**Houston Area HIV Services Ryan White Planning Council**



**Office of Support**

Project L.E.A.P. 2015  *Knowledge Assessment*

The purpose of this questionnaire is to measure your understanding of core Project L.E.A.P. topics and skills *after* you have completed the course. You may remember completing the same questionnaire on the first day of the course. We will be comparing both questionnaires. This comparison helps us know how well we did in reaching our goal to help your Project L.E.A.P. class improve its HIV Community Planning knowledge, skills, and abilities.

**Today’s Date:**

**First Name: Last Name:**

*\*\*Please know that the only reason we need your name on this form is to match it to the questionnaire you completed at the beginning of the course. Your name will not be used for any other reason.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please rate how well you currently understand each of the following topics:** | | | | | |
| ***I understand…*** | Very Well | Quite Well | Fairly Well | A Little | Not at All |
| The sources and purposes of HIV care, treatment, and support services funding |  |  |  |  |  |
| The structure and function of the Houston Ryan White Planning Council (RWPC) |  |  |  |  |  |
| The structure and function of the Houston HIV Prevention Community Planning Group (CPG) |  |  |  |  |  |
| HRSA service category definitions for HIV care, treatment, and support |  |  |  |  |  |
| HIV-related Standards of Care and quality assurance methods |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please rate how well you can currently perform each of the following skills or activities:** | | | | | |
| ***I can...*** | Very Well | Quite Well | Fairly Well | A Little | Not at All |
| Read and understand needs assessments |  |  |  |  |  |
| Use Robert’s Rules of Order |  |  |  |  |  |
| Engage in public speaking and give presentations |  |  |  |  |  |
| Access community resources |  |  |  |  |  |
| Serve as a role model |  |  |  |  |  |
| Work in a group setting |  |  |  |  |  |

1. **What is the purpose of the Ryan White HIV/AIDS Program?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | To provide routine HIV testing in all health care settings |
| Ⓑ | To provide emergency and/or transitional housing for People Living with HIV/AIDS |
| Ⓒ | To provide HIV-related care, treatment, and support services for those who may not have sufficient resources to manage their HIV |
| Ⓓ | To lobby for new state and local legislation regarding HIV |

1. **What federal agency funds the Ryan White HIV/AIDS Program?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | The Centers for Disease Control and Prevention (CDC) |
| Ⓑ | The Health Resources and Services Administration (HRSA) |
| Ⓒ | The U.S. Department of Housing and Urban Development (HUD) |
| Ⓓ | Office of National HIV/AIDS Policy (ONAP) |

1. **What federal agency funds HIV prevention activities in states and cities?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | The Centers for Disease Control and Prevention (CDC) |
| Ⓑ | The Health Resources and Services Administration (HRSA) |
| Ⓒ | The U.S. Department of Housing and Urban Development (HUD) |
| Ⓓ | Office of National HIV/AIDS Policy (ONAP) |

1. **Which Houston Ryan White Planning Council (RWPC) document contains data on consumer-reported HIV care needs?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | The Assessment of the Administrative Mechanism |
| Ⓑ | Epidemiologic Profile |
| Ⓒ | The “Blue Book” Resource Guide |
| Ⓓ | Community Needs Assessment |

1. **Which of the following lists only Core Medical Services for HIV, as defined by HRSA?** *Select one*:

|  |  |
| --- | --- |
| Ⓐ | Food bank, medical case management, and legal services |
| Ⓑ | Oral health, transportation, and primary care |
| Ⓒ | Primary medical care, HIV medications, and medical case management |
| Ⓓ | Linguistic services, mental health, and HIV medications |

1. **Which of these lists only Support Services for HIV, as defined by HRSA?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | Transportation, legal services, and food bank |
| Ⓑ | HIV medications, hospice care, and primary care |
| Ⓒ | Medical case management, substance abuse treatment, and transportation |
| Ⓓ | Food bank, oral health, and linguistic services |

1. **In the Houston Area, what do the Administrative Agents do?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | Provide direct services to Ryan White consumers |
| Ⓑ | Distribute HIV care funds by contracting with agencies that provide direct services to Ryan White consumers |
| Ⓒ | Bring tasty snacks to all the meetings |
| Ⓓ | Provide support to the Planning Council |

1. **Which of the following is an activity of the Houston Ryan White Planning Council (RWPC)?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | Assessing the needs of People Living with HIV/AIDS |
| Ⓑ | Allocating Ryan White HIV/AIDS Program dollars |
| Ⓒ | Maintaining a comprehensive plan for HIV care services |
| Ⓓ | All of the above |

1. **Which organization administers HIV prevention education, provides HIV/STD testing, and gives administrative support to the Houston Area HIV Prevention Community Planning Group (CPG)?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | Ryan White Grants Administration (RWGA) |
| Ⓑ | Houston Department of Health and Human Services (HDHHS) |
| Ⓒ | Houston Regional HIV/AIDS Resource Group (TRG) |
| Ⓓ | Texas Department of Health and Human Services (DSHS) |

1. **What is the purpose of a Standard of Care, as it relates to HIV services?** *Select one:*

|  |  |
| --- | --- |
| Ⓐ | To determine whether an agency gets funding from Ryan White |
| Ⓑ | To set the minimum level of quality for HIV services |
| Ⓒ | To measure client satisfaction with HIV services |
| Ⓓ | To evaluate agencies funded through Ryan White |

1. **Take a deep breath, and give yourself a pat on the back! I bet you did even better this time around. ☺**