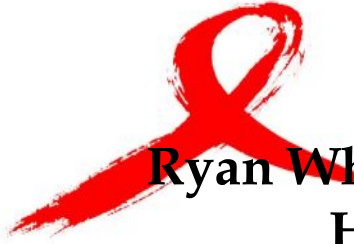


COMPREHENSIVE NEEDS ASSESSMENT



Ryan White Part A Las Vegas TGA HIV/AIDS Program

Project Proposal

Conducted GY 09-10

Utilized for GY 11-12 PS/RA Process

Submission Date: August 24, 2009

Project Coordinator: Shayla Streiff, Management Analyst I

Ph: (702) 455-7255 **E-mail:** SiC@co.clark.nv.us

Clark County Social Services

Ryan White Part A Program

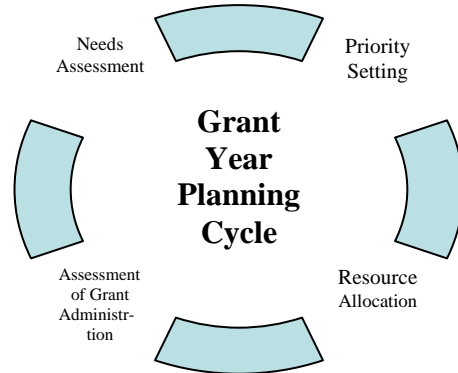
1600 Pinto Lane Las Vegas, NV 89106

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OVERVIEW

A needs assessment is an essential piece of the Planning Councils responsibilities and a key building block in the grant year planning cycle. It sets the stage for the planning process by identifying the needs of the community, the services available to meet those needs, barriers to accessing services, and the gaps between needs and services. It is the expectation of the Health Resources and Services Administration (HRSA) that Planning Councils conduct a comprehensive needs assessment every three years. Therefore the Ryan White Part A Las Vegas TGA Planning Council will conduct such, as part of their tasks for grant year 2009-2010.



In order to efficiently and effectively accomplish a needs assessment of this magnitude it is proposed that the Ryan White Part A Program of the Las Vegas TGA employ the Cannon Survey Research Center at the University of Nevada Las Vegas Division of Educational Outreach. Their scope of work will include; consultation on the design of the overall project, translation of instruments into English and Spanish for optic scanning, data collection, the construction of a final data set using SPSS or other spreadsheet format, and a final report describing the data collection methodologies, results of the surveys and focus groups to include item frequencies, and selected cross tabulations. Please see the Cannon Center for Survey Research profile and qualifications in appendix A.

SCOPE

As this needs assessment will be comprehensive it will include client and provider data sources. Information will be presented separately by service categories, priority populations, and geographic areas however, the analysis will also present, compare, and contrast all components outlined to give an overall picture of the service area.

Questions

The basic categories of questions will include;

Current Status, including demographics such as age, race, gender, sexual orientation, relationship and marital status, children, education, spiritual care strategies/organized religion affiliation, and current employment, housing, and transportation circumstances.

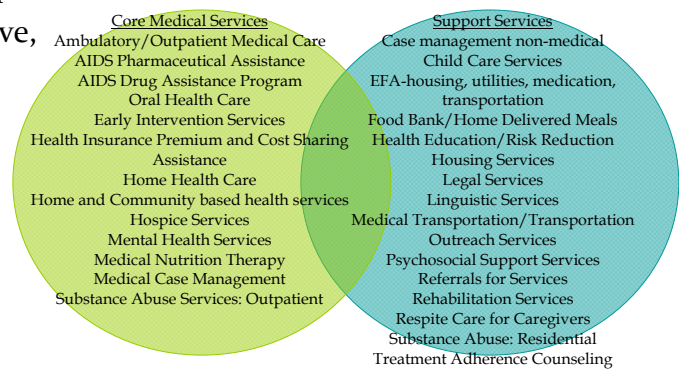
Health and HIV Status, including HIV status, medical care and path to care, communication with doctors and other health professionals, medication adherence and side effects, and health insurance.

Behavioral and Mental Health Issues, including substance abuse, substance abuse treatment, risky behaviors, incarceration, mental health status, emotional status and support issues, quality of life and disease management efficiency.

Services, including knowledge, use, access, anticipated future needs, barriers to care, gaps in care, priorities among services, and how well current needs are met.

Service Categories

All service categories, including core medical and supportive services, will be addressed by the view point of clients and providers. This will include an assessment of what services are absent; inadequate or insufficient for the quantity of PLWH/A in need of access to them; those incompatible with service objectives and priorities; and any overextended or underutilized services. Additionally, it will identify issues within the care system and uncover possible causes so that all stakeholders can discuss the optimal course of action based on data provided taking into account all consequences of alternatives, whether positive or negative, resulting in the greatest overall benefit for the functionality of the Las Vegas TGA care system.



Priority Populations

Seven specific populations of interest, the first five identified by HRSA, will be the focus of this needs assessment in terms of an analysis of their specific needs, the barriers they face, and any gaps in care they encounter.

- ✓ White non-Hispanic men who have sex with men (MSM)
- ✓ Women of child-bearing age
- ✓ Adolescents
- ✓ Injection drug users and other substance users
- ✓ Men of color who have sex with men (MSM)
- ✓ Heterosexual Women
- ✓ Heterosexual Men

Information will be presented separately for specific populations of interest as well as combined to give an all-inclusive depiction.

Areas of Interest

Specific areas of interest were identified during the priority setting and resource allocation process in July of 2009. These areas will be addressed to uncover

pertinent information regarding service delivery needs, barriers specific populations face while entering the care system, and possible prevention/education strategies to ensure all PLWH/A know where to access care. These areas include;

- There was an increase, from 20% to 30%, in Hispanic AIDS diagnosis from 2007 to 2008. Are Hispanics being diagnosed at a later stage thus having AIDS as opposed to HIV?
- At what point after receiving a HIV/AIDS diagnosis are PLWH/A able to accept their diagnosis and get involved in care? What prevents the recently diagnosed from entering care immediately?

Components

In line with HRSA requirements the 2010-2011 Las Vegas TGA needs assessment will include the following five components;

<p>1-Epidemiologic Profile-This describes the current state of the epidemic in the TGA. In particular, it includes the incidence and prevalence of HIV and AIDS for the whole population and for subpopulations such as ethnic groups. The profile should also describe trends in the epidemic – how the epidemic is changing over time.</p>
<p>2-Assessment of Service Needs- among affected populations, including barriers that prevent PLWH/A from receiving needed services. TGAs should collect this information from many sources. Sources can include PLWH and other community members, health departments, the State Medicaid agency, community-based providers and other categories of Ryan White grantees (e.g., Part B, Part C, Part D, and Part F). It is important to find out information from PLWH/A both in and out of care.</p>
<p>3- Resource Inventory-This describes organizations and individuals providing the full range of services for PLWH. The goal of the resource inventory is to develop a comprehensive picture of services, regardless of funding source. The resource inventory should give a description of the types of services provided, where they are provided, number of clients served, and funding levels and sources for all providers.</p>
<p>4- Profile of provider capacity and capability-This profile shows whether the services listed in the resource inventory are accessible, available, and appropriate for particular populations of PLWH. The profile should also look at access for subpopulations. Estimates of capacity describe how much of what services a provider can deliver. Assessments of capability describe the degree to which a provider is accessible and able to provide services. A careful assessment of barriers to PLWH receiving services is an important part of this profile.</p>
<p>5-Estimate and Assessment of Unmet Need-Estimate of unmet need is finding out the approximate number of people in the service area who are HIV positive (HIV+/non-AIDS or AIDS) and know their status, and are not receiving regular HIV-related primary medical care. Assessment of unmet need is finding out the service needs, gaps, and barriers of those people who are not in primary medical care.</p>

BUDGET AND TIMETABLE

Budget

The following is an estimate of cost and payment, depending on emerging issues or project manipulation cost is subject to change.

Project management/report writing hours	\$3,500.00
Interviewers including Spanish interviewing	\$4,700.00
Focus group moderation and material development	\$2,000.00
Transcription	\$1,188.00
Translation if needed	\$460.00
Programming in English and Spanish	\$1,260.00
Data analysis hours	\$1,833.00
Total	\$14,941

Timetable

Gantt Chart Timeline	2009			2009			2010			2010		
Preparation and Planning	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>
Develop Project Proposal Lead: Project Coordinator												
Approve Project Proposal Lead: Planning Council/Grantee			PC Meeting									
Conduct Needs Assessment Lead: Cannon Survey Research Center/PC Coordinator												
Data Presentation for Priority Setting and Resource Allocation Process (GY 2011-2012) Lead: Cannon Survey Research Center/PC Coordinator												

Deliverables

The Cannon Survey Research Center deliverables include;

- Cleaned data set in either a spreadsheet or SPSS format
- Instruments programmed for optic scanning (English & Spanish)
- Audio tapes of focus group sessions
- Transcription of the focus group sessions
- Executive Summary and full narrative

DESIGN AND METHODOLOGY

Based on information supplied by Clark County Social Services (CCSS) on Ryan White Part A the Cannon Survey Center (CSC) proposes to do the following:

Client Survey: Based on the success of the last administration of this survey, face-to-face methodology and the self-administered group method will be used to

improve response rates. Data will be collected from clients at both Ryan and non-Ryan White funded agencies. The costs for this proposal are based on information provided that providers have been supportive of assisting in the data collection process in the past and that a level of support can be expected for this administration of the survey.

The epidemiological profile provided as background indicates that in 2008 there were 6,867 people known to be living with HIV/AIDS in the Las Vegas TGA. Due to constraints on the availability of client information random sampling techniques cannot be employed. Convenience sampling will be used, but we would like to reach a larger proportion of the sample this year. The CSC will collect from between 800 and 1000 clients. This will be done by sending our staff of trained interviewers to approximately nine sites identified by the Ryan White project coordinator. We will allocate 160 man hours (+/- 20) to complete this task.

Providers Survey: The CSC understands that this population that consists of caseworkers at the agencies is a priority this year. The total number of case workers has not yet been provided, but we would anticipate that all caseworkers are included in the assessment. We will make the survey available to this population in both electronic and paper versions.

Focus Groups: The CSC will conduct nine focus groups consisting of the outlined priority populations. Seven in Clark County, two in Mohave County. The focus groups will be conducted with participants from lists supplied and recruited with the assistance of providers. If possible, we would like to have between 8 and 12 recruited for each group. RWPA will provide an incentive for each focus group participant. CSC will provide a light refreshment for each session. The CSC will work with you to determine the best time and location for the groups, however the groups will be held in a room provided by RWPA or CSC where room costs will not be incurred.

Data Collection Instruments

All data collection instruments will be developed by Shayla Streiff, Project Coordinator. Review and revisions will be done as necessary by the Planning Council, Grantee, and the CSC Principal Investigator Pamela Gallion. These documents can be reviewed in the Appendix section.

DATA ANALYSIS

Data Analysis as Submitted by Cannon Survey Research Center

Responses to the survey are processed with minimal data reduction or coding when using the CATI programming. Interviewers enter the respondents' selection into pre-coded categories which are merged into a larger data file representing all respondents' answers. These data files are then converted into SPSS data files. The data will be checked on a daily basis while the survey is in the field, to ensure that

procedures are being followed and to check for unforeseen problems in the survey instrument or procedures.

PRESENTATION AND USE OF RESULTS

Data will be presented in a written narrative clearly conveying characteristics and trends of the local HIV/AIDS epidemic, identified service needs, resources currently available to meet those needs, gaps in care, and barriers to accessing care. The needs assessment results will be utilized to;

- Establish service priorities
- Establish the allocation of available funding by service category
- Provide guidance to the grantee on how best to meet these priorities
- Prepare a comprehensive plan to guide development of the continuum of care
- Document the need for services by establishing the gaps in care
- Provide baseline data for evaluation
- Help providers improve service access and quality, and
- Complete the Federal grant application process.

APPENDIX A

Cannon Center for Survey Research Profile and Qualifications

The CSC, located on the campus of the University of Nevada Las Vegas, and housed within the Division of Educational Outreach has served the university and the state of Nevada since 1977. The Center provides the management, staff, and facilities required to conduct all phases of telephone, internet, and mail surveys. These surveys may involve local, state, regional, national, or targeted populations. Sample and study designs are tailored to client needs. We provide public opinion and survey research to the following groups:

- Local, State and Federal agencies
- Private businesses, corporations, and individuals
- Non-profit organizations and other groups working in the public interest
- University administrators, faculty, students, and research scientists

CSC operates a computer-aided telephone interviewing (CATI) facility with 16 stations. CATI technology allows interview questions to be recalled in programmable sequences and displayed for each interviewer on a video display terminal. Interviewers enter answers received by telephone directly into computer memory. The CATI system promotes scientific and technical rigor by eliminating a separate data entry step, thereby minimizing data processing errors. Interviewer errors are also reduced because the CATI system controls the order in which questions are asked, skipping those that are not applicable to a particular respondent based on his/her earlier responses. With the CATI system, CSC is able

to design and execute surveys targeted at specific populations and issues in a timely manner. The specific software used was developed by [Sawtooth Technologies](#). In addition, CSC maintains two optic scanners and utilizes TeleForm software to program surveys or other assessment tools. No special paper is necessary with this technology; forms can be printed on plain paper. CSC also uses Qualtrics to conduct web based surveys.

Key Personnel

Principal Investigator: Pamela Gallion, M. Ed.

Ms. Pamela Gallion has over 15 years experience conducting research on a variety of topical areas. She has developed the research methodology and data collection instruments for such organizations as the Nevada Highway Patrol, Nevada System of Higher Education (NSHE), State of Nevada Department of Employment Training and Rehabilitation, State of Nevada Division of Aging Services, State of Nevada Agency for Nuclear Projects/Nuclear Waste Office, Southern Nevada Health District, Clark County Regional Flood District, and many others. In addition she has served as a peer reviewer for instrument design for the United States Environmental Protection Agency. Commercial clients have included CBS Television /Viacom, where she helped developed focus group moderation methodology that is currently being used at the Television City research center in Las Vegas, NV Energy, Seattle City Light, Lucchesi Galati Architects, and many others.

As a member of UNLV's professional faculty, Ms. Gallion has been a member of the Social Behavioral Institutional Review Board for the past seven years and the Biomedical Institutional Review Board for two years and is active with the University Chapter of Phi Kappa Phi. In addition she sits on the Nevada statewide Inter-agency Senior Issues Task Force and has she has been involved with Senior Solutions "A Policymakers summit" a group that studies issues and proposes solutions relevant to Nevada's growing and aging population.

Jacqueline Ragin, M.S., M.P.H

Jacqueline Ragin currently works full time at UNLV as the Program Coordinator for the Gerontology Program. During the spring she also teaches an on-line class "Counseling the Older Adult". Additionally, she works per diem as a mental health crisis evaluator for Spring Mountain Treatment Center. Jacqueline holds a Bachelor of Arts in Psychology and two Masters degrees one in Mental Health Counseling and the other in Public Health. She is currently a second year student in the UNLV Sociology PhD. program.

APPENDIX B

Consumer Survey

CONSENT FORM

2009-2010 Ryan White Part A Las Vegas TGA Comprehensive HIV/AIDS Needs Assessment

The Ryan White Part A HIV/AIDS program serving the three county Las Vegas TGA, in collaboration with the UNLV Cannon Survey Center is conducting a needs assessment of HIV/AIDS services.

You have been invited to participate and contribute your experiences, knowledge, and opinions about the service needs for people like yourself living with HIV/AIDS. Completing this survey gives you a voice in the planning for HIV and AIDS treatment services throughout the Las Vegas TGA. You will receive a **\$15 Wal-Mart gift card** for completing this survey.

This survey is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment researchers. While we ask some questions about your background for the purposes of analysis, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.

You will be completing this survey in a group session, meaning there are other people completing the survey in the same room as you. However, none of your answers will be shared with any other participants in the session. If you have any questions about the survey, an interviewer is present to help you. If your question is personal or private in nature, you may ask the interviewer to step out of the room with you so that you can ask your question away from the group.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationships you have with providers and caregivers at this agency or any agency.

By signing below, you consent to complete the survey.

PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S NAME: _____

TODAY'S DATE: __ __/ __ __/20__ __

If you have any questions, please call Shayla at (702) 455-7255.

Would you be interested in participating in an upcoming focus group for another **\$15 Wal-Mart gift card**? Yes No

If "YES" please provide us with a phone number where we can contact you: _____
Someone from the "Needs Assessment Project" will call you to arrange for your participation in a focus group.

LAS VEGAS TGA NEEDS ASSESSMENT SURVEY OF PEOPLE LIVING WITH HIV AND AIDS

Sponsored by the Ryan White Part A Las Vegas TGA HIV/AIDS Program

INTRODUCTION

Thank you for agreeing to participate in this important survey.

For each question below please check the box or write in your answer. There are no write or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or need help reading the survey or interpreting the questions, please ask for assistance.

This survey and any conversation you have with the interviewer are **completely confidential**. Your answers will be combined with those from more than 800 other people, so no one will identify you. Thank you for your help.

1.	Are you currently...	
	HIV positive with symptoms	
	HIV positive without symptoms	
	Have an AIDS diagnosis	
	HIV negative (please see interviewer)	
	Don't know (please see interviewer)	
	Refused (please see interviewer)	

*****Interviewer*** (If answer is "HIV negative" "Don't know" or "Refused" STOP. This person does not qualify. Thank them for their time.)**

1a	Has anyone interviewed you about this in the last two months?	
	Yes (please see interviewer)	
	No	
	Don't know (please see interviewer)	
	Refused (please see interviewer)	

*****Interviewer*** (If answer is "Yes" "Don't know" or "Refused", STOP. This person does not qualify. Thank the person for their time.)**

2.	Are you...	
	Male	
	Female	
	Transgender (Male to Female)	
	Transgender (Female to Male)	

3.	What do you consider your ethnic background ?	
	African-American / Black	
	Asian Pacific Islander	
	Asian	
	American Indian / Alaskan Native	
	Hispanic / Latino	

	More than One Race / Multi-racial	
	Caucasian / White (not-Hispanic)	
	Other (please specify): _____	

4.	What year were you born?	_____
		Year

5.	Where were you born?	
	The United States	
	Mexico	
	Puerto Rico or another U.S. territory	
	Central or South America	
	Other (please specify): _____	

6.	Do you consider yourself... (please select one answer)	
	Heterosexual / Straight	
	Homosexual-Gay Male	
	Homosexual-Lesbian Woman	
	Bisexual	
	Other (please specify): _____	

7.	How far did you go in school?	
	Grade school or less	
	Some high school	
	Graduated high school/GED/trade school	
	Some college/2 year college/ 2 year trade school	
	Completed 4 year college	
	Graduate level or professional study	

8.	Where do you currently live? (please choose one)	
	In an apartment/house/mobile home I rent	
	In an apartment/house/mobile home I own	
	At my parents / relatives apt./house/mobile home	
	Living/crashing with someone and not paying rent	
	In a treatment facility (drug or psychiatric)	
	In a half-way house or transitional housing unit	
	In a supportive living facility (assisted living facility or skilled nursing facility)	
	Homeless (on the street/in a car)	
	Homeless shelter	
	Domestic violence shelter	
	In a group home or residence	
	Other (please specify): _____	

8a	How much is your monthly rent or mortgage payment?	
	\$400 or less per month	
	\$401- \$800 per month	
	\$801 - \$1000 per month	
	\$1,000 or more per month	
	I don't know	

	Does not apply	
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8b	How much of your monthly rent or mortgage payment do YOU pay?	
	None	
	25% or less	
	26% - 50%	
	51% - 75%	
	76% or more (< 100%)	
	100%	
	Does not apply	

8c	Thinking about your current housing situation, do any of the following stop you from taking care of your HIV/AIDS? (such as accessing medical care, taking medication, ect.) (Please check all that apply)	
8c	You don't have a safe and private room	
8d	You don't have a bed to sleep in	
8e	You don't have a place to store your medications	
8f	You don't have a telephone to make appointments	
8g	You don't have enough food to eat	
8h	You don't have money to pay for rent	
8i	You don't have heat and/or air conditioning	
8j	You are afraid of others living with you knowing your HIV/AIDS status	
8k	You can't get away from drugs	
8l	None of the above	

8	What is the zip code and city/state where you live?
8m	zip code _____
8n	City: _____
8o	State: _____

9	Have you ever been in prison or jail for 30 days or more?	
	Yes (please answer questions 9a, 9b, 9c, 9d, 9e, and 9f)	
	No	

9a	Did you request HIV/AIDS medical care while incarcerated?	
	Yes	
	No	

9b	Did you receive HIV/AIDS medical care while incarcerated?	
	Yes	
	No	

9c	Did you have any problems getting HIV/AIDS medication while you were incarcerated?	
	Yes	
	No	

9d	When you were released from prison or jail were you given info/assistance on where to seek HIV/AIDS medical care?	
	Yes	
	No	

9e	How long after being released from jail or prison was it before you saw an HIV/AIDS doctor, accessed HIV/AIDS medications?	
	Less than 1 month	
	2 to 3 months	
	4 to 6 months	
	6 months to a year	
	More than a year	

9f	What state and city were you in prison or jail?	
	City: _____	
	State: _____	

9g (Part 2)	Did you ever spend any time in the Juvenile Justice system?	
	Yes (Please answer question 9h)	
	No	

9h	How many times were you admitted into the Juvenile Justice System?	
	1 time	
	2 to 3 times	
	3 to 4 times	
	5 times or more	

9i	What is the total length of time you spent in the Juvenile Justice System?	
	Less than 1 month	
	1 to 3 months	
	3 to 6 months	
	6 months to a year	
	1 year or more	

10.	How many...(write the number in the box)	
10a	Other adults are living with you?	
10b	Children and teens are living with you?	

11.	What best describes your current relationship status?	
	Single	
	Married	
	Not married but live with partner	
	Married but separated	
	Divorced	
	Widowed or partner died	
	Other (please specify): _____	

12.	Is anyone else in your household HIV positive or living with AIDS?			
	<i>Please answer each item below</i>	Yes	No	Don't Know
12a	Partner/wife/husband	Y	N	DK
12b	Adult family member/relative	Y	N	DK
12c	Other adults (unrelated to you)	Y	N	DK

12d	Children	Y	N	DK
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13.	What best describes your current job (work) situation? (please select one answer)		
	Employed full-time (33-40 hours a week) for pay		
	Employed part time (less than 33 hours a week) for pay		
	Working part time for pay and on disability		
	Not working - looking for work (please answer 13a)		
	Not working - on full disability (please answer 13a)		
	Not working - have applied for disability (please answer 13a)		
	Not working - student / homemaker / volunteer / other (please answer 13a)		
	Not working - not looking for work (please answer 13a)		
	Retired		
	Other (please specify): _____		

13a	When is the last time you were employed for pay?		
	Sometime this year (in 2009 or 2010)		
	2008		
	2007		
	2006		
	2005		
	2004		
	Prior to 2004		

13b	How has your HIV/AIDS diagnosis affected your work?		
	I continued to work but decreased hours		
	I quit working because of my diagnosis		
	I was terminated because of missed days at work		
	I quit because of job stress		
	I changed jobs or quit for reasons not related to my HIV/AIDS		
	My diagnosis has not affected my work		
	Other: (please specify)		

14.	What is your best estimate of how much money came into your household last year?		
	\$0 - \$5,000 (up to 416 per month)		
	\$5,001 - \$10,000 (up to \$833 per month)		
	\$10,001 - \$20,000 (up to \$1,666 per month)		
	\$20,001 - \$30,000 (up to \$2,500 per month)		
	\$30,001 - \$40,000 (up to \$3,333 per month)		
	\$40,001 - \$50,000 (up to \$4,166 per month)		
	Greater than \$50,001 (\$4,167+ per month)		

15.	Do you have or receive any of the following?		
	<i>Please answer each item below with Yes or No...</i>	Yes	No
15a	Insurance through work	Y	N
15b	COBRA (insurance through your last	Y	N

	employer)		
15c	Private insurance, not through work	Y	N
15d	Veterans Administration health care	Y	N
15e	County Welfare (Clark County Social Services)	Y	N
15f	Medicare	Y	N
15g	Medicaid	Y	N
15h	Child Support	Y	N
15i	Food Stamps	Y	N
15j	WIC	Y	N
15k	Section 8 or other housing subsidy	Y	N
15l	Social Security	Y	N
15m	TANF	Y	N
Low-cost or free Support Services in the Community, such as:			
15n	Financial Assistance	Y	N
15o	Food Banks/Food Vouchers	Y	N
15p	Furniture/Clothing	Y	N
15q	Housing Assistance	Y	N
15r	Medication Payment Assistance	Y	N
15s	Transportation Assistance	Y	N
15t	Substance Abuse Counseling	Y	N
15u	Mental Health Counseling	Y	N
15v	Case Management	Y	N
15w	Family Planning	Y	N
15x	Legal Assistance	Y	N
15y	Nutritional Counseling	Y	N
15z	Dental Services	Y	N
15aa	Homeless Shelter/Domestic Violence Shelter	Y	N
15bb	STD/Pregnancy Testing	Y	N
15cc	Medical Care (OB/GYN, Pediatric, General, HIV/AIDS specific)	Y	N
15dd	Job Assistance (job skills, placement, resume assistance)	Y	N
15ee	Other: (please specify) _____	Y	N

15. Part 2	Did you receive any of the following before you found out you had HIV/AIDS? If so, how long did you access or receive that service before you found out you had HIV/AIDS?							
<i>Please answer Yes or No and how long to each service below...</i>		Yes	No	Less than 1 Year	1 to 3 Years	3 to 5 Years	5 to 10 Years	10+ Years
15ff	Veterans Administration Health Care	Y	N					
15gg	County Welfare (Clark County Social Services)	Y	N					
15hh	Medicare	Y	N					
15ii	Medicaid	Y	N					
15jj	Food Stamps	Y	N					
15kk	WIC	Y	N					
15ll	Section 8 or other housing subsidy	Y	N					
15mm	Social Security	Y	N					
15nn	TANF	Y	N					
15oo	Financial Assistance	Y	N					

15pp	Food Banks/Food Vouchers	Y	N					
15qq	Furniture/Clothing	Y	N					
15rr	Housing Assistance	Y	N					
15ss	Medication Payment Assistance	Y	N					
15tt	Transportation Assistance	Y	N					
15uu	Substance Abuse Counseling	Y	N					
15vv	Mental Health Counseling	Y	N					
15ww	Case Management	Y	N					
15xx	Family Planning	Y	N					
15yy	Legal Assistance	Y	N					
15zz	Nutritional Counseling	Y	N					
15aaa	Dental Services	Y	N					
15bbb	Homeless Shelter/Domestic Violence Shelter	Y	N					
15ccc	STD/Pregnancy Testing	Y	N					
15ddd	Medical Care (OB/GYN, Pediatric, General)	Y	N					
15eee	Job Assistance (job skills, placement, resume assistance)	Y	N					
15fff	Other: (please specify)	Y	N					

15 Part 3	Have you experienced any of the following in your lifetime?		
<i>Please answer Yes or No to the following...</i>		Yes	No
	Did you grow up in a two parent household?	Y	N
	Did you grow up in a single parent household?	Y	N
	Did you grow up in foster care?	Y	N
	Were you verbally abused as a child?	Y	N
	Were you physically abused as a child?	Y	N
	Were you sexually abused as a child?	Y	N

16.	Do you belong to a congregation or organized religious group?	
	Yes (If yes please answer question 16a and 16b)	
	No	

16a	If yes, what type/denomination?	
	Catholic	
	Protestant	
	Jewish	
	Muslim	
	Buddhist	
	Non-denominational	
	Other:	

16b	If your congregation gay/lesbian friendly?	
	Yes	
	No	
	Unsure	

17.	When you first found out you had HIV or AIDS what was your diagnosis?	
	HIV positive (If you answered HIV positive please answer question 17a)	
	AIDS (If you answered AIDS please answer question 17d)	

17a	Have you ever been told by your doctor, nurse, or health care provider that you have progressed from HIV to an AIDS diagnosis?	
	Yes (If yes please answer questions 17b and 17c)	
	No (If no please answer question 17b and 17c, you may skip question 17d and 17e)	
	I was diagnosed with AIDS the same time I tested positive for HIV	

17b	What year were you first diagnosed with HIV and what state were you diagnosed in?
17b	Year: _____
17c	State: _____

17d	What year were you first diagnosed with AIDS and what state were you diagnosed in?
17d	Year: _____
17e	State: _____

18.	After receiving your HIV/ AIDS diagnosis, when did you have your first visit with your doctor about your diagnosis?	
	Within a month after diagnosis	
	One to three months after diagnosis (please answer question 19)	
	Four to six months after diagnosis (please answer question 19)	
	Six months to a year after diagnosis (please answer question 19)	
	More than a year after diagnosis (please answer question 19)	
	I haven't seen a doctor yet for my HIV/ AIDS diagnosis (please answer question 19)	

19	What are or were your reasons for not seeking medical care for your HIV or AIDS diagnosis immediately? (check all that apply)	
19a	I didn't feel sick	
19b	I wasn't ready to deal with it (the diagnosis caused too much emotional stress for me)	
19c	I didn't know where to go to get started	
19d	I didn't have insurance or the money to pay for medical care	
19e	It is too complicated/ too much of a hassle to get treatment	
19f	I didn't think care would help me	
19g	I started using drugs/ alcohol after my diagnosis	
19h	I was afraid people would find out I was HIV positive	
19i	I couldn't get an appointment immediately	
19j	I didn't have any transportation to get to the doctor	

20.	How did you find out you were HIV positive or had AIDS?	
	I chose to get an HIV test at the health district/clinic/lab/doctors office	
	I chose to get an HIV test at the health district/clinic/lab/doctors office	

	because I felt sick	
	When I donated blood	
	When I went to the hospital or emergency room for something else	
	An HIV test was recommended by my healthcare provider as part of a physical examination or doctor's visit	
	(For Women) As part of care while I was pregnant	
	When I was in jail or prison	
	When I was tested as part of a physical exam for employment, military, or immigration purposes	
	Other (please specify): _____	

21.	What is the most likely way you were infected with HIV/AIDS?	
	Having sex with a man	
	Having sex with a woman	
	Having sex with someone who is transgender	
	Sharing needles	
	Having sex with someone who shares needles	
	Transfusion / blood products	
	Hemophilia / blood or tissue recipient	
	Acquired at birth	
	Tattoo needle	
	Other (please specify): _____	
	Don't know	

22.	At any time in the last two years have you been diagnosed or tested positive for any of the following diseases listed below? (please check all that apply)	
22a	Hepatitis A or B	
22b	Hepatitis C	
22c	Syphilis	
22d	Herpes (genital)	
22e	Gonorrhea	
22f	Chlamydia	
22g	Genital Warts	
22h	HPV	
22i	Tuberculosis (TB)	
22j	Mental Health Issue/Illness	

23	Are you currently taking any HIV/AIDS medication prescribed by your doctor?	
	Yes	
	No (If no skip to question 24)	

23a	How often have you skipped taking your HIV/AIDS medication prescribed by your doctor?	
	Never/Have not skipped	
	Once or twice a month	
	Once or twice a week	
	More than twice a week	
	I stopped taking it	

23b	Why have you skipped or stopped taking your HIV/AIDS prescribed medication? (please check all that apply)	
23b	I don't like the side effects	
23c	I didn't understand the directions	
23d	It's too hard to keep the schedule requirements	
23e	I feel like the medication doesn't work	
23f	I don't want others to see me take the medication	
23g	I forget to take it	
23h	I ran out of medication	
23i	The medication made me feel better so I didn't think I needed it anymore	
23j	I didn't have a place to keep my meds	
23k	I didn't have food/drink to take my meds	
23l	My doctor told me to stop taking it	

24.	Since your HIV or AIDS diagnosis have you ever gone 12 months or more without HIV/AIDS medical care?	
	Yes (please answer questions 24a)	
	No	

24a	Why did you go 12 months or more without receiving HIV/AIDS medical care? (please check all that apply)	
24a	I didn't know where to go for care	
24b	I didn't want to access care because I didn't feel it would help me	
24c	I was using drugs and it made getting care difficult	
24d	I moved to a new city, state, location	
24e	I didn't like the services	
24f	I feared people would find out that I had HIV/AIDS (stigma)	
24g	I didn't have transportation	
24h	I didn't like the way I was treated by service providers	
24i	I felt overwhelmed and decided not to deal with it	
24j	Other: (please explain) _____ _____	

25	Since you found out you had HIV or AIDS have you received any of the following mental health treatments or attended counseling and was it useful for you? (please check all that apply)				
		Very Useful	Somewhat Useful	Not Very Useful	Did Not Use
	Outpatient (by a doctor or counselor)				
	Inpatient (in a hospital at least overnight)				
	Individual counseling/therapy				
	Group counseling/therapy (support groups)				
	Counseling with clergy				

26	If you have received any counseling or mental health treatments was your therapist/doctor/counselor knowledgeable about HIV?	
	Yes	
	No	
	Does not apply	

26a	Was HIV/ AIDS your reason for seeking counseling or mental health treatments?	
	Yes, it was my <u>primary</u> (main) reason	
	Yes, but it was <u>NOT</u> my primary reason	
	No	
	Does not apply	

27	Since you found out you had HIV or AIDS have you been diagnosed with any of the following Mental Health or Substance Disorders? (check all that apply)	
27a	Mood Disorder (depression or bi-polar disorder)	
27b	Anxiety Disorder (panic disorder, social phobia, obsessive compulsive disorder)	
27c	Substance Related Disorders (alcohol dependence or drug dependence)	
27d	Schizophrenia	
27e	Personality Disorder	
27f	Eating Disorder (bulimia or anorexia)	
27g	Other:(please specify) _____	

28	How would you rate your current physical health status?	
	Excellent	
	Good	
	Fair	
	Poor	

29	How would you rate your current mental health status?	
	Excellent	
	Good	
	Fair	
	Poor	

30	Have you EVER used any of the following substances?		30a. If you have used, during the last 12 months , how often have you used any of the following substances?			
		Yes	No	Less than once a month	Used at least once a month	Used once a week or more
	Alcohol	Y	N			
	Marijuana or Hash	Y	N			
	Crack / Cocaine	Y	N			
	Heroin	Y	N			
	Methamphetamines (Meth)	Y	N			
	LSD or Acid	Y	N			
	Mushroom or Shrooms	Y	N			
	Ecstasy (X, XTC, MDMA, Adam)	Y	N			

	Prescription medication not prescribed by your doctor?	Y	N			
--	--	---	---	--	--	--

31.	Have you ever been admitted to substance abuse treatment?	
	Yes (please answer question 32)	
	No	

32.	How many times have you entered a substance abuse treatment program?	
	Once	
	Twice	
	Three times	
	Four times or more	

33.	Would any of the following get you into substance abuse treatment? (please check all that apply)	
33a	Immediate admission to a program	
33b	Information about what treatments are available and where to get them	
33c	Free treatment	
33d	An understanding and knowledgeable counselor	
33e	Housing after completing treatment	
33f	I'm not ready to enter treatment	

PLEASE READ	
<i>Directions:</i> for each of the following services below...	
	Under column A , circle "yes" if you know that the service is available for people living with HIV/AIDS and "no" if you didn't know the service is available for people living with HIV/AIDS
	Under column B , note "yes" or "no" if you needed the service in the past year
	Under column C , note "yes" or "no" to whether you asked for this service in the past year
	Under column D , note "yes" or "no" to whether you received the service in the past
	Under column E, note "yes" or "no" to whether or not the service met your needs

34	For each of the service below...	Were you aware the service exists?	Did you need this service in the past year?	Did you ask for this service within the past year?	Did you receive this service within the past year?	IF YOU RECEIVED SERVICE, did it meet your needs?
	HIV/AIDS medical care	Y N	Y N	Y N	Y N	Y N
	OB/GYN prenatal care (for women only)	Y N	Y N	Y N	Y N	Y N
	Assistance with medication payments	Y N	Y N	Y N	Y N	Y N
	Dental care	Y N	Y N	Y N	Y N	Y N
	HIV testing	Y N	Y N	Y N	Y N	Y N
	Health insurance premium assistance (payments, co-payments and deductibles)	Y N	Y N	Y N	Y N	Y N
	Home health care	Y N	Y N	Y N	Y N	Y N
	Hospice services	Y N	Y N	Y N	Y N	Y N
	Mental health services	Y N	Y N	Y N	Y N	Y N

	For each of the service below...	Were you aware the service exists?	Did you need this service in the past year?	Did you ask for this service within the past year?	Did you receive this service within the past year?	IF YOU RECEIVED SERVICE, did it meet your needs?
	Medical nutrition therapy (dietitian and nutritional supplements)	Y N	Y N	Y N	Y N	Y N
	Substance abuse services (outpatient)	Y N	Y N	Y N	Y N	Y N
	Medical case management (assistance coordinating medical services)	Y N	Y N	Y N	Y N	Y N
	Non-Medical case management (assistance obtaining needed services such as social, legal, financial)	Y N	Y N	Y N	Y N	Y N
	Child care services (child care while attending medical appointments)	Y N	Y N	Y N	Y N	Y N
	Emergency financial assistance (help with emergency expenses including utilities, housing, food, medication)	Y N	Y N	Y N	Y N	Y N
	Food bank/home delivered meals	Y N	Y N	Y N	Y N	Y N
	Education (information on HIV transmission and how to reduce the risk)	Y N	Y N	Y N	Y N	Y N
	Housing services (short-term assistance with housing including referrals)	Y N	Y N	Y N	Y N	Y N
	Legal services (power of attorney, do not-resuscitate orders, discrimination or breach of confidentiality)	Y N	Y N	Y N	Y N	Y N
	Interpretation and/or language translation services	Y N	Y N	Y N	Y N	Y N
	Medical transportation (bus passes to for doctors appointments)	Y N	Y N	Y N	Y N	Y N
	Psychosocial support services (counseling, HIV support groups)	Y N	Y N	Y N	Y N	Y N
	Referrals (for health care or support services)	Y N	Y N	Y N	Y N	Y N
	Rehabilitation services (physical, occupational, speech therapy)	Y N	Y N	Y N	Y N	Y N
	Respite care (home based assistance relieving HIV primary care givers for a short period of time)	Y N	Y N	Y N	Y N	Y N
	Substance abuse services (residential health service setting)	Y N	Y N	Y N	Y N	Y N

	Treatment adherence counseling (counseling program to ensure readiness and adherence to HIV/AIDS treatment by non-medical personnel)	Y	N	Y	N	Y	N	Y	N	Y	N
--	--	---	---	---	---	---	---	---	---	---	---

35	Have any of the following prevented you from accessing HIV/AIDS medical care or support services within the last 12 months? (please check all that apply)											
KNOWLEDGE											Yes	No
	I didn't know some services existed										Yes	No
	I didn't know that some services were available to me										Yes	No
	I didn't know the location of the organization providing a service										Yes	No
	I didn't know what services I needed to deal with HIV										Yes	No
ATTITUDE												
	I was too upset to think about services										Yes	No
	I was in denial about my HIV/AIDS diagnosis										Yes	No
	I was worried about other people finding out I have HIV/AIDS										Yes	No
	I was afraid of how I would be treated										Yes	No
	I am not a US citizen and was afraid I would be reported to the authorities										Yes	No
CULTURAL ISSUES												
	I couldn't find someone who speaks my language										Yes	No
	My doctor or provider doesn't understand my culture										Yes	No
	In my culture we don't like to go to the doctor										Yes	No
ACCESS/COST												
	I didn't know where to go or who to ask for help										Yes	No
	The hours they are open don't work with my schedule										Yes	No
	I didn't have transportation to get to medical/support service appointments										Yes	No
	I had to wait too long to get an appointment										Yes	No
	I couldn't afford the services										Yes	No
	I didn't have insurance										Yes	No
	I couldn't qualify for services because of my income										Yes	No
	Services aren't located near my home										Yes	No
	I had insurance but it didn't cover all of the cost of services I needed										Yes	No
	I didn't have child care so I could attend an appointment										Yes	No
	The provider said the service ran out of money										Yes	No
PROVIDER ISSUES												
	No one was willing to answer my questions or explain things to me										Yes	No
	The provider didn't have staff that speak my language										Yes	No
	The staff providing services were not polite and not helpful										Yes	No
	I didn't feel like the provider really understood what I need										Yes	No
SYSTEM ISSUES												
	The system of care was too hard to navigate										Yes	No
	I couldn't get referrals for the services that I needed										Yes	No
	The services that were supposedly available weren't what I tried to access them										Yes	No
	The service that I needed was not available										Yes	No
	Each place I called for help told me to call someone else										Yes	No
	I can't qualify for services because of all the rules and regulations										Yes	No

36.	Think about the most important services that you currently need and use. Please place a check in the box next to your top 10 most important services.	
	Example: Oral health care	X
	HIV/AIDS medical care	
	OB/GYN prenatal care (for women only)	
	Assistance with medication payments	
	Dental care	
	HIV testing	
	Health insurance premium assistance (payments, co-payments and deductibles)	
	Home health care	
	Hospice services	
	Mental health services	
	Medical nutrition therapy (dietitian and nutritional supplements)	
	Substance abuse services (outpatient)	
	Medical case management (assistance coordinating medical services)	
	Non-Medical case management (assistance obtaining needed services such as social, legal, financial)	
	Child care services (child care while attending medical appointments)	
	Emergency financial assistance (help with emergency expenses including utilities, housing, food, medication)	
	Food bank/home delivered meals	
	Education (information on HIV transmission and how to reduce the risk)	
	Housing services (short-term assistance with housing including referrals)	
	For each of the service below...	
	Legal services (power of attorney, do not-resuscitate orders, discrimination or breach of confidentiality)	
	Interpretation and/or language translation services	
	Medical transportation (bus passes to for doctors appointments)	
	Psychosocial support services (counseling, HIV support groups)	
	Referrals (for health care or support services)	
	Rehabilitation services (physical, occupational, speech therapy)	
	Respite care (home based assistance relieving HIV primary care givers for a short period of time)	
	Substance abuse services (residential health service setting)	
	Treatment adherence counseling (counseling program to ensure readiness and adherence to HIV/AIDS treatment by non-medical personnel)	

37	(Optional) Please list or describe any service you need that is not available

38	(Optional) Do you have any other comments about your satisfaction with the way you get HIV or AIDS related services? (if there isn't enough space please continue your comments on the other side)

Thank you for the time that you have taken to complete the survey. Your answers will provide very valuable information for the planning and service delivery process.

Please see the interviewer to collect your \$15 Wal-Mart gift card.

APPENDIX C

Consumer Focus Group Outline

CONSENT FORM

2009-2010 Ryan White Part A Las Vegas TGA Comprehensive HIV/AIDS Needs Assessment

The Ryan White Part A HIV/AIDS program serving the three county Las Vegas TGA, in collaboration with the UNLV Cannon Survey Center is conducting a needs assessment of HIV/AIDS services.

You have been invited to participate and contribute your experiences, knowledge, and opinions about the service needs for people like yourself living with HIV/AIDS. Participating in this focus group gives you a voice in the planning for HIV and AIDS treatment services throughout the Las Vegas TGA. You will receive a \$15 Wal-Mart gift card for your participation today.

Everything you share in this focus group is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment researchers. While we ask some questions about your background for the purposes of analysis, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationships you have with providers and caregivers at any agency.

By signing below, you consent to complete this focus group.

PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S NAME: _____

TODAY'S DATE: __ __/ __ __/20 __ __

If you have any questions, please call Shayla at (702) 455-7255.

Would you be interested in participating in future focus groups or surveys for another **\$15 Wal-Mart gift card**? Yes No

If "YES" please provide us with a phone number where we can contact you: _____
Someone from the "Needs Assessment Project" will call you to arrange for your participation.

Focus Group Questionnaire

2009-2010 Ryan White Part A Las Vegas TGA Comprehensive HIV/AIDS Needs Assessment

Note: All the information collected here will be kept strictly confidential.

Thank you for your participation!

1.	Are you currently...	
	HIV positive with symptoms	
	HIV positive without symptoms	
	Have an AIDS diagnosis	
	HIV negative (please see facilitator)	
	Don't know (please see facilitator)	
	Refused (please see facilitator)	

2.	Are you...	
	Male	
	Female	
	Transgender (Male to Female)	
	Transgender (Female to Male)	

3	What do you consider your ethnic background ?	
	African-American / Black	
	Asian Pacific Islander	
	Asian	
	American Indian / Alaskan Native	
	Hispanic / Latino	
	More than One Race / Multi-racial	
	Caucasian / White (not-Hispanic)	
	Other (please specify): _____	

4.	What year were you born?	_____
		Year

5.	Where were you born?	
	The United States	
	Mexico	
	Puerto Rico or another U.S. territory	
	Central or South America	
	Other (please specify): _____	

6.	Where do you currently live? (please choose one)	
	In an apartment/house/mobile home I rent	
	In an apartment/house/mobile home I own	
	At my parents / relatives apt./house/mobile home	
	Living/crashing with someone and not paying rent	
	In a treatment facility (drug or psychiatric)	
	In a half-way house or transitional housing unit	
	In a supportive living facility (assisted living facility or skilled nursing facility)	
	Homeless (on the street/in a car)	
	Homeless shelter	
	Domestic violence shelter	
	In a group home or residence	
	Other (please specify): _____	

7.	Do you consider yourself... (please select one answer)	
	Heterosexual / Straight	
	Homosexual-Gay Male	
	Homosexual-Lesbian Woman	
	Bisexual	
	Other (please specify): _____	

8.	What is the zip code and city/state where you live?
	zip code _____
	City: _____
	State: _____

9.	What is the most likely way you were infected with HIV/AIDS?	
	Having sex with a man	
	Having sex with a woman	
	Having sex with someone who is transgender	
	Sharing needles	
	Having sex with someone who shares needles	
	Transfusion / blood products	
	Hemophilia / blood or tissue recipient	
	Acquired at birth	
	Tattoo needle	
	Other (please specify): _____	

LAS VEGAS TGA NEEDS ASSESSMENT FOCUS GROUP PROTOCOL FOR PEOPLE LIVING WITH HIV AND AIDS

Sponsored by the Ryan White Part A Las Vegas TGA HIV/AIDS Program

INTRODUCTION OF FACILITATOR AND NOTE TAKER

Welcome and thank you for coming today. My name is _____, we have been asked by the Ryan White HIV/AIDS advisory board to identify the service needs of people living with HIV/AIDS and their families in this community. We have asked you to be here today to share your experiences seeking and receiving services-both about the things you like and the problems you may have encountered. We also want to hear about other services or help you may need that you are not currently receiving.

I will be leading today's discussion; it will only take about two hours. My role is to make sure we get through a few questions and that you each get a chance to talk. _____ will be helping me by taking notes, we will also be recording this session to make sure our notes are accurate, is it alright with each of you if this session is recorded?

To thank you for your participation we have a **\$15 Wal-Mart gift card** for you at the end of our discussion.

CONFIDENTIALITY

All information we collect here today is confidential. We will not identify any of the participants in our notes. We will not use your name, address, or any other identifying information in reports or other materials related to the study. *(Make sure they read and sign the consent form at this time and turn in the questionnaire).*

INSTRUCTION

If it is ok with everyone here, we would like to go around the room have everyone introduce themselves with just their first name and any other information you would like to share.

We would like all of you to express your opinions about the discussion topics. We are interested in multiple points of view about them. There are no right or wrong answers. We ask that you please refrain from holding side conversations, so that we are all able to hear what everyone has to say.

Before we get started; do you have any questions for us?

ICE BREAKER

Let's begin by going around the room and introducing ourselves. Please tell us your first name and one thing you like about living here.

QUESTIONS

In Care Questions

1. Are you currently accessing HIV/AIDS medical care and/or support services and what is your motivation for accessing care?
2. Do you feel you have a support system, and if so who is your support system?

Out-of-Care Questions

1. Have you ever not accessed care for a period of 12 months or more?
2. What caused you to stop accessing care?
3. What could have kept you in care?
4. What made you want to access care again?

Diagnosis Questions

1. What led you to your decision to get tested for HIV?
2. How long after you were tested did you seek medical care for your diagnosis and was there anything holding you back from accessing care?
3. How has your HIV/AIDS diagnosis affected your emotional health and mental stability? Have you sought support groups or counselors since your diagnosis?

Service Questions

1. What are the 5 most important services to you that help you manage your HIV/AIDS diagnosis?
2. What services are you most satisfied with and least satisfied with in the current system of care and why?
3. Are there any barriers that you have experienced while trying to access services in your community?
4. If you could change one thing in the HIV/AIDS system of care what would it be?
5. Are there any services you need but can't get or aren't offered in your area?

Community Education Questions

1. What do you think about HIV prevention and/or education services offered in your community?
2. Describe the ideal HIV prevention program for _____ (MSM, women of child bearing age, ect.) in your community?

Additional Questions for MSM

1. What do you feel are the social factors in your community that put men who have sex with men (MSM) at a higher risk for HIV transmission?
2. What behaviors do you think put MSM at risk for HIV transmission? Of those behaviors, which are the biggest problems in your community?

CLOSING STATEMENT

Is there anything else regarding HIV/AIDS care you would like to share with us today? Thank you for taking the time to share your thoughts with us today. We appreciate all of your comments. Please don't forget to pick up your gift card on your way out.

APPENDIX D

Provider Survey

CONSENT FORM

2009-2010 Ryan White Part A Las Vegas TGA Comprehensive HIV/AIDS Needs Assessment

The Ryan White Part A HIV/AIDS program serving the three county Las Vegas TGA, in collaboration with the UNLV Cannon Survey Center is conducting a needs assessment of HIV/AIDS services.

As a vital player in the service delivery system you have been invited to participate and contribute your experiences, knowledge, and opinions about the services provided to people living with HIV/AIDS. Your answers will be utilized in planning for HIV and AIDS treatment services throughout the Las Vegas TGA.

This survey is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment researchers. You will be completing this survey through the online survey tool Survey Monkey which will provide only an aggregate of responses. The results of this needs assessment may be published, but your name will never be used in any report or publication.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the relationships you have with this agency or any agency. **Lunch will be provided to you and the staff at your agency for your gracious participation.**

If you have any questions, please contact Shayla Streiff at (702) 455-7255 or via E-mail at S1C@co.clark.nv.us.

LAS VEGAS TGA NEEDS ASSESSMENT PROVIDER SURVEY FOR AGENCIES SERVING PEOPLE LIVING WITH HIV/AIDS

Sponsored by the Ryan White Part A Las Vegas TGA HIV/AIDS Program

INTRODUCTION

Thank you for agreeing to participate in this important survey. We ask that you answer the questions based upon your experiences working with PLWH/A on a consistent basis within the last year.

For each question below please check the box or write in your answer. There are no write or wrong answers. Please take as much time as you need to answer each question. If you have any questions or would rather complete the survey in a hard copy format please contact Shayla Streiff at (702) 455-7255 or via E-mail at S1C@co.clark.nv.us.

1.	What is your current employment area within this agency?	
	Case Management	
	Administrative Support/Front Desk	
	Eligibility	
	Client Education and/or Prevention	
	Registered Dietician/Nutritionist	
	Mental Health/Counseling/Therapist	
	Program Manager/Supervisor	
	Clinical Professional-Physician/Nurse Practitioner/Nurse	
	Executive Directory/Deputy Director	

2.	What county is your agency located in?	
	Clark County, Nevada	
	Nye County, Nevada	
	Mohave County, Arizona	

3.	During an average week how much of your time is spent directly assisting clients?	
	10 hours or less per week	
	11-20 per week	
	21-30 hours per week	
	30+ hours per week	

4.	What do you see as the single most important system wide change that would have the greatest overall benefit to the service delivery system in the Las Vegas TGA?	

5.	Please list the major barriers that your organization has faced when providing care to people living with HIV/AIDS?	

6.	During your interactions with clients within the past year what have they stated to be their major barriers to accessing care?

7.	Please list the most common reason that people who apply for services do not receive them at your agency?

8.	In the last year have you added or eliminated services or programs or made any other changes that affected your ability to provide services to PLWH/A?

9.	Of the following priority populations please list; (1) what their major barriers to care are, (2) what services they request the most, and (3) what services they are in need of but can't get.
	White non-Hispanic men who have sex with men (MSM)
	Women of child-bearing age
	Adolescents
	Injection drug users and other substance users
	Men of color who have sex with men (MSM)
	Heterosexual Women
	Heterosexual Men
	White non-Hispanic men who have sex with men (MSM)

10.	Of the following services below...	What services does your agency provide for PLWH/A	Please prioritize the list of services from 1-20 as the services PLWH/A you serve depend on and need most in your area specifically (1 as the most important to 20 as the least important)
	HIV/AIDS medical care		
	OB/GYN prenatal care (for women only)		
	Assistance with medication payments		
	Dental care		
	HIV testing		
	Health insurance premium assistance (payments, co-payments and deductibles)		
	Home health care		
	Hospice services		
	Mental health services		
	Medical nutrition therapy (dietitian and nutritional supplements)		
	Substance abuse services (outpatient)		
	Medical case management (assistance coordinating medical services)		

	Non-Medical case management (assistance obtaining needed services such as social, legal, financial)		
	Legal services (power of attorney, do not-resuscitate orders, discrimination or breach of confidentiality)		
	Interpretation and/or language translation services		
	Medical transportation (bus passes to for doctors appointments)		
	Psychosocial support services (counseling, HIV support groups)		
	Referrals (for health care or support services)		
	Rehabilitation services (physical, occupational, speech therapy)		
	Respite care (home based assistance relieving HIV primary care givers for a short period of time)		
	Substance abuse services (residential health service setting)		
	Treatment adherence counseling (counseling program to ensure readiness and adherence to HIV/ AIDS treatment by non-medical personnel)		
	Legal services (power of attorney, do not-resuscitate orders, discrimination or breach of confidentiality)		
	Interpretation and/or language translation services		
	Medical transportation (bus passes to for doctors appointments)		

11.	When providing referrals to clients for services not funded by Ryan White what services do you refer for most often and where do you refer to?
11a.	How do you stay up to date with what services are currently available at other agencies? Do you have any suggestions regarding how to make the communication lines more effective, accessible, or beneficial regarding what services are currently available in the community and where to refer for those services?

12.	During the last needs assessment 2009 the top service priorities of PLWH/A in the TGA were Ambulatory/Outpatient Medical Care, AIDS Drug Assistance and Pharmaceutical Assistance, and Oral Health Care. From your recent experience do you believe that these priorities are still true? If not, what do you think has changed and why?

13.	Are there any HIV/AIDS services that are not currently available that you feel would benefit the Las Vegas TGA and PLWH/A?

14.	Is there anything else you would like to add regarding services in the TGA, the overall system of care, or suggestions regarding improvements to the system?

Thank you, your participation is greatly appreciated!