2005 Comprehensive HIV/AIDS Health Services Needs Assessment Final Report

Table of Contents

Introduction and Methods..... 1
Demographics 8
Health Status Information 19
Out of Care 28
Severe Need 33
Prevention with Positives (PWP) 35
Service Utilization 39
Food 42
Health Care 44
Case Management 48
Housing 51
Transportation 54
Mental Health 56
Client Advocacy/Benefits Counseling 59
Substance Use 61
Day/Respite Care 63
Provider Survey Information 65
Community Fora Summary 78
Focus Group Summary..... 80
Conclusions and Recommendations..... 98
Appendices..... 101

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Harder+Company would like to thank the service providers who participated in recruitment efforts and provided meeting space for survey sessions and focus groups. A list of all participating agencies is provided in Attachment A. Conducting the needs assessment survey in a familiar and convenient setting for clients helped ensure that we received quality feedback regarding their health service needs. In addition, we would like to thank the members of the HIV/AIDS Provider Network (HAPN), who assisted in our efforts to collect both consumer and provider survey responses. We could not have completed this community effort without their support.

We would also like to acknowledge the community interviewers who conducted the survey sessions in the field. Their professionalism and flexibility, as well as their commitment to being a part of the community response to HIV/AIDS, made it possible to collect a diverse sample of survey responses representative of the many communities throughout the EMA.

In particular, Harder+Company would like to thank the members of the Needs Assessment working group for their guidance and feedback every step of the way. A list of working group members is provided in Appendix B. We also acknowledge the support of the San Francisco HIV Health Services Planning Council and the council support staff.

Our special thanks to the PLWH/A who completed the consumer survey and participated in the focus groups. Their contribution gives voice to PLWH/A in San Francisco, San Mateo, and Marin Counties; their valuable feedback is reflected in this report.

INTRODUCTION

The San Francisco HIV Health Services Planning Council (CARE Council) conducted the 2005 Comprehensive Needs Assessment in order to identify the needs of people living with HIV/AIDS in the San Francisco EMA (Counties of San Francisco, Marin, and San Mateo). This Needs Assessment primarily focuses on underserved populations and populations with the most severe need of HIV/AIDS-related health and social services. The CARE Council contracted with Harder+Company Community Research (H+Co), a consulting firm in San Francisco to conduct the Needs Assessment.

This report presents key findings by bringing together quantitative and qualitative data to enable users of this report to appropriately set priorities and allocate resources.

SF EMA AIDS EPIDEMIOLOGY OVERVIEW[1]

The San Francisco EMA consists of the counties of San Francisco, San Mateo and Marin. Approximately 85.1 percent of persons living with AIDS reside in San Francisco, 7.9 percent live in San Mateo and another seven percent live in Marin County. Beginning in 2005, the San Francisco AIDS surveillance data was changed to include only residents of San Francisco at the time they were diagnosed with AIDS. Therefore, there may appear to be inconsistencies in the data reported in this section when compared with epidemiological profile sections of prior needs assessment reports.

Cumulative cases of AIDS in San Francisco (1980-2005) is 26,254. There are currently 8,514 persons living with AIDS. In 2005, through June 30, 2005 there have been 88 newly diagnosed cases. Among persons living with AIDS in San Francisco 66.2 percent are White, 14.1 percent are Black/African American, 14.8 percent are Latino/Hispanic, 4.3 percent are Asian Pacific Islander and 0.5 are Native American. Ninety-two percent are male, six percent are female and two percent are transgender.

The latest data for San Mateo County show that there are approximately 785 persons living with AIDS which makes up 0.1% of the county's population. In 2002 there were 32 newly diagnosed cases. Among persons living with AIDS in San Mateo County, 53.5 percent are White, 20.4 percent are Latino/Hispanic, 18.1 percent are Black/African American, 7.6 percent are Asian/Pacific Islander, 0.1 percent are multi-race and 0.3 percent Other. Eighty-four percent are male and 16 percent are female.

Based on the most recent published data for Marin County, there are approximately 700 persons living with AIDS (including at San Quentin Prison). In 2002, there were 40 newly diagnosed cases. Among persons living with AIDS in Marin County, 56.1 percent are White (29 percent incarcerated); 13.6 percent Latino (16 percent incarcerated), 28.9 percent Black (54 percent

[1] For San Francisco County: San Francisco Department of Public Health, AIDS Surveillance Unit. *AIDS Quarterly Surveillance Report. Reported as of 6/30/2005*; *2004 HIV/AIDS Epidemiology Annual Report*. For San Mateo County: County of San Mateo Health Department, *2004 Community Assessment: Health and Quality of Life in San Mateo County*; Epidemiology Unit: *San Mateo County, HIV/AIDS Reporting System (HARS), updated 9/28/2005*. For Marin County: County of Marin Health and Human Services, Epidemiology Program: *An Epidemiologic Profile of HIV/AIDS in Marin County, August 2003*.

incarcerated) and 1.4 percent Other (1 percent incarcerated). Ninety-five percent are male and five percent are female.

Modes of Transmission/Risk Factors

Overall, the two leading modes of transmission are men who have sex with men (MSM) and injection drug use (IDU). In San Francisco, MSM is the most common transmission category at 72 percent followed by MSM who also inject drugs (12 percent) and injection drug use (10 percent). In San Mateo County, the proportion of cases acquired by injection drug use increased significantly from 9.8 percent of cases in 1992 to 19 percent in 2002. Overall, 67.8 percent of cases are MSM, 19 percent are injection drug use followed by 6.6 percent MSM/IDU, 2.8 percent are through heterosexual contact and the rest are transmission causes not classified. In Marin County, the largest proportion of AIDS cases occurred among MSM at 46 percent. Injection drug use cases accounted for 30 percent of AIDS cases followed by MSM/IDU at 14 percent, heterosexual contact cases accounted for eight percent of AIDS cases and two percent were other unclassified means of exposure.

Additionally, among men in San Francisco, Whites and Black/African Americans are disproportionately affected by AIDS compared to the general population. African-American women are considerably disproportionately affected making up 44 percent of all women with AIDS, compared to 8 percent of the general population. The current epidemiology also shows that the transgender community bears a heavy burden of the diseases. They have 30-35 percent prevalence and a high rate of new infections. In San Mateo County, the primary mode of transmission for AIDS cases among Blacks/African Americans is IDU at 57 percent compared to Whites and Latino Hispanics where the primary exposure is MSM at 79 percent and 74 percent, respectively. Among females, heterosexual contact was identified as the primary risk factor for all races except Black/African American women. A significantly higher proportion was infected by IDU (62.5 percent). In Marin, the AIDS epidemiology data show that the proportion of Latino/Hispanic and Black/African American AIDS cases has increased from 11 percent in 2000 to 25 percent in 2002, however this is partly reflective of the overall population shifts in the county (the Latino and Black population increased in Marin from 11 percent in 1990 to 14 percent in 2000). AIDS cases in Marin County have primarily occurred among Whites. Among women in Marin, although the majority of AIDS cases can be attributed to heterosexual contact (66 percent), almost a quarter of all cases (24 percent) can be attributed to IDU.

METHODS

A mixed methods approach of collecting quantitative and qualitative data was utilized to conduct the 2005 Comprehensive Needs Assessment.

Client Survey

The client survey was administered to 607 PLWH/A in the San Francisco EMA. The survey instrument was designed in collaboration with the Needs Assessment Work Group. Four strategies were utilized to effectively and efficiently meet the targeted representative samples of PLWH/A in the San Francisco EMA: 1) group survey administration; 2) telephone survey administration; 3) one-on-one administration by referral; and 4) intercept/site-based. These data collection methods limited biases that are inherent to particular methods and in working with

specialized population samples. H+Co worked with HIV/AIDS service providers to recruit participants. The survey was professionally translated into Spanish for mono-lingual Spanish speakers. Trained community interviewers worked with Harder+Company staff to implement the survey. All respondents who completed the survey received a $15 grocery incentive. Client surveys were assigned a unique identifier to ensure that participants were counted only once in analysis.

Sample Design

A non-random stratified sampling method was used to determine the client survey sample. Select subpopulations were over-sampled to report reliable data about the selected groups. Over-sampling was determined by current local epidemiology, past needs assessments, current local research findings, and discussions with the Needs Assessment Work Group. The following tables show the proposed strata, the projected sample sizes based on a total N-size of 600, and the actual sample collected (n=607).

EMA Counties	Current Data	Projected sample based on N=600	Actual Sample Collected
San Francisco County	9,104 (.86)	516	89.5% (539)
San Mateo County	776 (.07)	42	6.6% (40)
Marin County	708 (.07)	42	3.7% (22)
Total	10,588	600	99% (601)

Gender	Current Data (Based on N=9,104 PLWA in SF)	Projected samples based on N=600	Actual Sample Collected
Male	92.1%	70% (420)	72.8% (441)
Female	6.2%	20% (120)	19.3% (117)
Transgender	1.7%	10% (60)	7.2% (43)

Race	Current Data (Based on N=9,104 PLWA in SF)	Projected samples based on N=600	Actual Sample Collected
White	67%	30%-35% (180-210)	33.6% (202)
Black/African American	15%	25%-30% (150-180)	42.8% (257)
Latino	13%	15%-20% (90-120)	12.8% (77)
API	4%	6%-9% (36-54)	4.5% (27)
Native American	<1%	2%-4% (12-24)	3.8% (23)

Recruitment

Survey participants were recruited using a variety of methods. HIV/AIDS services providers posted flyers, distributed recruitment cards, and informed clients of the needs assessment. Flyers were also posted at SROs, clinics, and mailed to clients of some agencies who did not regularly access services or who were home-bound. In addition, Harder+Company staff made announcements and distributed flyers at community events and meetings such as clinic drop-in hours, support groups, and planning council meetings. Word of mouth was also an important recruitment tool as many participants told their friends and social networks about the needs assessment; eligible walk-ins were accepted at group survey sessions.

Community Interviewers

Twelve community interviewers and co-facilitators were recruited, each reflecting the finalized sampling plan, to work with priority hard-to-reach populations. Interviewers were recruited through HIV/AIDS service agencies as well as through similar past H+Co projects. Community members were selected based on the following criteria: 1) recommendation by agency staff as a responsible, capable person with good communication and listening skills; and 2) participation in similar data collection efforts.

Training Process

In order to ensure that high quality data was collected, all community interviewers and co-facilitators were required to participate in comprehensive interview training. The training provided an overview of the needs assessment and addressed the following: the role of the community member in collecting the data, the key skills needed to interview or facilitate a focus group, safety issues and preparation, and how to address participants' questions.

Focus Groups

With the aim of providing rich, in-depth information about HIV/AIDS services from a range of hard-to-reach populations, H+Co staff facilitated eleven focus groups. Participants were recruited through service providers and flyers posted throughout the community. All participants received a $15 grocery incentive.

Completed Focus Groups:
African American males
African American females*
Asian Pacific Islander: Filipino MSM
Bayview residents*
Homeless
Marin residents who access services in San Francisco
Monolingual Spanish speaking San Francisco residents
Monolingual Spanish speaking San Mateo residents
Released from prison within one year
People living with HIV/AIDS age 55+
Transgender (MTF and FTM)

*Due to low turnout, these groups may be repeated to gather additional input.

Provider Survey

Recipients of Ryan White Care funds and other service providers for PLWH/A participated in the provider survey to identify: 1) the range of services provided in the San Francisco EMA; 2) service numbers and unduplicated client counts; 3) strengths and challenges of the current system of HIV care in the San Francisco EMA; and 4) gaps in services for underserved and unserved populations. The responses from the provider survey were analyzed and used to estimate care system capacity and to provide recommendations regarding service provision. This survey was administered through Survey Monkey, an online survey tool. Providers were encouraged to complete the survey through email alerts, telephone reminders, and announcements at the CARE Council, HAPN, and other community meetings.

Data Analysis

Quantitative survey data was entered into Statistical Package for the Social Sciences (SPSS) and analyzed using standard statistical procedures. The analysis plan was finalized with input from the Needs Assessment Work Group so that statistical procedures were utilized to effectively identify needs, unmet needs, and barriers among each population and within each strata. For each analyzed variable, data is presented as *valid percents,* which eliminate missing cases. Therefore, the totals for specific variables may not equal the overall sample size (n=607) if some respondents left that item blank. The n-size for each variable is presented in the data tables and charts.

Focus group data was analyzed using content analysis, an approach which comprehensively examines participant commentary for trends and emerging themes. This method also allowed direct participant statements that either supported or contradicted quantitative findings to be highlighted in order to provide a more in-depth examination of client needs and gaps in services.

Limitations

This needs assessment has a number of limitations that should be considered when reviewing and interpreting the results. The following limitations preclude making definitive statements or conclusions about the HIV health services needs of PLWH/A in the SFEMA.

- Non-random sampling techniques prevent the generalization of findings to the larger population. For example, a majority of the respondents were recruited from community service agencies, and therefore the findings may not be as relevant for individuals who do not access the service system.
- There may have been some "response bias," in which some respondents may have recorded what they thought to be the "correct answer," due to difficulty in talking about sensitive issues or other reasons.
- Although there is no definitive proof, economic necessity may have led some respondents to lie about being HIV-positive or living within the EMA in order to receive the cash incentive.
- Although the survey was implemented using a variety of methods to meet the diverse needs of participants, most respondents completed a written survey with little or no assistance. Although the survey was designed to be simple and straightforward, there may have been some items that individuals found difficult to understand which may have resulted in inaccurate information.
- The data analysis was limited by the data collected by the client survey instrument. Some conclusions regarding the sample could not be made as the necessary data was not collected. For example, it was difficult to pinpoint exactly which clients could be categorized as men who have sex with men (MSM) as this was not explicitly asked on the survey. When applicable, related variables were analyzed to determine *estimated* counts. For example, gender, sexual identity, and likely way infected were used to estimate which participants were MSM.

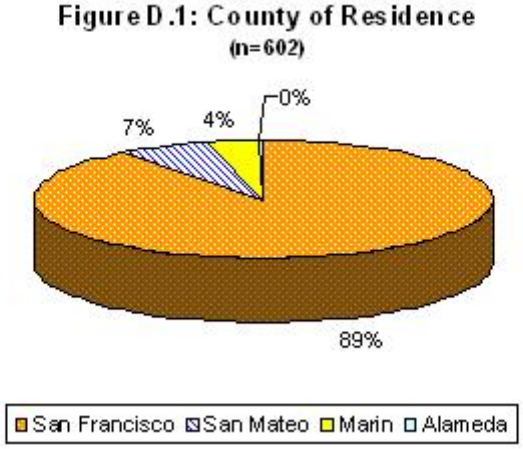
DEMOGRAPHICS

This section of the report provides the basic demographic information for all the client survey participants (N=607), except where noted. In some cases the total number may equal less than 607 because of missing data (i.e., client chose not to answer the questions, accidentally skipped the question, response provided was not among the selections on the survey).

GEOGRAPHIC RESIDENCE

County

The majority of the survey participants, 89.4 percent (538) lived in San Francisco County; 6.6 percent (40) lived in San Mateo County and 3.8 percent (23) lived in Marin County. One person who completed the survey reported that they lived in Alameda County, which is outside the San Francisco EMA (Figure D.1).



City/Neighborhood

The following tables show the distribution of the survey participants by city for residents of San Mateo and Marin Counties and by neighborhood for San Francisco County residents. Within Marin County there was almost an even distribution among the cities/towns represented. With San Mateo County the majority represented Redwood City, San Mateo and East Palo Alto. Among the San Francisco neighborhoods, the majority of clients reported that they lived in the Tenderloin/Civic Center/Nob Hill neighborhood areas followed by Mission and SOMA.

Table D.1: Marin Representation – Cities and Towns

	Number	Percent
San Rafael	8	1.3
Novato	5	.8
Marin City	3	.5
Greenbrae	2	.3
Larkspur	2	.3
Corte Madera	1	.2
Mill Valley	1	.2
Woodacre	1	.2
Total	**23**	**3.9**

Table D.2: San Mateo Representation – Cities and Towns

	Number	Percent
San Mateo	10	1.7
East Palo Alto	8	1.3
Redwood City	7	1.2
Burlingame	3	0.5
Belmont	2	0.3
San Bruno	2	0.3
South San Francisco	2	0.3
Daly City	1	0.2
Menlo Park	1	0.2
Millbrae	1	0.2
Pacifica	1	0.2
San Carlos	1	0.2
Unspecified	1	0.2
Total	**40**	**6.7**

Table D.3: San Francisco Representation – Neighborhoods

	Number	Percent
Tenderloin	222	37.2
Other*	311	52.2
South of Market	2	0.3
Mission	44	7.4
Western Addition	35	0.1
Haight	5	0.8
Castro/Noe Valley	5	0.8
Southeast Corridor (Bayview and Visitacion Valley)	2	0.3
Total	**533**	**89.4**

* Neighborhoods in "Other" category represent less than 3 percent of the sample population

CLIENT CHARACTERISTICS

Race

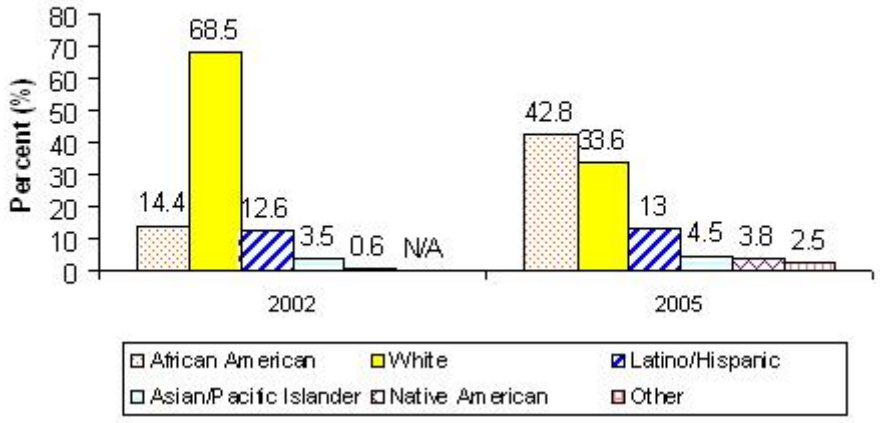
The racial breakdown of survey participants demonstrates the diversity in the San Francisco EMA (Table D.4, Figure D.2). The majority of the population represented (66.4 percent) was non-white. Forty-three percent were Black/African American, 33.6 percent were White; 12.8 percent were Latino/Hispanic; 4.5 percent were Asian/Pacific Islander; 3.8 percent were Native American and 2.5 percent marked "other" on the survey.

Table D.4: Ethnicity/Race (n=601)

	Number	Percent
African American/Black	257	42.8
White	202	33.6
Latino/Hispanic	77	12.8
Asian/Pacific Islander	27	4.5
Native American	23	3.8
Other	15	2.5

As described in the Methods section, the approach for this Needs Assessment was to have a sample size from which meaningful conclusions can be drawn. Every attempt was made to oversample populations where possible, but at the least meet the proportion of the current epidemic.

Figure D.2: Ethnicity - 2002 & 2005



Client Residency

Most of the clients stated that they were born in the United States (87.1 percent) and have U.S. citizenship (91.2 percent). Among Latino/Hispanic participants, just over half (51.4 percent) were born in the United States. Almost a third (31.1 percent) were born in Mexico and ten percent were born in Central America.

Among Asian/Pacific Islander clients, only 19 percent were born in the United States. Eight percent were born in China, 4 percent were born in a U.S. Territory and 4 percent were born elsewhere (unspecified).

Language

Ninety percent of the survey participants reported English as their primary spoken language. Seven percent reported Spanish as their preferred spoken language and another three percent reported speaking other Middle Eastern, European or Asian Languages.

- Among Latino/Hispanic clients, nearly half (49.4 percent) reported Spanish as their preferred spoken language.
- Among Asian/Pacific Islander clients, 14.8 percent spoke Chinese, 11.1 percent spoke Tagalog, 7.4 percent spoke Spanish and 3.7 percent reported speaking Thai.

Gender

Almost three quarters of the participants (72.8 percent) were male (Table D.5). Nineteen percent were female; seven percent were male-to-female (MTF) transgenders; and less than one percent each identified as intersex (0.7 percent) and female-to-male (FTM) transgenders (0.3 percent). All four clients who identified as intersex were from San Mateo County. For the purpose of analysis through the rest of the report, unless otherwise indicated, the transgender sample will include both MTF and FTM (N=43, 7.1 percent).

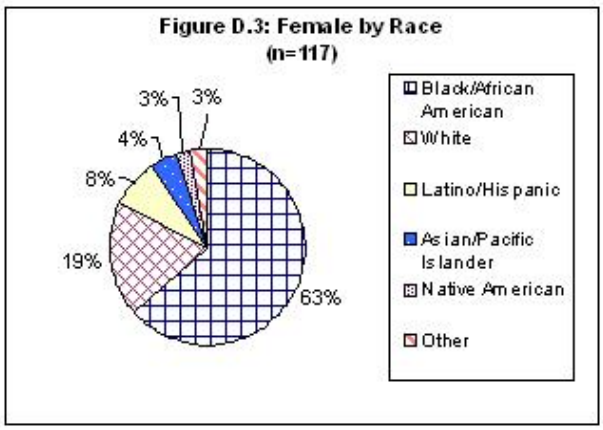
Table D.5: Gender (n=605)

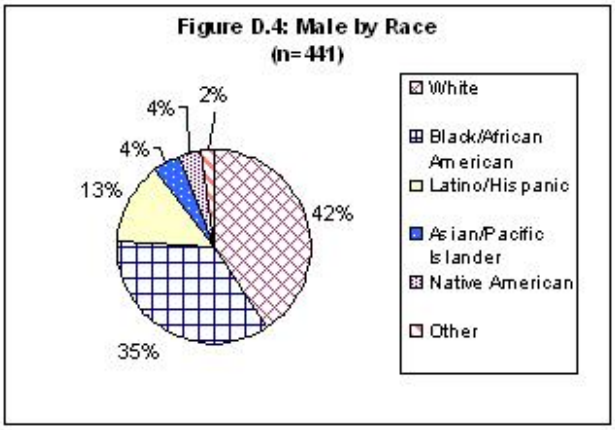
	Number	Percent
Male	441	72.8
Female	117	19.3
MTF Transgender	41	6.8
Intersex	4	0.7
FTM Transgender	2	0.3

- Among females, 63.5 percent were Black/African-American; 19.1 percent were White; 7.8 percent were Latino/Hispanic; 4.3 percent were Asian/Pacific Islanders; 2.6 percent were Native American and the rest identified as Other (Figure D.3).

- Among males, 41 percent were White; 35.6 percent were Black/African American; and 13.3 percent were Latino/Hispanic (Figure D.4).

- Among MTF Transgenders who completed the survey the majority (68.3 percent) were Black/African American.





Age

The average age of the survey participant was 46 years old. The oldest participant reported to be 92 years old (Table D.6).

Table D.6: Age (n=591)

	Number	Percent
14-19 years	1	0.2
20-29 years	21	3.5
30-39 years	97	16.4
40-49 years	303	51.3
50-59 years	129	21.8
60+ years	40	6.8

50+ Participants

Over a quarter of the participants (28.6 percent) were over the age of fifty. This may be an indicator of an aging HIV/AIDS population in the San Francisco EMA. There are other indicators of this throughout the document. Of the participants over the age of fifty, a majority (67.1 percent) were HIV positive with disabling symptoms. Most were male (75.0 percent), White (50.3 percent), and living in San Francisco (87.0 percent). In addition, the participants in this age range tended to rent their home (39.9 percent), be on disability (47.1 percent), and have health coverage (86.1 percent).

Under 29 Participants

Very few young people (age 29 or younger) participated in the survey (n=22). Of these, about half (54.5 percent) had disabling HIV symptoms. The most common ethnicities in this group were White (31.8 percent) and African American (27.3 percent). Most were male (77.3 percent), homosexual (61.9 percent) and living in San Francisco (90.9 percent). Only 9.6 percent (n=2) of the participants in this age range were working. Most did not have health coverage (68.2 percent) and many were homeless (27.2 percent).

Sexual Orientation/Identity

Half of the survey participants identified as homosexual (49.6 percent) followed by heterosexuals (29.7 percent), bisexual (16.7 percent), other (2.8 percent) and lesbian (1.2 percent, Table D.7).

Table D.7: Sexual Orientation (n=603)

	Number	Percent
Homosexual – Gay male	299	49.6
Heterosexual/straight	179	29.7
Bisexual	101	16.7
Other	17	2.8
Lesbian	7	1.2

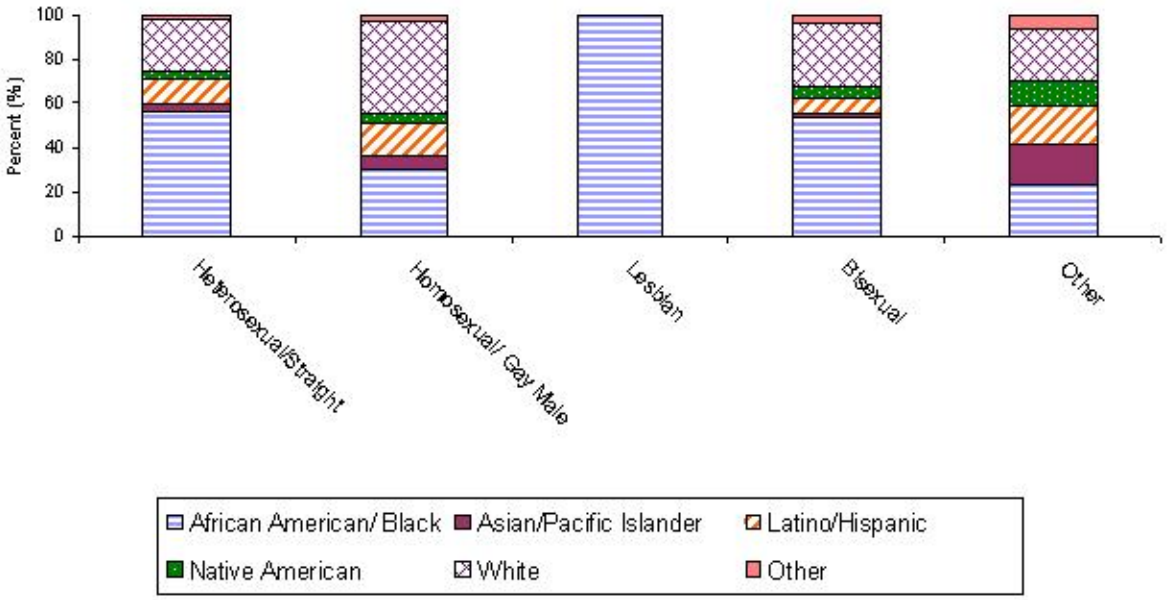
Among heterosexuals, 48.0 percent were males, 43.0 percent were female and the rest (8.9 percent) were MTF transgender. Most of the straight-identified participants were African American/Black (56.7 percent), White (24.7 percent), or Latino/Hispanic (11.8 percent).

Gay-identified participants were predominately White (42.5 percent), followed by African American/ Black (30.3 percent). A complete breakdown of sexual identify by race can be found in Figure D.5.

A majority of the male participants identified as homosexual (63.6 percent) and 19.5 percent identified as heterosexual.

- Among the survey participants, 357 (58.8 percent) were identified as men who have sex with men (MSM). Of those, 86 percent identified as homosexual, 10 percent as bisexual and 2 percent as heterosexual. Among transgender clients, 39 percent identified as heterosexual, 34 percent identified as homosexual and 7 percent identified as bisexual.

Figure D.5: Sexual Identity by Race



Education

There were two main differences in the needs assessment sample between the 2002 survey clients and the current clients. In 2002, 9.2 percent of the survey participants completed some high school whereas in the 2005 sample 18.3 percent completed some high school. Also in the 2002 sample nearly 20 percent of the sample (19.1 percent) had a graduate or professional degree, where in the current sample only 4.6 percent reported having a graduate or professional degree.

The largest proportion of the sample had some college, completed a two year degree or a trade school degree. This was followed by high school graduates (Figure D.6, Table D.8).

Figure D.6: Education - 2002 & 2005

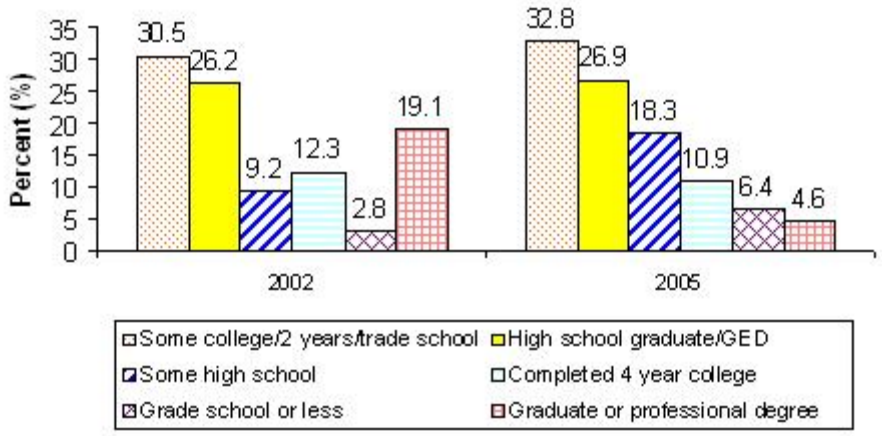


Table D.8: Education (n=606)

	Number	Percent
Grade school or less	39	6.4
Some high school	111	18.3
High school graduate/GED	163	26.9
Some college/2 years/trade school	199	32.8
Completed 4 year college	66	10.9
Graduate or professional degree	28	4.6

Employment and Income

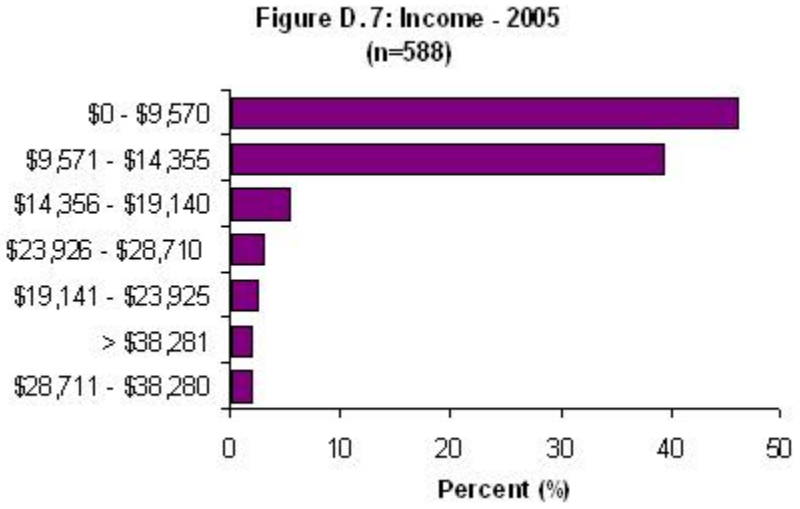
Nearly half of the survey participants reported not working and on full disability (46.8 percent). Another twelve percent were on disability but looking for work (Table D.9). Fourteen percent reported working and were employed either full or part time and four percent reported being retired.

Table D.9: Employment (n=601)

	Number	Percent
Not working – full disability	281	46.8
Disability/looking for work	74	12.3
Not working – student, homemaker, etc.	49	8.2
Not working – applied for disability	41	6.8
Employed full-time	37	6.2
Not working – looking for work	35	5.8
Employed part-time	27	4.5
Retired	23	3.8
Working part-time/disability	22	3.7
Other	12	2.0

Based on the reported annual incomes, 46 percent of the clients were below 100 percent of the poverty level ($9,571/year or below). An additional 39 percent were at 150 percent of the poverty level. Current 2005 poverty income levels derived from the federal ___ were used in the needs assessment survey.

- The current needs assessment sample is poorer that the previous needs assessment sample.
- In 2002, 75 percent of the client sample earned less than $16,500 annually in contrast to the current sample where **86 percent of the sample earned less than $14,355 annually**.



Housing

In the SF EMA, housing is a central issue and a need that requires careful examination. Compared to just over half of survey participants in 2002 reporting that they rented a house or apartment, 40.6 percent in 2005 reported renting (Table D.10). Additionally, twenty-two percent of clients reported living in an SRO with tenancy - up about six percentage points from 2002.

- Eight percent of clients reported being homeless in a shelter or on the street.
- Just under half (45 percent) of clients reported to be on a housing waiting list.

Table D.10: Current Residence (n=606)

	Number	Percent
Rent	246	40.6
SRO with tenancy/hotel	134	22.1
Own	58	9.6
In treatment facility	28	4.6
Homeless – street/car	23	3.8
Homeless shelter	23	3.8
Living/crashing – not paying rent	16	2.6
Parent/relative's house	15	2.5
In supportive housing	15	2.5

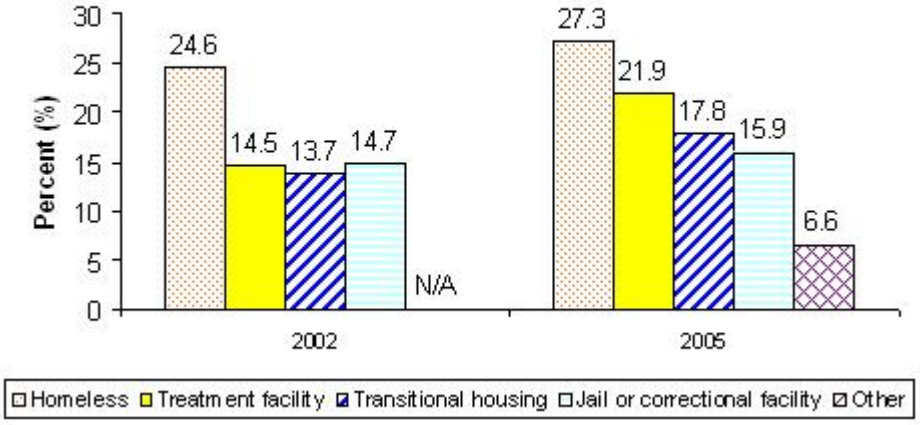
Table D.10 (continued)

Halfway/transitional housing	15	2.5
SRO without tenancy	14	2.3
Other	8	1.3
Skilled nursing/assisted living	7	1.2
Residential hospice	2	0.3

- Participants paid an average of $416/month for housing (median, $338/month). Housing costs ranged from $0 - $2,800 per month.
- Clients reported living with an average of two other adults and no children.
- 30.6 percent of participants' partners/spouses were HIV+. 3.5 percent did not know their partners' HIV status

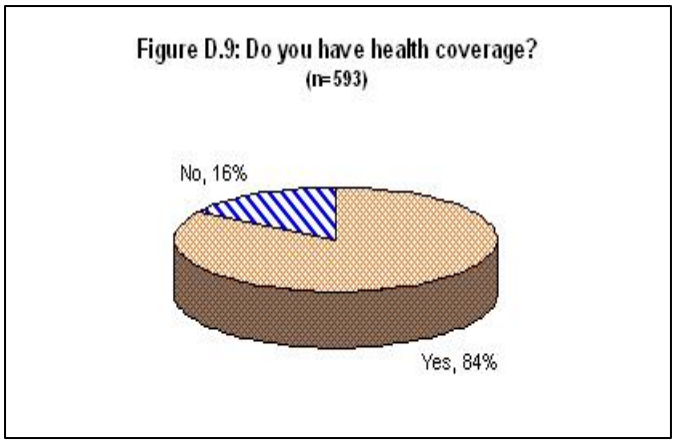
Participants were also asked about their living situation in the last two years (Figure D.8). Twenty-seven percent reported that they were homeless in the last two years, 22 percent were in a treatment facility, 18 percent were in transitional housing and 16 percent were incarcerated.

Figure D.8: Living Situation in the Last 2 Years - 2002 & 2005



Health Coverage

Among those who had health coverage (Figure D.9), almost three quarters (73 percent) were on Medi-Cal /Medicaid (Table D.11). Another 45 percent were on Medicare. Sixteen percent of participants reported having no health coverage.



It is worth noting the significant difference in the number of participants who had health coverage in 2002, 58 percent and in 2005, 83.7 percent. Although it may appear to be an increase, it is more likely to be a combination of two things. First, the 2002 Needs Assessment survey did not include county-funded programs, Veteran's

benefits, or private pay/fee-for-service payments as sources of health coverage for clients to select from. The county-funded health coverage program is especially important to note as San Mateo County has its own health insurance program. In 2002, 71.4 percent of survey participants living San Mateo reported they did not have health insurance. In 2005 when it was added as a survey choice, only 13.2 percent of San Mateo County survey participants reported not having health coverage. Second, the proportion of participants enrolled in Medi-Cal increased from 52.9% to 73.3 percent between 2002 and 2005.

All Marin County survey participants reported having health coverage. Compared to other races, Latino/Hispanic participants were least likely to have health coverage (24.3 percent).

Table D.11: Types of Health Coverage (among those who stated they had health coverage)

	Number	Percent
Medi-Cal/Medicaid	365	73.3
Medicare	223	45.3
VA	31	6.3
Private Insurance/ HMO	30	6.1
Other	24	5.2
Through work	22	4.4
County funded	20	4.0
Private pay/ fee-for-service	13	2.6
COBRA/OBRA	11	2.2

Benefits

Just about half of the surveyed participants reported receiving SSI benefits (Table D.12, Figure D.10). Eight percent (48) of participants reported receiving Emergency Financial Assistance benefits. Of those three quarters were HIV+ with disabling symptoms; 46.8 percent were White and 19.1 percent were Asian/Pacific Islander.

Among those who reported they were not eligible for benefits (5.4 percent), almost half were Black/African American (48.4 percent), 38.7 percent were White and the remaining were Latino/Hispanic. 63 percent of these participants reported yearly incomes at or below 150 percent of the poverty level.

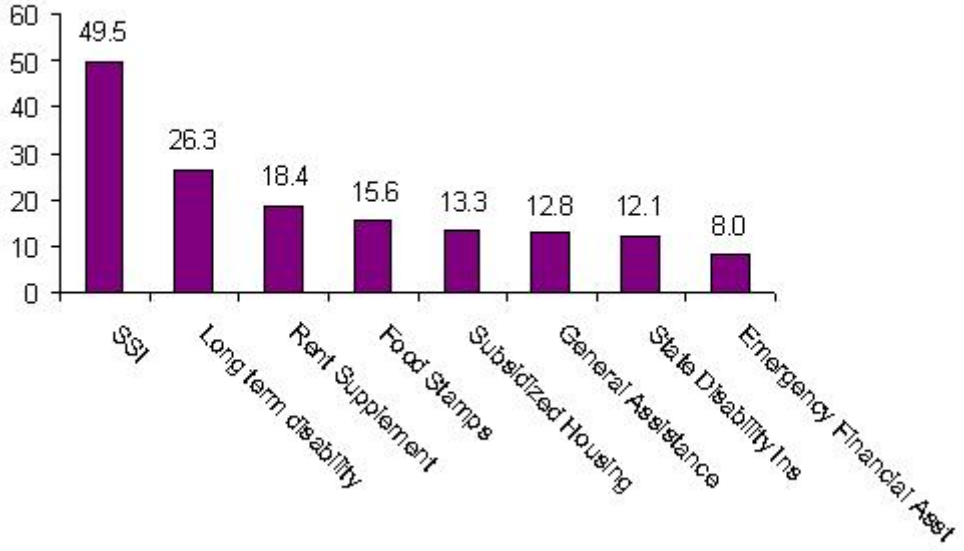
Table D.12: Types of Benefits

	Number	Percent
SSI	299	49.5
Long term disability	158	26.3
Rent Supplement	111	18.4
Food Stamps	94	15.6
Subsidized Housing	80	13.3
General Assistance	77	12.8
State Disability Insurance	73	12.1
Emergency Financial Assistance	48	8.0

Table D.12 (continued)

Not Eligible for Benefits	31	5.4
Short term disability	31	5.2
Other	24	4.1
Bureau of Indian Affairs	21	3.5
Retirement	19	3.2
VA	16	2.7
Annuity/Life Insurance	3	0.5
WIC	3	0.5
TANF/CalWORKS	3	0.5

Figure D.10: Top 8 Types of Benefits Received - 2005



HEALTH STATUS INFORMATION

This section of the report provides data regarding health status and other health-related information such as details concerning participants who were not receiving primary care and those categorized under severe need.

HIV TRANSMISSION INFORMATION

All survey participants were HIV positive. Sixty-seven (67) percent of survey participants were HIV+ with disabling symptoms. When asked the most likely way they had been infected by HIV, most (58.6 percent) reported having sex with a man, followed by sharing needles (15.2 percent, Table HS.1).

Table HS.1: Mode of Transmission (n=607)

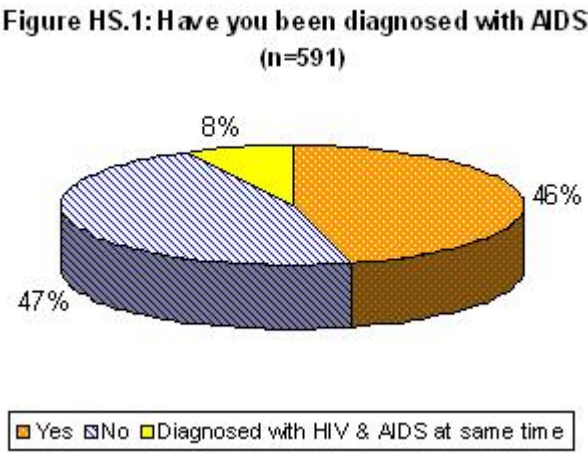
	Number	Percent
Having sex with man	356	58.6
Sharing needles	92	15.2
Having sex with woman	52	8.6
Having sex with transgender	11	1.8
Blood products/transfusion	18	3.0
Hemophilia	1	.2
Acquired at birth	1	.2
Other	7	1.2
Don't know	69	11.4

Among male participants, having sex with a man was listed as the most common mode of transmission (58.1 percent), followed by sharing needles (14.8 percent). Having sex with a man, followed by sharing needles, were also the most common modes of HIV transmission among female (60 percent and 18.3 percent respectively) and transgender (60.5 percent and 11.6 percent) participants.

Interestingly, overall, 11.4 percent of clients reported that they were unsure how they became infected with HIV. Of those who reported that they were unsure how they became infected, 73 percent were male and 40 percent were homosexual.

Fifty-eight percent of participants have been living with HIV for more than ten years, which is another indicator of an aging HIV population in the SF EMA. Three percent of the surveyed population was diagnosed with HIV less than one year ago. The average age at diagnosis was 34.

Among all of the survey participants approximately half (45.9 percent) had been diagnosed with AIDS (Figure HS.1). Of those, 16.6 percent (or 7.6 percent overall; 45 participants) reported that they were diagnosed with HIV and AIDS at the same time. Nearly half (46.7 percent) of those who were diagnosed with HIV and AIDS at the same time were heterosexual, 42 percent were African American, and nine percent had never seen a doctor for their HIV/AIDS.



HEALTH CARE

Clients were asked where they received most of their HIV care (Table HS.2). They were allowed to make more than one selection among the different locations listed in the survey. Overall, a large proportion of participants received their care at SF General (38.1 percent) followed by community clinics (33.3 percent), UCSF (11.3 percent) and private doctors and clinics (10.9 percent).

Table HS.2: Where do you received care most often: all participants

	Number	Percent
SF General	231	38.1
Community clinic	200	33.3
UCSF	68	11.3
Private MD/Clinic	66	10.9
St. Mary's	53	8.8
Emergency rooms	46	7.6
Kaiser	30	5.0
Other hospital	26	4.3
VA Medical Center	20	3.3
Marin County	19	3.1
San Mateo County AIDS Program	15	2.5
Other	44	7.5

Looking at the individual counties alone, San Francisco County reported residents stated that they received their health/medical care at SF General (42.1 percent), community clinics (31.7 percent) and UCSF (12 percent, Table HS.3). In San Mateo County residents report receiving their care most often at the community clinics (65 percent) followed by the San Mateo AIDS Program (22.5 percent) and private doctors or clinics (Table HS.4). Marin County clients reported receiving care from Marin County (54.5 percent), private doctors or clinics (40.9 percent) and emergency rooms (18.2 percent, Table HS.5)

Table HS.3: Where do you receive care most often: San Francisco

	Number	Percent
SF General	226	42.1
Community clinic	169	21.7
UCSF	64	12.0
Private MD/Clinic	52	9.7
St. Mary's	52	9.7
Emergency rooms	39	7.3
Kaiser	26	4.9
Other hospital	21	3.9
VA Medical Center	17	3.2
Marin County	6	1.1
San Mateo County AIDS Program	5	0.9
Other	38	7.2

Table HS.4: Where do you receive care most often: San Mateo*

	Number	Percent
Community clinic	26	65.0
San Mateo County AIDS Program	9	22.5
Private MD/Clinic	5	12.5
SF General	3	7.5
Kaiser	3	7.5
Emergency rooms	2	5.0
VA Medical Center	2	5.0
Other hospital	1	2.5
UCSF	1	2.5
Other	2	5.3

*No San Mateo clients listed St. Mary's or Marin County

Table HS.5: Where do you receive care most often: Marin*

	Number	Percent
Marin County	12	54.5
Private MD/Clinic	9	40.9
Emergency rooms	4	18.2
Community clinic	3	15.0
Other hospital	2	9.1
UCSF	2	9.1
Kaiser	1	4.5
SF General	1	4.5
Other	3	16.7

*No Marin clients listed St. Mary's, VA Medical Center, or San Mateo County AIDS Program

HEALTH AND DISEASE

Survey participants were asked whether they had been diagnosed with a variety of conditions that ranged from infectious diseases commonly associated with HIV and AIDS to chronic diseases and conditions. This is information that is important in considering an HIV positive person's quality of life and the type of health care they may seek and/or receive.

Infectious Diseases

Thirty-three percent of participants reported that they had been diagnosed with Hepatitis C and another 23 percent reported having Hepatitis B (Table HS.6). Among Sexually Transmitted Infections, Herpes was the most commonly diagnosed at 12 percent.

Table HS.6: Diagnosed Diseases

	Number	Percent
Hepatitis C	202	33.7
Hepatitis B	138	23.0
Hepatitis A	97	16.2
Herpes	72	12.0
Genital warts	52	8.7
Yeast infections	37	6.2
Syphilis	33	5.5
Gonorrhea	25	4.2
Chlamydia	18	3.0
Other	18	3.1

Chronic Diseases

Overall a large proportion of clients reported having chronic disease or conditions (Table HS.7). Thirty-six percent reported having neuropathy; of those, 83 percent reported have disabling HIV. A quarter of participants reported having high cholesterol and 19 percent reported having arthritis. Among female participants in the survey, nine percent reported having osteoporosis (versus three percent of males). The average age of those who reported having osteoporosis was 52 years old.

Table HS.7 Chronic Diseases/ Conditions

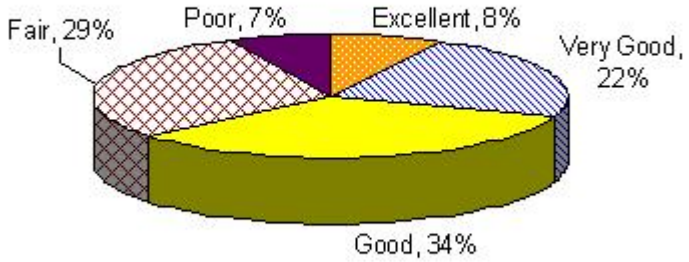
	Number	Percent
Neuropathy	216	35.8
High cholesterol	151	25.0
Diabetes	61	10.1
Heart disease	58	9.7
Osteoporosis	28	4.6
Arthritis	117	19.4

It was important to include chronic diseases and conditions in the Needs Assessment survey as the epidemic has now existed for over two decades and people are now living with HIV for a longer time. Over a quarter of the survey participants were over the age of 50 and naturally, the aging process kicks in.

Quality of Life

Participants were asked to rate their general health condition (Figure HS.2). On a scale that ranged from "poor" to "excellent," the largest proportion of participants (33.7 percent) fell right in the middle at "good." Eight percent reported being in "excellent" health and seven percent reported being in "poor" health.

Figure HS.2: General Health Status - 2005
(n=584)



Participants reported an average of eight days in the last month when they did not feel physically well. Nine of the ten participants (90 percent) who did not feel physically well for more than 20 days in the last month reported yearly incomes at or below 150 percent of the poverty level (< $14,356 annually). Additionally, 79.1 percent visited a doctor for their HIV/AIDS less than six months ago.

Participants reported an average of nine days in the last month when they did not feel mentally well. Seventy percent who did not feel mentally well for nine or more days in the last month were HIV positive with disabling symptoms. Of these participants, 63.8 percent were on antidepressants or psychiatric medications and 80.3 percent have received mental health treatment. The treatments reported for this group were individual counseling (80.0 percent) and group therapy (52.7 percent). Similarly, 59.6 percent of those who did not feel mentally well for nine or more days of the month reported being diagnosed with anxiety and 78.5 percent reported a depression diagnosis. About a quarter of these participants(25.8 percent) lived in an SRO with tenancy and 8.3 percent were homeless. Most (88.4 percent) reported living at 150% or below the poverty level.

Medications

Approximately three out of four (75.7 percent) participants have taken HIV/AIDS medications at least once. A majority of participants (75.3 percent) reported that they were currently taking antiretrovirals and/or protease inhibitors (Table HS.8). On average, respondents who reported taking HIV/AIDS medications were taking six prescription drugs. The number of prescriptions ranged from zero to thirty.

Among those who reported never taking HIV/AIDS medications, 58 percent were HIV+ without disabling symptoms. Most (62.5 percent) were African American and 35.7 percent did not have health coverage. On average, participants who have never taken HIV/AIDS medications were younger (43.1 years) than those who have taken medications (46.9 years).

Table HS.8: Current Medication Regimens

	Yes (%)	No (%)	Don't know (%)
Antiretrovirals and/or protease inhibitors	75.3	22.1	2.6
Other medications related to HIV/AIDS	56.4	41.4	2.2
Antidepressants or other psychiatric medications	47.6	51.4	1.0
Pain medications or sleep aids	49.4	49.4	1.2
Hormones or steroids	20.2	78.8	1.0
Herbal and/or other supplements	30.8	68.2	1.0

Most people reported never skipping HIV/AIDS medication or skipping once or twice a month (42.1 percent and 36.6 percent respectively, Table HS.9). Of those who had skipped doses, the most common reasons were forgetting to take meds (58.7 percent), side effects (36.6 percent), difficult schedule and requirements (31.0 percent), and just didn't want to take them (28.5 percent, Table HS.10).

Table HS.9 Frequency of skipped HIV/AIDS medications as prescribed by the doctor (n=399)

	Number	Percent
Have never skipped HIV/AIDS medication	168	42.1
Once or twice a month	146	36.6
Once or twice a week	30	7.5
More than twice a week	28	7.0
I have stopped taking my medicine	27	6.8

Table HS.10: Reasons for skipping HIV/AIDS medication

	Number	Percent
Forgot to take the medicines	145	58.7
Side effects	90	36.6
Difficult schedule and requirements	77	31.0
Just didn't want to take them	70	28.5
Ran out of medicines	59	24.0
Hard to coordinate with food/eating	50	20.2
Homeless	35	14.2
My doctor advised me to stop taking my medicines	31	12.7
Could not afford the medicines	26	10.6
Didn't want others to see the medicines	26	10.5
Felt the medicines didn't work	23	9.3
Medicines made me feel good so I felt I didn't need them anymore	22	8.9
Didn't understand the directions	16	6.5
Other	20	8.6

Participants reported that their drugs were mostly paid for by Medi-Cal/Medicaid (70.7 percent of participants), ADAP (32.5 percent), and Medicare (29.8 percent). In addition, 49.4 percent and 47.6 percent were taking pain medications/sleep aids and antidepressants/other psychiatric medications respectively (Table HS.11).

Table HS.11: Prescription drug reimbursement sources

	Yes (%)	No (%)	Don't know (%)
ADAP	32.5	65.4	2.2
Medi-Cal/Medicaid	70.7	28.5	.7
Medicare	29.8	67.8	2.4
Private insurance	6.7	92.5	.7
Veteran's benefits	3.1	95.9	1.0
Out-of-pocket	11.8	87.5	.7
Local/emergency assistance (e.g., San Mateo Well Plan)	4.1	95.0	1.0
Other (specify) _____	3.3	95.4	1.3

Mental Health

Participants were asked a variety of questions regarding the status of their mental health including the types of mental health services they may have used (which is examined in more detail in the Service Utilization section of this report) and any diagnosed mental health conditions.

Sixty-seven percent of survey respondents (n=403) reported receiving mental health services since they were infected with HIV. Among those, 39.4 percent were African American and 36.4 percent were White, however among Asian/Pacific Islanders, 89 percent have received mental health services since they were told they were infected with HIV which is the largest proportion within race compared to all other race categories. Over 80 percent of participants who received mental health services in the last year also reported yearly incomes below 150 percent of the poverty level. Gay males were twice as likely to have received mental health services compared to heterosexual individuals. Over half (58.9 percent) of participants who received mental health services in the last year also received substance use services in the same year.

Table HS.12: Types of Mental Health Services Used (past 2 years)

	Number	Percent
Individual Counseling/therapy	313	77.9
Medications	197	48.9
Group counseling/therapy	196	48.6
Inpatient	110	27.3

In the last two years, well over half (66.5 percent) of participants reported that they have been diagnosed with depression (Table HS.13). Among those who have been diagnosed with any mental health condition listed in the Needs Assessment survey, over 70 percent were taking an antidepressant or psychiatric prescription medication.

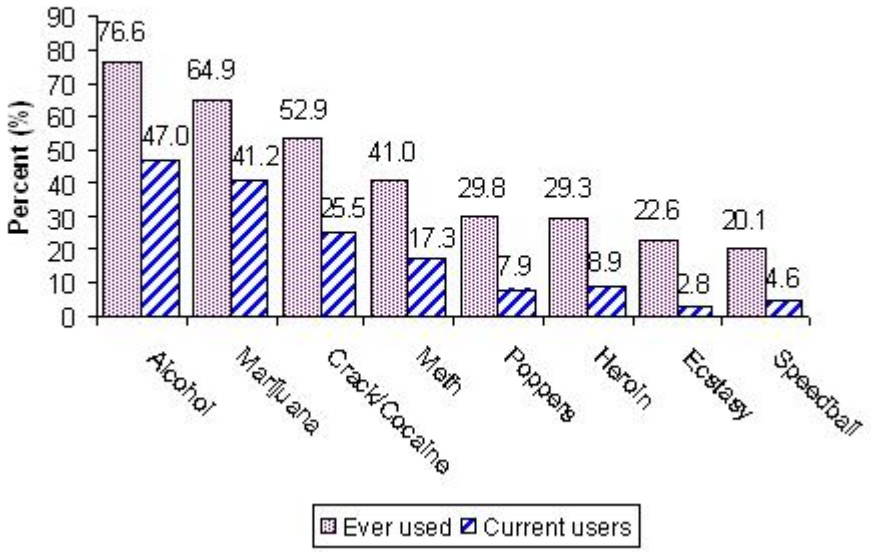
Table HS.13: Diagnosed Mental Health Conditions

	Number	Percent
Depression	266	66.5
Anxiety	189	46.9
Bipolar disorder	80	19.9
Dementia	27	6.8
Other	34	9.6

Substance Use

For each substance listed in the survey, participants were asked if they had ever used it and if they currently use it. Current substance users make up 65.7 percent (399 participants) of the survey sample. The most common substances used by clients were Alcohol, marijuana and Crack/Cocaine (Figure HS.3). Forty-one percent of clients reported that they ever used Methamphetamine; of those, 17 percent were current users.

Figure HS.3: Substance Use Type - Ever Used & Current Users



Interestingly, among those who are current users of substances considered to be more "chronic-use" substances (i.e., alcohol, marijuana, crack/cocaine, heroine, meth, and speedball) they use the drug on a more frequent basis, i.e., they use it once a week or more. Among current drug users, "party drugs" (i.e., GHB, poppers, ecstasy, Special K, erectile drugs for non-prescription use) are used less frequently - likely used less than once a month (Table HS.14).

Among current marijuana users, 31.4 percent have reported receiving alternative treatment as health care. Additionally, 70 percent of current marijuana users have disabling HIV symptoms.

Almost a quarter of the participants (23.5 percent) reported injecting street drugs in the last year. Of those, 65 percent reported that they never shared needles; 32 percent reported that they shared

needles sometimes and the rest (3 percent) said that they always shared needles when injecting street drugs.

Table HS.14: Summary of Substance Use Responses

	Ever used	*Current users*		*Used < 1/month*	*Used about 1/month*	*Used once a week or more*
Alcohol	76.6	*47.0*	→	*33.0*	*23.5*	*43.5*
Marijuana	64.9	*41.2*	→	*34.4*	*16.4*	*49.2*
Crack/Cocaine	52.9	*25.5*	→	*39.4*	*23.9*	*36.8*
Heroin	29.3	*8.9*	→	*42.6*	*23.8*	*40.0*
Meth	41.0	*17.3*	→	*36.2*	*23.8*	*40.0*
Speedball	20.1	*4.6*	→	*46.4*	*10.7*	*42.9*
GHB	15.7	*3.0*	→	*66.7*	*11.1*	*22.2*
Poppers	29.8	*7.9*	→	*45.8*	*16.7*	*37.5*
Ecstasy	22.6	*2.8*	→	*64.7*	*5.9*	*29.4*
Special K	16.5	*1.8*	→	*63.6*	*18.2*	*18.2*
Erectile drugs	16.8	*4.1*	→	*60.0*	*28.0*	*12.0*
Rx for recreation	17.3	*6.1*	→	*51.4*	*16.2*	*32.4*
Other street drugs	3.6	*1.5*	→	*55.6*	*22.2*	*22.2*

Almost half (46 percent) of survey participants reported that they received substance use counseling or treatment services since they were infected with HIV. Of those, the majority sought individual counseling or therapy (Table HS.15).

Table HS.15: Substance Use Counseling and Treatment

	Number	Percent
Individual counseling/therapy	196	71.8
Group counseling/ therapy	176	64.2
Inpatient (in a hospital at least overnight)	133	48.7
Medication for psychological or behavioral problems	110	40.1

A majority of participants reporting recent drug use had received substance use counseling or treatment since being infected with HIV. For example, 69.9 percent of participants who had used crack/cocaine in the last year and 77.8 of participants who had used Heroin had received substance use counseling or treatment since being infected with HIV. Of the participants who had used meth in the last year, 69.9 percent had received substance use counseling or treatment since being infected with HIV; 89.3 percent of current speedball users had received substance use counseling or treatment.

OUT-OF-CARE POPULATION

The out-of-care population is a unique population that is important to identify. By definition a client is considered to be out-of-care if they have not seen a doctor, nurse or other health care team member for their HIV/AIDS in more than one year or have never received care.

Among the survey respondents, 12.5 percent (n=72) were considered out-of-care. Of those, 68 percent (or 8.5 percent overall) have never been in care and 32 percent (or 4 percent overall) have not been in care for over one year (Table HS.16).

Table HS.16: Return to Doctor or Clinic after HIV Diagnosis (n=578)

	Number	Percent
I have never seen a doctor or gone to a clinic since I found out I was HIV+.	49	**8.5**
Less than 6 months ago.	488	84.4
Six to twelve months ago.	18	3.1
More than a year ago.	23	**4.0**

Black/African Americans who reported never having seen a doctor or going to a health clinic for their HIV/AIDS comprise 12 percent of all Blacks who were surveyed, versus 9.1 percent of Native Americans, 8.3 percent of Latinos, 4.6 percent of Whites, and 3.8 percent of Asian and Pacific Islanders (Table HS.17).

Among those whose health care visit for HIV/AIDS was over one year ago, only 18 percent reported being on Antiretrovirals/Protease Inhibitors compared to 75 percent of the overall survey sample who are on Antiretrovirals/Protease Inhibitors. Two of five participants (42.4 percent) who have never seen a doctor or whose visit was more than one year ago reported being diagnosed with AIDS; 7.6 percent of them were diagnosed with HIV and AIDS at the same time. Of participants who have never seen a doctor or whose visit was more than one year ago, 45.1 percent reported that they were likely infected with HIV by having sex with a man. 22.5 percent reported that they were likely infected by sharing needles, and 12.7 reported that they don't know how they got infected.

Among those who have ever received any type of care for their HIV/AIDS, thirty percent reported that there was a period of time of more than one year when they did not go to a doctor or visit a clinic; of those 91.4 percent have since gone back to see a doctor. These participants reported a variety of reasons for returning to the doctor including: wanting to stay healthy (53.4 percent), getting sicker (51.7 percent), and needing to get blood work done (47.6 percent).

Table HS.17: Description of Out-of-Care Populations

	Last health care visit was >1 year ago N=23 (%)	Never seen a MD or gone to health clinic N=49 (%)	Over a year ago or Never N=72 (%)
Counties			
San Francisco	95.5	95.9	95.8
San Mateo	4.5	4.1	4.2
Gender			
Male	72.7	61.7	65.2
Female	13.6	27.7	23.2
Transgender	9.1	10.6	10.1
HIV Status			
With Disabling Symptoms	60.0	65.1	63.5
Race			
Black/African American	55.0	62.5	60.3
Latino/Hispanic	15.0	12.5	13.2
White	10.0	18.8	16.2
Asian/Pacific Islander	10.0	2.1	1.5
Native American	10.0	4.2	5.9
Current Residence			
SRO w/Tenancy – Hotel	40.9	26.5	31.0
Homeless	27.2	14.3	18.4
Rent	22.7	24.5	23.9
Sexual Orientation			
Heterosexual	47.6	37.5	40.6
Homosexual – Gay male	33.3	33.3	33.3
Bisexual	19.0	20.8	20.3
Yearly Income (reported if over 5% responded)			
$0 - $9,570 – 100% poverty level	72.7	57.1	62.5
$9,571 - $14,355 – 150% poverty level	22.7	38.1	32.8
Have health coverage	66.7	81.3	76.8

Of the 8.6 percent who did not go back to receive care, 71.4 percent were Black/African American; 21.7 percent were White; and 7.1 percent were Asian/Pacific Islander. Fourteen percent were homeless and 85.7 percent reported having health coverage. As for sexual orientation, 35.7 percent identified as heterosexual and another 35.7 percent identified as homosexual.

Figure HS.4: Last Health Visit Over a Year Ago or Never by Race

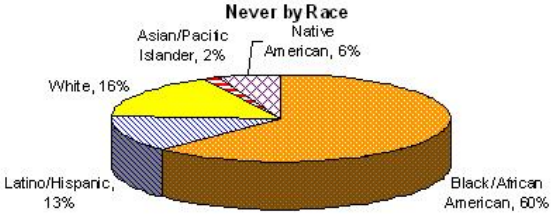
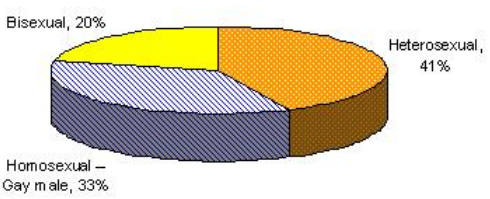


Figure HS.5: Last Health Visit Over a Year Ago or Never by Sexual Orientation



Additional Information on Out-of-Care Population

In order to validate these findings and to further examine the out-of-care population in the SF EMA, other related variables were analyzed. Trends were similar among those adults who have *never received care from a prescribing doctor in the last year* and those who *saw a doctor over a year after diagnosis*. Overall a large proportion were Black/African American, identified as heterosexual and reported to have health coverage of some type.

Survey participants also were asked how often within the last year they received medical care from a physician or clinician who can prescribe medications from a pharmacy.

Table HS.18: Frequency of Medical Care Visits (n=595)

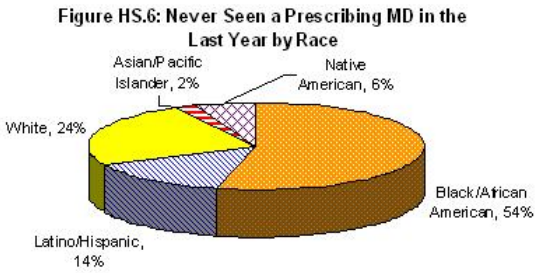
	Number	Percent
Never	51	**8.6**
Only when I was sick	101	17.0
On a regular ongoing basis	444	74.5

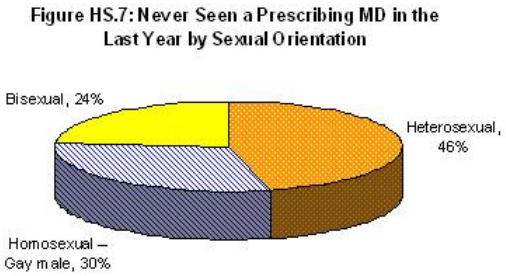
Table HS.19: Description of Participants who Never seen a Prescribing MD or Clinician (n=51)

	Never seen a prescribing MD or clinician (%)
Counties	
San Francisco	96.1
San Mateo	3.9
Gender	
Male	75.5
Female	20.4
Transgender	4.1
HIV Status	
With Disabling Symptoms	28.3
Race	
Black/African American	54.0
White	24.0
Latino/Hispanic	14.0
Native American	6.0
Asian/Pacific Islander	2.0
Current residence (reported if over 5% responded)	
Rent	31.4
Homeless	19.6
SRO w/Tenancy	13.7
Own	11.8
Sexual Orientation	
Heterosexual	46.0
Homosexual – Gay male	30.0
Bisexual	24.0

Table HS.19 (continued)

	Never seen a prescribing MD or clinician (%)
Yearly Income (reported if over 5% responded)	
$0 - $9,570 – 100% poverty level	72.3
$9,571 - $14,355 – 150% poverty level	23.4
Have health coverage	46.8





Survey participants were asked when their first visit to the doctor was after testing positive for HIV.

Table HS.20: Time Between HIV Diagnosis and First Doctor's Visit (n=601)

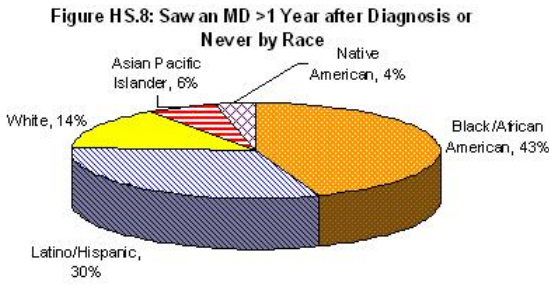
	Number	Percent
Within a month after diagnosis	348	57.9
One to three months after diagnosis	106	17.6
Four to six months after diagnosis	48	8.0
Seven months to a year after diagnosis	12	2.0
More than a year after diagnosis	**76**	**12.6**
I haven't seen a doctor for my HIV	**11**	**1.8**

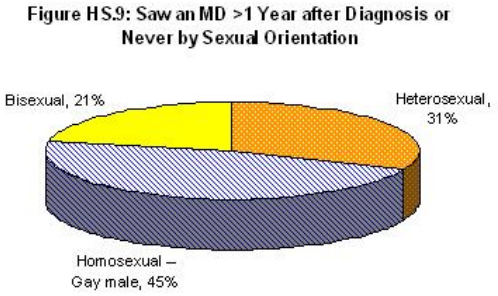
Table HS.21: Description of Population who has Never Seen a Doctor or Saw One Over a Year Ago (n=87)

	Saw MD >1 year after dx or never seen MD (%)
Counties	
San Francisco	95.3
San Mateo	3.5
Marin	1.2
Gender	
Male	77.9
Female	12.8
Transgender	5.8
Intersex	3.5
HIV Status	
With Disabling Symptoms	64.3

Table HS.21 (continued)

	Saw MD >1 year after dx or never seen MD (%)
Race	
Black/African American	43.0
White	30.2
Latino/Hispanic	14.0
Asian Pacific Islander	5.8
Native American	3.5
Current residence (reported if over 5% responded)	
Rent	34.5
SRO w/Tenancy – Hotel	26.4
Treatment facility	9.2
Homeless	8.0
Sexual Orientation	
Heterosexual	30.6
Homosexual – Gay male	44.7
Bisexual	21.2
Yearly Income (reported if over 5% responded)	
$0 - $9,570 – 100% poverty level	48.2
$9,571 - $14,355 – 150% poverty level	37.6
Have health coverage	75.0





SEVERE NEED POPULATION

Another important population to examine, particularly for Care-funded services is the Severe Need population in the SF EMA. "Severe Need" was defined by the HIV Health Services Planning Council on June 28, 2004. To be in the "severe need" category, an individual must meet all of the following criteria:

- ✓ **Disabled** by HIV/AIDS or with symptomatic HIV diagnosis
- ✓ **Active substance use** or **mental illness**
- ✓ **Poverty**, defined as annual federal gross income equal to or less that 150% of the Federal Poverty Level, which for 2005 is up to $14,355 for one person.

Based on the above criteria, for the purposes of reporting outcomes from the 2005 Needs Assessment Survey, active substance abuse was defined as those who are current users of illicit substances (65.7 percent of all respondents) and active mental health was defined as those who have been diagnosed with a mental illness in the last two years (56 percent of all respondents). Normally, these two criteria would require a clinical opinion or diagnosis.

According to the above definition, almost half (47.1 percent, n=286) of the survey respondents were considered to be in the severe need category. The average age of the severe need population is 46. Tables HS.22 through HS.25 further describe the severe need population.

Table HS.22. Severe Need population by County (n=286)

	Number	Percent
San Francisco	264	93.0
San Mateo	12	4.2
Marin	7	2.5
Alameda	1	.4

Table HS.23: Severe Need population by Gender (n=285)

	Number	Percent
Male	218	76.5
Female	48	16.8
Transgender	16	5.6
Intersex	2	.7

Table HS.24: Severe Need population by Race/Ethnicity (n=281)

	Number	Percent
African American/Black	115	40.9
White	97	34.5
Latino/Hispanic	35	12.5
Native American	19	6.8
Asian/Pacific Islander	10	3.6
Other	5	1.8

Among severe need females, 62 percent were Black/African American (Figure HS.10). Among males (Figure HS.11), the larger proportion was White at 39 percent followed by Black/African Americans (34.1 percent).

Figure HS.10: Severe Need Females by Race

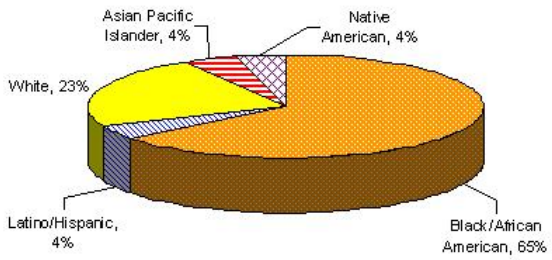


Figure HS.11: Severe Need Males by Race

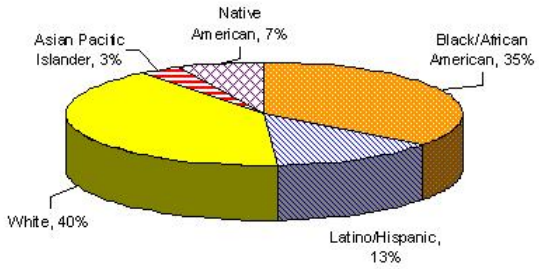


Table HS.25: Severe Need population by Sexual Orientation (n=286)

	Number	Percent
Homosexual – Gay Male	141	49.3
Heterosexual/Straight	81	28.3
Bisexual	50	17.5
Other	10	3.5
Lesbian	4	1.4

Spanish was the primary language for 8 percent of the severe need population. With regard to housing, 38.5 percent reported that they paid rent, 29.4 percent lived in an SRO with tenancy; 8.7 percent were homeless or in transitional housing; and 5.2 percent were living in a treatment facility. Most were not working and on full disability (56.1 percent). A majority (90.0 percent) reported that they have some type of health coverage; 48.4% had Medicare and 81.1% had Medi-Cal.

Most of the severe need population (65.6 percent) had AIDS; of those 9.2 percent were diagnosed with HIV and AIDS at the same time. This population tended to report regular medical care. Ninety percent had a health care visit for their HIV/AIDS within the last year. Of those, 86.1 percent received health care within the last 6 months. Similarly, 80.8 percent stated that they receive care from a prescribing doctor on a regular basis. The average number of prescription medications for this population was six.

This population reported that on average they experienced 10 days in the last month when they were not feeling physically well and an average of 11 days when they were not feeling mentally well. These numbers are higher than the overall survey population (eight days and nine days, respectively).

PREVENTION WITH POSITIVES

Questions regarding prevention with positives efforts were added to Needs Assessment data collection instruments for the first time this year. The following is the feedback received from clients on the survey and during focus groups.

Survey Responses

Overall, survey participants reported a high frequency of discussing HIV-related issues with their health care providers (Table HS.26). These discussions tended to take place in a medical setting. The most common provider for these discussions tended to be medical providers such as doctors, physician assistants, and nurse practitioners and the least common were alternative therapists such as acupuncturists, herbalists, and healers.

Table HS.26: Discussions with HIV service providers

Mark whether or not you have had these discussions with an HIV service provider.	**Medical Provider** (i.e., doctor, physician assistant-PA, nurse practitioner)	**Case Manager or Social Worker**	**Health Educator, Counselor, or Substance use treatment counselor**	**Peer Advocate or Outreach Worker**	**Alternative Therapist** (i.e., acupuncturist, herbalist, healer)
	%	%	%	%	%
Your risk of spreading HIV to someone else.	76.2	56.4	52.3	43.2	32.5
The effectiveness of condoms on reducing transmission of HIV/AIDS.	72.1	55.5	54.3	44.1	35.6
The risk that a receptive partner in anal or vaginal sex can infect someone else with HIV/AIDS.	68.4	49.7	51.2	42.4	32.6
The risk that an insertive partner in anal or vaginal sex can infect someone else with HIV/AIDS.	68.3	50.3	50.4	41.8	32.1
The risk that one HIV+ person re-infecting another HIV+ person.	71.8	51.4	52.6	41.9	32.6
The impact a person's viral load may have on infecting someone else with HIV/AIDS.	63.9	44.9	46.1	37.3	30.1
Your options in disclosing your HIV status to your sexual and injection use partners.	61.3	48.4	48.0	41.2	30.6

Table HS.26 (continued)

Mark whether or not you have had these discussions with an HIV service provider.	Medical Provider (i.e., doctor, physician assistant-PA, nurse practitioner)	Case Manager or Social Worker	Health Educator, Counselor, or Substance use treatment counselor	Peer Advocate or Outreach Worker	Alternative Therapist (i.e., acupuncturist, herbalist, healer)
	%	%	%	%	%
The risks associated with combining recreational drug use and sexual activity.	69.0	52.6	52.4	4.4	34.8
The effects of HIV medication on a person's viral load and infectivity.	72.3	48.1	48.0	41.0	30.9

In general, participants tended to display a high level of understanding of HIV-related issues (Table HS.27). For example, 75.3 percent stated that it was highly likely that using condoms would effectively reduce infecting someone with HIV/AIDS.

Table HS.27: Understanding of HIV-related issues

Please say if you believe there is a high, medium, low or no likelihood of occurring.	Highly Likely (%)	Moderately Likely (%)	Less Likely (%)	Not Likely (%)
Using condoms will effectively reduce infecting someone else with HIV/AIDS.	75.3	12.5	7.0	5.3
A receptive partner in unprotected anal or vaginal sex infecting someone else with HIV/AIDS.	65.4	17.0	11.0	6.7
An insertive partner in unprotected anal or vaginal sex infecting someone else with HIV/AIDS.	69.4	16.8	6.7	7.2
One HIV+ person re-infecting another HIV+ person.	57.6	19.7	11.0	11.7
A person's viral load affecting the transmission of HIV/AIDS.	55.7	23.6	8.5	12.2
Infecting someone else with HIV by having oral sex.	36.4	16.2	24.4	23.0
Risk of infecting someone else with HIV/AIDS by combining recreational drugs with sex (i.e., party 'n play, tweak 'n freak).	75.2	12.0	5.3	7.5

Qualitative Feedback

Focus group participants were asked the following questions regarding Prevention with Positives (PWP):

- Has a medical provider ever discussed with you the risk of spreading HIV to others?
- Has a medical provider ever discussed with you ways to tell your sexual or using partners about your HIV status?
- How did you feel?
- Who would be the most appropriate person to discuss this topic with? *(Probe: Counselor? Case manager? Peer?)*

Participants across the groups seemed to agree that it was important to discuss issues such as safer sex practices and disclosure issues with medical providers. As one person stated:

- *When you first get disease you don't know anything. I only had it a few years. We didn't speak about it. No one knew where to go. I still kind of don't for some of things. If my doctor was more informative, and more informed.* (African American male focus group participant)
- *I agree it should be discussed as part of the medical provider (visit). There should be ways to discuss to the provider. It's about how to best go about disclosing without demeaning yourself.* (API group participant)

Several participants across the groups stated that their medical provider had discussed PWP topics with them. These participants seemed comfortable with being approached by doctors about these topics:

- *My doctor does. We talk about prevention. My lover just passed away. Both of us were HIV. He talked to us about a super HIV infection. Prevention between each other... She helped out because 4-5 yrs ago, we were together and we didn't use condoms, because we already both HIV. Then the doctor talked about re-infection or creating super strand.* (Transgender focus group participant)
- *It depends on rapport with the doctor. After 3 years with him, I feel comfortable, then he can ask you personal questions, and I'm not offended. It shows he cares.* (Homeless group participant)

There were also several participants who had not discussed these topics with their doctors. Many participants, particularly in the homeless group, stated that it was up to them to advocate for themselves and to ask their doctors questions as they did not expect their doctor to bring it up. Participants cited a variety of reasons for why their doctors might not discuss PWP issues with them:

- *We never have time to go into those issues.* (55+ participant)
- *I've had no such discussion with the doctor. I think they assume because I am older, I know everything. I think there needs to be a discussion. No one wants to [ask] 'do you use a condom', they assume I am white and educated.* (55+ participant)
- *It's up to you to ask your doctor anything you want to know.* (African American male focus group participant)
- *My doctor doesn't say anything because he thinks I know everything.* (API group participant)

A few participants shared they did not want to discuss PWP topics with their doctors.

- *I thought that was inappropriate of my doctor…I know what my responsibility is and I think that is whole different ball game that should be addressed somewhere else not with doctor.* (Marin group participant)

In addition to medical providers, participants across groups stated they would like to discuss PWP topics with other service providers such as case managers, mental health providers, patient/peer advocates, and in support group settings:

- *My clinic has a case manager you can talk to before your visit with the doctor. You can talk about sex.* (55+ participant)
- *St Mary's has nurse whose title is patient advocate. She sets up lectures, seminars, workshops, and updates on HIV treatment. It's pretty cool.* (55+ participant)
- *I think support groups are good because you get different people's ideas, not just one idea from one person. There [are] people dealing with same issue. And you get to hear about their experience about people's different reactions.* (API group participant)

SERVICE UTILIZATION

The following pages provide service utilization data by service category. The categories are presented in order of client utilization survey data (beginning with the service that demonstrated the highest rate of utilization). The following table provides this ranking, as well as the service rankings by client need, and outcomes from each community forum service exercise:

Table SU.1: Service Rankings

Rank	Client Survey: Service Utilization*	Client Survey: Service Needs	Community Forum #1	Community Forum #2
1	Food	Food	Housing	Health Care
2	Health Care	Health Care	Health Care	Housing
3	Case Management	Housing	Food	Substance Use
4	Housing	Case Management	Mental Health	Mental Health
5	Transportation	Transportation	Substance Use	Client Advocacy
6	Mental Health	Client Advocacy**	Client Advocacy	Case Management
7	Client Advocacy	Mental Health**	Case Management	Food
8	Substance Use	Substance Use	Transportation	Transportation
9	Day/Respite Care	Day/Respite Care	Day/Respite Care	Day/Respite Care

*Service Utilization pages presented in order of this ranking.
**Need ranking for these two categories were tied.

Each of the following pages provides the service utilization data collected from the client survey, as well as bar graphs that present the following:

- Breakdown of clients who *needed* a service and *received* it vs. clients who *needed* the service and *did not receive* it;
- Breakdown of clients who *received* the service and it *met their needs* vs. clients whose *needs were not met*.

In addition, noteworthy information regarding client information, barriers, and qualitative feedback from the client survey and focus groups is included. Key findings regarding client information and the severe need population are provided for most service categories. For some services, there were no remarkable trends regarding which clients needed or received services; therefore, only basic data is presented for these categories.

In general, the focus group data validated the client survey findings. Specifically, when asked what the most important services were, participants in all focus groups rated Food, Health Care, Case Management, and Housing as the most important services. As one participant in the API focus group stated:

> *[I] go to the basics: housing, food, medications. That's kind of basically what I need. When you have them, [you] feel safe. You know you're going to eat, and have housing, you feel safe.*

The client quotes provided for each service category provide additional details regarding clients' service needs and barriers to accessing services.

SERVICE BARRIERS

Survey participants were asked to rate how big a problem various issues were in attempting to access and receive HIV/AIDS services. The issue perceived to be the biggest challenge was reduced or discontinued services due to funding cuts. While this finding does not confirm how many clients were actually affected by recent service cuts, it does indicate that clients are aware of changes to HIV/AIDS-related funding and the effect on local providers.

Limitations to benefits and eligibility requirements were also barriers for the survey participants. A majority of participants perceived inadequate health insurance to be a big problem (25.0 percent) or a medium problem (11.1 percent). Similarly, a total of 37.5 percent of respondents cited service ineligibility as a big or medium problem.

Less common barriers were the service not being available in county of residence, not being able to communicate with providers in preferred language, lack of child care, and fear of being reported to immigration. Language was not a commonly perceived barrier among participants who spoke a language other than English; 64.9 percent of these participants (n=37) reported this issue was not a problem. Similarly, 68.9 percent of respondents who were born outside the U.S. (n=51) stated fear of being reported to immigration was not an issue for them.

The following table lists all perceived barriers.

Table SU.2: Perceived Service Barriers and Challenges

Perceived Barrier	Big Problem	Medium Problem	Small Problem	No Problem
1. Reduced or discontinued services due to funding cuts.	38.9	12.6	14.9	33.7
2. Inadequate health insurance.	25.0	11.1	17.4	46.5
3. I was not eligible for the service.	24.4	13.1	15.0	47.5
4. I can't afford one or more of the services.	24.0	13.8	14.2	47.9
5. I did not know that a service or treatment was available to me.	23.4	19.2	22.9	34.6
6. The amount of paperwork required to receive services I needed.	21.4	14.6	23.7	40.2
7. I did not know the location of the service.	20.3	19.5	22.9	37.4
8. The rules and regulations for services I need.	18.2	12.9	20.8	48.1
9. The amount of time I had to wait to get an appointment to see someone.	17.4	16.8	18.4	47.4
10. Current or recent drug or alcohol use.	17.1	12.7	18.9	51.4
11. Lack of professional support to help me get through the system.	16.8	13.3	17.3	52.5
12. My physical health has not allowed me to get to the place where the service is provided.	16.2	16.0	23.5	44.3
13. My state of mind or mental ability to deal with the treatment.	16.1	17.8	24.4	41.7
14. Fear of my HIV or AIDS status being found out by others (i.e., peers, personal acquaintances).	16.1	12.1	16.4	55.4
15. I did not know what medical services I needed to treat my HIV infection or AIDS.	15.9	16.6	23.9	43.7
16. The organization did not provide the right referrals to the services I needed.	15.7	11.5	17.5	55.3

Table SU.2 (continued)

Perceived Barrier	Big Problem	Medium Problem	Small Problem	No Problem
17. Instructions I received to obtain the service or treatment I needed.	15.0	14.5	21.3	49.3
18. I did not know who to ask for help.	14.6	14.0	17.6	53.8
19. No or inadequate transportation.	14.5	12.8	20.4	52.3
20. Sensitivity of the organization and person providing services to me.	14.5	11.4	20.7	53.4
21. The service I need is not available at a time that is convenient for me.	14.2	14.7	18.1	52.9
22. Experience or expertise of the person providing services to me.	14.0	14.2	18.8	53.0
23. Lack of sufficient privacy by the organization to protect my confidentiality (disclosure of medical information).	13.5	12.4	17.6	56.5
24. Specialist not available to meet needs.	13.0	10.2	14.6	62.2
25. Discrimination I experienced by the persons or organization providing the services.	12.2	10.6	16.8	60.5
26. I have been terminated or suspended from seeking services.	12.0	7.4	13.6	67.0
27. I was in jail or other correctional facility.	11.6	10.0	9.7	68.7
28. I do not get along with people providing services.	10.9	11.9	17.7	59.5
29. I have been denied or afraid to seek services due to a criminal justice history.	10.2	9.4	10.5	69.9
30. The service is not available in my county.	9.4	8.9	14.1	67.6
31. I was not able to communicate or interact with the service provider in my preferred language.	8.4	9.5	12.7	69.3
32. No child care.	7.3	8.0	11.0	73.7
33. Fear that I would be reported to immigration.	7.2	9.0	9.9	73.9

Barriers for Specific Populations

The most commonly listed perceived barriers (perceived to be a very big problem or big problem) for the out-of care population were funding cuts (32.9 percent), fear that HIV/AIDS status would be known by peers (26.8 percent), and not knowing service location (26.0 percent). Not being able to speak to a provider in a preferred language was perceived to be a big problem by 40.0 percent (n=2) of the out-of-care clients who did not speak English. Fear of getting reported to immigration was perceived as a very big problem for 14.3 percent (n=1) of the out-of-care clients born out of the United States.

The most commonly perceived barriers by the severe need clients were funding cuts (42.1 percent), not knowing the service was available (24.7 percent) and not being able to afford services (24.0 percent). Fear of being reported to immigration was not a perceived barrier for 45.2 percent (n=14) of severe need clients born outside of the United States. Similarly, 59.6 percent (n=16) of severe need clients who did not speak English reported finding a provider who spoke their preferred language was not a challenge for them.

Participants age fifty-five and older did not report many perceived barriers; over half of participants in this age group reported that each barrier was not a problem for them. Funding cuts (34.9 percent) , not knowing the service was available (29.7 percent), and not being able to afford services (23.0 percent) were the most commonly reported barriers for this group.

FOOD

Includes Food Bank and Home Delivered Meals. Food and nutrition services to promote better health for PLWH/A.

Table SU.3: Service Utilization Data - Food

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Food/grocery pantry	**89.0%**	**80.5%**	**72.0%**	**69.2%**	**91.2%**
San Francisco	88.7%	80.8%	72.8%	69.3%	91.2%
San Mateo	89.7%	82.1%	74.4%	72.5%	96.4%
Marin	90.9%	68.2%	54.5%	63.6%	84.6%
Food vouchers	**65.9%**	**71.6%**	**52.8%**	**44.3%**	**96.1%**
San Francisco	66.3%	72.6%	53.6%	44.5%	96.0%
San Mateo	74.4%	79.5%	64.1%	57.5%	100.0%
Marin	31.8%	36.4%	13.6%	13.6%	100.0%
Home delivered meals	**82.0%**	**52.6%**	**45.7%**	**41.6%**	**92.5%**
San Francisco	82.5%	55.4%	49.0%	44.5%	93.1%
San Mateo	71.8%	34.2%	19.4%	16.2%	100.0%
Marin	90.9%	19.0%	19.0%	23.8%	80.0%
Nutrition education and counseling	**74.6%**	**46.7%**	**34.9%**	**33.3%**	**95.7%**
San Francisco	73.3%	46.9%	34.6%	32.4%	95.6%
San Mateo	84.2%	53.8%	43.2%	52.6%	100.0%
Marin	86.4%	31.8%	31.8%	27.3%	100.0%

Client Information

- Both HIV+ participants with and without disabling symptoms who asked for food services received it.
- Asian and Pacific Islander participants needed and used food pantry services the least.
- White participants were least aware of food voucher services.
- While 50% of African American and Latino/Hispanic participants felt they needed nutrition education, only approximately 39% asked for the service.
- Among Transgenders, 82.9% expressed need for food vouchers and 46.3% reported receiving them.
    - Similarly 70% of males expressed need for vouchers and 41.2% reported receiving them.

Severe Need Population

- Among the severe need population, over half (58.9%) expressed need for home delivered meals, but less than half reported receiving them.
- 53.5% reported needing nutrition education services and only 35.9% reported receiving nutrition education.

Figure SU.1: Food/Grocery Pantry

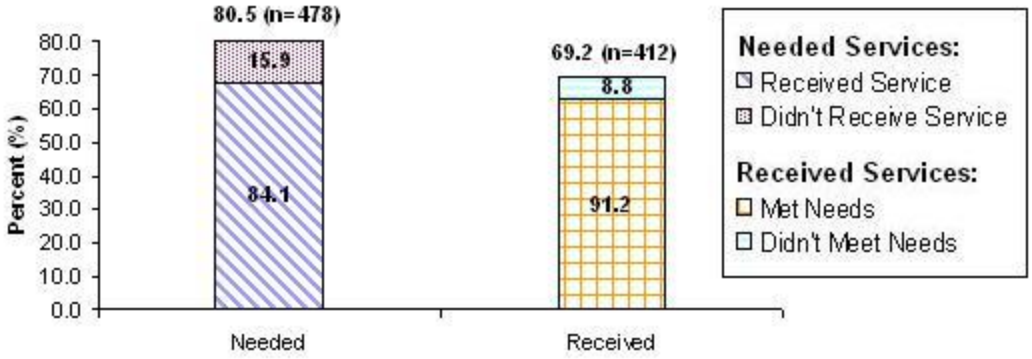
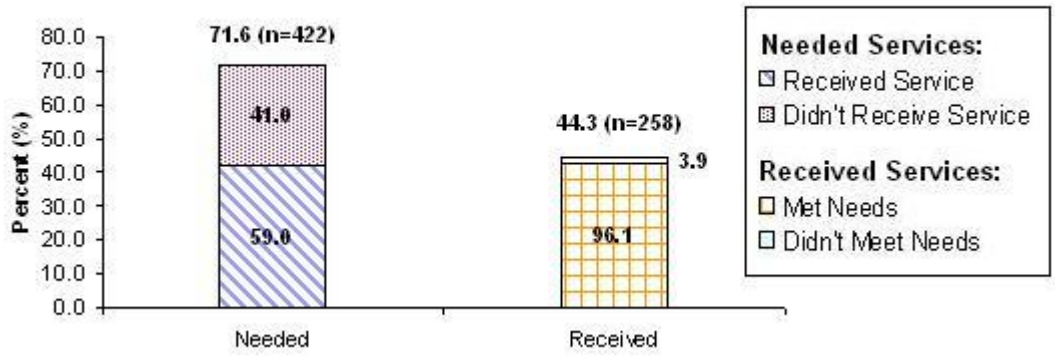


Figure SU.2: Food Vouchers



Barriers

- Participants who received at least one food service in the last year identified funding cuts (40.4%), inadequate health insurance (24.7%), and not being eligible for a service (24.4%) as the top three challenges when trying to access HIV/AIDS services.
- Funding cuts (35.6%) was also the top barrier faced by participants who did not receive client advocacy services. Inadequate health insurance (26.3%) was the second largest barrier, followed by not knowing a service was available (25.9%).

Qualitative Feedback

Food services were also very important to participants in all focus groups; as one participant in the homeless group stated, "you gotta eat." Bayview residents stated it was often difficult to access these services. Client comments included:

- *It's very good for me. It's good to have something in the freezer. I know I can have a good well balanced meal at least once a day.* (55+ focus group)
- *[Food services are] wonderful during emergencies, but the food itself is not that healthy for sustaining one's immune system, lots of sugar and preservatives.* (Client survey respondent)

HEALTH CARE

Includes Primary Medical Care. Comprehensive medical assessment, evaluation, diagnosis and treatment by a physician, PA, RN, or nurse practitioner in an outpatient setting.

Table SU.4: Service Utilization Data – Health Care

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Outpatient medical care	**87.0%**	**70.3%**	**66.5%**	**66.8%**	**97.3%**
San Francisco	86.5%	69.0%	66.3%	65.6%	97.6%
San Mateo	92.3%	84.6%	76.3%	79.5%	100.0%
Marin	95.5%	77.3%	63.6%	77.3%	93.8%
Dental care	**84.0%**	**75.8%**	**63.9%**	**60.0%**	**92.5%**
San Francisco	84.2%	74.9%	63.2%	59.6%	92.9%
San Mateo	82.1%	86.8%	75.7%	65.8%	95.7%
Marin	81.8%	81.8%	68.2%	68.2%	85.7%
Medication reimbursement	**61.7%**	**40.7%**	**33.9%**	**31.4%**	**96.6%**
San Francisco	61.3%	40.0%	34.0%	31.3%	96.8%
San Mateo	55.3%	45.7%	31.4%	34.3%	91.7%
Marin	81.8%	52.4%	33.3%	38.1%	100.0%
Assistance to pay for medication not covered by ADAP	**54.4%**	**40.2%**	**29.1%**	**25.1%**	**97.1%**
San Francisco	55.3%	40.0%	29.2%	26.1%	97.7%
San Mateo	43.6%	40.5%	25.0%	16.7%	83.3%
Marin	54.5%	42.9%	33.3%	23.8%	100.0%
Home health care	**70.5%**	**26.5%**	**22.4%**	**20.5%**	**94.7%**
San Francisco	25.5%	21.7%	19.8%	96.0%	25.5%
San Mateo	34.2%	27.0%	24.3%	85.7%	34.2%
Marin	31.8%	31.8%	36.4%	85.7%	31.8%
Help to stay on meds schedule	**59.8%**	**26.7%**	**21.5%**	**21.0%**	**95.6%**
San Francisco	59.8%	26.5%	21.6%	21.4%	96.2%
San Mateo	60.5%	35.1%	28.6%	30.6%	88.9%
Marin	50.0%	10.0%	4.8%	0.0%	
Alternative care	**71.2%**	**43.3%**	**34.8%**	**31.5%**	**96.6%**
San Francisco	71.5%	43.7%	36.3%	33.5%	97.0%
San Mateo	61.5%	32.4%	17.1%	11.4%	75.0%
Marin	77.3%	50.0%	27.3%	22.7%	100.0%
Assistance to pay for health insurance premiums	**46.0%**	**22.9%**	**16.0%**	**12.9%**	**97.1%**
San Francisco	46.7%	23.4%	16.3%	13.7%	97.0%
San Mateo	41.0%	19.4%	14.7%	8.6%	100.0%
Marin	36.4%	9.5%	9.5%	4.8%	100.0%

Client Information

- Only 59.7% of African American participants received outpatient medical care with a provider compared to 88.5% of Asian/Pacific Islanders, 72% of Latino Hispanics, 72.7% of Whites and 68.2% of Native Americans.
- Within the race categories, no less than 70% expressed need for dental services.
    - Among Native Americans, 86.4% expressed need for dental services, and only

50% reported receiving them.

- Compared to other races/ethnicities, Asian and Pacific Islander participants received dental care services the most.
- Although 32.8% of Latino/Hispanic participants felt they needed professional support to help them stay with their medication schedule, only 25.4% asked for it.
- No more than 39% of those who had health coverage expressed need for any type of financial assistance with their health care (i.e., meds reimbursement, meds financial assistance, assistance to pay for health premiums)
- Among those without health coverage, no more than half reported receiving services, including outpatient medical care, dental services, and alternative therapy.
- Only 28% of those without disabling symptoms (asymptomatic) expressed a need for outpatient medical care.
- 74.3% of those who indicated a need for Alternative therapy had disabling HIV.
- Among Native Americans, 72.7% expressed a need for Alternative therapy versus less than half among other races.
    - 50% of Native Americans reported receiving Alternative therapy versus no more than 34% among other race categories.
- Overall, those who are currently "out-of-care" also used health services the least.
    - Among those who have used any health care service, 90.5% have had a health care visit for HIV/AIDS within the last year. The remainder have either never seen a doctor for HIV/AIDS or saw one over one year ago.

Figure SU.3: Outpatient Medical Care

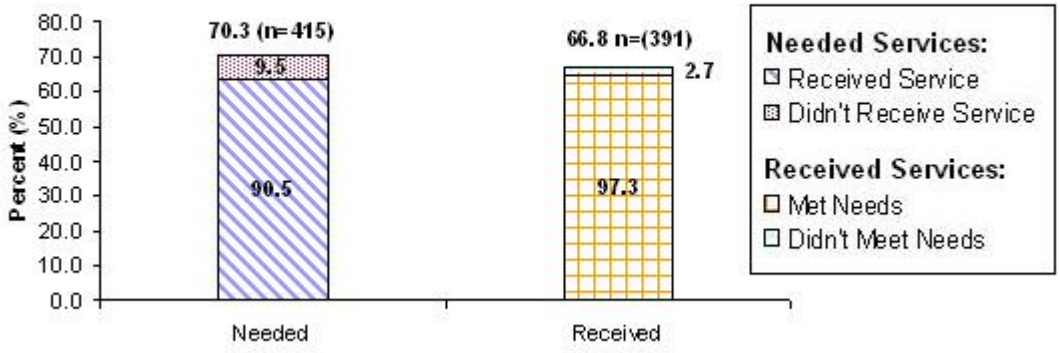


Figure SU.4: Dental Care

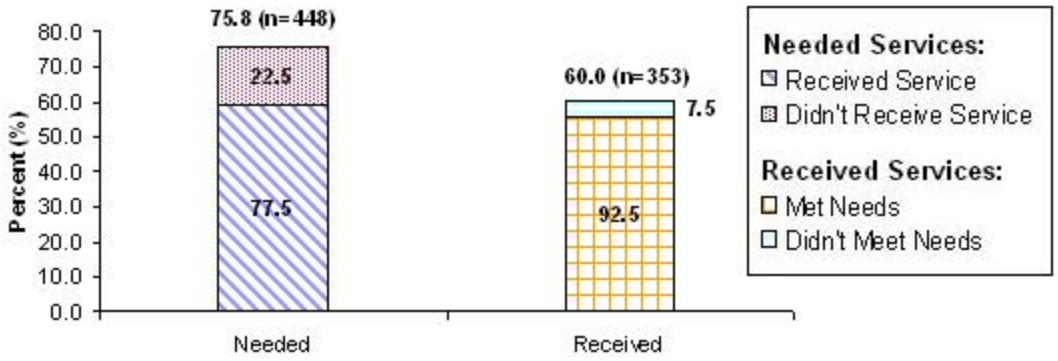


Figure SU.5: Medication Reimbursement

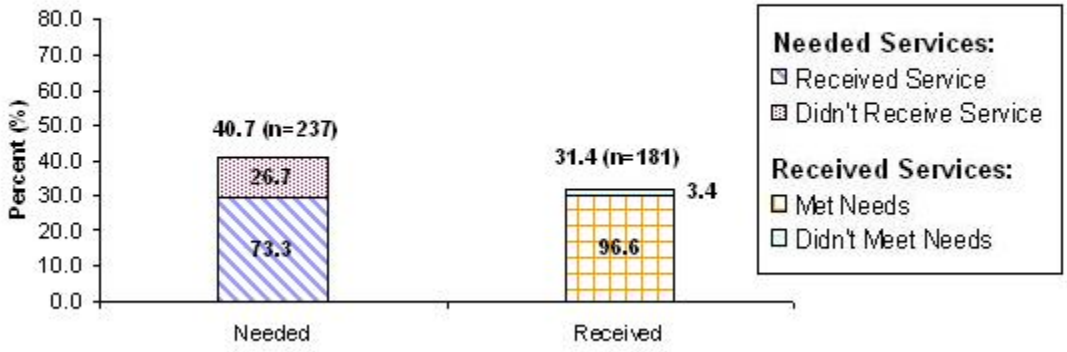
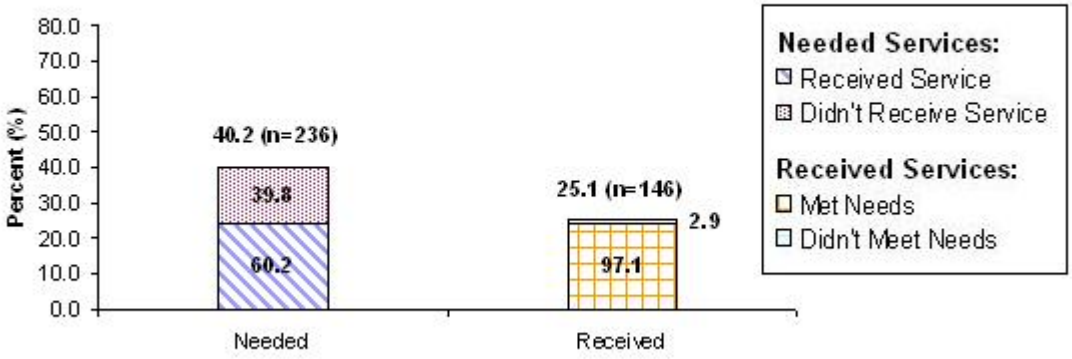
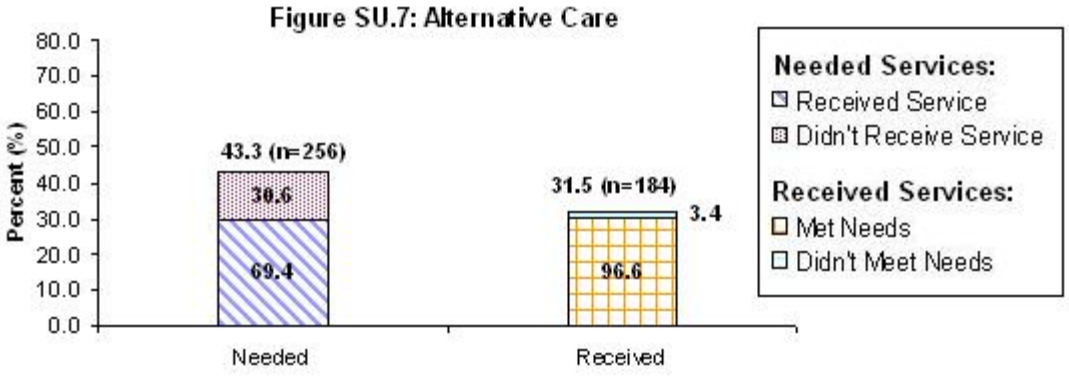


Figure SU.6: Assistance to Pay for Medication





Severe Need Population

- Among the severe need population, dental services, followed by outpatient medical care were expressed as highest need.
- For outpatient care, 80.3% expressed needing it and 79.3% reported receiving it. For dental care, 84.4% expressed needing it and 66% reported receiving it.
- There appears to be a discrepancy between needing and receiving health care financial assistance.
    - 40% of the severe need population expressed a need for financial assistance with medications not covered by ADAP; however, only 24.1% reported receiving them.
    - 20% of the severe need population expressed a need for assistance paying insurance premiums and only 9% reported receiving them.

Barriers

- A higher proportion of participants who received health care services considered funding cuts to be a problem when accessing services (41.4%), compared to those who did not receive health care services (32.5%).
- 32.2% of those who did not receive health care services in the last year reported lack of or inadequate insurance to be a problem when trying to obtain HIV/AIDS services.
- One of four participants who received health care services in the last year identified not being able to afford services as a barrier to obtaining HIV/AIDS services.

Qualitative Feedback

Focus group participants rated medical care highly; particularly accessing a variety of services under one roof. Clients requested specific services such as dental care, medication delivery, and vitamins. The importance of alternative therapies such as massage and acupuncture was stated in most groups. Barriers included limited time with the doctor, difficulty getting immediate appointments, and running out of HIV medications before they could receive a refill.

- *My doctors, they go further than just my medical. They get into my drug use, prostitution, my housing, my food. Not just about my health.* (Transgender focus group)
- *Since I'm not a [Marin] patient when I have an emergency do I call UCSF? How do I get there? If I have a 103 fever, I should be able to go to Marin and get it down to where it is manageable and then call my primary doctor. Collaboration and connection between SF and Marin is lacking.* (Marin focus group)

CASE MANAGEMENT

Includes Integrated Case Management. Links and coordinates assistance from multiple agencies and caregivers. The purpose is to assist clients in obtaining a high level of independence.

Table SU.5: Service Utilization Data – Case Management

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Case Management	**89.8%**	**75.7%**	**63.3%**	**67.7%**	**91.6%**
San Francisco	89.4%	75.4%	62.7%	66.6%	91.4%
San Mateo	87.2%	74.4%	57.5%	64.1%	96.0%
Marin	100.0%	81.8%	86.4%	95.5%	90.5%
Treatment Advocate	**69.9%**	**54.3%**	**39.1%**	**43.0%**	**96.3%**
San Francisco	69.5%	54.9%	38.9%	42.6%	96.3%
San Mateo	79.5%	50.0%	43.2%	47.2%	100.0%
Marin	54.5%	38.1%	28.6%	33.3%	85.7%
Peer Advocate/Medical Support	**65.1%**	**46.0%**	**33.0%**	**33.9%**	**94.3%**
San Francisco	63.5%	46.0%	32.2%	33.3%	94.7%
San Mateo	82.1%	45.9%	45.7%	41.2%	86.7%
Marin	63.6%	36.4%	27.3%	27.3%	100.0%
Volunteer Assistance	**60.8%**	**35.2%**	**27.1%**	**23.6%**	**93.1%**
San Francisco	61.3%	34.7%	27.4%	23.3%	93.0%
San Mateo	52.5%	32.4%	20.0%	20.0%	85.7%
Marin	68.2%	52.4%	28.6%	33.3%	100.0%
Health Education/ Risk Reduction	**76.1%**	**42.3%**	**33.6%**	**38.6%**	**96.3%**
San Francisco	75.0%	43.1%	33.8%	39.0%	96.4%
San Mateo	87.5%	41.0%	44.4%	50.0%	100.0%
Marin	81.8%	23.8%	9.5%	14.3%	66.7%
Employment Assistance	**66.1%**	**40.0%**	**29.0%**	**25.9%**	**89.3%**
San Francisco	68.1%	40.8%	30.4%	27.6%	88.8%
San Mateo	35.0%	30.6%	16.7%	8.3%	100.0%
Marin	77.3%	28.6%	14.3%	14.3%	100.0%

Client Information

- Overall, those with disabling symptoms accessed Case Management services in greater proportion than those without disabling symptoms.
- 70.6% of those who received case management within the last year were HIV+ with disabling symptoms compared to only 29.4% of those without disabling symptoms.
- Compared to other participants with other racial/ethnic backgrounds, Latino/Hispanics participants were least aware of case management services.
- A greater proportion of Asian/Pacific Islanders and Native Americans both needed and received coordinated HIV/AIDS care.
    - Among API's, 85.2% needed coordinated HIV/AIDS care, and 74.1% received it.
    - Among Native Americans 95.7% needed coordinated HIV/AIDS care, and 87.0% received it.
- 81.3% of participants who asked for volunteer assistance were HIV+ with disabling symptoms.
- Only 27.0% of White participants felt they needed health education/risk reduction

(HERR) services, compared to approximately half of non-White participants.

- Of those who received peer advocate services, over half were Black/African-American.
- Among Asian Pacific Islanders and Latino/Hispanics, over half (59.3% and 54.3%, respectively) expressed a need/preference for peer advocate services; however, less than half received the service (44.4% and 36.2, respectively).
- Among those who received employment assistance, 40% were not working and on full disability; 21% were on disability and looking for work; and 13.5% were employed.
- Overall, those who are currently "out-of-care" also used case management services the least.
    - Among those who have used any case management services, 89.8% had a health care visit for HIV/AIDS within the last year. The rest have either never seen a doctor for HIV/AIDS or saw one over one year ago.

Figure SU.8: Coordinate HIV/AIDS Care

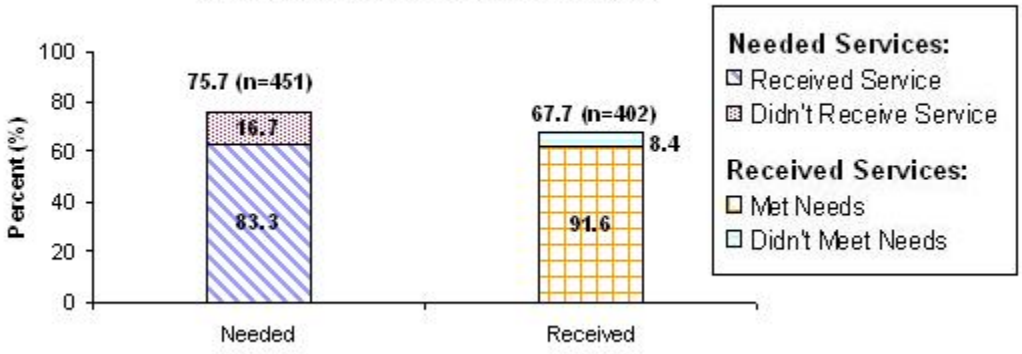
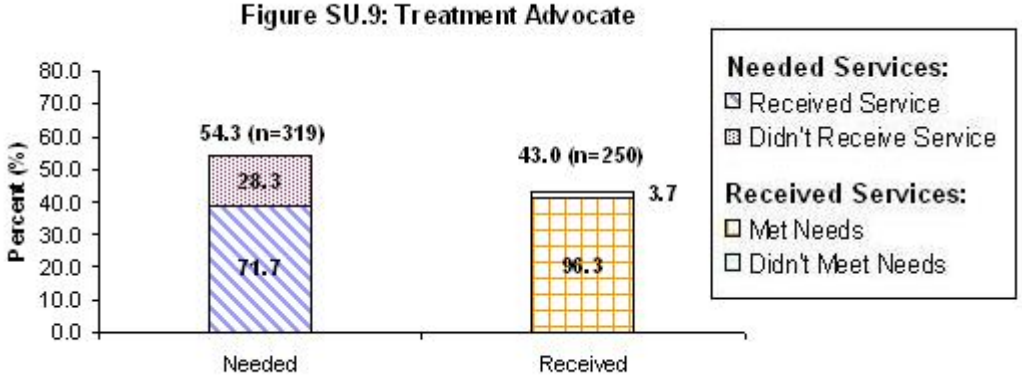
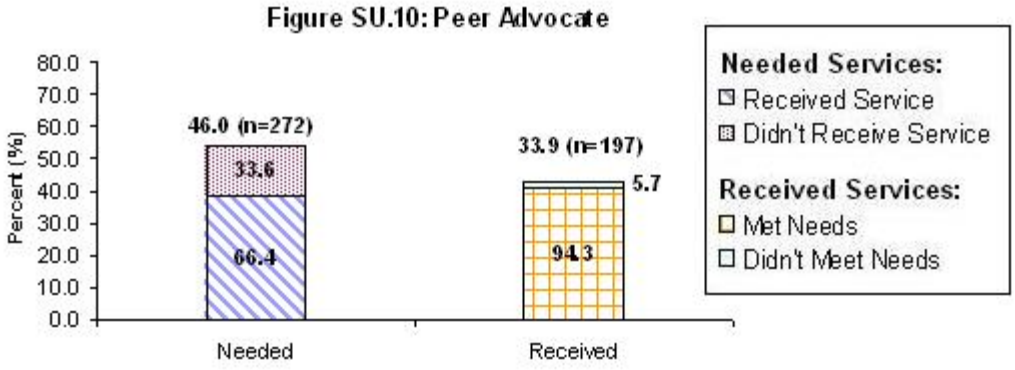


Figure SU.9: Treatment Advocate





Severe Need Population

- Over half (55.8%) of the severe need population expressed a need for Peer Advocate services; however, only 40% received them.
- Although 80% of the severe need population was aware of Health Education/Risk Reduction services, only 49% expressed a need for those services and 44% received HERR services.

Barriers

- Participants who received at least one case management service in the last year identified funding cuts (40.0%), inadequate health insurance (26.4%), and not being eligible for a service (24.6%) as the top three challenges when trying to access HIV/AIDS services.
- Among those who did not receive any case management services in the last year, funding cuts (36.0%), followed by not being able to afford a service (28.2%) and inadequate health insurance (27.4%), were the largest barriers to obtaining HIV/AIDS services.

Qualitative Feedback

Participants shared that case managers helped them access medical, dental, mental health, and other services through referrals and reminding them of their appointments and to take medications. Having "someone to talk to" was also very important; the 55+ group participants spoke about the risk of isolation as people get older. Some Marin residents had trouble getting adequate employment assistance as they were ineligible for services in SF. Clients who are not primary English speakers stated they needed advocates at medical and other appointments. Members of the API, African American female, and Transgender focus groups each mentioned the importance of culturally competent providers and requested having providers with similar backgrounds to them. Client comments included:

- *Recruit more African American women into the field so there is a familiar face that you can relate to.* (African American female focus group)
- *My English is limited. So the API case worker comes with me, but sometimes if they can't come, I don't know how to talk to my doctor. For Chinese, English is limited* (API focus group)

HOUSING

Includes Emergency Housing, Residential Programs and subsidies. Includes an emergency hotel stay to assist with immediate housing crisis and medical stabilization.

Table SU.6: Service Utilization Data – Housing

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Housing Information Services	**79.4%**	**66.7%**	**56.8%**	**44.8%**	**95.2%**
San Francisco	80.7%	68.5%	59.5%	46.9%	94.9%
San Mateo	70.0%	53.8%	36.1%	25.0%	100.0%
Marin	72.7%	50.0%	36.4%	31.8%	100.0%
Rental assistance or subsidy	**83.0%**	**71.9%**	**60.4%**	**47.7%**	**95.6%**
San Francisco	83.2%	72.6%	61.8%	48.8%	95.5%
San Mateo	76.9%	63.2%	48.7%	31.6%	100.0%
Marin	95.2%	77.3%	50.0%	54.5%	91.7%
Emergency financial assistance	**76.2%**	**66.1%**	**56.4%**	**48.8%**	**94.6%**
San Francisco	75.9%	67.0%	57.3%	49.4%	94.4%
San Mateo	76.9%	60.5%	53.8%	42.1%	100.0%
Marin	81.0%	59.1%	45.5%	50.0%	90.9%
Supportive housing	**66.5%**	**38.3%**	**32.2%**	**26.6%**	**94.7%**
San Francisco	67.9%	39.2%	33.8%	27.5%	95.0%
San Mateo	53.8%	37.8%	20.0%	17.1%	100.0%
Marin	54.5%	13.6%	13.6%	13.6%	100.0%
Transition housing	**65.4%**	**42.0%**	**35.0%**	**29.5%**	**92.7%**
San Francisco	67.4%	44.2%	37.5%	31.7%	93.0%
San Mateo	57.5%	31.6%	24.3%	18.9%	85.7%
Marin	31.8%	4.5%	0.0%	0.0%	0.0%

Client Information

- While 80.0% of Native American participants needed rental assistance or subsidies, only 65.5% reported receiving the service.
- White participants were least aware of emergency financial assistance services, and Asian and Pacific Islander participants were least aware of supportive housing services.
- Overall, within the gender categories, a higher proportion of females reported needing housing services followed by transgenders and males. Such housing services included housing information, rental assistance, supportive housing and transition housing.
- Latinos and Asians/Pacific Islanders reported needing and receiving housing information less than other race categories, even within the race categories.
- There was no more need for housing services from those who were on the Housing Waiting List than those who were not.
- Among those who have received housing information in the last year, 34.1% currently rent, 27.9% have SRO with tenancy and 6.2% are currently homeless.
    - Among the homeless who live in the street, only 26% have received housing information.

- Among those who have received rental assistance in the past year, 47.2% currently rent and 4.6% are homeless.
  - Among those who currently rent, 55.4% have received rental assistance.
- Compared to other service categories, there appears to be more of a discrepancy between those who actually received services than among those who expressed a need, and those who reported needing housing services.

Figure SU.11: Housing Information

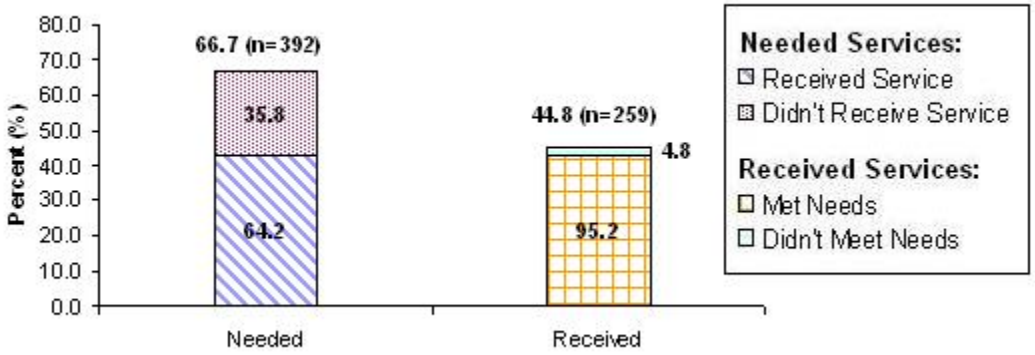


Figure SU.12: Rental Assistance

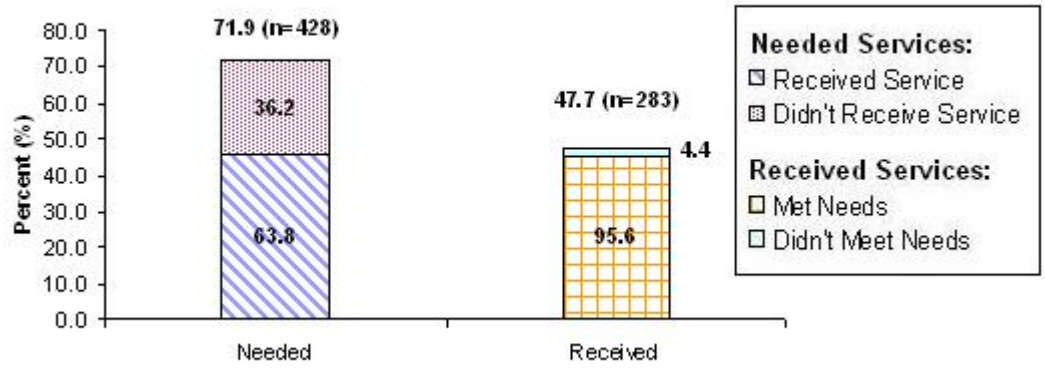
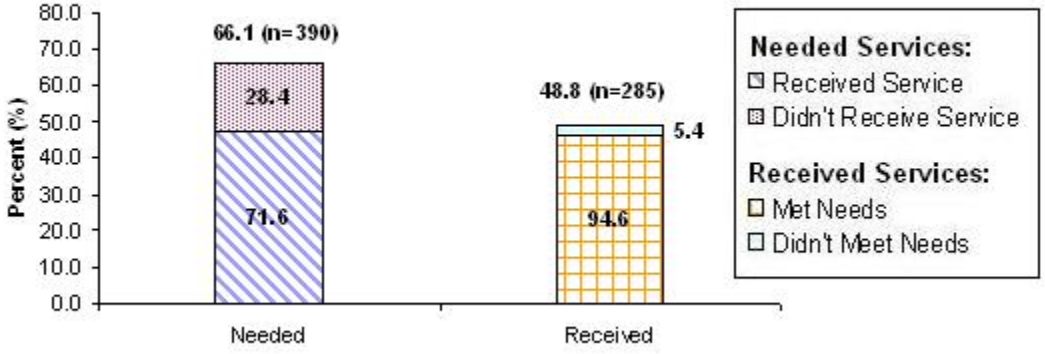


Figure SU.13: Emergency Financial Assistance



Severe Need Population

- Among the severe need population, 71.7% expressed a need for housing information; of those, 67.3% actually received the service.
- 77.7% expressed a need for rental assistance; of those, 60.9% actually received the service.
- 72.6% of the severe need population expressed a need for emergency financial assistance; of those, 77.4% actually received the service.

Barriers

- Participants who received at least one housing service in the last year identified funding cuts (38.6%), inadequate health insurance (22.6%), and not knowing a service was available (21.0%) as the top three challenges when trying to access HIV/AIDS services.
- Funding cuts (41.6%), inadequate health insurance (32.2%), and not knowing a service was available (29.7%) were also the top three barriers faced by participants who did not receive housing services in the last year.

Qualitative Feedback

Many clients shared success stories and the importance of having stable housing to be able to stay healthy and remember to take medications. Barriers to housing included the long wait lists for housing services and difficulty finding housing that was free from drugs. In the homeless focus group, participants spoke in detail about the importance of not just having a roof over their heads but also having access to support services such as laundry and employment assistance so they can work towards employment and stable housing. Client comments included:

- *While [in the] hospital, I made it known I desired/ needed help finding a residence with some nursing assistance and within a month they got me set up.* (Client survey respondent)
- *HOPWA was wonderful, I was able to keep myself and my family from becoming homeless, when funding became limited, they forwarded us to Section 8, thank God for their help.* (Client survey respondent)
- *Please open up the Housing Wait List. I was diagnosed with HIV a month after it closed and I plan to live a long time.* (Client survey respondent)
- *Laundry is an issue. Being homeless, it is hard to go get a job, if I have dirty clothes, it's hard to get a job. [That affects] my self esteem.* (Homeless focus group)

TRANSPORTATION

Transportation to medical appointments with a priority to health care and psycho-social support services. May be taxi, van, or public transportation vouchers.

Table SU.7: Service Utilization Data – Transportation

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Van transportation to HIV/AIDS services	**61.9%**	**45.2%**	**32.6%**	**25.5%**	**93.6%**
San Francisco	61.3%	45.2%	32.4%	24.4%	95.1%
San Mateo	74.4%	52.6%	36.1%	38.9%	92.3%
Marin	68.2%	31.8%	31.8%	31.8%	66.7%
Taxi vouchers	**67.5%**	**60.4%**	**44.5%**	**33.3%**	**96.2%**
San Francisco	67.7%	61.2%	44.9%	32.7%	96.3%
San Mateo	82.1%	64.9%	51.4%	48.6%	94.1%
Marin	45.5%	36.4%	22.7%	22.7%	100.0%
Bus tokens or passes	**72.1%**	**66.2%**	**54.3%**	**46.3%**	**94.4%**
San Francisco	73.0%	69.1%	56.8%	48.1%	94.8%
San Mateo	74.4%	56.8%	44.4%	38.9%	85.7%
Marin	52.4%	14.3%	9.5%	14.3%	100.0%
Volunteer assistance with transportation	**51.6%**	**38.2%**	**25.1%**	**20.1%**	**75.5%**
San Francisco	50.3%	36.4%	23.9%	17.9%	78.1%
San Mateo	57.9%	54.3%	34.3%	38.9%	68.8%
Marin	81.8%	50.0%	36.4%	40.9%	71.4%

Table SU.8: Transportation Methods

Transportation Methods	Use	Works Best	Receive Financial Assistance
MUNI (San Francisco area)	85.2%	67.2%	37.4%
BART (Greater Bay Area)	54.2%	42.0%	20.4%
Cab/Taxi	32.5%	25.7%	10.8%
Own Car	16.1%	14.4%	4.5%
SAM Trans (San Mateo County)	15.6%	9.4%	6.5%
Cal Train	13.8%	9.0%	6.0%
Caregiver/Family/Friend	11.6%	7.8%	4.5%
Golden Gate Transit (Marin County)	11.4%	7.1%	5.5%
Paratransit	11.3%	9.8%	6.1%
Van Services	10.6%	8.3%	5.8%
Other	8.0%	5.1%	2.0%
Agency/County provided transportation (e.g., Health Outreach Team-HOT)	5.5%	4.8%	3.6%

Severe Need Population

- Overall, the severe need population expressed a higher rate of need for transportation services than the overall surveyed population.
- 56% expressed needing van transportation to HIV/AIDS services and less than half received it.
- 70% expressed needing taxi vouchers and less than half (44.6%) actually received them.
- 77% expressed needing bus tokens or passes and 69.1% actually received them.

Barriers

- Funding cuts was the largest barrier for both participants who received transportation services and those who did not (39.1%).
- A larger proportion of participants who did not receive transportation services, compared to those who did receive services, reported inadequate insurance, not being able to afford services, and not being eligible for services to be problems when trying to obtain HIV/AIDS services.

Qualitative Feedback

Client survey and focus group participants were aware that recent funding cuts have led to cuts in transportation services. Client survey respondents requested taxi vouchers instead of bus passes and expressed wanting van services. Most participants who lived close to where they accessed services did not express a need for transportation. However, participants shared that disabling HIV or other medical problems made getting around difficult.

- *If you get handicapped...I don't think there are enough services, if you cannot physically take a bus or van. I have a friend….[taxi vouchers cover] three and a half rides. If you're sick, you need to go to the doctor more often than that. The Shanti van is no longer available, and it was very reliable. Other vans don't show up or they don't know where they're going. They need people to escort them into hospital. Not just drop him off.* (55+ focus group)
- *I had congested heart failure, and it was hard for me to lug my groceries. I asked them to help me, and they said they don't have the shuttle anymore*. (Homeless focus group)
- *Especially if you're not feeling well sitting on the bus and thinking that you're going to throw up when you get to Marin City.* (Marin focus group)

MENTAL HEALTH

Includes outpatient and crisis mental health services and residential mental health. Psychological and psychosocial treatment with a diagnosed mental illness in a group or individual setting.

Table SU.9: Service Utilization Data – Mental Health

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Outpatient individual or group mental health therapy	**80.9%**	**54.2%**	**45.6%**	**46.0%**	**93.8%**
San Francisco	80.3%	54.4%	45.8%	46.4%	93.9%
San Mateo	80.0%	51.3%	43.2%	43.2%	93.8%
Marin	95.5%	54.5%	45.5%	45.5%	90.0%
Residential mental health services	**58.3%**	**23.2%**	**17.8%**	**17.2%**	**89.4%**
San Francisco	59.5%	24.4%	19.2%	18.6%	88.9%
San Mateo	45.0%	13.2%	5.6%	5.6%	100.0%
Marin	59.1%	4.8%	5.0%	4.8%	100.0%
Psychiatric assessment	**66.0%**	**36.3%**	**28.8%**	**28.4%**	**94.7%**
San Francisco	65.9%	36.7%	29.9%	29.3%	94.9%
San Mateo	69.2%	38.5%	21.1%	26.3%	88.9%
Marin	59.1%	19.0%	9.5%	14.3%	100.0%
Crisis mental health intervention	**69.7%**	**21.7%**	**18.3%**	**17.0%**	**93.5%**
San Francisco	69.4%	23.3%	19.8%	18.4%	93.3%
San Mateo	65.0%	7.9%	5.6%	5.6%	100.0%
Marin	81.8%	4.8%	0.0%	0.0%	N/A
Peer counseling, support, or drop-in groups	**75.0%**	**47.4%**	**38.1%**	**37.2%**	**95.2%**
San Francisco	75.0%	46.5%	38.6%	37.1%	95.6%
San Mateo	82.1%	56.4%	43.6%	48.7%	88.9%
Marin	68.2%	47.6%	19.0%	19.0%	100.0%

Client Information

- A higher proportion of Native American participants received outpatient mental health services within race categories. Among Native Americans 68.2% received outpatient services versus less than half among other races.
- Less than half (46.6%) of Latinos expressed a need for outpatient mental health services versus more than half among other races: 72.2%, Native Americans; 61.5%, Asian/Pacific Islanders; 56.9%, Whites; and 52.2% Black/African American.
- Half of Asian and Pacific Islander participants who asked for crisis mental health intervention services received it.
- 72.3% of those who expressed a need for outpatient services and 63.6% of those who reported receiving them responded that they been diagnosed with a mental condition in the last two years.
- 80.4% who reported receiving psychiatric assessment reported having been diagnosed with a mental condition in the last two years.

Figure SU.14: Mental Health - Outpatient

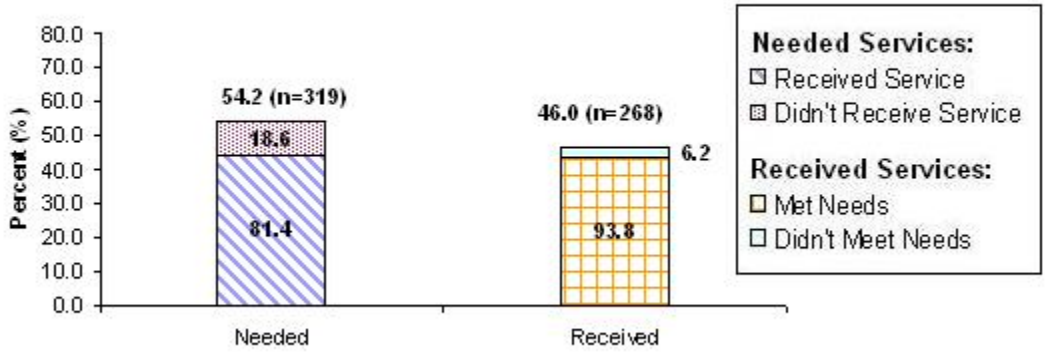


Figure SU.15: Mental Health - Psychiatric Assessment

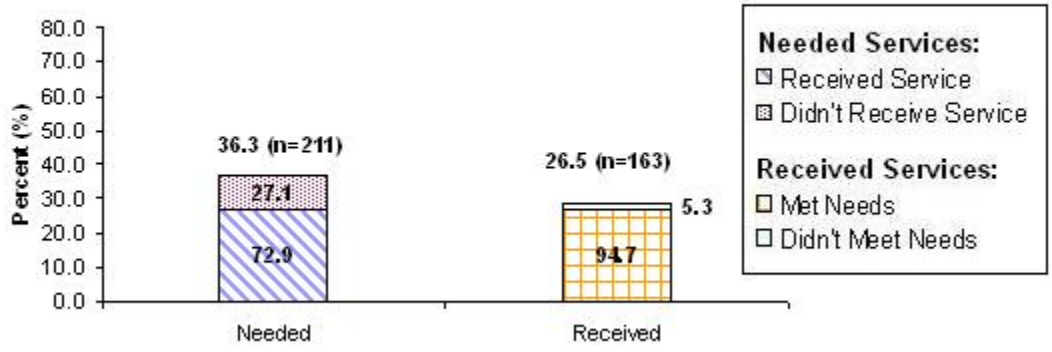
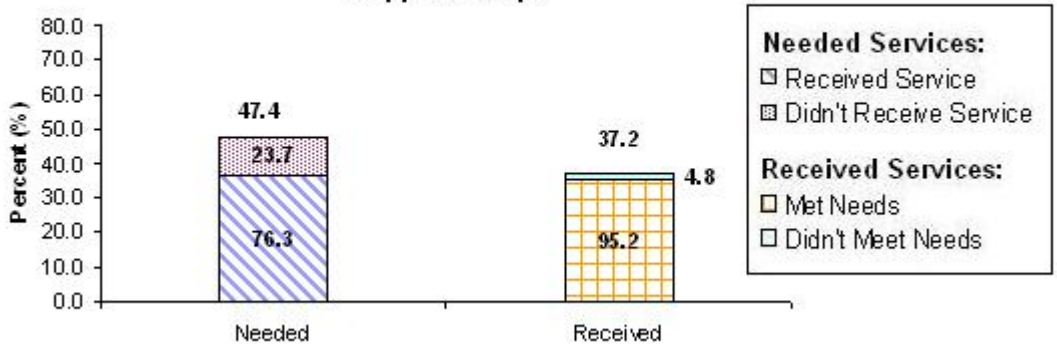


Figure SU.16: Mental Health - Peer Counseling / Support Groups



Severe Need Population

Overall the need for mental health services was higher among the severe need population.

- 70.8% of the severe need population expressed a need for outpatient services (versus 54.2% of the overall surveyed population). Of those, 82.4% have received the service.
- 44.4% expressed a need for psychiatric assessment. Of those, 78.1% received the service.
- More than half of the severe need population expressed a need for support groups compared to 47.4% of the overall surveyed population. Of those, 68.7% received support group services.

Barriers

- Funding cuts was the largest barrier for both participants who received mental health services and those who did not (38.9% and 40.1% respectively). Inadequate health insurance followed as the second largest barrier for both groups.
- Although not being eligible for a service was the third largest barrier for participants who received mental health services in the last year (23.9%), knowledge gaps in service availability was a bigger challenge for those who did not receive mental health services (26.2%).

Qualitative Feedback

Clients requested a range of mental health services, from psychiatric care to support groups and peer counseling. Some clients cited substance use as a barrier to receiving mental health services. Many survey respondents and focus group participants talked about the need for support immediately after receiving an HIV diagnosis. Clients also stated they appreciated mental health services, specifically counseling services that dealt with issues surrounding HIV, sex, and relationships.

- *One complaint regarding treatment with HIV and being Dual Diagnosis with Mental problems, it is hard advocating [for mental health services] specifically. I asked for residential mental health services dealing with dual diagnosis, and that seemed to be a problem.* (Client survey respondent)
- *I [had] a therapist there... and I wanted to go back and they said we won't give you services until you get substance abuse counseling. They said you have to get over your substance abuse before you can get mental health. They're very judgmental. So I'm not getting mental health services I need.* (Homeless focus group participant)
- *As a Latino, the shock of hearing that you have AIDS is overwhelming because we associate it with death. In our countries there is no information, medications, or money to deal with AIDS. So, for someone who is recently diagnosed, it should be required to get therapy, go to a support group or to see a counselor.* (San Mateo Latino focus group)
- *Also the Specialty Clinic provides mental health but since I chose [health care] services in the city, I lost my mental health services in Marin.* (Marin focus group participant)
- *Groups like this support group help a lot because you don't feel alone. Since I started participating in this group, I've started taking medications, going to therapy and even got an apartment.* (San Francisco Latino focus group)

CLIENT ADVOCACY/BENEFITS COUNSELING

General client advocacy. Assesses income and health insurance and assists in obtaining benefits including SSI/SSDI, Medi-Cal and Medicare.

Table SU.10: Service Utilization Data – Client Advocacy/Benefits Counseling

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Benefits Counseling	**74.0%**	**54.7%**	**44.1%**	**41.7%**	**92.8%**
San Francisco	73.2%	52.6%	42.8%	39.9%	93.5%
San Mateo	74.4%	63.2%	50.0%	44.4%	100.0%
Marin	95.5%	81.8%	72.7%	81.8%	76.5%
Money Management	**66.7%**	**46.3%**	**35.7%**	**35.6%**	**91.7%**
San Francisco	69.6%	47.5%	37.9%	38.0%	91.3%
San Mateo	39.5%	40.0%	23.5%	20.6%	100.0%
Marin	40.9%	27.3%	4.5%	9.1%	100.0%
Legal Services	**69.5%**	**45.8%**	**35.4%**	**32.0%**	**89.1%**
San Francisco	69.6%	45.5%	35.6%	32.2%	88.4%
San Mateo	57.5%	44.7%	32.4%	24.3%	100.0%
Marin	90.5%	40.9%	36.4%	36.4%	85.7%
Consumer Advocate	**55.5%**	**29.8%**	**20.9%**	**17.8%**	**88.5%**
San Francisco	55.7%	29.9%	21.9%	18.8%	87.8%
San Mateo	51.3%	25.6%	13.9%	8.3%	100.0%
Marin	59.1%	19.0%	4.8%	5.0%	100.0%

Client Information

- 33.8% of HIV+ participants without disabling symptoms needed legal services, but only 26.9% reported receiving the service.
- Although 63.2% of Native American participants expressed need for benefits counseling, only 52.6% asked for the service.
- While 43.9% of Latino asked for benefits counseling, only 38.5% reported receiving the service.
- Approximately half of African American and Asian and Pacific Islander participants received money management services.
- Compared to other races/ethnicities, Asian and Pacific Islander clients needed legal services the most, 66.7%. Over half (55.6%) reported receiving legal services compared to no more than 34.8% among other races.
- Overall, transgenders needed client advocacy/benefits counseling services in a higher proportion than other gender categories for all the specific services listed. This was especially true for consumer advocate services where 50% of transgenders expressed a need compared to 28.7% of males and 26.2% of females. They also reported receiving the services at a higher rate than other genders.

Barriers

- Participants who received at least one housing service in the last year identified funding cuts (41.9%), inadequate health insurance (25.3%), and not being eligible for

a service (25.1%) as the top three challenges when trying to access HIV/AIDS services.

- Funding cuts (41.6%) was also the top barrier faced by participants who did not receive client advocacy services. Not being able to afford a service (25.9%) was identified as the second largest barrier, followed by inadequate health insurance (25.6%).

Qualitative Feedback

Client survey respondents and focus group participants cited the need for such services as expanded benefits counseling, tax advocacy services, legal services, and estate planning.

- *The benefits counselors are so generous and helpful on the phone but unfortunately are unable to sit down with everyone who has complicated questions before applying for Disability.* (Client survey participant)
- *It's my strong belief when you're enrolled in a doctor's office, you have right to get a good doctor, and if you don't you can file a grievance and get legal council.* (African American male focus group)
- *[I receive] money management. My social security check goes to Lutheran social services. They pay my rent. And it works for me. I've been paying rent for 13 months.* (homeless focus group participant)

SUBSTANCE USE

Includes residential services and detox services. Treatment and/or counseling to address substance abuse issues including alcohol, legal and illegal drugs.

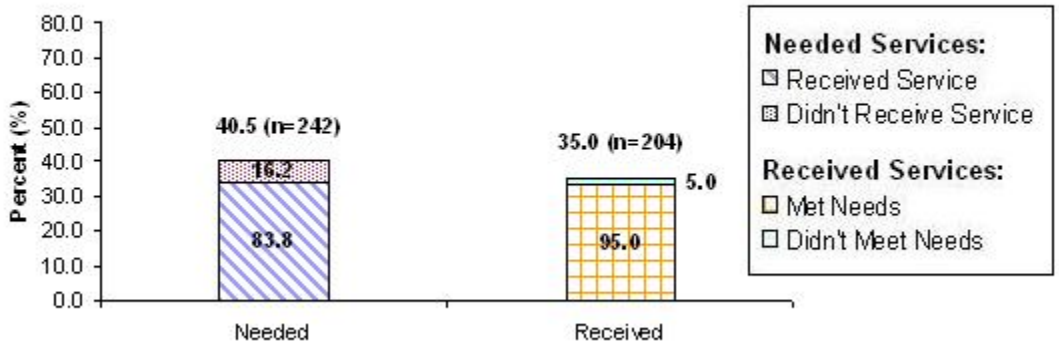
Table SU.11: Service Utilization Data – Substance Use

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Outpatient individual or group substance abuse treatment or counseling	**80.5%**	**40.5%**	**36.7%**	**35.0%**	**95.0%**
San Francisco	80.1%	42.7%	38.7%	37.0%	95.3%
San Mateo	80.0%	28.2%	24.3%	21.6%	100.0%
Marin	90.9%	4.8%	4.8%	4.8%	100.0%
Residential substance abuse services	**72.3%**	**31.0%**	**29.8%**	**29.3%**	**92.2%**
San Francisco	72.4%	33.2%	32.1%	31.5%	91.9%
San Mateo	66.7%	15.4%	13.9%	11.1%	100.0%
Marin	81.8%	0.0%	0.0%	0.0%	100.0%
Detox services	**72.0%**	**27.4%**	**25.8%**	**24.0%**	**96.3%**
San Francisco	71.5%	29.4%	27.8%	25.7%	96.1%
San Mateo	71.8%	10.5%	11.1%	8.3%	100.0%
Marin	81.8%	0.0%	0.0%	0.0%	100.0%
Methadone maintenance	**65.8%**	**14.9%**	**13.1%**	**12.8%**	**91.5%**
San Francisco	65.7%	16.0%	14.1%	13.8%	91.2%
San Mateo	60.5%	2.7%	2.8%	0.0%	N/A
Marin	77.3%	0.0%	0.0%	0.0%	N/A

Client Information

- Half of transgenders indicated that they needed outpatient substance use services, which is a higher proportion than other genders. Of those, 76.2% received outpatient services.
- Native Americans indicated they needed outpatient services the most. Among all Native Americans who completed the survey, 57.1% indicated they needed it, followed by Black/African Americans at 49.4%.
    - 52.4% of Native Americans and 41.8% of Black/African Americans reported receiving the service.
- Asian and Pacific Islander were least likely to receive substance use services.
- 25% of transgenders reported needing methadone maintenance followed by females at 21.8%. Of those, only 38% of transgenders and 27.8% of females received the service.
- 28% of Native Americans who completed the survey indicated needing methadone maintenance compared to 17.4% Black/African Americans; 11.8% white; 11.0% Latino/Hispanic; and 3.7% Asian/Pacific Islander.
    - A quarter of Native Americans reported receiving methadone maintenance services.
- Among those who reported injecting street drugs in the last year, 23% reported that they received methadone maintenance.

Figure SU.17: Substance Use - Outpatient



Severe Need Population

- Among the severe need population, outpatient and residential services were reported as a higher need compared to the overall surveyed population: 49.3% and 37%, respectively.
    - Of those, 86.3% received outpatient services and 90.7% received residential substance abuse care.

Barriers

- Funding cuts was the largest barrier for both participants who received substance use services and those who did not (40.5% and 37.9% respectively).
- Among those who received mental health services in the last year, 27.8% identified current/recent drug use a challenge to obtaining HIV/AIDS services.
    - On the other hand, only 9.1% of participants who did not receive substance use services reported current/recent drug use as a problem.

Qualitative Feedback

Very few focus group participants spoke about specific substance use services. There was feedback from clients regarding the importance of support groups to talk about substance use and to motivate clients to stay clean. Clients did talk about how substance use might be a barrier to other services such as mental health counseling. In addition, clients stated that they needed access to drug free housing and services to help them stay off the streets and away from environments that encouraged drug use.

DAY/RESPITE CARE

Includes Adult Day Health Care. Provides nursing, attendant care, meals, and other services to improve or maintain a client's quality of life and capacity of self-care.

Table SU.12: Service Utilization Data – Day/Respite Care

	Aware Service Existed	Needed Service	Asked for Service	Received Service	Needs Were Met
Adult day care	**58.4%**	**20.6%**	**16.1%**	**15.5%**	**94.3%**
San Francisco	60.4%	21.9%	17.0%	16.5%	94.0%
San Mateo	42.5%	8.3%	5.9%	5.9%	100.0%
Marin	45.5%	4.8%	4.8%	0.0%	N/A
Day care for children	**40.3%**	**8.4%**	**6.3%**	**6.3%**	**94.3%**
San Francisco	40.8%	8.5%	6.7%	6.7%	93.9%
San Mateo	33.3%	5.6%	2.9%	2.9%	100.0%
Marin	40.9%	9.5%	0.0%	0.0%	N/A

Client Information

- Overall, this day/respite care services had the lowest rate of utilization compared to the other services.
- Data showed that respondents over the age of 55 were more aware of adult day care services (62.0%), but did not need, ask or receive the service at a higher rate than the overall surveyed population.
- Among respondents that indicated that they had children living with them, only 31% were aware of day care services for children.
    - 13.3% indicated that they needed the service (compared to 8.4% overall).
    - They did not ask for or receive the service at a different rate than the overall surveyed population.
- Compared to other races/ethnicities, African American participants felt they needed day/respite care the most.

Severe Need Population

- The severe need population was more aware of adult day care services compared to the overall surveyed population.
- Additionally, they indicated a slightly higher need (25.2%) and 17.9% reported receiving adult day care.

Barriers

- A higher proportion of participants who received day/respite care services considered funding cuts to be a problem when accessing services (46.3%), compared to those who did not receive day/respite care services (37.2%).
- One of four participants who received day/respite care services in the last year identified the rules and regulations, as well as the amount of paperwork required, to be barriers when trying to obtain HIV/AIDS services.

Qualitative Feedback

There was not a large amount of input in the focus groups regarding day/respite care services. However, many clients across groups did talk about the importance of having somewhere safe to go during the day to get support, stay off the streets, and access additional services. Specifically, many clients in the recently released from prison focus group stated they needed this services and talked about the recent closure of one such service provider.

PROVIDER SURVEY INFORMATION

The purpose of the provider survey was to identify 1) the range of services provided in the San Francisco EMA, 2) service numbers and unduplicated client counts, 3) strengths and challenges of the current system of HIV care in the San Francisco EMA and 4) gaps in services for underserved and unserved populations.

The provider survey was sent to 58 recipients of Ryan White Care Funds and other providers of care services to PLWH/A. One of these providers declined to participate and 13 did not complete the survey, despite follow-up efforts. 43 providers completed the survey, resulting in a 75.4% response rate).

Most of the individuals who completed the survey played key roles in their organization as seen in the following table:

Table PS.1: Title of person completing the survey

	Percent
Medical or Program Director	41.9% (18)
Executive Director	30.2% (13)
Program Manager or Coordinator	16.3% (7)
Program Associate	9.3% (4)
Position Unknown	2.3% (1)

The Executive Director completed the survey for 12 organizations. An additional 18 surveys were completed by the program or medical director; seven were completed by a program manager or coordinator. Four surveys were completed by a program associate or similar position. The position of the person completing the survey was unknown for one agency.

The following information summarizes key findings from those agencies that completed the provider survey.

AGENCY INFORMATION

Most of the organizations that responded were located in San Francisco (n=37). Three organizations were located in San Mateo, two in Marin, and one in Oakland.

The majority of agencies who completed the survey were nonprofit organizations. Eight were government agencies.

Table PS.2: Type of Agency

	Percent*
Non-profit	83.7% (36)
Government	18.6% (8)
For-profit	2.3% (1)
All Volunteer	0.0% (0)

*Respondents could pick multiple types; therefore percentages do not total 100%

AGENCY FUNDING

Funding information was provided by 31 agencies (72.1%). This information may not be accurate if the funding information provided by these agencies was incomplete.
The following table summarizes the funding information provided by these agencies by funding category.

Table PS.3: Type of funding

	Number of agencies reporting	Total amount
State AIDS	7	$ 2,189,995.00
Other State grants or contracts	4	$ 675,000.00
Ryan White Title I	25	$ 9,959,904.00
Ryan White Title II	1	$ 335,000.00
Ryan White Title III	4	$ 752,863.00
Ryan White Title IV	4	$ 122,507.00
CDC Prevention Funds	11	$ 3,948,328.00
HOPWA	4	$ 1,379,401.00
Other federal funding	8	$ 1,398,374.00
Total Local Funds	15	$ 8,720,872.00
Foundations	14	$ 1,125,620.00
Corporate Donations	9	$ 550,925.00
Endowment	0	$0.00
Individual contributions	14	$ 3,585,422.00
Reimbursement/ client fees	7	$ 459,612.00
Medicaid/ Medicare	8	$ 1,750,918.00
Other funding	5	$13,124,388.00

Current Service Additions or Eliminations

Twenty-eight providers reported changes in the last year that affected their ability to provide services to PLWH/A.

Only ten agencies reported program additions or expansions. Most of these were due to prevention funding or other funding, such as Center for Medicare and Medicaid Services (CMS) or grants to provide additional services. One agency reported the addition of outpatient therapy provided through collaboration with another agency. Program additions included Prevention with Positives (PWP) programs, prevention case management, benefits counseling, outpatient therapy, and service linkage programs.

Overall, agencies reported eliminating or reducing services more often than adding them. Twenty-three agencies reported eliminations or reductions to services such as adult day health care, acupuncture and massage, emergency assistance with food and clothing, urgent care hours and evening clinics, detoxification, mental health, transitional case management, outreach, peer

advocacy, and support groups. Only two agencies reported finding alternative funding to reinstate programs that had been eliminated.

In addition to changing the type of services provided, seven agencies also responded to funding cuts by reducing and removing staff hours or staff members, thus having "less staff to serve our clients." One provider, who eliminated a Peer Advocate position, described the impact of cutting staff: "Being the only specifically targeted API care services in San Francisco, this was a very critical situation where the whole EMA could have lost significant API cultural and linguistic capacity across the service system."

Plans for Service Additions or Eliminations

Twenty-six providers reported plans to add or eliminate services provided at their agencies next year. For most of these agencies, these plans depend strictly on renewed contracts or the receipt of pending grants. Specifically seven organizations stated that their programs depended on the outcomes of the Centers of Excellence (COE) process. Overall, planned and unplanned service changes in the next year will depend on the availability of funds for each agency.

If funded, services added will include nursing case management, programs for sero-discordant couples, drop-in groups and enhanced linkages for newly diagnosed individuals, substance use and mental health services, case management, treatment and peer advocacy, and a housing program.

- *Our agency will increase HIV-related services for Latinos through a collaboration… under the Centers of Excellence RFP process.*
- *Plans for expansion continue based on private funding and other resources.*

Agencies also hope to recover from previous losses, stabilize programs, and add advocacy programs that serve Latino PLWH/A with secured funding.

- *We have to currently remain focused on the most urgent benefit issues, which entail representing people in order to obtain benefits and representing people against benefit cessations.*
- *Our goal is to stabilize current available programming and bring back lost FTEs which represent target populations in terms of cultural and linguistic competencies.*

Without funding, expected losses include residential care, case management, substance use services, services for multiple diagnosed individuals, and an overall decrease in services and number of clients served.

- *In order to fully address the ever decreasing amount of CARE funds, we are instituting more 'group services' as a means of servicing more individuals with the same quality of care.*
- *We plan to eliminate our mobile rapid HIV testing program unless we receive new funding for it.*

PRIMARY SERVICE INFORMATION

The most common primary service categories reported were Health Care (10 agencies) and Case Management (9 agencies).

Table PS.4: Primary Service Category (33 agencies reporting)

	Percent*
Health Care	30.3% (10)
Case Management	27.3% (9)
Mental Health	15.2% (5)
Food	6.1% (2)
Substance Use	6.1% (2)
Benefits Counseling	3.0% (1)
Multiple Services (did not specify)	3.0% (1)
Other	15.2% (5)

*Totals do not equal 100% as some agencies listed more than one primary service category.
** Other services include Direct Emergency Financial Assistance (1), HIV Prevention (1), Home Health Care (1), Legal Services (1), and Money Management (1),.

Of those reporting a primary service category, 75.8% reported that they received CARE funds for their primary service.

The primary service descriptions provided by the agencies highlights the wide range of services provided throughout the EMA. The table on the following pages provides a summary of how providers explain the services they provide.

Table PS.5: Sample Agency Descriptions of Primary Services

Primary Service Category	Description Summary
Health Care	• Complementary Therapy providing acupuncture, massage, herbal therapy, nutritional/lifestyle counseling. • Multidisciplinary health services that include medical (evaluations and primary care), psychosocial, health education, nutritional, treatment education and treatment adherence support services. • HIV integrated services provides primary care, case management, peer advocacy, treatment advocacy, psychiatric medication management, and one-on-one/group therapy to uninsured/underinsured HIV-positive San Francisco residents. • Traditional Chinese Medicine, Acupuncture, Herbs, Tui Na, Shiatsu, Reike, massage, and Immune support. • Primary HIV medical care for Marin County residents to include comprehensive medical assessment, evaluation, diagnosis and treatment services in an outpatient medical clinic. Non-Ryan White funded services include integrated onsite mental health, case management and nutrition services and access to clinical trials. • We are a DPH clinic and provide primary care to San Francisco residents. Our target population in the Southeast part of San Francisco, which includes Bayview Hunters Point and Visatacion Valley. We receive general funds which support primary care and other health to all comers. We have a state EIP grant for HIV care. I will supply you with the budget amount. • Integrated care model for persons living with HIV/AIDS – Center of Excellence model. These services are provided in San Mateo and at two satellite clinics, one in north county and one in south county. • Provides comprehensive multidisciplinary home health care services to PLWH/A, allowing them to continue to live independently at home and avoid institutionalization. Home health care services include skilled, intermittent care as well as palliative and end of life care. • Compassionate residential services to men and women in need of hospice and/or 24-hour skilled nursing care, and to cultivate the deepest respect and love for life among our residents and caregivers. We serve exclusively individuals with late-stage, debilitating AIDS, with a focus on those who might otherwise be without adequate resources or care.
Case Management	• Primary care and case management services to prisoners in the San Francisco county jails. • Service target transgender (male to female) Latinas. These services address a multitude of issues faced by this population. • Program uniquely addresses issues related to the most vulnerable residents who are homeless and are managing a life with HIV/AIDS. We seek to engage and retain clients who are dual or triple diagnosed (HIV+ living and a mental health issue and/or substance abuse). Our Case Management program …is an entry point linking clients to a range of services they need while bringing them into a longer term system of care, which helps stem disease progression, prevents the need for catastrophic emergency care and supports clients in reducing the spread of HIV to their partners. • Culturally and linguistically competent treatment-based case management services using a family-based model of service delivery. • Case management for prisoners paroling who have and do not have HIV/AIDS. Prevention Case Management called "Get Connected"; Transitional Case Management for PLWH/A; Project Choice- intensive case management for young violent offenders leaving San Quentin and paroling to Oakland.

Table PS.5(continued)

Primary Service Category	Description Summary
Mental Health	• Marriage and Family Therapist matching (off site), spiritual based counseling with ministerial staff, support groups, and referral services at our offices. • Mano a Mano HIV Mental Health Services is part the Integrated Behavioral Health Services at Instituto. The program provides mental health, harm reduction counseling, psychiatric care, case management, treatment advocacy and peer advocacy to predominately Spanish Speaking HIV+ Latinos in San Francisco. Services are provided by professional and paraprofessional bilingual/bicultural staff familiar with the cultural norms and practices of the community. • Outpatient mental health services to PLWH/A who are uninsured. Services include psychotherapy, neuro/psychological evaluations and medication services (psychiatric). Office and home visits provided, depending on need. • A continuum of professional outpatient mental health services to provide clients with optimal support during times of vital need. Services include individual and group counseling, clinical case management, and psychiatric medication evaluation and monitoring. • Individual, family and group therapy with HIV positive women and affected family members, primarily low income, dually diagnosed women of color.
Direct Emergency Financial Assistance	• Clients who meet income eligibility criteria and have a medical diagnosis of Disabling HIV or Disabling AIDS are eligible for assistance of up to $500 annually to pay rent, utilities, or medical bills in financial emergency situations
Food	• Clients access our food pantry, grocery delivery to homebound clients. • Provide HIV/AIDS health classes and food distribution program • Daily hot or frozen meals- home delivered or picked up at the Grocery Center or Tenderloin distribution sites. Weekly selection of groceries picked up at the Grocery Center. Nutrition education.
Substance use	• The services offer a streamlined continuum of detoxification and comprehensive residential substance abuse services which include detoxification, multiple diagnoses, residential, and variable length residential. • Offers a streamlined continuum of detoxification and comprehensive residential substance abuse services which include detoxification, multiple diagnoses residential, and variable length residential. • Three of our residential programs (Western Addition Recovery House (WARH), Lodestar House (LH), and Smith-Ryan House (SR)) provide direct substance abuse services. WARH is a 23 bed program for African American males, Lodestar is a 12 bed program for women living with HIV, and SR is a 4 bed detox for women with HIV.

Table PS.5 (continued)

Primary Service Category	Description Summary
Benefits Counseling	• At no cost, clients who are HIV positive or have severe mental health issues receive professional benefits analysis, advocacy and representation in order to obtain or maintain public or private disability income and health insurance benefits.
HIV Prevention	• ARCH HERR: A comprehensive HIV prevention program, Advocating Responsible Community Health (ARCH), which shall provide all inclusive Health Education and Risk Reduction services for individuals at high and very high risk for contracting the HIV virus to be delivered within a substance abuse treatment setting that integrates mental health, vocational, educational and other supportive services. ARCH PWP: A comprehensive HIV prevention program, Advocating Responsible Community Health (ARCH), which shall provide all Prevention with Positives for individuals at high and very high risk for contracting or transmitting the HIV virus to be delivered within a substance abuse treatment setting that integrates mental health, vocational, educational and other supportive services. • HIV prevention targeting gay, bisexual, and transgendered men (MSM) in San Francisco through both HERR and PWP
Housing	• Housing for people with disabling HIV/AIDS. • Monthly assistance in the form of rental subsidies to clients with disabling HIV or AIDS that help them obtain and maintain stable, safe, and affordable housing. Our Client Advocacy services which are tied to this program also provide support to clients receiving this service. The focus is to assist in removing barriers to HIV health (e.g., mental health issues, substance abuse) and promote ongoing healthcare.
Legal Services	• Free and sliding scale legal services to people with HIV/AIDS in most areas of civil law.
Money Management	• Money Management and Rep Payee services for individuals with Disabling HIV/AIDS. For low-income, SF residents. Goal of program is stabilization of housing. Most clients are doubly and triply diagnosed.

SERVICE LOCATIONS AND HOURS OF OPERATION

Many of the agencies (53.5%) provided services at additional locations to the agency site. These locations included other HIV/AIDS service providers or clinics (7), clients' homes (5), satellite agency sites (3), hospitals (3), hospice (2), jails/prisons (2), mobile services (2), street (2), and in bars and clubs (1).

Days of operation were provided by 33 agencies. Most agencies (87.9%) provided services Monday through Friday. In addition, eight agencies (18.6%) stated they provided services on at least one weekend day. Five agencies (15.2%) reported providing services seven days a week. Two of these agencies were medical service providers (one provided home health care); the three remaining agencies provided multiple services, substance use, and case management respectively.

The hours of operation varied for the 31 agencies that provided hours of operation. Most agencies (80.6%) provided services during typical business hours. Seven agencies (22.6%) provided services during evening hours and three agencies (9.7%) provided services 24 hours a day.

Most agencies (74%) reported their services currently available without a wait list. Of the agencies who did have a wait list, the length of the list varied from 5 to 20 people. The wait time varied from 5 to 25 days.

Sixteen agencies reported loss to follow-up. The rate was usually small (less than 5%) but overall ranged from less than 1% to 35%. The loss to follow-up rate was unknown for three agencies.

PREVENTION WITH POSITIVES (PWP) SERVICES

Twenty-four providers provided information regarding the Prevention with Positives (PWP) services offered at their agencies. Most of the agencies reported that PWP strategies and resources were integrated into existing services. PWP was incorporated into primary care, mental health, and substance use services. HIV prevention messages were often delivered during medical visits or discussed in substance use counseling sessions.

- *[Our services are] incorporated into existing multidisciplinary services of Specialty Clinic by medical providers, mental health practitioners and case managers.*

Eight providers specifically cited programs provided through CDC and local DPH prevention funds. These services varied widely and included individual risk reduction counseling, multiple session workshops, literature distribution, and outreach and recruitment efforts. Other interventions included case management, syringe exchange, and condom distribution.

A few agencies also stressed building life skills and empowerment as part of their PWP services. In San Mateo, HIV+ clients served as community speakers and helped educate local students. Overall, agencies serving the San Francisco EMA employ a wide variety of services and approaches to promote HIV prevention among positives.

MINIMUM SERVICE ELIGIBILITY REQUIREMENTS

Twenty-six agencies (60%) reported having minimum eligibility requirements for their primary service.

- Most of these agencies (20) had geographic requirements. For most (16), clients had to be San Francisco residents. An additional three agencies required that clients live in the Bay Area or the EMA. Only two agencies required that clients live in Marin and one in San Mateo.
- Most of these agencies (20) required an HIV or AIDS diagnosis. Four agencies required the client have disabling HIV, one symptomatic HIV, and one an AIDS diagnosis.
- Fourteen agencies required their clients to be "low income." Many provided maximum monthly or annual wages. One agency reported using CARE eligibility requirements.
- Twelve agencies had minimum age requirements. Most agencies required clients to be over the age of 18 while one allowed clients to be 17 or older. One agency serving HIV-positive women also served their children.
- Nine agencies listed additional eligibility requirements. These included 1) being homebound for home visits; 2) annual certification of eligibility by the client's primary care physician is required, using POH form that specifies symptoms or conditions relating to disabling HIV disease; and 3) male clients.

ACCESS

Agencies shared that their clients accessed services through a variety of methods (Table PS.6)

Table PS.6: Access Method

	Number	Percent*
Referral	31	72.1
Appointment	26	60.5
Walk-in	23	53.5
Telephone	22	51.2
Other	5**	11.6

*Categories are not mutually exclusive; therefore percents do not equal 100%.

** Other methods cited were Internet (1), Medical Care Request (1), at Outreach locations (1), collaborating agency (1), and outpatient (1).

- 77% of agencies reported at least one access method.
- 47% of agencies reported clients could access services through all four methods (Referral, appointment, walk-in, and telephone)
- Only one agency reported that clients could access service through appointment only.

PAYMENT METHODS

Most agencies (76.7%) offered free services to clients. Approximately one-fourth of agencies received payment via sliding scale/cash. All ten agencies who accepted private insurance/HMO for service payments also accepted Medi-Cal/Medicaid or Medicare.

Table PS.7: Payment Methods

	Number	Percent*
Free (no cost to client)	33	76.7
Medi-Cal/Medicaid	13	30.2
Sliding scale / cash**	10	23.3
Private insurance/HMO	10	23.3
Medicare	9	20.9
Health Plan of San Mateo (or other County health plan)	2	4.7
Early Access Preventive Care	1	2.3
Care Contract	1	2.3

*Categories are not mutually exclusive; therefore percents do not equal 100%.

**Agencies were asked to provide the range of cash payments. However, most agencies stated it depended on the service being provided or a pre-established set of guidelines used by the agency (e.g., FPL Sliding Scale Guidelines, DPH UMDAP fee schedule).

LANGUAGE CAPACITY

Twenty-three providers (53.5%) reported Spanish-speaking staff. The following chart provides a breakdown of the number of Spanish-speaking staff for these agencies.

Table PS.8: Number of Spanish-speaking Staff*

	Number	Percent*
1	2	8.7
2-5	13	56.5
6-10	5	21.7
21+	2	8.7

*One agency reported that "all medical staff" were Spanish-speaking but did not provide a specific number.

Almost half (46.5%) of all agencies reported having written materials in Spanish and translators available.

Three agencies (7.0%) reported having staff that were proficient in American Sign Language (ASL). Ten agencies (23.3%) stated they had ASL translators and nine agencies (21.0%) reported having ASL materials available.

Eleven agencies (25.6%) reported additional language capacity. Languages reported included Chinese (3), Cantonese (3), Tagalog (3), Vietnamese (1), Hindi (1), Navajo (1), and Portuguese. One agency reported multiple Asian language capacity (Burmese, Fukien, Gujrati, Hawaiiana, Hindi, Ilocano, Japanese, Malay, Mandarin, Napali, Tagalog, Thai, and Visaya). Another agency reported an AT&T language line that allowed them to speak to clients in any language over the phone. Of the agencies reporting additional language capacity, five (45.5%) agencies reported providing written materials in these languages and four (36.4%) reported having translators available.

CLIENT INFORMATION

Agencies provided a breakdown of clients served by gender, ethnicity, mode of HIV transmission, County, and type of health coverage.

Gender

Twenty-four agencies reported the gender breakdown of their client population. A majority of these agencies (83.3%) served mostly male clients. One agency reported serving an equal number of male and female clients (40% each) and one agency reported serving an equal number of female and transgender clients (48% each). While almost all providers served female clients, 29.2% of agencies' populations were less than 10% female. Similarly, 19 agencies reported serving MTF transgender clients but these clients made up less than 10% of the population at these agencies. Six agencies reported serving FTM transgender individuals and three agencies reported intersex clients; an exact percentage of total client population was not provided as many agencies do not collect information for these gender categories.

Ethnicity

Twenty-three agencies reported the ethnic breakdown of their client population; most agencies served individuals from diverse backgrounds. Ten agencies reported their clients were predominantly white. Seven agencies served mostly African American clients and two agencies served mostly Hispanic/Latino clients. One agency reported serving primarily Asian/Pacific Islander clients.

Age

Twenty-four clients reported client age breakdowns. While no agencies reported being youth-focused, 12 agencies reported having clients who were under the age of 20. Three agencies reported that a majority of their clients were 20-29 years old, while six agencies reported a majority of their clients fell in the 30-39 age range. Most of the agencies (n=15) reported mostly serving clients 40-49 years old. While no agencies were focused on older adults, 20 agencies reported having clients 50-59 years old and 18 agencies reported having clients older than 60.

Sexual Orientation

This information was provided by 22 agencies. Most of these agencies (77.3%) served predominately gay/bisexual men. One agency reported a majority of their clients were heterosexual females. One agency reported an equal number of gay and straight male clients. An additional agency served an equal number of gay men and heterosexual women.

Mode of HIV transmission

The breakdown of client populations by HIV transmission was not provided by most agencies; only 13 agencies (30.2% of total respondents) had this information available. Of these, all but one agency reported serving a majority of clients whose mode of HIV transmission was through MSM. The remaining agency mostly served clients who had acquired HIV through injection drug use and/or heterosexual contact. Eleven agencies reported IDU and MSM/IDU clients. Only five agencies reported clients who had acquired HIV through blood products or transfusion.

HIV Status
Nineteen agencies provided this information. A majority of these (57.9%) reported their clients were predominantly HIV-positive with an AIDS diagnosis. An additional 15.8% (3 agencies) served equal numbers of clients with and without AIDS.

County
Fifteen of the 21 agencies (71.4%) reporting county breakdowns provided services exclusively for San Francisco residents. An additional four agencies (19%) served mostly San Francisco clients. One provider reported providing all services to Marin residents and one exclusively to San Mateo residents. In addition to clients who lived in SF EMA counties, clients at three agencies also came from Alameda, Contra Costa, Santa Clara, and Sonoma Counties.

Health Coverage
More than half of agencies (58%) reported serving a majority of clients who had no health coverage. An additional 40% reported a majority of clients were covered by Medi-Cal or Medicaid.

SUB-SERVICES
Eight agencies (18.6%) reported at least one sub-service, as summarized in the following table.

Table PS.9: Sub-services

	Number	Percent*
Peer Advocacy/ Education	3	37.5
Home Health Care	2	25.0
Mental Health Services	2	25.0
Case Management	1	12.5
Client advocacy/ benefits counseling	1	12.5
Direct emergency funding	1	12.5
Legal Services	1	12.5
Needle Exchange	1	12.5
Nurse Case Management	1	12.5
Prevention Services	1	12.5
Success Program	1	12.5
Treatment Advocacy	1	12.5

*Categories are not mutually exclusive; therefore percents do not equal 100%.

BARRIERS TO SERVICE DELIVERY
Providers cited many barriers that can prevent or limit service delivery. The most common were unstable funding, limited staff, and lack of culturally competent and/or multilingual services to meet clients' needs. In addition, agencies discussed issues such as lack of housing, substance use, untreated mental illness, stigma associated with HIV, and poverty that inhibit clients' ability to seek or receive services.

- *As the ordinary costs of keeping a program open go up, and our funding does not increase, we are forced to provide fewer and fewer services to our clients.*
- *PLWH/A are living longer and therefore are presenting a broader set of issues for our providers to work with them. These long-term survival issues include need for permanent/ stable housing, vocational, and financial issues.*

- *API culturally and linguistically competent services are not available at most service sites.*
- *Some services are not available in Spanish. For instance, it is very difficult to get Residential Substance Abuse Services for Spanish-speakers since there are very few agencies that have bilingual staff.*
- *Trying to get patients who are mentally ill, marginally housed and actively using drugs to adhere to medication regimens is time intensive and demanding.*
- *[Clients] have unmet needs around addiction, housing and case management that would help provide them with the stability necessary to make and keep appointments.*

Providers also discussed strategies they used to address service barriers. Agencies report they are continually looking for additional funding sources to support the services they provide. Harm reduction, linkages with other agencies, home visits, and follow-up and outreach efforts are used to combat barriers and increase the number of clients receiving care services.

- *We are trying to diversity funding sources, both private revenues and also moving towards the direction of third party reimbursement.*
- *We employ a professional staff who actively reduce barriers through a welcoming, culturally competent, and harm reduction stance.*
- *We have developed onsite clinic services at our collaborating agencies in order to meet the needs of clients who can not, or will not, leave their neighborhoods. We have also focused on providing culturally appropriate services at collaborating agency sites.*
- *We try to help clients with these obstacles by connecting them with case management, housing resources and substance abuse treatment, as well as being willing to meet with them off site at hospitals, residential treatment centers, their homes, homeless shelters, etc.*

Community Fora Summary

The HIV Health Services Planning Council organized and conducted two "Community Fora" to receive community input on the needs of the HIV/AIDS community in San Francisco. At each of these Community Fora, the Planning Council collected data in the form of a survey, a service ranking exercise, and group break-out discussions.

Below is a summary of the data collected by the Planning Council:

	Community Fora #1	Community Fora #2
Date	March 24, 2005	May 19, 2005
Location	LGBT Center	Metropolitan Community Center in the Castro
Target Population	HIV/AIDS Community	HIV/AIDS MSM's who live in and receive services in the Castro
Attendance	134	14
Gender		
Male	100 (74.6%)	12 (85.7%)
Female	19 (14.2%)	2 (14.3%)
Transgender- MTF	11 (8.2%)	0
Transgender - FTM	2 (1.5%)	0
Intersex	2 (1.5%)	0
Race/Ethnicity		
Black/African American	69 (51.9%)	3 (21.4%)
Asian/Pacific Islander	8 (6.0%)	0
Latino/Hispanic	7 (5.2%)	1 (7.1%)
Native American	8 (6.0%)	1 (7.1%)
White	40 (30.1%)	9 (64.3%)
Other	1 (0.8%)	0
Sexual Orientation		
Heterosexual/Straight	60 (44.8%)	1 (7.1%)
Homosexual – Gay Male	42 (31.3%)	11 (78.6%)
Lesbian	4 (3.0%)	1 (7.1%)
Bisexual	23 (17.2%)	0
Other	5 (3.7%)	1 (7.1%)
Ranking of services		
1	Housing	Health Care
2	Health Care	Housing
3	Food	Substance Use
4	Mental Health	Mental Health
5	Substance Use	Benefits Counseling/Client Advocacy
6	Benefits Counseling/Client Advocacy	Case Management
7	Case Management	Food
8	Transportation	Transportation
9	Day/Respite Care	Day/Respite Care

- In addition to ranking the importance of services, during group break-out sessions at the Community Foras, participants were asked what they would eliminate if they had to cut a service(s).
    - The services most frequently mentioned in these discussions were Day/Respite Care, Benefits Counseling/Client Advocacy, Transportation and Substance Use.
    - Other services that were also mentioned, but with little frequency were Case Management, Mental Health and Food.
    - Health Care and Housing were not ever mentioned as services to cut or eliminate.

- 77 percent of participants at Community Fora #1 and 85 percent of participants at Community Fora #2 responded that the service ranking exercise was clearly explained and understandable.

- 79 percent of participants from Community Fora #1 and #2 reported that the group exercise was useful to think about citywide service needs.

- 71 percent of participants at Community Fora #1 and 93% of participants from Community Fora #2 believed that their attendance at the Community Fora will make a positive difference.

Some comments from participants related to services and also the usefulness of the Foras:

"Found this very informative and empowering."
"Thank you for taking the opinions of the community into consideration."
"I think the forum was helpful. Should have it often and keep the public aware."
"I think this was a very important function and it makes a great deal of common sense to ask the people involved."
"There was a real struggle getting in, however, it was all worth it. I'm glad to have a valuable effect on the forum's decision and I greatly appreciated this forum because it gives consumers of the service the opportunity to express the effectiveness of each program or agency."
"I am very concerned about whether indigent and not so well spoken folks needs are facilitated – with great care being taken to help folks to be heard."
"I feel that when I do get sick I hope that transportation to a doctor appointment will be much better."
"I think that medical care, housing and food should receive priority, but I also feel that mental health and alcohol and drugs treatment should be provided too because of the importance of being stabilized and off drugs."
"More youth services, outreach for the newly infected, more education, volunteers used to subsidize diminishing ASO positions, start ups for more nonprofit, community based organizations that provide unrestricted funding to ASO."

SUMMARY OF FOCUS GROUP FINDINGS

Eleven focus groups were conducted to collect in-depth information about HIV/AIDS service needs of various hard-to-reach populations.

Completed Focus Groups:
African American males
African American females
Asian Pacific Islander: Filipino MSM
Bayview residents
Homeless
Marin residents who access services in San Francisco
Monolingual Spanish speaking San Francisco residents
Monolingual Spanish speaking San Mateo residents
Released from prison within one year
People living with HIV/AIDS age 55+
Transgender (MTF and FTM)

The groups provided insight into the service needs of specific groups, as well as direct feedback regarding barriers to accessing services and issues such as stigma, cultural sensitivity and social support. All groups were asked the same set of questions, resulting in the following general findings across groups:

- Housing, Food, and Medical Care were rated as the most important services across groups.
- Many groups discussed the importance of culturally sensitive care. This included access to medical providers who spoke their language and services that treated all clients equally regardless of HIV status, background, ethnicity, or economic status.
- In addition to services to maintain their health, participants across groups prioritized social support services. Participants shared the importance of having someone to talk to about their HIV and other issues in their lives.

The following pages summarize the key findings of each focus group, as well as provide a description of the group participants. Direct quotes from the group participants are used to highlight main points.

AFRICAN AMERICAN MALES

Of the seven participants in this group, almost all reported having disabling HIV symptoms (1 participant did not complete this question). Most participants did not have stable housing; three reported living in an SRO, one in supportive housing, and one in a homeless shelter. When asked their ethnicity, one participant identified as Filipino. None of the participants reported full-time work; two were not working and on full disability, two were on disability and looking for work, two were retired, and one was working part-time. The age of the participants ranged from 34 to 53; the average age was 45.

Service Needs. The most commonly requested services were housing, medical care and food. Many different service agencies were cited as providers. Most of the participants are currently receiving medical care. In addition, many receive services such as psychiatry, eye care, dental care, and nutritional counseling. Some participants wanted access to all services under one roof. Suggestions for additional services to improve overall health included support groups and exercise programs. Furthermore, group members expressed interest in legal services, community events, and holistic/alternative medicine.

- *I learn more about health issues in [support] groups more than with a doctor, so I tell them about all my problems.*
- *I've been positive for 17 years. What helped me is going to support groups. I don't go all the time but I go when I feel I need to go.*
- *What about fitness? My health is getting worse. I used to work out in jail. Now that I'm out, I stopped working out. There's no where to go because of no income. It would be good to have a facility that caters to you.*
- *My church is important. My spirituality. It is a service.*

Increased Community Awareness of HIV/AIDS. Participants discussed the importance of finding ways for the African American community to talk openly about HIV and AIDS. They highlighted ways that increasing awareness and knowledge of HIV could help in prevention efforts and stigma reduction.

- *Getting education for kids. My brother had unprotected sex. They're not getting education, not getting funding from the government. You don't see advertisements on safer sex.*
- *We should teach our own. We should do it ourselves.*
- *People scared to talk about it. You don't see billboards about black HIV. You see all white billboards.*
- *People need to educate themselves. We couldn't say the word "AIDS" or "gay" in my family, but you have to keep talking.*

Impact of Service Cuts. Some participants had critical things to say about the agencies that provide services, specifically in the Tenderloin. One participant shared his perception that three different agencies in the Tenderloin were fighting because one was trying to steal clients. It is apparent through their comments that participants are aware of and feeling the impact of service cuts at local agencies.

- *Transportation service cuts hurt a lot of us. People go to the food bank and are sick. It's hard accessing transportation. They need to bring it back.*
- *A lot of the services are gone because the government cut their services. They only had room for HIV health care.*

Substance Use. Although substance use issues were not directly discussed, the participants mentioned substance use in their community several times throughout the group.

- *I'm clean now, but if I stay in the Tenderloin, I might fall again.*
- *It's hard to see people do drugs, and try to stay sober.*
- *SF has the best substance use services around.*
- *The main source for HIV infection is meth.*

Prevention with Positives. Most participants seemed comfortable discussing HIV risks, disclosure and other topics with their doctors. Participants stated that their doctors address these issues regularly. There was disagreement as to whether the client or the doctor should take the lead on initiating these discussions. While one individual stressed the importance of approaching doctors with specific questions, another participant asked, "What about the questions you don't know to ask?"

- *For the doctor, it's his main concern. They ask you.*
- *They talk about sharing needles too.*
- *It's up to you to ask your doctor anything you want to know.*

AFRICAN AMERICAN FEMALES

Only three women participated in this group, making it the smallest of the groups. Two participants reported HIV with disabling symptoms. The three participants were close in age, ranging from 37-40 years old. One identified as an MTF transgender and heterosexual. Of the two participants who identified as female, one identified as heterosexual and one as lesbian. All three lived in an SRO or hotel. Only one participant was working part-time; the other two were not working and on full disability.

Service Needs. All three participants reported receiving HIV-related services such as medical care, dental care, case management, alternative therapy and food services. They agreed that housing, medical care, and food were the most important services to them. They were satisfied with the care they were receiving and stated that their medical providers helped them access additional resources such as vouchers, bus tokens, and clothing items. One participant described difficulty in getting her prescriptions filled before they ran out. The participants requested additional services such as social programs and access to furniture and other items to set up a household.

- *I do acupuncture and massage because you can get a free massage. It's relaxing and takes away the stress. Stress damages the physical aspect of your life.*
- *I just had this happen yesterday… I'm on so many medications because I also have mental health issues. I go to get my medications and they told me that I had to wait a couple of days and that is not right because three days without your medications can affect your health.*
- *Household furniture that you can't afford so you can start off with a foundation. When you start off without a foundation, it's discouraging.*

Barriers. The participants identified homelessness as the biggest challenge in trying to obtain HIV services. Unstable housing made it difficult for them to keep track of the personal information required by providers to obtain services.

- *When you are homeless you don't know where to keep [i.d. and personal records]. Sometimes they ask you to show that you are positive and you either lost [the letter of diagnosis] or don't have it.*

Prevention with Positives. The participants seemed comfortable discussing prevention topics with their providers. They emphasized the importance of having a good rapport with their doctor in order to discuss sensitive topics openly.

- *If I don't have [a comfortable] relationship with my service providers, I request a new one.*

ASIAN PACIFIC ISLANDERS

Of the ten people who participated in this group, the mean age was 45. Eight out of ten stated they had disabling HIV symptoms. Seven identified as male (one as bisexual and six as homosexual) and three participants identified as MTF transgender (two as heterosexual and one as bisexual). Three participants identified as Filipino, three as Pacific Islander, one as Chinese, one as Japanese, one as Hawaiian, and one as Caribbean Black. Four participants stated they spoke languages other than English, citing Japanese, Chinese, Tagalog, and Filipino. Half rented their home or lived with a parent or relative, while the remaining participants were living in supportive housing or an SRO. None of the participants stated they were employed.

Service Needs. The most important services for this group included housing, food, and medications. Most participants agreed that meeting basic needs was most important to them. Participants discussed the need to have comprehensive medical services under one roof. When asked what services they needed that they were not getting, participants cited alternative therapy, spirituality-related services, and assistance with legal immigration issues.

- *When you have them [basic needs met], I feel safe. You know you're going to eat, and have housing, you feel safe.*

Stigma. Several participants discussed situations where they were treated differently because of their HIV status. One participant described how he was unable to tell his mother about his HIV status, but is able to talk to her about his diabetes, as there are fewer stigmas attached.

- *When I see a new [provider], sometimes they look at me as a person, but I hate when they try to guess if I'm HIV. Status changes the way people feel or act toward me.*
- *One of the staff at a clinic told another staff member to clean himself because of my HIV.*
- *Dental doctor said 'oh, you got AIDS'. They could have said it nicely.*
- *One of the things I have a problem with is isolationism because I don't socialize with people because of my status. It brings down health.*

Barriers. Participants cited many barriers to accessing and receiving services, including difficulty getting an appointment when needed, service costs, lack of services geared toward API clients, and not being able to qualify for necessary services. Some participants talked about needing to "learn how to run the system" and be their own advocate.

- *A lot of times we need to see the doctor right away, and it's hard, especially when you're sick…nobody wants to wait four hours in the urgent care when you're sick.*

Cultural Sensitivity. Several participants remarked that it was difficult for them to find services geared toward API clients. One client mentioned the lack of Southeast Asian food in the food baskets. Participants have access to API case workers to help translate at medical appointments, but this does not help the client be able to communicate with a provider directly.

- *Everything is very focused, in the gay community, to be very white male. Being a person of color, I feel I don't belong here, or they don't understand.*
- *My English is limited. So the API case worker comes with me but sometimes I feel if they can't come, I don't know how to talk to my doctor.*
- *In API, the Pacific Islander is a lot of times overshadowed because there are so many Asian ethnicities that need to be taken care of. I think more needs to be done to be sensitive to every ethnicity.*

BAYVIEW RESIDENTS

Only four people participated in this focus group, two of whom disclosed they were HIV-negative after the group concluded. Therefore, the information provided by this group was fairly limited. Of the two HIV-positive participants, one had disabling HIV symptoms. All but one of the participants was male; one male identified as gay. Two participants were African American, one African Black and one White. All four reported having stable housing and only one reported having employment.

Service Needs. The participants in this group stated that medical care, food, and housing were the most important services. The two participants who were HIV-positive were receiving medical care, although they weren't necessarily on medication for their HIV. The participants seemed to access some support services such as transportation assistance and counseling.

- *There are other problems that make HIV worse than what it is… worrying about your shelter, medication- your environment contributes to that.*
- *When you have a chronic disease we need a stable environment; we have to piece everything together.*
- *I have a counselor- he's really helpful with transportation. I take a lot of medications so I forget a lot. He calls me to remind me about my appointments. It's really helpful to me; I have so many appointments that I can't keep track of them.*

Barriers. All of the participants shared that there are many factors that affect their lives in addition to HIV, such as Hepatitis C infection, unemployment, unstable housing, and community safety. The main barriers to receiving HIV services appeared to be transportation and getting adequate benefits coverage. Participants stated they had to travel outside of the Bayview neighborhood to access most services, but that they would prefer it if the services were close by; in particular, they requested all services be under one roof. One participant stated his substance use history was a barrier to receiving the psychiatric medication he needed.

- *We live in an environment where they sell drugs in the front door and I have children playing outside; my children can't even go outside.*
- *They are using your substance use history to affect the medications you get- to the point of denial; with me, it's okay because if they tell me if they catch me high they will restrict services- I know.*

HOMELESS

With 14 participants, this group was one of the largest. Most of the participants were male; three identified as MTF transgender. A majority (12) of the participants were African American; three participants identified as White and one did not disclose his/her ethnicity. The average age was 54. Four participants reported disabling HIV symptoms. None of the participants reported employment. Two of the participants reported they were currently living on the street; two were living in a shelter. The remaining participants reported currently having housing, either in an SRO, or living with friends or family.

Service Needs. There was agreement among the participants that housing, food, and medical care were the most important services. Most participants seemed knowledgeable about the services that are available for homeless PLWH/A. There was much discussion regarding which agencies provided the best services. In addition, participants who were very familiar with the various services in the community were extremely eager to tell the others where to access the services they needed.

- *Money management. My social security check goes to [agency]. They pay my rent. And it works for me. I've been paying rent for 13 months.*
- *Most folks like services under one roof.*
- *There's so many other services… health care is important to me. But you gotta eat daily.*
- *Emergency transportation is hard. The regular disabled process [to get a disabled bus pass] is ok.*
- *Transportation. I had congested heart failure, and it was hard for me to lug my groceries. I asked them to help me, and they said they don't have the shuttle anymore.*
- *[I] notice agencies duplicating services and there are cuts. Some agencies getting cut out while others are doubling up. Services need to consolidate. Variety is wonderful but there's a need it serves.*

Barriers. Waiting to get a doctor's appointment was a common problem. Participants agreed that being able to find a physician they felt comfortable with and who understood them was important. Group members cited many situations in which they did not feel at ease with their provider. One participant in particular shared how difficult it was for him to access mental health services while using drugs.

- *For medical services, they need to be non-judgmental. People in the medical field here, they look at you as you're "it" or something.*
- *I know I get good medical services because I advocate for myself. Unless you're bleeding, you need to tell them what's wrong with you.*
- *Some [providers] pretend they know everything and have the right resources. I think its okay to say "I don't know."*
- *I notice a difference in doctors' attitude regarding whether they think you're homeless, or how you look, and how you act to them. If you look homeless, they're rude, they don't try.*
- *There's a lot of judgment [by mental health providers] in the community. If you're not clean, they won't help you.*

Housing and Stability. All of the participants talked about the difficulty of finding stable housing. While a few participants were currently residing in a hotel or SRO, it had taken a long time on the housing wait list to obtain a room. Participants also talked about the importance of having a support system, in addition to shelter.

- *Affordable housing. Not SROs. A place with a kitchenette where you can cook. In SROs or other places, you have to deal with rules. You have to leave after 28 days.*
- *Being homeless it's about having a drop-in center that has laundry. Laundry is an issue. I think a lot of services with homelessness have to do with personal motivation. Being homeless it is hard to go get a job, if I have dirty clothes, its hard to get a job. My self esteem is low. You can't call for jobs at [agency] if there are people talking in the background. They should have a phone and a computer center for people to help themselves.*
- *Having a support system. I don't need drugs anymore. But I got the motivation and support system to get me out of that.*
- *When seeing someone like me doing good and getting a job, it motivates me to do the same.*

MARIN RESIDENTS WHO ACCESS MEDICAL CARE IN SAN FRANCISCO

Seven men participated in this focus group, five of which reported disabling HIV symptoms. All were residents of Marin County; four lived in San Rafael, and one in each of the following: Larkspur, Novato, and the Canal area. Participants ranged in age from 44 to 61 years old. All participants identified as gay except for one who identified as bisexual. Four of the participants were White, two were Native American and one was Mexican-American. All reported English as their primary language. All had stable housing. Only one participant reported working full-time and four reported being on disability.

Service Needs. Participants prioritized medical and dental care services. They reported accessing a variety of medical services including medical and dental care, eye care, and pharmacy. Many participants stressed the importance of having a good relationship with their doctor. Additional services needed included housing, employment assistance, and coverage for vitamins and nutritional supplements. Moreover, participants highlighted alternative therapy as an important component of their medical care.

- *There was no working relationship with the doctors I had. They dictated what they wanted me to do and if I said it's not working for me…they said it was a state of mind.*
- *I didn't want a doctor that said this is what you have to do and like it or not. I wanted a doctor whom I could be a team player with and be proactive with.*
- *A few years back there was a wellness center [in San Francisco]. What they did was treat the whole body. You didn't need to ask for acupuncture, massage. Their whole philosophy was take care of the body and address the neuroma and then we can approach your disease.*

Location of Services. Most of the participants lived in Marin, but accessed services in San Francisco. One participant had a private doctor in Marin County. Participants listed many reasons for accessing services in San Francisco. One participant shared that he moved to Marin from San Francisco and had stayed with the same medical provider in San Francisco. Typically, participants sought out services in San Francisco when they needed a specialty service that was not available or easily accessible in Marin. Participants also stressed the importance of social and peer support.

- *When my disease progressed and issues starting coming up like Kaposi's sarcoma, they could not address it and there was no other medical group in [Marin] County to address it so that forced me to go into the city.*
- *One of the reasons I stayed with them in the city is because it is a large HIV/AIDS population. There's a lot of experience and knowledge base and I've been very happy with what I've got there.*
- *I'm in isolation. Who do I talk to? There is nobody. We get more out of [the support group] than a provider.*

Barriers. Participants cited several barriers to accessing services including transportation, lack of knowledgeable providers, and limited insurance coverage. Participants also experienced difficulty in finding information about resources and available services. Participants spoke of the lack of coordination between the two counties and about the limitation of care they might face if they accessed services in San Francisco. Some participants expressed frustration about not being able to access services in both counties.

- *If you're not feeling well sitting on the bus and thinking that you're going to throw up when you get to Marin city was not good.*
- *[Case manager] was hired as a representative for the Spanish population but he has no knowledge of AIDS treatment and sensitivity and that becomes a barrier.*
- *When I go to get care I have to say I have AIDS. But then I see a doctor who puts on three sets of gloves, where is the training? That goes back to sensitivity and competency.*
- *I don't access things not covered by insurance. Because I'm working and I have an income I don't qualify for a lot of things that may be available to people on disability so I'm caught.*
- *One thing that was problematic in the city and here in Marin is it's hard to know what's out there. [When I moved here] I tried to find… some document or website that can tell me my options, where I can go to get the care … the pros and cons of [different providers].. There was no central place to get information.*
- *The Specialty Clinic provides mental health but since I chose services in the city, I lost my mental health services in Marin.*
- *I like the doctor in [San Francisco] but even with him I have to come in to do certain lab work. It makes sense for me to do it here [in Marin] rather than have me trek all the way to San Francisco for another two hours.*

Prevention with Positives. Most of the participants had discussed prevention topics with their medical providers. The remaining participants had attended a seminar or event where such topics were discussed. Most participants seemed comfortable having these discussions with their providers, given the provider approached the topic in a sensitive and appropriate manner.

- *The discussion that has taken place has been specific as far as I am aware that I could infect someone if I'm not careful. It's obvious that using a condom is good protection if used correctly. There has been discussion about transmitting from one HIV person to another HIV person.*
- *I thought it was inappropriate of my doctor. I said I could ask [her] the same thing and she said no. Then you shouldn't ask me. I know what my responsibility is and I think that is a whole different ball game and should be addressed somewhere else, not with the doctor.*

MONOLINGUAL SPANISH SPEAKING SAN FRANCISCO RESIDENTS

Eighteen individuals participated in this focus group, which was conducted in Spanish. One participant was an HIV-negative relative of one of the clients. Demographic data was available for 16 of the HIV-positive participants, half of which reported having disabling HIV symptoms. The participants ranged in age from 30 to 59. The majority of participants were male; only two were female. Of these men, 12 identified as gay, one as straight, and one as bisexual. The two female participants identified as straight. All participants identified as Latino; a majority (10) stated they were Mexican National. Similarly, ten individuals shared their primary language as Spanish. Most of the clients rented or owned their residence; three clients reported they were living in an SRO. Only four participants stated they were working full or part-time; the rest were not working and on full disability (6), on disability and looking for work (2), not working and applied for disability (1), and not working but looking for work (1).

Service Needs. A majority of participants reported currently receiving medical care and were satisfied with the care they received. The participants agreed that housing, medication and mental health services, emphasizing emotional well-being were the most important for people living with HIV. In addition to these services, participants reported receiving food services, alternative therapy such as acupuncture, dental care, and nutrition counseling.

- *My doctor is very attentive to me. I've had heart problems and other kinds of problems, and they always see me soon.*
- *When people don't have a place to stay at and you get sent to a hotel, it's very depressing emotionally.*
- *In the same way that people are motivated to stay healthy physically, we should also raise a consciousness about staying healthy emotionally and mentally. We should have more spaces to talk about problems, instead of focusing on medications only.*
- *We need recreational activities, artistic programs, acupuncture, and recreation.*

Barriers. Similar to the other focus group conducted in Spanish, participants of this group emphasized the limited number of bilingual staff available to translate at service agencies. Participants also shared challenges they had experienced in accessing HIV medications and food services.

- *There can't be just one person for everyone; we need more bilingual people who represent us at the agencies where we go to request services.*
- *I had a lot of problems at the clinic because they insisted in speaking to me in English. You had to make an appointment for the interpreter to be there. They didn't have Spanish-speaking staff.*
- *Those who have Medi-cal can go to a private provider, but those who don't get sent with everyone else, the way you get treated is different… they should see you with our without insurance.*
- *I've had problems with the pharmacy, I had to pick up my medications and they weren't ready because they hadn't authorized them. There should be more information about nutrition. There are many people in the Latino community who don't know how to eat right, we need information.*

MONOLINGUAL SPANISH SPEAKING SAN MATEO RESIDENTS

This focus group had six participants and was conducted in Spanish. All six participants lived in San Mateo County; two in San Mateo, two in Palo Alto, one in Burlingame and one in Redwood City. All participants identified as Latino; five reported Spanish as their primary language. Most of the participants were male (four participants); of the male participants, two identified as homosexual and two as heterosexual, (the two female participants identified as heterosexual). All were over the age of 40; ages ranged from 44 to 88. One participant reported living in supportive housing while the rest stated that they rented. Half of the participants reported working full-time. Two of the participants reported disabling HIV symptoms.

Service Needs. All focus group participants were clients of the Edison Clinic in San Mateo. Two participants mentioned their medications were covered by ADAP and the San Mateo Well Plan; two participants were on Medi-Cal. One participant mentioned that the clinic was too far from his/her home. Overall, the participants shared their satisfaction with the medical care they received. In addition to medical care, participants stated they received vouchers for food, clothing, and taxis, nutritional counseling, and rental assistance. All the participants would prefer to receive their services under one roof, specifically at the Edison Clinic. They suggested that if services could not be located in the same place that a referral from Edison could give them priority to reduce wait times in other medical facilities. Participants shared many steps they take to stay healthy, including alternative therapies such as yoga and acupuncture, healthy eating and exercising.

- *The doctor who first diagnosed me at the hospital is to this day the same doctor I see.*
- *I have been to other clinics and workers move around a lot, the medical care is very different. Here they've always treated me with a lot of trust, as if I was family.*
- *It would be wonderful to have all the services right here. We want the lab back here.*
- *We want to have all the services back at the Edison Clinic. They give you appointments here soon, and it's not the same at other clinics.*
- *I exercise because the virus will eat up your muscle mass and you need to work out… I know that medications will make your cholesterol go up and so you have to watch your fat intake.*
- *Yoga and acupuncture are said to be good for you and I haven't done them because I don't have time, they relieve your stress, energize you. If we could have a group like that here, that would be great.*

Barriers. The participants cited language as the principal barrier to receiving services. They stated that providers do not always speak Spanish and shared that it is often difficult for them to find bilingual staff to interpret for them outside the Edison Clinic.

- *When you go to a specialty clinic, there it's not only people with HIV; there is where we most need interpreters.*
- *The clinic upstairs has nurses who speak Spanish, but some of them pretend not to or you can't approach them and I have problems asking some questions in English.*
- *Interpreting services are needed, because if the nurse who interprets is busy, people have to wait, not because the doctor is busy but because you have to wait for the nurse to finish what she's doing.*

Social Support. Participants stressed the importance of having a support system, especially immediately after being diagnosed.

- *We provide peer support- when people have problems with their medications and our services are confidential, we help people who have just recently been diagnosed, we're experienced and so we can help new people.*
- *It would be good that if you're going to take medications that you are prescribed therapy or psychological counseling because it helps you a lot. The shock you experience when you're first told [you have HIV] is overwhelming because you, as a Latino, associate AIDS with death. In our countries, you see someone who has AIDS and they don't live longer than a year.*
- *This clinic should institute a rule that when you're recently diagnosed you're obligated to come to support groups.*

RECENTLY RELEASED FROM PRISON WITHIN ONE YEAR

Eleven individuals participated in this group; nine of which identified as male and one female (one individual did not disclose his/her gender). A majority of the male participants (7) identified as gay. Seven participants had disabling HIV symptoms. All of the participants identified as African American (6) or African Black (4) and spoke English as their primary language. Five participants reported living in an SRO and six were not currently working.

Service Needs. The participants reported they were receiving medical care and were satisfied with the medical services they received. Individuals stated they were able to get appointments when needed and refill prescriptions easily. They received additional services such as money management, case management, food services, and group support. Many participants requested more variety in the food provided and a return to van transportation. Various participants stressed the importance of a drop-in center specifically for people living with HIV and talked about the recent closure of the Continuum day program. Additionally, participants requested more peer support. The most important services for the participants appeared to be housing and medical care.

- *The food they give us in the bag is not acceptable; they give you the same thing every week. My whole cabinet is full of black beans.*
- *Groups are good because I do good in groups; I have been sober- that is what keeps me sober- the support groups.*
- *I think that we need a place for HIV only people not for anyone else; we need a big old place for entertainment so we don't have to be in the streets all the time.*
- *They need to get more people that we can identify with; they should get some people of our peer level.*

Incarceration. The participants spoke briefly about their experience in jail or prison. While most participants acknowledged that they were able to get the HIV-related services they needed while in prison, a few mentioned they were unable to get their medications.

- *When you go to jail, you loose your housing and you need it when you get out.*
- *In jail they call your provider and tell them you are in there and the doctor tells them what meds I am taking.*
- *They didn't have the medications that I needed so I didn't take them.*

Prevention with Positives. In this group, very few participants stated that they discussed prevention topics with their medical providers or with other providers, such as case managers. They did however talk about the importance of disclosing their HIV status to sex partners.

- *We talk about being honest and open with our sex partners.*

PEOPLE LIVING WITH HIV AGE 55+

This group was conducted with a support group of ten males over the age of 55. All have been living with HIV for many years. Demographic data is available for eight individuals. The average age was 63. Half of the participants reported disabling HIV symptoms. Six participants identified as White, while one identified as Filipino and one as Latino. Four participants work part-time, two are on disability, and two are retired. All participants reported having stable housing.

Service Needs. This group cited medical insurance, affordable housing, community support, and care as they age as the most important services. For this population, AIDS is not the most important health issue. Most seemed satisfied with medical coverage and had routine checks regarding their HIV status. Long term care, as well as legal and financial assistance, was also mentioned.

- *A secure future, as we're approaching being incapacitated. Who is going to take care of us? That worries me.*
- *Work was a source of friends. Now that you're older, it's easier to feel isolated…There needs to be community. It would be great if there was a [retirement center] where everyone was gay, so we would be more at ease.*
- *You can't die and leave things. I have to give it to someone because Medi-cal will take it. I can't own real property in my name.*
- *I'm fortunate to be affiliated with [this agency]. It's been two and a half years with the group. They're like family. I was able to acquire a part time job through them. It helps me a lot. When I had a drug problem, I went to the substance abuse program through [this agency]; I was referred to a 12-step program, and it helped me a lot.*

Barriers. The participants discussed limitations to how much they can work and still qualify for disability benefits. Many of the participants had professional backgrounds and although they were semi-retired, they still desired to be able to continue working in some capacity.

- *I don't feel I have enough time with the doctor. I feel very rushed, especially with change of drug regimen.*
- *I don't have any complementary care to deal with the side effects of the drugs.*
- *I don't feel I have enough time with the doctor. I feel very rushed, especially with change of drug regimen.*

Aging and HIV. The biggest concern among the participants in this group was aging. Many participants faced health issues due to getting older, rather than their HIV. Furthermore, participants were concerned with long-term care and finding companionship later in life.

- *There is no other generation ahead of us [with HIV]. So it's the unknown. More cultural, societal support, and understand the person with AIDS needs flex time because I don't want to go to work if I have diarrhea.*
- *My search for lovers has slowed. Now I need someone to come to help me go to the hospital.*
- *The issue is we're getting older. This need for finding companionship. As younger people, most of us frequented the bars*

Prevention with Positives. Most of the participants stated that their medical provider had never discussed issues such as safer sex and HIV disclosure with them. Many participants shared that as they get older, their providers assume that sex is not an issue for them.

- *I've had no such discussion with the doctor. I think they assume because I am older, I know everything. I think there needs to be a discussion [about safer sex]. No one wants to say "do you use a condom;" they assume because I am white and educated.*

TRANSGENDER

Of the six participants in this group, three reported disabling HIV symptoms. The participants ranged in age from 35 to 49 and four reported living in the Tenderloin. All clients but one identified as male-to-female (MTF) transgender; one participant identified as male. In addition, two participants identified as gay males, one as straight, one as lesbian, one as bisexual, and one listed their sexual orientation as "other." Four of the participants were African American, one was African Black, and one was White. The primary language for all six participants was English. Half of the participants reported renting their residence and the other half reported living in an SRO or Hotel with tenancy. Four participants were not working and on full disability, while one was on disability and looking for work, and one was not working and looking for work.

Service Needs. Most clients stated they were receiving medical care, although most were not currently on medication for their HIV. One participant mentioned they utilized a service that separates medications to facilitate adherence. In addition to medical care, the participants reported receiving food services, housing and transportation assistance, mental health services, and case management. The participants seemed to agree that housing, food, and medical care were the most important services for people living with HIV.

- *My doctors, they go further than just my medical. They get into my drug use, prostitution, my housing, my food. Not just about my health.*
- *I use food services… I think it's great. It's once a week. You can pick up the non-cooked or the cooked. They also have hot meals for people with HIV.*

Barriers. The participants shared that they often accessed services that were geared towards women and that they often felt out of place; they emphasized the importance of services geared towards transgender individuals.

- *I was at an all women [substance use] facility. I was the only transgender there... I'm not a woman, I am transgender. There are certain services that I need and you can't help me with that. When I needed transgender support, I had to wait six to seven months.*
- *[My clinic] is for women. But I'm there. A lot of times I don't feel like I belong. Because they cater better to the genetic females than me….they don't offer hormones there.*
- *If we had more transgender people in social services, transgender employees, it would make it easier to talk to the person.*

Life Issues. The participants of this group shared that they face many issues besides HIV, including homelessness, prostitution, and substance use. One client pointed out that it is easier for those who "pass" as females.

- *Show some compassion. I'm not in recovery but I'm doing hard reduction. I find a lot of people have a lot of stuff going on. If you don't have anyone to talk to, you're going to get whatever to make you feel better. A lot of people need understanding and compassion.*

Prevention with Positives. The participants did share that their medical providers discussed prevention topics with them. Participants also reported having these discussions with other providers, such as case managers. Participants disclosed some of the strategies they use to prevent transmitting HIV to their partners, including the use of condoms and abstaining from sex with people who are HIV-negative.

- *My doctor does. We talk about prevention. My lover just passed away. Both of us were HIV. He talked to us about a super HIV infection. Prevention between each other.*
- *My case manager always talks about it with me because they know how I get down. It don't bother me. At least someone [cares].*
- *Personally, I think it's stupid for someone to think they can't have HIV if I have HIV. I won't sleep with them.*

CONCLUSIONS AND RECOMMENDATIONS

This needs assessment identifies the needs of people living with HIV/AIDS in the San Francisco EMA (Counties of San Francisco, Marin, and San Mateo). The key findings presented in this report bring together the quantitative and qualitative data to enable users of this report to appropriately set priorities and allocate resources.

HOW TO USE THE DATA

This needs assessment focused primarily on capturing the service needs of underserved populations and populations with the most severe need of HIV/AIDS-related health and social services. Harder+Company made great efforts to ensure that the survey population reflected PLWH/A throughout the EMA. This community-based study was conducted out in the field, rather than in a controlled experimental environment. Therefore, there may be limitations to the data which prevent making exact conclusions about the needs of all PLWH/A in the EMA.

This report provides a rich data source that can be used to inform DPH personnel, planning council members, HIV/AIDS service agencies and organizations, and consumers about important service needs and barriers. As with any single study, this needs assessment is one of many important data sources that provide information about PLWH/A throughout the SFEMA. This data should be used in conjunction with epidemiological data, scientific investigations, and other community-based studies to paint a picture of the PLWH/A in the San Francisco EMA and to understand their service needs and how to appropriately allocate resources to meet those needs.

This document is intended to be used as a vital resource for three years, therefore all the data was analyzed thoroughly. As with most population-based survey research, however, almost endless further examination of the data can be done. The following are recommendations made by the researchers involved in the 2005 Needs Assessment. The recommendations are divided into two sections: Recommendations for Further Research and Recommendations for Future Needs Assessments.

RECOMMENDATIONS FOR FURTHER RESEARCH

The following recommendations discuss research/needs assessment projects that may be considered for the near future based on findings of this current Needs Assessment.

- Further examine the needs of an aging HIV+ population. Throughout the Needs Assessment there were findings that consistently pointed to the fact that there is an aging HIV+ population in the SF EMA, e.g., age breakdown of the survey population and high proportion of reported chronic disease prevalence. Further research to validate this finding and to ensure that agencies and organizations have the capacity to meet this possible growing need is warranted.

- Further examine drug use and substance use services among women. Findings from the Needs Assessment showed that in proportion to the overall survey population, females expressed a greater need for substance use services and received those needed services at a lower rate. It is recommended that further research be conducted to validate this finding and explore this finding by utilizing both qualitative and quantitative data collection methods.

- Collect more data from younger HIV+ population (under 29). In order to move the HIV prevention agenda forward, more data needs to be collected from the HIV+ population that is under the age of 29. This current Needs Assessment was unable to collect enough information to make any meaningful conclusions regarding their needs or current health status. This Needs Assessment format is not appropriate for this age group. A more innovative approach should be developed and executed in order to reliably sample youth in the SF EMA.

- Collect more data from the newly diagnosed population. Similar to the youth population, the newly diagnosed population was hard to reach and/or identify for this needs assessment. Researchers need more assistance from agencies and organizations to reach this population and examine their needs.

PROCESS RECOMMENDATIONS FOR FUTURE NEEDS ASSESSMENTS

The following recommendations discuss process measures and updates to the survey process that should be considered for future needs assessments based on experiences from the 2005 Needs Assessment.

- Conduct a closer examination of variables that identify barriers to service utilization. It appears that the list of possible barriers that were presented to survey participants or the way they were presented to clients did not accurately capture their true barriers to service utilization. In other words there were some cases where the unmet needs did not logically match the barriers identified. There were possibly too many barriers listed and an easier survey approach for this section of the Needs Assessment should be developed.

- Examine medical use of marijuana. In light of recent policies regarding the medical use of marijuana and individuals living longer with HIV/AIDS, future Needs Assessments should include a variable that measures whether clients use marijuana recreationally or medically. This would more accurately represent the SF EMA population that uses illicit substances.

- Further develop Prevention with Positives questions. This was the first Needs Assessment that included items regarding Prevention with Positives. The purpose of these items was 1) to identify what providers (doctors, nurses, therapists, etc.) are discussing various PWP-related topics with clients; 2) to measure how knowledgeable clients are about various PWP-related topics; and 3) to identify whether providers included PWP in their services. The addition of these elements helped introduce prevention-related issues into discussions regarding service needs for PLWH/A. Further Needs Assessments might incorporate additional PWP questions. Further study of PWP-related issues may include identifying where clients prefer to receive PWP information and assessing providers' capacity for conducting PWP in medical settings.

- Re-examine the goals of the provider survey and find ways to simplify the tool or incentivize responses. Although the provider survey was completed by most providers

who received the survey, feedback from agencies suggests that the survey was challenging to complete. Further Needs Assessments should reexamine the provider survey to identify ways to simplify the process and to ensure that providers will participate. Strategies to increase response rate may include: sending the budget section directly to an agency finance contact; requiring survey completion in order for agencies to be eligible for service contract renewal; and utilizing a various provider networks throughout the EMA to identify the appropriate agency contacts to complete the provider survey.

- Continue to include consumers in the planning, development, and implementation of the Needs Assessment. Community interviewers to assist with client recruitment and conduct the client survey for this Needs Assessment. In addition, the Needs Assessment Working Group, which included consumers of HIV/AIDS-related services, provided direction and feedback regarding every step of the data collection process. Additional efforts to include the voice of consumers in the planning process may include inviting Planning Council members who are consumers of services to complete the client survey in order to pilot the survey prior to dissemination.

- Discuss and explore sampling stratification strategies within each county prior to recruitment. Although it is the purpose of the Needs Assessment to look at the entire San Francisco EMA as a whole, it is important to address the needs and concerns of representatives from the smaller counties as well, i.e., San Mateo and Marin. This includes discussing the efficacy and additional resources necessary to include a unique sampling stratification for each county. Much of this depends on the reliability of the information available at the time of planning.

LIST OF APPENDICES

Appendix A: List of Participating Agencies

Appendix B: Needs Assessment Work Group Member List

Appendix C: Needs Assessment Client Survey Tool

Appendix D: Focus Group Protocol

Appendix E: Provider Survey

Appendix F: Demographic Data by County

Appendix G: Summary Charts

Appendix H: Provider Inventory

APPENDIX A: LIST OF PARTICIPATING AGENCIES

- Aguilas
- AIDS Legal Referral
- American College of Traditional Chinese Medicine
- API Wellness
- Ark of Refuge
- Baker Places
- Bay Positives
- Black Coalition on AIDS
- CAL-PEP
- Catholic Charities (including Derrick Silva and Peter Claver programs)
- Center for Special Problems
- Centerforce
- City Clinic
- Continuum
- ELLIPSE
- FAP
- Filipino AIDS Task Force
- GLIDE
- Haight Ashbury Free Medical Clinic
- Health at Home
- Immune Enhance Project
- Iris Center/Women's Counseling and Recovery Services
- Larkin Street Youth Services
- LGBT Center
- Lutheran Social Services
- Lyon Martin HC
- LYRIC
- Magnet
- Maitri AIDS Hospice
- Marin AIDS Project
- Marin County Specialty Clinic
- Marin Dept. of Health & Human Services, HIV/AIDS Services
- Men of Color Program/UCSF Positive Health Practice
- Mission Neighborhood HC/Clinica Esperanza
- Native American Health Center/Urban Indian Health Board
- New Leaf
- Positive Resource Center
- Quan Yin Healing Arts Center
- San Francisco AIDS Foundation
- San Mateo Co. AIDS Program
- San Mateo Medical Center/Edison Clinic
- SF AIDS Office
- Shanti
- South of Market HC
- St. James Infirmary
- Stop AIDS Project
- TARC
- UCSF AIDS Health Project
- UCSF Positive Health Program
- Walden House
- Ward 86/SFGH Positive Health Program

APPENDIX B: NEEDS ASSESSMENT WORK GROUP MEMBER LIST

Name	Affiliation
Billie-Jean Kanios (co-chair)	Walden House
Catherine Geanuracos (co-chair)	UCSF Division of Adolescent Medicine, Connect-to-Protect Program
Randy Allgaier	Council Co-Chair, unaffiliated
Bill Blum	San Mateo County AIDS Program
Anita Booker	San Mateo Medical Center
Dorothy Kleffner	CARE Council member, unaffiliated
David Macias	San Francisco AIDS Office, HIV Health Services
Jack Newby	CARE Council Director
Ken Pearce	CARE Council and HIV Prevention Planning Council member, unaffiliated
Laura Thomas	Continuum HIV Day Services

APPENDIX C: NEEDS ASSESSMENT CLIENT SURVEY TOOL

CONSENT FORM
2005 SAN FRANCISCO EMA HIV/AIDS CARE NEEDS ASSESSMENT

The HIV Health Services Planning Council serving the three county San Francisco EMA, in collaboration with the San Francisco Department of Public Health / HIV Health Services Division is conducting a needs assessment of HIV and AIDS services.

You have been invited to participate and contribute your experiences, knowledge, and opinions about the service needs for people like yourself living with HIV/AIDS. Completing this survey gives you a voice in the planning for HIV and AIDS treatment services throughout the San Francisco EMA. You will receive a $15 food voucher for completing this survey.

This survey is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment group. While we ask some questions about your background for the purposes of analysis, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.

You will be completing this survey in a group session, meaning there are other people completing the survey in the same room as you. However, none of your answers will be shared with any other participants in the session. If you have any questions about the survey, an interviewer is present to help you. If your question is personal or private in nature, you may ask the interviewer to step out of the room with you so that you can ask your question away from the group.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationships you have with providers and caregivers at this agency.

By signing below, you consent to complete the survey.

PARTICIPANT'S SIGNATURE: _____

PARTICPANT'S NAME: _____

City _____, CALIFORNIA Zip Code _____

Today's Date: __ __/ __ __/ 2005

If you have any questions, please call Roger Klein at (888) 477-3330.

Would you be interested in participating in a focus group in June 2005? ☐ YES ☐ NO

If "YES," please provide us with a phone number where we can contact you: _____

Focus group participants will receive an additional food voucher. Day care and transportation are provided if needed. If you check "yes" someone from the "Needs Assessment Project" will give you a call to arrange for your participation.

SAN FRANCISCO EMA NEEDS ASSESSMENT SURVEY OF PEOPLE LIVING WITH HIV AND AIDS

Sponsored by Ryan White Title I HIV Services Planning Council and San Francisco Department of Public Health / Health Services Division

INTRODUCTION

Thank you for agreeing to participate in this important survey. Completing this survey gives you a voice in the planning of HIV and AIDS treatment services throughout the San Francisco EMA.

For each question below, circle or write in an answer. There are no right or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or need help reading the survey or interpreting the questions, please ask for assistance.

Your responses are completely confidential. Your name will never be linked to your answers.

Thank you in advance for completing this survey. Please go to the next page.

Confidential ID Needed

We will be obtaining responses from many people living with HIV and AIDS over the next few weeks. Please create a confidential identifier which you will place on the top of every page of your survey. This ID is unique to you, and will protect your confidentiality.

_____	_____	_____ _____	_____ _____	_____
What is the *first* initial of your first name	**What is the *last* initial of your last name**	**What is the month of your birthday** **(For January through September use a leading "0" e.g. 01 for January)**	**What is the day of your birthday** **(For days 1 - 9 use a leading "0" e.g. 01)**	**What is the first letter of your mother's first name? (If you don't know, list the first letter of your father's first name)**

(01=Jan, 02=Feb, 03=Mar, 04=Apr, 05=May, 06=June, 07=July, 08=Aug, 09=Sept, 10=Oct, 11=Nov, 12=Dec)

Please copy the confidential ID you have created to the top right of each page of the survey.

Interviewer Initials: _____

Location of Interview: _____

Today's Date: _____ / ___ / ___

1.	Are you currently …	
	HIV+ with disabling symptoms	☐
	HIV+ without disabling symptoms	☐
	HIV- ➔ **PLEASE SEE INTERVIEWER.**	

2.	What is the zip code and city and/or neighborhood where you live?
	Zip Code: ___ ___ ___ ___ ___
	City and/or neighborhood: _____

3.	When were you born?	____ / ____
		Mon. Yr.

4.	Are you …	
	Male	☐
	Female	☐
	Transgender – Male to female (MTF)	☐
	Transgender – Female to male (FTM)	☐
	Intersex	☐

5.	What do you consider your ethnic background? (**You may select up to 2 you identify with.**)	
	African-American	☐
	African Black	☐
	Caribbean Black	☐
	Chinese	☐
	Filipino/a	☐
	Vietnamese	☐
	Hmong	☐
	Other Asian	☐
	Pacific Islander	☐
	Cuban or Puerto Rican	☐
	Central American	☐
	Mexican-American/Chicano	☐
	Mexican National	☐
	Other Latino/Hispanic	☐
	Native American	☐
	White/Caucasian (non-Hispanic)	☐
	Other (Specify) _____	☐

5a.	If not English, what other language do you speak most frequently at home?
	_____

6.	Do you consider yourself (**Select 1 answer**)	
	Heterosexual/Straight	☐
	Homosexual – Gay Male	☐
	Lesbian	☐
	Bisexual	☐
	Other (Specify) _____	☐

7.	What is the highest level of education you completed? **(Select 1 answer)**	
	Grade school or less	☐
	Some high school	☐
	Graduated high school/GED	☐
	Some college/2 year college/trade school	☐
	Completed 4 year college	☐
	Graduate level or professional degree	☐

8.	Where do you currently live? **(Select 1 answer)**	
	In an apartment/house I own	☐
	In an apartment/house I rent	☐
	At my parent's/relative's apt./house	☐
	Living/crashing with someone & not paying rent	☐
	Single room occupancy (SRO) with tenancy/Hotel	☐
	Single room occupancy (SRO) without tenancy	☐
	In a supportive housing program (e.g., Windsor)	☐
	In a treatment facility (drug or psychiatric)	☐
	In a half-way house or transitional housing	☐
	Skilled Nursing Home (assisted living facility)	☐
	Homeless (on the street/in car)	☐
	Homeless Shelter	☐
	Residential Hospice Facility	☐
	Other (Specify) _____	☐

9.	How much do you pay monthly for housing?	_____

10.	If you live in San Francisco are you on the Housing Waiting List?	☐	☐
		YES	**NO**

11.	How many … **(Write the number in the box)**	
	Other adults are living with you?	
	Children and teens are living with you?	
	If you do not live with anyone, skip to Q. 12	

11a.	Is anyone else in your household HIV positive?			
	Please answer each item below.	**Yes**	**No**	**Don't know**
	Partner/wife/husband	Y	N	DK
	Adult family member/relative	Y	N	DK
	Other adults (unrelated)	Y	N	DK
	Children	Y	N	DK

12.	Over the last 2 years, have you ever lived in any of the places listed below?		
	Please answer each item below.	**Yes**	**No**
	In a half-way house or transitional housing	Y	N
	In a treatment facility (drug or psychiatric)	Y	N
	Homeless (on the street/in car)	Y	N
	State or Federal prison	Y	N
	County jail	Y	N
	Other (specify) _____	Y	N

13.	What best describes your current job (work) situation? **(Select 1 answer)**	
	Employed full-time (33-40 hours/week)	□
	Employed part-time (Less than 33 hours/week)	□
	Working part time and on disability.	□
	On disability – looking for work	□
	Not working – on full disability.	□
	Not working – applied for disability	□
	Not working – looking for work	□
	Not working – student/homemaker/volunteer/other	□
	Retired	□
	Other (specify) _____	□

14.	What is your reported estimated **yearly** income from all sources and before taxes?	
	$0 - $9,570 (up to $798 a month)	□
	$9,571 - $14,355 ($799 - $1196 a month)	□
	$14,356 - $19,140 ($1197 - $1595 a month)	□
	$19,141 - $23,925 ($1596 - $1994 a month)	□
	$23,926 - $28,710 ($1995 - $2393 a month)	□
	$28,711 - $38,280 ($2394 - $3190 a month)	□
	Greater than $38,280 ($3191 or more a month)	□

15.	Do you have health coverage?		
	Yes	□	→ **Go to next question (Q. 15a)**
	No → **Go to Q. 16**		

15a.	If YES, what kind of health coverage do you have?		
	Please answer "yes" or "no" to each item below.	**Yes**	**No**
	Insurance through work	Y	N
	COBRA or OBRA (insurance through my last employer)	Y	N
	Private insurance/HMO, not through work	Y	N
	Medicare	Y	N
	Medi-Cal/Medicaid	Y	N
	VA	Y	N
	County-funded program (e.g., San Mateo Well Plan)	Y	N
	Private pay/out-of-pocket/fee-for-service	Y	N
	Other (specify) _____	Y	N

16.	Which of the following benefits do you receive?			
	Please answer each item below.	**Yes**	**No**	**Don't know**
	Food stamps	Y	N	DK
	Long term disability	Y	N	DK
	Short term disability	Y	N	DK
	Supplement Security Income (SSI)	Y	N	DK
	Public Health Service, Bureau of Indian Affairs (BIA)	Y	N	DK
	State Disability Insurance (SDI)	Y	N	DK
	Veteran's benefits (VA)	Y	N	DK
	CHAMPUS (VA assistance for non-military personnel)	Y	N	DK
	Worker's compensation	Y	N	DK
	Annuity/Life insurance payments	Y	N	DK
	Retirement	Y	N	DK
	Rent supplement (HOPWA, Subsidy, Section 8 certificate or Shelter Plus Care)	Y	N	DK
	Subsidized housing	Y	N	DK
	General Assistance (GA)	Y	N	DK
	Emergency financial assistance (specify) _____	Y	N	DK
	WIC	Y	N	DK
	TANF/CalWORKS (formerly AFDC)	Y	N	DK
	Other (specify) _____	Y	N	DK
	Not eligible for benefits	Y	N	DK

17.	In the past year, how many agencies have provided case management to you at the same time?	____

18.	What was the month and year that you first tested positive for HIV?	____ / ____
		Mon. Yr.

18a.	Where were you when you tested positive for HIV?	
	_____ _____	
	City State	

19.	After testing positive for HIV, when did you have your first visit with a doctor?	
	Within a month after diagnosis	□
	One to three months after diagnosis	□
	Four to six months after diagnosis	□
	Seven months to a year after diagnosis	□
	More than a year after diagnosis	□
	I haven't seen a doctor for my HIV	□

20.	What is the most likely way you were infected by HIV?	
	Having sex with a man	□
	Having sex with a woman	□
	Having sex with a transgender	□
	Sharing needles	□
	Blood products/Transfusion	□
	Hemophilia/blood or tissue recipient	□
	Acquired at birth	□
	Other (specify) _____	□
	Don't know	□

21.	Were you ever told by your doctor, nurse, or other health care team member that you have progressed from HIV to an AIDS diagnosis?	
	Yes → **Answer Q.21a and Q. 21b**	□
	No → **Skip to Q. 22**	□
	I was diagnosed with AIDS the same time I tested HIV+ → **Skip to Q. 22**	□

21a.	If YES to Q. 21, when were you told that you had AIDS?	____ / ____
		Mon. Yr.

21b.	If YES to Q. 21, where were you diagnosed with AIDS?	
	_____ _____	
	City State	

22.	In general, would you say your health is …	
	Excellent	□
	Very good	□
	Good	□
	Fair	□
	Poor	□

22a.	Thinking about your <u>physical</u> health, which includes physical illness and injury, for about how many days during the last month was your physical health **<u>not good</u>**?	
	# of days	____
	None	□
	I don't know/unsure	□

22b.	Now thinking about your <u>mental</u> health, which includes stress, depression and problems with emotions, for about how many days during the last month was your mental health **<u>not good</u>**?	
	# of days	____
	None	□
	I don't know/unsure	□

23.	When was your last visit you had with a doctor, nurse, or other health care team member for your HIV/AIDS?	
	I have never seen a doctor or gone to a clinic since I found out I was HIV+. (**Skip to Q. 25**)	□
	Less than 6 months ago	□
	Six to twelve months ago	□
	More than a year ago	□

24.	Since you found out you were HIV+, has there ever been a period of time of **more than one year (12 months)** when you didn't see a doctor or go to a clinic?	
	Yes	□ → **Go to Q. 24a**
	No	□ → **Skip to Q. 25**

24a.	Since that time have you gone back to see a doctor?	
	Yes	□ → **Go to Q. 24b**
	No	□ → **Skip to Q. 25**

24b.	If YES to Q. 24a, what happened to make you seek medical care after not seeing a doctor or clinic professional for more than a year?		
	Please answer each item below.	**Yes**	**No**
	I got sicker	Y	N
	Change in my income	Y	N
	Change in my insurance status	Y	N
	Heard about new doctor/clinic	Y	N
	There was a change in my doctor's or clinic's attitudes	Y	N
	There were different drugs or treatments available	Y	N
	I had stable housing	Y	N
	I wanted to stay healthy	Y	N
	To get blood work	Y	N
	Other (specify)_____	Y	N

25.	Where do you receive your medical care most often?		
	Please answer each item below.	**Yes**	**No**
	Community Clinic (e.g., Clinic Esperanza, Edison Clinic, Willow) specify _____	Y	N
	San Francisco General/ Ward 86	Y	N
	University of CA San Francisco (UCSF)	Y	N
	St Mary's Medical Center	Y	N
	Veterans Administration Medical Center	Y	N
	Kaiser	Y	N
	Other Hospital (specify) _____	Y	N
	San Mateo County AIDS Program	Y	N
	Emergency Rooms	Y	N
	Marin	Y	N
	Private Dr's office/clinic	Y	N
	Other (specify) _____	Y	N

26.	Thinking about the past year, how often did you get medical care from a physician or clinician who can prescribe medications from a pharmacy?	
	Never → **Check box and skip to Q. 29**	□
	Only when I was sick	□
	On a regular ongoing basis	□

27.	Have you gone to the same doctor or gone to the same clinic for your HIV infection …	
	Since you found out you were HIV+	□
	For 2 or more years	□
	Since last year	□

28.	Did you miss any medical appointments in the last year?	
	Yes	□ → **Go to Q. 28a**
	No	□ → **Skip to Q. 29**

28a.	If MISSED, did you reschedule for the next available appointment?	
	Yes	□ → **Go to Q. 28b**
	No	□ → **Skip to Q. 29**

28b.	If RESCHEDULED, did you make it to the rescheduled appointment?	
	Yes	□
	No	□

29.	Have you been diagnosed with any of the following diseases listed below?			
	Please answer each item below.	**Yes**	**No**	**Don't know**
	Hepatitis A	Y	N	DK
	Hepatitis B	Y	N	DK
	Hepatitis C	Y	N	DK

29b.	At any time in the last year, have you been diagnosed with any of the following diseases listed below?			
	Please answer each item below.	**Yes**	**No**	**Don't know**
	Syphilis	Y	N	DK
	Herpes	Y	N	DK
	Genital Warts	Y	N	DK
	Chlamydia	Y	N	DK
	Gonorrhea	Y	N	DK
	Yeast Infections	Y	N	DK
	Other (specify) _____	Y	N	DK

29c.	Has a doctor **ever** told you that you have any of the following?			
	Please answer each item below.	**Yes**	**No**	**Don't know**
	Diabetes or sugar diabetes	Y	N	DK
	High blood cholesterol	Y	N	DK
	Any kind of heart disease	Y	N	DK
	Neuropathy	Y	N	DK
	Osteoporosis	Y	N	DK
	Arthritis	Y	N	DK

30.	Have you **ever** taken any medications for your HIV/AIDS?	
	Yes	□ → **Go to Q. 31**
	No	□ → **Skip to Q. 36**

31	How many prescription drugs are you **currently** taking?	# _____
		(If none, skip to Q. 36)

32.	Are any of your prescription drugs paid for or reimbursed by the following sources?			
	Please answer each item below.	**Yes**	**No**	**Don't know**
	ADAP	Y	N	DK
	Medi-Cal/Medicaid	Y	N	DK
	Medicare	Y	N	DK
	Private insurance	Y	N	DK
	Veteran's benefits	Y	N	DK
	Out-of-pocket	Y	N	DK
	Local/emergency assistance (e.g., San Mateo Well Plan)	Y	N	DK
	Other (specify) _____	Y	N	DK

33.	Are you taking any of the following?			
	Please answer each item below.	**Yes**	**No**	**Don't know**
	Antiretrovirals and/or protease inhibitors	Y	N	DK
	Other medications related to HIV/AIDS	Y	N	DK
	Antidepressants or other psychiatric medications	Y	N	DK
	Pain medications or sleep aids	Y	N	DK
	Hormones or steroids	Y	N	DK
	Herbal and/or other supplements	Y	N	DK

34.	How often have you skipped taking your HIV/AIDS medication as prescribed by your doctor?	
	Have never skipped HIV/AIDS medication **(Check box and SKIP to Q. 36)**	□
	Once or twice a month	□
	Once or twice a week	□
	More than twice a week	□
	I have stopped taking my medicine	□

35.	If skipped or stopped taking your HIV/AIDS medication, why?		
	Please answer each item below.	**Yes**	**No**
	Side effects	Y	N
	Difficult schedule and requirements	Y	N
	Didn't want others to see the medicines	Y	N
	Didn't understand the directions	Y	N
	Felt the medicines didn't work	Y	N
	Could not afford the medicines	Y	N
	Forgot to take the medicines	Y	N
	Ran out of medicines	Y	N
	Hard to coordinate with food/eating	Y	N
	Just didn't want to take them	Y	N
	Homeless	Y	N
	Medicines made me feel good so I felt I didn't need them anymore	Y	N
	My doctor advised me to stop taking my medicines	Y	N
	Other (specify) _____	Y	N

36.	Since you were infected with HIV have you received mental health counseling or treatments?	
	Yes	□ → **Go to Q. 37**
	No	□ → **Skip to Q. 39**

37.	Which of the following mental health counseling or treatments did you receive?		
	Please answer each item below.	**Yes**	**No**
	Inpatient (in a hospital at least overnight)	Y	N
	Individual counseling/ therapy	Y	N
	Group counseling/therapy	Y	N
	Medication for psychological or behavioral problems	Y	N

38.	At any time in the last 2 years have you been diagnosed with any of the following mental health problems?		
	Please answer each item below.	**Yes**	**No**
	Anxiety	Y	N
	Bipolar disorder	Y	N
	Dementia	Y	N
	Depression	Y	N
	Other (specify) _____	Y	N

39.	Since you were infected with HIV have you received substance use counseling or treatments?	
	Yes	□ → **Go to Q. 40**
	No	□ → **Skip to Q. 41**

40.	Which of the following substance use counseling or treatments did you receive?		
	Please answer each item below.	**Yes**	**No**
	Inpatient (in a hospital at least overnight)	Y	N
	Individual counseling/ therapy	Y	N
	Group counseling/therapy	Y	N
	Medication for psychological or behavioral problems	Y	N

41.	Have you ever injected hormones or steroids?	
	Yes	□ → **Go to Q. 41a**
	No	□ → **Skip to Q. 42**

41a.	If you have injected hormones or steroids, how often have you shared needles?	
	Never	□
	Sometimes	□
	Always	□

42.	For each of the services below:	
	•	Under **Column A**, circle "*yes*" if you know that the service is available for people living with HIV/AIDS and "*no*" if you don't know if the service is available for people living with HIV/AIDS
	•	Under **Column B**, note if you *needed* the service in the past year
	•	Under **Column C**, note whether *you asked* for this service in the past year
	•	Under **Column D**, note if you *received* the service in the past year
		- **AND** if you received the service this past year, under **Column E** note whether or not the service met your needs

42a. CASE MANAGEMENT	**A**		**B**		**C**		**D**		**E**	
For each case management service below …	**Are you aware this service exists?**		**Did you *need* this service?**		**Did you *ask for* this service**		**Did you *receive* this service?**		**IF YOU RECEIVED SERVICE, did it meet your needs?**	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Case management – someone to help you coordinate your HIV/AIDS care and help access benefits.	Y	N	Y	N	Y	N	Y	N	Y	N
2. Treatment advocate – someone to help you understand your treatment options and help you access treatment.	Y	N	Y	N	Y	N	Y	N	Y	N
3. Medical support person or Peer Advocate – takes you to appointments, helps you deal with problems and issues faced in living with HIV such as emotional support, information, and advocacy of services on your behalf.	Y	N	Y	N	Y	N	Y	N	Y	N
4. Volunteer assistance with shopping, cleaning, household chores, etc.	Y	N	Y	N	Y	N	Y	N	Y	N
5. Health Education/ Risk Reduction (HERR) – information about medical treatment services and how to prevent the spread of HIV.	Y	N	Y	N	Y	N	Y	N	Y	N
6. Employment Assistance – vocational counseling and training.	Y	N	Y	N	Y	N	Y	N	Y	N
Optional: For the case management services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.										

42b. CLIENT ADVOCACY	A		B		C		D		E	
For each client advocacy service below …	**Are you aware this service exists?**		**Did you *need* this service?**		**Did you *ask for* this service**		**Did you *receive* this service?**		**IF YOU RECEIVED SERVICE, did it meet your needs?**	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Benefits counseling	Y	N	Y	N	Y	N	Y	N	Y	N
2. Money management	Y	N	Y	N	Y	N	Y	N	Y	N
3. Legal services – preparing wills, assistance with evictions and housing discrimination, immigration issues	Y	N	Y	N	Y	N	Y	N	Y	N
4. Consumer advocate – assists you to work through a grievance process with care funded agencies (e.g., if you felt like you were being treated unfairly)	Y	N	Y	N	Y	N	Y	N	Y	N
Optional: For the client advocacy services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.										

42c. HOUSING	A		B		C		D		E	
For each housing service below …	**Are you aware this service exists?**		**Did you *need* this service?**		**Did you *ask for* this service**		**Did you *receive* this service?**		**IF YOU RECEIVED SERVICE, did it meet your needs?**	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
1. Housing information services – assistance in finding or getting housing	Y	N	Y	N	Y	N	Y	N	Y	N
2. Rental assistance or subsidy (including Section 8 or HOPWA)	Y	N	Y	N	Y	N	Y	N	Y	N
3. Emergency financial assistance for housing, utilities, and other emergency expenses	Y	N	Y	N	Y	N	Y	N	Y	N
4. Supportive housing where services like case management or nursing care is available (e.g., Windsor Hotel, Derek Silva)	Y	N	Y	N	Y	N	Y	N	Y	N
5. Transition housing like short-term emergency housing	Y	N	Y	N	Y	N	Y	N	Y	N
Optional: For the housing services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.										

42d. FOOD	A		B		C		D		E	
For each food related service below …	Are you aware this service exists?		Did you *need* this service?		Did you *ask for* this service		Did you *receive* this service?		IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Food/grocery pantry, food closet (including nutritional supplements)	Y	N	Y	N	Y	N	Y	N	Y	N
2. Food vouchers	Y	N	Y	N	Y	N	Y	N	Y	N
3. Home delivered meals	Y	N	Y	N	Y	N	Y	N	Y	N
4. Nutrition education and counseling	Y	N	Y	N	Y	N	Y	N	Y	N

Optional: For the food services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.

42e. MENTAL HEALTH	A		B		C		D		E	
For each mental health service below …	Are you aware this service exists?		Did you *need* this service?		Did you *ask for* this service		Did you *receive* this service?		IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Outpatient individual or group mental health therapy	Y	N	Y	N	Y	N	Y	N	Y	N
2. Residential mental health services	Y	N	Y	N	Y	N	Y	N	Y	N
3. Psychiatric assessment – 1 or 2 psychiatric sessions to determine type of care	Y	N	Y	N	Y	N	Y	N	Y	N
4. Crisis mental health intervention including suicide hotline	Y	N	Y	N	Y	N	Y	N	Y	N
5. Peer counseling, support, or drop-in groups	Y	N	Y	N	Y	N	Y	N	Y	N

Optional: For the mental health services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.

42f. SUBSTANCE USE	A		B		C		D		E	
For each substance use service below …	Are you aware this service exists?		Did you *need* this service?		Did you *ask for* this service		Did you *receive* this service?		IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Outpatient individual or group substance abuse treatment or counseling	Y	N	Y	N	Y	N	Y	N	Y	N
2. Residential substance abuse services	Y	N	Y	N	Y	N	Y	N	Y	N
3. Detox services	Y	N	Y	N	Y	N	Y	N	Y	N
4. Methadone maintenance	Y	N	Y	N	Y	N	Y	N	Y	N
Optional: For the substance use services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.										

42g. HEALTH CARE	A		B		C		D		E	
For each health care service below …	Are you aware this service exists?		Did you *need* this service?		Did you *ask for* this service		Did you *receive* this service?		IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Outpatient medical care with a doctor, nurse, or assistant to take care of your HIV	Y	N	Y	N	Y	N	Y	N	Y	N
2. Dental care	Y	N	Y	N	Y	N	Y	N	Y	N
3. Medication reimbursement to pay for HIV/AIDS related drugs	Y	N	Y	N	Y	N	Y	N	Y	N
4. Assistance to pay for medication not covered by ADAP or Medi-Cal	Y	N	Y	N	Y	N	Y	N	Y	N
5. Home health care from a nurse or aide	Y	N	Y	N	Y	N	Y	N	Y	N
6. Professional support to help you stay with your medication schedule	Y	N	Y	N	Y	N	Y	N	Y	N
7. Alternative care – includes acupuncture and traditional Chinese medicine	Y	N	Y	N	Y	N	Y	N	Y	N
8. Assistance to pay for health insurance premiums for those who have private health insurance	Y	N	Y	N	Y	N	Y	N	Y	N
Optional: For the health services listed above, did you experience problems, if any at all, in accessing or using the service? Please describe if necessary.										

42h. DAY/RESPITE CARE	A	B	C	D	E
For each day/respite care service below …	Are you aware	Did you *need* this	Did you *ask for*	Did you *receive*	

	this service exists?		service?		this service		this service?		IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Adult day care, such as services provided at Continuum	Y	N	Y	N	Y	N	Y	N	Y	N
2. Day care for children during a care giver's appointment for HIV/AIDS care	Y	N	Y	N	Y	N	Y	N	Y	N

Optional: For the day/respite care services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.

42i. TRANSPORTATION	**A**		**B**		**C**		**D**		**E**	
For each transportation service below …	**Are you aware this service exists?**		**Did you *need* this service?**		**Did you *ask for* this service**		**Did you *receive* this service?**		**IF YOU RECEIVED SERVICE, did it meet your needs?**	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Van transportation to HIV/AIDS services	Y	N	Y	N	Y	N	Y	N	Y	N
2. Taxi vouchers	Y	N	Y	N	Y	N	Y	N	Y	N
3. Bus tokens or passes	Y	N	Y	N	Y	N	Y	N	Y	N
4. Volunteer assistance with transportation	Y	N	Y	N	Y	N	Y	N	Y	N

Optional: For the transportation services listed above, did you experience problems, if any at all, in accessing or using the services? Please describe if necessary.

(Optional) Are there any other services not listed above that you have needed in the past year? Please list or describe them below.

43.	Below is a list of issues that you may have had when trying to obtain or use HIV/AIDS services. Mark an "X" in the box beside each item to say how big a challenge it has been for you. You may choose from a "very big" challenge to "not a problem."

"Very Big"	**=**	**It stopped you from getting the service.**
"Medium"	**=**	**You faced substantial problems but you were eventually able to get the service.**
"Very Small"	**=**	**Caused you minor concern and/or delays in obtaining the service**
If you have not had a problem at all, circle "0"		

		Very Big	Big	Medium	Small	Very Small	No Problem
Example: The survey is difficult to complete.		□	□	□	□	□	0
a.	I did not know that a service or treatment was available to me.	□	□	□	□	□	0
b.	I did not know the location of the service.	□	□	□	□	□	0
c.	I did not know what medical services I needed to treat my HIV infection or AIDS.	□	□	□	□	□	0
d.	My physical health has not allowed me to get to the place where the service is provided.	□	□	□	□	□	0
e.	My state of mind or mental ability to deal with the treatment.	□	□	□	□	□	0
f.	Current or recent drug or alcohol use.	□	□	□	□	□	0
g.	I was in jail or other correctional facility.	□	□	□	□	□	0
h.	I have been denied or been afraid to seek services due to a criminal justice history.	□	□	□	□	□	0
i.	Fear of my HIV or AIDS status being found out by others (i.e., peers, personal acquaintances).	□	□	□	□	□	0
j.	Lack of sufficient privacy by the organization to protect my confidentiality (disclosure of medical information).	□	□	□	□	□	0
k.	Fear that I would be reported to immigration or other authorities.	□	□	□	□	□	0
l.	No or inadequate transportation.	□	□	□	□	□	0
m.	The service I need is not available at a time that is convenient for me.	□	□	□	□	□	0
n.	The service is not available in my county (specify your county _____)	□	□	□	□	□	0
o.	No child care.	□	□	□	□	□	0
p.	The amount of time I had to wait to get an appointment or to see someone.	□	□	□	□	□	0
q.	I was not able to communicate or interact with the service provider in my preferred language.	□	□	□	□	□	0
r.	I did not know who to ask for help.	□	□	□	□	□	0
s.	Sensitivity of the organization and person providing services to me.	□	□	□	□	□	0
t.	Discrimination I experienced by the persons or organization providing the services.	□	□	□	□	□	0
u.	I do not get along with people providing services.	□	□	□	□	□	0
v.	Experience or expertise of the person providing services to me.	□	□	□	□	□	0
w.	There was no specialist who could provide the specific care I needed. (specify specialty _____)	□	□	□	□	□	0
x.	The organization did not provide the right referrals to the services I needed.	□	□	□	□	□	0
y.	Lack of professional support to help me get through the system.	□	□	□	□	□	0

Continued on NEXT PAGE →

43.	(Continued from previous page) Below is a list of issues that you may have had when trying to obtain or use HIV/AIDS services. Mark an "X" in the box beside each item to say how big a challenge it has been for you. You may choose from a "very big" challenge to "not a problem."

"Very Big"	**=**	**It stopped you from getting the service.**
"Medium"	**=**	**You faced substantial problems but you were eventually able to get the service.**
"Very Small"	**=**	**Caused you minor concern and/or delays in obtaining the service**
If you have not had a problem at all, circle "0"		

		Very Big	Big	Medium	Small	Very Small	No Problem
z.	Instructions I received to obtain the service or treatment I needed.	□	□	□	□	□	0
aa.	The rules and regulations for services I need.	□	□	□	□	□	0
bb.	The amount of paperwork required to receive services I needed.	□	□	□	□	□	0
cc.	Reduced or discontinued services due to funding cuts.	□	□	□	□	□	0
dd.	Lack of, or inadequate health insurance coverage.	□	□	□	□	□	0
ee.	I can't afford one or more of the services.	□	□	□	□	□	0
ff.	I was not eligible for the service.	□	□	□	□	□	0
gg.	I have been terminated or suspended from seeking services.	□	□	□	□	□	0
hh.	Other: _____	□	□	□	□	□	0

44.	Listed below are discussions you may have had with an HIV service provider. For each type of provider, please mark whether or not you have had these discussions.

	Medical Provider (i.e., doctor, physician assistant-PA, nurse practitioner)		**Case Manager or Social Worker**		**Health Educator, Counselor, or Substance use treatment counselor**		**Peer Advocate or Outreach Worker**		**Alternative Therapist** (i.e., acupuncturist, herbalist, healer)	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Example: Your HIV status.	Y	N	Y	N	Y	N	Y	N	Y	N
sk of spreading HIV to someone else.	Y	N	Y	N	Y	N	Y	N	Y	N
b. The effectiveness of condoms on reducing transmission of HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
at a receptive partner in anal or vaginal sex can infect se with HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
d. The risk that an insertive partner in anal or vaginal sex can infect someone else with HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
at one HIV+ person re-infecting another HIV+ person.	Y	N	Y	N	Y	N	Y	N	Y	N
f. The impact a person's viral load may have on infecting someone else with HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
ions in disclosing your HIV status to your sexual and injection	Y	N	Y	N	Y	N	Y	N	Y	N
h. The risks associated with combining recreational drug use and sexual activity.	Y	N	Y	N	Y	N	Y	N	Y	N
cts of HIV medication on a person's viral load and infectivity.	Y	N	Y	N	Y	N	Y	N	Y	N

45.	For each item below, please say if you believe there is a **high, medium, low or no likelihood of occurring**.

	Highly Likely	**Moderately Likely**	**Less Likely**	**Not Likely**
condoms will effectively reduce infecting someone else with HIV/AIDS.	□	□	□	□
b. A receptive partner in unprotected anal or vaginal sex infecting someone else with HIV/AIDS.	□	□	□	□
ertive partner in unprotected anal or vaginal sex infecting someone else with	□	□	□	□
d. One HIV+ person re-infecting another HIV+ person.	□	□	□	□
g the transmission of HIV/AIDS.	□	□	□	□
f. Infecting someone else with HIV by having oral sex.	□	□	□	□
f infecting someone else with HIV/AIDS by combining recreational drugs with sex	□	□	□	□

46.	Please answer the following questions about your transportation method(s)			
		Type of transportation used the most in the past year: **(Check all that apply)**	Transportation that works best for you: **(Check all that apply)**	Do you receive financial assistance for this type of transportation? **(Check all that apply)**
	MUNI (San Francisco area)	□	□	□
	BART (Greater Bay Area)	□	□	□
	SAM Trans (San Mateo County)	□	□	□
	Golden Gate Transit (Marin County)	□	□	□
	Cal Train	□	□	□
	Paratransit	□	□	□
	Cab/Taxi	□	□	□
	Van Services	□	□	□
	Agency/County provided transportation (e.g., Health Outreach Team-HOT)	□	□	□
	Caregiver/Family/Friend	□	□	□
	Own Car	□	□	□
	Other (Specify) _____	□	□	□

47.	Have you EVER used any of the following substances?			**47a.** IF YOU HAVE USED DURING THE PAST YEAR, how often did you use any of the following?			
		EVER used			**If used in the PAST YEAR**		
		No	**Yes**	**Not used in the last year**	**Used less than once a month**	**Used at least once a month**	**Used once a week or more**
	Alcohol	N	Y →	□	□	□	□
	Marijuana or hash	N	Y →	□	□	□	□
	Crack/cocaine	N	Y →	□	□	□	□
	Heroine	N	Y →	□	□	□	□
	Crystal meth or methamphetamines	N	Y →	□	□	□	□
	Speedball	N	Y →	□	□	□	□
	GHB (Gamma Hydroxybutyrate)	N	Y →	□	□	□	□
	Poppers	N	Y →	□	□	□	□
	Ecstasy (X)	N	Y →	□	□	□	□
	Special K (Ketamine)	N	Y →	□	□	□	□
	Using erectile enhancement drugs in combination with recreational drugs.	N	Y →	□	□	□	□
	Prescription drugs for recreational use (specify) _____	N	Y →	□	□	□	□
	Other (specify) _____	N	Y →	□	□	□	□

48.	If you have used any substances, have you injected any street drugs in the last year?	
	Yes	□ → **Go to Q. 48a**
	No	□ → **Skip to Q. 49**

48a.	If you have injected substances, how often have you shared needles with someone in the past year?	
	Never	□
	Sometimes	□
	Always	□

49.	Where were you born?	
	United States (mark box and skip to Q. 49b)	□
	Mexico	□
	Puerto Rico or other US Territories	□
	Central America	□
	China	□
	Other (specify) _____	□

49a.	If <u>not born in the United States</u>, what year did you first come to the US?	_____
		Year

49b.	How would you describe your residency status in the United States?	
	US Citizen	□
	Legal Resident (Green Card)	□
	Have a visa (student, work, travel)	□
	Have legal refugee or asylum status	□
	Decline to state	□
	Other (specify) _____	□

(Optional) Before you finish this survey, do you have any other comments about the way you get HIV or AIDS related services? If so, please describe below.

Thank you very much for your time and input!

APPENDIX D: FOCUS GROUP PROTOCOL

San Francisco EMA HIV Needs Assessment
Focus Group Protocol

Hello, my name is _____ and this is _____. We work with Harder+Company Community Research and my company is working with the San Francisco HIV Health Services Planning Council and Department of Public Health to help them improve HIV services in San Francisco, San Mateo, and Marin Counties. We are here today because we want to hear from you about your concerns around health and HIV/AIDS, specifically your service needs. Your experiences and the information you provide will help improve HIV services for people living with HIV/AIDS in your neighborhood.

We're very interested in your honest opinions so that we can help make services more effective for people living with HIV/AIDS. This discussion will last about 2 hours, and we welcome and invite everyone to participate. Everything we discuss is completely confidential. That means that we will be writing a report that tells what the group as a whole had to say and use quotes but without anyone's name attached.

Before we begin, I'd like to go over a few ground rules:

- Everyone's ideas and comments are valid. There are no right or wrong answers.
- Everyone should have an equal chance to speak, and no one should dominate the conversation.
- Please be sure to speak one at a time and not interrupt anyone else.
- Please respect everyone's confidentiality and do not share information from the group outside the group.
- _____ is going to take notes (on a computer) during our discussion so please try to speak slowly, clearly and also one at a time.

Does anyone have any questions before we begin?

Ice Breaker

Let's start by going around the room and introducing ourselves. Please tell us your name, how long you've been living in _____ County and one of your favorite things about living here.

Questions

1. What do you and people in your community need to lead a healthy life?

2. What kinds of medical care services do you receive for your HIV/AIDS?
    a. Have these services met your needs? Is there anything you would change? (*Probe: availability of appointments, location of service, cultural competency of providers, cost, etc.)*
    b. Were there any challenges or issues you encountered when accessing medical care services? *(Probe: Did you feel the medical provider understood your needs? Did you feel comfortable with the provider?)*

3. What other kinds of HIV/AIDS-related services do you currently use? *(Use service list for examples)* Do you receive services from multiple organizations/clinics?
    a. How does that work or not work for you?
    b. What would make it easier for you to access all the services you need? *(Probe: More transportation services? Not having to travel to different locations for different services? Organization that provides all the services you need in one location?)*
    c. Where would you prefer to receive HIV/AIDS services?

4. Which HIV/AIDS services do you depend on the most? Which are most important to you, and why?

5. In your experience, what has been the biggest issue or challenge when trying to obtain or using HIV/AIDS services? *(Probe: Not qualifying for services? Waitlist? Has transportation been an issue?)*
    a. What special needs or issues do [focus group population] have that people who provide HIV/AIDS services should know about? *(Probes: What issues do _____ need help with besides HIV?)*

6. Were there any HIV services you feel would benefit you that are currently not available?

7. In addition to receiving HIV-related services, what other things do you do to stay healthy? *(Probe: Diet, workout, acupuncture, regular visits with doctor, diabetes/blood pressure/cholesterol check ups, cancer and disease screenings)*
    a. How have they helped?
    b. Is there anything that you're currently not doing that might help?
    c. Are there any health issues you face that are not being addressed?

8. According to the last needs assessment in 2002, outpatient medical care, dental care, and food pantry were the most needed services by people living with HIV/AIDS.
    a. Do you believe that is still true? If not, what do you think has changed?
    b. Is the statement true for your community?

9. Has a medical provider ever discussed with you the risk of spreading HIV to others? Has a medical provider ever discussed with you ways to tell your sexual or drug using partners about your HIV status? How did you feel? Who would be the most appropriate person to discuss this topic with? *(Probe: Counselor? Case manager? Peer?)*

10. Those are all of our questions. Is there anything else you think the Department of Public Health should know about improving HIV services for [focus group population] in your community?

Thank you very much for your participation. Please fill out the incentive form to receive your $15 Safeway voucher.

APPENDIX E: PROVIDER SURVEY

Date: __ __/__ __/__ __

This Provider Survey will be used to help plan for HIV/AIDS services in the SF EMA. Information will be used as input to a service guide, and it will assist in the completion of funding applications.

SECTION 1: AGENCY INFORMATION

Initials of person completing form: __ __ __ Position: _____

1. Agency Information

Agency Name:	
Also Known As:	
Street Address:	
City, State, Zip:	

2. Head of Agency Information

Name :	
Title:	
Telephone:	
Fax:	
Email:	

3. Person to Contact about Agency

Name:	
Title:	
Telephone:	
Fax:	
Email:	

4. Type of Agency: (check all that apply)

❑ All volunteer
❑ For-profit
❑ Governmental
❑ Non-profit – 501c (3) or 501c (4)

5. In the last year, have you <u>added or eliminated</u> services or programs or made other changes that affected your ability to provide services to PLWH/A?

_____

_____

_____

_____

5a. In the next year, do you have any plans to <u>add or eliminate</u> services or programs or make other changes that would affect your ability to provide services to PLWH/A?

_____

_____

6. Please indicate the amount that each of the following funding sources pays for your HIV/AIDS prevention and care support services. If you cannot separate your HIV/AIDS funds from other funds, please estimate amounts available for use by your agency for HIV/AIDS services. If the date is blank, please fill in the most current funding period that covers 2005. If you anticipate any funding to start later this year (2005), include that as well.

Funding Source	CARE FUNDS	
	Funding Period	Amount
State AIDS	7/1/05 to 6/30/06	$
Other State grants or contracts (specify) _____		$
Ryan White Title I	3/1/05 to 2/28/06	$
Ryan White Title II	4/1/05 to 3/31/06	$
Ryan White Title III	1/1/05 to 12/31/05	$
Ryan White Title IV	10/1/04 to 9/30/05	$
CDC Prevention Funds		$
HOPWA	7/1/05 to 6/30/06	$
Other Federal funding (specify) _____		$
Total Local Funding (e.g., general fund, DPH)		$
Foundations		$
Corporate donations		$
Endowment		$
Individual contributions		$
Reimbursement/client fees		$
Medicaid/Medicare		$
Other (specify) _____		$
Additional Other (specify) _____		$
Total Program Funds:		$

SECTION 2: SERVICE INFORMATION - PRIMARY SERVICE

Please provide the following information for all HIV/AIDS related services that your organization provides and other services you provide to PLWH/A.

Please indicate your **primary service** category? (Please check one. You may describe sub-services starting on page 6.)

- ❑ Benefits Counseling
- ❑ Case Management
- ❑ Day/Respite Care
- ❑ Food
- ❑ Health Care
- ❑ Housing
- ❑ Mental Health
- ❑ Prevention with Positives (PWP)
- ❑ Substance Use
- ❑ Transportation
- ❑ Other (please specify) _____

Do you receive CARE funds for this service? ❑ Yes ❑ No

Please complete the rest of this section for the service checked above.

1. Person to Contact about this Service:

Name :	
Title:	
Telephone:	
Fax:	
Email:	

2. Please provide a brief description of this service.

_____

_____

_____

_____

2a. Please describe any Prevention with Positives (PWP) services or activities at your agency.

_____

_____

_____

_____

3. Are there minimum eligibility requirements for this service?

❑ Yes →Continue below ❑ No →skip to question 4

Minimum Service Eligibility Requirements

a. Income:	
b. Age:	
c. Geographic eligibility criteria:	

d. Stage of HIV Disease: (please check one)	
❑ Diagnosed AIDS	❑ Disabling HIV
❑ HIV infection – symptomatic	❑ HIV infection – asymptomatic
❑ At-risk of HIV infection	❑ Family/child of HIV+ person (caregiver)
❑ Other (specify) _____	
e. Other eligibility requirement (please specify) _____	

4. How do your clients access this service? (check all that apply)

❑ Walk-in ❑ Appointment
❑ Referral ❑ Telephone
❑ Other (specify) _____

5. Payment method for this service: (check all that apply)

❑ Free (no cost to client) ❑ Private insurance/HMO
❑ Medi-Cal/Medicaid ❑ Medicare
❑ Health Plan of San Mateo (or other County health plan)
❑ Sliding scale/cash (specify range) _____
❑ Other (specify) _____

6. Other than your agency site, where else do you provide this service?

_____
_____
_____
_____

7. Hours of operation of this service: Days:_____ Hours: _____

8. Is there a waiting list for this service? ❑ Yes ❑ No
If yes, please indicate: # of people _____ # of days _____

9. What is the average loss to follow-up rate for this service in the last six months?
____ % of people ❑ Not applicable

10. What percentage of your clients do not have health insurance?
____ % of people ❑ Not applicable

11. For each subpopulation below, estimate the percentage of unduplicated clients served by this service for the year 2005.

Gender	**Est. %**
Female	
Male	
MTF Transgender	
FTM Transgender	
Intersex	
Total:	100%
Race	
Asian/Pacific Islander	
Black/African American	
Hispanic/Latino	
Native American	
White/non-Hispanic	
More than one race	
Unknown	
Other _____	
Total:	100%
Age	
Under 13	
13-19	
20-29	
30-39	
40-49	
50-59	
60+	
Total:	100%

Sexual Orientation (for clients older than 13)	**Est. %**
Gay/bisexual males	
Heterosexual males	
Heterosexual females	
Lesbians/bisexual females	
Other _____	
Unknown	
Total:	100%
Mode of Transmission	
MSM	
MSM/IDU	
IDU	
Heterosexual	
Blood products/ Transfusion	
Other _____	
Unknown	
Total:	100%
HIV Status	
HIV+ (AIDS diagnosis unknown)	
HIV+ without AIDS diagnosis	
HIV+ with AIDS diagnosis	
Total:	100%

12. Estimated % of clients served by County of residence

County	**Est. %**
Alameda	
Contra Costa	
Marin	
San Francisco	
San Mateo	
Santa Clara	
Sonoma	
Other (specify) _____	

13. Languages provided at agency:

Language	**# staff who speaks language**	**Written materials available in language**	**Translators available?**
English		❑ Yes ❑ No	❑ Yes ❑ No
Spanish		❑ Yes ❑ No	❑ Yes ❑ No
Sign (ASL)		❑ Yes ❑ No	❑ Yes ❑ No
Other (specify) _____		❑ Yes ❑ No	❑ Yes ❑ No
Other (specify) _____		❑ Yes ❑ No	❑ Yes ❑ No

14. Health Coverage of clients:

Type of Health Coverage	Est. %
No health coverage	
Insurance through work	
COBRA or OBRA (insurance through last employer)	
Private insurance/ HMO	
Medicare	
Medi-Cal/Medicaid	
VA	
County-funded program (e.g., San Mateo Well Plan)	
Private pay/ out-of-pocket/fee-for-service	
Other (specify) _____	

SECTION 2A: SERVICE INFORMATION – SUB-SERVICE(S)

15. For each section below, please fill in information about sub-services and funding for each sub-service. If you offer more than one sub-service under this category, then fill out the appropriate amount of sections. ***For example, if under the food service category you offer 3 sub-services (such as group meals, food pantry, home-delivered meals), please fill out a section for each sub-service.*** **Also include any prevention services.**

Sub-service 1 _____ Unit of Service _____

Given current funding and staff levels, how many unduplicated clients will receive this sub-service from 3/1/05 to 2/28/06? _____# of clients

Funding Source	Period of Source (last fully funded period in 2005-2006		Amount Funded
	From	To	
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$

Sub-service 2 _____ Unit of Service _____

Given current funding and staff levels, how many unduplicated clients will receive this sub-service from 3/1/05 to 2/28/06? _____ # of clients

Funding Source	Period of Source (last fully funded period in 2005-2006		Amount Funded
	From	To	
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$

16. Please list the most common reason that people who apply for services do not receive them and note any other barriers to services that can prevent you as a provider from delivering this service. What are you doing at the present time to overcome them?

17. Is there anything else you would like to add about how the services you provide to PLWH/A have changed?

18. Is there anything else you would like to add in general?

Thank you for completing this provider survey. Your feedback will be used to inform the CARE Council and the funding allocation process for HIV Health Services the San Francisco EMA!

APPENDIX F: DEMOGRAPHIC DATA BY COUNTY

Needs Assessment Sample Overview – San Francisco County

- 69.2% of San Francisco County survey participants were HIV+ with disabling symptoms, and 30.8% were HIV+ without disabling symptoms.
- The average participant was 46 years old. The oldest participant was 92 years old.

Gender (n=535)	Number	Percent
Male	395	73.8
Female	98	18.3
Transgender-MTF	37	6.9
Transgender-FTM	2	0.4
Intersex	3	0.6

Sexual Orientation (n=535)	Number	Percent
Homosexual-Gay Male	268	50.1
Heterosexual/straight	154	28.8
Bisexual	90	16.8
Other	17	3.2
Lesbian	6	1.1

Ethnicity/Race (n=531)	Number	Percent
African American/Black	239	45.0
White	174	32.8
Latino/Hispanic	60	11.3
Asian/Pacific Islander	25	4.7
Native American	21	4.0
Other	12	2.3

Education (n=536)	Number	Percent
Grade school or less	31	5.8
Some high school	99	18.5
High school graduate/GED	153	28.5
Some college/2-year/trade	172	32.1
Completed 4 year college	54	10.1
Graduate or professional degree	27	5.0

Employment (n=531)	Number	Percent
Not working-full disability	248	46.7
Disability/looking for work	71	13.4
Not working-student, homemaker, etc	46	8.7
Not working-applied for disability	39	7.3
Not working-looking for work	30	5.6
Employed full time	26	4.9
Employed part-time	23	4.3
Working part-time/disability	19	3.6
Retired	19	3.6
Other	10	1.9

Income (n=518)	Number	Percent
$0 - $9,570 – 100% poverty	248	47.9
$9,571 - $14,355 – 150% poverty	209	40.3
$14,356 - $19,140 – 200% poverty	27	5.2
$19,141 - $23,925 – 250% poverty	7	1.4
$23,926 - $28,710 – 300% poverty	12	2.3
$28,711 - $38,280 – 400% poverty	6	1.2
> $38,281 – > 400% poverty	9	1.7

*Using current 2005 poverty income levels

Needs Assessment Sample Overview – San Mateo County

- 43.6% of San Mateo County survey participants were HIV+ with disabling symptoms, and 56.4% were HIV+ without disabling symptoms.
- The average participant was 46 years old. The oldest participant was 88 years old.

Gender (n=40)	Number	Percent
Male	24	60.0
Female	13	32.5
Transgender-MTF	2	5.0
Transgender-FTM	1	2.5

Sexual Orientation (n=40)	Number	Percent
Heterosexual/straight	18	45.0
Homosexual-Gay Male	15	37.5
Bisexual	6	15.0
Lesbian	1	2.5

Ethnicity/Race (n=40)	Number	Percent
Latino/Hispanic	16	40.0
African American/Black	11	27.5
White	10	25.0
Other	2	5.0
Native American	1	2.5

Education (n=40)	Number	Percent
Grade school or less	6	15.0
Some high school	10	25.0
High school graduate/GED	8	20.0
Some college/2-year/trade	12	30.0
Completed 4 year college	4	10.0

Employment (n=40)	Number	Percent
Not working-full disability	18	45.0
Employed full time	10	25.0
Disability/looking for work	2	5.0
Not working-applied for disability	2	5.0
Not working-looking for work	2	5.0
Other	2	5.0
Employed part-time	1	2.5
Working part-time/disability	1	2.5
Not working-student, homemaker, etc	1	2.5
Retired	1	2.5

Income (n=40)	Number	Percent
$0 - $9,570 – 100% poverty	15	37.5
$9,571 - $14,355 – 150% poverty	13	32.5
$14,356 - $19,140 – 200% poverty	1	2.5
$19,141 - $23,925 – 250% poverty	4	10.0
$23,926 - $28,710 – 300% poverty	3	7.5
$28,711 - $38,280 – 400% poverty	3	7.5

*Using current 2005 poverty income levels

Needs Assessment Sample Overview – Marin County

- 61.9% of Marin survey participants were HIV+ with disabling symptoms, and 38.1% were HIV+ without disabling symptoms.
- The average participant was 52 years old. The oldest participant was 69 years old.

Gender (n=21)	Number	Percent
Male	16	76.2
Female	5	23.8

Sexual Orientation (n=20)	Number	Percent
Homosexual-Gay Male	11	55.0
Heterosexual/straight	6	30.0
Bisexual	3	15.0

Ethnicity/Race (n=21)	Number	Percent
White	15	71.4
African American/Black	2	9.5
Asian/Pacific Islander	1	4.8
Latino/Hispanic	1	4.8
Native American	1	4.8
Other	1	4.8

Education (n=21)	Number	Percent
Grade school or less	1	4.8
High school graduate/GED	1	4.8
Some college/2-year/trade	12	57.1
Completed 4 year college	7	33.3

Employment (n=21)	Number	Percent
Not working-full disability	11	52.4
Retired	3	14.3
Working part-time/disability	2	9.5
Not working-looking for work	2	9.5
Employed full time	1	4.8
Employed part-time	1	4.8
Not working-student, homemaker, etc	1	4.8

Income (n=20)	Number	Percent
$0 - $9,570 – 100% poverty	5	23.8
$9,571 - $14,355 – 150% poverty	6	28.6
$14,356 - $19,140 – 200% poverty	2	9.5
$19,141 - $23,925 – 250% poverty	3	14.3
$23,926 - $28,710 – 300% poverty	2	9.5
$28,711 - $38,280 – 400% poverty	2	9.5

*Using current 2005 poverty income levels

APPENDIX G: SUMMARY CHARTS

APPENDIX H: PROVIDER INVENTORY