8	674	261.9	669	254.1	676	249.6	685	243.3	700	242.6	713	243
	35-44	1418	598.4	1471	607.4	1527	617.4	1,578	616.7	1,553	583.7	1,545	567.7	1,491	517.9
	45-54	724	384.2	794	404.1	898	439.7	1,013	472.5	1,167	517.9	1,275	544.4	1,446	578.7
	>55	190	85.8	243	104.2	299	122.6	346	133.9	397	144.9	470	162.4	536	177.5
Mode of exposure															
	MSM	1804	57.6	1941	58.7	2092	59.5	2,263	60.6	2,419	61.4	2,584	62.3	2,748	63
	IDU	518	16.5	518	15.7	534	15.2	541	14.5	537	13.6	536	12.9	548	12.6
	MSM/IDU	347	11.1	356	10.8	362	10.3	366	9.8	368	9.3	368	8.9	371	8.5
	Hetero	423	13.5	453	13.7	487	13.9	525	14.1	574	14.6	613	14.8	646	14.8
	Perinatal	27	0.9	27	0.8	28	0.8	28	0.7	29	0.7	30	0.7	30	0.7
	Other	11	0.4	11	0.3	12	0.3	12	0.3	14	0.4	14	0.3	16	0.4

RESULTS

The results of the assessment of needs for the entire sample of people living with HIV or AIDS in the 5 county Austin Transitional Grant Area is complicated by the interconnectedness of the service categories; therefore the results require significant explanation. To facilitate presentation of the results, this section includes an initial overview of the results for the entire sample. The presentation of the results includes a discussion of the survey data, focus groups, and when relevant inclusion of the practitioner survey and service delivery system analysis.

Demographics: Total Sample

Gender	Frequency	Percent
Male	324	62 %
Female	175	33 %
Transgender (F to M)	4	0.7 %
Transgender (M to F)	23	4.3 %
Mode of exposure		
MSM	175	33.3%
Heterosexual contact	37	7%
Injection drug use	33	6.3%
Blood transfusion	18	3.4%
Unsure	15	2.9%
Pre-natal exposure	6	1.1%
Refused to answer		
Ethnicity		
Latino or Hispanic	166	30.3%
African American	208	38.0%
Asian	9	1.6%
Native American	15	2.7%
Caucasian	150	27.4%
Hawaiian/Pacific Islander	0	0.0%

In comparison to the population of people living with HIV/AIDS in the Austin TGA, the sample we selected for the survey accurately reflects the population and represents at least a 10% sampling of the population. Moreover, the ethnic breakdown of the sample reflects the population of people living with HIV in the Austin TGA as well as the ethnic disparities evident in the Austin TGA population.

Ranking of reported needs: Total Sample

Category	Ranking
Emergency financial assistance	1
Transportation	2
Housing services	3
Legal assistance	4
Food bank and home delivered meals	5
Oral health care	6
Mental health services	7
Home and community-based health services	8
Non-HIV medical care	9
Child care services, Substance Abuse Services Outpatient	10
Outpatient Ambulatory Medical Care, AIDS Pharmaceutical Assistance	11

Understanding the overall rank of reported needs requires some interpretation. The top five ranked needs reflect the changes in the overall economy and the problems that many people (with or without HIV) are contending with in the current economy. In Travis County in 2007, for example, the median rent was \$697 per month while a majority (53%) of the population sampled indicated an income in the range of \$5,001 - \$10,000. While the ongoing costs of renting an apartment is a considerable barrier, those participants that attempt to move to lower cost apartments (also known as chasing rents) face security deposits, criminal records, and poor credit histories as barriers to lower costs apartments. Focus group participants reported that many times they had to choose between cheaper apartments in less safe neighborhoods or dedicating money toward their ongoing medical care. In one focus group, the participants indicated that accessing emergency financial assistance to pay for utilities, security deposits, or car repairs, or food results is not as simple as they previously thought. According to this participant, once a person accesses emergency financial assistance, they are disqualified from using it in future emergencies. We didn't include measures of barriers to transportation or utility assistance. But some

participants in the focus groups included statements that suggest the qualifications for emergency assistance and the scope of case management responsibilities are a barrier to accessing these services.

Top reported barriers to housing

Security deposit	1
Criminal Record	2
Credit history	3

Many participants indicated the need for oral health care. This need was clarified during the focus groups in which participants reported that they did not know where to go for oral health care. When asked many participants indicated that they did not know if HIV-specific oral health services were available and, when prompted further did not know of Jack Sansing Dental clinic.

Respondents' requests for mental health services focused on the need for psychosocial group-level support provided by a mental health practitioner. In many of the focus groups, participants indicated the difficulties that they have in obtaining mental health care. The most reported barriers include the cost of co-pays and transportation. Some respondents indicated a low need for outpatient ambulatory medical care, AIDS Pharmaceutical Assistance, Home and community health services, and Non-HIV medical care. In the focus groups, this ranking was clarified in that many respondents discussed the availability of these services in the community and therefore not of primary concern.

In the sections that follow, each priority population and their needs are discussed in a similar manner as the entire sample population. Thus, the survey data is combined with analysis of the focus groups and the service systems analysis to draw a broad picture of HIV/AIDS services in the Austin TGA for a particular population.

Out of care: demographic description

	Frequency	Percent of OOC
Gender		
Male	63	60
Female	38	36.2
Transgender (M to F)	1	1.0
Did not answer	1	1.0
Ethnicity		
African American	41	39.0
Caucasian	38	36.2
Latino	19	18.1
Native American	5	4.8
Asian	2	1.9
HIV Status		
HIV+ asymptomatic	38	36.2
HIV+ symptomatic	31	29.5
Living with AIDS	29	27.6
Unsure	6	5.7
Exposure Category		
MSM	73	69.5
IDU	13	12.4
Sex with IDU	12	11.4
Blood Transfusion	9	8.6
Heterosexual contact	8	7.6
Prenatal	5	4.8

Reported needs: Out-of-care population

Category	Ranking
Psychosocial case management	1
Primary medical care	2
Oral Health care	3
HIV medication assistance	4
Mental health services	5
Transportation, Housing/shelter	6
Non-HIV medical care	7
Utility assistance	8
Substance abuse treatment, Legal assistance	9
Home delivered meals	10
Childcare, Home and community health services	11

The out-of-care population consists of individuals that have not attended HIV medical services in the last 6-12 months. Many of these individuals have used an HIV-related service in the past but are currently outside the service system. Many of these reported needing psychosocial case management both to enter into the HIV service system and stabilizing segments of their life that interfere with the complying with HIV services. That being said, case management can assist out-of-care individuals entered into the next three services that are identified needs - primary medical care, dental care, and HIV medication assistance.

Reported needs: African Americans

	Ranking
Mental health services, Transportation	1
Utility assistance	2
Oral health services	3
Housing	4
Legal assistance	5
AIDS Drug assistance program	6
Home and community health services, Psychosocial case management	7
Meals	8
Primary HIV medical care	9
Non-HIV medical care, Childcare	10
Substance abuse treatment	11

Reported needs: African American Men

	Ranking
Transportation	1
Utility assistance	2
Mental health services, Housing	3
Oral health services	4
Legal assistance	5
AIDS Drug assistance program	6
Home and community health services, Psychosocial case management	7
Meals, Psychiatric Care	8
Primary HIV medical care	9
Non-HIV medical care, Childcare	10
Substance abuse treatment	11

The needs of African American men are similar to the needs of African Americans in general. African American men identified transportation, utility assistance, housing services, mental health services, oral health care services, and legal assistance as the most needed HIV related services. Many African American men described needing general psychosocial support to assist them in stabilizing their lives so that they are then able to participate actively in HIV-related medical care.

Reported needs: African American women

	Ranking
Oral health care, Mental health services, Transportation, Utility assistance	1
AIDS drug assistance, Housing, Meals	2
Childcare, Legal assistance, Outpatient ambulatory Medical Care	3
Home healthcare, Case management, Drug treatment, Non-HIV medical care	4

African American women were very vocal about their needs in the focus group. When presented with the results, they indicated that they were not aware of the availability of oral health care services in the Austin TGA, which reflects the need as identified by the survey. Also, this group suggested the need for support groups that are facilitated by a mental health professional to help maintain the mutual support feature of the group. Regarding transportation and utility assistance, African American women discuss the complicated situation of the cost of living with HIV in Austin in that most of the women used their own vehicles to attend appointments, work, transport their children, and participate in many activities related to their HIV-status. Although their vehicles are important of their lives and support their on-going medical participation, the costs associated with upkeep and ongoing maintenance. At times, some women were able to tap into emergency funds to pay for a repair; however, this precluded them from being able to

access these funds at a later time. This posed the most difficulty for the women when faced with competing demands such as utility assistance, transportation, and co-pays for medical services.

Reported needs: Latinos

	Ranking
Utility assistance	1
Oral health care, Legal assistance	2
Housing	3
Meals	4
Transportation	5
AIDS Drug Assistance	6
Mental health care	7
Psychosocial Case management	8
Childcare, Non-HIV medical care	9
Home and community health services	10
Substance abuse treatment, Outpatient Ambulatory medical care	11

The needs of Latino/a people living with HIV/AIDS reflect those as endorsed by the African American sample of respondents. For example, utility assistance, oral healthcare, legal assistance, housing, meals, and transportation were service categories highly ranked by Latino respondents. As with many groups, medical care and access to medicine is currently a met need. Gender differences, however, change the ranking of needs and the next two tables detail what men versus women rank as a need.

Reported needs: Latino men

	Ranking
Utility assistance	1
Oral health services, Legal assistance,	2
Housing	3
Meals	4
AIDS Drug assistance program, Transportation	5
Non-HIV medical care, Home and community health services,	6
Primary HIV medical care, Mental health services, Psychosocial case management	7
Substance abuse treatment, Childcare, Psychiatric Care	8

Utility assistance was highly ranked need for Latino men. When the research team discussed this at the focus groups with Latino men, many of them indicated that they are grateful for whatever service they are receiving and would accept whatever is offered. Hence, any interpretation of the needs of Latinos should be conducted with caution.

Reported needs: Latina women

	Ranking
Oral health services	1
Mental health services, Transportation	2
Meals, Utility assistance, Housing, AIDS Drug assistance program	3
Legal assistance	4
Psychosocial case management	5
Substance abuse treatment	6
Home and community health services, Non-HIV medical care, Primary HIV medical care, Childcare	7

Similar to many of the population groups surveyed, Latina women were unaware of the availability of oral health services. Moreover, similar to the needs of African American women, Latinas suggested that a mutual support group facilitated by a mental health professional can assist them in adjusting to the pressures, HIV related stigma, and needs that they deal with on a daily basis. Transportation was also very difficult for many Latinas in that they depend on the public transit system to attend doctor's appointments, meet with other providers, access resources to meet their daily living needs.

Reported needs: Non-injection drug use

	Ranking
Psychosocial Case management	1
AIDS drug assistance	2
Outpatient Ambulatory medical care	3
Oral Health Services	4
Mental Health Services	5
Transportation	6
Housing	7
Utility assistance	8
Non-HIV medical care	9
Drug treatment	10

Legal assistance	11
Meals	12
Home healthcare	13
Childcare	14

Reported needs: Injection drug users

Category	Ranking
Psychosocial case management	1
AIDS drug assistance	2
Transportation	3
Oral health Services	4
Outpatient Ambulatory medical care, Housing/shelter	5
Substance abuse treatment, Mental health services	6
Non-HIV medical care	7
Utility assistance	8
Legal assistance	9
Home delivered meals	10
Childcare, Home healthcare	11

The focus group discussions aided in clarifying the results of the injection drug use and non-injection drug users needs; thus, they will be discussed together. For both groups, psychosocial case management was a highly endorsed need because, as focus group participants indicated, people that identified as either injection drug use or non-injection drug users need assistance in stabilizing themselves before they can become active participants in their own medical care. Thus, psychosocial case management was the top need. The next three needs reflect the emphasis on stabilization in that respondents can then begin to access other services including AIDS drug assistance, Outpatient Ambulatory Medical Care, or Oral health services. Following stabilization, it seems as though substance users can then focus on other barriers to stabilization including substance abuse, mental health services, and non-HIV related medical care.

Reported needs: White Men who have Sex Men

	Ranking
Oral health services	1
Medical case management	2

Outpatient Ambulatory Medical Care	3
AIDS Drug assistance programming	4
Mental Health Services	5
Non-HIV medical care	6
Housing	7
Transportation, Utility assistance	8
Legal assistance	9
Substance Abuse Treatment	10
Meals	11
Home and community health services	12
Childcare	13

Similar to many other groups, oral health services were a need but awareness of services may address the issue for many men. White men who have sex with men (WMSM) are the only priority population that identified medical case management as a need. For many of the men in this population, they identified needed assistance organizing many of the medical services they are currently undergoing. Thus, unlike other priority populations that sought out case management to assist in accessing social and medical services to stabilize themselves and their lives, white men who have sex with men are seeking medical case management as a means to assist in organizing the medical services they have already accessed. The next sets of services are related to the top need of medical case management in that WMSM need assistance with organizing appointments and services for AIDS-related pharmaceuticals, outpatient ambulatory medical care, and mental health services.

Reported needs: Men of color that have sex with men

	Ranking
Psychosocial case management	1
AIDS Drug assistance	2
Outpatient Ambulatory Medical Care	3
Oral Health Care	4
Housing	5
Mental health services, Transportation	6
Utility assistance	7
Legal assistance, Non-HIV medical care	8
Substance Abuse Treatment	9

Meals	10
Childcare	11
Home and community health services	11

Men of color who have sex with men (MCSM) reported needs to access and maintain themselves within the current HIV service system. Focus groups and survey results indicate that unlike their White counterparts, MCSM require greater assistance in address the racial and HIV-related stigmas they encounter inside and outside the HIV care system. Some participants in the MCSM focus groups reported feeling and witnesses differential treatment by providers when accessing HIV-related care in the Austin TGA. Thus, MCSM reported top needs that indicate a basic marginalization from the current HIV care system. The top needs include: Psychosocial case management, AIDS drug assistance, Outpatient Ambulatory Medical Care, Oral Health care. Unlike other populations, MCSM did not feel that their medical care is currently being met and hence not a met need.

Reported needs: Youth

Category	Ranking
Psychosocial case management	1
Oral health services	2
Outpatient Ambulatory Medical Care	3
AIDS Drug assistance programming, Transportation	4
Mental health services	5
Housing/shelter	6
Utility assistance	7
Non-HIV medical care	8
Substance Abuse treatment	9
Legal assistance	10
Home delivered meals, Home and community health services, Childcare	11

Youth reported needing psychosocial case management services that understand the barriers specific to being a youth living with HIV. From an analysis of the youth focus group and survey responses, youth indicated that psychosocial case managers can be useful in helping youth both access HIV related medical services but more importantly navigate

the transition from young adulthood to adulthood. Youth indicated that the transition includes psychosocial problems specific to HIV-positive populations and those general to transitioning youth. Many youth were not familiar with the current services available in the Austin area and were not able easily access currently available services. Incidentally, many youth identified needing assistance discussing HIV-related information with their families, friends, and other people. Lesser needed services reflects the difference from other populations in that the youth that completed the survey and participated in focus groups identified as asymptomatic and living with HIV.

Reported needs: Recently Released Offenders

	Ranking
Transportation	1
Utility assistance	2
Housing/Shelter	3
Oral health services	4
Legal assistance	5
Counseling	6
Home delivery/Food bank	7
Home and community health services, AIDS drug assistance, Psychosocial Case management	8
Mental health services	9
Non-HIV medical care, Substance Abuse treatment, Outpatient ambulatory Medical care, Childcare	10

Recently released offenders identified services that are reflective of their recently released status more so than their HIV-positive status in that many offenders indicated needing services to stabilize their lives while facing barriers endorsed by the entire population of people living with HIV. Transportation, utility assistance, and housing were basic needs in that the entire survey sample encountered as significant problems in their lives. Similar to many survey respondents, many recently released offenders were unaware of the availability of oral health services. Following oral health services, many recently

released offenders reported needing legal services. Focus group participants indicated that legal services are needed to help participants navigate housing barriers and contending with criminal justice obstacles. Incidentally, many recently released offenders were not provided with transitional services to assist them in accessing HIV-medical and social services, obtain prescriptions, and enter into case management.

Reported needs: Rural Populations

	Ranking
Transportation	1
Utility assistance, Housing, Legal assistance	2
Oral health care	3
Mental health services, AIDS drug assistance	4
Home and community health services, Meals, Non-HIV medical care, Substance Abuse treatment	5
Outpatient Ambulatory medical care, Psychosocial and Medical case management, Childcare	6

Many people in the rural segment of the survey indicated transportation as a significant need and barrier to accessing services. Similar to the responses of African American women, rural populations that were able to use public transportation or have access to their own vehicles faced additional barriers to service. Moreover, similar to many of the other priority populations, housing, utilities, mental health services, and drug assistance were important needs.

OTHER POTENTIAL IMPACTS OF ACCESS OR RECEIVING HIV-RELATED SERVICES

Substance abuse

Although a number of people did not indicate that they are substance abusers, almost half scored in the range that qualifies for substance abuse and a quarter scored in the substance dependent range.

Categories	Percent	Cumulative Percent
Normal	38.8	56.7
Drug problem	18.7	84.0
Severe Problem	11.0	100.0

Social support

Lower scores on the multidimensional scale of perceived social support indicates that many respondents indicated low levels of social support.

	Mean	Standard deviation
Social Support General	41.19	15.9
Significant Other Support	19.37	7.7
Family Support	4.26	1.9
Friend Support	17.23	7.9

Insurance coverage

Provider	Frequency	Percentage
Medicaid	107	29.08
SPAP	11	2.99
Medicare Part B	77	20.92
Medicare Part D	56	15.22
Private Health Insurance	25	6.79
Tri-Care	1	0.27
Emergency funds	14	3.80
County medical services	36	9.78
Private Pay	5	1.36
Indian health service	2	0.54
Unable to pay	34	9.24

Totals	368
PCT of insured	75.27

RECOMMENDATIONS AND HIV SERVICE PLAN

As evident in the needs assessment, people living with HIV require different types of services in order to adhere to their difficult and complex medical regiment. Therefore, a multi-tier service plan can best meet the needs of many populations while also attending to the requirements set out by the Health Resources Services Administration.

Tier 1: HIV services in the Austin TGA are provided in a context embedded with high levels of stigma against people living with HIV.

In many rural areas of the TGA, survey respondents reported living with family or friends who were unaware of their HIV status. In many cases, these respondents feared that family and/or friends would discover that the respondent had HIV. Stigma has significant implications for not only HIV service provision but also individual health (Sayles, Wong, Kinsler, Martins, and Cunningham, 2009). In other counties and cities, widespread social marketing campaigns have been effective in reducing HIV-related stigma (Rimal & Creel, 2008). In 2009, SUMA/Orchard Social Marketing conducting a formative study of the “Promoting HIV Prevention, Testing, and Care in Austin Travis County: Social Marketing Campaign.” Given that this report appears to focus on the testing aspects of HIV services, there are some findings that are relevant to HIV services to people living with HIV. HIV-related “gatekeepers,” the report indicates, are suggesting that the Austin TGA needs “more visibility and public messaging about HIV by the Health Department,” “radio, advertising, public access TV,” and “Name/face recognition with staff from AIDS service organizations” (p. 25). While these findings are certainly relevant to HIV prevention services including testing, increased marketing of HIV services can also have a significant and positive impact on HIV-related stigma (Thornicroft, Brohan, Kassam, & Lewis-Holmes, 2008). The social marketing campaign can have tracks that highlight stigma and the “face

of HIV” in the Austin TGA. These tracks can target the priority populations with a special emphasis on the health disparities existent among the African American population living in the Austin TGA. Including stigma and health disparities in the social marketing campaign can aid the HIV planning council achieve its mandate to develop strategies that “focus on reducing barriers to routine testing and disparities in access to services for minorities and underserved communities” (Ryan White Legislation, 2009).

Tier 2: A dual-track case management system should be instituted in the Austin TGA.

A dual track case management system in which potential clients are assessed and then recommended for either medical case management or psychosocial case management is recommended to meet the diverse needs the HIV positive population. In this dual track system, both psychosocial and medical case management provide a range of client-centered services including an initial assessment of needs and resources, the development of individualized case management plans designed to use available resources to meet the client’s medical and psychosocial needs, coordination of resources to meet client needs, monitoring of case management plan and progress towards goals, and periodic re-evaluation of case management plan. What distinguishes psychosocial from medical case management is the immediate focus in that under medical case management the initial and long-term goal is access to and stabilization in health care. Thus, the case management plan is focused on health care services, while a psychosocial case management is broader and focuses on accessing and coordinating ancillary services to stabilize an individual’s life (Lo, McGovern, & Bradford, 2002; Wilcox Consulting, 2006). Findings from the needs assessment indicate that prior to actively engaging in medical treatment, some people living with HIV require assistance stabilizing their lives. Injection drug users, individuals

currently out of care, non-injection drug users, men of color who have sex with men, and youth ranked psychosocial case management as one of their top three needs. Conversely, white men who have sex with men ranked medical case management as prominent need. A 2006 assessment of case management services in the Austin TGA indicated that both psychosocial and medical case management will be beneficial to HIV positive individuals (Wilcox Consulting, 2006), which reflects the recommendation drawn from this needs assessment. Hence, it is strongly recommended that the Austin TGA move toward a dual track (i.e., psychosocial and medical) case management system. Reiterating some of Wilcox Consulting recommendations regarding case management in the Austin TGA, the following recommendations are included for the dual track case management system.

1. Implement a system-wide screening that determines the appropriateness of medical or psychosocial case management services for clients.
2. Develop system-wide case management eligibility criteria for both psychosocial and medical case management.
3. Determine the number of clients that would qualify for psychosocial case management compared to medical case management to determine if the resources are available to meet the identified needs.

Tier 3: Develop programming or initiatives to address the racial disparities in HIV among the African American Population.

METHODS

The evaluation method used is a concurrent mixed methods design in which we employ the strengths of both quantitative and qualitative research methodology to assess the Austin TGA (Onwuegbuzie & Teddlie, 2003). Although we present the quantitative and qualitative data collection and analysis separately, we collected the data simultaneously, integrated the analysis, and used the findings to formulate cross-cutting conclusions and population specific results.

Survey

The research team collected survey questions from HIV planning council studies conducted in major metropolitan areas across the United States. Questions selected enabled us to assess the 29 HRSA categories: Outpatient/ambulatory health services, AIDS drug assistance program (ADAP) treatments, AIDS pharmaceutical assistance (local), oral health care, early intervention services, health insurance premium & cost sharing assistance, home healthcare, home and community-based health services, hospice services, mental health services, medical nutrition therapy, medical case management (including Treatment Adherence), substance abuse services–outpatient, case management (non-Medical), child care services, emergency financial assistance, food bank/home-delivered meals, health education/risk reduction, housing services, legal services, linguistics services, medical transportation services, outreach services, psychosocial support services, referral for health care/supportive services, rehabilitation services, respite care, and treatment adherence counseling. The survey tool focused on understanding barriers and service gaps that HIV positive people faced when accessing primary medical care and appropriate ancillary services. In addition to those identified by the research team, epidemiological data were collected from established Department of State Health Services reports and

analyzed as part of the comprehensive needs assessment. Over 500 PLWHA in the TGA completed the survey of their needs and return it to the research team.

Focus Groups

The research team also conducted focus groups with each of the priority population. Clients were recruited by flyers, as described earlier. Clients interested in participating called the research team and were screened using the screening criteria for the survey. Those individual's that qualified for the focus group were given information about the time and place for the focus groups. Focus group date and times were kept confidential and groups included between 8 and 12 participants. At least 10 focus groups were conducted.

Data Analysis

In this section, we outline the data analysis procedures for both the qualitative and quantitative data and the ways in which these methods were "mixed" to determine the overall needs assessment findings. Researchers' conducting a mixed methods needs assessment must address questions about the legitimacy (i.e., validity) of research findings as well as the representation (i.e., generalizability) of those findings to the larger population under investigation (Onwuegbuzie & Teddlie, 2003). Our data collection plan addressed the representation of all priority populations as well as the overall population of people living with HIV or AIDS in Austin. This data analysis plan describes the methods we will use to ensure that the findings are legitimate considering the various sources of data collected.

As previously stated, the purpose of this needs assessment was threefold: (1) to determine the service needs of people, in the Austin-area, living with HIV /AIDS; (2) to compare and contrast the service needs of HSRA's priority populations compared to other

populations of people living with HIV/AIDS; and (3) to evaluate the co-morbid conditions that people living with HIV/AIDS face in their daily lives. These goals necessitate the integration of qualitative and quantitative data to formulate a comprehensive understanding of the service environment for, and needs of, people living with HIV/AIDS.

To analyze the data, a concurrent mixed methods design was employed (Onwuegbuzie & Teddlie, 2003). In this type of design, the qualitative and quantitative data were used to complement one another and to illustrate the different needs of people living with HIV/AIDS. Service usage data from the client survey, provider survey were analyzed both quantitatively in the form of descriptive statistics and discrepancy analysis. Descriptive statistics were calculated to depict the population of clients that completed the survey and their demographic backgrounds. The results of this analysis were then compared and contrasted with epidemiologic data to verify that the sample reflected the general population of people living with HIV/AIDS in the Austin TGA.

The second analysis involved examining the survey data to rank the needs as identified by survey respondents. Research shows that direct questions about needs does not effectively answer the question “what do people need,” because respondents are subject to immediate factors (i.e., recent problems accessing services) and may identify a service as needed when it is already received by providers in the community. Moreover, the scarcity of resources available to people living with HIV/AIDS in the Austin TGA warranted a respondent-driven prioritization of service needs to guide the HPC in their planning. Discrepancy analysis is a widely accepted technique to rank order service needs (Lee, Altschuld, & White, 2007). To conduct this analysis, the scores from the “services used question” were converted into an ordinal-level variable. Next, to determine the most

important to least important needs the allocation question was also converted into an ordinal level variable. A discrepancy score was then calculated by subtracting the services used from the allocation ranking for each participant. Next, a mean discrepancy score was calculated for each participant by multiplying each participant's discrepancy score by the mean importance score for each category. Finally, we calculated a mean discrepancy score for each service category by dividing the sum of the weighted discrepancy scores by the number of observations for the service category. Each service category was then rank ordered using the mean weighted discrepancy score. Finally, the rank order was produced with significant attention to reliability and validity because of the analytic procedures (Lee, Altschuld, & White, 2007).

Additionally, the focus group data was analyzed qualitatively in the form of thematic analysis and then correlated with the quantitative results to confirm or refute the findings across all types of respondents (Onwuegbuzie & Teddlie, 2003). After calculating descriptive statistics, the survey data was correlated with the qualitative themes drawn from the focus groups and interviews. This correlation identified areas of agreement and areas of disagreement across respondents.

Several techniques that were helpful in establishing the reliability and validity of qualitative data. The techniques included examining participant responses to different forms of the same question, using several different instruments, applying consistent analytic methods for qualitative and quantitative data, establishing prolonged engagement by having researchers consistently present and available throughout the process, using triangulation via various researchers to observe process, and using negative case analysis

whenever outliers or unusual feedback was given (Franklin & Ballan, 2001). Consistent methods were employed to analyze each focus group and interview.

Procedure for the Recruitment of People Living with HIV/AIDS –

The inclusion criteria for the needs assessment were broad because of the nature of the needs assessment. Therefore, the criteria included (1) People living with HIV or AIDS; (2) currently residing in one of the five target counties; (3) at least 18 years of age; and, (4) willing to consent to participate in the assessment. People living with HIV or AIDS outside of the Austin area, unwilling to provide consent to participate, or those unsure of their HIV status, were excluded from the needs assessment.

Participants were recruited through flyers and advertisements in the community as well as through information sessions conducted in community settings. Moreover, the research team announced the needs assessment project to local organizations that provide medical and social services to PLWHA in Travis, Williamson, Hays, Caldwell, and Bastrop counties. Potential participants were not asked to give their identifying information, instead research staff arranged to meet the potential respondent at a mutually convenient location.

For harder to research groups (i.e., out of care population), researchers around the country have outlined strategies that are effective and can be replicated given our particular challenges here in Austin. Network sampling methods reached many individual's included in this population. Hence, we engaged a network sampling by strata methodology for PLWHA that were not connected with HIV service organizations. Finders were also paid nominal fee (\$20 HEB gift card) for assisting us in our project. The client that completed

the assessment received the standard honorarium. Referrals for the needs assessment were taken through the research phone number.

Procedure for obtaining Consent

A consent form was used for both the survey and focus groups. A research team member explained the goals and objectives of the project in the language of their choice (English or Spanish) as well as what was being asked of them and the voluntary nature of their participation. Research staff then asked if the participant would like to complete the needs assessment. If the participant agreed, then the research staff supplied the participant with the appropriate information and materials. Participants kept a copy of the consent.

Research Protocol

Participants recruited for this assessment were asked to complete an instrument that asks about their needs and/or participate in a focus group. The participants were offered the opportunity to complete their assessment on their own or with the assistance of research staff. Participants completed their assessment at an organization of their choice, at home, or, if the participant requests, the assessment was completed at a mutually convenient and private location.

Privacy and Confidentiality of Participants

No identifying information was gathered in the focus group or survey. The University of Texas Institutional Review Board granted a waiver of documentation of consent because a signed consent form would have been the only item linking a particular person to the research study. Because no identifying information was gathered and the interactions with research staff were designed to limit the interactions between

participants and research staff, we believe that these procedures ensured that the participants' information remained confidential.

Benefits to Participation

Survey Participants - Participants will receive a \$20 HEB gift card incentive after they return the assessment to the agency as a thank you for their participation. The amount of this incentive is in line with many other studies of similar magnitude. In addition, survey participants who are able to recruit other participants who are out of care will be given a \$20 HEB gift card as a "finder's fee" incentive. *Focus Group Participants* - Participants will receive a \$20 HEB gift card incentive after completion of the 60 to 90 minute focus group. Lunch will also be provided to those who participate.

RESOURCE INVENTORY

Core Services

Addiction and Psychotherapy Services	Outpatient facility offering services in methadone and suboxone maintenance; rapid or 6-month withdrawal; case management, psychological/psychiatric, and rehabilitative services.
AIDS Services of Austin: Jack Sansing Dental Clinic	Provides primary dental and oral medical care only for people with HIV/AIDS.
AIDS Services of Austin (ASA)	Testing, prevention, case management, emergency financial assistance, legal assistance, food bank, primary dental and oral medical care to HIV+ individuals.
Aseracare Hospice	Home health care.
Assistive and Rehabilitative Services	Assistance for individuals and families with children who have development delays.
Austin Family Institute	Outpatient interdisciplinary mental health therapy.
Austin Infectious Disease Consultants	Private practice group physicians providing outpatient ambulatory medical care; outpatient infusion therapy; hospital consultation and inpatient care; immunizations for travel abroad; support groups for HIV+ minority communities of color and their families; substance abuse support; bilingual health education, workshops, and presentations.
Austin Recovery	Residential and outpatient drug treatment provider and medical detoxification.
Austin State Hospital	In-patient psychiatric services.
Austin Travis County Mental Health Mental Retardation (MHMR): Methadone Maintenance Treatment Program	Methadone treatment; individual and group counseling; psychiatric/medical assessment and treatment; education and orientation for Narcotics Anonymous, HIV infections, and Hepatitis C testing.
Austin Travis County Health & Human Services Department: Medical Assistance Program (MAP)	Provides access to healthcare through networks of established providers.
Austin Travis County MHMR CARE (Community AIDS Resources & Education) Program	HIV antibody counseling and testing, HOPWA (Housing Opportunities for Persons With AIDS), case management, street outreach, referral and assistance to addiction treatment services, mental health case management.
Austin Travis County: Health & Human Services Sexually Transmitted Disease Clinic	Tests, treats, and counsels individuals for sexually transmitted diseases, including HIV.
Austin Travis County: Mental Health Mental Retardation (MHMR) C.A.R.E. Program	HIV and crack cocaine intervention; HIV outreach services targeting substance abusers (IDU and other drug users); HIV early intervention

	services.
Austin Travis County: Journey Outpatient	Substance abuse treatment services
Austin Veteran Outpatient Clinic Central Texas Veterans Health Care System	Medical, mental, and specialty healthcare services.
Austin/Travis County Health & Human Services: HIV Services Program	Prevention Counseling and Partner Elicitation (PCPE): prevention counseling and testing services to interested and targeted individuals. PCPE identifies those individuals infected with HIV; HIV Community Outreach, education, and case management.
Blackstock Family Clinic Seton	Community health clinic emphasizing family practice and HIV/AIDS medical treatment.
Capital Area Mental Health Center	Counseling and mental health services.
Central Texas Medical Center	Full service hospital; 24-hour emergency care, minor care; in-patient & out-patient care.
City of Austin Health Department	Health services for the community provided in several locales.
City of Austin: Rosewood Zaragosa Primary Care	Government assistance programs; primary care, pediatrics; nutrition counseling; internal medicine; case management.
Community Action Inc. Of Hays, Caldwell And Blanco Counties - Community Health Services - Primary Health Care Program	Basic medical care, dental services, health education; Blood pressure and blood sugar monitoring, prescriptions.
Community Action Inc. Of Hays, Caldwell And Blanco Counties United Way Prescription Program	Prescription assistance.
Community Action of Hays, Caldwell and Blanco Counties: Rural AIDS Services Program	Case management for HIV+ individuals; linkage with physicians, dentists, clinics, and social service providers; transportation to medical appointments; financial assistance.
Community Action, Inc. of Hays, Caldwell and Blanco Counties: Family Planning Clinic	Primary healthcare; financial assistance; prescription; limited dental services; case management for HIV+ and AIDS diagnosed individuals; community education; HIV counseling and testing; breast and cervical cancer screening.
Community Aids Resource & Education	HIV/AIDS testing, early intervention services.
CTMC Hospice (San Marcos)	Care and support to the terminally ill and their families.
David Powell Clinic	Primary medical care services, 24-hour medical triage, medical case management, nutrition assessment and counseling, pharmacy services, individual counseling, health education, referrals

Dell Children's Medical Center of Central Texas	Provides a wide range of services for children from birth to teenage years
Faith Home	Residential care and emergency care for infants and teens with HIV/AIDS, or their parents. Specialized in the care of medically fragile child.
Georgetown Community Clinic	Adult Primary Care, Mental Health, Family Planning, Women's Health
Georgetown Dental Clinic	General dentistry for adults and children.
Georgetown Pediatric Center	Pediatric primary care.
Gilead Healthcare, Inc.	Home healthcare services.
Girling Health Care	Personal care services, sitters, attendants, skilled services for nursing, physical therapy, occupational therapy, speech therapy, medical social services.
Hays County Health Department	Medically necessary provision of services.
Hays County Personal Health Department	Primary health care, women's health, child immunizations, and indigent health care services.
Hays-Caldwell Council On Alcohol & Drug Abuse	Individual, family and group counseling
Highland Lakes Family Crisis Center, Inc.	Legal advocacy, court accompaniment, counseling (individual and group) for children and adults, food, clothing, and personal items, safe shelter and housing assistance, outreach counseling, food bank
Home Health of Central Texas	Skilled nursing to provide assessments and evaluations of patient's medical condition; provide professional care and education.
Hospice Austin Outpatient Services	Provides hospice care for patients, and their families, living with a terminal illness with a life expectancy of six months or less. Care is provided in the home, hospital, nursing home, or assisted living facility. Services address the medical, emotional and spiritual needs of the patient and family, and include counseling, nursing, home health aides, pain medicine, medical supplies, and equipment. Also connects families with community resources, such as home health agencies.
Hospice Austin Christopher's House	Provides acute care, inpatient hospice services for short-term symptom management. Services address the medical, emotional and spiritual needs of the patient and family. Services include counseling, nursing, home health aides. Pain medicine, medical supplies, and equipment.
Hospice of Central Texas San Marcos, TX	Hospice care focuses on the relief of physical pain and symptoms; grief support and bereavement counseling;
Huston-Tillotson University Health Clinic	Primary medical services include immunizations, glucose testing, urinalysis, over-the-counter medications, drug testing; HIV counseling and testing, First Aid/CPR, ear irrigations, vision screening, and health related programming.
Indigent Health Care, Bastrop County	Indigent primary care services
Indigent Health Care, Caldwell County	Indigent primary care services
Life Steps Williamson Council on Alcohol and Drugs	Provides screening for chemical dependency, short-term motivational

	counseling and referrals to an appropriate facility; Outreach efforts include presentations to community groups.
Life Works	Free anonymous HIV testing, prevention counseling, individual ongoing counseling, health education, case management, STD clinical services, TB testing and treatment, pharmacy, prescription assistance, immunizations, substance abuse intervention, food pantry, nutrition services, transportation, emergency financial assistance, clothing, family planning.
Lockhart Family Medicine	Family medicine clinic, medical care.
Lone Star Circle Of Care	Health clinics for the underinsured and uninsured.
Lone Star Hospice	Provides care in the person's place of residence (home, nursing home). Staff provided and includes nurses, home health aide, social worker, chaplain, and volunteers.
Manos de Cristo	Dental clinic; English as a Second Language (ESL) classes; Clothes Corner; Food Pantry; citizenship classes; Computer & GED classes
North Austin Medical Center St. David's	Primary healthcare in hospital setting.
Peoples Community Clinic	Anonymous HIV testing; early medical and baseline assessment of health status; psychological, social, and nutrition needs assessment; information and referral; assistance in finding a medical home for HIV+ persons; support group for HIV+ women; health education and community presentations.
Planned Parenthood of the Texas Capital Region	Healthcare services, education, online health services, mobile clinics to reach underserved.
Project Access	Physician care, hospital care, diagnostic services and medication assistance for low-income individuals and families.
Project Transitions: Doug's House Residential Hospice & Supportive Care	Residential hospice and supportive care facility for persons living with HIV/AIDS. Services provided are palliative, including nursing, physical support, meals, emotional and spiritual support, medication and pain management. Supportive care is short term and provided when hospice beds are not full.
Push-Up Foundation Men's Treatment Program	Residential and outpatient programs for adult men; faith-based family support program and aftercare.
Push-Up Foundation Women's Treatment Program	Substance abuse treatment services.
Round Rock Medical Center St. David's	Outpatient and inpatient services, Emergency Services
Rural AIDS Services Program	HIV/AIDS education, HIV testing & counseling, outreach, case management, transportation, financial assistance.
Salvation Army Homeless Health Clinic Austin/Travis County Health & Human Services	Confidential HIV pre- and post-test counseling; HIV screening; TB screening; immunizations and primary health care services.
Samaritan Health Ministries	Urgent and chronic healthcare; medical, dental, mental health, and pharmaceutical services.

Seton Edgar B. Davis Hospital	24-hour emergency center, diagnostic & treatment services, health education & wellness programs.
Seton Healthcare: Cedar Park	Ambulatory Care Center.
Seton Healthcare: Highland Lakes	24 hour emergency care; outpatient chemotherapy; mammography, ultrasound, and general medical/surgical services; social service case management; emergency medical services; home-based hospice care; pharmaceuticals.
Seton Lockhart Specialty Clinic	Cardiology, oncology, general surgery, nephrology, podiatry, dermatology, urology, and orthopedic care.
Seton Medical Center	Comprehensive diagnostic and treatment for inpatient and outpatient services.
Seton Shoal Creek Hospital	Behavioral health services; intensive medical and psychiatric stabilization for patients dealing with issues such as emotional crisis, depression and drug and alcohol dependence; services include inpatient, intensive outpatient and day hospital programs.
Seton Southwest Hospital	Acute Care Hospital, inpatient/outpatient care.
Seton: Northwest	Full service hospital; 24-hour emergency services; social service & medical case management.
South Austin Hospital	Full service private hospital.
St. David's	
St. David's Medical Center/ St. David's Healthcare	Full-service medical care facility with special focus on neuroscience and women's health.
St. David's Rehabilitation Center/ St. David's Healthcare	Rehabilitation Hospital
St. Edward's University Health Clinic	Treatment of minor and acute illnesses and injuries.
Texas State University Health Education Resource Center	Student Health Center; medical care and information; medication, lab tests, referrals.
Thurmond Heights Wellness Center	Health clinic located in the Thurmond Heights community.
University Medical Center at Brackenridge	Acute care hospital and outpatient facility.
University of Texas Student Health Center	Anonymous HIV antibody testing; professional and peer facilitated educational programs. Printed AV resources; medical care.
Volunteer Healthcare Clinic	Non-emergency medical treatment for low income children and adults.
Waterloo Counseling Center	Psychotherapy for HIV+ persons, couples, and families; HIV therapy group directed towards HIV+ clients.
Williamson County Council on Alcohol and Drug Abuse	Screenings, assessments, educational classes, referrals; individual, group, and family counseling.
Williamson County and Cities Health District	Education, testing, and counseling for HIV; medical case management.

SUPPORT SERVICES

Abiding Love Food Pantry	Food pantry.
Abundant Life Network	Job training; job preparation; assistance with job placement.
Advocacy Outreach	Legal services, education programs, clothing and shelter assistance.
Advocacy, Inc.	Assists disabled individuals in: Community Integration; Protection & Civil Rights; Health Care; Housing; Employment; Access; Transportation (HEAT); and Education.
ALLGO (Austin Latino Lesbian Gay Organization)	Case management; assistance in locating and accessing medical care; rental and utilities assistance; counseling; and HIV/AIDS information.
American Cancer Society	Health Education, housing
American Red Cross of Central Texas	Wide range of culturally-specific education programs; HIV/AIDS workplace and employee impact programs; HIV prevention.
Any Baby Can Child and Family Resource Center	Support for families caring for a child with special needs, including chronic illnesses; therapies and support for children with or at-risk for developmental delays; prenatal education to at-risk pregnant women; childbirth, parenting, and literacy programs; parenting classes in English & Spanish.
ARC of the Capital Area	Academic coaching; basic needs and crisis assistance; case management; community living and assistance and support; family and caregiver support; guardianship services; parent mentoring; juvenile justice; respite care.
Austin Academy for Individual and Relationship Therapy	Counseling services.
Austin Area Interreligious	Collaborative group of churches and faith-based organizations providing housing, food, refugee, and community building services.
Austin Outreach and Community Service Center, Inc.	Outreach (street and door to door) services based primarily in Central and East Austin communities; small group presentations and behavioral support groups; HIV/AIDS and STD prevention and education programs for high risk individuals, with a focus on African-Americans; anonymous and confidential testing and counseling referrals; literature and condom distribution; social service and community organization referral.
Austin Project	Youth & Family Assessment Center; academic improvement and early literacy programs.
Bannockburn Baptist Church	Food pantry.

Bastrop County Emergency Food Pantry & Support Center	Food crisis services, including monthly supplement to seniors age 60 or older, and residents with AIDS or mental and/or physical disabilities; educational workshops and health services; transportation services for senior citizens and handicapped persons.
Bisexual Network of Austin	Provides education and information for individuals seeking answers about sexual orientation.
Black Faith-based Health Initiative (BFHI)	Information and education resource for area churches; HIV testing and referrals.
Blackland Clinic	Social services for low and moderate-income families in need.
Capital Area AIDS Legal Project	Provides legal services.
Capital Area Homeless Alliance	Basic day-to-day needs for area homeless population, including hygiene, meals, and information-sharing.
Care Communities (Interfaith Care Alliance)	Provides Care Team services to those suffering from cancer and AIDS: Transportation, Care Team, meal preparation, housework, groceries, funeral cost assistance, pastoral counseling or support, and companionship.
Caritas of Austin	Social Services: Emergency assistance with rent and utilities, case management services for homeless single adults.
CASA of Travis County	Provides guardian ad litem representation for abused and neglected children.
Catholic Charities Of Central Texas	Financial assistance, case management.
City of Austin Housing Authority	Low income housing opportunities for citizens.
Community Action of Hays, Caldwell and Blanco Counties: HIV/AIDS Education Program	Educational programs AIDS available to increase awareness about HIV and to reduce behaviors that might expose individuals to or transmit HIV or AIDS.
Community Action, Inc., Of Hays, Caldwell And Blanco Counties - Comprehensive Energy Assistance Program	Utility payment assistance.
Dave Martin	Individual providing information, education, and personal testimony to help persons living with HIV/AIDS and the general public understand and cope with the epidemic.
El Buen Samaritano Family Health Center	Assists working poor, Spanish-speaking families to secure a productive and meaningful place in the community; Emergency food and clothing; Healthcare; Basic Education; Community responsibility training.
Family Connections	Parent education and childcare resource.
Family Crisis Center	24 hour hotline, crisis intervention and support, emergency support, advocacy, individual and group counseling, school-based children's

	programs for prevention, information and referral, thrift store, small food pantry, shelter, hospital and court accompaniment, violence intervention program.
Family Life Center	Free breakfast program.
Foundation for the Homeless	Day resource center, meals, shelter; assistance with basic needs.
Front Steps	Educational workshops for the homeless and those at risk; day shelter for homeless men and women; overnight shelter for homeless single men; case management; meals provided.
Gay and Lesbian Hotline	Toll-free helpline for gay, lesbian, bi & trans people.
Gay and Lesbian Rainbow Pages	Online and print resource for employment, community events, and social networking.
Hays County Area Food Bank	Pre-packaged food assistance.
Hays-Caldwell Women's Center	Helpline, Referral and crisis intervention, social services.
Hays-Caldwell Women's Center: Roxanne's House	Therapy, counseling and support groups for victims of child abuse.
Healthcare Helpline	Responds to public questions regarding healthcare services.
Hill Country Community Ministries (HCCM), Williamson County	Food pantry, clothes closet, Thanksgiving dinners, & school supplies.
Hill Country Intergroup	Community resources featuring vast array of 12-step support programs, including alcohol and substance abuse recovery.
Meals on Wheels and More	Program assists with short-term disabilities; Dietitian plans; special needs meals; transportation to medical appointments.
Medical Institute of Sexual Health	Online services that identify and evaluate scientific information on sexual health and promote healthy sexual decisions and behaviors.
Narcotics Anonymous (NA)	Confidential individual and group counseling for drug abusers; 24 hour help line.
Nubian Princess	Feeds homeless and vulnerable population; Provides advocacy, social support and resource referral.
Olivet Helping Hands Center	Clothing, food, and school supplies.
Out Youth Austin	Outreach and HIV Education, support groups.
Personal Connections HIV Services	Client advocacy, peer support counseling, wellness education, behavior modifications support groups, street outreach, case management, food/clothing banks, information referral services, confidential counseling and testing, volunteer services, and family support groups.
Project Transitions: Highland Terrace Transitional Housing	Apartment provided as part of an individualized program plan. Staff works with residents to identify barriers to independent living as part of transitional living program. Support provided in accessing vocational guidance and training, education, independent living skills training, counseling and relapse prevention support
Project Transitions:	Open to the public for sale of donated merchandise. Vouchers provided for

Top Drawer Thrift Shop	persons with HIV/AIDS to shop free of charge. Vouchers made available through area HIV/AIDS agencies.
Public Utility Commission of Texas: Lifeline Program	Assistance with monthly cost of telephone service.
Rites of Passage	Educational videos, seminars, and information on dealing with the emotional impact of AIDS, terminal illness, and death and dying; referrals to community resources.
Round Rock Area Serving Center	Food pantry & utility assistance.
Safe Place: Domestic Violence & Sexual Assault Survival Center	24-hour emergency shelters for survivors: single women over 18 and families.
Salvation Army	Emergency assistance for the needy; homeless assistance; emergency shelter, meal and hygiene services; mail and message services.
Salvation Army Hays County Service Unit	Food, shelter, clothing, furniture, utility, and rental assistance; Counseling services.
Samaritan Counseling Center Services: First United Methodist Church, Round Rock, Texas	Individual, group, and family counseling.
Samaritan Counseling Center Services: First United Methodist Church, San Marcos, Texas	Individual, group, and family counseling.
Samaritan Counseling Center Services: Greater Mt. Zion Baptist Church	Individual, group, and family counseling
Texas Department Of Human Services Medicaid	Medical assistance.
Texas Department Of Human Services/TANF	Financial assistance.
Texas HIV Connection	Provides trainings relating to HIV/AIDS and other communicable diseases.
Texas HIV SPAP (State Pharmaceutical Assistance Program): HIV Medication Program	Assists HIV positive people with out-of-pocket medical expenses.
The Caring Place	Emergency assistance, financial, food, and clothing assistance.
Williamson County Health District: Taylor Clinic Round Rock Clinic Cedar Park Clinic	HIV testing, counseling, and immunizations.
Women Rising Project	Provides advocacy, education, and support for women living with HIV/AIDS. Offers leadership opportunities.
Women's Advocacy Project, Inc.	Texas Advocacy Project provides free legal services to victims of domestic violence and sexual assault throughout the state of Texas.
Wonders and Worries, Inc.	Provides services for children and adolescents who have a parent or caregiver with a chronic or serious illness.
YMCA of Greater Austin	Counseling for women and girls with opportunities for life-long learning through workshops, groups, classes, community service,

CORE SERVICES DEFINED

Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. **Note:** Early Intervention Services provided by Ryan White Part C and Part D programs should be reported under *Outpatient/ambulatory medical care*.

Local AIDS pharmaceutical assistance includes local pharmacy assistance programs implemented by Part A, B, and/or C grantees that provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds, Part B base award funds, and/or Part C grant funds. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.

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

Early intervention services (Parts A and B) include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. **Note:** EIS provided by Ryan White Part C and Part D Programs should NOT be reported under this service category. Part C and Part D EIS should be included under *Outpatient/ambulatory medical care*.

Health Insurance Premium & Cost Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, copayments, and deductibles.

Home health care includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

Home and community-based health services include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include

durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are **NOT** included.

Hospice services include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

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

Medical nutrition therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

Medical case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

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

SUPPORT SERVICES

Case management (non-medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-

medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Child care services are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training. **Note:** This does not include child care while a client is at work.

Pediatric developmental assessment and early intervention services are the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children. These services involve the assessment of an infant's or a child's developmental status and needs in relation to the involvement with the education system, including early assessment of educational intervention services. It includes comprehensive assessment of infants and children, taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV-affected clients, and education/assistance to schools should also be reported in this category. **Note:** Only Part D programs are eligible to provide Pediatric developmental assessment and early intervention services.

Emergency financial assistance is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available. **Note:** Part A and Part B programs must allocate, track, and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).

Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. This includes vouchers to purchase food.

Health education/risk reduction is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

Housing services are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

Legal services are the provision of services to individuals with respect to powers of attorney, do not- resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to

services eligible for funding under the Ryan White HIV/AIDS Program. It does **not** include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

Linguistics services include the provision of interpretation and translation services.

Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

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

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

Referral for health care/supportive services is the act of directing a client to a service in person or through telephone, written, or other type of communication. **Note:** Referrals for health care/supportive services that were not part of ambulatory/outpatient or case management services this item. Referrals for health care/supportive services provided by outpatient/ambulatory medical care providers should be included under Item 33a, Outpatient/ambulatory medical care. Referrals for health care/supportive services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category, Item 33k Medical Case Management or Item 33m Case management (non-medical).

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

Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

Substance abuse services - residential is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term). **Note:** Part C programs are not eligible to provide Substance abuse services - residential.

Treatment adherence counseling is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical settings.

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