

Houston Area HIV Services Ryan White Planning Council

HIV Community Needs Assessment Group (NAG) Meeting

1:00 p.m., Monday, April 15, 2019

Meeting Location: 2223 W. Loop South, Room #532

Houston, TX 77027

AGENDA

- I. Call to Order
A. Welcome
B. Moment of Reflection
C. Adoption of the Agenda
D. Approval of the Minutes
Jeffrey Campbell,
Eric James, and
Steven Vargas, Co-Chairs

- II. 2019 Survey Sampling Principles and Plan
A. Review, Adjust if Needed, and Approve
2019 Survey Sampling Principles and Plan
Amber Harbolt, Health Planner
Office of Support

- III. 2019 Needs Assessment Survey Tool
A. Review Qualification Questionnaire for
Non-primary Care Survey Sites
B. Review, Adjust if Needed, and Approve
2019 Survey Tool

- IV. Discussion: Non-Primary Care Survey Site Suggestions

- V. Next Steps
A. Upcoming Meetings
- Analysis Workgroup will meet in May
- July 15th 2019 (1-3 p.m.): Mid-data collection
check-in
- Tentative: November 2019 - Approve report
Jeffrey Campbell,
Eric James, and
Steven Vargas, Co-Chairs

- VI. Announcements

- VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

HIV Community Needs Assessment Group (NAG)

Monday, February 18, 2019

Meeting Location: 2223 West Loop South, Room 416; Houston, Texas 77027

Minutes

MEMBERS PRESENT

Jeffrey Campbell, Co-chair
 Eric James, Co-chair
 Steven Vargas, Co-chair
 Bobbie Andrews
 Jeff Benavides
 Ardry Boyle
 Tony Crawford
 Cynthia Deverson
 Ronnie Galley
 Angela F. Hawkins
 Mel Joseph

Denis Kelly
 Peta-gay Ledbetter
 Nancy Miertschin
 Rodney Mills
 Ricardo Mora
 Scot More
 Niquita Moret
 Cecilia Oshingbade
 Berta Salazar
 Isis Torrente

OTHERS PRESENT

C. Bruce Turner, RWPC Chair
 Samantha Bowen, RWGA
 Amber Harbolt, Office of Support
 Diane Beck, Office of Support

Call to Order: Steven Vargas, Co- Chair, called the meeting to order at 1:10 p.m. and asked for a moment of reflection. He then asked everyone to introduce themselves.

Adoption of Agenda: Motion #1: *it was moved and seconded (Hawkins, Torrente) to adopt the agenda. Motion Carried.* Abstention:

NAG Membership and Quorum Requirements: Harbolt reviewed the *Membership Requirements, Voting Rules and Quorum for the 2016 Needs Assessment Process*, see attached. More asked that ‘of Houston/Harris County’ be removed from Coalition for the Homeless on the Partners listing. Harbolt suggested adding ‘or prevention staff’ after staff from CPG to quorum requirements. ‘Each agency gets one vote’ was changed to ‘Only one person from each agency can vote’ for both NAG and workgroups. Delete the statement at the end about being unexcused for both NAG and workgroups. The last bullet under Workgroup membership should be changed to ‘After 2 *consecutive* absences...’. **Motion #2:** *it was moved and seconded (Boyle, Hawkins) to approve the NAG and Workgroup Quorum and Membership requirements with the suggested changes. Motion Carried.*

Overview of the 2019 Needs Assessment Process: Harbolt reviewed the Needs Assessment Structure, the Role of the NAG, 2016 Key Concepts for Primary Data Collection, 2019 Suggested Key Concepts for Primary Data Collection and the Needs Assessment Timeline. See attached. Suggested changes to the 2019 Key concepts include Concept 1: ask all respondents where they are from instead of only asking about immigration status for Hispanic/Latino respondents; Concept 4: ask about other ways of communicating with doctor and clinic staff including language barriers. **Motion #3:** *it was moved and seconded (Oshingbade, Crawford) to approve the 2019 Key Concepts for Primary Data Collection with the suggested changes. Motion Carried.*

Set Meeting Schedule: Meetings were set for the 3rd Monday of the month at 1:00 p.m. The meetings are tentatively scheduled for April 15th, July 15th, and November 18th pending room availability.

Next Meeting: Review and approve the survey tool and sampling plan.

Announcements: Harbolt asked everyone to sign up for workgroups before they leave today. Beck said that applications are still being accepted for 2019 Project LEAP. Deverson invited everyone who is interested to attend the Perinatal Task Force meeting at 10:00 am on March 7 at the United Way and also stay for the Fetal Infant Mortality Review (FIMR) meeting at 1:00 pm. Vargas said invited everyone to attend the Data for Change at 1:00 pm on March 1st at the Council on Recovery (303 Jackson Hill). AIDSvu will also be there to explain how to use their online tools.

Adjournment: The meeting was adjourned at 3:10 p.m.

Houston Area HIV Services Ryan White Planning Council

2019 Houston Area HIV Needs Assessment Epidemiology Workgroup (Workgroup Approved 3-18-2019)

Survey Sampling Principles and Plan

1. Calculate finite population sample size using current total prevalence of diagnosed HIV in the Houston EMA (2017=28,225) and determine a high/low range for the total respondent size (*n*) based on a 95% confidence interval

$$n = N * X / X + (N - 1)$$

$$X = Z^2 * p * (1-p) / MOE^2$$

Z=1.96
MOE = 0.04 or 0.03
p = 0.05
N=28,225

Using a 95% confidence interval, the total respondent (*n*) range would be as follows:

	Low	High
Confidence Interval	95%	95%
Confidence Level (=/-)	4%	3%
Sample Size (n)	588	1,029

2. Obtain approximately 91% of surveys from Harris County and 9% from non-Harris County; as this is representative of the distribution of current prevalent cases in the EMA:

	Low (n)	High (n)
Total EMA	588	1,029
Harris County (91%)	535	936
Non-Harris County (9%)	53	93

3. Apply the current unmet need estimate (2017=25%) for the Houston EMA to sampling totals for the estimated out-of-care respondent pool for the survey. Recognizing that this is a hard-to-reach population, actual surveying levels are expected to be lower.

	Low (n)	High (n)
Total EMA	588	1,029
In-Care (N) (75%)	441	772
Out-of-Care (25%)	147	257

4. Create ranges for survey respondents per demographic category based on the proportion of current total prevalence for the EMA, including transmission risk. Smaller units of analysis are not practical for survey administration.

	% of Prevalence	Low (n)	High (n)
Total EMA	100%	588	1,029
Male	75%	441	772
Female	25%	147	257
White	19%	112	196
Black	49%	288	504
Hispanic	28%	165	288
13 – 24*	4%	24	41
25 – 34	20%	118	206
35 – 44	24%	141	247
45 – 54	27%	159	278
55 – 64	18%	106	185
65+	6%	35	62
MSM	57%	335	587
PWIDU	8%	47	82
Heterosexual	29%	171	298

*Surveys for PLWH between the ages of 13 and 17 must be completed by parent or legal guardian.

5. Undertake targeted efforts to sample Special Populations: youth (13-24 yoa, see above), homeless, incarcerated/recently released (**I/RR**), people with injection drug use (**PWIDU**), men who have sex with men (**MSM**), people who are transgender/gender non-conforming, women of color (**WOC**), aging populations (50+ yoa), and substance use/treatment/recovery populations.
6. Develop estimates of the number of surveys to collect at each Ryan White-funded agency that are proportional to the agency's share of clients served.
 - The denominator for this calculation will be the unique number of clients served per agency and in total for calendar year 2018.
 - As clients may receive services at more than one agency within a calendar year, the agency-level denominators will include duplicate clients. This will inflate some of the proportions.
 - Agencies that served clients in 2018 but that are not currently funded by Ryan White will be removed from the sampling proportions, but will be included as survey administration sites.

Sources:

^{1, 4}Texas eHARS. Prevalence as of 12/31/17. Released August 2018.

²Texas 2017 HIV Surveillance Annual Report. Released July 27, 2018.

³Texas Department of State Health Services, Unmet Need by EMA/TGA 2017. Released August 2018

⁵Special Populations identified in the Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 – 2021). Released September 30, 2016.

⁶To be developed using CPCDMS utilization data for CY 2018.

J:\Committees\Comprehensive HIV Planning\2019 Needs Assessment\Survey Process\Sampling\2019 Sampling Plan - WG Approved - 03-18-19.doc

2019 Needs Assessment Survey
Needs Assessment Qualification Questions

We are surveying folks about services for people who are dealing with a specific long-term health condition. Please answer the following questions. When you are finished, please return to a survey staff member to see if you qualify for the survey. 😊

1. Which county do you live in?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Harris | <input type="checkbox"/> Colorado |
| <input type="checkbox"/> Fort Bend | <input type="checkbox"/> Austin |
| <input type="checkbox"/> Waller | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Montgomery | <input type="checkbox"/> I don't live in any of these counties |
| <input type="checkbox"/> Liberty | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> Chambers | |
| <input type="checkbox"/> Wharton | |

2. Are you dealing with a chronic or long-term health condition?

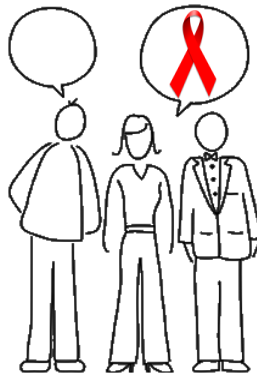
- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> I don't want to answer |

3. Are you living with any of the following health conditions?

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> HIV | |
| <input type="checkbox"/> Hepatitis C | |

STAFF USE ONLY-SURVEY ADMIN

Date of survey: _____
Agency/location: _____
Staff initials: _____
Gift card #: _____



STAFF USE ONLY-DATA ENTRY

Date of data entry: _____
Auto survey #: _____
Staff initials: _____

DRAFT

2019 Consumer Survey

Dear Participant,

The purpose of this survey is to learn about your needs for HIV care and what it's like for you to be living with HIV. Only people who are living with HIV, 18 years of age or older*, and who live in the greater Houston area should take this survey. If you don't meet these requirements or are not sure, please talk to a staff person now.

* A parent or legal guardian must complete a survey on behalf of a person living with HIV ages 13-17.

Please read the following before you begin:

- Your participation in this survey is 100% voluntary. You do not have to participate. If you do, it will help us learn what people need for HIV care.
- Everything you tell us is 100% confidential. You will not be identified in the report, and no information about you *as an individual* will be collected or shared. All the answers you give will be combined with other surveys and shown as a group.
- You may find some of the questions personal, and they may make you feel uncomfortable. You do not have to continue if you feel this way. Please talk to a staff person at any time if you feel uncomfortable with the survey.
- You will receive an incentive for your participation after you have finished the survey. You will be asked to sign for the incentive, but you do not have to use your legal name.
- If you complete the survey, you are consenting to participate in this project. You are also giving us your consent to use your survey answers. Again, you will not be identified in the report, and no information about you *as an individual* will be collected or shared.
- Please take your time to answer all questions as completely and accurately as possible. There are no right or wrong answers. There is no time limit.
- If you have questions about this survey, please contact the Ryan White Planning Council Office of Support at (832) 927-7926 at any time.

You can begin the survey now. Please bring your completed survey to a staff person when you are done. Thank you for your participation in this project!

DRAFT

Section 1: HIV Services

1. Please tell us about any of the following funded HIV services you have used or needed in the past 12 months:

<p>HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>HIV medication assistance (this is help paying for HIV medications <i>in addition to or instead of</i> assistance from the state/ADAP)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Health insurance assistance (this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Oral health care visits with a dentist or hygienist</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

<p>Case management (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outpatient alcohol or drug treatment or counseling</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Professional mental health counseling (this is counseling or therapy with a licensed professional counselor or therapist, either individually or as part of a therapy group)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Day treatment (this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is <i>not</i> a place you live)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

<p>Hospice care (this is a program for people in a terminal stage of illness to get end-of-life care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Nutritional supplements (this includes supplements like Ensure, fish oil, protein powder, etc. and/or nutritional counseling from a professional dietician)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Vision care (this includes routine vision services and glasses provided at your HIV clinic or program)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Language translation (at your clinic or program in a language <i>other than English or Spanish</i>)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

<p>Transportation (this is when your clinic or program offers van rides or a Metro bus card to help you attend your HIV medical appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Van ride(s)</p> <p><input type="checkbox"/> Bus pass(es)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outreach services (these are people at your clinic or program who contact you to help you get HIV medical care when you have a couple of missed appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>ADAP enrollment workers (these are people at your clinic or program who help you complete an application for ADAP medication assistance from the state)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>**If you were in Harris County Jail, please tell us about: Pre-discharge planning (this is when jail staff help you plan how to access HIV medical care after your release)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

2. The following services are not currently funded through Ryan White, but could be funded in the future. You may have used these services at facility or through a different funder than Ryan White. Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Home health care (this is medical care provided specifically for the treatment of HIV when you cannot leave home)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Child care services (this is child care provided to children living in your household to allow you to attend HIV medical visits)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Food bank / home delivered meals (this includes food items, personal hygiene produces, cleaning supplies, water filters; hot meals; meal delivery; and vouchers to purchase food)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Health education / risk reduction (this is education about strategies to prevent or reduce the risk of HIV transmission to others)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Housing (this is temporary or long term housing specifically for people living with HIV)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Other professional services (these are professional and consultant services for HIV-related legal services like Social Security Disability Insurance denial and discrimination, permanency planning including wills and dependent placement, and tax preparation if you used the advanced premium tax credit to purchase Affordable Care Act health insurance)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Legal services</p> <p><input type="checkbox"/> Permanency planning</p> <p><input type="checkbox"/> Tax preparation</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Psychosocial support services (these support group and counseling services not provided by a licensed mental health professional, including bereavement counseling and HIV support groups)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Online support/groups</p> <p><input type="checkbox"/> In person support/groups</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

3. How do you currently communicate with your HIV medical provider? (Check all that apply)






- I don't currently have a medical provider (*skip bullets below and go to Question 4*)
- Phone calls
- Email
- Text messaging
- An online portal (ex: MyChart)
- I drop by the office in person
- Other: _____

• What is your preferred method of communication? _____

• Does your HIV medical provider communicate information about your health in a way that is straightforward and easy to understand?

- Yes
- No

• How would you rate communication with your HIV medical provider?

 It's Poor	 It's Not Very Good	 It's Good	 It's Very Good	 It's Great!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• If communication is "Poor", "Not Very Good", or "Good", what could be changed to make it better? (*skip to Question 4 if "Very Good", or "Great"*)

4. What other kinds of services do you need to help you get your HIV medical care?

Section 2: When You Were First Diagnosed

5. What year were you diagnosed with HIV? _____

6. Where did you get your HIV diagnosis? _____

• If you were diagnosed after 2014, did you get any of the following services from the same agency where you were diagnosed? (*Check one answer for each item below*)

- A list of HIV clinics to go to for medical care Yes No Don't remember
- An appointment for your first HIV doctor's visit Yes No Don't remember
- Someone offered to help you get into HIV care Yes No Don't remember
- Someone answered all of my questions about how to live with HIV Yes No Don't remember
- Someone told me how to get help paying for HIV medical care Yes No Don't remember

Section 3: Your HIV Care History

7. If there was a delay in seeing a doctor for HIV for more than 1 month after you received your HIV diagnosis, what caused the delay? (Check all that apply)

- N/a, there was no delay in seeing a doctor for HIV
- I felt fine, I wasn't sick
- I didn't want to believe I contracted HIV
- I didn't want to take medications
- I didn't know where to get HIV medical care
- I didn't know services exist to help pay for HIV care
- I was diagnosed before HIV treatment existed
- I couldn't afford HIV medical care
- My first HIV medical appointment was rescheduled
- I was drinking or doing drugs at the time
- I had problems with mental health at the time
- There were other priorities in my life at the time
- I couldn't get there, no transportation
- I was afraid of people finding out I contracted HIV
- Don't remember
- Other: _____

8. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop?

Check all that apply)

- N/a, I never stopped seeing a doctor for 12 months
- I felt fine, I wasn't sick
- I was tired of it, wanted a break
- I didn't want to take HIV medications
- I had side effects from my HIV medications
- My viral load was undetectable
- I moved or relocated
- I couldn't afford it anymore
- I lost my health insurance or Ryan White
- I was drinking or doing drugs at the time
- I had problems with mental health at the time
- There were other priorities in my life at the time
- I couldn't get there, no transportation
- My doctor or case manager left
- I had a bad experience at the clinic
- Don't remember
- Other: _____

9. Thinking about the past year, when have you done any of the following?

(Check as many boxes as apply for each bullet item. For example, if you saw a doctor for HIV within the past 3 months as well as 9 months ago, check both “In the past 3 months” and “In the past 9 months”.)

	In the past <u>3</u> months	In the past <u>6</u> months	In the past <u>9</u> months	In the past <u>12</u> months	It has been <u>longer than 12</u> months	I have never done this	I don't remember
<input type="checkbox"/> Seen a doctor, nurse, or PA for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Been prescribed HIV medication (ART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Had a test for your HIV viral load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Had a test for your CD4 (t-cell) count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you are not currently taking HIV medications, why are you not taking them?

(Check all that apply)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> N/a, I <i>do</i> take HIV medication <input type="checkbox"/> I missed a refill <input type="checkbox"/> I am undetectable or an elite controller/long-term non-progressor (<i>please note that current treatment standards recommend continuing with HIV medication if you are undetectable to help stay undetectable</i>) <input type="checkbox"/> I forget to take them <input type="checkbox"/> I did not receive my mail-order medications or I think someone else took them from my mail <input type="checkbox"/> My eligibility expired <input type="checkbox"/> No doctor has offered them to me <input type="checkbox"/> My doctor doesn't think it's a good idea for me | <ul style="list-style-type: none"> <input type="checkbox"/> I had bad side effects <input type="checkbox"/> They are too hard to take as prescribed <input type="checkbox"/> I don't have the correct food to take with them <input type="checkbox"/> I can't pay for them <input type="checkbox"/> I don't have prescription insurance coverage <input type="checkbox"/> I don't have a safe place to keep them <input type="checkbox"/> I don't want anyone to know I'm taking HIV meds <input type="checkbox"/> I was tired of it, wanted a break <input type="checkbox"/> I choose not to take them <input type="checkbox"/> I feel fine, I'm not sick Other: _____ |
|--|--|

Section 4: Other Health Concerns

11. Has a doctor told you that you currently have any of the following *non-HIV* medical condition? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alzheimer's or dementia | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> HPV (human papillomavirus) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung disease/COPD |
| <input type="checkbox"/> Auto-immune disease (i.e., MS, lupus) | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Blood clotting disorder | <input type="checkbox"/> Neuropathy/pain or numbness in hands or feet |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Osteoporosis, or bone disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> TB. If so: <input type="checkbox"/> Active TB <input type="checkbox"/> Latent TB |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> I have not been told I have any of these |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Prefer not to answer |
| If so: <input type="checkbox"/> Treated <input type="checkbox"/> Not treated | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Herpes | |
| <input type="checkbox"/> High blood pressure | |

12. Have you been tested for any the following conditions? (Check all that apply for each item below. For example, if you were tested for syphilis within the past 3 months and also 9 months ago, check both "In the past 3 months" and "In the past 9 months".)

	In the past 3 months	In the past 6 months	In the past 9 months	In the past 12 months	It has been longer than 12 months	I have never had this test	I don't remember
<input type="checkbox"/> Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were you diagnosed with any of the conditions? (Check all that apply. If you have never had testing for any of the conditions or you do not remember, skip below and go to Question 13)

- No, I was not diagnosed with any of the conditions
- Chlamydia
- Gonorrhea
- Syphilis

If you were diagnosed with any of the conditions, did you complete treatment? (Check all that apply, and write in the condition/s each answer applies to.)

- N/a, I was not diagnosed with any of the conditions
- No, I never got treatment for _____
- I started treatment, but did not complete it for _____
- Yes, I completed treatment for _____

13. In the past 12 months, have you felt any of the following to such a degree that you thought you wanted help? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Anxiety or worry | <input type="checkbox"/> Trouble remembering |
| <input type="checkbox"/> Fear of leaving your home | <input type="checkbox"/> Trouble focusing |
| <input type="checkbox"/> Feeling impulsive or out of control | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Thoughts of hurting yourself or others |
| <input type="checkbox"/> Loneliness or isolation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Night terrors | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Prefer not to answer |

***If you are having any of these thoughts right now, contact your counselor immediately or refer to the resource list attached to this survey.*

14. Has a doctor told you that you currently have any of the following conditions?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Gender dysphoria/gender identity disorder |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Obsessive compulsive disorder |
| <input type="checkbox"/> AIDS Survivor Syndrome | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Schizophrenia or episodes of psychosis |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> I don't have a mental health diagnosis |

15. In the past 12 months, have you experienced any of the following?

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Been treated differently because you're living with HIV | <input type="checkbox"/> Threats of violence by a stranger |
| <input type="checkbox"/> Been denied services because you're living with HIV | <input type="checkbox"/> Physical assault by someone you know |
| <input type="checkbox"/> Been asked to leave a public place | <input type="checkbox"/> Physical assault by a stranger |
| <input type="checkbox"/> Verbal harassment/taunts | <input type="checkbox"/> Sexual assault by someone you know |
| <input type="checkbox"/> Threats of violence by someone you know | <input type="checkbox"/> Sexual assault by a stranger |
| | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Prefer not to answer |

16. Are you currently in an intimate relationship with someone who makes you feel afraid, threatened, isolated, forces you to have sex, or physically hurts you?

(Check one)

- Yes No Prefer not to answer

***If you currently feel unsafe in an intimate relationship, refer to the resource list attached to this survey for help.*

Section 5: Substance Use

17. In the past 12 months, has alcohol or drug use interfered with you getting HIV medical care? *Examples could include alcohol or drug use that led to missing HIV medical appointments, having trouble taking HIV medications as prescribed, avoiding medical care for fear of legal issues, or fear telling your HIV doctor about alcohol or drug use. (Check one)*

- No, I have not used alcohol or drugs (**skip bullet below and go to Question 18**)
- No, I have used alcohol or drugs, but it has not interfered with me getting HIV medical care (**skip bullet below and go to Question 18**)
- Yes
- Prefer not to answer

If you answered yes, which substance(s)? (Check all that apply)

- Alcohol
- Club/party drugs (e.g., ecstasy/MDMA/Molly, GHB, roofies, ketamine)
- Cocaine or crack
- Hallucinogens (e.g., LSD, PCP, mushrooms)
- Heroin
- Inhalants (e.g., poppers, glue)
- Marijuana
- Methamphetamine/meth
- Prescription drugs not prescribed to you (e.g., painkillers, opioids, tranquilizers)
- Prescription drugs prescribed to you, but that you use differently than intended
- Legal drugs from a shop (e.g., bath salts, fake marijuana)
- Other: _____
- None of the above
- Prefer not to answer

Section 6: Housing, Transportation, and Social Support

18. Where do you sleep **most often**? *(Check one)*

- My own house/apartment that I pay for
- My own house/apartment that someone else pays for
- At the home of friends/family
- A group home for people living with HIV
- A group home, not just for people living with HIV
- Hotel/motel room that I pay for
- Hotel/motel room that someone else pays for
- Shelter
- Car
- On the street
- A combination of places, it changes all the time
- Other: _____

19. Do you feel your housing situation is stable? *(Check one)* Yes No

20. Does your housing situation currently have any of the following problems?

(Check all that apply)

- Problems with housing quality (*e.g. mold, asbestos, exposed wires, broken windows, leaks, poor insulation, broken plumbing, or broken appliances*)
- Problems with overcrowding/too many people
- Feeling like I have no privacy, or my personal items and medications are not safe
- Feeling unsafe or threatened in my house/apartment
- Feeling unsafe or threatened in my neighborhood
- I've had trouble getting housing because of felon status
- Other problems with your housing situation: _____

21. Has your housing situation interfered with you getting HIV medical care?

(Check one) Yes No

22. Has your transportation situation interfered with you getting HIV medical care?

(Check one) Yes No

23. Social support is when people or groups in your life provide emotional support, assistance, advice, and/or companionship. Do you get social support from any of the following? *(Check all that apply)*

- Family / friends
- Faith group
- Recovery / sobriety group
- In-person support group
- Online groups (*please specify*): _____
- N/a, I don't get social support from any of these

Section 7: Financial Resources

24. What is your employment situation? *(Check all that apply)*

- Employed full time
- Employed part time
- Employed as a contractor (*ex: Lyft, Uber, Instacart, DoorDash, etc.*)
- Employed for cash (*ex: cleaning, childcare, landscaping, construction, etc.*)
- Self-employed
- I support myself through sex work
- I support myself through street work (*ex: panhandling, drug trade, etc.*)
- Retired
- Not working due to disability
- Unemployed, but currently seeking employment
- Unpaid volunteer
- Full time student
- Part time student
- Stay at home parent
- Unpaid caregiver for a family member or friend
- Other: _____

25. What is your current monthly household income? \$ _____

Prefer not to answer

- How many people, including you, depend on this income? _____
- Of these, how many are children under 18 years old? _____

26. How do you pay for **general** medical care for yourself or your family?

(Check all that apply)

- Private health insurance. If so, which company do you have? _____
(e.g., Aetna, Anthem, Blue Cross/ Blue Shield, CIGNA, Humana)
- VA
 Indian Health Service
 Self-pay
 I don't get medical care because I can't pay for it
 I only get medical care for HIV through Ryan White
 Other: _____
- COBRA
 Medicaid
 Medicare
 Gold Card

27. Do you have trouble paying for the following types of medications on your own?

(Check one answer for each item below)

	Yes	No	I do not take this
HIV medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-HIV related medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications for mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• **If you have trouble paying for your medications, are you getting help paying for them?** (Check one)

- Yes
 No
 Don't know
 N/a, I do not take medication

28. Do you regularly have difficulty accessing healthy food? (Check one)

Yes No (skip bullet below and go to Question 29)

• **What are the reasons you regularly have difficulty accessing healthy food?**

- Healthy food is too expensive
 There is nowhere to buy healthy food near where I live
 It takes too long to travel to buy healthy food
 I don't have time to buy healthy food
 I'm not sure what kinds of food are healthy
 I don't like the taste of healthy food or I find it boring
 My family doesn't like healthy food
 I just choose not to eat healthy food
 I don't know how to cook
 I don't have the resources to be able to cook or store food
 I don't have time to prepare healthy food
 The options available at the food bank or food pantry I use are not healthy
 Other: _____

Section 8: Please Tell Us About Yourself...

29. What zip code do you live in? _____

30. What is your age (in years)?

- | | |
|---|--|
| <input type="checkbox"/> 13-17 years old
(parent / guardian completed) | <input type="checkbox"/> 50-54 years old |
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 55-64 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 65-74 years old |
| <input type="checkbox"/> 35-49 years old | <input type="checkbox"/> 75+ years old |

31. What sex were you assigned at birth? (Check one)

- Male Female Intersex (someone born with both male and female reproductive or sex organs; or with reproductive or sex organs that were not clearly male or female)

32. What is your *primary* gender identity or gender expression today? (Check one)

- Man Woman Non-binary or gender fluid Other: _____

33. Are you currently pregnant? (Check one) Yes No Don't know

- If you are currently pregnant, are you in prenatal care? (Check one) Yes No Don't know

34. How do you identify in terms of your sexual orientation? (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Pansexual (someone who feels sexual attraction, desire, love toward all sexes/genders) |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual (someone who does not feel sexual attraction) |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other: _____ |

35. Are you of Hispanic or Latin(o/a/x) origin? Yes No

36. What is your primary race? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic/Latin(o/a/x) | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Other: _____ |

37. What is your immigration status? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Permanent resident/born here (if you were born in the U.S., skip bullet below and go to Question 38) | <input type="checkbox"/> U.S. citizen for less than 5 years |
| <input type="checkbox"/> U.S. citizen for more than 5 years | <input type="checkbox"/> Visa (student, work, tourist, etc.) |
| | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Other: _____ |

- If you were not born in the U.S., what is your country of origin?
- (Please specify): _____
 Prefer not to answer

38. **In the past 12 months, have you been released from jail or prison?**

(Check one) Yes No

Section 9: Prevention Activities

39. **In the past 12 months, have you received any information about preventing HIV transmission?** (Check one) Yes No

- If so, where did you get this information? _____
- What was the information? _____

40. People living with HIV who keep up with their HIV medical care and maintain an undetectable viral load (under 20 copies/mL) for at least 6 months have essentially no risk of transmitting HIV to another person through sex. This is sometimes called Undetectable = Untransmittable, or U = U. **Have you heard about U = U before?**
(Check one) Yes No Don't remember

41. Pre-Exposure Prophylaxis (also called PrEP) is a way for people who don't have HIV to prevent getting HIV by taking a pill every day. **Have you heard about PrEP before?**
(Check one) Yes No Don't remember

42. **Do you know where a person who does not have HIV can go to get on PrEP?**
(Check one) Yes No

***See the resource list attached to this survey for more information about PrEP.*

43. Post-exposure Prophylaxis (also called PeP) is a way for people who don't have HIV to prevent getting HIV if they think they may have been exposed through sex or needle sharing in the last 72 hours. **Have you heard about PeP before?**
(Check one) Yes No Don't remember

44. **Do you know where a person who does not have HIV can go to get PeP?**
(Check one) Yes No

***See the resource list attached to this survey for more information about PeP.*

45. **If you've had sex in the past 6 months, what is the HIV status of your sex partner(s)?** This could be anal, vaginal, or oral sex, either receptive (bottom) or insertive (top), with any person. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I have not had sex in the past 6 months (skip Questions 46-48 below and go to Question 49) | <input type="checkbox"/> HIV negative, not taking PrEP |
| <input type="checkbox"/> HIV positive | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> HIV negative, taking PrEP | <input type="checkbox"/> I don't remember |
| | <input type="checkbox"/> Prefer not to answer |

46. How often do you talk about your HIV status with new sex partners? (Check one)

- Always, with every partner
- Sometimes, with some partners
- Never, my partner already knows
- Never, I always use condoms, so I don't feel like I have to share my status
- Never, I have an undetectable viral load, so I don't feel like I have to share my status
- Never, I don't feel comfortable sharing my status
- Never, I don't want to share my status
- Never, I do not have sex

47. If you've had sex in the past 6 months, how often did you use a condom (or female / internal condom) for each of the following? (Check one answer for each item below)

	Every time	Most of the time	About half of the time	Rarely	Never	N/A, I didn't do this
<input type="checkbox"/> Getting oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Giving oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anal sex, receptive (bottom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anal sex, insertive (top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. If you've had sex in the past 6 months, and you did not use a condom, why?

(Check all that apply)

- I only ever have sex with one person
- My sex partner(s) is living with HIV
- My sex partner(s) is on PrEP
- My viral load is undetectable
- I don't think I can get HIV again
- I can't get condoms
- I don't like condoms
- I'm not comfortable using condoms
- I'm allergic to condoms
- I can't find condoms that fit
- I'm too drunk / high at the time to remember to use condoms
- I get caught up in the moment, and forget to use them
- I don't think my partner likes condoms
- My partner(s) doesn't know my HIV status
- I'm afraid my partner(s) will tell other people about my HIV status
- I'm not comfortable talking to partners about condoms
- I'm afraid of what my partner(s) will do if I bring up condoms
- I only have oral sex, so I don't feel like I need a condom
- I only use condoms when I have vaginal or anal sex, not with oral
- I want to have a baby
- Sex with a condom doesn't feel as good
- I only use sex toys for penetrative sex
- Other: _____

49. In the past 6 months, did you use a needle to inject any substance, including medications, insulin, steroids, hormones, silicone, or drugs? This does not include an injection or blood test from a medical professional. (Check one)

- No (skip Questions 50-51 below and go to Question 53)
- Yes

50. In the past 6 months, how often did you share or use needles or injection equipment that somebody else may have used?

- | | |
|--|--|
| <input type="checkbox"/> N/a, I never share or use other people's needles or injection equipment | <input type="checkbox"/> Only a few times |
| <input type="checkbox"/> Never | <input type="checkbox"/> About half the time |
| | <input type="checkbox"/> Often |
| | <input type="checkbox"/> Always |

51. In the past 6 months, how often did you clean your needles or injection equipment with bleach?

- | | |
|---|--|
| <input type="checkbox"/> N/a, I never share or reuse needles or injection equipment | <input type="checkbox"/> About half the time |
| <input type="checkbox"/> Never | <input type="checkbox"/> Often |
| <input type="checkbox"/> Only a few times | <input type="checkbox"/> Always |

Final Questions...

52. In the past 12 months, did you get help for yourself from any of the following agencies? (*Check one*)

- | | |
|---|--|
| <input type="checkbox"/> AIDS Foundation Houston (AFH) | <input type="checkbox"/> The Montrose Center (formerly Montrose Counseling Center) |
| <input type="checkbox"/> AIDS Healthcare Foundation (AHF) | <input type="checkbox"/> Positive Efforts |
| <input type="checkbox"/> Bee Busy Wellness Center | <input type="checkbox"/> St. Hope Foundation |
| <input type="checkbox"/> Bering Omega Community Services | <input type="checkbox"/> Texas Children's Hospital |
| <input type="checkbox"/> Covenant House | <input type="checkbox"/> TDCJ |
| <input type="checkbox"/> Accesshealth in Fort Bend | <input type="checkbox"/> Thomas Street Health Center |
| <input type="checkbox"/> Avenue 360 Health & Wellness | <input type="checkbox"/> VA |
| <input type="checkbox"/> Harris County Jail | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Legacy Community Health | _____ |
| <input type="checkbox"/> Memorial Hermann | |

53. Do you know how to file a grievance or a complaint? (*Check one for each item below*)

	Yes	No
With an agency	<input type="checkbox"/>	<input type="checkbox"/>
With Ryan White**	<input type="checkbox"/>	<input type="checkbox"/>

**See the resource list attached to this survey for the Ryan White grievance/complaint lines.

Thank you for taking our survey!

Your answers will help us learn what people need for HIV care in the Houston Area.

If you have questions about this survey after today, please contact:

Ryan White Planning Council
Office of Support
(832) 927-7926

Please bring your completed survey to a staff person now.

DRAFT

To be updated to 2019

RESOURCE LIST – YOURS TO KEEP!

Please tear off this page and take it with you.

If you need immediate help, please contact the agencies below.

All services are available in English and Spanish.

CRISIS HOTLINES (available 24 hours/7 days)	
Abuse/Neglect Hotline (Adult, Child, Disabled)	1-800-252-5400
Coalition for the Homeless	713 739-7514
Crisis Intervention of Houston Spanish	713 HOTLINE (468-5463) 713 4AYUDA
LGBT Switchboard Helpline	713 529-3211
Rape Crisis Hotline	713 528-7273
Suicide Prevention Hotline	1-800-273-TALK (8255) 1-800-799-4TTY (4889) TTY
Teen Crisis Hotline	713 524-TEEN
Texas Youth Hotline	1-800-989-6884
Trevor Lifeline (LGBTQ youth)	1-866-488-7386
United Way	211 (713-957-4357)
Vet2Vet Crisis Hotline	1-877-VET2VET (838-2838)
Veteran Crisis Line	1-800-273-8255 (Press 1)
DOMESTIC/INTIMATE PARTNER VIOLENCE	
Aid to Victims of Domestic Abuse	713 224-9911
Domestic Violence Hotline	713 528-2121
LGBT Switchboard Helpline	713 529-3211
DOMESTIC VIOLENCE EMERGENCY SHELTER	
Fort Bend County Women's Center	281 342-HELP (4357)
Houston Area Women's Center	713 528-2121
Montgomery County Women's Center	936 441-7273
The Montrose Center (LGBT)	713 529-3211
MENTAL HEALTH CRISIS	
Emergency Psychiatric Services	713 970-7070
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)	1-800-659-6994
PRE-EXPOSURE PROPHYLAXIS (PrEP)	
Bee Busy Wellness Center	713 771-2292
Dr. Gordon Crofoot	713 526-0005
Houston Area Community Services (HACS)	832 384-1406
Legacy Community Health	832 548-5221
St. Hope Foundation	713 778-1300
SUBSTANCE & ALCOHOL ABUSE	
Alcoholics Anonymous	713 686-6300
Al-Anon	713 683-7227
Cocaine Anonymous	713 668-6822
Narcotics Anonymous	713 661-4200
Palmer Drug Abuse Program	281 589-4602
QUESTIONS ABOUT THE SURVEY	
	713 572-3724

GRIEVANCE/COMPLAINT PROCEDURES

If you have questions on how to file a complaint with one of the agencies listed below regarding a Ryan White funded service, please contact:

FUNDED AGENCIES

RYAN WHITE PART A:

- Accesshealth (Fort Bend)
- Houston Area Community Services
- Houston Health Department
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation
- Thomas Street Health Center
- UT Health Science Center (pediatrics)
- VA Medical Center

RYAN WHITE PART B & STATE SERVICES

- Bering Omega Community Services
- Harris County Jail
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation

RYAN WHITE PART A:

English: 713-439-6089

Spanish: 713-439-6095

Or write to:

Harris County Public Health Services
Ryan White Grant Administration
2223 West Loop South, Suite 417
Houston, TX 77027

RYAN WHITE PART B & STATE SERVICES:

Reachelian Ellison, Consumer Relations
Coordinator

713-526-1016, Ext. 104

rellison@hivtrg.org

Or write to:

Houston Regional HIV/AIDS Resource
Group
500 Lovett Boulevard, Suite 100
Houston, TX 77006

If your complaint remains unresolved after you have followed all procedures with the agency, you will be informed on how to file a formal grievance.