



HRSA HAB

Building Futures: Supporting Youth Living with HIV

Good afternoon. Thank you for joining. We will begin the webinar shortly.

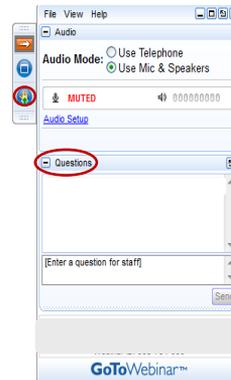


Thank you for joining the HRSA HAB Building Futures: Supporting Youth living with HIV webinar series. This series focuses on Improving Services to Youth Living with HIV and is a four part webinar series designed to share findings from the Building Futures: Supporting Youth Living with HIV Project a project funded by the Health Resources & Services Administration, HIV/AIDS Bureau (HRSA HAB).

The webinar will include an overview of the technical assistance toolkit developed at the culmination of this project. Each of the webinars will cover one of the 4 major themes of the toolkit and will include presentation from the project team and providers who have tested some aspects of the toolkit and who will share real world application and implementation strategies to help improve services for youth living with HIV.

Housekeeping

- » This webinar is being recorded
- » Methods for asking questions
 - Submit a question through the Chat feature
 - Raise your virtual hand to ask your question verbally
 - » Input your audio pin, so we can unmute your line



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During this webinar, we will have a Q and A section at the end. Please use the raise hand function found on the webinar control panel screen or you can type in your question using the chat function also found on your webinar control panel.

If you are asking a question verbally, please enter your audio pin and we will unmute your line so that you can ask your question.

Logistics

- » Please answer the evaluation questions at the end of the webinar!
- » Certificates of completion will be sent via email to attendees
- » The webinar recording and slides will be posted on the TARGET Center after the webinar
- » The Toolkit is under final review: look out for an email announcing its release
- » <https://targethiv.org/news/building-futures>

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At the conclusion of this webinar there will also be a survey, please take the time to complete this brief survey. It allows us to see how you feel about the content and presentation of this webinar to make future improvements, and also to gather information about the perceived effectiveness and usefulness of the strategies presented.

You will receive a certificate of completion for this webinar. This certificate will be sent to the e-mail provided during registration.

The toolkit that we will be discussing throughout this webinar is under final review. Please look out for an e-mail announcement regarding its release. When it is released it will be posted on the Target center website located at the URL on your screen. This will also be the same web-address that will host the webinars once they have been archived.

Objectives

At the end of this webinar, participants will be able to:

- » Discuss the HRSA HAB Building Futures: Supporting Youth Living with HIV project's background and goal
- » Describe the strategies and resources associated with the technical assistance toolkit
- » Explain the lessons learned and implementation strategies from the youth-serving providers utilizing the toolkit

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- Explain the lessons learned and implementation strategies from the youth-serving providers utilizing the toolkit

Meet the Presenters

- » Project Team:
 - Echo Wang, Ellie Coombs, Emily Rebella, D. D’Ontace Keyes
- » Provider Participants
 - Heath Nicholas from Thrive Alabama



Today’s webinar will include presentations from the Project Team including youth consultant D’Ontace Keyes, Ellie Combs, Echo Wang, Emily Rebella and Mission Analytics Group, as well as representatives from Thrive Alabama. Team members, provider participants will all be available to answer your questions at the end of the webinar.

Defining Terms

- » HRSA HAB - Health Resources and Services Administration, HIV/AIDS Bureau
- » YLWH – Youth living with HIV
- » RWHAP - Ryan White HIV/AIDS Program



To get started we would like to first define terms we will be using throughout the webinar:

- HRSA HAB - Health Resources and Services Administration, HIV/AIDS Bureau
- YLWH – Youth living with HIV
- RWHAP - Ryan White HIV/AIDS Program



HRSA HAB Building Futures: Supporting Youth Living with HIV Project Background

We want to provide you some project background so that you are able to understand how the toolkit was developed and the source of the recommendations we will be sharing.

Project Team

» **Project Team:**

- DSFederal, Inc., Mission Analytics, CAI, Positive Outcomes, Inc., and Debbie Isenberg

» **HRSA HAB:**

- Antigone Dempsey, CAPT Tracy Matthews, CDR Holly Berilla, R. Chris Redwood, Jhetari Carney

» **Subject Matter Experts:**

- Jeffrey Birnbaum and Adam Thompson

» **Youth Consultants:**

- D. D’Ontace Keyes, Jontraye Davis, Kahlib Barton, DaShawn Usher, Antoine Crosby, AJ Jones

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The team included staff from DSFederal, Inc., Mission Analytics, CAI, Positive Outcomes, Inc., and consultant Debbie Isenberg

Staff from HRSA HAB include Antigone Dempsey, Tracy Matthews, Holly Berilla, Chris Redwood, JT Carney

Subject Matter Experts include Jeffrey Birnbaum and Adam Thompson

Youth Consultants include D’Ontace Keyes, Jontraye Davis, Kahlib Barton, DaShawn Usher, Antoine Crosby, AJ Jones

We would like extend a special thanks to all the staff and consultants that contributed to this project

Understanding the Need

- » 551,567 clients received services from RWHAP-funded providers in 2016
 - 23,144 RWHAP clients living with HIV were youth aged 13-24
 - Retention in care (76.6%) was lower than the national RWHAP average (81.7%)
 - Viral suppression (71.1%) was much lower than the average (84.9%)

Source: Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published November 2017.

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There are 23,144 Youth living with HIV aged 13-24 in the Ryan White HIV/AIDS Program. While improvements in both retention and viral load suppression have been made, disparities still exist:

Retention in care for these youth is about 76.6% which was lower than the national Ryan white program average of 81.7% and viral suppression for this population is at 71.1% which was much lower than the national average of 84.9%.



Goal

To improve outcomes among RWHAP-funded providers serving youth living with HIV aged 13-24

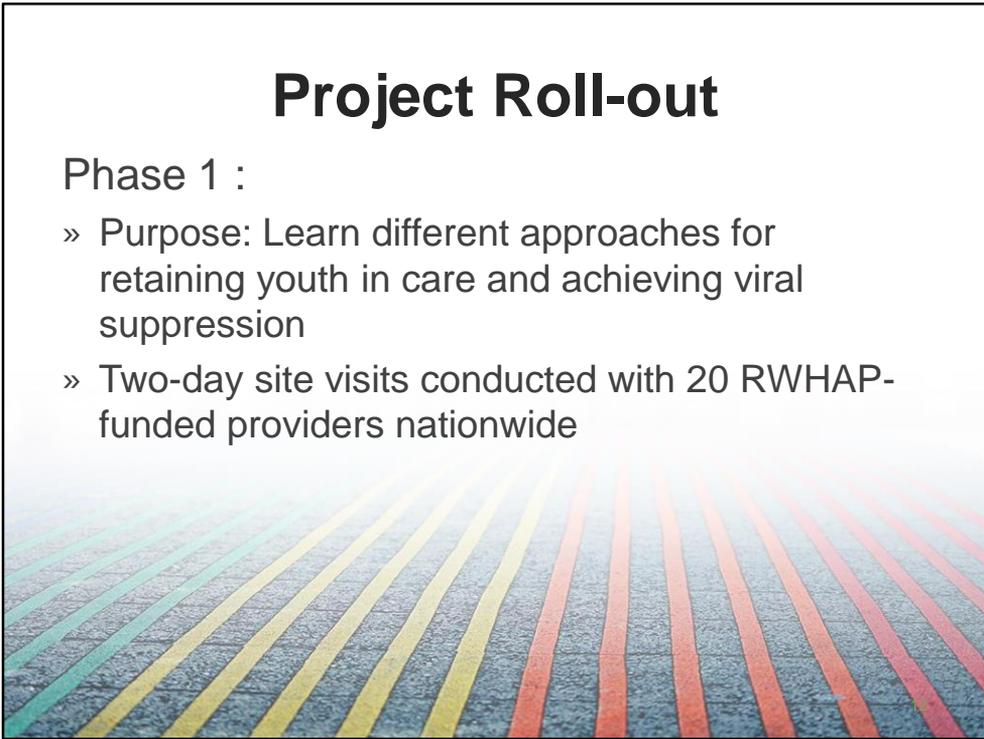
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So the Building Futures: Supporting Youth Living with HIV project was working to improve outcomes among Ryan White Program funded providers with the goal of improve outcomes along the HIV care continuum in both retention and viral load suppression. The project was divided into two phases. Phase one was the collecting of information and phase two was translating those findings into an actionable toolkit. The resulting Technical Assistance Toolkit presents many experiences and lessons from Ryan White providers like you to help improve outcomes with youth clients

Project Roll-out

Phase 1 :

- » Purpose: Learn different approaches for retaining youth in care and achieving viral suppression
- » Two-day site visits conducted with 20 RWHAP-funded providers nationwide



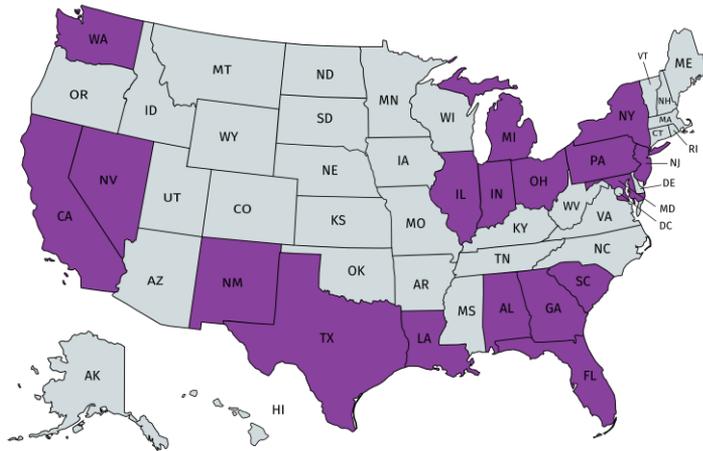
The purpose of phase one of the project was to learn different approaches for retaining youth in care and achieving viral suppression

The project team wanted to understand what challenges and successes agencies face when working with youth clients. In order to do this the project team conducted 2-day site visits. During those site visits the project team heard what works with youth and what does not work so well. We will present many of these findings during this webinar series and they can be found in the technical assistance toolkit.

The site visit included interview with staff and youth clients as well as walk throughs of the clinic and pre-site visit survey.

Each site visit was conducted by a three-person team that included a project team lead, a clinical expert, and a youth consultant.

Location of Site Visits



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Using 2014 and 2015 RSR data, a sample of providers was selected from Ryan White funded programs. A number of criteria were used when selecting the sites including the number of youth served client population demographics, geographic location, and provider type.

Provider type included health department, hospital/university based clinics, community health centers and community-based service organizations

This variety was very important to the project because it allowed the project team to consider applicability in different contexts for example e.g. engagement strategies in rural vs. urban context, or among different client populations

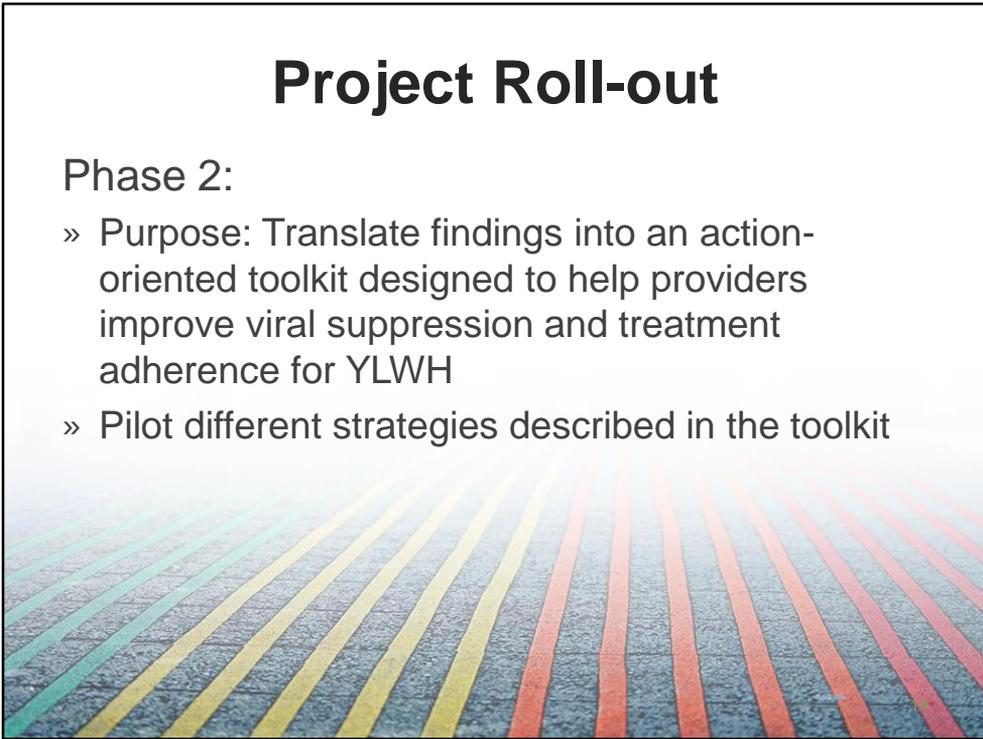
Participation in this project was voluntary.

The map shows the location of the providers by state.

Project Roll-out

Phase 2:

- » Purpose: Translate findings into an action-oriented toolkit designed to help providers improve viral suppression and treatment adherence for YLWH
- » Pilot different strategies described in the toolkit



The result of phase one activities was the development of the technical assistance toolkit which integrates the feedback and lessons learned from the 20 sites that were visited. The toolkit focuses on best practices for improving outcomes for youth living with HIV.

After the development of the toolkit each of the original 20 agencies were contacted and asked if they would like to pilot some aspect of the toolkit that might be useful for their clinic. The agencies who piloted elements of the toolkit participated in 4 check-in webinars and 1 –in-person site visit. Their feedback was incorporated into the tool kit.

These providers are also participating in this webinar series so you will be able to hear what they found during this process and some of the strategies they implemented.



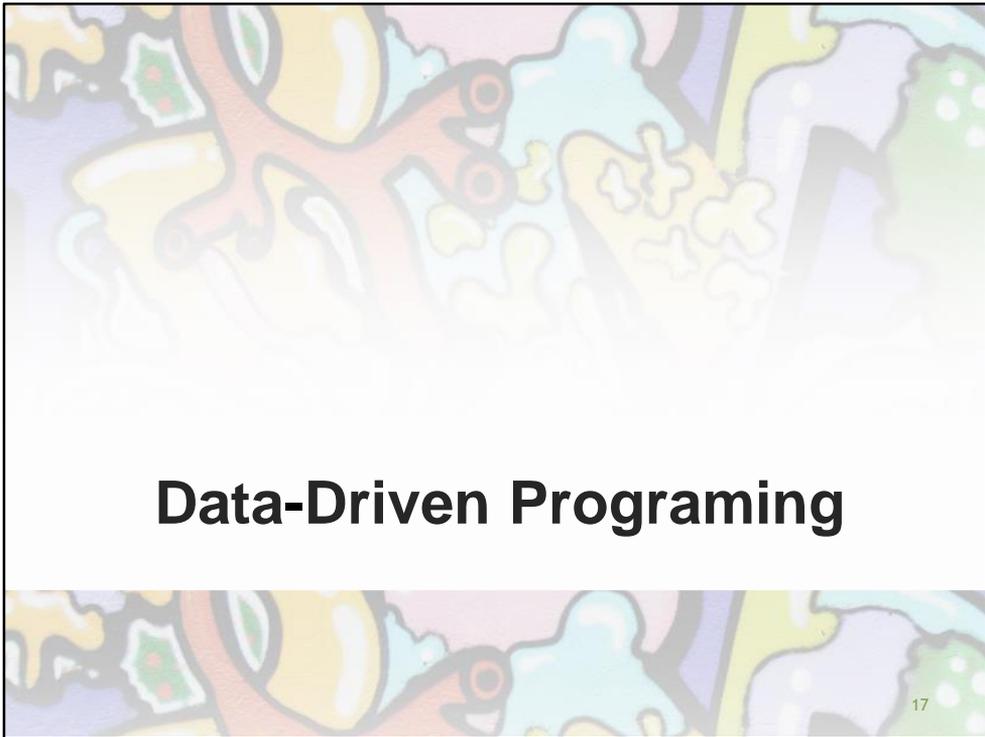
This toolkit is a unique resource as it captures the lessons and experiences of providers working with youth clients. The resource is designed as an actionable tool and has been tested in field.

This toolkit contains 10 topic areas divided into 4 themes. Each of the 10 topics includes strategies to address the specific topic, with resources provided to support the implementation. Providers can use some or all information in the toolkit to enhance their programs to better meet the needs of YLWH.

<h1>Themes and Topics</h1>	
<p>Infrastructure Development August 9th</p>	<ul style="list-style-type: none"> • Staff recruitment and retention • Improving communication with youth • LGBTQ-friendly policies, environment, and culture
<p>Informing Program Development August 16th</p>	<ul style="list-style-type: none"> • Gathering structured feedback from youth • Data-driven programming for youth
<p>Wraparound Services August 23th</p>	<ul style="list-style-type: none"> • Youth support groups • Identifying and addressing support service needs • Re-engaging youth lost to care
<p>Clinical Service Models August 30th</p>	<ul style="list-style-type: none"> • Youth-centered services • Interdisciplinary care teams

The 10 topics within each theme are hyperlinked, so users can move easily from one topic area to the next. While topic areas predominantly summarize information gathered through the Building Futures project, they also contain links to other relevant resources on the TARGET Center site

You can see a list of topics found under each theme.



Data driven programing will be the first topic discussed. Please go ahead Ellie

Background

- » Data analysis can help providers in:
 - Quality improvement efforts
 - Justifying financing
 - Identifying retention and adherence issues
- » Providers may not drill down enough to understand differences in outcomes among YLWH



Most of you actively use your data to inform RW programming. Demonstrating service utilization and outcomes with data helps you justify your funding and identify populations to target more intensive interventions.

However, youth living with HIV are not a homogeneous group, and we found that providers don't often drill down to understand the issues that affect youth subpopulations differently.

Drill Down Example

Population	#	Virally Suppressed	
		#	%
Total	1,000	800	80%
• Youth	• 230	140	61%
- Unstably housed	- 130	71	55%
- Stably housed	- 100	69	69%
• Adults	• 770	660	86%

Let's look at an example. Imagine you have 1,000 clients, and 80% of them are virally suppressed, which is great. However, when you compare youth versus adults, you see that the viral load suppression rates among adults is much higher than with youth – 86% compared to 61%. So, that's our first level of drilldown. But, then we want to go a little deeper to check out youth subpopulations. And, we see that unstably housed youth have a much lower rate than those who are stably housed.

These trends might be obvious to service providers without having to look at data. However, data analysis might help you get leadership on board with targeted interventions or help you see if your intervention is working.

Poll

Which best describes your program?

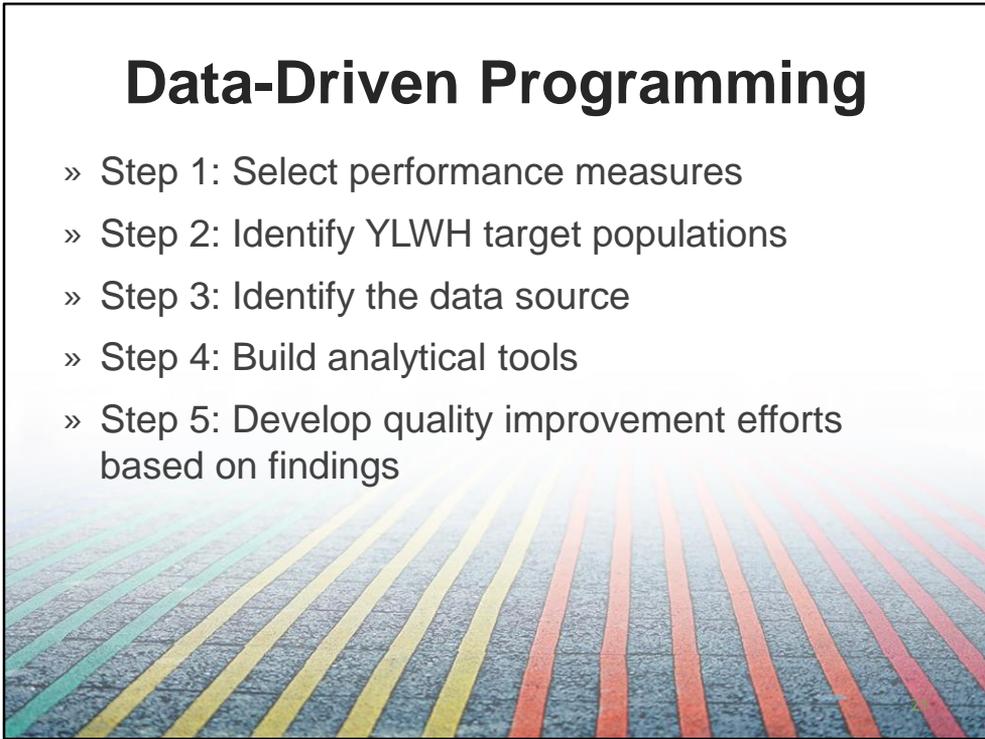
- A. We regularly use our data to inform youth programming
- B. We occasionally use our data to inform youth programming
- C. We use our data to inform overall programming, but not for youth
- D. We have a hard time using data to inform any programming

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I want to start with a poll to get a sense of your current use of data for youth programming.

Data-Driven Programming

- » Step 1: Select performance measures
- » Step 2: Identify YLWH target populations
- » Step 3: Identify the data source
- » Step 4: Build analytical tools
- » Step 5: Develop quality improvement efforts based on findings



I'm going to talk about the five major steps to data-driven programming.

- Select performance measures
- Identify YLWH target populations
- Identify the data source
- Build analytical tools
- Develop quality improvement efforts based on findings

HRSA HAB Performance Measures

Category	Downloads
Frequently Asked Questions: <ul style="list-style-type: none">• General Information• Revised Portfolio• Children• Oral Health• ADAP• System• Adolescent/Adult	General FAQ (PDF - 44 KB) Revised Measures FAQ (PDF - 194 KB) Children FAQ (PDF - 66 KB) Oral Health FAQ (PDF - 38 KB) ADAP FAQ (PDF - 55 KB) System FAQ (PDF - 51 KB) Adolescent/Adult FAQ (PDF - 175 KB)
Core: <ul style="list-style-type: none">• HIV Viral Suppression• Prescription of HIV Antiretroviral Therapy• HIV Medical Visit Frequency• Gap in HIV Medical Visits• PCP Prophylaxis	Core Measures (PDF - 256 KB)

<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

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As most of you know, for that first step, HAB had done a lot of the work for you by developing performance measures with detailed definitions for the numerator and denominator. The core performances measures is where you can start by checking out the link on this slide.

Considerations for Measures

- » Viral suppression represents the primary health outcome for PLWH
- » Antiretroviral therapy (ART) prescription measures appropriate health care, not health outcomes, because an individual prescribed ART may not be adherent to the medication
- » Retention in care:
 - Various ways to measure engagement in care
 - Individuals may not regularly attend appointments, but stay adherent to ART
 - Individuals might meet with their doctor, but stay unsuppressed due to lack of adherence

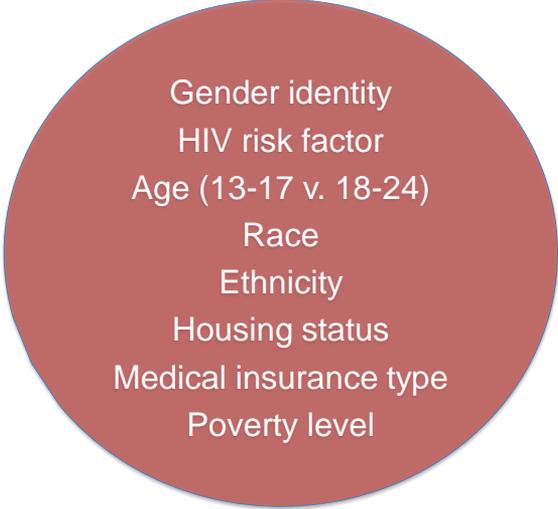
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Of the core measures, there are three that most providers use: viral suppression, antiretroviral therapy, and retention in care. Viral suppression represents the primary health outcome for PLWH because the virus can no longer be detected. Typically, providers use one viral load lab value of less than 200. Providers may also want to assess “ durable viral suppression,” which requires at least two (or all) tests to indicate suppression. This measure may be appropriate to detect PLWH who “rebound” due to lack of adherence.

Clients achieve viral suppression through antiretroviral therapy or ART, so that is also an important metric. However, it’s really a measure of healthcare utilization, not a health outcome, because a client might be prescribed ART, but not be adherent and therefore not virally suppressed.

Finally, HAB also frequently reviews retention in care, probably the most complicated metrics with different variations. Retention in care is also not your best outcome measure because you might have clients who do not regularly attend their appointments, but they do stay adherent to their medications and vice versa.

Subpopulation Demographics



Gender identity
HIV risk factor
Age (13-17 v. 18-24)
Race
Ethnicity
Housing status
Medical insurance type
Poverty level

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Okay, after you have identified your performance measures, you want to identify your youth subpopulations for calculation. This slide has some examples you may want to consider, such as gender, risk factor, race, and age within that youth subgroup.

Data Sources

Issue	Electronic Health Record (EHR)	RWHAP Data Management System
Client Population	Used across an entire healthcare system; contains data for all patients, regardless of HIV status	Typically, PLWH only
Data Comprehensiveness	Comprehensive medication, service, and lab data May not contain HIV-specific fields	Contains HIV-related fields, but data may not be complete
Data Timeliness	Providers input data in real time	Providers input or import data periodically
Available Analytical Tools	Tools may require sophisticated data management skills	“Off-the-shelf” reporting tools such as performance measurement reports

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Third, you’ll want to see what data sources are available to you. Through our work, we found that providers often utilize multiple data systems. One is an electronic health record system or EHR that is used agency wide to track client care. The most common ones are Epic, eClinicalWorks, and NextGen. In addition, many providers use systems like CAREWare, which we refer to as Ryan White data management systems. These might help you manage your care for people living with HIV better than the overall EHR. In addition, you might be required by your recipient to use the system, so they can better monitor the services funded under their grant. Some of the largest recipient-driven Ryan White data management systems are AIRE in California and AIRS in New York State.

There are pros and cons to using these systems for your data driven programming. The EHR typically has data on all clients seen by your clinic, whereas your Ryan White data management system might just have people living with HIV only. Therefore, if you do use your EHR, you may have to use extra data extraction filters, like HIV status or Ryan White eligibility.

Now, let’s talk about data completeness. Because EHRs are used in real time, data are constantly being input and updated, meaning that they are pretty complete. However, they may not have some fields that help you manage your HIV care, like risk factor. Ryan White data management systems do have those helpful fields, but data might not be complete as they are often not imported or input on a daily basis.

Finally, these systems have different analytical tools available. EHR analytical tools may require more sophisticated data management skills than the off the shelf reporting features often available in Ryan White data management systems.

Analytical Tools

» Performance measures in CAREWare

- Check out the webinar on the TARGET Center site:
<https://careacttarget.org/library/careware-custom-reports-and-performance-measures>

» EHR data mapping

- Services, labs, and medications can be tricky because codes change regularly
- Use a limited number of service and lab codes to ensure that the majority of data are mapped and extracted
- Avoid free text notes fields

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If you're a CAREWare user and want to learn more about its performance measure reporting feature, take a look at a recent webinar on TARGET. If you're an EHR user, here are some tips. Given that service, lab and medication codes often change, you need to monitor them regularly and make sure you update your code to account for changes. You may find that a drop in rate is due to a new code being used, not a change in utilization. Ask your clinicians to use a limited and defined set of codes to facilitate the mapping and extraction process. And, make they are aware of the data you're extracting, so they don't put that in free text notes fields.

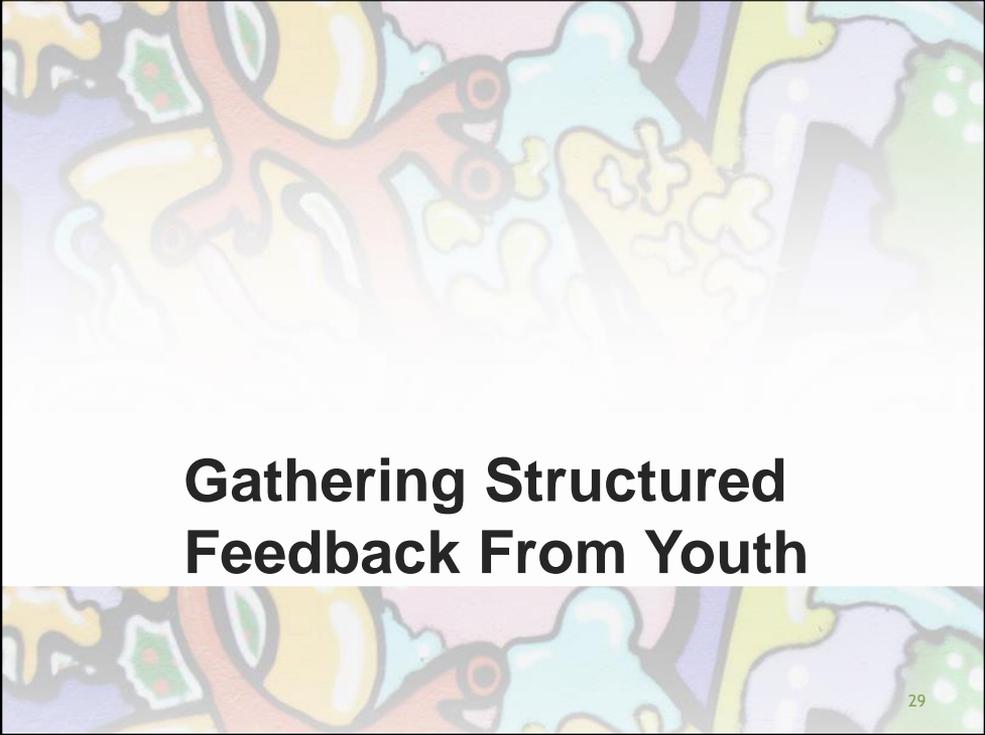
Poll

Which best describes your data source for data-driven programming?

- A. EHR
- B. RHWAP data management system
- C. Both
- D. Neither; we use another system
- E. Neither; we don't use data for programming



Finally, you need to use your data to inform programming. A popular framework used by many providers is the PDSA cycle, Plan, Do, Study, Act. The toolkit has some resources to learn more about this process. In addition, Heath from Thrive Alabama is going to talk about their experience.

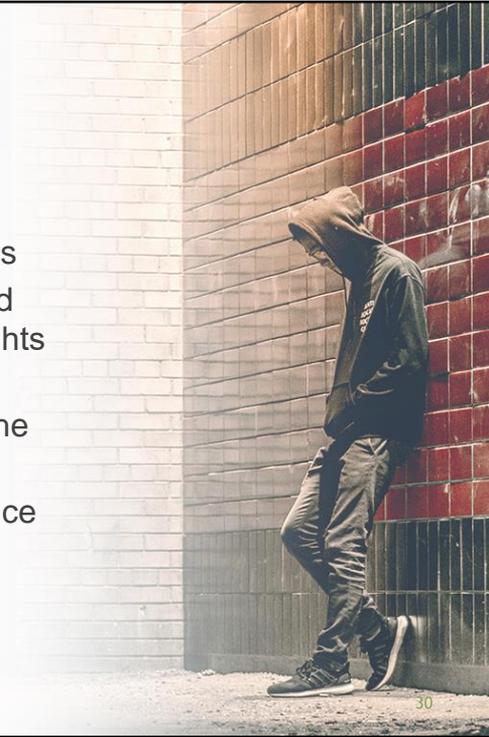


Gathering Structured Feedback From Youth

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Background

- » Structured feedback is
 - Not just about complaints
 - Necessary to understand client's needs and thoughts
 - A systematic communication across the organization
 - Important to guide practice and planning

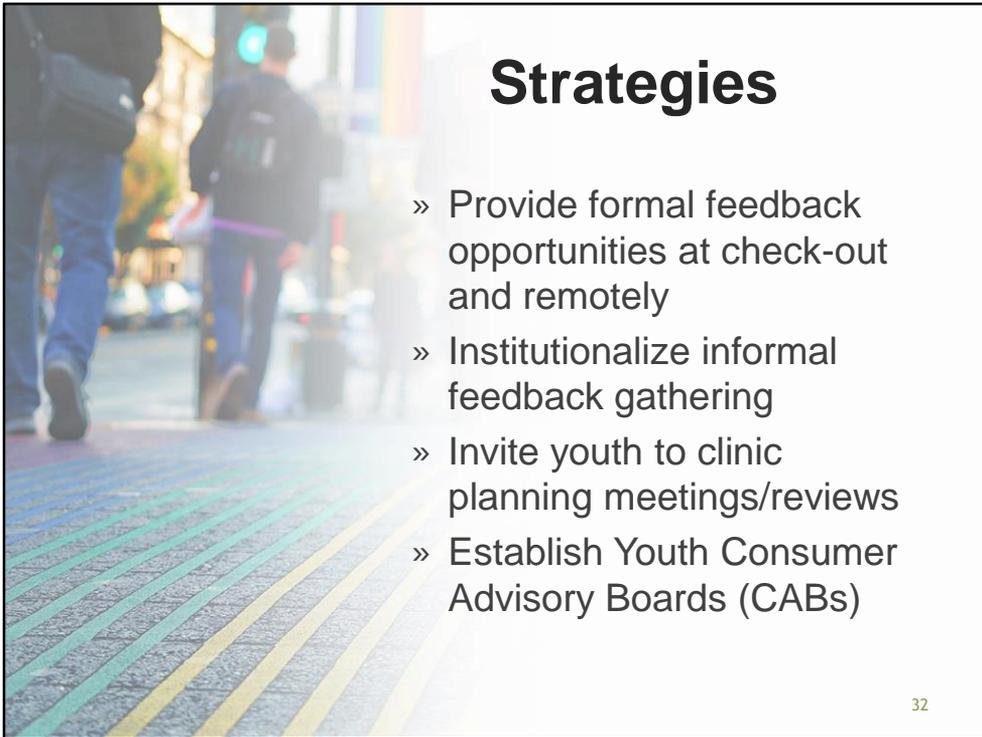


Structured feedback gathering is not just about collecting complaints when there is a problem; rather, it is a necessary method to understand clients' needs and improve services. In addition, it is not just an annual customer satisfaction survey, it is a systematic feedback gathering strategy across the organization. The strategy is especially important for youth clients, because the ability to address the multiple challenges they face is dependent on good, two-way communication. It is important for providers to create multiple opportunities for clients to provide constructive feedback; and ensure that the clinic incorporates unique needs into the provider's practice and planning. In this topic, we will provide several ideas of proactively collecting feedback from youth clients.

Poll

How do you collect structured feedback from youth clients in your agency? (Check all that apply.)

- A. Annual survey
- B. Post-visit survey/assessment
- C. Routine feedback gathering by staff (e.g., social worker)
- D. Consumer Advisory Boards (CAB) (e.g. youth CAB, or youth is on the CAB)
- E. Other



Strategies

- » Provide formal feedback opportunities at check-out and remotely
- » Institutionalize informal feedback gathering
- » Invite youth to clinic planning meetings/reviews
- » Establish Youth Consumer Advisory Boards (CABs)

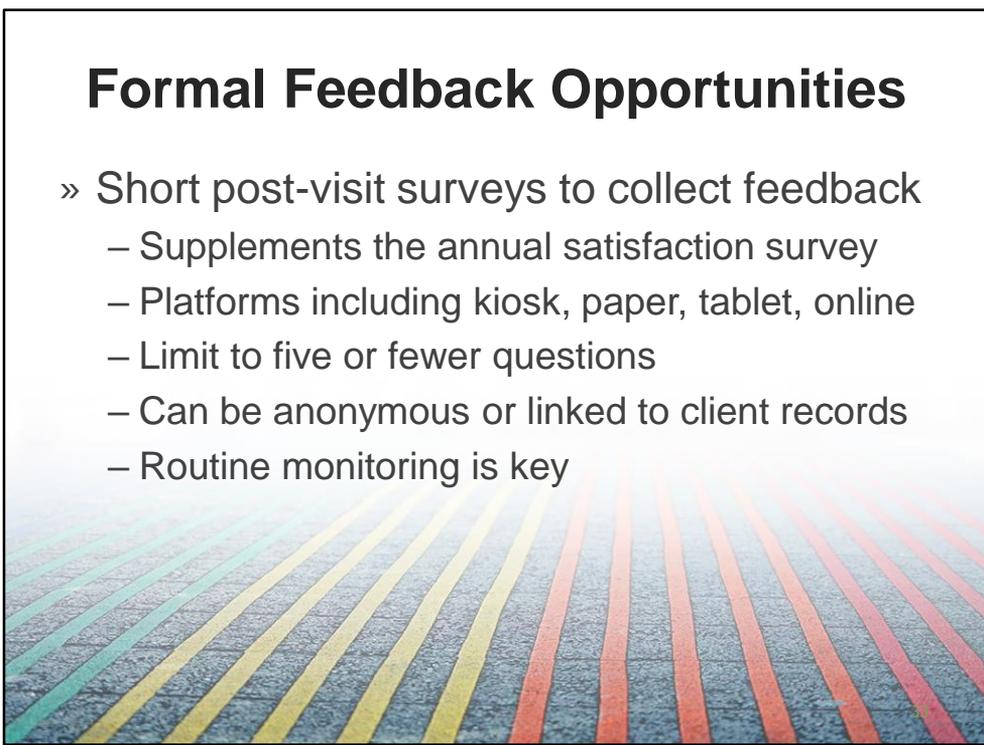
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Four major strategies are developed to help you gather structured feedback from youth clients:

The first one is formal feedback gathering mechanism, through well-designed surveys. The second one is to institute informal feedback gathering using a few different ways. The third one is to invite youth to clinic planning meeting or clinic's annual reviews and the last one is through a youth CAB.

Formal Feedback Opportunities

- » Short post-visit surveys to collect feedback
 - Supplements the annual satisfaction survey
 - Platforms including kiosk, paper, tablet, online
 - Limit to five or fewer questions
 - Can be anonymous or linked to client records
 - Routine monitoring is key



The major strategy recommended for formal feedback gathering is post-visit mini survey in addition to the annual satisfaction survey. As noted by several providers we visited in Building futures: supporting youth living with HIV project, the one-time survey may not be sufficient to collect constructive feedback especially from youth population, because they don't have time or don't like to spend time filling out surveys; and the timing of the annual survey is not always the time when they have something to say. Therefore establishing a post-visit mini survey, making it available after every visit, will allow providers to elicit timely suggestions, complaints, or compliments and allow issues to be addressed quickly.

The post-visit survey can be collected through a kiosk, tablet or on paper at the time of check-out. It also can be sent to clients through clinic's online portal or a survey platform. The survey needs to be very short, no more than 5 questions. In the tool kit, we provided a sample survey of 4 questions, that can be completed within approximately 1 minute. The survey can be made anonymous or linked to client records, depending on the questions included and how you may want to use the results. No matter which way, you just need to let clients know whether you are collecting their names. Lastly, it is important to monitor them. It does not mean you will need to spend time analyzing data every month to be able to monitor. Since these post-visit surveys are short, your routine monitoring (e.g., once a month) can focus on low ratings and responses to the open-ended question to identify specific issues.

Additional, if your clinic or providers have a profile online, such as Zocdoc or healthgrades, you may want to review it from time to time, as your clients, especially younger clients, may provide suggestions there if they did not get a feedback opportunity from the clinic, or sometimes they were more comfortable to share opinions anonymously.

Formal Feedback Opportunities

» Sample questions for post-visit survey

- How satisfied am I with this visit (rate on a scale of 1 to 5, with 1 indicating “not satisfied” and 5 indicating “very satisfied”)?
- My clinician answered all of my questions clearly Yes/No/Other
- My case manager addressed my concerns and provided necessary resources. Yes/No/Other
- What comments do you have regarding this visit and any staff members you interacted with?

» Monitor online provider reviews

- Review clinic/provider’s online profile (e.g. Zocdoc and healthgrades)

Institutionalize Informal Feedback Gathering

- » Informal feedback interviews
 - By case manager or peer navigator
 - Individually or embedded in a support group
 - Limit to three to five questions
 - Allocate time in staff meetings to discuss collected feedback

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The 2nd strategy is to institutionalize informal feedback gathering as part of your organization's workflow or routine.

According to YLWH, their case managers are often the first person they would approach with a complaint, suggestion, or concern. Rather than waiting for clients to speak first when an issue arises, case managers should routinely asking youth clients for suggestions and feedback at least twice a year. These informal interviews can be used to gather feedback about the clinic in general, or to follow up on low ratings or specific feedback from the previous post-visit survey.

Depending on the situation, a case manager, nurse, peer navigator, or someone who works closely with the youth client in your organization should be designated to proactively ask for feedback routinely.

These informal feedback conversations could be done individually or in a group setting, such as in the support group.

These feedback gathering interviews should be limited to 3 -5 questions. The questions can vary but the basic ones could be:

- What do you like or dislike about the clinic/visit?
- What do you wish was different?
- Tell us what you need and let's see if we can provide it.

You could consider allocating time in a staff meeting to discuss collected feedback, identify follow-up actions, and address them accordingly. It is important to implement changes as fast as possible to show clients that your agency is serious about their feedback. If there are barriers for implementing suggestions, you could even circle back to the client to demonstrate that you have considered the feedback.

Clinic Planning Meetings/Reviews & Youth CABs

- » Invite youth to clinic planning meetings/reviews
 - Youth as a key stakeholder
- » Youth CABs
 - Dedicated youth CAB is preferred
 - Having a youth client on the adult CAB
 - Key is to keep CAB active and engaged

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There are other ways to involve youth clients to provide constructive feedback. One way is to invite them to clinic's planning meeting or annual reviews.

These meetings differ from weekly or monthly staff meetings, which often focus on operation care coordination, issue resolution, and short-term planning. They also differ from Consumer Advisory Board (CAB) meetings; as in clinic planning or review meetings, clients' attendance can be optional, the scope is broader. These planning or review meetings often discuss new initiatives, accomplishments, challenges, and plans for the upcoming year. Inviting youth clients to these meetings could help them understand the clinic's current state, future direction, and limitations, which could enable them to provide constructive feedback that would be impossible without such knowledge.

The other way to involve youth is through youth CAB.

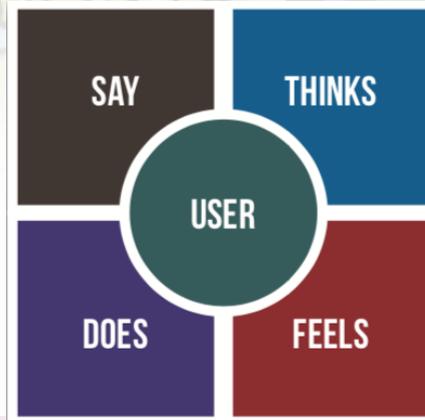
For clinics that serve a mixture of adult and youth populations, it is beneficial to have a dedicated youth CAB if possible, or at least include youth clients on the adult CAB. Regardless of the composition of the CAB, it is important to keep the group engaged and active, such as appointing an organizer to whom members can relate or are likely to respond to.

For example, One provider in Florida has a youth CAB with a diverse group of members that includes YLWH served at the clinic, youth from local high schools, coordinators from local health organizations, and students working on research projects related to the clinic. The CAB informs the clinic's operations, outreach, and education efforts. Because of its diverse focus, the CAB is very active, and has come up with creative ideas for community engagement, such as promoting HIV/STD testing by handing out brochures on Halloween night.

Additionally, incentives such as fun activities, and a chance to make a difference in the community attract youth to the CAB and encourage their continued participation.

Empathy Mapping

- » To understand a person's experience and communicate to others
 - Visualizing user attitudes and behaviors to align a deep understanding of end users.
 - The mapping process reveals any holes in existing user data and knowledge.



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As public health professionals, our job is to advocate on behalf of the client or user of services. However, in order to do it, we must have a deep understanding of our users, while working collaboratively with colleagues to understand them and prioritize their needs.

Empathy maps, is a tool to establish common ground among team members and to understand and prioritize user needs.

Looking at the map

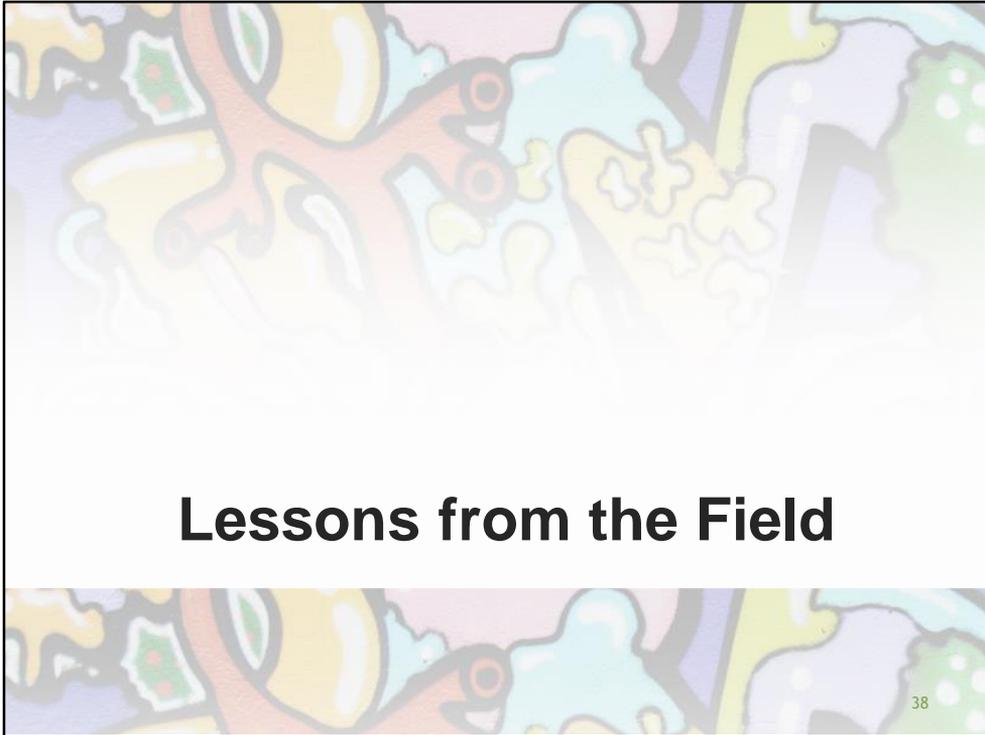
The Says quadrant contains what the user says out loud. Ideally, it contains verbatim and direct quotes about their experience whether that be direct feedback to spoken norms.

The Thinks quadrant contains what the user is thinking throughout the experience. What are the user's thoughts? What matters to the user? Pay special attention to what users think, but may not be willing to vocalize. Try to understand why they are reluctant to share — are they unsure, self-conscious, polite, or afraid to tell others something as it relates to their service.

The Does quadrant contains the actions the user takes. What does the user physically do? How does the user go about doing something like scheduling appointments?

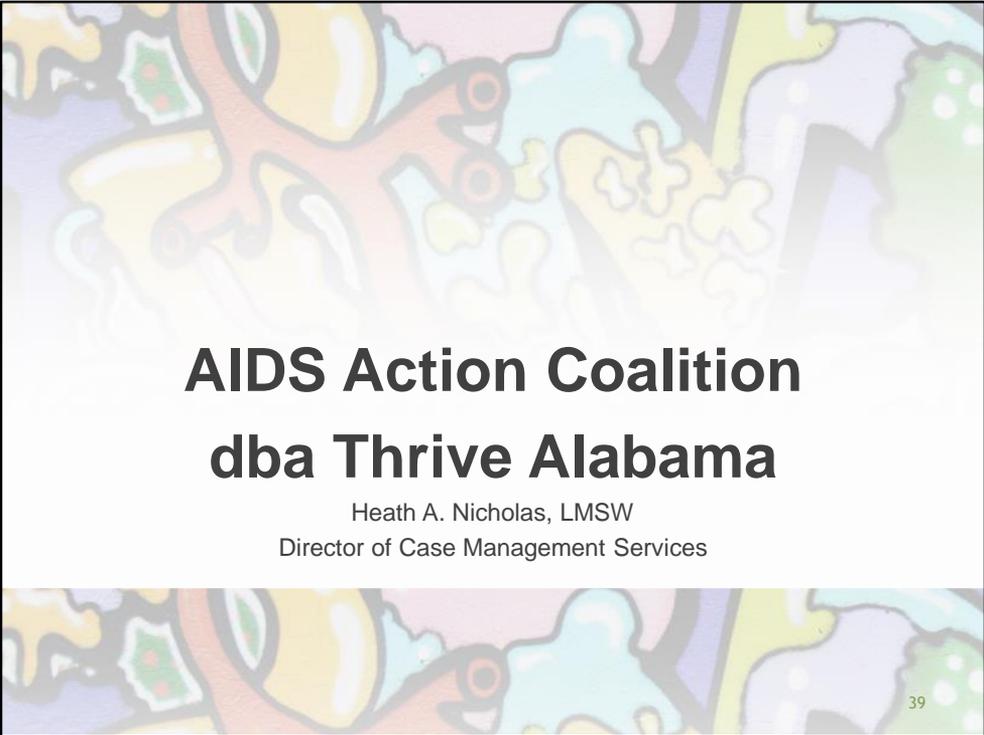
The Feels quadrant is the user's emotional state. What worries the user? What does the user get excited about? How does the user feel about the experience?

The map is an opportunity to investigate the cause of the conflict and resolve it or use in the beginning stage of developing service models and programs for youth.



Lessons from the Field

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AIDS Action Coalition dba Thrive Alabama

Heath A. Nicholas, LMSW
Director of Case Management Services

Choosing The Topic

- » No matter how much we think we know about the population we serve, we can always learn more because it is constantly changing
 - New pronouns
 - New forms of sexuality
 - New forms of gender identity
 - Generational gaps

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When we looked at the Toolkit, we went through it and decided which one we want. We really want to do the reengaging the use. In order to do that, we wanted to sit down with our current user and tried to find out the key care in order for us to help them. We came out with a survey. No matter how much we think we know about the population we serve, we can always learn more because it is constantly changing.

Topics Chosen From Toolkit

- » Gathering Structured Feedback from Youth
- » Youth-Centered Services



Topics that we chose: Gathering Structured Feedback from Youth and Youth-Centered Services.

» Topic 1: Gathering Structured Feedback from Youth

- In order to effectively complete the second topic, it was necessary to get feedback from the youth
- Created a simple two-page survey to ask basic demographics
 - » Led into more detailed questions regarding client care and what they would like to see at Thrive

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In order for use to complete the second topic, that we really want to work on create a simple two-page survey to ask basic demographics, which led into more detailed questions regarding client care and what they would like to see at Thrive.



thrive
ALABAMA
Healthcare for you!

YOUTH SURVEY

DEMOGRAPHICS

GENDER IDENTITY

Male

Female

Transgender

Other _____

AGE _____

RACE

White

Black/African American

Hispanic

Non-Hispanic

Asian

Other _____

SEXUAL ORIENTATION

Straight

Gay/Lesbian

Bisexual

Asexual

Pansexual

Other _____

SCHOOL, WORK, AND HOME

ARE YOU CURRENTLY A STUDENT?

Yes

No

WHAT IS YOUR HIGHEST EDUCATION LEVEL?

Highest grade completed _____

High School Diploma

GED

Some College

Bachelor's Degree

Graduate/Doctoral Degree

ARE YOU CURRENTLY WORKING?

Yes (Average Weekly Hours) _____

No

WHAT IS YOUR CURRENT INCOME LEVEL?

\$0 - \$12,000

\$12,061 - \$24,120

\$24,121 - \$36,180

\$36,181 - \$48,240

\$48,241 + _____

DO YOU NEED ASSISTANCE WITH LOOKING FOR A JOB?

Yes

No

WOULD YOU BE INTERESTED IN HELP WITH RESUME WRITING SKILLS?

Yes

No

WOULD BE INTERESTED IN RECEIVING BUDGET COUNSELING?

Yes

No

TELL US ABOUT YOUR CURRENT HOUSING SITUATION

Own

Rent

Family

Friends

Couch surfing

Homeless

Shelter

Section 8 _____

Other _____

SUBSTANCES

DO YOU DRINK ALCOHOL?

Yes

No

Occasionally

DO YOU USE ANY NON-PRESCRIBED DRUGS?

Yes

No

Occasionally

DO YOU SMOKE?

Yes

No

Occasionally

CONNECTIONS

WHAT FORM OF COMMUNICATION DO YOU PREFER?

Phone/text

E-mail

Standard mail

Other _____

WHERE DO YOU GO TO MEET PEOPLE FOR RELATIONSHIPS?

Group/Social events

Bars/nightclubs

Dating apps

Religious gatherings

Other _____

TOP 3 FORMS OF SOCIAL MEDIA DO YOU USE?

Facebook

Twitter

Instagram

Snapchat

Tumblr

Other _____

DO YOU USE ONLINE APPS OR WEBSITES TO MEET PEOPLE?

Yes, Which Apps

No

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First page of the survey.

HEALTHCARE

ARE YOU FAMILIAR WITH ALL THE SERVICES OFFERED AT THRIVE ALABAMA

Yes
 No

ARE THERE ANY SERVICES YOU COULD BENEFIT FROM THAT WE DO NOT OFFER?

Yes
 No
 If yes, please tell us more _____

WHAT SERVICES DO YOU CURRENTLY BENEFIT FROM THAT YOU WOULD LIKE MORE ACCESS TO?

WHAT BARRIERS PREVENT YOU FROM ACCESSING CARE?

High cost of care
 Lack of insurance coverage
 Lack of adequate services
 Lack of culturally competent care
 Transportation
 Other _____
 None

WHAT IS THE BEST TIME OF THE DAY FOR YOU TO ACCESS HEALTHCARE?

Mornings
 Afternoons
 Evenings

DO YOU HAVE A DISABILITY?

Yes
 No
 If yes, please specify (physical, emotional, mental, etc.) _____

HAVE YOU HAD OR CURRENTLY HAVE ANY LEGAL ISSUES?

Yes, please explain _____
 No

WHAT TYPE OF PROVIDER ARE YOU MORE COMFORTABLE WITH

Male
 Female
 Age 45 and younger
 Age 45 and older

WHAT CURRENT PERSONAL STRESSORS ARE YOU DEALING WITH?

WHAT ARE YOUR PERSONAL GOALS FOR THE FUTURE?

WHAT MOTIVATES YOU TO STAY IN CARE?

DO YOU CURRENTLY HAVE A SOCIAL SUPPORT SYSTEM?

Family
 Friends
 Spiritual
 Other _____
 None

WHAT ARE THE MOST IMPORTANT RESULTS YOU EXPECT TO RECEIVE FROM TREATMENT?

WOULD YOU ATTEND A YOUTH SUPPORT GROUP?

Yes, if yes what time of day _____
 No

WOULD YOU BE INTERESTED IN SPEAKING WITH A PEER MENTOR CLOSER TO YOUR AGE GROUP?

Yes
 No

WOULD YOU BE INTERESTED IN ATTENDING A SEXUAL PREVENTION EDUCATION CLASS?

Yes
 No

ON A SCALE OF 1-10 WITH 10 BEING STRONGEST, SELECT WHICH BEST DESCRIBES YOUR FEELING OR UNDERSTANDING. IN REGARDS TO YOUR DAILY LIFE SCHEDULE, HOW IMPORTANT IS YOUR HEALTH TO YOU?

1 2 3 4 5 6 7 8 9 10

HOW COMFORTABLE ARE YOU WITH DISCLOSING YOUR HIV STATUS WITH FAMILY AND FRIENDS?

1 2 3 4 5 6 7 8 9 10

HOW COMFORTABLE ARE YOU WITH DISCLOSING YOUR HIV STATUS TO POTENTIAL PARTNERS?

1 2 3 4 5 6 7 8 9 10

DO YOU UNDERSTAND YOUR CD4 COUNT RESULTS?

1 2 3 4 5 6 7 8 9 10

DO YOU UNDERSTAND YOUR VIRAL LOAD RESULTS?

1 2 3 4 5 6 7 8 9 10

DO YOU UNDERSTAND THE MEANING OF DRUG RESISTANCE?

1 2 3 4 5 6 7 8 9 10

HAVE YOU EVER HEARD OF CROSS CONTAMINATION?

1 2 3 4 5 6 7 8 9 10

LEVELS OF TRANSMISSION CATEGORIES?

1 2 3 4 5 6 7 8 9 10

HAVE YOU EVER HEARD OF PREP?

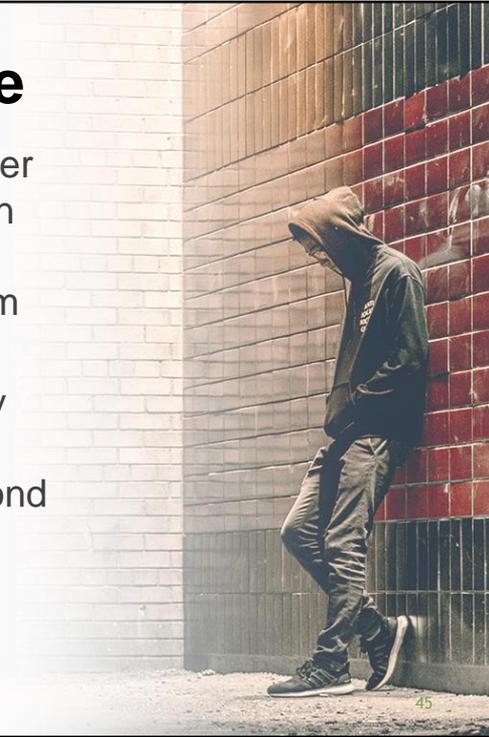
1 2 3 4 5 6 7 8 9 10

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Creating the survey it was a way for us to build better rapport with our client and get to know them in deeper level as well.

Survey Purpose

- » Find out why the younger clients want to remain in care and what services would help to keep them in care
- » Results from the survey provided some useful information for the second topic



We want to find out why the younger clients want to remain in care and what services would help to keep them in care. The results from the survey provided some useful information for the second topic.

The Results

- » 95% of clients surveyed were male
- » 70% were African American
- » 61% identified as gay or lesbian
- » 26% identified as bi-sexual
- » Average age was 22
- » 68% preferred a female provider aged 45 or younger
- » 68% wanted a youth support group

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95% of clients surveyed were male.

One thing that really did surprise us was 26% identified as bi-sexual.

68% preferred a female provider aged 45 or younger.

68% wanted a youth support group.

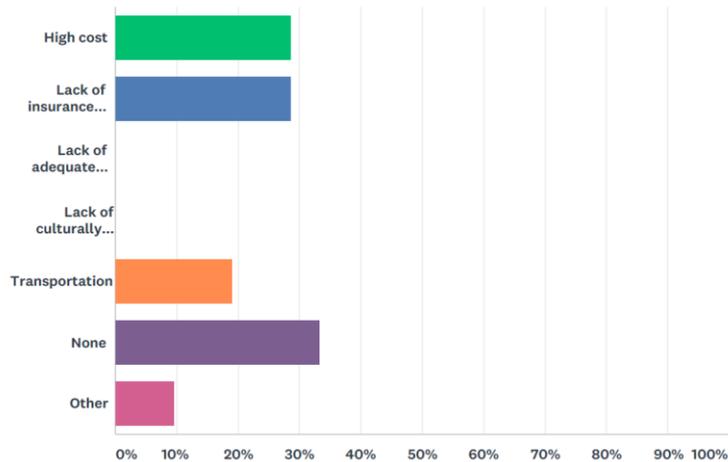
The Results

- » 55% reported using online apps to meet partners
- » 90% of online app users reported Grindr as the preferred app
- » 76% reported wanting morning appointments
- » School and finances are among the highest stressors

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55% reported using online apps to meet their potential partners.
90% of online app users reported Grindr as the preferred app.
76% reported wanting morning appointments.
School and finances are among the highest stressors.

The barriers identified by the clients let us know that more education for clients is needed.



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This is the print out from the survey. The barriers identified by the clients let us know that more education for clients is needed.

Areas of Focus

- » While a majority of the clients reported knowing all the services offered at Thrive
- » However, when asked, only a few clients were able to identify the services that are offered. This showed us a need for a better explanation of services



A majority of the clients reported knowing all the services offered at Thrive after we did the survey. We did find only a few clients were able to identify the majority of the services that are offered.



We have signs in every exam room to ensure that all clients are aware of the majority of the services provided at Thrive.

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We put the signs in every exam room to ensure that all clients are aware of the majority of the services provided at Thrive.

Next Steps

- » Once a year we will survey our youth.
 - We want to capture the new ideas as new youth come into care and as existing clients think of something new
- » We are going to form a youth support group.
- » This survey has also helped us with the other topic chosen from the toolkit. Re-Engaging Youth Lost to Care.

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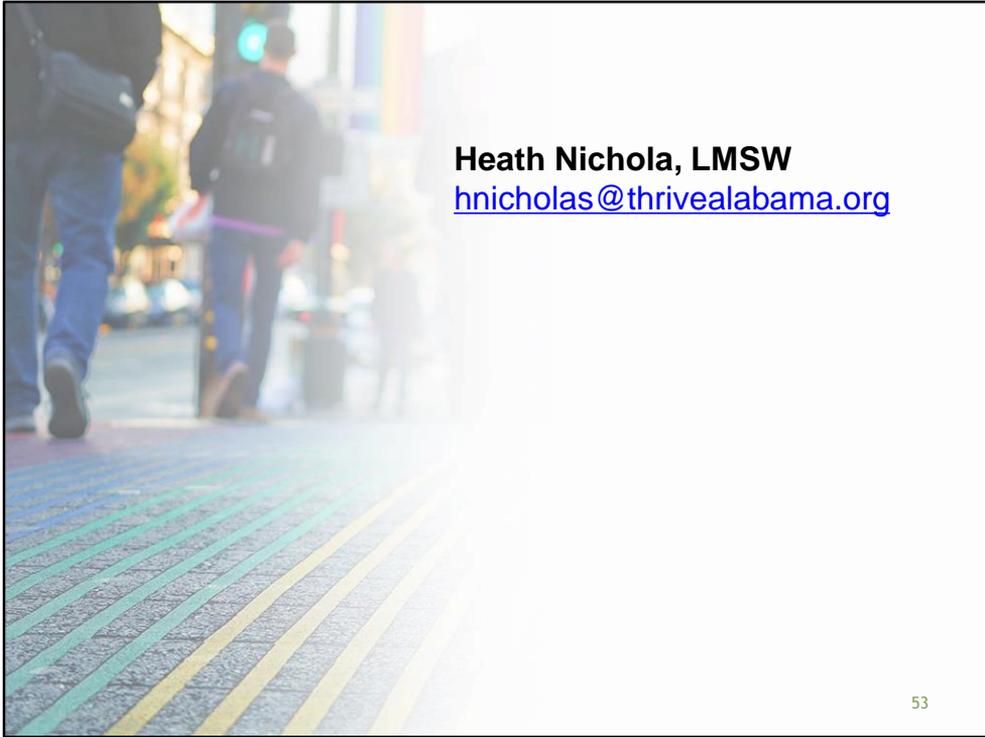
Once a year we are going to put out this survey to our youth. We want to capture the new ideas as new youth come into care and as existing clients continue to think about something new that might not have been discussed. We always preparing ourselves to learn, to grow, and to make sure that we keep our communicate line open. We want to capture the new ideas as new youth come into care and as existing clients think of something new. We want to capture the new ideas as new youth come into care and as existing clients think of something new.

Next Steps

- » Prior to conducting this survey, we had our minds made up that a youth support group would not be well attended
 - However, the survey results state otherwise. Again, this let us know that we do not know it all
- » The findings demonstrate areas our agency needs to place emphasis on.

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We had our minds made up that a youth support group would not be well attended. we had our minds made up that a youth support group would not be well attended.



Heath Nichola, LMSW
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Q & A

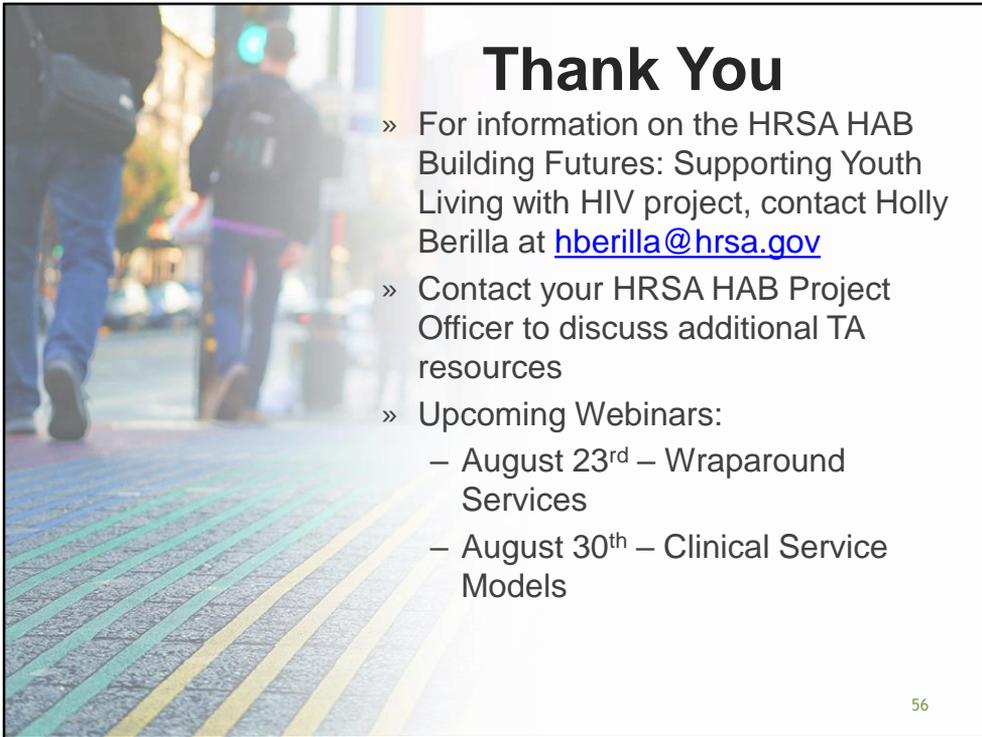


We will now be taking questions from participants. Remember you can raise your hand and we will unmute your line so that you can ask your question verbally. In order to do so however you need to have put in your audio pin. You can also type your question into the chat box in your webinar control panel.



Thank you for those questions we would just like to end the presentation with a few final questions to our providers:

- Are there specific resources that you found helpful?
- What suggestions do you have for other providers who will be using the toolkit?



Thank You

- » For information on the HRSA HAB Building Futures: Supporting Youth Living with HIV project, contact Holly Berilla at hberilla@hrsa.gov
- » Contact your HRSA HAB Project Officer to discuss additional TA resources
- » Upcoming Webinars:
 - August 23rd – Wraparound Services
 - August 30th – Clinical Service Models

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If you have any questions about the toolkit or the building futures project please contact Holly Berilla. If you would like additional TA resources please contact your HRSA HAB project officer. There will be 2 webinars remaining in the series, if you haven't done so, please register for any or all of the open remaining webinars you are interested in attending. If the webinar is closed please contact AJ Jones whose information can be found on the webinar registration page to be placed on the waiting list.

Remember at the completion of this webinar there will be a survey which opens automatically, it is important that you complete the survey. Thank you.

This webinar will be archived and posted on the target center website. And remember the technical assistance toolkit will be available soon and will be found at the same location on Target.