



Midsize Metro RWHAP Part A Program Data Matrix

DATA SUMMARY AND ANALYSIS FOR PSRA, 2018
BY SERVICE CATEGORY* & DATA SOURCE

DATA SOURCE SUMMARIES FOR MIDSIZE METRO SERVICE AREA

► Epi and Care Continuum Data (2018)

- Total of 6,938 PLWH in the service area (47% of state total)
- Total number of new diagnoses decreased gradually from 2013-2016 but increased in 2017
- Young adults 20-34 have incidence rates double those of other age groups
- Transmission risk for all PLWH is 64% MSM, 20% heterosexual contact, 10% injection drug use (IDU), 4% MSM/IDU, and 2% pediatric, receipt of blood products, and other
- PLWH are 43% White, 39% African American, 14% Latino, 2% Asian or Pacific Islander, and 2% mixed race and other
- Foreign-born residents account for 13% of new cases—and their prevalence rate is 2.5 times that of native-born residents
- Deaths are down, PLWH are living longer, and 52% of PLWH in the EMA/TGA are over 45
- About 80% of PLWH are male, 18% female, and 2% transgender (75% M to F)
- Prevalence among African Americans 4 times that of Whites
- Prevalence among Latinos and other racial/ethnic minorities about twice that of Whites
- 13% of PLWH have been incarcerated in the past 5 years

HIV Care Continuum data for RWHAP Part A clients:

- Overall measures for RWHAP clients are slightly below national RWHAP performance data but vary greatly by PLWH subpopulation
- In 2017, 90% linked to care (in care) within 90 days of diagnosis, 71% retained in care, 89% of in-care received ART, and 73% virally suppressed
- Viral suppression considerably lower for African American men than for other racial/ethnic groups, even for those retained in care
- Other groups with lower than average rates of viral suppression include IDUs, individuals with mental health issues, young MSM (especially young MSM of color), and foreign-born PLWH

Unmet Need

- An estimated 27% of PLWH in the jurisdiction are out of care—no viral load or CD4 count, prescription for ART, or HIV-related medical visit in at least a year

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* Service categories grouped into core medical-related and support services and listed in order of current service priority

► PLWH Survey (2018)

- 2018 PLWH survey included 520 PLWH, most in care, with quota sampling designed to obtain responses from a representative sample of PLWH in the Part A service area and to oversample key target populations such as immigrants, young MSM of color, transgender PLWH, substance users, and formerly incarcerated
- Survey implemented by a team of trained survey administrators, mostly PLWH
- Most questions were multiple-choice, with a few boxes for comments and several open-ended questions about barriers to care, service problems, and changes they would like to see in the system of care
- Most people completed the survey on a laptop or tablet, but it was also available in hard copy in English and Spanish, and speakers of other languages interviewed clients in several other languages

Among the findings:

- Over half are in the labor market, working full or part time or looking for work
- 7% said they have not seen a doctor for HIV in more than 12 months—they are “out of care”
- The 5 most frequently identified barriers to care in the past year were:
 1. *Didn't want people to know I am HIV+*
 2. *Lack of transportation*
 3. *Couldn't afford service or co-pays*
 4. *Care not available evenings and weekends*
 5. *Difficulty in getting an appointment*
- Almost $\frac{3}{4}$ said they have had no serious

problems with their services in the past 12 months

- Those with serious service problems most often mentioned issues related to transportation, long waiting time once they arrive at a provider, difficulties in getting an appointment, not feeling they are getting enough attention to their needs, and fears about lack of confidentiality or disclosure of their status
- PLWH populations most likely to report service problems included PLWH who were recently out of care, substance users, and people who are homeless or unstably housed
- PLWH who were out of care most often gave the following reasons:
 1. *Felt healthy; didn't think I needed care*
 2. *Couldn't afford to pay for care*
 3. *Was worried about stigma if people knew I had HIV*
 4. *Didn't know where to go for care*
- Asked about other diseases, health conditions, and life situations they have faced in the past year, over $\frac{1}{3}$ of PLWH in the survey reported depression or other mental health issues, over $\frac{1}{4}$ reported high blood pressure, and $\frac{1}{4}$ reported they sometimes did not have enough money for food and other necessities

See below for information provided about service needs and gaps.

► **Provider Key Informant Session (2018)**

- Provider key informant session had 18 provider representatives participating; 2/3 are RWHAP Part A subrecipients

Among the main input from providers:

- Young PLWH, especially young MSM of color, are harder to retain in care and have lower rates of adherence to medications than other groups of PLWH
- The area has a growing number of Latino immigrants and other foreign-born PLWH, many of who have Limited English proficiency (LEP)—and finding staff with appropriate language skills and cultural competence is challenging, with growing competition for such personnel
- Case management for PLWH with insurance is very important, since coverage is sometimes limited or includes co-pays; PLWH sometimes delay needed care because of concerns about cost

► **Client Characteristics and Service Utilization (FY 2017)**

Client Characteristics:

- 3,442 PLWH obtained at least one service through the Midsize Metro RWHAP Part A program last calendar year
- 9% of clients accessed RWHAP services for the first time in 2017
- 78% of Part A clients are male, 20% female, and 2% transgender
- 54% of clients are African American/Black, 23% White, 17% Latino, 3% Asian/Pacific Islander, and 3% mixed race and other
- Over 50% have incomes below 100% of the federal poverty level (FPL) [Income limit is 300% of FPL]
- 83% live in the central county
- About 16% say they are more comfortable being served in a language other than English

Service Utilization:

- About half (49%) of PLWH in Midwest Metro received services through Part A in 2017
- Most used services were Medical Case Management and OAHS, each with more than 2,700 clients

► Focus Groups (2016-2017)

- 4 Focus groups conducted in 2016 and 4 more in 2017, with groups that have lower than the EMA/TGA's average viral suppression rate—including:
 - *Injection Drug Users (IDUs)*
 - *Formerly Incarcerated*
 - *PLWH Not in Care or Loosely Connected to Care*
 - *Transgender PLWH*
 - *Young African American MSM*
 - *Young Latino MSM*
 - *PLWH Who Recently Returned to Care*
 - *Latino/a immigrants*
- Total of 67 people—each focus group had 6-10 participants
- Everyone asked to complete basic demographic information: group was 81% male and 72% African American; 80% live in the central county; 64% MSM; time since diagnosis ranged from 2 years to 27 years
- Most in-care PLWH indicated that basic service needs were being met and most case management staff were helpful and committed
- Non-medical case managers seen as better informed than medical case managers about how to access support services; medical case managers helpful with medical referrals and treatment adherence
- Groups identified challenges in accessing and retention in care
 - *PLWH with public or private insurance reported more service access and coordination challenges than those receiving Part A-supported care*
 - *Transgender PLWH and IDUs were most likely to report issues related to stigma and sometimes negative treatment or an unwelcoming service environment*
 - *Some PLWH suggested that some front desk and clinical staff would benefit from cultural competence training addressing gender orientation and identity as well as race/ethnicity*
- PLWH with Limited English proficiency (LEP) sometimes faced language barriers, especially for services other than OAHS, and noted a lack of signage in languages other than English except in clinics
- Young MSM and recently out of care PLWH who received peer support through EIS or intensive case management reported increased connection to care and treatment adherence

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Core Medical-Related Services

Outpatient/ Ambulatory Health Services (OAHS) / Medical Care

Epi and Care Continuum Data (2018)

- PLWH who are not retained in care and those with fewer medical visits have lower viral suppression, except for PLWH aged 55+ [they often have only one medical visit a year but have high rates of viral suppression]

PLWH Survey (2018)

- OAHS was the most-used service and the service with which PLWH were most satisfied
- 3% of respondents said they needed but did not receive needed medical care

Provider Key Informant Session (2018)

- Providers report growing competition for clinical staff with HIV experience, especially those with a second language and/or training in serving target populations including transgender PLWH
- Several medical providers said their HIV doctors are nearing retirement and it is hard to find successors with the same training and commitment to serving PLWH
- Staff from several medical clinics said they provide comprehensive medical care for some PLWH, but others have primary care physicians in another location and come to them for special testing or lab work or other specific OAHS services—federally qualified health center (FQHC) representatives said they are accustomed to providing comprehensive medical care and are not structured to provide limited services

Client Characteristics and Service Utilization (FY 2017)

- Last year, 2,750 PLWH received outpatient ambulatory health services through Part A
- Part A is the primary or only source of medical care for at least 41% of clients, who are uninsured; some clients receive certain lab or specialty services through Part A but also have other sources of medical care

Focus Groups (2016-2017)

- Access to HIV-related primary care seen as very important
- Most frequently mentioned barriers were costs including co-payments
- Cultural competence training recommended for clinicians and for front desk staff—transgender and immigrant PLWH were especially likely to report negative experiences with staff
- More Spanish-speaking clinicians and front desk personnel recommended
- Strong recommendation for more evening or weekend hours from Hispanics, all immigrants, and young PLWH, who most often reported being employed and unable to get time off with pay for their appointments

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Core Medical-Related Services

AIDS Drug Assistance Program Treatments (medications and health insurance)

Epi and Care Continuum Data (2018)

- About 86% of RWHAP Part A clients receive prescriptions for antiretroviral therapy (ART); rate is lowest for young MSM of color

PLWH Survey (2018)

- Most respondents said they received prescriptions for ART over the past year, though ADAP or some other source—some were not sure who paid for their medications
- There was a high level of satisfaction with their medication arrangements
- 5% said they needed but did not receive HIV-related medications during the past year
- 11% of respondents said they missed taking their HIV medications 1-2 times a month, and 12% said they missed taking them 3 or more times a month; PLWH under 25 years of age were especially likely to report low adherence
- 10% of respondents said they weren't taking ART; the PLWH populations most often not on ART were homeless PLWH, substance users, formerly incarcerated, and young MSM of color

Provider Key Informant Session (2018)

- Providers said that eligible clients seem to be accessing ADAP more easily and efficiently than in the past

Client Characteristics and Service Utilization (FY 2017)

- ADAP is not funded in Midsize Metro because state funds are sufficient to meet demand
- Eligibility limit is 300% of the federal poverty level (FPL)
- Clients receiving medications directly through ADAP have higher rates of viral suppression than those who obtain their medications through insurance (paid for by ADAP or other sources)

Focus Groups (2016-2017)

- Medications listed by most groups as very important
- Almost all indicated they have access to HIV medications
- Several PLWH with insurance purchased through ADAP still find it hard to determine what is covered and find providers who take their insurance; they need assistance in fully benefiting from coverage
- Barriers to obtaining needed medications identified included cost (including co-pays) under insurance plans paid for through ADAP, a lack of consumer education, and time delays in getting prescriptions filled—IDUs and formerly incarcerated were especially likely to mention co-pays as a concern
- Young PLWH and African American men most often mentioned not being on ART

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Core Medical-Related Services

Medical Case Management, including Treatment Adherence Services (MCM)

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Most PLWH said they were receiving medical case management services, though 8% indicated being unable to obtain these services or facing delays—and some were not sure whether their case management services were medical or non-medical
- Over 2/3 were “very satisfied” with their case management services

Provider Key Informant Session (2018)

- Several providers said that with recent changes in the system of care and more PLWH with private insurance through ADAP, case managers need more training about available services and more information about what insurance providers take; they would like to partner with the recipient to update service inventories and provide such training
- Use of peers as MCM assistants seems to be working well and improving retention and treatment adherence

Client Characteristics and Service Utilization (FY 2017)

- Last year, 2,942 clients received MCM services
- Clients averaged 3.7 service units a year, with some clients seeing a case manager more than once a month and others only once or twice a year
- PLWH who have been in care for less than 3 years average more contacts with medical case managers than long-term survivors
- Some limited use of peers to assist medical case managers began last year

Focus Groups (2016-2017)

- Most focus group participants feel MCM has been helpful, and was especially valuable during their first 1-2 years in care
- MCM seen as an important gateway to other medical-related services and a key source of help with adherence
- Some medical case managers reportedly overloaded, not readily available to clients, and sometimes poorly informed about available support services
- Concern that few case managers speak Spanish—consumers with LEP said it is hard to share personal information through an interpreter who may be on the phone

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A *Core Medical-Related Services*

Health Insurance and Cost-sharing Assistance for Low-Income Individuals

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Most respondents were not familiar with this service; 13% said they needed such assistance but did not receive it last year
- Not being able to pay for services or co-pays was a frequently mentioned barrier to care, which this service helps to address

Provider Key Informant Session (2018)

- Several providers would like more information about accessing this service for their clients

Client Characteristics and Service Utilization (FY 2017)

- Last year, 37 clients used insurance assistance
- Funds were used to help pay premiums and co-pays
- Several older PLWH received help in covering true out-of-pocket costs under Medicare

Focus Groups (2016-2017)

- PLWH with private insurance see this as a very important service due to co-pays and other insurance cost sharing
- Several are not sure how it works or how to access it

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Core Medical-Related Services

Mental Health Services

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- 37% of PLWH reported mental health issues during the past 12 months
- 13% reported needing but being unable to obtain mental health care
- PLWH indicated that they often had to wait a long time for an appointment and then had to spend a long time in the waiting room after arriving for their appointment

Provider Key Informant Session (2018)

- The central county is an underserved and underfunded area for mental health services, and case managers in outer counties report great difficulty in making successful referrals for mental health services that are not Part A-funded
- Mental health providers in outer counties report great difficulty in hiring and retaining licensed clinicians and have had to use part-time contractors—which has meant waiting lists and appointment delays

Client Characteristics and Service Utilization (FY 2017)

- Last year, 347 clients received mental health services, including counseling and psychiatric services from licensed clinicians
- Clients received an average of 7.8 units of service, with most clients receiving services over a period of at least 6 months

Focus Groups (2016-2017)

- A majority of participants indicated that they have had mental health needs at some point since diagnosis
- Some, especially immigrants and male PLWH, said stigma keeps them from asking for mental health services
- Several participants described waiting lists or long waits for mental health services, especially outside the central city

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Core Medical-Related Services

Oral Health Care

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- 18% of respondents said they needed dental care in the past year and were unable to obtain it
- 72% of respondents who received oral health services were “very satisfied”

Provider Key Informant Session (2018)

- The \$1,000 cap on per-client expenditures is seen as a problem, especially as PLWH are aging and are more likely to need major dental work in order to maintain good nutrition; one provider said that getting an exception is challenging

Client Characteristics and Service Utilization (FY 2017)

- Last year, 190 clients received oral health services through Part A
- They averaged 3 units of service
- Services are capped at \$1,000 per client per year without special authorization; the program was able to provide a higher level of care to about 30% of clients for more costly dental work necessary for good nutrition and health

Focus Groups (2016-2017)

- Mentioned as very important by all but the young PLWH groups
- Some participants, especially those living outside the central city, reported long waits for appointments
- Several participants reported not being able to get needed dental care (such as bridges) because of a cap on costs per client—2 said they were called back several months later and told additional funds had become available so they were able to get these services

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A *Core Medical-Related Services*

Local Pharmaceutical Assistance Program (LPAP)

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Many respondents said they were not familiar with this service, but several said that their medical provider had been able to make arrangements for them to receive needed medications which were not available through other sources of medications—whether through ADAP or other sources

Provider Key Informant Session (2018)

- Several providers expressed concern about limitations in the Part B formulary that make it necessary to use LPAP

Client Characteristics and Service Utilization (FY 2017)

- Last year, 89 clients received assistance from LPAP with needed HIV medications not on the ADAP formulary or not available through their insurance
- Clients averaged 2.3 units of LPAP services

Focus Groups (2016-2017)

- About 1/3 of participants were unaware of the existence of the LPAP program, and many asked for more information
- Immigrants say lack of bilingual LPAP staff and bilingual pharmacists in participating pharmacies is a barrier and can lead to improper use of medications or poor adherence

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Core Medical-Related Services

Substance Abuse Outpatient Care

Epi and Care Continuum Data (2018)

- A growing percent of newly diagnosed PLWH report opioid use, and this is true in more rural areas as well as the central city

PLWH Survey (2018)

- 13% of respondents said they needed substance abuse treatment in the past year, and 7% said they were unable to obtain it

Provider Key Informant Session (2018)

- Providers reported that the need for substance abuse services is increasing rapidly
- Providers serving PLWH in outer counties are seeing higher rates of opioid use among PLWH
- Duration and cost of care are growing

Client Characteristics and Service Utilization (FY 2017)

- Last year 54 clients received outpatient substance abuse services through Part A
- Services were typically ongoing for 3-6 months, with clients receiving an average of 11 service units
- The number of service units has more than doubled since the prior year, which is believed to reflect the growing number of clients seeking treatment for opioid addiction
- At the end of the year, there was a waiting list for this service

Focus Groups (2016-2017)

- Several IDUs, formerly incarcerated, and Out-of-Care PLWH indicated the need to address their substance use before they could deal with HIV issues
- Women indicated challenges with available services because they have small children and no child care is available

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Core Medical-Related Services

Early Intervention Services (EIS)

Epi and Care Continuum Data (2018)

- Young MSM are less often linked to care within 90 days of diagnosis—and many are not linked during the first year

PLWH Survey (2018)

- More than 1/3 of respondents said that they needed EIS either last year or at some point following their HIV diagnosis; 9% said they would have liked such services during the past year but did not receive them
- Populations most often needing EIS were homeless PLWH, substance users, Latino/as, and transgender PLWH
- One of the priority needs identified by respondents was to “have a contact person who can answer questions and assist with difficulties in getting care”

Provider Key Informant Session (2018)

- Several providers reported that people who are recently diagnosed and have no symptoms often are not convinced they need to be in care and receiving medications—they get linked to care but don’t stay or don’t take their medications
- The peer EIS model was described as successfully reaching target populations, including young MSM of color, recently diagnosed PLWH, formerly incarcerated, and substance-using PLWH
- High rate of agreement that EIS should continue to target PLWH who are out of care or only loosely connected to care (have missed medical and case management appointments) as well as newly diagnosed PLWH

Client Characteristics and Service Utilization (FY 2017)

- Last year, 473 PLWH received EIS services paid for through Part A
- The Part C program assisted with counseling, testing, and referral, and Part A funds were not used for these components of EIS
- This service reaches out to numerous PLWH who are newly diagnosed, out of care, or only loosely linked to care—and some are reached only once
- About 130 clients received intensive peer assistance through EIS, with an average of 8 contacts over 3-6 months or more

Focus Groups (2016-2017)

- Individuals not in care or recently returned to care often said they did not know about available services or how to access them—this was especially true for several who had relocated to MidSize Metro or were recently released from incarceration
- Several PLWH reported being assisted by EIS peer navigators as they entered or re-entered care—they found the peers very knowledgeable and felt they had been well “matched” with people they felt comfortable with

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Support Services

Non-Medical Case Management Services

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Respondents often were not sure whether they were receiving medical or non-medical case management, but were generally happy with their case managers
- However, over ¼ of respondents recommended “case managers with more knowledge of available services”—this was the 4th most frequently recommended change in the system of care

Provider Key Informant Session (2018)

- Use of community-based non-medical case managers seems to be working well
- Several participants asked for clarification about whether a client is permitted to have 2 case managers, one medical, one not—some MCMs are referring PLWH to non-medical case managers for assistance in applying for entitlements and obtaining referrals

Client Characteristics and Service Utilization (FY 2017)

- Last year, 903 PLWH received non-medical case management services
- Clients averaged 5 units of service
- Many of the clients assigned to non-medical case managers need ongoing help in accessing support services and applying for entitlements and other services

Focus Groups (2016-2017)

- Some participants were not sure whether they were receiving medical or non-medical case management
- Several young PLWH indicated that their non-medical case managers were very knowledgeable about providers and services, including support services

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Support Services

Medical Transportation

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Almost half the respondents said they sometimes had transportation problems in getting to services
- 16% said they needed but did not receive help with transportation last year
- Transportation problems—“availability, access or cost issues”—were the most frequently identified concern or problem with HIV services, and the second most frequently identified barrier to care
- PLWH who have been out of care or are currently not receiving HIV-related medical care identified lack of transportation as one of their top 5 reasons for being out of care

Provider Key Informant Session (2018)

- Relatively high rate of unmet need in outer counties and limited services located in those counties suggest increased need for transportation services—or more use of outstationed personnel or other creative strategies
- Part B funds for medical transportation in outer counties, which began this year, is very helpful now that providers know how to access transportation for their clients

Client Characteristics and Service Utilization (FY 2017)

- Last year 357 PLWH received Medical Transportation services to get to and from medical and other HIV-related appointments
- Clients received various types of assistance, including bus passes in more urban areas, gas cards in more rural ones, and van or taxi service where other means are not practical
- Women with small children who must make more than one bus transfer are eligible for other forms of transportation assistance
- Starting this year, Part B is paying for Medical Transportation in Midsize Metro counties except for the central county

Focus Groups (2016-2017)

- Individuals in most groups viewed transportation assistance as very important, not only in outer counties where there is little public transportation, but also for people in the central city who must come across town for care
- Several women indicated that bus passes don't work well if you have to bring 1-2 children with you and transfers are required
- Gas cards are seen as helpful in rural areas, but often there is no affordable place to park near urban facilities so driving is not a good option

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Support Services

Emergency Financial Assistance (Currently includes Food and Utilities)

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Many respondents said they needed but did not receive EFA
 - 21% of respondents said they needed but did not receive an emergency housing voucher at some point in the past year
 - 20% said they needed but did not receive utility assistance last year
- Respondents would like to see EFA emergency housing assistance provided, due to rising housing costs throughout the area

Provider Key Informant Session (2018)

No information available for this category

Client Characteristics and Service Utilization (FY 2017)

- Last year, 107 PLWH received emergency food vouchers and 112 people received utility assistance
- Rules allow individuals to receive food vouchers 4 times a year except in extreme situations
- Assistance with paying utility bills is provided not more than 3 times a year
- Part A does not provide EFA for prescriptions or housing; Part B provides limited emergency prescription assistance in the Midsize Metro service area

Focus Groups (2016-2017)

- PLWH with children were most likely to report using EFA for food vouchers when unexpected expenses meant not enough money left for food
- Many participants said they were unaware of emergency utility assistance, though 6 participants reported using it
- There is confusion about eligibility and rules for EFA—EFA can be used for an emergency food voucher not more than 4 times a year, but several participants said help used to be available once a month

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Support Services

Food Bank/Home-Delivered Meals

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- 13% of respondents said they needed but did not receive food bank services in the past year
- Those who received food baskets were generally happy with the quality and variety of food provided

Provider Key Informant Session (2018)

- A new local university study reports that half of PLWH in the state faced food insecurity at some point in 2017
- Providers are concerned about the impact of the closure of one of the largest food banks in the central city late last year, which they say has increased demand on Part A-funded food banks

Client Characteristics and Service Utilization (FY 2017)

- Last year 142 PLWH received food bank services
- Clients are allowed to receive food up to once a month from a food bank
- Last year, clients used the food bank an average of 5 times
- Midsize Metro does not provide home-delivered meals

Focus Groups (2016-2017)

- Women with children and older PLWH were especially likely to indicate a need for regular food assistance
- In nearly all the focus groups, people mentioned the closing of a large food bank late in 2017 and how that has made it harder to obtain food if you “run short” at the end of the month and aren’t eligible for Part A-funded assistance until the following month [Part A Service Standards allow 1 food basket per month]

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Support Services

Housing

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Access to safe and affordable housing is a great concern to PLWH
- 13% of respondents said they were currently homeless or in unstable housing, and another 10% said they were in danger of losing their home at some point during the past year
- 36% of respondents said they needed housing assistance; half said they received some assistance— through Part A, HOPWA, or some other source—and the other half did not
- PLWH populations who most often reported having dealt with homelessness include PLWH with substance use or mental health issues

Provider Key Informant Session (2018)

- There is broad concern that housing is becoming more expensive, especially but not only in the central city and county and few long-term options exist for PLWH—HOPWA programs are helpful, but far more funding is needed

Client Characteristics and Service Utilization (FY 2017)

- About 19% of clients did not have stable housing at some point during the past year
- Last year, 91 PLWH people received temporary housing services
- Part A housing services are limited to temporary housing for up to 90 days while a permanent solution is sought; the program works closely with HOPWA

Focus Groups (2016-2017)

- Housing was described as an important issue in all of the focus groups
- A few participants indicated receiving housing assistance but were not sure whether it was funded through RWHAP, HOPWA, or some other source
- Housing assistance for PLWH in the area was described as very limited and usually involving waiting lists
- Some PLWH said they had faced stigma at homeless shelters or when seeking permanent housing with vouchers due to their HIV status, immigrant status, or gender identity

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Support Services

Psychosocial Support Services

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Half of respondents indicated a need for support groups, which have not been funded with Part A funds until this year
- Some PLWH said they participate in support groups provided by community-based HIV service organizations or medical providers

Provider Key Informant Session (2018)

- Providers report high demand for support groups and several said they sometimes make referrals for psychosocial services because mental health services have waiting lists or long delays for services
- Two providers said they are operating peer-led support groups for their own PLWH clients, focusing on recently diagnosed clients and people struggling with retention and adherence, and have done this without Part A funding

Client Characteristics and Service Utilization (FY 2017)

- The service category received funding this year but did not previously have a Part A allocation
- Funds are being used for support groups

Focus Groups (2016-2017)

- High demand for support groups led by either peers or professionals
- Participants would like to see more support groups and group counseling available outside the central city
- Some immigrants would like to participate in support groups in a community other than their own because of stigma, but said they would need transportation assistance to get there
- Out-of-care PLWH indicated that support groups might have helped them stay in care
- Recently diagnosed participants indicated that support groups are especially helpful when you are learning about how to live with the disease and how to navigate the system of care

SERVICES CURRENTLY OR RECENTLY FUNDED THROUGH PART A

Support Services

Linguistic Services

Epi and Care Continuum Data (2018)

No information available for this category

PLWH Survey (2018)

- Immigrant PLWH reported a lack of bilingual staff as a barrier to care, particularly for MCM and mental health services
- Need for an interpreter was one of their top barriers to care

Provider Key Informant Session (2018)

- When providers discussed language issues, it became clear that several did not have systems in place to provide interpretation because they only recently began to serve clients with LEP—non-medical providers said they do not subscribe to telephone “language lines” or have a regular source of interpreters and need information about how to arrange for an interpreter through Part A

Client Characteristics and Service Utilization (FY 2017)

- Last year, 14 PLWH received interpreter services through Part A
- Community health centers and some other service providers have bilingual staff or regular arrangements for interpreters or use of language lines; this service category has been used mostly in the outer counties

Focus Groups (2016-2017)

- Some PLWH with LEP did not know they could request interpretation services or how to do so
- Those obtaining interpretation by trained professionals generally reported positive experiences including a better understanding of their caregiver’s instructions and greater ability to ask questions during appointments
- Clients with LEP reported a lack of interpretation service and signs or materials in languages other than English at many facilities other than clinics
- Several reported being told to have family members interpret during appointments [which is inconsistent with federal language access guidelines and local Service Standards]