



TARRANT COUNTY HIV ADMINISTRATIVE AGENCY 2025 Needs Assessment



Table of Contents

- INTRODUCTION.....4**
- Background4**
- Methodology4**
 - Provider Survey Administration5
 - Client Survey Administration5
 - Client Recruitment Process6
 - Focus Groups Administration6
 - Focus Group Takeaways7
 - Access to Supportive Services.....7
 - Data Collection and Analysis7
- Comparison of 2023 HIV Demographics and 2024/25 Needs Assessment Responses Among Newly Diagnosed Clients8***
 - 2023 HIV Demographic *Prevalence* Compared 2024/25 Need Assessment Responses.....8**
 - 2023 HIV Demographic *Incidence* Compared to 2024/25 Newly Diagnosed Need Assessment Responses.....9**
 - Introduction and Methodology.....11**
 - Provider Survey Results.....12**
 - Provider Rankings by Services/Topic12
 - Access to Key Services for PLWH13**
 - Linkage to Care14
 - Service Provider Survey Summary Outcomes14**
 - Barriers to Viral Suppression & Service Gaps.....14**
- CLIENT SURVEY RESPONSES15***
- In Care Responses17***
 - Introduction.....17**
 - Methodology17**
- In Care Summary.....19***
 - In Care Observations19**
 - Key findings include:19
 - Introduction.....21**
 - Methodology21**
 - Experience with Medical Care24**
- Newly Diagnosed Responses26***

Introduction.....	26
Methodology	26
Experience with Medical Care	28
Introduction	28
Newly Diagnosed Client Observations	28
<i>Client Survey-All Respondents</i>	<i>30</i>
Food Security.....	30
Food Resources.....	30
Barriers to Transportation	31
Access to Medical Transportation	31
Additional Medical Transportation.....	32
Housing Challenges	32
Housing Resources	33
Additional Housing Resource to overcome Housing Challenges	33
Dental Services.....	34
Need for Dental Services.....	34
Mental Health Services	34
Mental Health Needs	35
Substance Misuse Needs.....	35
Substance Misuse Counseling.....	35
Nutrition.....	36
Peer Support.....	36
Support Needs	37
Access to Support Groups.....	37
Service Rankings of Importance	37
Service Needs.....	39
<i>CLIENT SURVEY</i>	<i>41</i>
Introduction	41
In-Care Areas for Improvement.....	41
Out-of-Care Areas for Improvement	41
Newly Diagnosed Areas for Improvement	41
Observations from Needs Assessment	42
<i>COMPREHENSIVE RECOMMENDATIONS FOR HIV PROGRAM IMPROVEMENT</i>	<i>44</i>
Recommendations	44
Expand Access to Essential Supportive Services	44
Enhance Mental Health, Support Groups, Dental, Nutrition, and Substance Use Services	44
Address Transportation Barriers.....	45
Integrate Aging and Geriatric Support Services	45

INTRODUCTION

Background

The Tarrant County HIV Administrative Agency (TC-HIVTC-HIVAA), representing the Ryan White Part A Transitional Grant Area (TGA), Ending the HIV Epidemic initiative, Ryan White Parts C and D, and the Texas Department of State Health Services (DSHS) Health Service Delivery Area (HSDA), commissioned a Comprehensive HIV Needs Assessment for 2025. To conduct this assessment, the TC-HIVAA contracted with Collaborative Research (CR), a firm specializing in public health research and evaluation.

As part of the Comprehensive HIV Needs Assessment, CR employed a multi-method data collection strategy to develop a holistic understanding of HIV service delivery and client experiences across the region. The assessment was grounded in three core methodological components:

1. **Provider Survey:** Frontline providers from diverse clinical and supportive service agencies completed an electronic survey administered via SurveyMonkey.
2. **Client Survey:** A comprehensive survey was deployed with the goal of achieving 500 responses from people living with HIV (PLWH) within the service area.
3. **Focus Groups:** A series of focus group discussions provided qualitative depth by engaging priority populations such as Black men and women, Hispanic men, aging clients, and individuals recently released from incarceration.

Goals of the 2025 Comprehensive Needs Assessment are:

- To reduce HIV-related disparities and health barriers to care throughout the region for Persons Living with HIV (PLWH).
- To enhance timely linkage to care for newly Diagnosed PLWH.
- To increase viral suppression rates among PLWH.
- To foster a stigma-free environment that encourages engagement in HIV care services.

Objectives to achieve these goals, the assessment aims to:

- Analyze the data collected in the various components collected.
- Identify emerging needs related to core medical and supportive services among PLWH within the greater Tarrant County grant area.
- Evaluate the access to HIV care, pinpoint barriers, and identify service gaps.

The Needs Assessment conclusion identifies areas of strength, needs, gaps, and barriers, along with summary recommendations for each assessment component. In addition, the needs assessment is a compilation of all recommendations of all components of the comprehensive 2025 Needs Assessment.

Methodology

The 2025 Comprehensive HIV Needs Assessment utilized a mixed-methods approach, integrating both quantitative and qualitative data collection to provide a comprehensive understanding of the HIV service delivery landscape. This methodology was designed to assess service needs, identify gaps, and examine barriers experienced by people living with HIV (PLWH) across the service area—with a focus on individuals currently in medical care, those out of care, and those newly diagnosed.

The multifaceted data collection process incorporated input from service providers, clients, and targeted community focus groups to ensure an inclusive and holistic understanding of community needs. By engaging diverse perspectives, the assessment captured both system-level insights and the lived experiences of PLWH, highlighting key strengths, gaps, and barriers within the region's HIV care system. The integration of quantitative and qualitative data supports responsive, data-driven planning that addresses individual and structural determinants of health. This comprehensive approach fosters the development of more effective, culturally relevant, and sustainable HIV care strategies that are tailored to meet the evolving needs of the community.

Provider Survey Administration

The first phase of the 2025 Comprehensive HIV Needs Assessment involved administering a provider survey to capture the perspectives of local service providers on current needs within the HIV care system. This quantitative tool was a customized survey designed specifically for providers in the region. Respondents included professionals specializing in medical case management, mental health, housing coordination, outpatient ambulatory services, and other Ryan White-funded programs. Their responses offered valuable insights into service needs, gaps, and barriers impacting People living with HIV (PLWH), including those in care, out of care, and newly Diagnosed.

The survey findings helped identify key areas for deeper exploration in the client survey and highlighted opportunities for the TC-HIVAA to better support providers in delivering high-quality services. In addition to assessing service delivery challenges, the provider survey offered the TC-HIVAA a broader view of the personnel landscape within funded agencies.

Client Survey Administration

In collaboration with the TC-HIVAA and the Consumer Advisory Board HIT HIV, CR developed a detailed client survey tool, which was administered digitally. To accommodate the linguistic diversity of the region, the survey was available in both English and Spanish. Participants could complete the survey independently using a QR code featured on promotional materials or on tablets provided at local service provider sites.

A total of 500 PLWH participated in the survey, which aimed to assess service utilization, unmet needs, and barriers to care. Participants were stratified by care engagement status, allowing for meaningful analysis across three key groups: individuals currently in care, those out of care, and those newly diagnosed.

Care engagement status was determined by the question, "Are you currently out of HIV medical care?" Participants who responded "yes" were categorized as out of care. To identify newly Diagnosed individuals, the survey asked, "How long have you been HIV positive?"—those who responded "Less than a year" were classified as newly diagnosed. This approach ensured that the survey captured a broad range of client experiences and provided valuable data to inform planning and service delivery improvements across the HIV care continuum.

In-Care Participants: Defined as PLWH who had completed HIV-related lab work or were actively taking HIV medication within the previous six months. A total of 425 responses were collected from this group.

Out-of-Care Participants: Defined as PLWH who had not completed HIV-related lab work nor taken HIV medications within the last six months. This subgroup yielded 75 responses.

Newly Diagnosed: Defined as PLWH who have been diagnosed less than a year. This subgroup yielded 45 responses. The data from 45 newly diagnosed representing 9% of the total survey sample (n=500). These individuals indicated that they had been diagnosed with HIV in the past 12 months. The newly diagnosed responses are a **sub-set** of the total needs assessment responses (n=500).

Client Recruitment Process

The recruitment process for the client survey employed extensive promotional efforts to maximize reach and participation across the service delivery area. Visually engaging posters and palm cards were strategically distributed in healthcare settings, social service agencies, community organizations, and locations frequently visited by people living with HIV (PLWH). These materials prominently featured a QR code linking

directly to the digital survey, enabling participants to conveniently complete the survey on their mobile devices.



Local HIV service providers played a key role in

supporting participation. Providers received training from Collaborative Research (CR) on using tablets for survey administration and were encouraged to integrate the survey process into routine client interactions. To ensure confidentiality and comfort, designated private areas were set up within provider locations for survey completion.

Figure 1: Needs Assessment Recruitment Materials for PLWH

Participants received a \$25 gift card for completing the survey.

Focus Groups Administration

A detailed discussion guide was developed based on findings from the provider survey and preliminary insights from the client survey. This tool was designed to facilitate focused, population-specific conversations that would uncover both shared and unique challenges experienced within the local HIV service delivery system.

Five priority population groups were identified for focus group discussions:

1. Aging individuals living with HIV
2. Black women
3. Black men
4. Hispanic men
5. Individuals recently released from incarceration

Local service providers assisted in recruitment by distributing a QR code that allowed clients to register for participation. Each focus group session lasted approximately 90 minutes. Participants received a \$50 gift card for participation.

These focus groups provided a valuable platform to explore participants lived experiences with HIV care. The discussions yielded rich qualitative data, revealing both common themes across groups and population-specific barriers and needs, which are critical for informing service planning and program improvement.

Focus Group Takeaways

Access to Supportive Services

Transportation

- Participants expressed appreciation for the medical transportation resources, which help eliminate transportation barriers for clients.
- Participants emphasized the importance of offering flexible transportation options.

Housing

- Housing assistance is limited due to long waitlists, restrictive eligibility criteria, and insufficient funding.

Financial Assistance

- Aging clients requested consideration for out-of-pocket costs related to hearing and vision.

Nutrition and Food Assistance

- The food pantry was praised for its availability.
- The dietitian services were highlighted as being very thorough and helpful, and clients have seen an improvement in their health.

Mental Health and Support Groups

- Unilaterally, the need for mental health and support groups came up in every focus group.
- Participants requested increased access to counseling, and the current providers had long waitlists, while others did not accept Medicare.

Data Collection and Analysis

All data were securely stored to maintain participant confidentiality and ensure compliance with applicable privacy regulations. Quantitative survey data were aggregated and analyzed using statistical software to generate descriptive statistics and identify trends, associations, and patterns across respondent groups.

Qualitative feedback, including open-ended survey responses and focus group data, was analyzed using thematic analysis. This approach allowed for the identification of key themes and provided deeper insights into participants lived experiences, the barriers they face, and their recommendations for improving HIV-related services.

Comparison of 2023 HIV Demographics and 2024/25 Needs Assessment Responses Among Newly Diagnosed Clients

2023 HIV Demographic Prevalence Compared 2024/25 Need Assessment Responses

Table 1: 2023 Fort Worth TGA HIV Demographic Prevalence Compared to 2024/25 Need Assessment Responses					
2023 Fort Worth TGA HIV Prevalence			2024/25 Needs Assessment Response (Total)		Difference
	Cases	Percent	Responses	Percent	
Total	7923	100%	500	100%	
Male	6092	77%	334	67%	-10%
Female	1831	23%	158	32%	8%
White, not Hispanic	1966	25%	184	37%	12%
Black, not Hispanic	2601	33%	272	54%	21%
Hispanic	2215	28%	133	27%	-2%
Other	107	1%	44	9%	7%
Multi-race	1034	13%	0	0%	-13%
13-24	306	4%	48	10%	6%
25-34	1616	21%	119	24%	3%
35-44	1821	23%	144	29%	6%
45-54	1654	21%	79	16%	-5%
55-64	1685	22%	76	15%	-6%
65+	829	11%	34	7%	-4%
<i>Source: (DSHS) HIV/STD Surveillance Unit</i>			<i>Source: 2024/2025 Needs Assessment Respondents</i>		

Comparing the TGA's 2023 Demographic Prevalence to the 2024/2025 Needs Assessment responses, shown in **Table 1**, the following demographics reported over sampling in needs assessment responses:

- Female (8%)
- White, not Hispanic (12%)
- Black (21%)
- Ages 13-24 (6%)
- Ages 25-34 (3%)
- Ages 35-44 (6%)

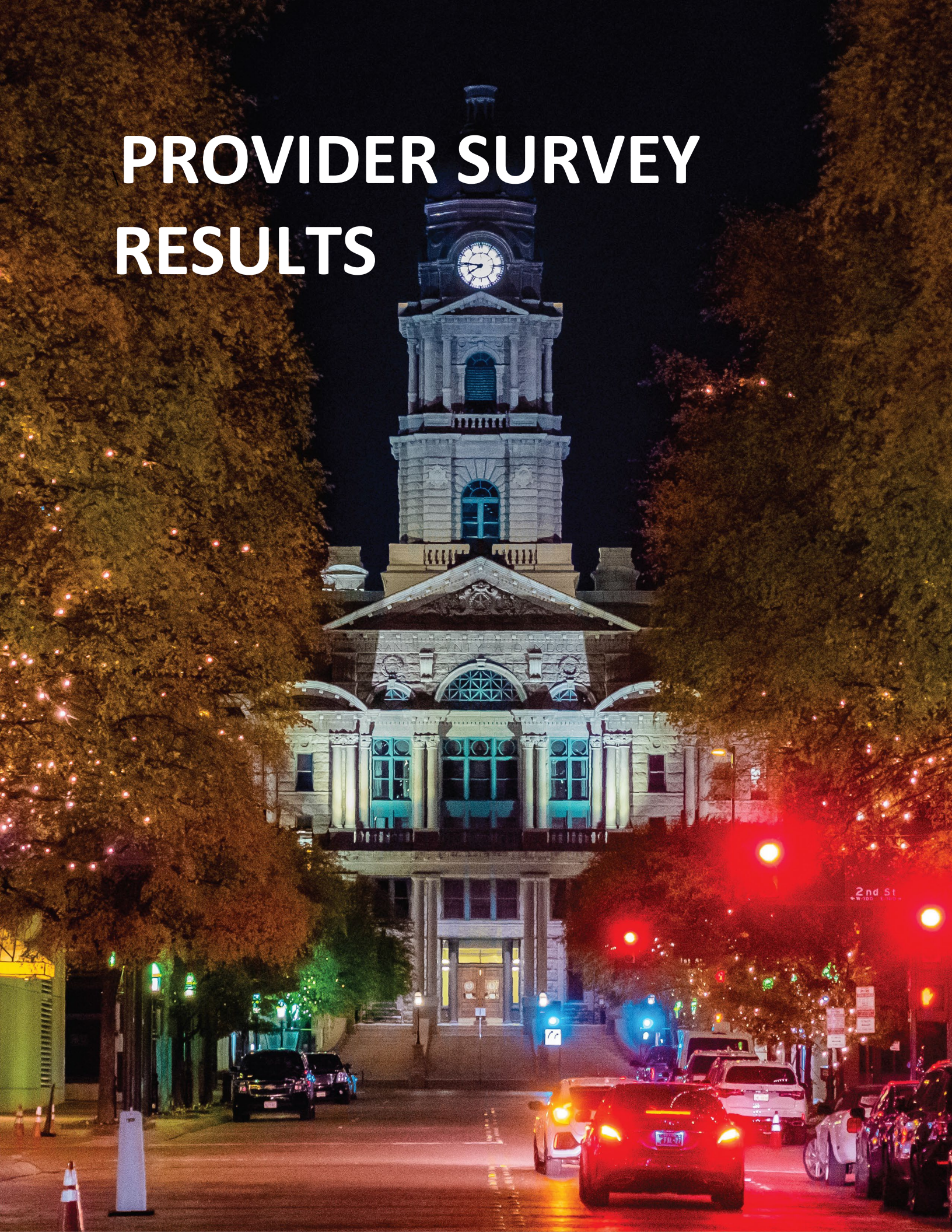
2023 HIV Demographic Incidence Compared to 2024/25 Newly Diagnosed Need Assessment Responses

Table 2: 2023 Fort Worth TGA HIV Demographic Incidence Compared to 2024/25 Newly Diagnosed Need Assessment Responses					
2023 HIV Incidence in Fort Worth TGA			2024/25 Needs Assessment Newly Diagnosed Responses		Difference
	Cases	Percent	Responses	Percent	
Total	371	100%	45	100%	
Male	289	77%	34	76%	-1%
Female	67	23%	10	22%	-1%
White, not Hispanic	80	25%	19	42%	17%
Black, not Hispanic	98	33%	23	51%	18%
Hispanic	153	28%	13	29%	1%
Other	2	1%	3	7%	6%
Multi-race	38	13%	0	0%	-13%
13-24	74	4%	11	24%	20%
25-34	148	21%	13	29%	8%
35-44	82	23%	12	27%	4%
45-54	43	21%	5	11%	-10%
55-64	19	22%	2	4%	-18%
65+	5	11%	2	4%	-7%
<i>Source: (DSHS) HIV/STD Surveillance Unit</i>			<i>Source: 2024/2025 Needs Assessment Newly Diagnosed Respondents</i>		

Comparing the TGA’s 2023 Demographic Incidence to the 2024/2025 Needs Assessment newly diagnosed (less than a year being HIV+) responses, the following demographics, shown in **Table 2**, reported over sampling in newly Diagnosed needs assessment responses:

- White, not Hispanic (17%)
- Black (18%)
- Ages 13-24 (20%)
- Ages 25-34 (8%)
- Ages 35-44 (4%)

PROVIDER SURVEY RESULTS



PROVIDER SURVEY

Introduction and Methodology

As a critical component of the 2025 HIV Needs Assessment, a provider survey was administered to gather insights from frontline staff representing a diverse range of HIV-focused medical and supportive service agencies. The primary objective was to capture provider perspectives on service gaps, client needs, and barriers to care within the regional HIV service delivery system. By engaging those directly involved in day-to-day service provision, the assessment obtained a grounded, system-level understanding of the HIV care continuum across the region.

A total of **74 providers** participated in the survey, representing a cross-section of disciplines, including medical case management, mental health, housing coordination, outpatient ambulatory health services, and other Ryan White-funded supportive programs. Providers were asked to identify the most urgent client needs, areas where service delivery is insufficient, and the most prevalent barriers faced by people living with HIV (PLWH), including those in care, out of care, and newly diagnosed.

The survey was distributed electronically, and participation was both voluntary and anonymous to promote honest, candid responses. The resulting data complement client-focused findings by providing valuable context from a service provider's viewpoint—particularly for populations that are underserved or challenging to engage and remain in care.

Provider Survey Results

Provider Rankings by Services/Topic

Table 3 presents, in rank order, the most frequently identified service needs as reported by providers in relation to serving their clients. The top needs reflect the financial instability experienced by many clients, as well as the persistent stigma associated with an HIV diagnosis. These provider-reported priorities closely align with the responses captured in the client survey, reinforcing the consistency and validity of the identified service gaps across both perspectives.

Table 3: Rank Order of Services	
Services	Services Needed
Medical Care	1
Medication Assistance	2
Health Insurance	3
Medical Transportation	4
Mental Health	4
Medical Case Management	5
Housing (Deposits or Rent)	5
Housing (Utility Assistance)	6
Emergency Financial Assistance	7
Foodbank/Home Delivered Meals	8
Support Groups	9
Non-Medical Case Management	10
Early Intervention Services (Peer Support)	10
Referral for Healthcare (Eligibility Specialists)	11
Substance Use Support	11
Dental Care	12
Housing Case Management	13
Medical Nutrition Therapy	14

Table 4 presents, in rank order, the services that providers identified as most needed yet difficult to access. Housing assistance emerged as the most prominent unmet need, underscoring the ongoing challenges in securing stable housing for people living with HIV (PLWH). Limited access to housing resources continues to serve as a critical barrier, directly affecting clients' ability to achieve and maintain positive health outcomes. These findings highlight the urgent need for expanded housing support within the service delivery system.

Table 4: Ranked Services Needed but Cannot Access	
Services	Most Needed
Housing Assistance (Deposits or Rent)	1
Emergency Financial Assistance	1
Support Groups	2
Housing Assistance (utilities)	3
Mental Health Support	4
Substance Use Support	5
Dental Care	6
Housing Support (short-term assistance)	7
Medical Transportation	8
Foodbank/Home Delivered Meals	9
Medical Nutrition Therapy	9
Health Insurance Assistance	10
Early Intervention Service (Peer Support)	11
Medication Assistance	12
Medical Care	13
Medical Case Management	14
Non-Medical Case Management	15

Table 5 outlines, in rank order, the services that providers believe would most benefit clients if expanded or provided with additional funding. The top responses included expanded access to medical care, enhanced medication assistance, and increased housing support—specifically short-term housing, rental deposits, and utility assistance. These priorities reflect a clear need for broader financial and structural support to improve stability and health outcomes for people living with HIV (PLWH) in the service area.

Service	Most Important
Medical Care	1
Medication Assistance	2
Housing Support (short-term assistance)	3
Housing Assistance (deposits)	4
Housing Assistance (utilities)	5
Health Insurance Assistance	6
Medical Case Management	6
Substance Use Support	7
Emergency Financial Assistance	8
Housing Case Managers	9
Mental Health Support	10
Foodbank/Home Delivered Meals	11
Non-Medical Case Management	12
Medical Transportation	13
Early Intervention Service (Peer Support)	14
Medical Nutrition Therapy	15
Dental Care	16
Support Groups	17

Access to Key Services for PLWH

Table 6 presents provider perspectives on access to key services for people living with HIV (PLWH). The top three areas identified as having the greatest need are mental health services, health insurance assistance (including co-pays and deductibles), and dental care.

Service	Yes	Somewhat	No	Unsure
Health Insurance Assistance (e.g., premiums and co-pays)	23%	45%	20%	11%
HIV Medications	70%	25%	2%	3%
Mental Health Resources	23%	48%	20%	8%
Dental Services	28%	44%	19%	9%
Foodbank Resources	38%	44%	13%	6%

- Mental Health Services:** Nearly half of respondents (48%) reported that mental health resources are available but may not fully meet clients' needs. About 23% believed there was sufficient access, while 20% noted significant service gaps. An additional 8% were unsure about the availability or adequacy of mental health support.
- Health Insurance Assistance:** Approximately 45% of providers indicated that insurance support—such as co-pay and deductible assistance—is somewhat available but insufficient. Another 23% felt access was adequate, while 20% reported major gaps. Around 11% were uncertain about availability.
- Dental Services:** A plurality (44%) of providers noted that dental services are accessible but do not fully meet client needs. About 28% believed access was sufficient, and 19% identified significant gaps. Roughly 9% were unsure of service availability.

- **Food Bank Resources:** Similarly, 44% of providers felt food assistance is available but not entirely adequate. A larger share (38%) said access was sufficient, while 13% noted gaps and 6% were unsure.
- **HIV Medication Access:** Encouragingly, 70% of respondents reported sufficient access to HIV medications in their service areas. Another 25% indicated partial access, 2% reported significant gaps, and 3% were unsure.

These responses emphasize that while some foundational services are adequately available—such as HIV medications, other critical supports, particularly mental health, dental care, and insurance assistance, require further attention and expansion to fully meet client needs.

Linkage to Care

Early Intervention Services (EIS) were rated as highly important by providers, with 87% indicating they are “most” or “very important” in supporting clients who are newly entering care or inconsistently engaged in services. This strong response highlights a clear consensus among providers on the critical role EIS plays in initiating and maintaining engagement in HIV care, particularly for individuals at higher risk of falling out of care.

Service Provider Survey Summary Outcomes

Barriers to Viral Suppression & Service Gaps

The following questions were ranked by the service providers with the top services or topics mentioned below:

Top Challenges for Unsuppressed Clients:

- Medication adherence issues.
- Housing instability.
- Insurance-related problems.
- Mental health conditions.
- Substance use challenges.

Most Needed Services:

- Medical care and medication assistance.
- Health insurance navigation.
- Housing Resources.
- Mental health and transportation support.

Services Frequently Inaccessible:

- Housing deposits and utility support.
- Emergency financial aid.
- Support groups and mental health services.
- Substance-use treatment.

Access to Key Services (% “Yes” / “Somewhat or No”):

- HIV medication: 70% / 26%
- Mental health: 23% / 69%
- Insurance help: 23% / 66%
- Dental care: 28% / 62%
- Foodbank: 38% / 56%



CLIENT SURVEY RESPONSES

The background features a series of concentric, overlapping circles in shades of purple and blue. A semi-transparent, textured purple layer is overlaid on the right side of the image, creating a layered, circular effect. The overall aesthetic is modern and abstract.

IN CARE RESPONSES

In Care Responses

Introduction

This section highlights data from the 425 in-care respondents, who represent 85% of the total survey sample. These individuals are actively engaged in HIV medical care and offer critical insights into the functionality and effectiveness of the current service infrastructure from the perspective of those retained in care. The survey covered a broad range of topics, including access to and satisfaction with core medical services (such as antiretroviral therapy and lab monitoring), use of supportive services (including housing, mental health care, and food assistance), system navigation, and experiences with stigma or other structural barriers.

Surveys were primarily administered on-site at clinics and case management agencies using tablets provided by the TC-HIVAA and CR. To enhance accessibility, promotional materials featuring QR codes were also distributed, allowing for self-completion of the survey. The survey was available in both English and Spanish, and all participants received a \$25 gift card as an incentive. Data were collected using SurveyMonkey through a secure, confidential process to ensure respondent privacy and data integrity.

Methodology

In collaboration with the Administrative Agency (TC-HIVAA) and the Consumer Advisory Board HIT, CR developed a comprehensive client survey tool that was administered digitally. To accommodate the region’s linguistic diversity, the survey was made available in both English and Spanish. Participants could complete the survey independently by scanning a QR code featured on promotional materials or by using tablets provided at local HIV service provider locations.

Medical Provider Addressed Needs

Among individuals in care, the majority 91% (n=387) felt that their doctor or nurse addresses their HIV medical needs, with 70% (n=299) strongly agreeing and 21% (N=88) agreeing. Only a small percentage, 9% (N=36) expressed disagreement, indicating a generally high level of satisfaction with the medical support they receive.

Table 7: Medical Provider Addressed Needs		
My doctor/nurse addresses my HIV medical needs.	%	#
1. Strongly Disagree	7%	28
2. Disagree	2%	8
3. Does not Apply	1%	2
4. Agree	21%	88
5. Strongly Agree	70%	299

Referrals

<p>Among individuals in care, 85% (n=365) agreed that their doctor or nurse provides referrals for medical needs beyond HIV care, including specialty services, with 62% (n=263) strongly agreed and 24% (n=102) agreed. Only a small portion of 10% (N=42) expressed disagreement, while 4% (N=18) indicated the question did not apply to them. Overall, most individuals felt supported in accessing broader medical services with referrals from their HIV medical team.</p>	Table 8: Referrals		
	My doctor/nurse provides me with referrals for medical needs outside of my HIV care including specialty care.	%	#
	1. Strongly Disagree	7%	31
	2. Disagree	3%	11
	3. Does not Apply	4%	18
	4. Agree	24%	102
5. Strongly Agree	62%	263	

Clinic Hours and Location

<p>Among individuals in care, 87% (n=370) agreed that their clinic hours and location for HIV medical services are suitable for them, 62% (n=262) strongly agreed and 25% (n=108) agreed. Only a small portion of 4% (n=17) expressed disagreement, and 7% (n=28) strongly disagreed, while 2% (n=10) indicated the question did not apply to them. Overall, most individuals in care were satisfied with their HIV medical clinic hours and location.</p>	Table 9: Clinic Hours and Locations		
	The clinic hours of operation and location for HIV medical services are suitable for me.	%	#
	1. Strongly Disagree	7%	28
	2. Disagree	4%	17
	3. Does not Apply	2%	10
	4. Agree	25%	108
5. Strongly Agree	62%	262	

Case Manager Availability

<p>Among individuals in care, 84% (n=357) agreed that their case manager was available when needed, including specialty services, 53% (n=225) strongly agreed, and 31% (n=132) agreed. 6% (n=24) expressed disagreement and 7% (n=28) strongly disagreed that their case manager was available when needed, while 4% (n=16) indicated the question did not apply to them.</p>	Table 10: Case Manager Availability		
	My case manager is available when I need them.	%	#
	1. Strongly Disagree	7%	28
	2. Disagree	6%	24
	3. Does not Apply	4%	16
	4. Agree	31%	132
5. Strongly Agree	53%	225	

Case Management Support

<p>Among individuals in care 86% (n= 369) agreed their case manager addressed their needs, 56% (n=240) strongly agreed, and 30% (n=129) agreed. There were 3% (n=11) of participants who disagreed and 7% (n=29) who strongly disagreed. While 4% (n=16) of the questions indicated did not apply to them. Overall, case managers are addressing client needs.</p>	Table 11: Case Management Support		
	My case manager addresses my needs.	%	#
	1. Strongly Disagree	7%	28
	2. Disagree	3%	11
	3. Does not Apply	4%	17
	4. Agree	30%	129
5. Strongly Agree	56%	240	

In Care Summary

The following highlights reflect high levels of satisfaction among respondents currently engaged in HIV care. Overall, clients report strong relationships with both their medical providers and case managers. However, 30.1% of respondents indicated they have outstanding needs that have not been addressed by their case managers, highlighting an opportunity to strengthen follow-up and ensure more comprehensive service delivery.

In Care Observations

Key findings include:

- 89.4% of respondents reported seeing their doctor at least twice per year.
- 91% agreed or strongly agreed that their doctor effectively addresses their needs.
- 85.9% felt their medical referral needs were being met.
- 87% agreed or strongly agreed that clinic hours and locations were convenient.
- 84% felt their case managers were available when needed.
- 86.8% reported that their case managers adequately addressed their needs.

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OUT OF CARE RESPONSES

Out of Care Responses

Introduction

This section highlights data from the 75 respondents who were out of care, representing 15% of the total survey sample. These individuals are not currently engaged in HIV medical care and provide critical insights into the effectiveness and accessibility of the service infrastructure from the perspective of those disconnected from care. The survey addressed a broad range of topics, including access to and satisfaction with core medical services (e.g., antiretroviral therapy, lab monitoring), utilization of supportive services (e.g., housing, mental health care, food assistance), challenges navigating the system, and experiences with stigma or other structural barriers.

Surveys were primarily administered on-site at clinics and case management agencies using tablets provided by the TC-HIVAA and CR. To enhance accessibility, promotional materials featuring QR codes were also distributed, allowing for self-completion of the survey. The survey was available in both English and Spanish, and all participants received a \$25 gift card as an incentive. Data were collected using SurveyMonkey through a secure, confidential process to ensure respondent privacy and data integrity.

Methodology

In collaboration with the Administrative Agency (TC-HIVAA) and the Consumer Advisory Board HIT, CR developed a comprehensive client survey tool that was administered digitally. To accommodate the region’s linguistic diversity, the survey was made available in both English and Spanish. Participants could complete the survey independently by scanning a QR code featured on promotional materials or by using tablets provided at local HIV service provider locations.

Race

Among individuals surveyed, the majority of the out of care identified as Black or African American—60% (n=45) individuals). White participants made up 27% (n=20) of those out of care. Individuals identifying as "Other" represented 9% (n=12) of those out of care while Asian respondents were the smallest group 1% (n=1) in care.	Table 12: Race		
	Race	%	#
	White	27%	20
	Black or African American	60%	45
	Asian	1%	1
Other	12%	9	

Ethnicity

Among individuals surveyed, non-Hispanic individuals made up 27% (n=20) of those out of care while 73% (n=55) reported non-Hispanic/Latino.	Table 13: Ethnicity		
	Ethnicity	%	#
	Hispanic/Latino	27%	20
Non-Hispanic	73%	55	

Gender

Among individuals surveyed, 59% (n=44) identified as male and 41% (n=31) as female.	Table 14: Gender		
	Gender	%	#
	Male	59%	44
	Female	41%	31

County of Residence

Among individuals surveyed, 96% (n=72) were concentrated in Tarrant County. A small number of out of care reported living in Johnson 4% (n=3). No respondents selected Hood, Somervell, Erath, or Palo Pinto counties as county of residence.	Table 15: County of residence		
	County of residence	%	#
	Tarrant	96%	72
	Johnson	4%	3

Income

Among individuals surveyed, 88% (n=62) reported low annual incomes, with 80% (n=60) earning less than \$15,060. An additional 8% (n=6) reported income under \$20,782; 4% (n=3) under \$30,120, and 5% (n=4) reported income less than \$45,180 and 3% (n=62) reported income over \$60,240.	Table 16: Income		
	What income range best describes you annually?	%	#
	Less than \$15,060	80%	60
	Less than \$20,782	8%	6
	Less than \$30,120	4%	3
	Less than \$45,180	5%	4
	More than \$60,240	3%	2

Health Insurance Status

Among individuals surveyed, a significant number of survey respondents, 33% (n=25) reported having no insurance. Among those out of care, 31% (n=23) reported Medicaid and 16% (n=16) reported Medicare were the next most common types of coverage. Additional insurance status included Health Insurance Assistance 3% (n=2); Affordable Care Act plans 3% (n=2); Private Employer 5% (n=4) and Texas Insurance Assistance program 4% (n=3)	Table 17: Health Insurance Status		
	What type of health insurance do you currently have?	%	#
	None	33%	25
	Medicaid	31%	23
	Medicare	21%	16
	TIAP	4%	3
	Health Insurance Assistance	3%	2
	Private-Employer	5%	4
	Private-Marketplace plan	3%	2

Living Situation

<p>Among individuals surveyed, most respondents 35% (n=26) reported living with friends/family and 33% (n=25) renting their homes. An alarming number of survey respondents, 19% (n=14) reported being homeless. Smaller responses were among transitional housing 13% (n=10).</p>	Table 18: Living Situation		
	What is your current living situation?	%	#
	Own home	0%	0
	Rent	33%	25
	Live with family	35%	26
	Transitional housing (ie. sleep on a friend's couch)	13%	10
Homeless	19%	14	

Viral Suppression

<p>Among individuals surveyed, 84% (n=63) reported being they told they were virally suppressed, while 16% (n=12) reported being told they were not virally suppressed.</p>	Table 19: Viral Suppression		
	Has your Medical Provider told you that you are virally suppressed? (viral load less than 200)?	%	#
	Yes	83%	62
No	17%	13	

Time Since HIV Diagnosis

<p>Among individuals surveyed, 31% (n=23) reported have been HIV+ for 3-5 years; 6-10 years-25% (n=19); 1-2 years 16% (n=12); 11-15 years 13% (n=10); more than 16 years 9% (n=7) and less than a year 5% (n=4)</p>	Table 20: Time Since HIV Diagnosis		
	How long have you been HIV positive	%	#
	Less than a year	5%	4
	1-2 years	16%	12
	3-5 years	31%	23
	6-10 years	25%	19
	11-15 years	13%	10
More than 16 years	9%	7	

Experience with Medical Care

Insurance Affordability

Among individuals surveyed, 38% (n=28), agreed that lack of insurance was a barrier to accessing medical care with 19% (n=14) agreeing and 19% (n=14) strongly agreeing. 24% (n=18) strongly disagree and 27% (n=20) disagree.	Table 21: Insurance Affordability		
	I couldn't afford care due to lack of medical insurance.	%	#
	1. Strongly Disagree	24%	18
	2. Disagree	29%	22
	3. Does not Apply	12%	9
	4. Agree	17%	13
5. Strongly Agree	17%	13	

Transportation Barriers

Among individuals surveyed, 57% (n=43) missed medical appointments because they did not have transportation with 24% (n=18) strongly disagreeing and 33% (n=25) disagreeing. 24% (n=18) expressed agreement, while 12% (n=9) expressed strong agreement.	Table 22: Transportation Barriers		
	I missed medical appointments because I did not have transportation.	%	#
	1. Strongly Disagree	24%	18
	2. Disagree	33%	25
	3. Does not Apply	7%	5
	4. Agree	24%	18
5. Strongly Agree	12%	9	

Out of Care Summary

Introduction

The following findings highlight key challenges faced by clients who are currently out of HIV care. These barriers provide valuable insight into the reasons some individuals disengage from services and can guide the development of targeted interventions. Special attention should be directed toward strengthening case management support for individuals who are newly diagnosed, inconsistently engaged, or re-entering care, to promote long-term retention and improved health outcomes.

Out of Care Observations

The data below is organized in descending order based on the percentage of respondents who identified each challenge:

- 41.3% of respondents reported having difficulty coping with their HIV diagnosis.
- 37.3% cited an inability to afford copays for medications or medical visits.
- 36% missed appointments due to lack of transportation.
- 34.6% could not afford health insurance.

The background is a solid purple color with a complex, abstract pattern. It features several sets of concentric circles that overlap and vary in opacity. Some circles are solid purple, while others have a lighter, textured appearance, resembling a fine-grained material or a digital noise effect. The overall composition is dynamic and layered.

NEWLY DIAGNOSED RESPONSES

Newly Diagnosed Responses

Introduction

This section highlights data from the 45 newly diagnosed representing 9% of the total survey sample. These individuals indicated that they had been diagnosed with HIV in the past 12 months.

Surveys were primarily administered on-site at clinics and case management agencies using tablets provided by the TC-HIVAA and CR. To enhance accessibility, promotional materials featuring QR codes were also distributed, allowing for self-completion of the survey. The survey was available in both English and Spanish, and all participants received a \$25 gift card as an incentive. Data were collected using SurveyMonkey through a secure, confidential process to ensure respondent privacy and data integrity.

Methodology

In collaboration with the Administrative Agency (TC-HIVAA) and the Consumer Advisory Board HIT, CR developed a comprehensive client survey tool that was administered digitally. To accommodate the region’s linguistic diversity, the survey was made available in both English and Spanish. Participants could complete the survey independently by scanning a QR code featured on promotional materials or by using tablets provided at local HIV service provider locations.

Age

<p>Among individuals surveyed, the largest proportion of respondents fell within the 25-34 age group, making up 29% (n=13), followed closely by those aged 35–44 at 27% (n=12). These two groups alone account for 56% (n=25). 24% (n=11) of newly Diagnosed individuals fell within the 13-24 age group. Individuals 45+ accounted for 19% of the total responses. 11% (N=5) 45-54, 4% (N=2) and 65+ 4% (N=2).</p>	Table 23: Age		
	Age Group (DSHS)	%	#
	13-24	24%	11
	25-34	29%	13
	35-44	27%	12
	45-54	11%	5
	55-64	4%	2
	65+	4%	2

Race

<p>Among individuals surveyed, the majority of both those in care identified as Black or African American—51% (n=23). White participants comprised 42% (n=19). Individuals identifying as "Other" represented 7% (n=3).</p>	Table 24: Race		
	Race	%	#
	White	42%	19
	Black or African American	51%	23
	Other	7%	3

Ethnicity

Among individuals surveyed, non-Hispanic comprised 71% (n=32) and Hispanic/Latino individuals accounted for 29% (n=13).	Table 25: Ethnicity		
	Ethnicity	%	#
	Hispanic	29%	13
	Non-Hispanic	71%	32

Gender

Among individuals surveyed, 76% (n=34) identified as male, 22% (n=10) as female and 2% (n=1) as No Response	Table 26: Gender		
	Gender	%	#
	Male	76%	34
	Female	22%	10
	No Response	2%	1
Total	100%	45	

County of Residence

Among individuals surveyed, 100% (n=45) resided in Tarrant County.	Table 27: County of Residence		
	County of Residence	%	#
	Tarrant	100%	45

Income

Among individuals surveyed, 67% (n=30) reported earning less than \$15,060. An additional 9% (n=4) reported income under \$20,782; 13% (n=6) under \$30,120, and 11% (n=5) reported income less than \$45,180.	Table 28: Income		
	Income	%	#
	Less than \$15,060	67%	30
	Less than \$20,782	9%	4
	Less than \$30,120	13%	6
Less than \$45,180	11%	5	

Health Insurance Status

Among individuals surveyed, 60% (n=27) reported having no insurance. 11% (n=5) reported Medicaid and 7% (n=3) reported Medicare. Additional insurance status included Health Insurance Assistance 2% (n=1); Affordable Care Act plans 9% (n=4); Private Employer 2% (n=1) and Texas Insurance Assistance program 2% (n=1)	Table 29: Health Insurance		
	Health Insurance	%	#
	None	60%	27
	Medicaid	11%	5
	Health Insurance Assistance	9%	4
	Affordable Care Act Plan	9%	4
	Medicare	7%	3
	Private-Employer	2%	1
	Texas Insurance Assistance Program	2%	1

Living Situation

Among individuals surveyed, 58% (n=26) reported renting their homes, followed by 20% (n=9) living with friends/family. Any alarming number of survey respondents, 16% (n=7) reported being homeless. Transitional housing had the smallest response rate: 7% (n=3).	Table 30: Living Situation		
	What is your current living situation?	%	#
	Rent	58%	26
	Live with Family/Friends	20%	9
	Homeless	16%	7
Transitional Housing	7%	3	

Experience with Medical Care

Medical Provider Addressed Needs

Among individuals surveyed, the majority 85% (n=38) felt that their doctor or nurse addresses their HIV medical needs, with 56% (n=25) strongly agreeing and 29% (n=13) agreeing. Only a small percentage, 15% (n=7) expressed disagreement, indicating a generally high level of satisfaction with the medical support they receive.	Table 31: Medical Provider Addressed Needs		
	My doctor/nurse addresses my HIV medical needs.	%	#
	Strongly Disagree	11%	5
	Disagree	4%	2
	Does not Apply	0%	0
	Agree	29%	13
Strongly Agree	56%	25	

Newly Diagnosed Summary

Introduction

The following findings highlight the key challenges faced by clients who are newly diagnosed. These barriers may help explain why some individuals disengage from services and can inform targeted interventions. Special attention should be given to how case managers support clients who are newly diagnosed to ease their transition and navigation of the healthcare system.

Newly Diagnosed Client Observations

The data below is organized in descending order based on the percentage of respondents who identified each challenge:

- 60% of respondents reported the need for additional transportation support
- 55% of respondents reported having food insecurity
- 55% of respondents reported having difficulty accessing dental services
- 47% of respondents reported having difficulty with housing (rent payments)
- 43% of respondents reported the need for additional housing resources and information



**CLIENT SURVEY
ALL RESPONSES**

Client Survey-All Respondents

(425 In Care Survey Responses, 75 Out of Care Responses and 45 Newly Diagnosed Responses (sub-set of 425))

Food Security

	Table 32: Food Security						
	In the past 12 months, I have worried that food would run out before I could get money to buy more.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 32 shows the responses for In Care, Out of Care and Newly Diagnosed regarding food security.</p>	1. Strongly Disagree	27%	116	12%	9	11%	5
	2. Disagree	20%	84	35%	26	23%	10
	3. Does not Apply	6%	26	9%	7	11%	5
	4. Agree	24%	100	24%	18	23%	10
	5. Strongly Agree	23%	99	20%	15	32%	14

Food Resources

	Table 33: Food Resources						
	I have access to local resources to provide food to me if I need it.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 33 shows the responses for In Care, Out of Care and Newly Diagnosed regarding access to local food resources.</p>	1. Strongly Disagree	9%	39	15%	11	11%	5
	2. Disagree	13%	55	35%	26	23%	10
	3. Does not Apply	11%	47	8%	6	16%	7
	4. Agree	34%	144	29%	22	32%	14
	5. Strongly Agree	33%	140	13%	10	18%	8

Barriers to Transportation

	Table 34: Barriers to Transportation						
	I have missed an appointment due to transportation difficulties in the past 12 months.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 34 shows the responses for In Care, Out of Care and Newly Diagnosed regarding missed appointments due to transportation difficulties.</p>	1. Strongly Disagree	36%	154	19%	14	32%	14
	2. Disagree	26%	110	37%	28	25%	11
	3. Does not Apply	10%	44	12%	9	16%	7
	4. Agree	17%	73	13%	10	25%	11
	5. Strongly Agree	10%	44	19%	14	2%	1

Access to Medical Transportation

	Table 35: Access to Medical Transportation						
	I can access medical transportation assistance like gas cards, bus passes or ride shares.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 35 shows the responses for In Care, Out of Care and Newly Diagnosed regarding access to medical transportation assistance.</p>	1. Strongly Disagree	7%	31	19%	14	9%	4
	2. Disagree	13%	56	29%	22	11%	5
	3. Does not Apply	17%	71	8%	6	23%	10
	4. Agree	28%	118	28%	21	36%	16
	5. Strongly Agree	35%	149	16%	12	20%	9

Additional Medical Transportation

<p>Table 36 shows the responses for In Care, Out of Care and Newly Diagnosed regarding additional medical transportation resources helping with HIV medical care access</p>	Table 36: Additional Medical Transportation						
	Additional medical transportation resources would help me with my HIV medical care.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
1. Strongly Disagree	11%	46	12%	9	9%	4	
2. Disagree	8%	33	29%	22	11%	5	
3. Does not Apply	22%	93	11%	8	20%	9	
4. Agree	27%	115	24%	18	30%	13	
5. Strongly Agree	32%	138	24%	18	30%	13	

Housing Challenges

<p>Table 37 shows the responses for In Care, Out of Care and Newly Diagnosed regarding housing affordability.</p>	Table 37 Housing Challenges						
	I have had difficulty paying rent, mortgage, or utility costs within the past 12 months.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
1. Strongly Disagree	19%	82	12%	9	14%	6	
2. Disagree	13%	56	32%	24	18%	8	
3. Does not Apply	14%	61	11%	8	20%	9	
4. Agree	22%	93	23%	17	27%	12	
5. Strongly Agree	31%	133	23%	17	20%	9	

Housing Resources

	Table 38: Housing Resources						
	I have access to resources to help me with rent, mortgage or utilities if needed.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 38 shows the responses for In Care, Out of Care and Newly Diagnosed regarding housing resources access.</p>	1. Strongly Disagree	22%	93	23%	17	18%	8
	2. Disagree	17%	74	37%	28	25%	11
	3. Does not Apply	18%	77	12%	9	23%	10
	4. Agree	23%	99	16%	12	27%	12
	5. Strongly Agree	19%	82	12%	9	7%	3

Additional Housing Resource to overcome Housing Challenges

	Table 39: Additional Housing Resources to overcome Housing Challenges						
	Additional housing resources would help me with my HIV medical care.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 39 shows the responses for In Care, Out of Care and Newly Diagnosed regarding additional housing resources helping with HIV medical care access.</p>	1. Strongly Disagree	9%	37	15%	11	7%	3
	2. Disagree	8%	34	25%	19	5%	2
	3. Does not Apply	20%	87	13%	10	32%	14
	4. Agree	22%	95	28%	21	23%	10
	5. Strongly Agree	40%	172	19%	14	34%	15

Dental Services

	Table 40: Dental Services						
	I have had trouble getting dental services in the past 12 months.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 40 shows the responses for In Care, Out of Care and Newly Diagnosed regarding difficulty in accessing dental services.</p>	1. Strongly Disagree	28%	118	19%	14	11%	5
	2. Disagree	20%	87	32%	24	18%	8
	3. Does not Apply	12%	51	9%	7	16%	7
	4. Agree	20%	86	19%	14	30%	13
	5. Strongly Agree	20%	83	21%	16	25%	11

Need for Dental Services

	Table 41: Need for Dental Services						
	I would benefit from additional dental services.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 41 shows the responses for In Care, Out of Care and Newly Diagnosed regarding the benefit of additional dental services.</p>	1. Strongly Disagree	10%	42	12%	9	14%	6
	2. Disagree	5%	21	28%	21	7%	3
	3. Does not Apply	13%	54	8%	6	11%	5
	4. Agree	29%	123	28%	21	32%	14
	5. Strongly Agree	44%	185	24%	18	36%	16

Mental Health Services

	Table 42: Mental Health Services						
	I have had difficulty getting mental health services in a timely manner in the past 12 months.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 42 shows the responses for In Care, Out of Care and Newly Diagnosed regarding difficulty of accessing mental health services.</p>	1. Strongly Disagree	30%	126	19%	14	18%	8
	2. Disagree	19%	80	32%	24	25%	11
	3. Does not Apply	26%	110	20%	15	27%	12
	4. Agree	15%	63	17%	13	16%	7
	5. Strongly Agree	11%	46	12%	9	14%	6

Mental Health Needs

	Table 43: Mental Health Needs						
	I would benefit from improved access to mental health counseling.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 43 shows the responses for In Care, Out of Care and Newly Diagnosed regarding the benefits from improved access to mental health services.</p>	1. Strongly Disagree	14%	61	11%	8	7%	3
	2. Disagree	6%	27	28%	21	11%	5
	3. Does not Apply	29%	122	12%	9	34%	15
	4. Agree	26%	111	29%	22	27%	12
	5. Strongly Agree	24%	104	20%	15	20%	9

Substance Misuse Needs

	Table 44: Substance Misuse Needs						
	I have had difficulty getting substance abuse services in a timely manner in the past 12 months.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 44 shows the responses for In Care, Out of Care and Newly Diagnosed regarding the difficulty of getting substance abuse services in a timely manner.</p>	1. Strongly Disagree	28%	120	24%	18	18%	8
	2. Disagree	15%	64	27%	20	18%	8
	3. Does not Apply	45%	192	27%	20	55%	24
	4. Agree	7%	28	15%	11	9%	4
	5. Strongly Agree	5%	21	8%	6	0%	0

Substance Misuse Counseling

	Table 45 Substance Misuse Counseling						
	I have access to substance abuse counseling if needed.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 45 shows the responses for In Care, Out of Care and Newly Diagnosed regarding access to substance abuse services.</p>	1. Strongly Disagree	9%	37	8%	6	2%	1
	2. Disagree	6%	27	31%	23	16%	7
	3. Does not Apply	43%	182	19%	14	41%	18
	4. Agree	20%	83	27%	20	25%	11
	5. Strongly Agree	23%	96	16%	12	16%	7

Nutrition

	Table 46: Nutrition						
	I would benefit from nutritional education or counseling to improve my health.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 46 shows the responses for In Care, Out of Care and Newly Diagnosed regarding the benefit from nutritional education or counseling to improve my health.</p>	1. Strongly Disagree	10%	44	12%	9	7%	3
	2. Disagree	7%	29	24%	18	11%	5
	3. Does not Apply	20%	85	8%	6	20%	9
	4. Agree	35%	147	35%	26	39%	17
	5. Strongly Agree	28%	120	21%	16	23%	10

Peer Support

	Table 47: Peer Support						
	I have access to peer support/peer navigators that provide additional support to me.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
<p>Table 47 shows the responses for In Care, Out of Care and Newly Diagnosed regarding access to peer support/peer navigators</p>	1. Strongly Disagree	8%	36	20%	15	2%	1
	2. Disagree	11%	47	25%	19	9%	4
	3. Does not Apply	19%	82	13%	10	18%	8
	4. Agree	32%	136	29%	22	41%	18
	5. Strongly Agree	29%	124	12%	9	30%	13

Support Needs

	Table 48: Support Needs						
	I would benefit from having access to peer support/peer navigators.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
Table 48 shows the responses for In Care, Out of Care and Newly Diagnosed regarding the benefit from having access to peer support/peer navigators.	1. Strongly Disagree	10%	41	13%	10	9%	4
	2. Disagree	5%	23	24%	18	2%	1
	3. Does not Apply	23%	99	11%	8	27%	12
	4. Agree	36%	153	32%	24	30%	13
	5. Strongly Agree	26%	109	20%	15	32%	14

Access to Support Groups

	Table 49: Access to Support Groups						
	I have access to HIV support groups.	In Care		Out Of Care		Newly Diagnosed	
		%	#	%	#	%	#
Table 49 shows the responses for In Care, Out of Care and Newly Diagnosed regarding access to HIV support groups.	1. Strongly Disagree	9%	37	13%	10	0%	0
	2. Disagree	14%	61	27%	20	9%	4
	3. Does not Apply	14%	60	11%	8	30%	13
	4. Agree	35%	149	35%	26	43%	19
	5. Strongly Agree	28%	118	15%	11	18%	8

Service Rankings of Importance

Participants were asked to rank services by importance (1 = most important, 17 = least important). The top five services for each group—**in care**, **out of care**, and **newly diagnosed**—are highlighted below, followed by a summary of key insights based on these rankings.

Key Insights from Rankings:

1. Shared Priorities

Across all groups, **medical care**, **medication assistance**, and **dental services** were consistently ranked among the top priorities:

Medical care was the #1 ranked need for all three groups.

Medication assistance ranked #2 for in-care and newly diagnosed clients, and #3 for out-of-care clients.

Dental care remained a high priority across the board, particularly for in-care and out-of-care respondents. These shared rankings reinforce the importance of sustained access to core medical services as a foundation of HIV care.

2. Differences in Urgency

Out-of-care clients ranked **Emergency Financial Assistance (2)** and **Getting Health Insurance (#5)** significantly higher than in-care clients (#5 and #7, respectively). This aligns with:
80% of out-of-care clients reporting income below 100% of the Federal Poverty Level (FPL).
33% of out-of-care clients reporting a lack of health insurance. These findings indicate substantial financial barriers among those disengaged from care, which likely contribute to difficulties in accessing essential services like medication and provider visits.

3. Case Management Gap

In-care clients ranked **Case Management/Care Coordination** as the **#4** most important service.

Out-of-care clients ranked it **#14**, a sharp decline that may reflect:

Past negative experiences

Disengagement or distrust

A lack of awareness about the service or how it could benefit them

This gap suggests an urgent need to improve communication, outreach, and trust-building around the value of case management, especially for re-engaging clients.

4. Housing, Food, Nutrition, and Transportation

Services related to basic needs such as **housing, food, and transportation** were consistently ranked in the middle tier for both in-care and out-of-care clients, but:

Housing (Utility) ranked notably higher for **newly diagnosed** clients (3).

Nutrition (Dietician support) received a surprisingly high rank (6) from out-of-care respondents.

This suggests that while not always viewed as top-tier priorities, these services remain essential supports that affect clients' ability to maintain engagement in care.

5. Mental Health and Substance Use Services

These services were ranked lowest across all three groups:

Mental health support: Ranked #14–15

Substance use support: Ranked last (17) by all groups

This trend could indicate:

Persistent **stigma** surrounding mental health and substance use

A lack of awareness or comfort discussing these issues

Prioritization of immediate survival needs (e.g., housing, insurance) over behavioral health services

These findings point to the need for continued efforts to destigmatize these services and improve accessibility and integration into overall care planning.

Table 50: Service Rankings of Importance			
Rank each service according to importance to your needs (1=most important, 10=least important)	In Care	Out of Care	Newly Diagnosed
Medical Care	1	1	1
Medication Assistance	2	3	2
Dental Care	3	4	5
Case Management/Care Coordination	4	14	8
Emergency Financial Assistance (food, utility, medication support)	5	2	9
Housing (Utility)	6	8	3

Getting Health Insurance	7	5	4
Housing (Deposits)	8	12	6
Medical Transportation (bus passes, ride-share, or gas cards)	9	9	7
Help Getting Food	10	7	11
Help to Get Eligibility completed	11	11	10
Housing Case Management/Help finding a place to live	12	10	12
A dietician to help with your nutrition	13	6	13
Mental Health support	14	15	15
Peer Support/Patient Navigator	15	13	14
Support Groups	16	16	16
Substance Use Support	17	17	17

Service Needs

Table 51 highlights the top unmet service needs as reported by three distinct groups: **in-care**, **out-of-care**, and **newly diagnosed** individuals. Respondents ranked services from 1 (most needed) to 17 (least needed). The top five ranked needs per group are highlighted in yellow.

Shared Priorities: System-Wide Gaps

Across all groups, **Emergency Financial Assistance** and **Help Completing Eligibility** consistently appear as top unmet needs. These trends indicate:

- Persistent **financial hardship**, especially among low-income populations.
- A **systemic administrative barrier** in accessing available services.

The recurrence of these issues suggests a **critical gap in the service delivery infrastructure** that must be addressed across all client engagement levels.

Differences in Urgency Between Groups

Out-of-Care Clients

- **#1 Need: Getting a Doctor’s Appointment**
This signals a **major reentry barrier** into the HIV care system and indicates limited access to primary care or unclear reentry pathways.
- **High Priorities: Help Getting Food (#2) and Medication Assistance (#4)**
These reflect **basic unmet survival needs** and potential **lack of knowledge or support** in navigating available resources or securing insurance coverage.
- **Lower Rankings: Housing Deposits (#14) and Utility Assistance (#12)**
Many respondents reported unstable housing situations (e.g., 19% homeless, 13% in transitional housing, 35% living with friends/family). These clients may not yet be able to pursue long-term housing stability and are instead focused on **immediate basic needs**.

In-Care Clients

- **Top Needs: Housing (Utilities #2, Deposits #4), Dental Care (#3)**
These suggest that once clients are engaged in care, their focus may shift to **stabilization and maintenance**, including permanent housing and comprehensive healthcare needs.
- **Higher Ranking of Case Management (#6)**
Suggests clients have **greater awareness of the value of care coordination**, as well as its current gaps.

Least Prioritized Services Across Groups

- **Support Groups and Substance Use Support** are ranked **lowest (#16–17)** by all groups. Possible

explanations include:

- **Low perceived value**
- **Stigma**
- **Lack of cultural or demographic relevance**
- Or simply being **deprioritized** due to more urgent survival needs (e.g., housing, food, medical care)

This persistent low ranking highlights the need for:

- **Better outreach, redesign, or integration** of these services into other high-touch programs.
- Further **qualitative exploration** to understand perceptions and potential underutilization.

These results emphasize the importance of:

- **Targeted reentry support** for out-of-care individuals (e.g., appointment navigation, food access, medication support).
- **Stabilization and long-term planning** services for those in care (e.g., housing, dental care).
- **Enhanced access to administrative support** (e.g., eligibility and insurance assistance).
- **Rethinking and reintroducing low-use services** (e.g., support groups, substance use services) in ways that are client-centered and culturally appropriate.

Table 51: Rankings of Service Needs			
What are the top 10 services you need but aren't available? (1=most needed, 10=least needed)	In Care	Out of Care	Newly Diagnosed
Emergency Financial Assistance (food, utility, medication support)	1	3	4
Housing (Utility Assistance)	2	12	2
Dental Care	3	8	8
Housing (deposits)	4	14	3
Help to get your Eligibility completed	5	5	6
Case Management/Care Coordination	6	9	1
Housing Case Management/Help finding a place to live	7	10	10
Medical Transportation support (bus passes, ride share or gas cards)	8	6	5
Help Getting Food	9	2	13
Medication Assistance	10	4	9
A dietician to help with your nutrition	11	13	12
Mental Health support	12	11	14
Peer Support/Patient Navigator	13	15	15
Getting a Doctor's Appointment	14	1	11
Help Getting Health Insurance	15	7	7
Support Groups with Peers	16	16	16
Substance Use Support	17	17	17

CLIENT SURVEY

Introduction

Cross-Cutting Challenges: Key Themes Across Respondent Groups

The following observations highlight shared challenges reported by in-care, out-of-care, and newly diagnosed respondents. These data points offer critical insights into the socioeconomic conditions, healthcare access barriers, and psychosocial factors that influence individuals' ability to engage in and sustain HIV care.

By organizing the findings into thematic categories, this assessment surfaces emerging trends that can inform targeted, data-driven strategies aimed at improving health outcomes and strengthening the overall effectiveness of service delivery systems.

In-Care Areas for Improvement

Need for Dental Services

- 72.4% of in-care respondents identified dental services as a high priority.

Satisfactory Services

- Overall, in-care clients were satisfied with their services.

Out-of-Care Areas for Improvement

Financial Barriers to Care

- Significant difficulty affording copays, health insurance, and transportation was reported.

Substance Use Treatment Gaps

- Higher rates of difficulty accessing substance use treatment were reported (22.7%).

Newly Diagnosed Areas for Improvement

- 60% of respondents reported the need for additional transportation support
- 55% of respondents reported having food insecurity
- 55% of respondents reported having difficulty accessing dental services
- 47% of respondents reported having difficulty with housing (rent payments)
- 43% of respondents reported the need for additional housing resources and information

Observations from Needs Assessment

1. Expand Essential Supportive Services

Increase funding and access to housing, food assistance, transportation, and emergency financial support (e.g., utilities) to address basic needs and reduce barriers to care.

2. Enhance Behavioral Health, Dental, Nutrition, and Substance Use Services

Increase partnerships with mental health and substance use providers to expand the network of accessible services. Grow the availability and visibility of support groups, especially for clients needing mental health support. Identify and replicate successful dental care models to expand access to oral health services. Broaden access to medical nutrition therapy to support clients with complex dietary needs. Incorporate trauma-informed care approaches into service delivery, especially for individuals newly diagnosed with HIV or experiencing emotional distress.

3. Boost Transportation Solutions

Expand availability of ride-share programs, bus passes, and gas cards to reduce transportation-related barriers to care. Ensure that service providers consistently offer all three transportation options to maximize client access.

COMPREHENSIVE RECOMMENDATIONS



COMPREHENSIVE RECOMMENDATIONS FOR HIV PROGRAM IMPROVEMENT

Recommendations

Expand Access to Essential Supportive Services

The needs assessment findings revealed that clients consistently face challenges meeting basic needs, particularly housing and food—at various points throughout the year. These essential supportive services are critical to client stability and engagement in HIV care. Addressing these gaps will require additional funding and targeted training to expand and strengthen available support services.

Food insecurity was a recurring concern raised in both the client survey and focus groups. Housing emerged as a similarly urgent and complex issue. Focus group participants expressed frustrations with funding limitations and long waiting lists. The client survey echoed these concerns, underscoring the critical need for robust and accessible housing support.

Both food and housing assistance often vary depending on clients' life circumstances.

Enhance Mental Health, Support Groups, Dental, Nutrition, and Substance Use Services

Across client surveys and focus group discussions, several consistent areas of need were identified within the Ryan White system of care. While expanding these essential service categories is critical, doing so will require increased and sustained funding to ensure long-term impact.

Focus group discussions provided valuable context around the need for—and experiences with—specific services identified in the provider and client surveys. Clients who were familiar with Medical Nutrition Therapy (MNT), reported highly positive outcomes and emphasized its value. A frequently and passionately expressed need across focus groups was the return of support groups. Participants recalled previous group offerings that provided meaningful education, emotional support, and a sense of connection. There was strong interest in reestablishing these groups in both in-person and virtual formats, to better accommodate clients who experience transportation barriers. Mental health support was also highlighted as a critical area for improvement, consistently noted in both provider surveys and focus group conversations. Although substance use services were not widely discussed in the focus groups, they were identified as a service gap by both provider survey respondents and out-of-care clients.

The recommendation is to expand services to meet client needs and reduce wait times for:

- Increase Mental health counseling options and ensure the services are inclusive with trauma-informed approaches.
- Expand dental care, especially replicating high-performing programs.
- Expand access to Medical Nutrition Therapy to a dietitian replicating strong programs.
- Substance use treatment services expand access.

Address Transportation Barriers

Transportation emerged as a consistent and critical need across all components of the needs assessment.

Participants stressed the importance of offering a range of transportation services such as ride-share services, bus passes, and gas cards—as a means of providing flexible, personalized solutions that accommodate diverse client needs and circumstances. Expanding these options would reduce barriers and better support care engagement across the Ryan White system.

Integrate Aging and Geriatric Support Services

The aging focus group engaged in a thoughtful discussion about the unique challenges of aging with HIV, particularly the growing need for access to specialty and geriatric care. While participants expressed confidence in navigating the Ryan White service system, they also noted that as they age, their healthcare needs are becoming more complex. They emphasized the importance of enhanced geriatric support to ensure they can continue to age with dignity and maintain a high quality of life.