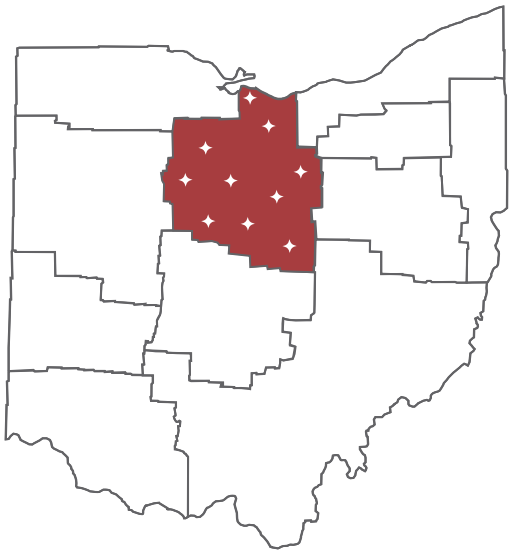
Mansfield Region



Consortium 9B is located in north-central Ohio and is home to Ashland, Crawford, Erie, Huron, Knox, Marion, Morrow, Richland, Seneca, and Wyandot Counties. The consortium contains 10 Full Service Jails. One of these jails is a regional facility; the remaining jails are all county-run facilities.

Participation rate: 60%

- 6 of the 10 jails (60 percent) in the consortium participated in at least one component of the study.
- 5 jails (50 percent) completed interviews.
- 6 jails (60 percent) completed a survey.

Profile of participating jails

- All are small jails (less than 200 beds).
- 1 of the jails is a regional jail; 5 are county jails.
- All are located in rural counties.
- 1 jail is a managed care jail; the other 5 jails provide their own health care for inmates.

Participating Consortium 9B jails

- Ashland County Jail
- Crawford County Justice Center
- Erie County Jail
- Knox County Jail
- Multi-County Correctional Center
- Wyandot County Jail

Introduction

In 2008, the Ohio Department of Health (ODH), HIV Care Services Section, contracted with Ohio University's Voinovich School of Leadership and Public Affairs to conduct a study of HIV care in Ohio's Full Service Jails (FSJs). From September 2008 to October 2009, the Voinovich School gathered qualitative and quantitative data on the various aspects of HIV care provided to inmates living with HIV/AIDS in Ohio FSJs. To collect this data, the Voinovich School conducted interviews with jail personnel from FSJs throughout Ohio and sent a survey to all Ohio FSJs. In addition, the Voinovich School made contact with Ohio's Ryan White Consortia coordinators to learn about any HIV care provided to FSJ inmates by community organizations. Voinovich School staff also communicated with the Bureau of Adult Detention and the Buckeye State Sheriff's Association. In addition to these statewide resources, the Voinovich School drew on the expertise of Ohio University faculty, including Bernadette Heckman, PhD, and Timothy Heckman, PhD, whose research focuses on individuals with HIV and AIDS.

"HIV care" can encompass a broad spectrum of services provided to persons with HIV/AIDS. The study conducted by the Voinovich School primarily focused on the following aspects of HIV care:

- *Identifying inmates living with diagnosed cases of HIV/AIDS:* This study examines the procedures FSJs use to identify inmates who have existing diagnoses of HIV/AIDS.
- *HIV testing:* Survey and interview data were collected on HIV testing policies in FSJs. In particular, Voinovich School staff asked about the conditions under which HIV testing is available to inmates and whether inmates, jails, or other parties bear the cost of testing.
- *Medical care providers:* Voinovich School staff solicited information about the jail personnel. local specialists, and community organizations providing medical care to inmates living with HIV/AIDS.
- *Medical care:* Voinovich School staff collected data on various aspects of medical care for inmates living with HIV/AIDS, including HIV testing, genotype testing, initiation or continuation of antiretroviral therapy, and the monitoring of an inmate's condition (and comorbid conditions) over time.
- *Medications:* Voinovich School staff queried jail personnel about whether they provide HIV-related medications to inmates, whether they allow inmates to provide their own medications, how medications are obtained and administered, and the most common causes of medication interruptions.

- *Non-medical care:* Voinovich School staff asked FSJ personnel about the non-medical aspects of HIV care available to inmates, including HIV/AIDS education, case management, and counseling.

- *Other HIV policies:* Voinovich School staff also asked FSJ personnel about housing, transfer, and confidentiality policies relating to inmates living with HIV/AIDS, as well as about any HIV/AIDS education or training that non-medical personnel may have received.

- *Community Linkage:* Voinovich School staff gathered data to provide a picture of the extent to which FSJs have established relationships with community-based providers of HIV care.

- *Release planning:* Voinovich School staff asked the jail staff about any measures they or community organizations take to ensure that an inmate's HIV care continues after release. Release planning may include assistance with making follow-up appointments, establishing contact with community providers of HIV care, locating housing, and reapplying for insurance or other health benefits.

Methodology

There were two sources of evidence for this report: interview information and survey data. Through the course of the project, interviews were completed for 55 jails and surveys were obtained for 56 jails. Five of the interviews were with respondents who were providing information for more than one jail in their county. Overall, information was obtained – either independent survey or interview data or a combination of both – for 65 FSJs.

Interview Information. For each interview, the research team utilized a standardized open-ended interview protocol. This protocol uses an interview guide to facilitate the discussion. The research team invited informants to participate in face-to-face interviews. If the point of contact at the FSJ declined to participate in a face-to-face interview, then the research team offered the option of participating in a telephone interview. Throughout the report, when possible, *interview informant* is used to indicate that the source of the data is from an interview.

Survey Data. Each FSJ received a copy of the survey to complete via US Mail. If the research team had already made contact with an interview respondent, the survey was mailed directly to him or her. If no informant had been identified, the survey was mailed to the jail administrator. The cover letter accompanying the survey explained that the survey was voluntary and confidential. For those informants who had not returned the survey at the time they were interviewed, another copy of the survey was hand delivered to the informant at the time of the interview. Respondents returned the survey to the Voinovich School using a postage-paid envelope. When possible, the term *survey respondent* is used to indicate that the data was derived from a survey.

Consortium 9B

Overview

Six out of ten jails from Consortium 9B had jail personnel that contributed information to this report. Six respondents completed surveys and five respondents completed interviews. Roughly half of the interview and survey respondents were from jail medical staffs, and roughly half were jail administrators. One sheriff also participated in the study. Respondents in this consortium reported having difficulty accessing HIV medical specialists in their area and difficulty transporting inmates to out-of-area specialists. Once an inmate's medical information is confirmed and their medications obtained, respondents in this consortium reported a high degree of confidence in their ability to keep inmates adherent with their medication schedule.

Perceptions of HIV Care

This section is divided into four tables, with each table followed by key points. The tables provide an overview of how the survey respondents in Consortium 9B perceived their strengths, challenges, and capacities related to caring for inmates living with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 9B.1. Consortium 9B: Perceived Strengths Related to Caring for Inmates Living with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates living with HIV/AIDS, how well do you think it would perform?) *Note.* Higher mean scores indicate better perceived performance.	*M*	*SD*
Ensuring inmates rarely or never miss doses of HIV-related medications while in jail (*n* = 6)	4.0	0.6
Identifying inmates living with HIV (*n* = 6)	3.8	0.8
Developing courses of treatment appropriate to an inmate's specific condition (*n* = 6)	3.2	1.2
Providing HIV-related medications immediately when an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours (*n* = 6)	2.8	1.3
Keeping up-to-date with developments in the treatment of HIV (*n* = 6)	2.8	0.8
Finding undiagnosed cases (*n* = 6)	2.8	1.0
Providing access to HIV specialists (*n* = 6)	2.7	1.5
Ensuring that inmates' HIV care continues after they are released from jail (*n* = 6)	2.3	0.8
Providing counseling, education, or other types of non-medical services to inmates living with HIV/AIDS (*n* = 6)	1.8	0.4

- On average, respondents in Consortium 9B reported that the aspects of HIV care they perform best are: (a) ensuring that inmates rarely or never miss doses of HIV medications while in jail and (b) identifying inmates living with HIV.
- On average, Consortium 9B respondents stated they had the most difficulty with providing counseling, education, or other types of non-medical services to inmates living with HIV/AIDS. This was the only aspect of HIV care for which Consortium 9B respondents rated their performance, on average, as less than *fair* (i.e., the mean score for this item was less than 2.0).

Table 9B.2. Consortium 9B: Perceived Challenges Related to Caring for Inmates Living with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care? *Note.* Higher mean scores indicate greater perceived challenge.	*M*	*SD*
Providing access to HIV specialists *(n* = 4)	4.8	0.5
Paying for HIV-related medications *(n* = 6)	4.3	1.0
Keeping up-to-date with developments in the treatment of HIV/AIDS *(n* = 6)	4.2	0.8
Finding undiagnosed cases of HIV/AIDS *(n* = 6)	4.2	0.8
Ensuring that inmate's medical HIV care continues after they are released *(n* = 6)	4.0	0.9
Providing HIV-related medications within 24 hours, regardless of whether an inmate enters on a weekend or after business hours *(n* = 6)	4.0	1.1
Providing counseling, education, or other types of non-medical treatment *(n* = 6)	4.0	0.6
Paying for HIV testing *(n* = 6)	3.8	1.3
Identifying inmates living with HIV *(n* = 6)	3.8	0.4
Developing courses of treatment appropriate to an inmate's specific health condition *(n* = 5)	3.8	1.1
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail *(n* = 6)	3.2	0.8

- On average, Consortium 9B respondents reported that providing access to HIV specialists was the most challenging aspect of HIV care, followed by paying for HIV-related medications.
- The least challenging aspect of HIV care for Consortium 9B respondents seems to be ensuring that inmates rarely or never miss doses of HIV-related medications.
- On average, Consortium 9B respondents did not perceive any of the listed HIV care components to be *not very challenging* or *not at all challenging.*

Table 9B.3. Consortium 9B: Factors Contributing to Challenges Related to Caring for Inmates Living with HIV/AIDS

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges? *Note.* Higher mean scores indicate greater perceived frequency of challenge.	*M*	*SD*
Insufficient finances *(n* = 6)	3.0	1.4
Insufficient staffing *(n* = 6)	2.8	1.0
Insufficient/inadequate health care space *(n* = 6)	2.5	1.4
Not enough time *(n* = 6)	2.2	0.8
Jail's relationship with the community and elected officials *(n* = 5)	2.0	0.7

- According to Consortium 9B respondents, insufficient finances and insufficient staff are the factors that most frequently contribute to challenges related to the provision of HIV/AIDS care for inmates.
- On average, Consortium 9B respondents perceived that lack of time and the jail's relationship with the community and elected officials *rarely* caused challenges related to the provision of HIV/AIDS care. These two factors were perceived to occur with the least frequency.
- On average, Consortium 9B respondents reported that none of the listed factors occurred *often* or *very often.*

Table 9B.4. Consortium 9B: Overall Assessment of the Jail's Capacity to Care for Inmates Living with HIV/AIDS

Please indicate how strongly you agree or disagree with the following statements. *Note.* Higher mean scores indicate greater agreement.	*M*	*SD*
Jail personnel are adequately trained to identify inmates who have been diagnosed with HIV/AIDS. (*n* = 6)	3.3	0.8
We would like local organizations to be more involved in providing care for inmates living with HIV/AIDS. (*n* = 6)	3.2	0.8
This jail is taking full advantage of local resources for HIV care for inmates. (*n* = 6)	3.0	0.9
Adequate release planning is provided to inmates living with HIV/AIDS. (*n* = 6)	2.8	1.2
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. (*n* = 6)	2.8	1.0
Inmates at this jail have adequate access to HIV specialists. (*n* = 6)	2.7	1.2
Jail personnel are able to provide a course of HIV treatment tailored to each inmate's particular health condition. (*n* = 6)	2.7	1.2

- On average, Consortium 9B respondents perceived themselves as having the lowest organizational capacity for tailoring courses of treatment to inmates' specific health conditions and for providing access to HIV specialists.
- Consortium 9B respondents, on average, were most in agreement with the statement that their personnel are sufficiently trained to identify inmates living with HIV/AIDS.

HIV Statistics

All of the participating respondents in this consortium reported that, at some point, their respective jails have housed an inmate known to have HIV/AIDS. Both the surveyed and interview respondents were asked how many inmates known to have HIV/AIDS had been housed in their jail in the last year. The following are their responses:[1]

- Four respondents reported 1-10 inmates known to have HIV/AIDS in the last year had been housed.

[1] Data from one respondent were omitted because the respondent provided inconsistent survey and interview data.

- The average number of inmates known to have HIV/AIDS that were housed by participating Consortium 9B jails in the last year falls in the range of 1-5 inmates.[2]

Identifying Inmates Living with HIV/AIDS (New and Diagnosed Cases)

Consortium 9B respondents did not report there being significant problems with identifying inmates who have already been diagnosed with HIV/AIDS (see Tables 9B.I, 9B.2, and 9B.4). However, when it comes to uncovering undiagnosed cases of HIV/AIDS, respondents in Consortium 9B reported having a bit more difficulty. They regarded the task of finding undiagnosed cases of HIV/AIDS as *somewhat challenging*.

Diagnosed cases. To identify inmates who have previously diagnosed cases of HIV/AIDS, jail staff primarily rely on inmate self-identification. When asked about the opportunities that inmates have to identify themselves as HIV-positive, most respondents in this consortium said that self-identification typically takes place at the initial screening when an inmate is booked into the facility. This is not the health assessment by the medical staff, but rather a brief questionnaire and series of observations that takes place at intake and is usually conducted by a corrections officer. Inmates may also disclose their HIV serostatus at the later health assessment conducted by jail medical staff, though respondents in this consortium did not provide much information on this screening.

New cases. An inmate living with HIV/AIDS may also be identified through HIV testing, though this service is not generally offered as a matter of course to every inmate in Consortium 9B. However, most respondents reported that an inmate who exhibits symptoms associated with HIV/AIDS or who admits to risk factors associated with HIV/AIDS would be offered or may request an HIV test. One jail also provides HIV testing for all kitchen staff. Only one jail reported charging for an HIV test (if testing is court-ordered or at the inmate's request) but the cost was not specified. Only one respondent stated that no HIV testing at all was available to inmates, explaining that the jail's medical staff deal with emergency medical situations only.

Availability of Trained or Knowledgeable Medical Care Personnel

Of the interviewed Consortium 9B respondents, two report there being medical staff at the jail seven days a week, while the other three report medical staff at the jail on weekdays only. None of the respondents reported around-the-clock medical care on site, but almost all volunteered that members of the medical staff are on call when no medical staff is at the jail, ensuring that inmates have access to needed medical care at all times. The typical medical staff

[2] This number is expressed as a range because survey data were collected in the form of ranges.

in this consortium is composed of one doctor and a nursing staff. No respondents reported having physician's assistants, certified nurse practitioners, or paramedics on staff. At one jail, all non-medical staff were sent to health services training so that all staff members at the jail are medically trained. These staff members provide support to the jail physician, who is the only official member of the jail medical staff.

Most of the jails' non-medical staff members have received, at minimum, training in universal precautions. All but one of the interview informants said they would be interested in more training of this nature (for both medical and non-medical staff) if it were available. Regarding medical care provided by the community, four of the respondents in this consortium reported that the local health department was used for resources, and half of the respondents reported that community resources were used for HIV testing.

Access to Specialists

Because most of the interview informants in the 9B Consortium reported that there are no HIV specialists in their area, jail physicians typically take the lead when it comes to designing courses of treatment for inmates living with HIV/AIDS. In most cases, jail physicians will call a Columbus or Cleveland specialist or someone at the local health department to solicit guidance on a treatment plan. None of the survey respondents in the consortium reported that genotype testing was provided for inmates or that appointments were made with specialists for inmates. However, if an inmate has a previously scheduled appointment (typically in Columbus or Cleveland), most of the jail staff will arrange for the inmate to keep the appointment. When dealing with these cases, two of the respondents mentioned that they would need to work with the court system in order to have the inmate furloughed or released so that they could keep the appointment.

If an inmate wants to continue their medical care after they leave the jail, it is typically incumbent upon them either to ask the medical staff to make appointments for them or to wait until their release and make the appointments themselves. One interview respondent reported than an inmate's family was called to tell them to make appointments and another reported that the jail doctor provided referrals to inmates. A third respondent reported that, because inmates do not have telephone access, those in need of appointments must write letters while still in jail or wait until after they are released to call and schedule these medical visits.

Medications: While in Jail

All of the participating jails in Consortium 9B have policies that allow inmates to provide their own medications, at least under certain conditions. Two of the interview informants report that inmates are allowed to bring in medications on a temporary basis only. In one instance, this is because the jail obtains medications for all inmates who are in for more than a brief period. In another jail, an inmate may bring in prescribed medications if they are not on the jail's formulary. This gives the jail time to obtain authorization to order the non-formulary medications. All of the participating jails have procedures for verifying any medications brought in by an inmate. These procedures typically include consulting drug identification books or websites; calling pharmacies, prescribers, or poison control; and conducting a visual inspection of the pills and container labels (which is done by medical staff).

Most jails do not have a stock supply of HIV medications. Instead, obtaining medications for inmates requires verifying the prescriptions and then ordering the medications from a pharmacy. In most cases, a medication is received within 24 hours of ordering it from the supplying pharmacy. However, many respondents noted that it takes time to verify the prescriptions and, occasionally, to get the jail physician's approval before an order can be placed with the pharmacy. One respondent noted that it may take over 72 hours to obtain medications in some situations. Several respondents reported that if an inmate is currently prescribed a medication that is not on the jail's formulary, this situation could pose at least a temporary problem. Non-formulary medications will neither be accepted or administered at two jails. The state pharmacy board was cited as the source of this policy. Authorization procedures are required before two jails will obtain or administer non-formulary medications.

The cost of medications can also pose a problem. Most of the respondents reported that the cost of an inmate's medication might have an impact on the length of the inmate's stay at the jail. However, most respondents stressed that this would be up to the court system and would depend on the nature of the charges against the inmate.

Medications: At Release or Transfer

Release. When taking into consideration both the survey and interview data for the consortium, half of the respondents in Consortium 9B reported that release medications were provided to inmates leaving their facilities, at least under certain circumstances. Only one respondent reported that release medications were provided as a matter of course. Two respondents reported that an attempt to provide release medications (a five-day supply or up to a 30-day supply) is made but cannot always be accomplished, typically because of financial limitations. Other reasons given for a lack of release medications include problems with potential

liability and not having enough notice of an inmate's pending departure to prepare release medications.

Transfer. None of the interview informatns reported that medications were provided to inmates transferred to prison. One respondent pointed out that prisons no longer accept most medications from other facilities. In order to provide for continuity of an inmate's medical care, most of the interviewed Consortium 9B respondents report that the receiving facilities is provided with an inmate's medical informationvia fax, mail, or by sending the information with the inmate and transporting deputy.

Causes of Medication Interruptions

Medication administration. Once medication is available for an inmate, jail staff in this Consortium are typically able to administer the medications on the prescribed schedule. However, one of the interviewed informants noted that if an inmate's dosing time falls outside of the jail's normal medical administration schedule, it becomes the responsibility of the inmate to remind the correctional officers who administer medications in that jail. Administration of medications in most of the jails is done via pill lines. In all of the jails, inmates must be directly observed while taking medication and are not allowed to keep HIV medications on their person.

Reasons for medication interruption. When asked about the most common reasons for missed doses of HIV medication, the interviewed Consortium 9B respondents typically discussed missed doses that might occur after medications have been obtained for the inmate, not missed doses that might occur while obtaining medications or as an inmate is released or transferred. Almost all respondents mentioned inmate refusal (particularly refusal to wake up for the morning medication pass) as the most frequent cause of missed doses, though they were careful to note that this does not happen very often.

In the survey, Consortium 9B respondents were asked about causes of missed doses that could occur before medications are obtained for the inmate, after they are obtained, and as the inmate leaves the facility. The results of the survey question are given in the following table.

Table 9B.5. Consortium 9B: Factors Contributing to Missed Doses of HIV-Related Medications

To the best of your knowledge, how often do the following situations cause an inmate to miss one or more doses of HIV-related medication? *Note.* Higher mean scores indicate greater perceived frequency.	*M*	*SD*
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (*n* = 6)	3.2	1.0
Inmate refuses medication. (*n* = 6)	3.0	0.0
Inmate arrives at jail on weekend or after business hours. (*n* = 6)	2.8	0.8
Inmate cannot be depended upon to take medications at correct times. (*n* = 6)	2.7	0.5
No prescriber available to prescribe HIV-related medications. (*n* = 6)	2.7	1.2
Inmate is transferred between jail and prison. (*n* = 6)	2.7	0.8
Inmate is transferred between jails. (*n* = 6)	2.7	0.8
Inmate's prescribed HIV-related medications are not on the jail's formulary. (*n* = 6)	2.5	1.6
Inmate is away from jail for court hearing or other approved activity. (*n* = 6)	2.2	0.4
Staff not able to monitor all doses of medications. (*n* = 6)	1.7	0.5

- For the respondents in Consortium 9B, the top three most frequent causes of missed doses are: (a) HIPAA delays verification of an inmate's prescriptions; (b) the inmate refuses their medication; and (c) the inmate arrives at the jail on a weekend or after hours. These items are said to occur *rarely* to *sometimes*.
- Once an inmate's medications are obtained and before they are released or transferred, missed doses seem primarily to be offender-initiated.

HIV Policies and Procedures

Transfer policy. The interviewed Consortium 9B informants reported no difference in either the transfer policy or the transfer procedure for inmates known to have HIV/AIDS as compared to inmates not known to have HIV/AIDS.

Disclosure of HIV serostatus. The interview informants in this consortium reported differing policies regarding disclosure of an inmate's HIV serostatus. Three respondents reported that no one at the jail is told directly of the inmate's HIV serostatus, but all three qualified the statement. In one of these cases, the inmate's booking card is marked "health risk." In another, all jail staff, including corrections officers, have access to the inmate's medical records. In the

third case, the informant said that the inmates themselves often tell others about their HIV serostatus. In the remaining two interview jails, at least one member of the non-medical staff is told of the inmate's HIV serostatus. In one of these cases, the medical staff will report cases of HIV/AIDS to the jail captain; in the other, all staff who work with the inmate are told. One of these respondents also mentioned that inmates themselves frequently disclose their HIV serostatus to others.

Segregation policy. The Consortium 9B respondents who participated in an interview also report different housing policies for inmates known to have HIV/AIDS. In one jail, inmates living with HIV/AIDS may request to be segregated from the general population. In two of the jails, the inmate is put in the jail's general population unless they have open sores, a policy applied to all inmates regardless of HIV serostatus. In another jail, the stage of the inmate's disease determines whether they are segregated. In the final jail, there is no set policy for housing inmates living with HIV/AIDS.

Community Linkage

Community-provided medical care. As already noted, four of the Consortium 9B respondents reported in the survey that resources from the local health department were ysed when caring for inmates living with HIV/AIDS. Four also reported the use of a local hospital. One respondent also reported that alocal AIDS task force was used. As for the specific services the jails received or purchased, half of the survey respondents reported using community resources for HIV testing. One respondent reported using community resources to obtain HIV medications.

The interview data seems somewhat at odds with the survey data from this consortium on this point. When asked in the interviews about the medical care provided by local organizations, only one respondent reported drawing on community resources (the health department and a local hospital) for medical HIV-care. The respondent that reported working with a local AIDS task force on their survey, did not mention it during the interview. In addition, most of the interview infromants noted that there are few or no medical HIV care sources in their area. None of the interview infromants reported making use of Ryan White HIV/AIDS Program funds for release care, and most reported not being aware of the funding source.

Community provided non-medical HIV care. The surveyed Consortium 9B respondents gave themselves the lowest mean performance rating for "providing counseling, education, or other types of non-medical services to inmates living with HIV/AIDS" (see Table 9B.1). Half of the survey respondents reported hiring community agencies to provide counseling. The interview data corroborates this; most of the interview respondents draw on community resources to

provide counseling services to all of their inmates, including those with HIV/AIDS. In addition to counseling, at least one of the interview respondents hires a community agency to provide substance abuse treatment to all inmates. Interview respondents reported that clergy visits and, in one case, help with non-medication related release planning is also available from the community. None of the Consortium 9B respondents reported that these community-provided services were tailored specifically to inmates living with HIV/AIDS, but instead all community-provided non-medical care takes the form of general services on which inmates living with HIV/AIDS may draw.

Conclusion

Jails in Consortium 9B typically house less than five inmates known to have HIV/AIDS a year, but when they do house an inmate they know has HIV/AIDS, the financial limitations set boundaries on the extent of HIV care that can be provided (see Tables 9B.2 and 9B.3). These jails also have a fairly limited array of community HIV care resources on which to draw, especially when it comes to HIV specialist care. As a result, Consortium 9B jail staff finds many aspects of HIV care to be quite challenging. In particular, paying for medications and providing the most up-to-date courses of treatment for HIV-infected inmates (either by transporting inmates to specialists or by keeping current with developments in the treatment of HIV/AIDS) is very difficult. Non-formulary medications brought in by inmates also seem to pose more of a problem for Consortium 9B jails than they do for jails in other consortia.

When asked for their concluding thoughts at the end of the interview, most Consortium 9B respondents stressed the financial challenges posed by HIV care. Some respondents indicated that they would welcome more information on funding sources, such as the Ryan White Act, as well as more educational materials and training in the area of HIV care.