



WALLER HALL RESEARCH

A DIVISION OF THE HENNE GROUP

Needs Assessment of Wyoming Organizations
Serving Populations at Increased Risk of HIV

March 25th, 2022



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Background

The Wyoming Department of Health (WDH) contracted with Waller Hall Research to conduct a statewide online survey of Wyoming organizations who provide services to those living with HIV, or those possibly with increased risk of contracting HIV.

[About Waller Hall Research](#)

Methodology

Timeline

1

Interviewing was conducted between November 30 and December 28, 2020.

Population*

2

The state and Waller Hall Research identified a combined 174 organizations who may be serving populations with increased risk of contracting HIV (organizations serving or comprised of men having sex with men (MSM); injection drug users, as well as other marginalized or underserved groups). Each organization was contacted multiple times by email and phone solicitation. Fifty-five interviews were conducted either online or by telephone with a representative from these Wyoming organizations. Each survey lasted approximately 20 minutes.

Margin of Error

3

Given that there were 174 organizations on our list, the margin of error would be $\pm 11\%$ for this study. Assuming that there might be more organizations that serve these populations that we were not able to identify, the margin of error might be slightly higher.

Statistical Analysis

4

Given that the total sample size was just 55, we did not do any subgroup analysis for this report.

Note*: Information about the types and locations of organizations, as well as the roles of respondents can be found in the Appendix.

Executive Summary

Survey Goals

- Conduct a needs assessment among Wyoming organizations that provide services to residents with HIV or those at increased risk of contracting HIV.
- Assess communication frequency of Wyoming community organizations with their clients and members.
- Assess knowledge, attitudes, and satisfaction of Wyoming organizations' leadership and staff towards other services in their area.

Communication with Members

- About seven in 10 Wyoming organizations surveyed communicate with their members via email and phone.
- Most organizations surveyed communicate with their members on a weekly basis (68%).
- About two in three Wyoming organizations surveyed communicate with their members about their sexual health (STIs, HIV, HepB, HepC).
- All 55 Wyoming organizations surveyed communicate with their members or customers about their mental health, but only half communicate regarding HIV treatment.
- At least three-quarters of Wyoming organizations surveyed communicate with their members about transportation, housing, food security and income security services in their area.

Executive Summary

Connection to Services

- Leadership and staff of Wyoming organizations surveyed are most satisfied with food security services in their area, but only moderately satisfied about housing, transportation, and income security services.
- More than half of leadership and staff of Wyoming organizations surveyed who connect their members with sexual health resources, are always able to connect them to testing for STIs, HIV, HepB, and HepC.
- Leadership and staff of Wyoming organizations surveyed are mostly satisfied with the availability of testing for STIs, HIV, HepB, HepC.
- More than half of leadership and staff of Wyoming organizations surveyed that connect their members with mental health and drug related resources are always able to connect them to mental health and alcohol use services, but fewer than half can connect them to drug use services.
- Leadership and staff of Wyoming organizations surveyed are less satisfied with drug use services in the area compared to mental health and alcohol use services.

Awareness of U=U and PrEP

- Leadership and staff of Wyoming organizations surveyed are not very familiar with the term U=U and believe their clients are even less familiar.
- Respondents at more than half of Wyoming organizations surveyed do not have access to any PrEP providers in their area.
- Leadership and staff of Wyoming organizations surveyed who are aware of PrEP are moderately satisfied with PrEP accessibility in their area.
- Most leadership and staff of Wyoming organizations surveyed reference a lack of knowledge and awareness as primary reasons for not having access to PrEP in their area.

Chapter 1

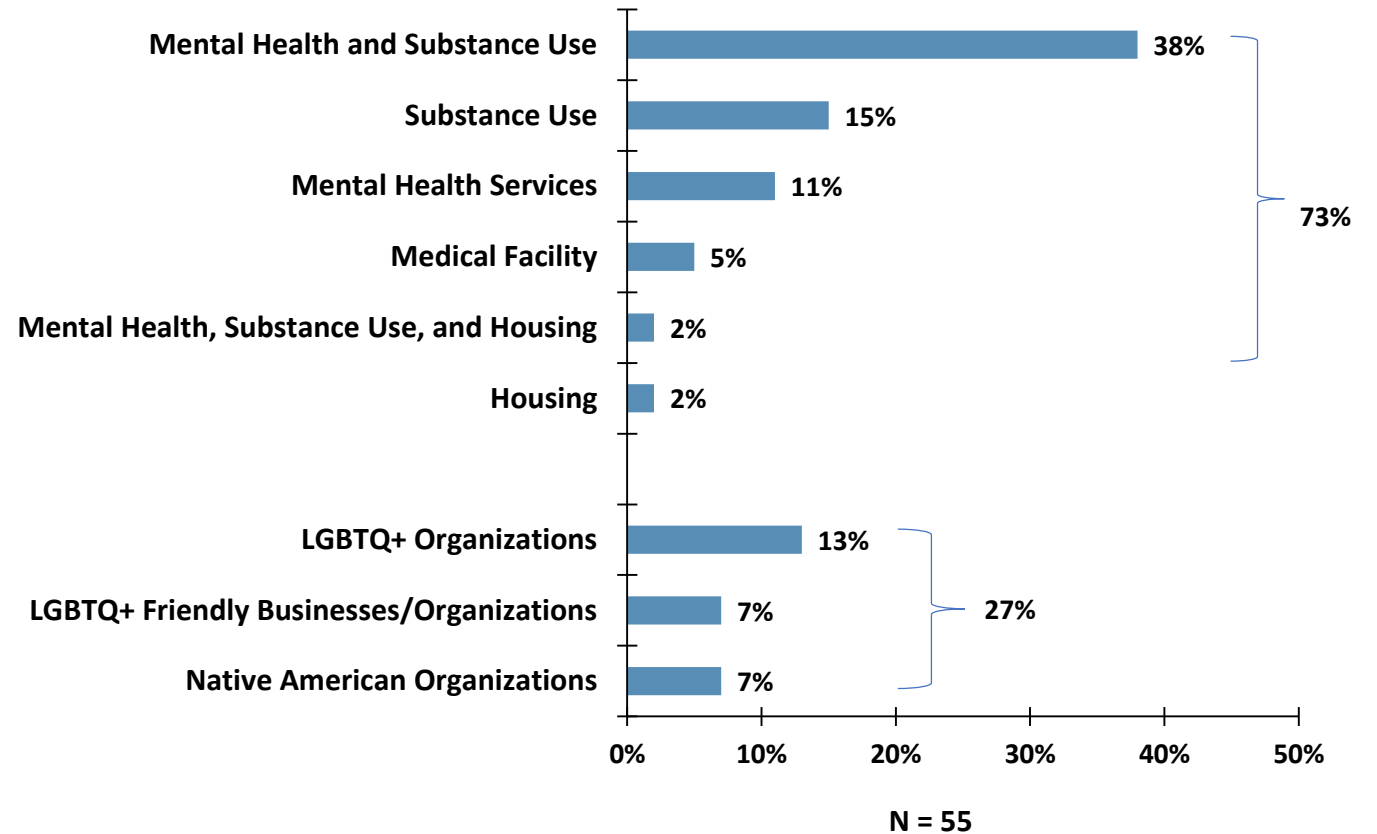
Overview of Populations Served by WY Organizations

The Majority of Organizations Surveyed Provide Services for Mental Health and/or Substance Use

All Respondents (N = 55)

- Forty of the 55 organizations surveyed (73%) provide services to diverse populations, with a majority of these organizations providing mental health and substance use services. In some cases, those listed as only offering mental health or substance use services may, in fact, be offering both.
- The rest of the organizations who responded to our survey provide services to specific communities or are LGBTQ+ friendly businesses.
 - Six of the seven LGBTQ+ organizations (13% of the sample) are LGBTQ+ support organizations. The seventh is an LGBTQ+ organization providing PrEP services.
 - Of the four Native American organizations (7% of the sample), one is a support organization. The primary focus of the other three organizations is substance use services.

Breakdown of Organization Types



Note: We categorized the services offered by each organization to the best of our abilities.

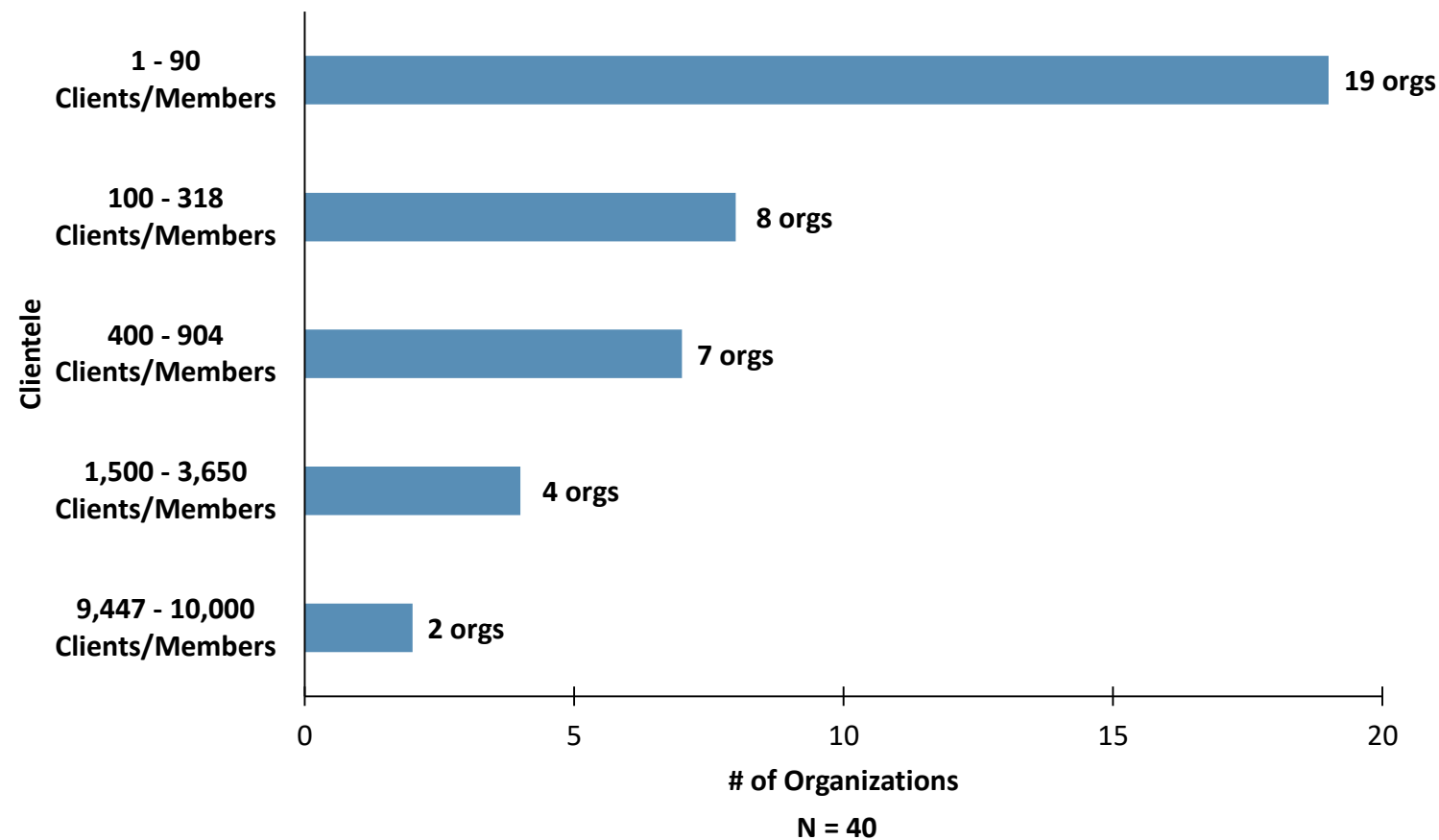
Mental Health, Substance Use, Housing Organizations, and Medical Facilities

Almost Half of Organizations Surveyed Offering Mental Health, Substance Use, Housing, and/or Medical Care Have Service Populations of Less Than 100

Mental health, substance use, housing, and/or medical facilities (N = 40)

- Nineteen organizations surveyed serve up to 90 clients/members.
- Eight organizations surveyed serve between 100 and 318 clients/members. The largest of these organizations provides housing services (318 clients), while the others all provide mental health and/or substance use services.
- Seven organizations surveyed serve between 400 and 904 members. All seven organizations provide mental health and/or substance use services.
- Four organizations surveyed have a clientele between 1,500 and 3,650 clients/members. The largest of the organizations is made up of both staff and volunteers providing mental health, substance use, or housing services (3,650 clients), one is a medical center (2,900 clients), one provides substance use services (2,500 clients), and one is a mental health resource center (1,500 clients).
- The organizations of the largest service populations are a counseling center (9,447 clients) and a medical facility (10,000 clients).

Approximate Total Clients/Members of Mental Health, Substance Use, Housing Organizations, and Medical Facilities



Q1: What is the approximate total client caseload or organization membership?

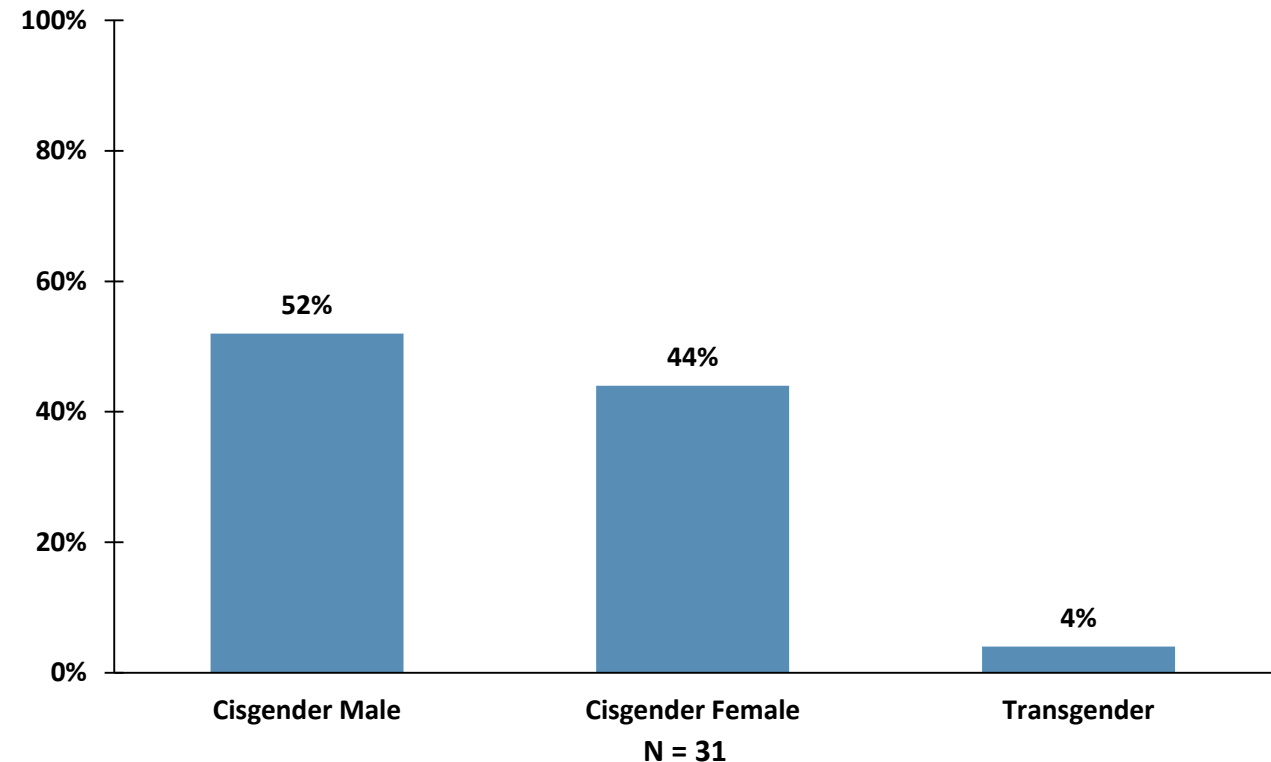
Organizations Surveyed Offering Mental Health, Substance Use, Housing, and/or Medical Care Report Primarily Serving Cisgender Populations

Mental health, substance use, housing, and/or medical facilities that know the gender identity breakdown of their clientele or membership (N = 31)

- Among the 31 mental health, substance use, housing, and medical facilities surveyed know the breakdown of their clientele or membership. On average, the vast majority (96%) were cisgender, with 52% being cisgender male and 44% cisgender female.
- On average, these mental health, substance use, housing organizations, and medical facilities have fewer number of clients or members that identify as transgender (4%).

Note*: Cisgender describes a person whose gender identity is the same as their sex assigned at birth.

Average Gender Identity Breakdown of Mental Health, Substance Use, Housing Organizations, and Medical Facilities



Q3: What is your approximate gender identity breakdowns of your caseload or organization membership?

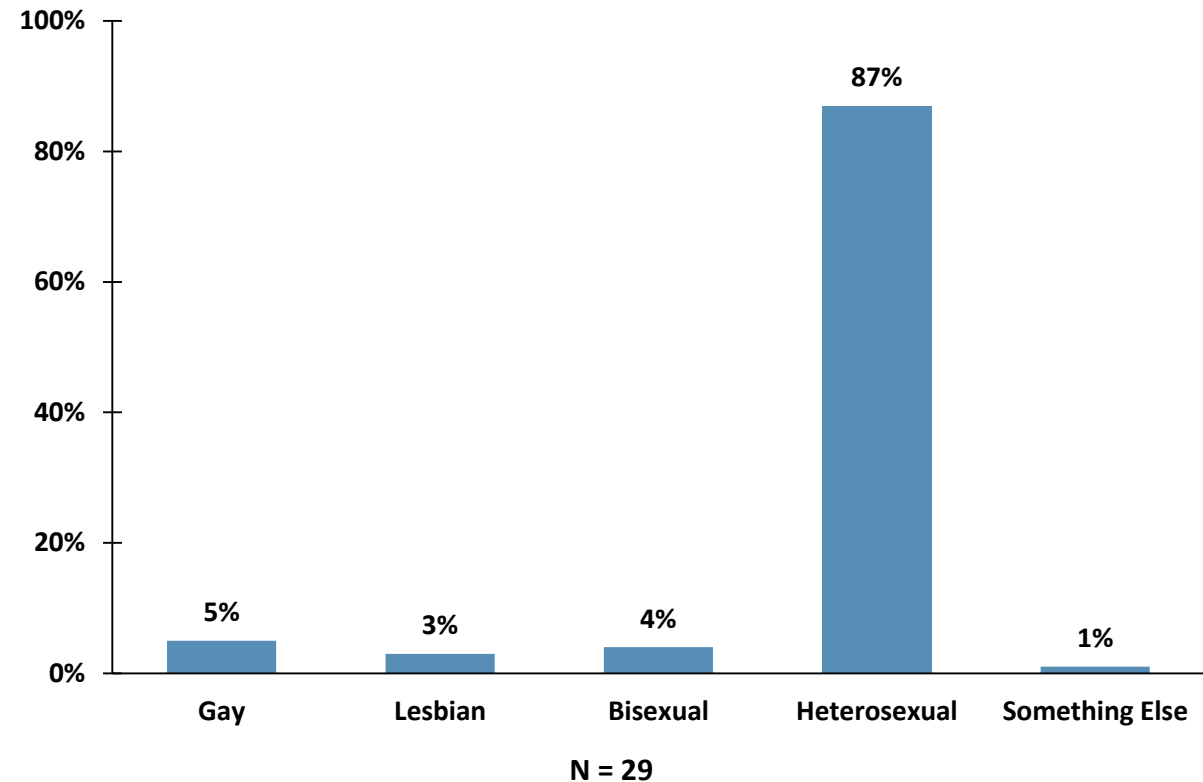
Organizations Surveyed Offering Mental Health, Substance Use, Housing, and/or Medical Care Report Primarily Serving Populations that Identify as Heterosexual

Mental health, substance use, housing, and/or medical facilities that know the sexual orientation breakdown of their clientele or membership (N = 29)

- Among the 29 mental health, substance use, housing organizations, and medical facilities surveyed that know the breakdown of their clientele or membership, the sexual orientation of the majority (87%) is heterosexual.
- On average, these surveyed organizations have fewer number of clients or members that identify as gay (5%), lesbian (3%), and bisexual (4%).

Note*: Eleven organizations did not know the sexual orientation of their clientele or organization membership (100% unknown).

Average Sexual Orientation Breakdown of Mental Health, Substance Use, Housing Organizations, and Medical Facilities



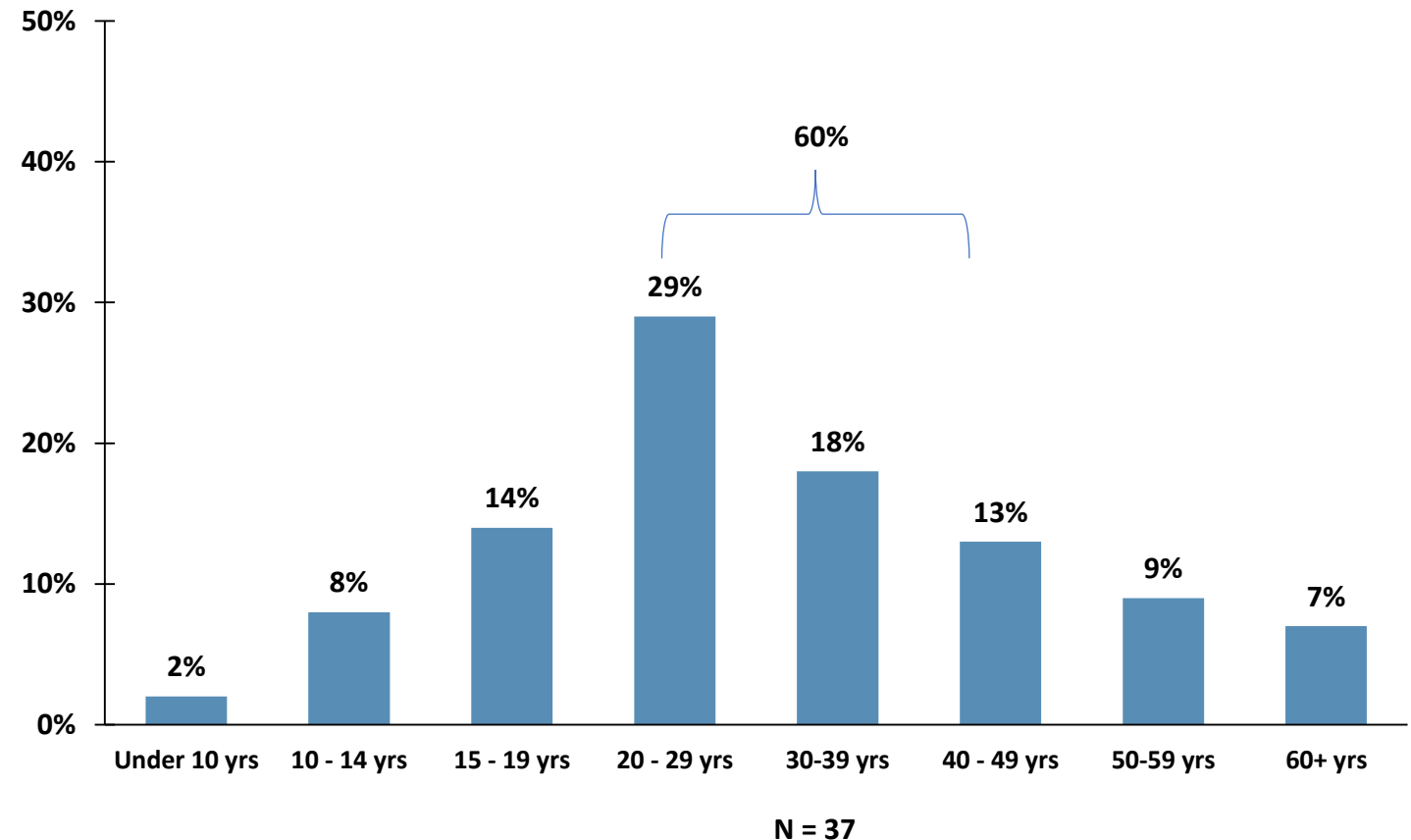
Q3: What is your approximate sexual orientation breakdowns of your caseload or organization membership?

Organizations Surveyed Offering Mental Health, Substance Use, Housing, and/or Medical Care Report Providing Services Across All Age Groups

Mental health, substance use, housing, and/or medical facilities that know the age breakdown of their clientele or membership (N = 37)

- Among the 37 mental health, substance use, housing organizations, and medical facilities surveyed that know the age breakdown of their clientele or membership. On average, 60% of their clientele is between 20 and 49 years old.
 - Over one-quarter (29%) of their clientele or membership is between 20 and 29 years old.
 - Approximately one-third (31%) is between 30 and 49 years old (18% for 30-39; 13% for 40-49).
- These mental health, substance use, housing organizations, and medical facilities have fewer number of clients or members that are under 10 years of age (2%) or over 60 years of age (7%).

Average Age Breakdown of Mental Health, Substance Use, Housing Organizations, and Medical Facilities

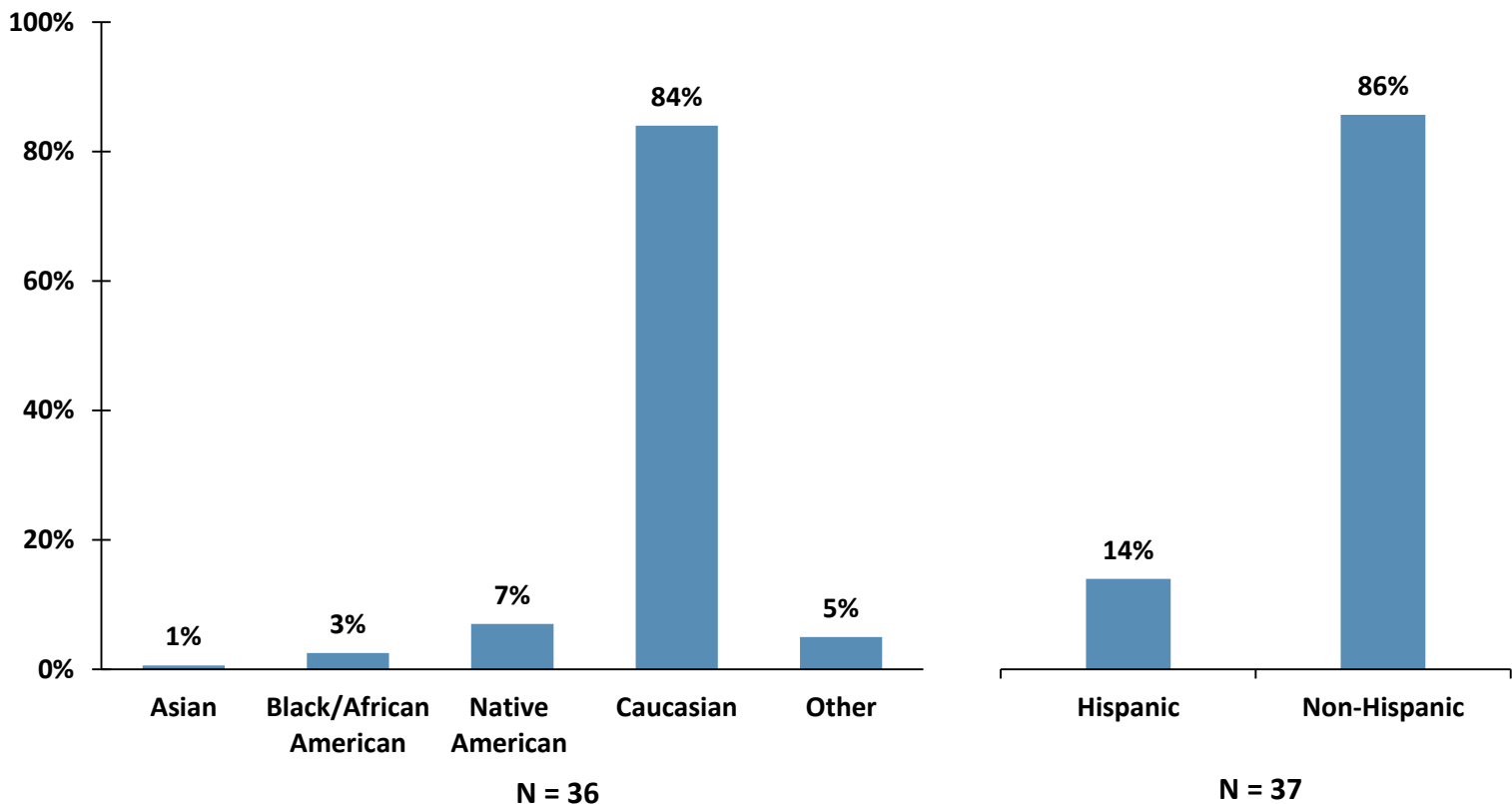


Organizations Surveyed Offering Mental Health, Substance Use, Housing, and/or Medical Care Report Primarily Serving a Caucasian Client Base

Mental health, substance use, housing, and/or medical facilities that know the race and ethnic breakdown of their clientele or membership (Varying N sizes)

- Among the mental health, substance use, housing organizations, and medical facilities surveyed that know the race and ethnic breakdown of their clientele or membership, the majority's race and ethnicity are Caucasian (84%) and Non-Hispanics (86%).

Average Race and Ethnicity Breakdown of Mental Health, Substance Use, Housing Organizations, and Medical Facilities



Q6/Q7: What is your approximate racial/ethnic breakdowns of your caseload or organization membership?

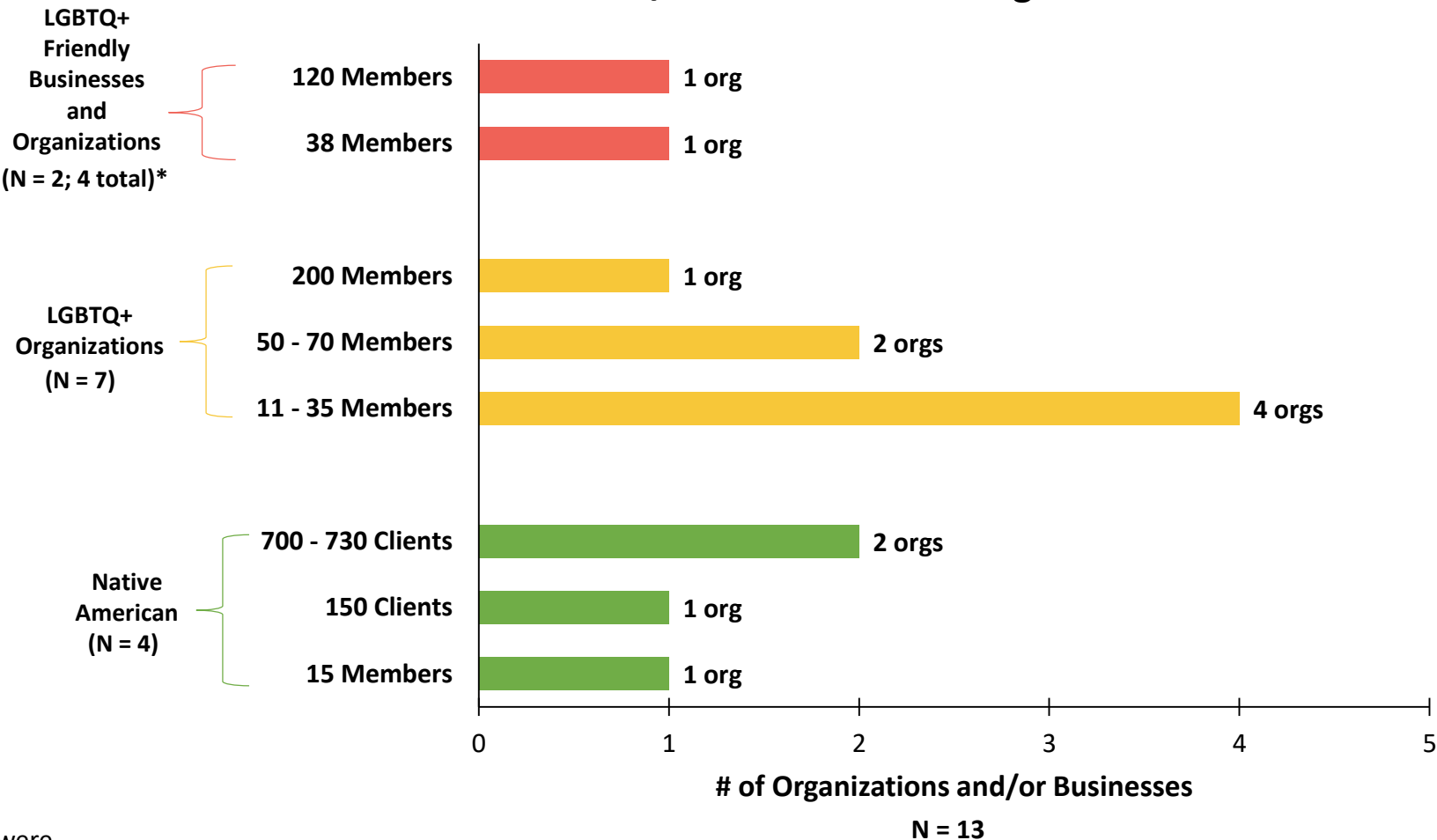
LGBTQ+ Friendly Businesses and LGBTQ+/Native American Organizations

LGBTQ+ Friendly Businesses, LGBTQ+ Organizations, and Native American Organizations Surveyed Have Varying Sizes of Membership & Service Populations

LGBTQ+ friendly businesses/organizations, LGBTQ+ organizations, and Native American organizations (N = 13)*

- Of the two LGBTQ+ friendly businesses and organizations surveyed, one has 38 members, and the other has 120 members.
- Of the seven LGBTQ+ related organizations surveyed, one has 200 members, two have 50 to 70 members, two have 35 members each, and two have about a dozen members.
- Among the four Native American organizations surveyed, two have a service population of around 700 (730 and 700 clients), one serves 150 clients, and the other has 15 members.

Approximate Total Size of LGBTQ+ Businesses and LGBTQ+/Native American Organizations



Note*: Two businesses that only served customers were not included in this slide because their organizations only consist of employees.

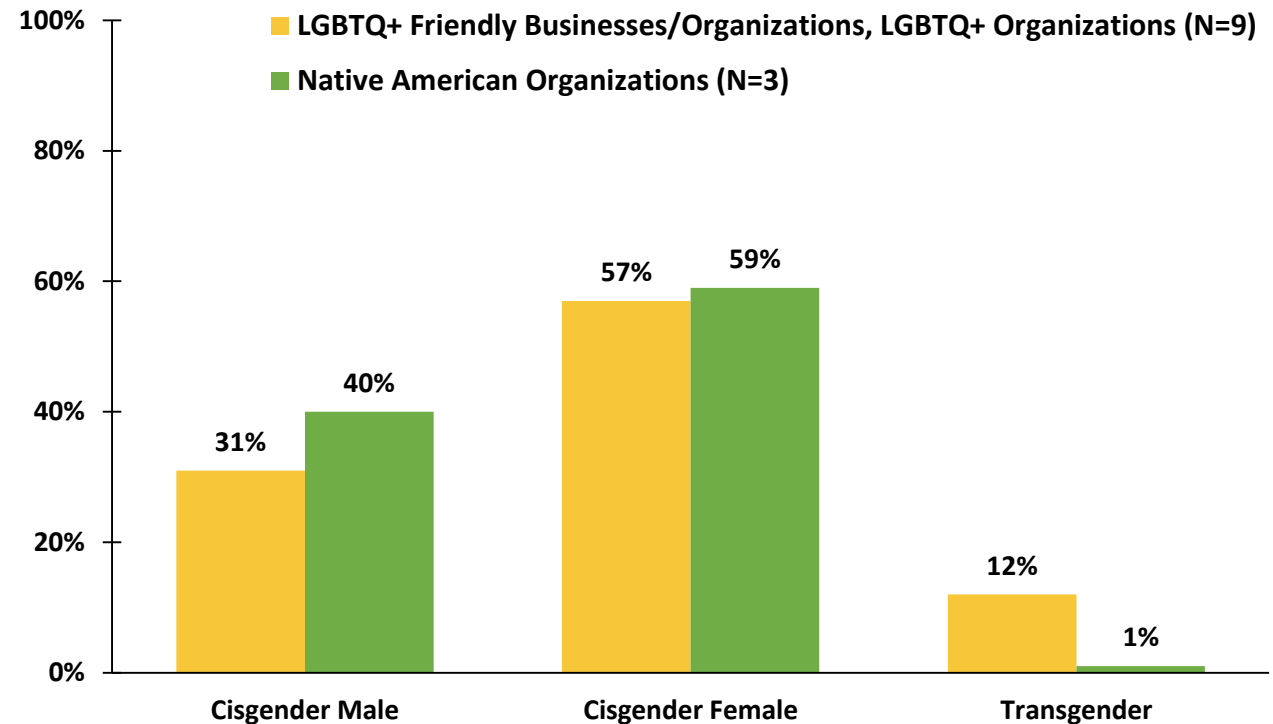
Q1: What is the approximate total client caseload or organization membership?

LGBTQ+ Friendly Businesses, LGBTQ+ Organizations, and Native American Organizations Surveyed Report Having Greater Numbers of Cisgender Female than Transgender Clients/Members

LGBTQ+ friendly businesses/organizations, LGBTQ+ organizations, and Native American organizations surveyed that know the gender identity breakdown of their clientele or membership (N = 12)

- Among the 12 organizations surveyed that know the gender identity breakdown of their clientele or memberships, on average, more than one-half for both LGBTQ+ friendly businesses/organizations and LGBTQ+ organizations (57%) and Native American organizations (59%) are cisgender female and approximately one-third are cisgender male (31% and 40%).
- LGBTQ+ friendly businesses/organizations and LGBTQ+ organizations surveyed report about one in eight of their clients/members identifying as transgender (12%), compared with 1% for Native American organizations.

Average Gender Identity Breakdown of LGBTQ+ Friendly Businesses/Organizations, LGBTQ+ Organizations, and Native American Organizations



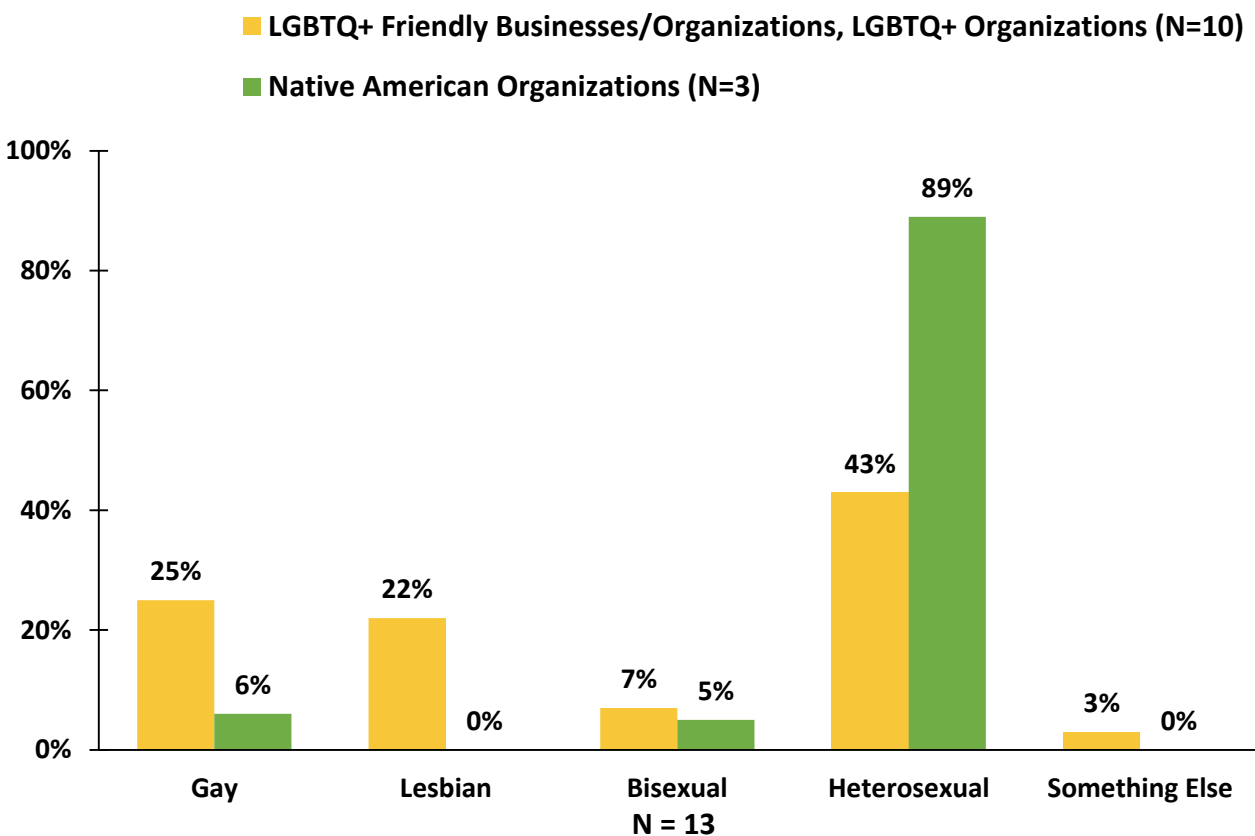
Q3: What is your approximate gender identity breakdowns of your caseload or organization membership?

LGBTQ+ Friendly Businesses, LGBTQ+ Organizations, and Native American Organizations Surveyed Report Serving LGB and Straight Clients/Members

LGBTQ+ friendly businesses/organizations, LGBTQ+ organizations, and Native American organizations surveyed that know the sexual orientation breakdown of their clientele or membership (N = 13)

- LGBTQ+ friendly businesses/organizations and LGBTQ+ organizations surveyed report that less than half of their clientele or membership identifies as heterosexual (43%), compared with 89% for Native American organizations surveyed.
- One quarter of LGBTQ+ friendly businesses/organizations and LGBTQ+ organizations clients/members surveyed identify as gay (25%) or lesbian (22%), compared with 6% identifying as gay and 0% identifying as lesbian in Native American organizations surveyed.

Average Sexual Orientation Breakdown of LGBTQ+ Friendly Businesses/Organizations, LGBTQ+ Organizations, and Native American Organizations



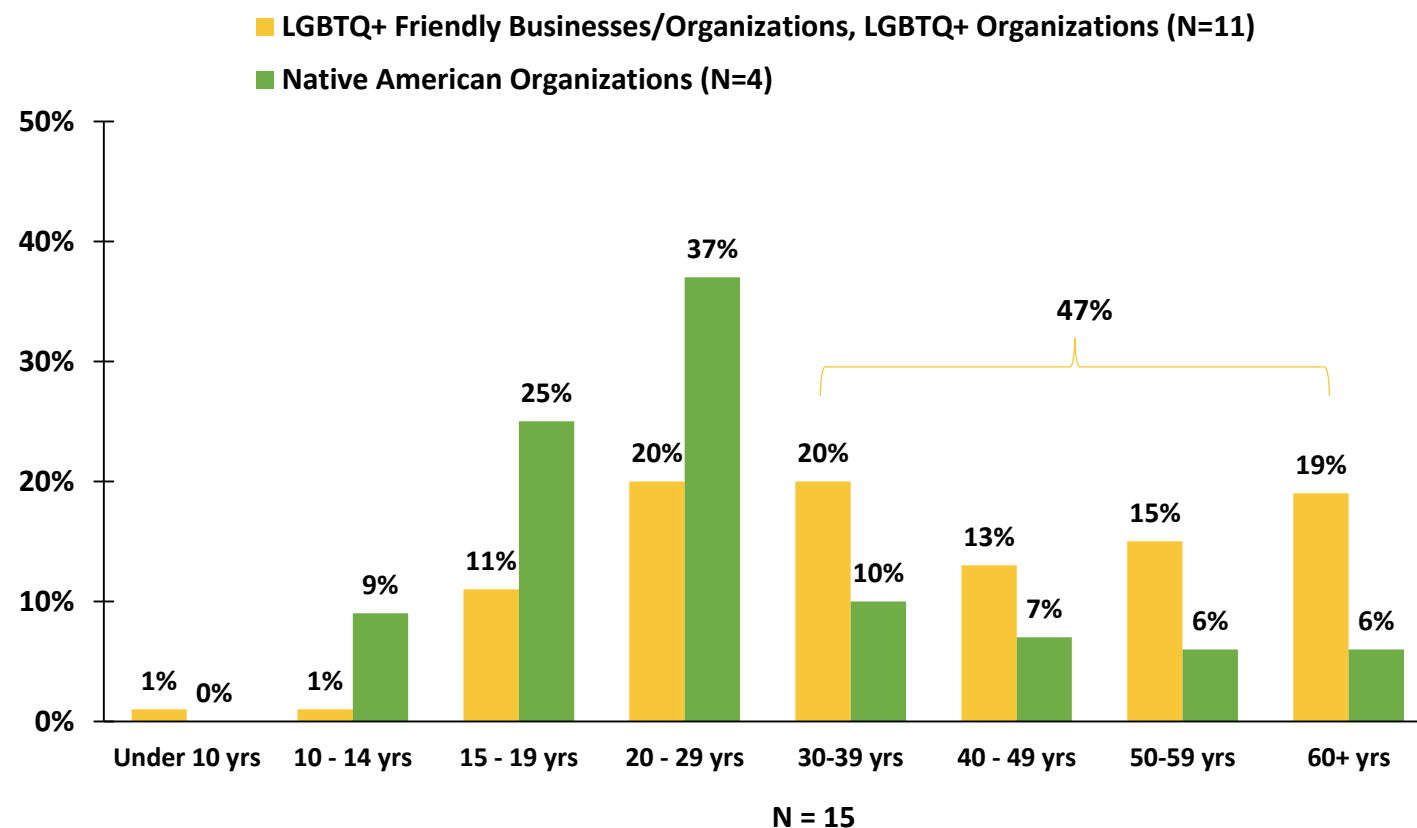
Q4: What is your approximate sexual orientation breakdowns of your caseload or organization membership?

Organizations Surveyed Offering Mental Health, Substance Use, Housing, and/or Medical Care Report Providing Services Across All Age Groups

LGBTQ+ friendly businesses/organizations, LGBTQ+ organizations, and Native American organizations surveyed that know the age breakdown of their clientele or membership (N = 15)

- Across all 15 LGBTQ+ friendly businesses/organizations, LGBTQ+ organizations, and Native American organizations surveyed, over one-half of their clients or members are between 20 – 49 years old. Native American organizations surveyed have the greatest distribution of clients and members between 20 – 29 years old (37%).
- On average, the LGBTQ+ friendly businesses/organizations and LGBTQ+ organizations surveyed report having older clients/members, as almost half of them are 30 years and older (47%).

Average Age Breakdown of LGBTQ+ Friendly Businesses/Organizations, LGBTQ+ Organizations, and Native American Organizations



*Note small sample sizes.

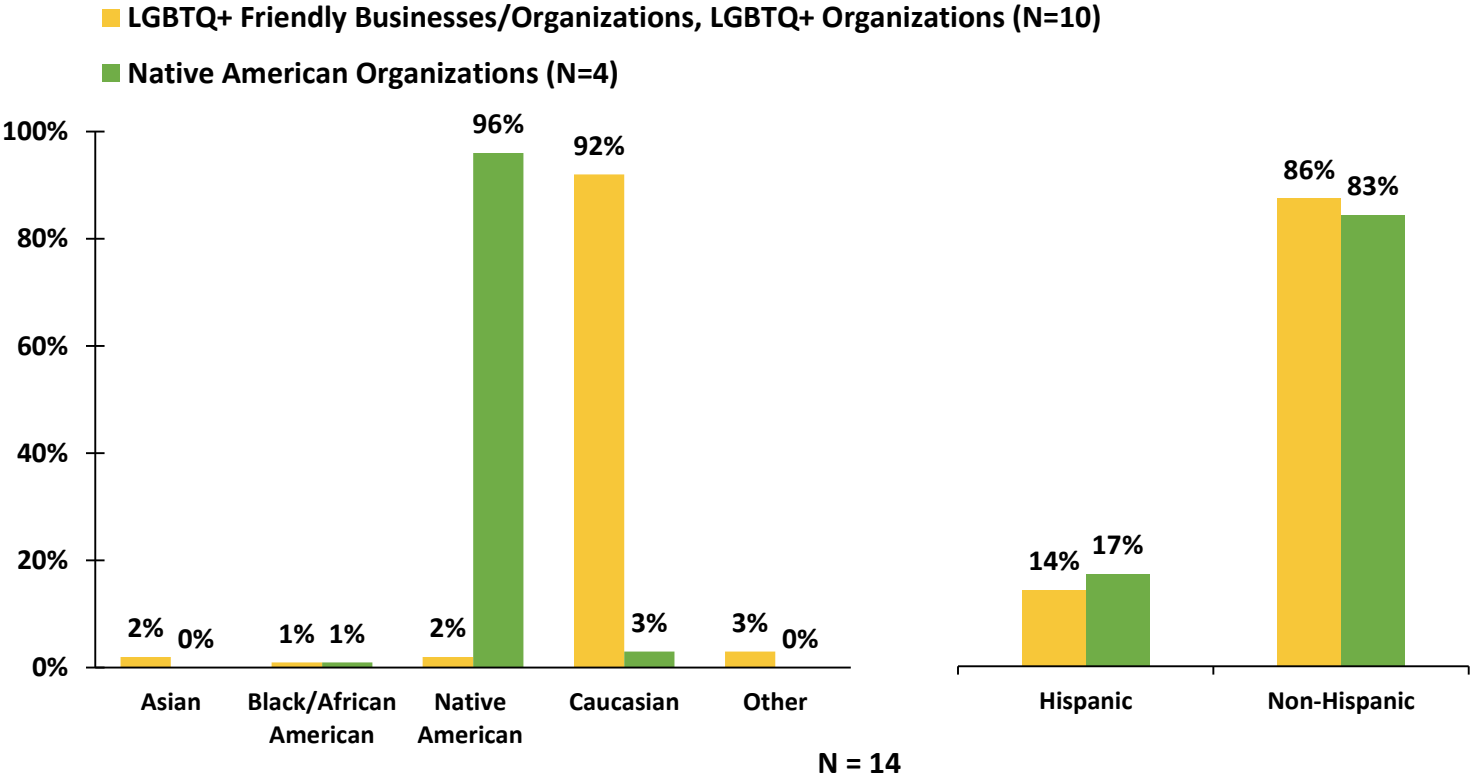
Q5: What is your approximate age breakdowns of your caseload or organization membership?

Organizations Surveyed Offering Mental Health, Substance Use, Housing, and/or Medical Care Report Primarily Serving a Caucasian Client Base

LGBTQ+ friendly businesses/organizations, LGBTQ+ organizations, and Native American organizations surveyed that know the race and ethnic breakdown of their clientele or membership (N = 14)

- The majority of clients/members of LGBTQ+ friendly businesses/organizations and LGBTQ+ organizations surveyed that know their race and ethnic breakdown of their clientele are Caucasian (92%) compared with Native American organizations where the majority is Native American (96%).
- Both LGBTQ+ friendly businesses/organizations, LGBTQ+ organizations, and Native American organizations surveyed report having similar distributions for ethnicity (Hispanic: 14% vs. 17% and Non-Hispanic: 86% vs. 83%).

Average Race and Ethnicity Breakdown of LGBTQ+ friendly Businesses/Organizations, LGBTQ+ Organizations, and Native American Organizations



Q6/Q7: What is your approximate racial/ethnic breakdowns of your caseload or organization membership?

Chapter 2

Communication with Members

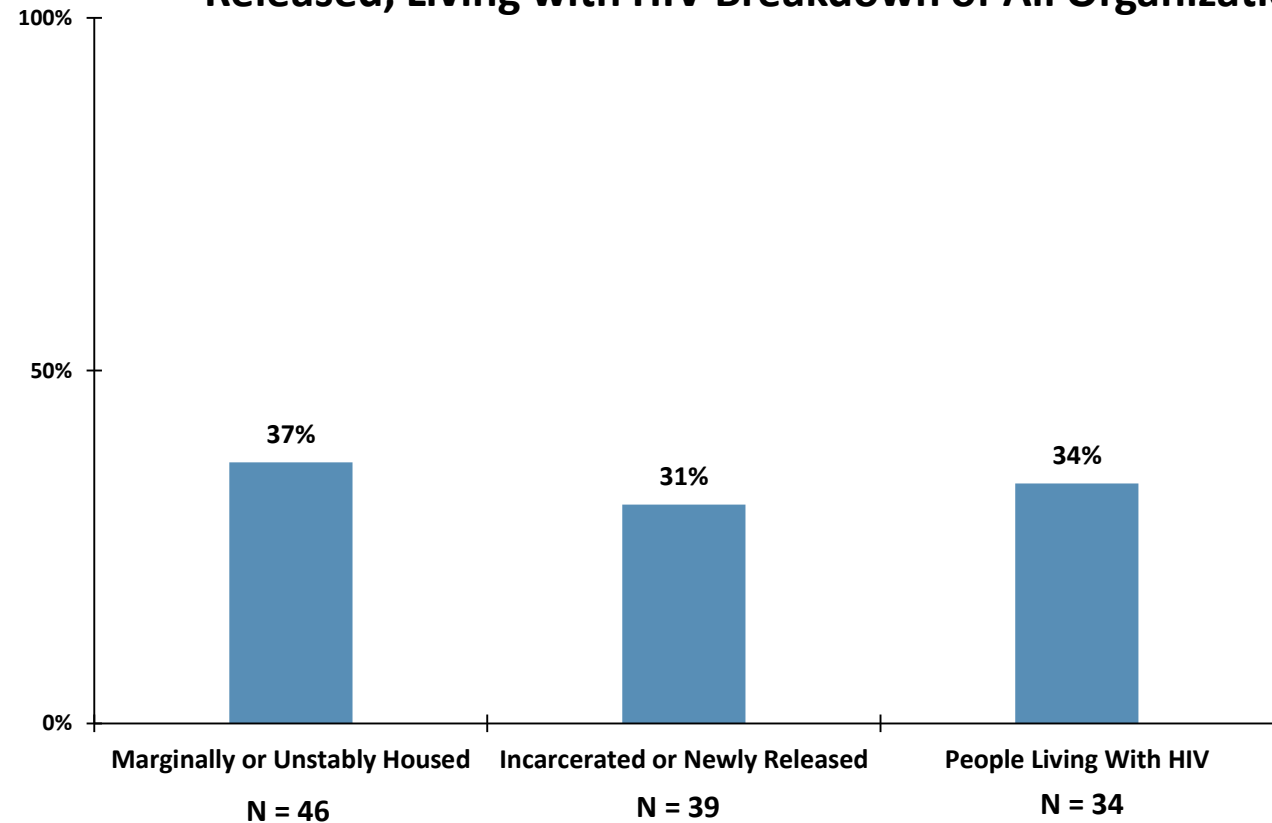
All
Organizations

Individuals Who are Marginally or Unstably Housed, Incarcerated or Newly Released, or Living with HIV Comprise About One-Third of Those Served by Respondent Organizations

Organizations that have members that are marginally or unstably housed, incarcerated or newly released, or living with HIV (Varying N sizes)

- The 46 organizations surveyed that had clients/members that are marginally or unstably housed estimate, on average them to be 37% of their clientele or membership.
- The 39 organizations surveyed that have clients/members who are incarcerated or newly released estimate them to be 31% of their clientele or membership.
- The 34 organizations surveyed that have at least some clients/members who are living with HIV estimate them to be 34% of their clientele or membership.

Average Marginally or Unstably Housed, Incarcerated or Newly Released, Living with HIV Breakdown of All Organizations



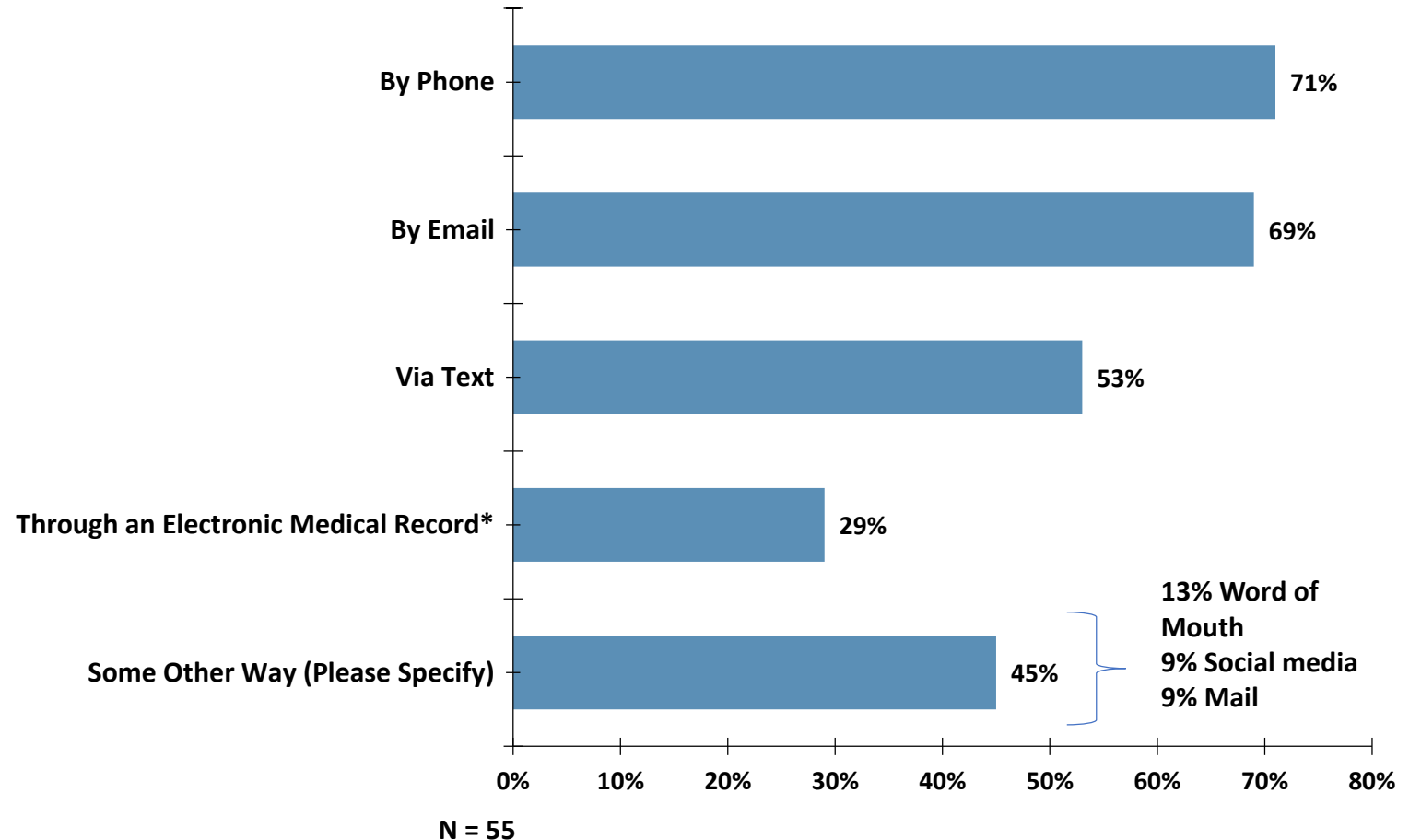
Q8/Q9/Q10: Approximately what percent of your caseload or members are marginally or unstably housed/incarcerated or newly released/HIV-positive?

Phone and Email are The Primary Ways Organizations Surveyed Communicate with Their Clients or Members

All Respondents (N = 55)

- Thirty-nine of the organizations surveyed (71%) communicate with clients/members via phone, and 38 communicate via email (69%), while 29 communicate using text messages (53%).
- Fourteen of the 38 mental health, substance use, and/or medical facilities surveyed communicate through an electronic medical record (29%).
- Of those communicating some other way, seven are by word of mouth, five are by social media, five are by mail.

How Organizations Communicate with Clients and Members



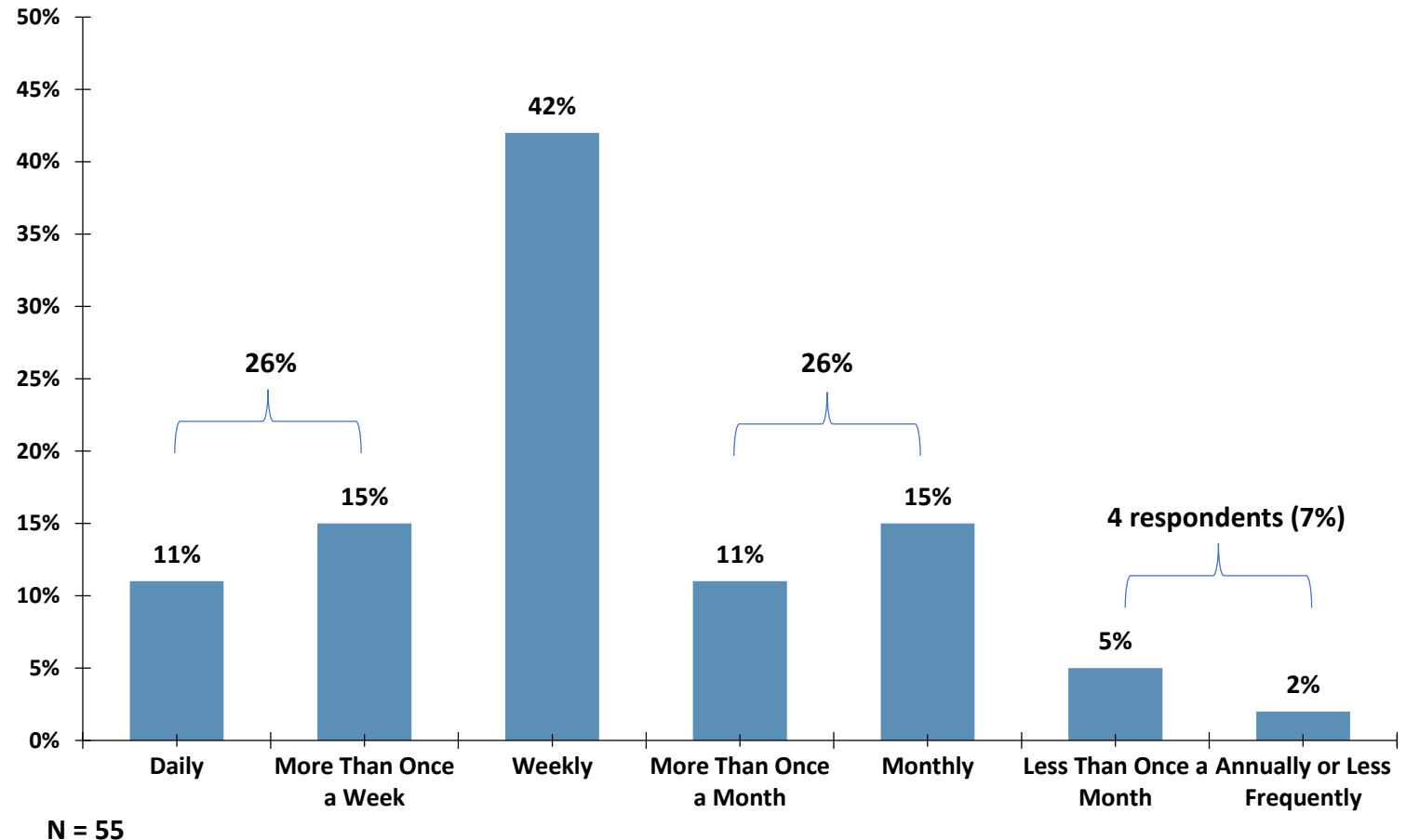
*Sample reduced to mental health, substance use, and/or medical facilities (N=38).

Two-Thirds of Organizations Surveyed Communicate with Clients Weekly

All Respondents (N = 55)

- Fourteen of the organizations surveyed (26%) communicate with their clients or members more than once a week, 23 (42%) communicate weekly, while 14 (26%) communicate at least one or a few times per month.
- Only four of the 55 respondents surveyed (7%) said they communicate with clients or members less than once a month.

Communication with Clients and Members



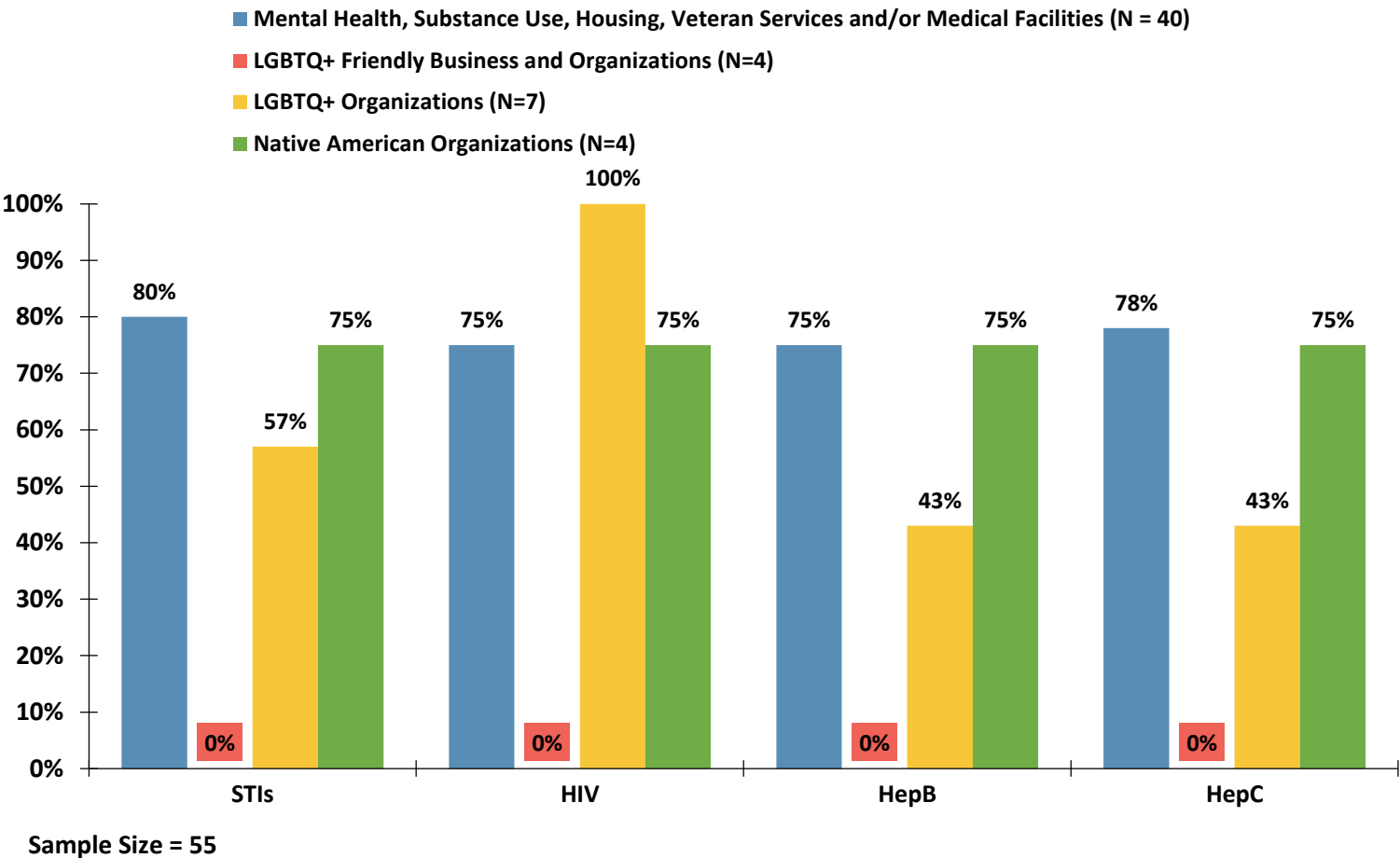
Q12: In general, how often do you communicate with the majority of your clients or members?

Most Organizations Surveyed Communicate with Clients About Risk and Testing for Their Sexual Health

All Respondents (N = 55)

- All seven LGBTQ+ organizations (100%) surveyed communicate with their clients/members about HIV risk and testing.
- Thirty to 32 of the 40 mental health, substance use, housing, veteran services, and/or medical facilities surveyed communicate with clients about risk and testing for STIs (80%), HIV (75%), Hepatitis B (75%), and Hepatitis C (78%).
- None of the LGBTQ+ friendly businesses and organizations communicate with clients or members about risk and testing for STIs, HIV, Hepatitis B, or Hepatitis C.

Percentage of Organizations that Communicate with Clients/Members About Risk and Testing for...



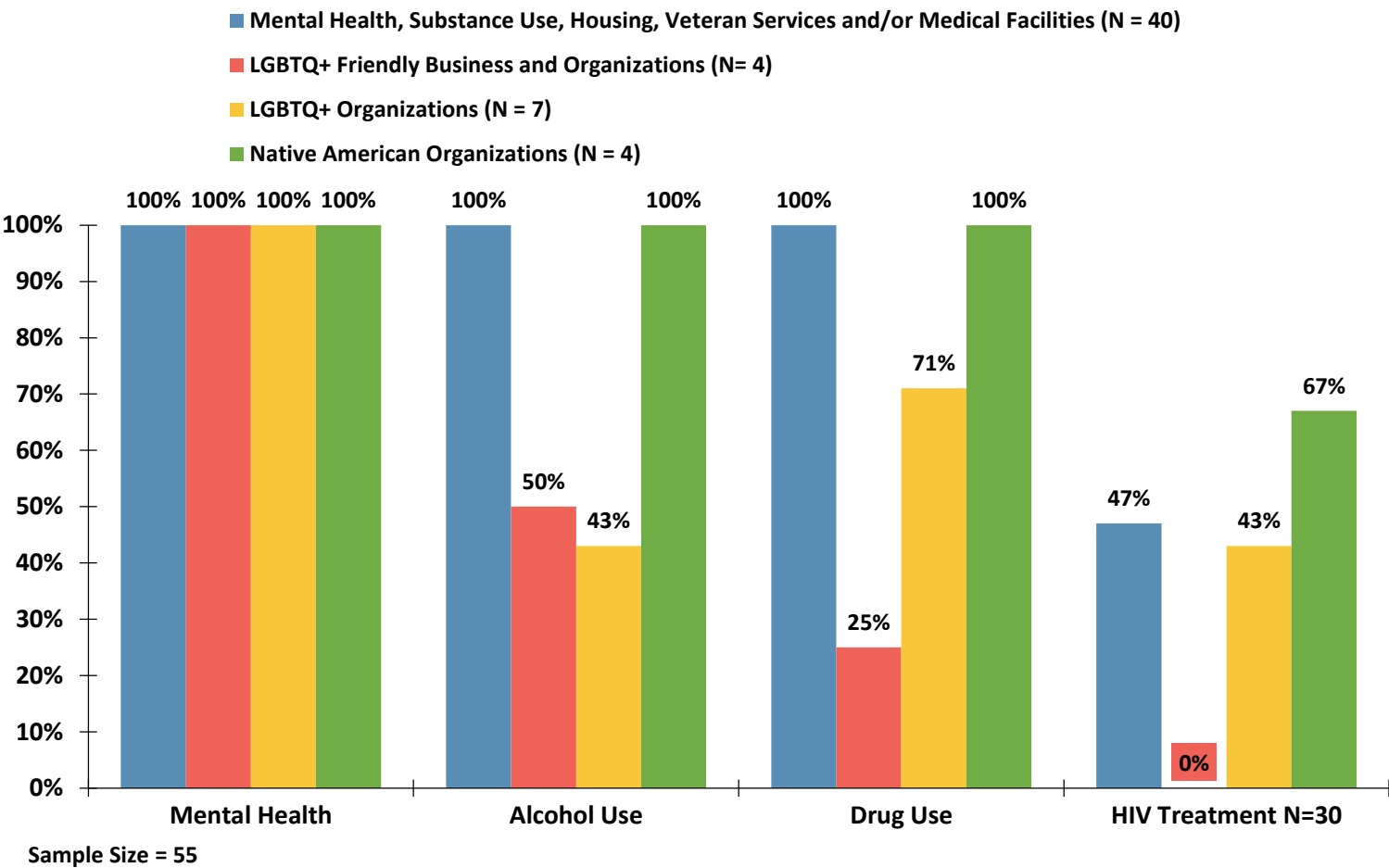
Q22-25: Do you or others in your organization talk or communicate with your clients or members about risk and testing for ...

All Organizations Surveyed Communicate with Clients About Mental Health

All Respondents (N = 55)

- All organizations surveyed communicate with their clients or members regarding their mental health.
- While all 40 of the mental health, substance use, housing, veteran services and/or medical facilities surveyed communicate with their clients or members about their mental health, alcohol and/or drug use, only 14 of 30 (47%) with clients with HIV communicate with them about HIV treatment.

Percentage of Organizations Surveyed that Communicate with Clients/Members About...



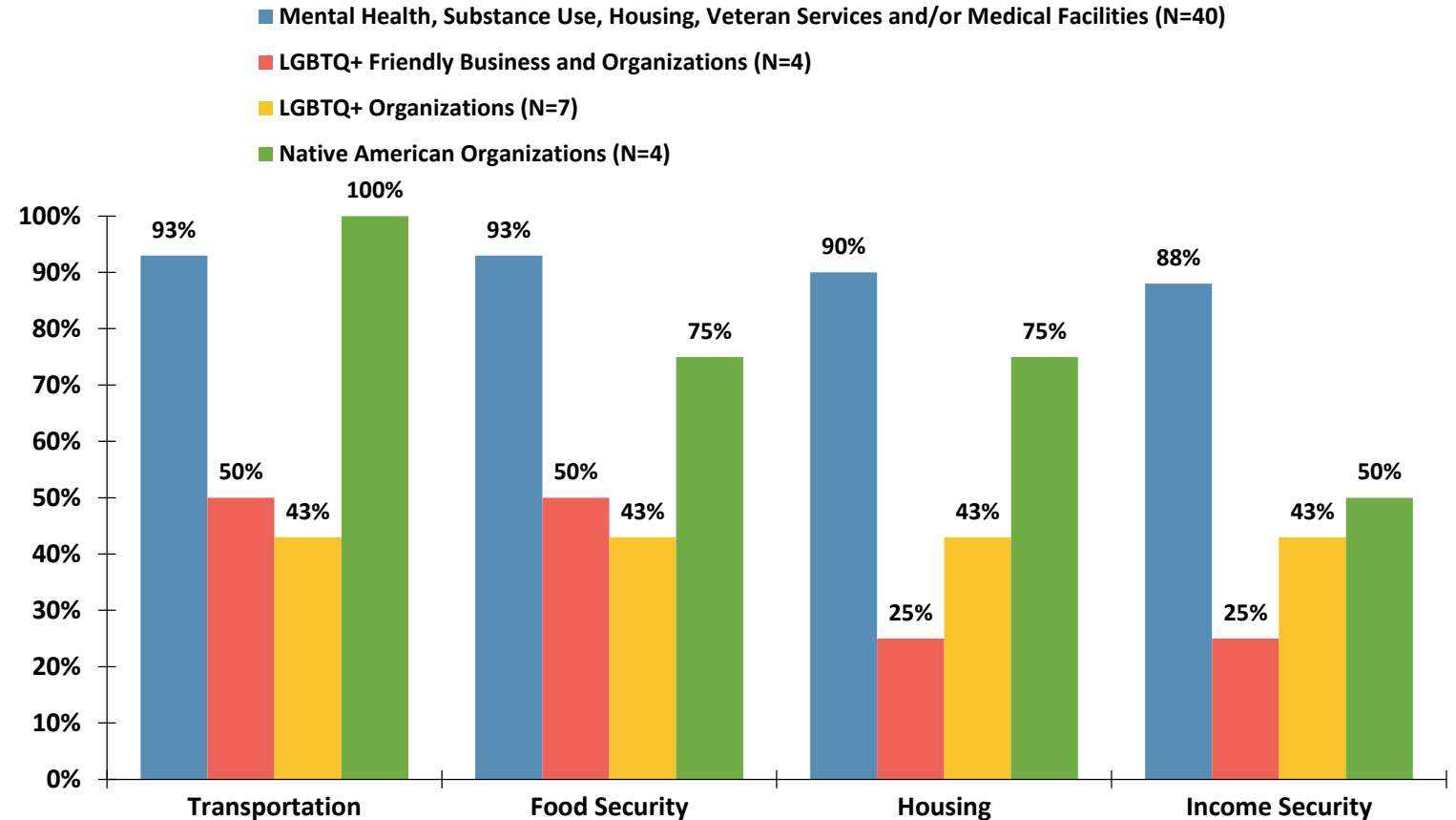
Q38/41/44/48: Do you or others in your organization talk or communicate with your clients or members about ...

Most Organizations Surveyed Communicate with Clients About Their Basic Social Needs

All Respondents (N = 55)

- Among organizations surveyed, those involved with mental health, substance use, housing, veteran services, and/or medical facilities, as well as Native American organizations, are the most likely to communicate with their clients/members about transportation (93% and 100%), food security (93% and 75%), housing (90% and 75%), and income security (88% and 50%).

Percentage of Organizations Surveyed Who Communicate with Clients/Members About...



Sample Size = 55

Q13: Do you or others in your organization talk or communicate with your clients or members about...

Chapter 3

Connection to Services

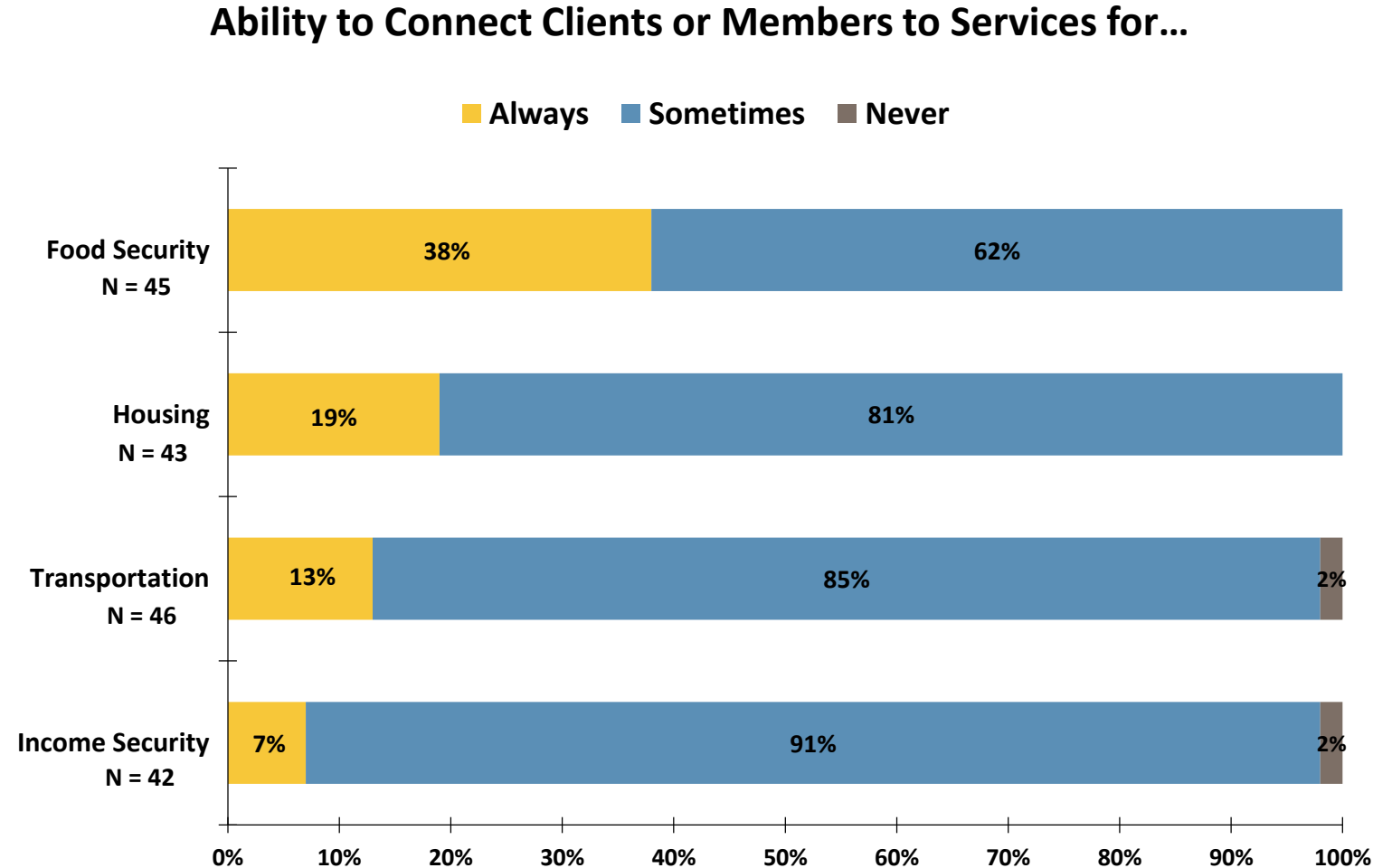
All
Organizations

Connection to Transportation, Housing, Food Security, Income Security Services

Organizations Surveyed are Most Effective When Connecting Their Clients and Members with Food Security Services

Organizations surveyed that communicate with clients or members about food security, income security, housing, transportation services (Varying N sizes)

- Seventeen of the organizations surveyed (38%) are always able to connect clients or members with food security services.
- Eight organizations surveyed (19%) are always able to connect clients or members with housing services.
- Six organizations surveyed (13%) are always able to connect clients or members with transportation services, while only three (7%) report they are always able to connect clients or members with income security services.

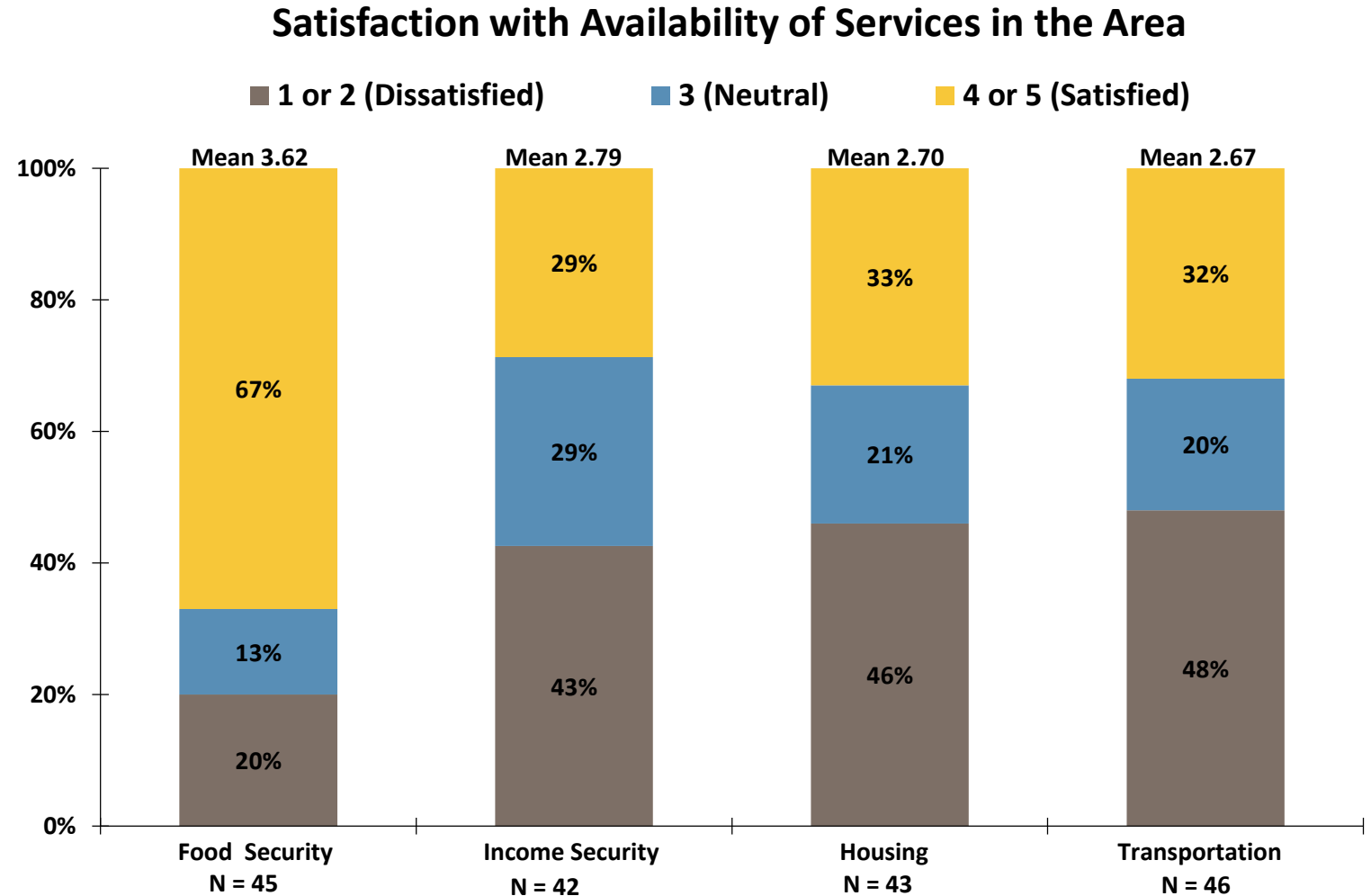


Q14/16/18/20: Are you able to connect clients or members to services for...

Respondents are Most Satisfied with The Availability of Food Security Services For Their Clients/Members

Organizations surveyed that communicate with clients or members about food security, income security, housing, transportation services (Varying N sizes)

- Respondents are more satisfied with the availability of food security services, with a mean score above the halfway mark of a five-point satisfaction scale (mean of 3.62).
- They are less satisfied with the availability of services for income security (mean of 2.79), housing (mean of 2.70), and transportation (mean of 2.67).



Q15/17/19/21: How satisfied are you with the services available in your area?
(One-to-five-point satisfaction scale)

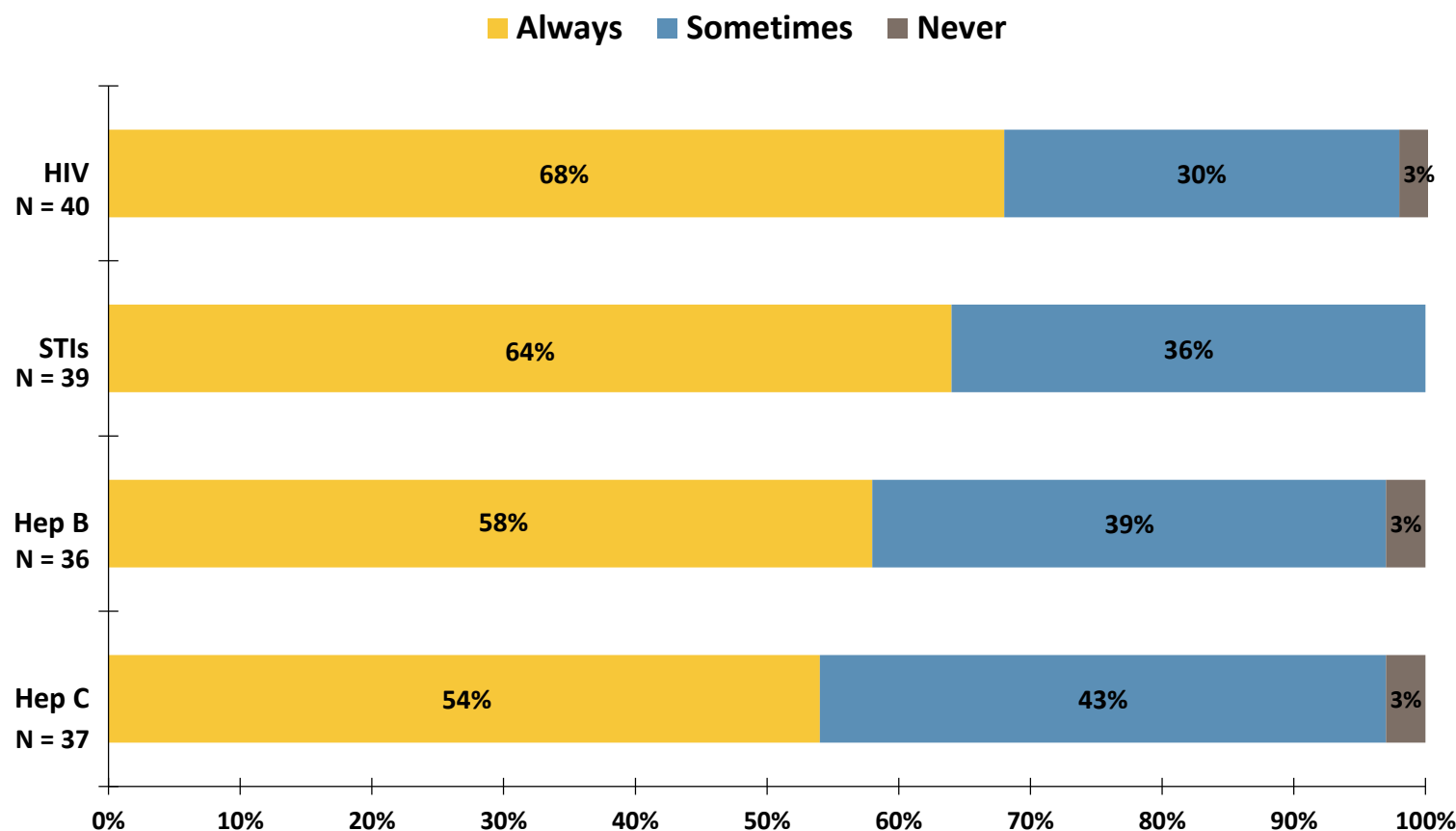
Connection to HIV, Hepatitis B, Hepatitis C, and STI Services

Most Respondents Surveyed Experienced Success Connecting Clients with Infectious Disease Testing Services

Organizations surveyed that communicate with clients or members about testing services (Varying N sizes)

- Respondents from 27 organizations surveyed (68%) are always able to connect clients with testing for HIV.
- Respondents from 25 of 39 organizations surveyed (64%) say they are always able to connect clients with STI services.
- Over half of organizations surveyed that communicate with clients/members about testing services are always able to connect them with services for Hep B (58%) or Hep C (54%).

Ability of Organizations to Connect Clients or Members with Testing Services for...

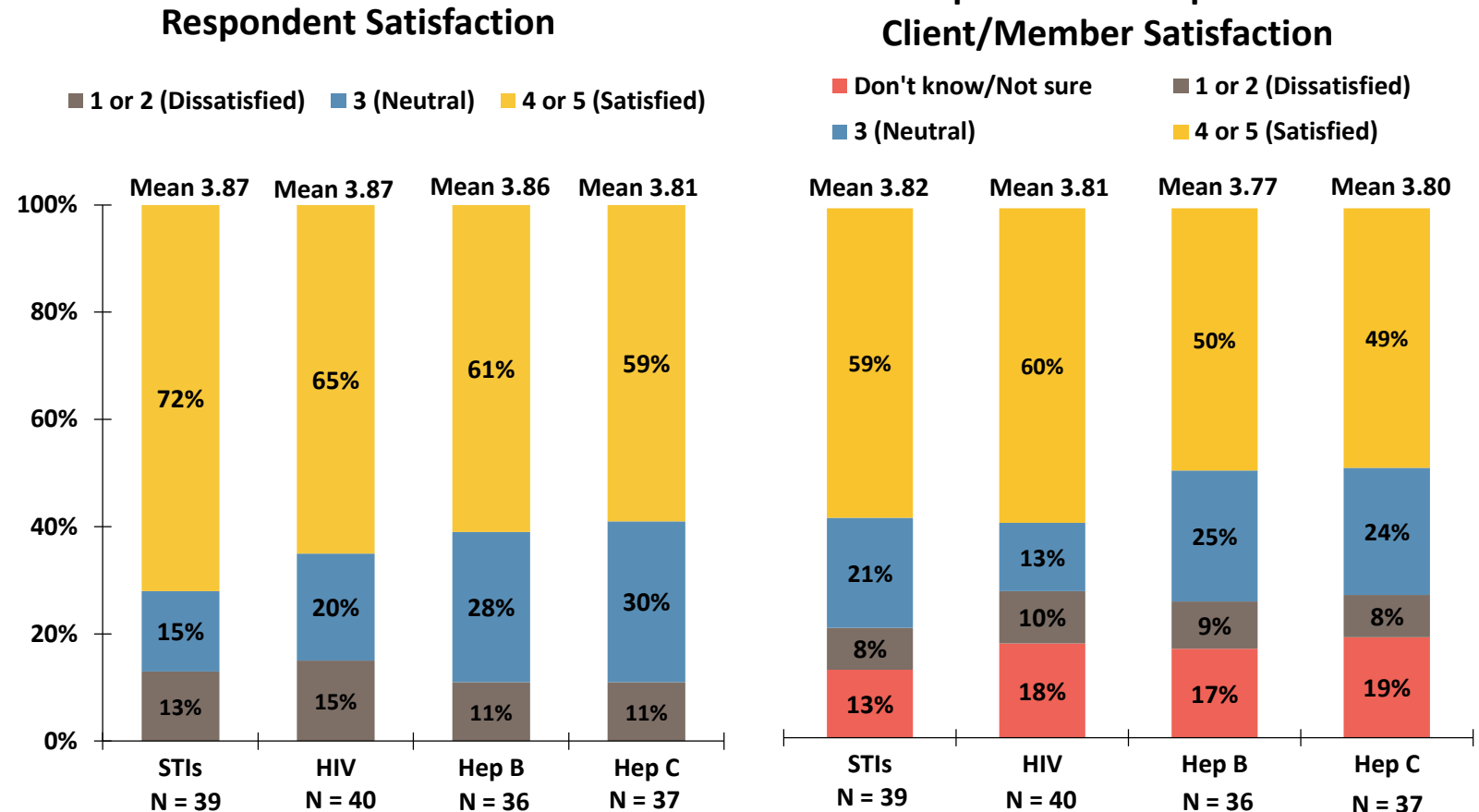


Q26/29/32/35: Are you able to connect clients or members with testing services for ...

Respondents are Satisfied and Perceive Their Clients/Members to be Satisfied with the Availability of Testing Services for HIV, Hep B, Hep C and STIs

Organizations surveyed that communicate with clients or members about testing services (Varying N sizes)

- Among the respondents surveyed who know about the availability of testing services, most are satisfied with the testing services for STIs (mean of 3.87), HIV (mean of 3.87), Hep B (mean of 3.86), and Hep C (mean of 3.81), with mean scores above the midpoint of the five-point satisfaction scale.
- When asked how satisfied they believe their clients or members are with the availability of testing services for HIV, Hep B, Hep C, and STIs, similar results are seen, with most saying their clients/members are satisfied with the availability of testing. Several respondents are not able to answer this question, saying they are not sure about the satisfaction level of their clients/members.



Q27/30/33/36: How satisfied are you with the testing services available in your area?
Q28/31/34/37: How satisfied do you think your clients or members are with the testing services available in your area?
(One-to-five-point satisfaction scales)

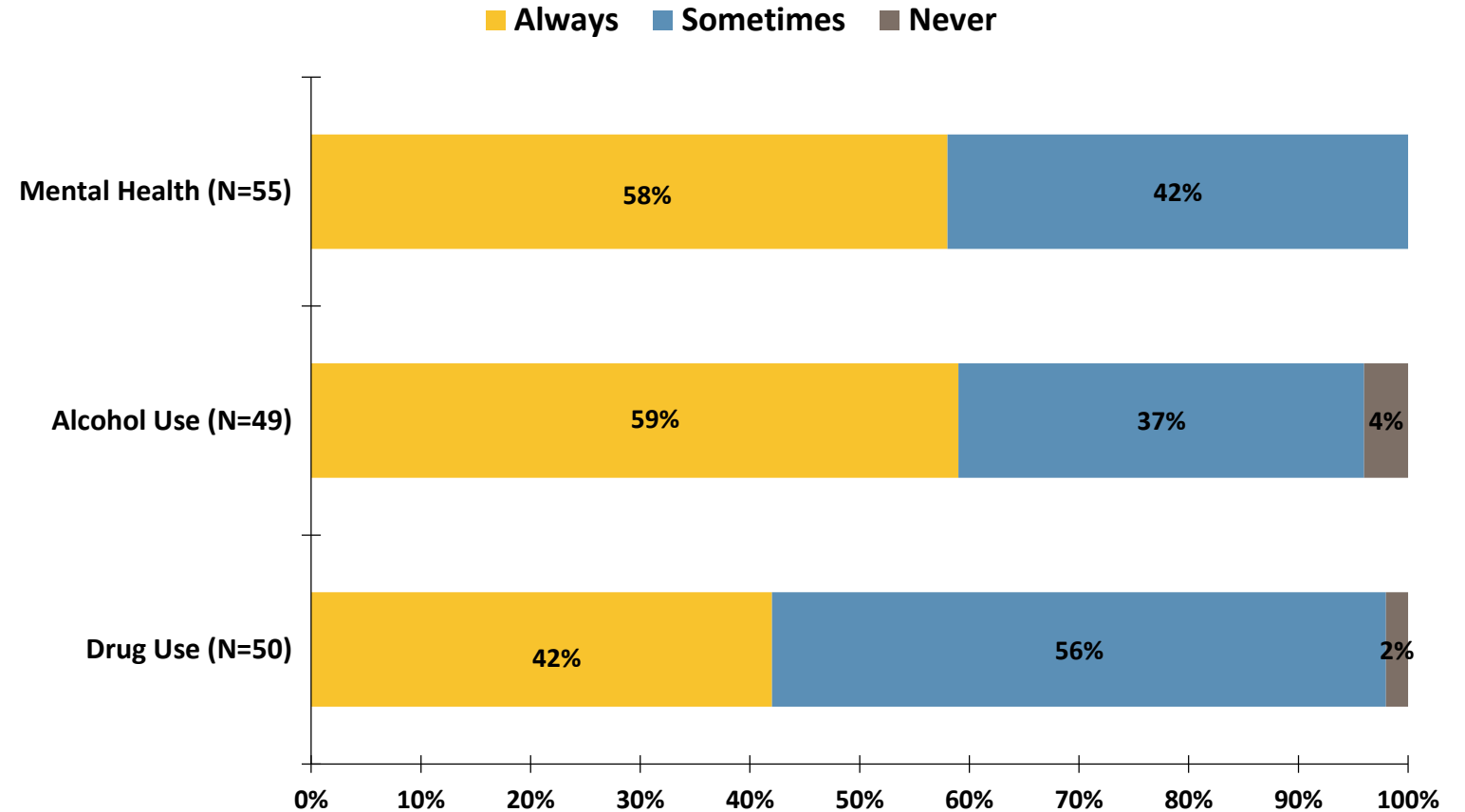
Connection to Mental Health and Drug Usage Services

Organizations Surveyed are More Successful at Connecting Clients with Services for Mental Health and Alcohol Use Than with Drug Use

Organizations surveyed that connect clients or members with services (Varying N sizes)

- Thirty-two of respondents who communicate with their clients/members about these issues can always connect their clients with mental health services (58%), while 29 (59%) are always able to connect their clients with alcohol use services.
- Twenty-one of 50 (42%) can always connect clients with services for drug usage.

Are You Able to Connect Clients or Members to Services for.....



Q39/42/45: Are you able to connect clients or members with services for ...

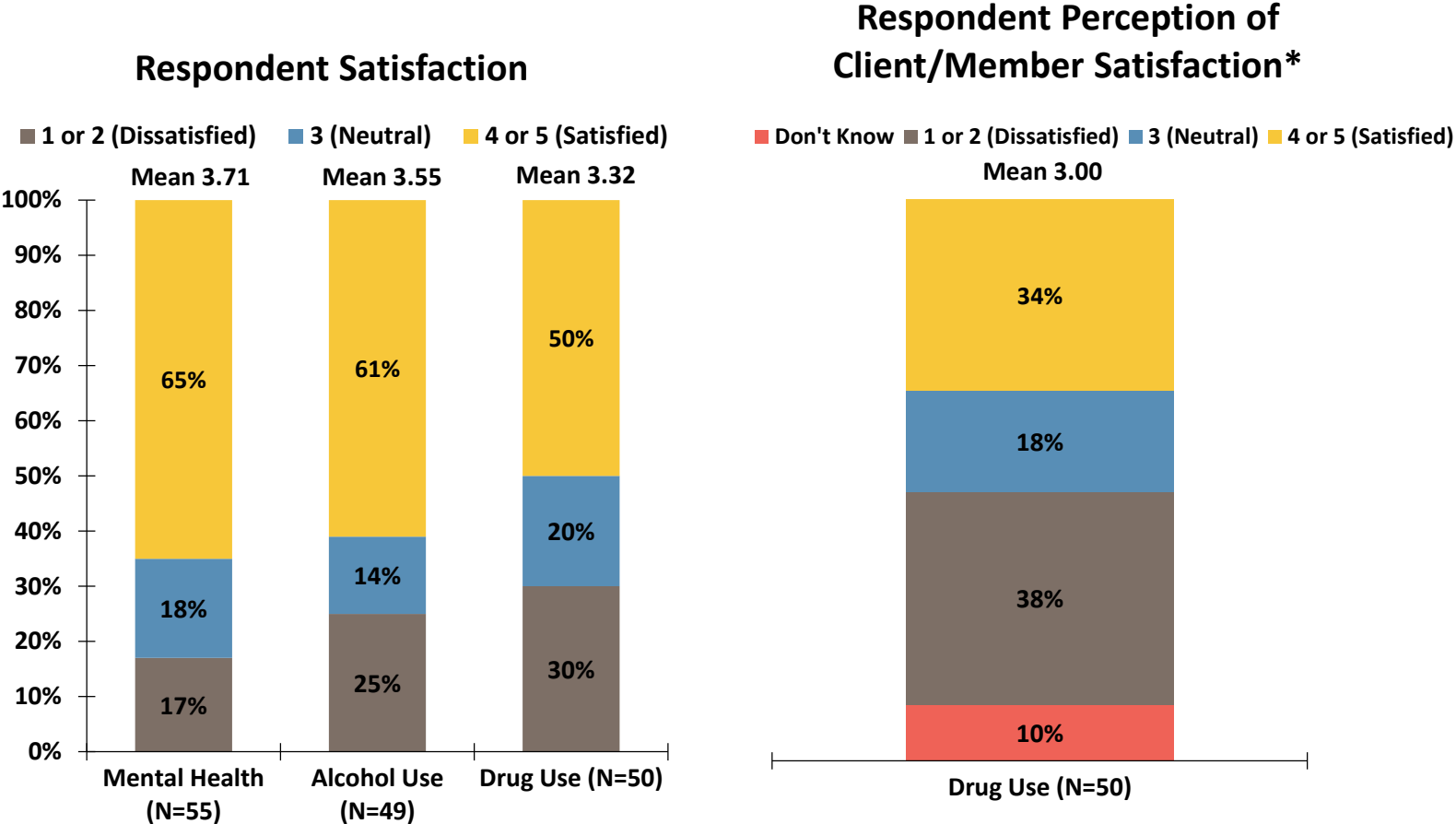
Respondents are Satisfied with the Availability of Services for Mental Health and Substance Use

Organizations surveyed that communicate with clients or members about services.
(Varying N sizes)

- Respondents who communicate with their clients/members on these issues are satisfied with the availability of local services for mental health (mean of 3.71) and alcohol use (mean of 3.55). They are slightly less satisfied with the availability of services for drug use (mean of 3.32).
- When asked to rate the level of perceived satisfaction with drug use services among their members/clients, respondents say their members/clients are less satisfied with the availability of drug use services (mean of 3.00).

Note*: Respondents were not asked about their client/member satisfaction for Mental Health and Alcohol Use

Satisfaction With Availability of Services



Q40/43/46: How satisfied are you with the services available in your area?
(One-to-five-point satisfaction scale)

Q47: How satisfied do you think your clients/members are with the drug-use treatment centers in your area? (One-to-five-point satisfaction scale)

Chapter 4

Undetectable = Untransmittable (U=U)

Awareness

All
Organizations

There is Limited Familiarity of U=U Among Both Organizations Surveyed and Those They Serve

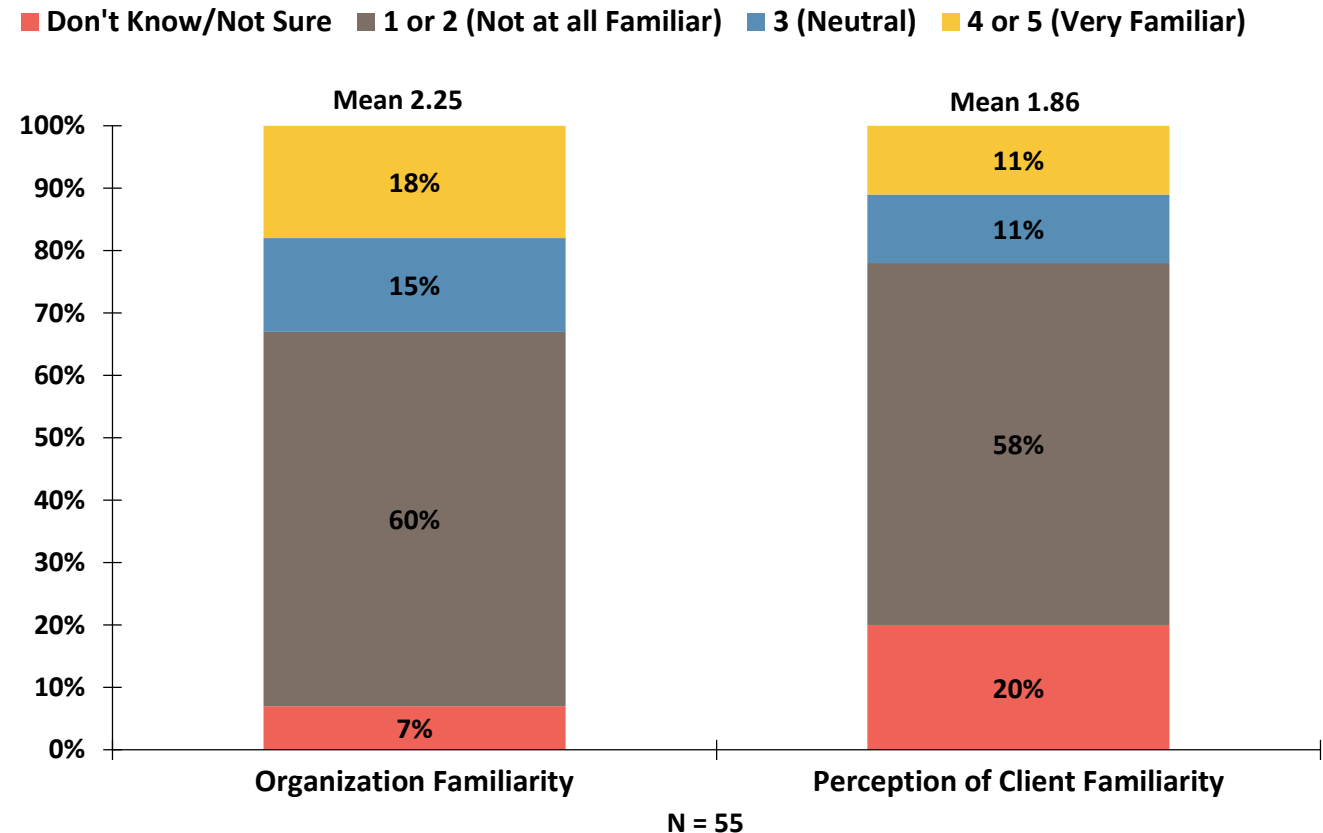
All Respondents (N = 55)

- Respondents surveyed are not very familiar with the U=U* campaign (Undetectable equals Untransmittable), with a mean score well below the midpoint of a five-point awareness scale. Only 10 respondents surveyed (18%) say they are “very familiar” (rating of 4 or 5) with U=U.
- Respondents surveyed were also asked how familiar they feel their clients or members are with the concept of U=U, which gave similar results – 44 (78%) say they don’t know, or their clients aren’t aware of this.

*U=U means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.

<https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>

Familiarity with U=U



Q54: In general, how familiar are you and those in your organization with the concept of U=U – Undetectable equals Untransmittable?

Q55: How familiar do you think your clients or members are with U=U?
(One-to-five-point satisfaction scale)

Chapter 5

Pre-Exposure Prophylaxis (PrEP) Awareness and Availability

All
Organizations

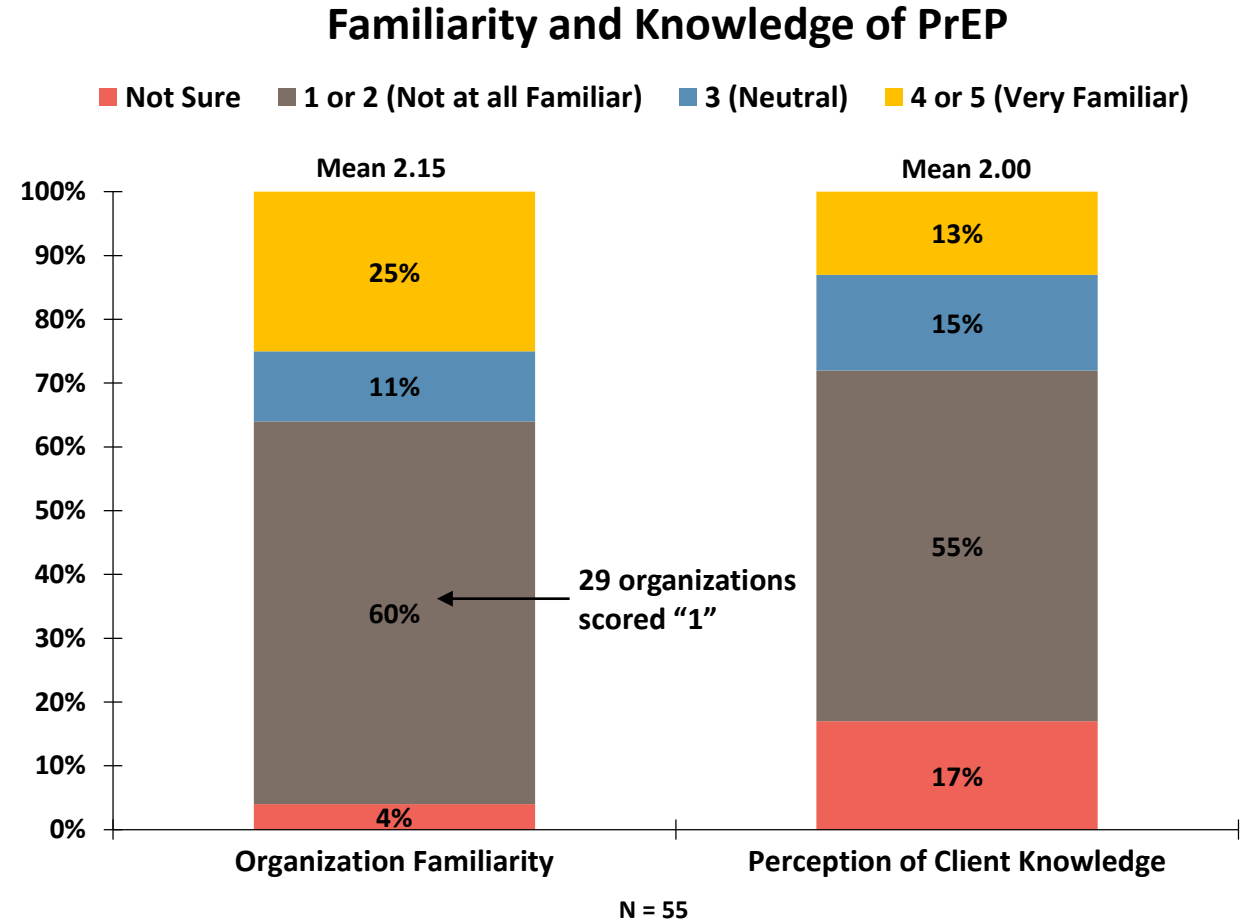
PrEP Familiarity and Knowledge

Awareness of
PrEP/W(h)Y
PrEP Matters

Respondents Had Limited PrEP Familiarity and Believe Those They Serve Have Limited PrEP Knowledge

All Respondents (N = 55)

- Respondents surveyed are not very familiar with PrEP, with a mean score well below the midpoint of the five-point familiarity scale (2.15). Twenty-nine (53%) gave a score of one on this measure, indicating that they are “not at all familiar” with PrEP.
- Respondents were asked how knowledgeable they feel their clients or members are about PrEP, and the results are similar – most say they don’t know the awareness levels for their clients/members or say their clients/members aren’t familiar.



Q56: In general, how familiar are you and those in your organization about PrEP?

Q57: How knowledgeable are your clients or members with PrEP?

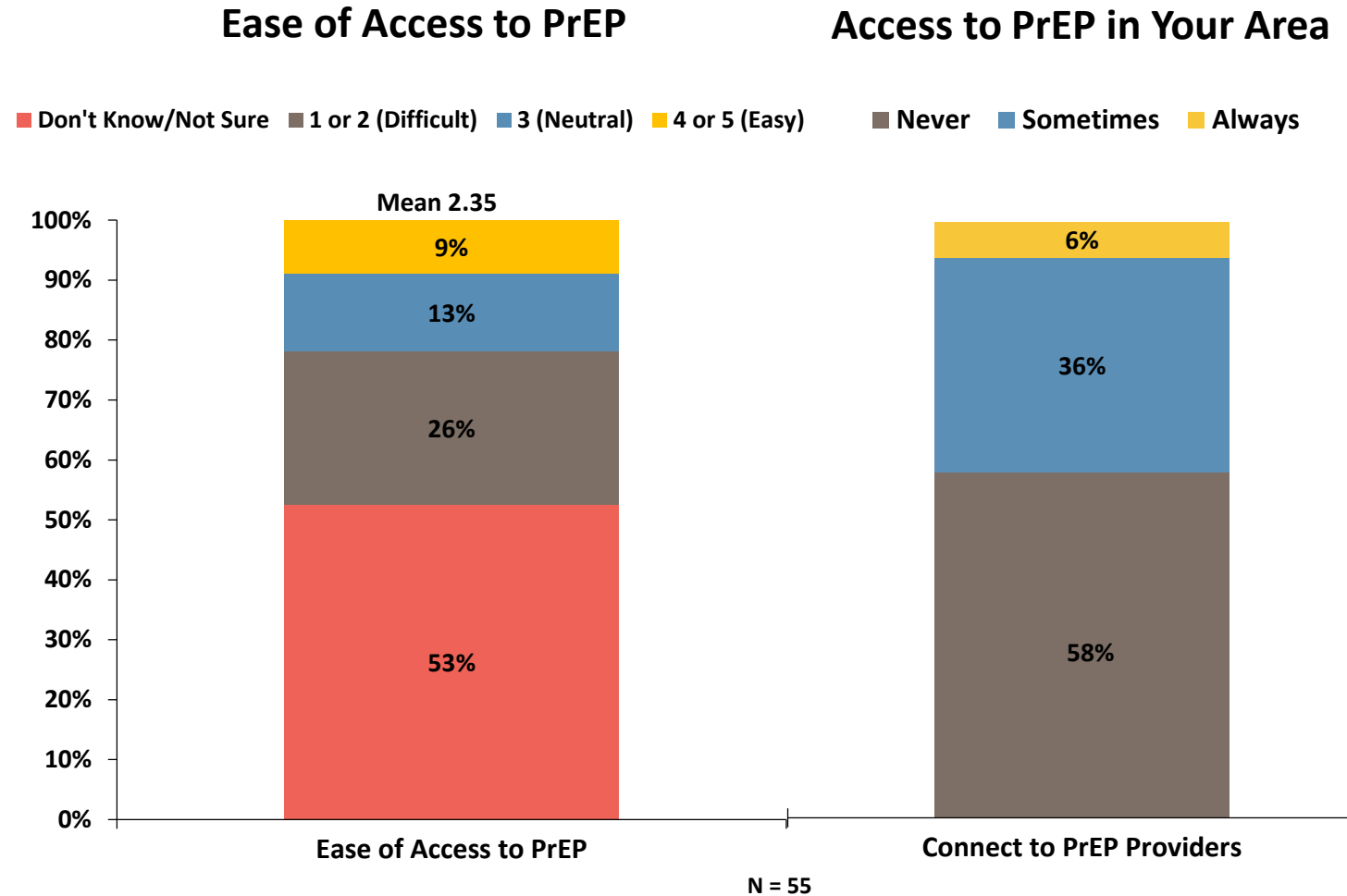
(One-to-five-point familiarity/knowledge scale)

Connection to and Satisfaction with PrEP Services

Respondents Surveyed Do Not Think Their Clients/Members Have Easy Access to PrEP, Nor are They Able to Connect Them to PrEP Providers

All Respondents (N = 55)

- Respondents surveyed do not think it is easy for their clients/members to access PrEP in their area, with a mean score of 2.35. Twenty-nine respondents (53%) could not give a rating for this question.
- Only three respondents (6%) surveyed said they can always connect their HIV-negative clients or members with PrEP providers, while 32 (58%) said they are never able to do so.



Q58: How easy is it for your clients or members to access PrEP in your area? (One-to-five-point scale)

Q59: Are you able to connect your HIV-negative clients or members to doctors, clinics and organizations that could provide them with PrEP?

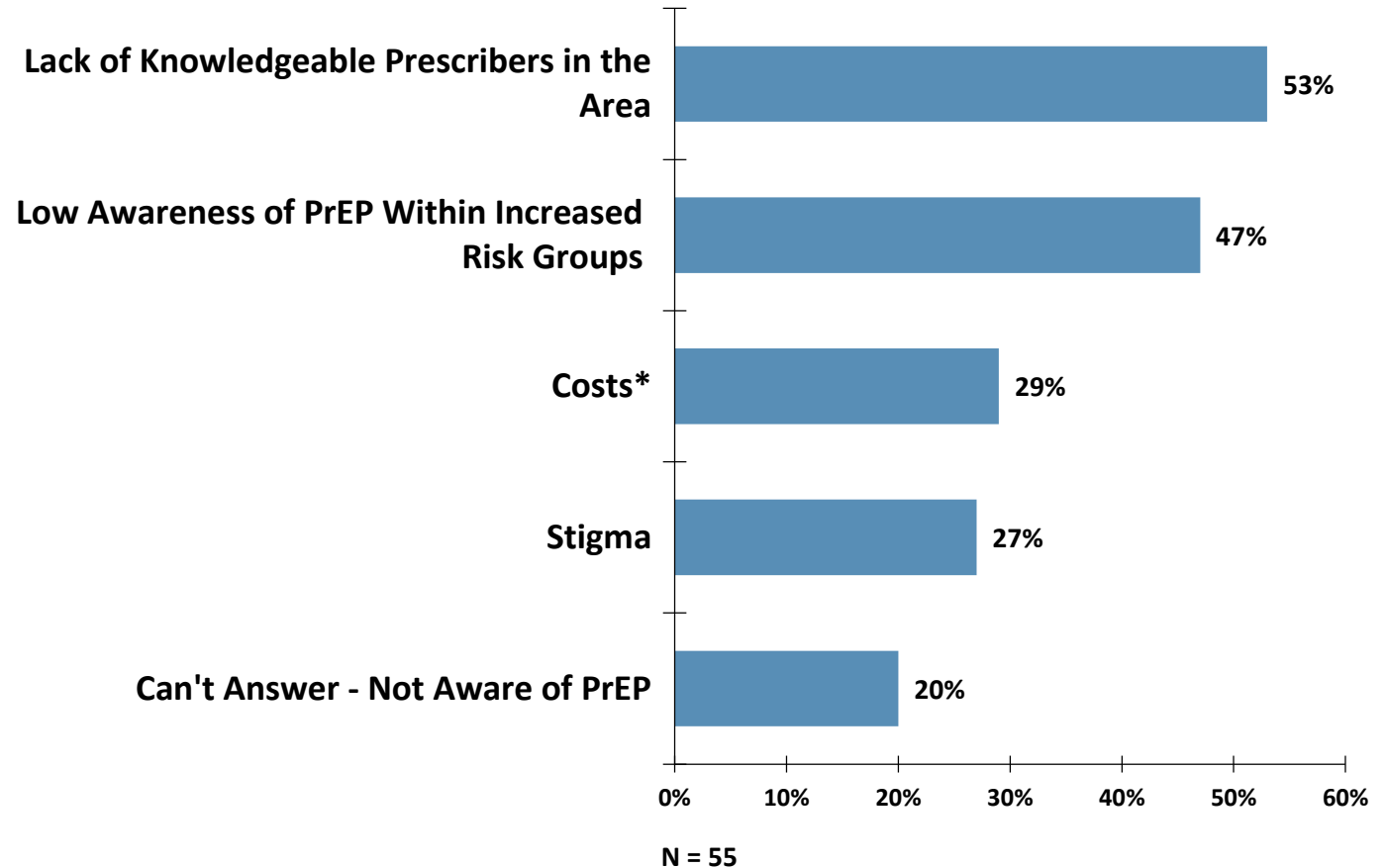
Barriers to Accessing PrEP

Lack of Knowledge/Awareness of PrEP are The Biggest Barriers to Accessing PrEP

All Respondents (N = 55)

- Respondents surveyed cite lack of knowledge by prescribers (53%) and low awareness of PrEP among those who might benefit from it (47%) as the two biggest barriers to accessing PrEP.
 - However, 36 respondents expressed a low awareness of PrEP, and these respondents may be just projecting that since they are not aware, increased risk groups are also not aware and there are fewer prescribers in the area.
- Sixteen respondents surveyed indicated costs associated with PrEP (29%) and 15 indicated stigma regarding PrEP (27%) as barriers to accessing it.
- Eleven of the respondents surveyed (20%) cannot answer because they are not aware of PrEP.

Barriers to Accessing PrEP in your Area



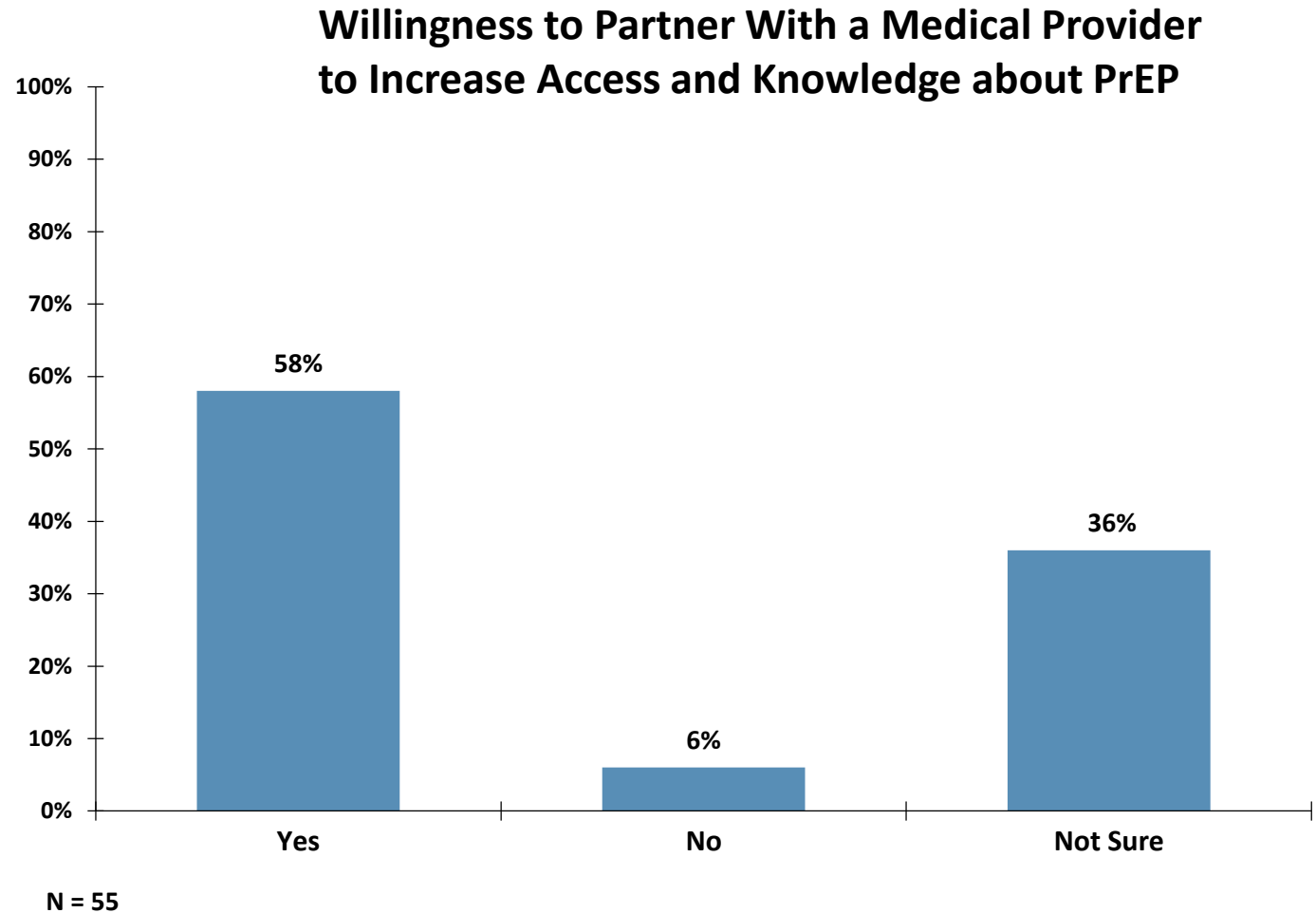
Note*: Cost answer choices include Cost of PrEP (26%), Cost of Office Visits (26%), and Cost of Laboratory Testing (20%)

Q62: For people in your area, what are the biggest barriers to accessing PrEP? (Multiple Response)

Most Respondents Indicated Organizational Willingness to Partner with a Medical Provider to Increase Access and Knowledge of PrEP

All Respondents (N = 55)

- Thirty-two of those surveyed (58%) say their organizations would be willing to partner with a medical provider to increase awareness of PrEP.
- Twenty respondents are unsure whether their organization would be willing to do so (36%).



Q63: Do you think your organization would be willing to partner with a medical provider in your area to increase access and knowledge about PrEP?

Chapter 6

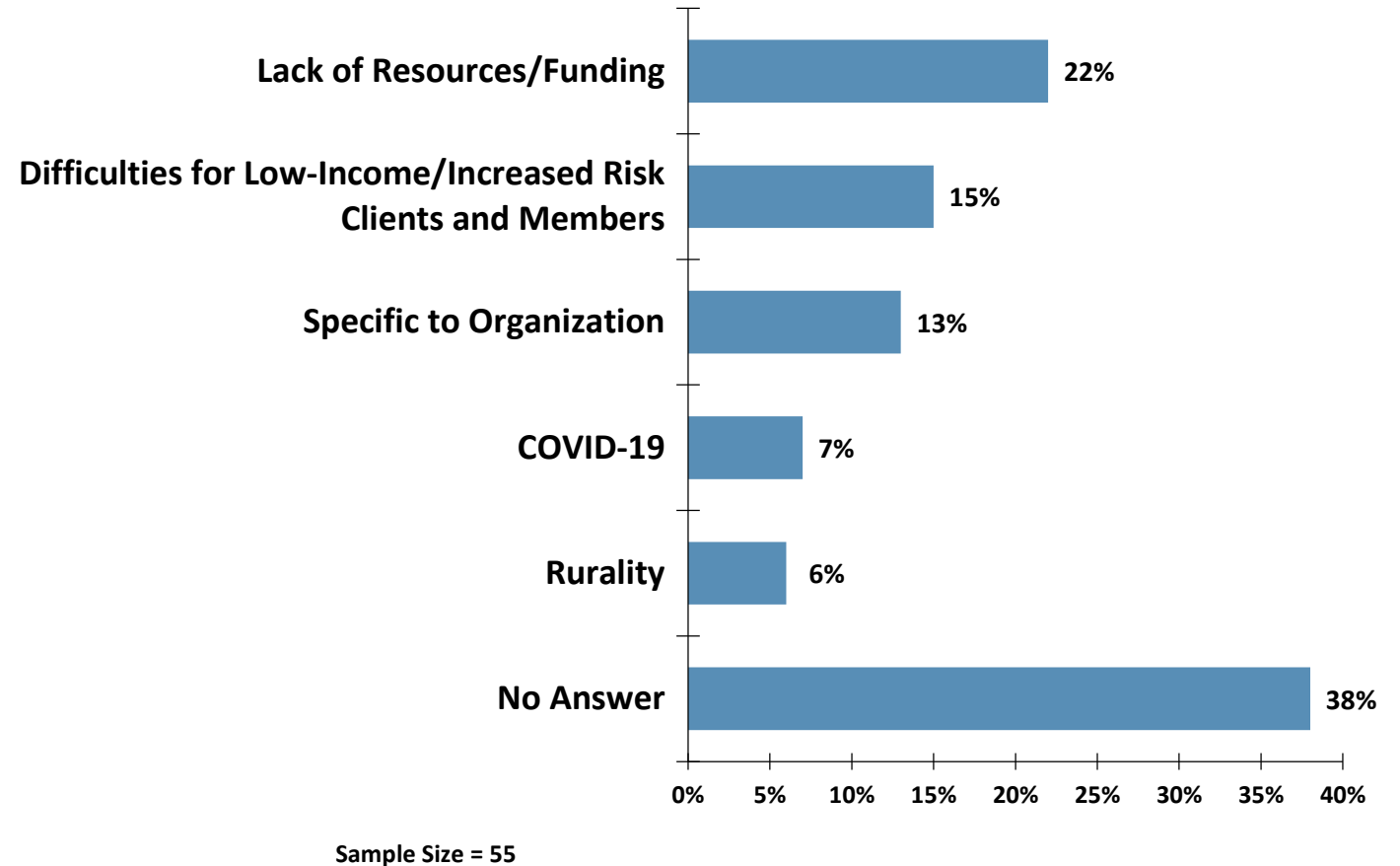
Other Issues

Organizations Surveyed Identified Key Challenges for Providing Optimal Service

All Respondents (N = 55)

- As a final question, respondents were asked an open-ended question about what impacts their ability to provide services. Thirty-four out of 55 organizations surveyed (62%) provided insights for the most significant things impacting their ability to provide services to their clients.
- Responses are varied and include comments on the lack of resources or funding, difficulties faced by low-income clients or members, problems related to COVID-19, rural clients or members, and specific issues related to the organization's particular mission.
- The responses of each organization surveyed are included in the Appendix at the end of this report.

Biggest Impact on Ability To Provide Best Service To Clients/Members



Q64: Finally, is there anything you think we should have covered that we didn't? What is the biggest thing impacting your ability to provide the best service for your clients or members?

See Appendix for complete responses

Conclusion and Recommendations

Conclusions and Recommendations

WY organizations
communicate
regularly

- The Wyoming organizations we interviewed all serve a wide range of clientele and communicate with them on a regular basis. Many would be willing to communicate with their clientele on various issues of concern to the Wyoming Department of Health.

Low awareness of
U=U and PrEP

- There is low awareness of U=U and PrEP – many don't even know what it is. There is even lower awareness of how to access PrEP. Just over half indicate they would be willing to partner with medical professionals to help spread a message about PrEP, and just over one-third are not sure if they would be willing to do this.
- This may reflect a level of discomfort with talking about these issues – there seems to be more familiarity and comfort with talking about other issues, including food security, and substance use.

Strong opportunity to
launch a campaign

- It would appear that there is a substantial opportunity for the Wyoming Department of Health to launch a program to organizations in the state serving populations who might be impacted by HIV, to help spread the U=U message and to help spread the message about PrEP.

Partnering with local
providers might be
well received

- There are some unique opportunities to partner with local medical providers – especially in the state's larger cities, where there might be more of these providers and organizations.

Appendix

What is the Biggest Thing Impacting Your Ability to Provide the Best Service For Your Clients or Members? (Verbatim Responses)

- “Additional resources to help motivate the clients once they have completed their inpatient treatment related to living expenses and housing.”
- “Clients usually fear cost associated with our services which makes them less likely to inquire or utilize services available.”
- “COVID required telehealth services only which is difficult for some clients.”
- “COVID-19 fears.”
- “Finances.”
- “Homelessness.”
- “Housing Victims Services/provide people with a list of 24 programs in the state that provide victims help and crisis throughout the State.”
- “In our county, we face challenges specific to rural areas: transportation, access to our organization in the first place (our organization is limited to college students), funding for such programs (often negatively associated with Planned Parenthood and abortions in our area, which makes me crazy), etc.”
- “In regards to the Department of Health, Mental Health and Substance Abuse Prevention is not as effective under Public Health, there were much better services when Prevention was under Behavioral Health.”
- “Income barriers are the biggest issue we face. Health coverage costs are extremely high and many can't afford housing. We do have health care for the homeless and public health, but health concerns take a back seat when they are trying to find a warm safe place to live.”
- “Increased resources for low income people.”

What is the Biggest Thing Impacting Your Ability to Provide the Best Service For Your Clients or Members? (Verbatim Responses)

- “Lack of insurance for about 50% of clients.”
- “Lack of knowledge and providers.”
- “Lack of knowledge/education of transmission, testing, medication as well as a stigma related to the topic.”
- “Lack of mental health care, at times stable housing, transportation and case managers.”
- “Lack of residential treatment specifically for women in this area is non-existent.”
- “Lack of resource assistance for undocumented clients.”
- “Lack of understanding, hesitant to approach providers so can't refer people to them.”
- “Housing, funds to pursue obtaining legal status, employment opportunities.”
- “Limited availability of services in rural areas.”
- “Money.”
- “Most of the group that I work with are older and do not perceive themselves at risk.”
- “Not crossing the employer/employee line by asking them about these topics.”
- “Our programs are institutional and contracted through the Wyoming Department of Corrections. The greatest impact being the transitioning of the clients when they release prison and are returning to community to continued care/after care services.”

What is the Biggest Thing Impacting Your Ability to Provide the Best Service For Your Clients or Members? (Verbatim Responses)

- “Poor state financing and low priority by legislators. Low income people suffer the worst, and current Medicaid benefits and coverage are seriously inadequate.”
- “Preventative and early intervention services are difficult to provide per lack of available funding.”
- “Recently it has been the COVID which has had the greatest impact. Customarily it would be variety of service provisions in areas.”
- “Resources are our biggest obstacles.”
- “Resources, resources, resources (or lack thereof).”
- "Some of the questions asked regarding satisfaction with programs in the area and a better question would have been what array of services there are in the area. There are no inpatient psychiatric programs or residential treatment facilities within our area. It is a 2 hour drive in good conditions and in the winter those roads frequently close We have 4 psychiatric nurse practitioners (2 via tele-health, 2 in the community with one of those 2 close to retirement and 1 psychiatrist who is close to retirement) in our area. Lastly is our ability to offer competitive wages to potential employees. We've been trying to hire a master's level clinician and today the new graduate we offered to position to was offered a higher wage, a higher sign on bonus, and the company is paying all their licensure fees. We were willing to offer more than our current provisional staff members are paid to try and get her onboard. These are just a few of the barriers in our area."

What is the Biggest Thing Impacting Your Ability to Provide the Best Service For Your Clients or Members? (Verbatim Responses)

- “The biggest hurdle we contend with in regards to our local LGBTQ+ community is acceptance. We still receive negative backlash just for being a lesbian owned business and trying to provide a safe place for LGBTQ+ people (and all people) to gather for a meal or fellowship. While we have found pockets of acceptance, we still struggle with feeling safe in the larger community setting.”
- “The lack of funding available outside of community health centers. Not everyone fits into a cookie cutter program and can attend programs from 8 am to 5 pm. They struggle to find programs where they can work and attend counseling as all the available fees are within a community program rather than a small private practice. My practice provides evening and some weekend sessions, but there is no funds available to those without insurance. Funding should follow clients, not agencies.”
- “We are a small religious organization. Our services include intangible religious benefits. Additional services are dependent on specific members' needs (spiritual, economic, referrals for health services, pastoral care, etc.)”
- “We had an HIV grant at one time and did a lot of awareness in our community and local schools. Funding is essential to create awareness and testing.”
- “Working with juveniles makes it hard due to them not wanting to talk about sexual issues.”

Organizations - Mental Health, Substance Use, Housing, and/or Medical Care

Category	Organization	Role of Respondent
Housing	C.A.R.E.S., Inc.	Director
Medical Facility	Health Works	Clinic Operations Director
Medical Facility	Sweetwater County Community Nursing - Green River (501 C3)	Staff nurse/Case manager
Medical Facility	Cheyenne Regional Medical Center - Behavioral Health Services	Mental Health Therapist
Mental Health	Big Horn Basin Counseling	Big Horn Basin Counseling Services
Mental Health	Cedar Ridge Child And Family Counseling	Owner/therapist
Mental Health	Fern Ridge Counseling, LLC	Front Office Manager
Mental Health	Rite Of Passage, Inc	N/A
Mental Health	Winds Of Change Therapy	Owner
Mental Health	Rising Sun Wellness	N/A
Mental Health and Substance Use	High Country Behavioral Health (Formerly: Carbon County Counseling Center)	Chief Financial Officer
Mental Health and Substance Use	Solutions For Life	Executive Director
Mental Health and Substance Use	Fremont Counseling Service	Clinical Director
Mental Health and Substance Use	High Country Behavioral Health (Formerly: Wellspring)	N/A
Mental Health and Substance Use	High Country Behavioral Health	Clinical Director
Mental Health and Substance Use	Cross Creek Counseling, LLC	Owner
Mental Health and Substance Use	Crossroads Counseling, LLC	Owner
Mental Health and Substance Use	Grand Teton Counseling	N/A
Mental Health and Substance Use	Integrated Counseling Services, LLC	Integrated Counseling Services, LLC
Mental Health and Substance Use	Mercer Family Resource Center, Inc.	N/A
Mental Health and Substance Use	Patricia R. Nesbit, MS, LPC, LAT, NCC	N/A
Mental Health and Substance Use	Pioneer Counseling Services	Executive Director
Mental Health and Substance Use	Restoring Hope, LLC	CEO/Clinical Therapist

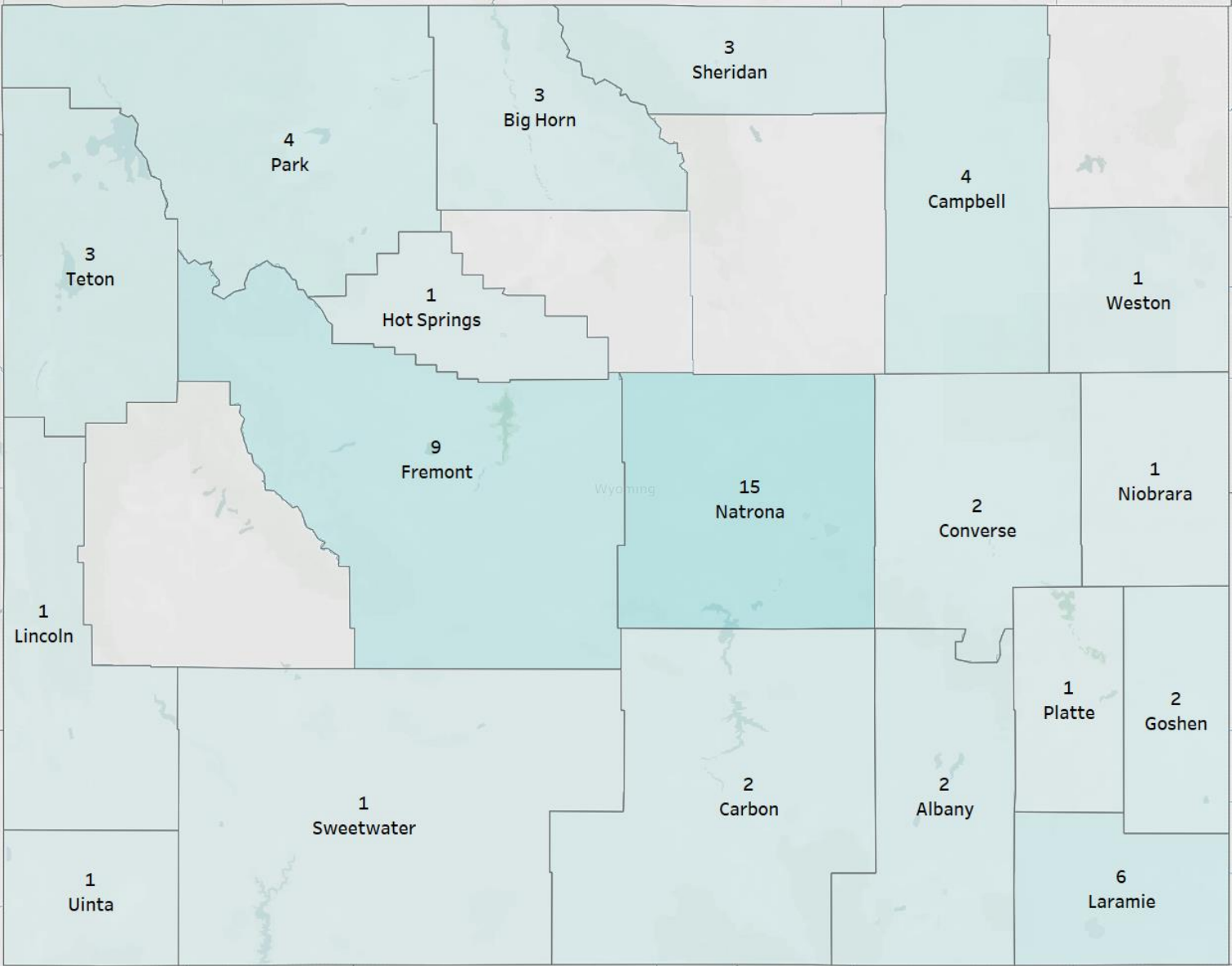
Organizations - Mental Health, Substance Use, Housing, and/or Medical Care

Category	Organization	Role of Respondent
Mental Health and Substance Use	Specialty Counseling & Consulting, LLC Casper, Cheyenne, Douglas, Wheatland	Owner/Operator
Mental Health and Substance Use	The Clinic For Mental Health And Wellness	N/A
Mental Health and Substance Use	Central Wyoming Counseling Center	HR Director/Corporate Compliance Officer
Mental Health and Substance Use	Cathedral Home For Children	N/A
Mental Health and Substance Use	Court Assisted Supervised Treatment Program Of Fremont County And/or The Board Of Fremont County Commissioners As Governing Body For The Fremont County Juvenile Treatment Court	Executive Director
Mental Health and Substance Use	St. Joseph's Children's Home	N/A
Mental Health and Substance Use	Wyoming Counseling Services, Pc - Lander And Riverton	Administrator
Mental Health and Substance Use	Youth Emergency Services (Yes House)	N/A
Substance Use	Curran Seeley Foundation	Executive Director
Substance Use	Recover Wyoming	Interim ED
Substance Use	Personal Frontiers	Office Manager
Substance Use	Central Basin Area Of Narcotics Anonymous	N/A
Substance Use	Rocky Mountain Forum Of Narcotics Anonymous	RD
Substance Use	Gateway Foundation, Inc. (Whcc Boot Camp - Newcastle)(Whf - Riverton)(Wmci Itu - Torrington)(Wsp - Rawlins)(Wwc Itu - Lusk)	State Director
Substance Use	Park County Court Supervised Treatment Program, A Wyoming Non-Profit Corporation	N/A
Substance Use	Self Help Center, Inc.	Executive Director

Organizations - LGBTQ+ Friendly Businesses/Organizations, Native American, and Veteran Services

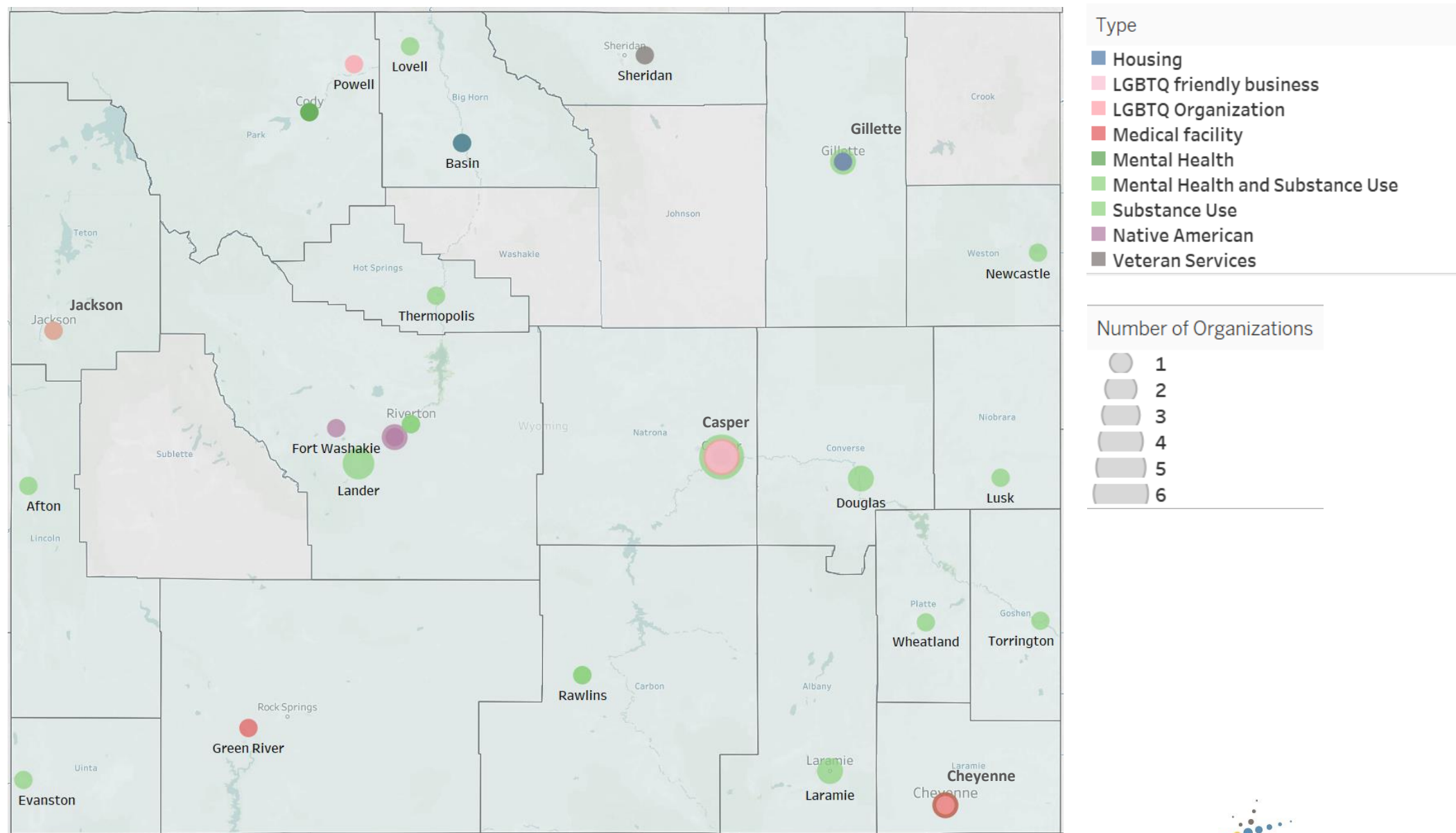
Category	Organization	Role of Respondent
LGBTQ+ friendly business/organization	Unitarian Universalist Church	Treasurer
LGBTQ+ friendly business/organization	Backwards Distilling Company Casper (LGBTQ+-friendly business)	Brand Ambassador
LGBTQ+ friendly business/organization	Pizza Carrello - Gillette (LGBTQ+-friendly business)	Owner & CFO
LGBTQ+ friendly business/organization	Wind River Climbing Guides - Lander/Casper (LGBTQ+-friendly business)	Owner
LGBTQ+ organizations	PFLAG Casper	President
LGBTQ+ organizations	Casper Pride	Chair
LGBTQ+ organizations	Out In Wyoming	Founder
LGBTQ+ organizations	PFLAG Jackson	coordinator
LGBTQ+ organizations	Casper LGBT Community Center	President
LGBTQ+ organizations	Northwest College GSA	Faculty Advisor
LGBTQ+ organizations	Wyoming Equality PrEP Providers	N/A
Native American	Shoshone Recovery	Eastern Shoshone Recovery Program
Native American	White Buffalo Recovery Center-Omnibus (Adult & Youth Program)	Administrative Assistant
Native American	Wind River Tribal College	President
Native American	White Buffalo Recovery Center - Youth Prevention	N/A
Veteran Services	Volunteers of America Northern Rockies	Volunteers of America Northern Rockies

Locations of participating organizations*



Note*: Some participating organizations have multiple locations

Types of participating organizations by city*



Note*: Some participating organizations have multiple locations