

HRSA Adolescent SPNS National Evaluation Study: 1994
The Measurement Group Service Resources Interview

Interviewer: _____
Interviewer agency: _____
Interviewer phone: _____
Date of interview: _____
Site Code: _____

[INTRODUCTION. READ TO RESPONDENTS:] As you may know, the Adolescent Special Projects National Significance (SPNS) Program from HRSA provides funds for services to youth aged 10 to 24 who are infected with HIV or who are at high risk of becoming infected. _____ *[your agency]* has just now received a SPNS award. That means that certain new federal funds are being made available to us for services for HIV-positive and high-risk-for-HIV youth. The purpose of this interview is to help our agency and HRSA understand the services that are available for HIV-positive and high-risk-for-HIV youth. In this interview I am going to ask you for three different kinds of information. First, I will ask about the services your agency provides for all individuals. Second, I will ask you about the services your agency provides for youth, and especially those youth who are HIV-positive or at high risk to become so. Third, I will ask you about the greatest needs in this metropolitan area for developing services for HIV-positive and high-risk-for- HIV youth.

At the end of this interview, I have a very brief questionnaire that I would like you to complete. The questionnaire is anonymous and confidential and asks you about your opinions regarding priorities for services for HIV-positive and high-risk-for-HIV youth.

Your answers to this interview will help the Health Resources and Services Administration (HRSA) and our agency evaluate the Adolescent SPNS Program.

Please note that when we talk about youth in this interview, I mean individuals aged 10 to 24 years.

Please provide the following information about your program:

Organization/Program: _____
Address: _____ _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Contact person: _____ Phone: _____
Title of contact person: _____
Names and job titles of the individuals interviewed: _____ _____ _____

Type of agency (check one): 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private non-profit 3 <input type="checkbox"/> Private for profit 4 <input type="checkbox"/> Volunteer 5 <input type="checkbox"/> Religious non-profit
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1. Which of the following statements describes the activities of your agency, program, or practice?
(check as many as needed but as few as possible)

[SHOW INTERVIEWEES RESPONSE CARD A -- REMEMBER THAT THE INTERVIEWEES SHOULD CHOOSE AS FEW OF THESE ALTERNATIVES AS NECESSARY TO FULLY DESCRIBE THEIR SERVICES.]

- a. *Alcohol treatment/recovery program*: Program designed primarily for individuals with alcohol abuse problems. *May* include outpatient, inpatient, treatment, recovery, and aftercare components. Includes hospital-based alcohol programs. *May* serve HIV-positive individuals in the course of providing alcohol treatment-recovery services.
- b. *Drug abuse treatment/recovery program*: Program designed primarily for individuals with drug abuse problems. *May* include outpatient, inpatient, treatment, recovery, and aftercare components. Includes hospital-based drug programs. *May* serve HIV-positive individuals in the course of providing drug abuse treatment-recovery services.
- c. *Alcohol AND Drug abuse treatment/recovery program*: Program designed for individuals with either alcohol and/or other drug abuse problems (program is designed to accept either type of problem). *May* include outpatient, inpatient, treatment, recovery, and aftercare components. Includes hospital-based substance abuse programs.
- d. *General health care clinic or similar agency*: Program specializing in general health care; not a hospital. *May* serve individuals with alcohol and/or other drug abuse problems or HIV-infection in the course of providing general health care services.
- e. *Dental care clinic or practice*: Agency, group practice, or individual providing dental services. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing dental services.
- f. *Hospital or medical center*: Agency specializing in general health care. *May* serve individuals with alcohol and/or other drug abuse problems in the course of providing general health care services. Provides for medical treatment for HIV-infection and AIDS.
- g. *General social services program or general social services community based agency (CBO)*: Agency specializing in one or more forms of social services, but not specifically alcohol and/or drug abuse treatment/recovery. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing general social services.
- h. *Shelter, soup kitchen, or food bank*: Agency specializing in providing for basic needs such as shelter, food, and clothing. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing for general basic needs.
- i. *Mental health hospital, clinic, or similar facility*: Program specializing in general mental health care. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing general mental health care services. *May* include outpatient, inpatient, treatment, recovery, and aftercare components.
- j. *HIV-specific community-based organization (CBO)*: CBO providing non-outreach social services primarily to HIV-positive individuals or to prevent the spread of HIV. *May* serve individuals with alcohol and/or other drug abuse problems in the course of providing social services. NOTE: Organizations providing outreach interventions that actively recruit service recipients by sending personnel into the community on foot, in vehicles, into shooting galleries, etc., please check "k" (outreach program).

k. *Outreach program*: CBO, university-based group, or other agency whose primary mission is to provide community/street outreach to drug abusers and others at high risk to become HIV-positive and link them to appropriate social, medical, or drug abuse treatment services. Actively recruits service recipients by sending personnel into the community on foot, in vehicles, into shooting galleries, etc.

l. *Homecare Agency/Hospice*: CBO, public, or private organizations whose primary function and mission is to provide at home or hospice services to individuals with diagnosed AIDS.

m. *City health department or County health agency*: Branch of local government with employees paid directly by the city, county, or other jurisdiction.

n. *Religious-related services/Community centers*: Religious- or municipality-related community center or community program. Provides a combination of social services and basic provisions such as food, shelter, and clothing. May serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing services.

o. *Other (specify)*: _____

2. Does your program provide services specifically targeted for youth aged 10 to 24? (check one)

1 Yes 0 No

3. Does your program provide services specifically designed for individuals infected with HIV or those who are at high risk to become HIV-infected? (check one)

1 Yes 0 No

4. Does your program provide services specifically designed and targeted for HIV-positive or high-risk-for-HIV youth? (check one)

1 Yes 0 No

5, PART I. [INTERVIEWER: PLACE CARD B IN FRONT OF THE INTERVIEWEES. READ:] Now I am going to ask you some more specific questions about the services provided by your organization. Which of the following services does your program offer? For each service you offer, I also would like to know who you serve and some of the problems you might have in expanding the service. In some places, I will be asking for some general statistics about who your program serves. If you can't easily provide them, I do not need "real" numbers for this -- it is okay to make an educated guess or estimate.

[INTERVIEWER: REFERRING CLIENTS SHOULD NOT BE CODED AS PROVIDING SERVICES. WHERE INDICATED, CIRCLE "KNOWN" OR "ESTIMATED" TO CLARIFY THE INFORMATION PROVIDED.]

Services at this program	1. Does your program offer this service? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the questions to the right on that line.</i>	2. How many TOTAL males and females have you served in this service in the last 6 months?	3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?	4. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	5. How likely are you to attempt to increase capacity for this service in the next 6 months?	6. If you want to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier is each of these factors? (1 = not a barrier at all) (4 = moderate/average barrier) (7 = extreme barrier) (9 = not applicable to this type of service)
a. Detoxification for drug abusers. May be social, medical outpatient, or hospital detoxification.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
b. Short-term (30 day or less) residential treatment for drug abusers.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
c. Long-term (31 day or more) residential treatment for drug abusers.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits

5, PART II. [INTERVIEWER: PLACE CARD B IN FRONT OF THE INTERVIEWEES. READ:] Now I am going to ask you some more specific questions about the services provided by your organization. Which of the following services does your program offer? For each service you offer, I also would like to know who you serve and some of the problems you might have in expanding the service. In some places, I will be asking for some general statistics about who your program serves. If you can't easily provide them, I do not need "real" numbers for this -- it is okay to make an educated guess or estimate.

Services at this program	1. Does your program offer this service? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the questions to the right on that line.</i>	2. How many TOTAL males and females have you served in this service in the last 6 months?	3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?	4. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	5. How likely are you to attempt to increase capacity for this service in the next 6 months?	6. If you want to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier is each of these factors? (1 = not a barrier at all) (4 = moderate/average barrier) (7 = extreme barrier) (9 = not applicable to this type of service)
d. Outpatient drug maintenance (methadone, naltrexone).	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
e. Outpatient drug-free treatment for drug abusers.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
f. Intensive day treatment for drug abuse (at least 3 hours per day at least 3 days per week).	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
g. Long-term housing (31 days or more) including sober-living facilities for drug abusers and HIV-positive persons.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits

5, PART III. [INTERVIEWER: PLACE CARD B IN FRONT OF THE INTERVIEWEES. READ:] Now I am going to ask you some more specific questions about the services provided by your organization. Which of the following services does your program offer? For each service you offer, I also would like to know who you serve and some of the problems you might have in expanding the service. In some places, I will be asking for some general statistics about who your program serves. If you can't easily provide them, I do not need "real" numbers for this -- it is okay to make an educated guess or estimate.

Services at this program	1. Does your program offer this service? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the questions to the right on that line.</i>	2. How many TOTAL males and females have you served in this service in the last 6 months?	3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?	4. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	5. How likely are you to attempt to increase capacity for this service in the next 6 months?	6. If you want to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier is each of these factors? (1 = not a barrier at all) (4 = moderate/average barrier) (7 = extreme barrier) (9 = not applicable to this type of service)
h. Short-term shelter.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
i. Basic needs including food and clothing (do not include shelter here, code as "g" or "h").	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
j. Dental services.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
k. Outpatient routine medical services including clinic services but not including Emergency Room (use "I"). DO NOT INCLUDE HIV-SPECIFIC SERVICES HERE.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits

5, PART IV. [INTERVIEWER: PLACE CARD B IN FRONT OF THE INTERVIEWEES. READ:] Now I am going to ask you some more specific questions about the services provided by your organization. Which of the following services does your program offer? For each service you offer, I also would like to know who you serve and some of the problems you might have in expanding the service. In some places, I will be asking for some general statistics about who your program serves. If you can't easily provide them, I do not need "real" numbers for this -- it is okay to make an educated guess or estimate.

Services at this program	1. Does your program offer this service? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the questions to the right on that line.</i>	2. How many TOTAL males and females have you served in this service in the last 6 months?	3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?	4. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	5. How likely are you to attempt to increase capacity for this service in the next 6 months?	6. If you want to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier is each of these factors? (1 = not a barrier at all) (4 = moderate/average barrier) (7 = extreme barrier) (9 = not applicable to this type of service)
l. Emergency Room medical services. DO NOT INCLUDE HIV-SPECIFIC SERVICES HERE.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
m. Hospital inpatient medical services. DO NOT INCLUDE HIV-SPECIFIC SERVICES HERE.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
n. HIV-specific outpatient and clinic medical services.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
o. HIV-specific inpatient medical services.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits

5, PART V. [INTERVIEWER: PLACE CARD B IN FRONT OF THE INTERVIEWEES. READ:] Now I am going to ask you some more specific questions about the services provided by your organization. Which of the following services does your program offer? For each service you offer, I also would like to know who you serve and some of the problems you might have in expanding the service. In some places, I will be asking for some general statistics about who your program serves. If you can't easily provide them, I do not need "real" numbers for this -- it is okay to make an educated guess or estimate.

Services at this program	1. Does your program offer this service? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the questions to the right on that line.</i>	2. How many TOTAL males and females have you served in this service in the last 6 months?	3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?	4. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	5. How likely are you to attempt to increase capacity for this service in the next 6 months?	6. If you want to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier is each of these factors? (1 = not a barrier at all) (4 = moderate/average barrier) (7 = extreme barrier) (9 = not applicable to this type of service)
p. HIV-specific clinical trials and related medical services.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
q. Programs for teaching individuals who are HIV-positive to "take care of" their health by adjusting their lifestyle.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
r. HIV home care.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
s. HIV hospice.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits

5, PART VI. [INTERVIEWER: PLACE CARD B IN FRONT OF THE INTERVIEWEES. READ:] Now I am going to ask you some more specific questions about the services provided by your organization. Which of the following services does your program offer? For each service you offer, I also would like to know who you serve and some of the problems you might have in expanding the service. In some places, I will be asking for some general statistics about who your program serves. If you can't easily provide them, I do not need "real" numbers for this -- it is okay to make an educated guess or estimate.

Services at this program	1. Does your program offer this service? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the questions to the right on that line.</i>	2. How many TOTAL males and females have you served in this service in the last 6 months?	3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?	4. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	5. How likely are you to attempt to increase capacity for this service in the next 6 months?	6. If you want to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier is each of these factors? (1 = not a barrier at all) (4 = moderate/average barrier) (7 = extreme barrier) (9 = not applicable to this type of service)
t. Outpatient mental health services including therapy, counseling, and psychological support. Do not include family services unless they are formal therapy.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	____ males ____ females known or estimated	____ % of males ____ % of females known or estimated	____ % of males ____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	____ a. lack of funding ____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth ____ c. not in mission of our agency/Board of Directors ____ d. HIV+/high-risk-for-HIV youth would not comply with our rules ____ e. HIV+/high-risk-for-HIV youth do not know about our services ____ f. interagency service network in our city is disorganized ____ g. lack of transportation to our services ____ h. issues with licensure, facility permits
u. Inpatient mental health treatment.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	____ males ____ females known or estimated	____ % of males ____ % of females known or estimated	____ % of males ____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	____ a. lack of funding ____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth ____ c. not in mission of our agency/Board of Directors ____ d. HIV+/high-risk-for-HIV youth would not comply with our rules ____ e. HIV+/high-risk-for-HIV youth do not know about our services ____ f. interagency service network in our city is disorganized ____ g. lack of transportation to our services ____ h. issues with licensure, facility permits
v. Self-help or 12-step groups including NA, CA, AA, etc.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	____ males ____ females known or estimated	____ % of males ____ % of females known or estimated	____ % of males ____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	____ a. lack of funding ____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth ____ c. not in mission of our agency/Board of Directors ____ d. HIV+/high-risk-for-HIV youth would not comply with our rules ____ e. HIV+/high-risk-for-HIV youth do not know about our services ____ f. interagency service network in our city is disorganized ____ g. lack of transportation to our services ____ h. issues with licensure, facility permits
w. Family counseling or supports (not classified as mental health treatment).	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	____ males ____ females known or estimated	____ % of males ____ % of females known or estimated	____ % of males ____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	____ a. lack of funding ____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth ____ c. not in mission of our agency/Board of Directors ____ d. HIV+/high-risk-for-HIV youth would not comply with our rules ____ e. HIV+/high-risk-for-HIV youth do not know about our services ____ f. interagency service network in our city is disorganized ____ g. lack of transportation to our services ____ h. issues with licensure, facility permits

5, PART VII. [INTERVIEWER: PLACE CARD B IN FRONT OF THE INTERVIEWEES. READ:] Now I am going to ask you some more specific questions about the services provided by your organization. Which of the following services does your program offer? For each service you offer, I also would like to know who you serve and some of the problems you might have in expanding the service. In some places, I will be asking for some general statistics about who your program serves. If you can't easily provide them, I do not need "real" numbers for this -- it is okay to make an educated guess or estimate.

Services at this program	1. Does your program offer this service? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the questions to the right on that line.</i>	2. How many TOTAL males and females have you served in this service in the last 6 months?	3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?	4. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	5. How likely are you to attempt to increase capacity for this service in the next 6 months?	6. If you want to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier is each of these factors? (1 = not a barrier at all) (4 = moderate/average barrier) (7 = extreme barrier) (9 = not applicable to this type of service)
x. Medication or pharmacy programs.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
y. Vocational training, vocational services, help in seeking a job.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits
z. Case management or general assistance in linking to publicly-supported services.	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	_____ males _____ females known or estimated	_____ % of males _____ % of females known or estimated	_____ % of males _____ % of females known or estimated	1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly	_____ a. lack of funding _____ b. staff are not comfortable working with HIV+/high-risk-for-HIV youth _____ c. not in mission of our agency/Board of Directors _____ d. HIV+/high-risk-for-HIV youth would not comply with our rules _____ e. HIV+/high-risk-for-HIV youth do not know about our services _____ f. interagency service network in our city is disorganized _____ g. lack of transportation to our services _____ h. issues with licensure, facility permits

6. Which of the following ancillary, drug abuse, counseling, and HIV services are provided by your organization? For each type of service please state,

- "yes" -- if you provide services directly;
- "no or refer" -- if you do not provide services specifically for the problem, or if you make a referral to another agency for services related to the disorder.

[INTERVIEWER: IT IS CRITICAL TO DIFFERENTIATE BETWEEN SERVICES ACTUALLY PROVIDED BY THIS ORGANIZATION AND SERVICES TO WHICH THEY REFER. PROVIDING REFERRALS SHOULD NOT BE CODED AS PROVIDING SERVICES. THESE SERVICES ARE OF SPECIAL INTEREST IN THIS STUDY. THEY ARE NOT INTENDED TO BE A COMPREHENSIVE SET.]

1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	a. Tuberculosis (TB) screening
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	b. Counseling on battering and violence
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	c. Shelter for battered women and their children
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	d. Aftercare/continuing care for drug abuse services
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	e. Individual counseling for drug abuse problems
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	f. Family counseling and family-related services for drug abuse problems
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	g. Transportation services in the agency's own van or car
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	h. Transportation vouchers or passes (bus, taxi, etc.)
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	i. Methadone or naltrexone maintenance or detoxification
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	j. Peer counseling programs
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	k. Services for drug exposed infants or children with fetal alcohol syndrome
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	l. Prenatal or perinatal services
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	m. Child care for program participants
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	n. HIV-testing
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	o. Pre- and post-test counseling for HIV tests on site
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	p. 12-step or other self help programs on site
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	q. 12-step or other self-help programs for <i>HIV-positive individuals</i> on site
1 <input type="checkbox"/> yes	0 <input type="checkbox"/> no or refer	r. 12-step or other self-help programs <i>for women</i> on site

1 yes 0 no 7. In your program, is there a fee for services? [IF "NO," SKIP TO QUESTION 10]

1 yes 0 no 8. Does your program use a "sliding fee" schedule based on the ability to pay?

1 yes 0 no 9. Does your program accept "public reimbursement" clients?

1 yes 0 no 10. Is your facility currently *fully accessible* (program & activity areas, restrooms, etc.) to physically challenged or disabled persons?

11a. Please state the total dollar amount of funding which your organization/program will receive for the entire, current fiscal year of operation.

\$ _____

11b. Please state the total dollar amount of funding which your organization/program will receive for the entire, current fiscal year of operation from your local health department/city or county government.

\$ _____

11c. Please state the total dollar amount of funding which your organization/program will receive for the entire, current fiscal year of operation directly from the federal or state government (grants, contracts).

\$ _____

11d. Please state the total dollar amount of funding which your organization/program will receive for the entire, current fiscal year of operation from donations and other sources.

\$ _____

[INTERVIEWER, FOR QUESTION 12 BELOW, ONLY ASK ABOUT THE SERVICES INDICATED AS PROVIDED IN QUESTION 5; OTHERWISE LEAVE BLANK. GIVE THE INTERVIEWEE RESPONSE CARD C]

[INTERVIEWER, READ THE FOLLOWING:]

12. Some programs are designed for certain target groups. Please indicate below whether your program has services specifically designed for each group listed. *Do not say yes for a specific group unless your program has services designed to meet the SPECIAL NEEDS of the group.*

We realize that many programs are only targeted to a few specific groups, and you should not feel you need to list more groups than you have especially developed services for.

Services at this program	Programs especially for these groups...(check all groups that receive services specifically designed for them).					
a. Detoxification for drug abusers. May be social, medical outpatient, or hospital detoxification.	<input type="checkbox"/> 50 Generic (designed for everyone)	If generic, do not check any specific groups. Go to the next type of service.	<input type="checkbox"/> 30 Children (0-9)	<input type="checkbox"/> 31 Adolescent boys AND girls (10-17)	<input type="checkbox"/> 32 Gang members (former or current)	
	<input type="checkbox"/> 01 Adolescent boys (10-17)	<input type="checkbox"/> 02 Young Men (18-24)	<input type="checkbox"/> 03 Men (25+)	<input type="checkbox"/> 04 Gay/bisexual men	<input type="checkbox"/> 05 Lesbian/bisexual women	<input type="checkbox"/> 06 Social service referrals (AFDC, etc.)
	<input type="checkbox"/> 07 Adolescent girls (10-17)	<input type="checkbox"/> 08 Young Women (18-24)	<input type="checkbox"/> 09 Women (25+)	<input type="checkbox"/> 10 Pregnant/postpartum women	<input type="checkbox"/> 11 Parents with children in the program	<input type="checkbox"/> 12 Bilingual (what? _____)
	<input type="checkbox"/> 13 African Americans/Blacks	<input type="checkbox"/> 14 Latinos/Hispanics	<input type="checkbox"/> 15 Native Americans/American Indians	<input type="checkbox"/> 16 Asians/Pacific Islanders	<input type="checkbox"/> 17 Other ethnic group (specify: _____)	
	<input type="checkbox"/> 18 Blind or visually impaired	<input type="checkbox"/> 19 Deaf/hearing impaired	<input type="checkbox"/> 20 Developmentally disabled	<input type="checkbox"/> 21 Physically challenged	<input type="checkbox"/> 22 HIV seropositive	<input type="checkbox"/> 23 Mentally ill persons (dual diagnosis)
	<input type="checkbox"/> 24 Parolees	<input type="checkbox"/> 25 Probationers	<input type="checkbox"/> 26 Offenders awaiting trial/sentencing	<input type="checkbox"/> 27 Veterans	<input type="checkbox"/> 28 Homeless	<input type="checkbox"/> 29 Other _____
b. Short-term (30 day or less) residential treatment for substance abusers.	<input type="checkbox"/> 50 Generic (designed for everyone)	If generic, do not check any specific groups. Go to the next type of service.	<input type="checkbox"/> 30 Children (0-9)	<input type="checkbox"/> 31 Adolescent boys AND girls (10-17)	<input type="checkbox"/> 32 Gang members (former or current)	
	<input type="checkbox"/> 01 Adolescent boys (10-17)	<input type="checkbox"/> 02 Young Men (18-24)	<input type="checkbox"/> 03 Men (25+)	<input type="checkbox"/> 04 Gay/bisexual men	<input type="checkbox"/> 05 Lesbian/bisexual women	<input type="checkbox"/> 06 Social service referrals (AFDC, etc.)
	<input type="checkbox"/> 07 Adolescent girls (10-17)	<input type="checkbox"/> 08 Young Women (18-24)	<input type="checkbox"/> 09 Women (25+)	<input type="checkbox"/> 10 Pregnant/postpartum women	<input type="checkbox"/> 11 Parents with children in the program	<input type="checkbox"/> 12 Bilingual (what? _____)
	<input type="checkbox"/> 13 African Americans/Blacks	<input type="checkbox"/> 14 Latinos/Hispanics	<input type="checkbox"/> 15 Native Americans/American Indians	<input type="checkbox"/> 16 Asians/Pacific Islanders	<input type="checkbox"/> 17 Other ethnic group (specify: _____)	
	<input type="checkbox"/> 18 Blind or visually impaired	<input type="checkbox"/> 19 Deaf/hearing impaired	<input type="checkbox"/> 20 Developmentally disabled	<input type="checkbox"/> 21 Physically challenged	<input type="checkbox"/> 22 HIV seropositive	<input type="checkbox"/> 23 Mentally ill persons (dual diagnosis)
	<input type="checkbox"/> 24 Parolees	<input type="checkbox"/> 25 Probationers	<input type="checkbox"/> 26 Offenders awaiting trial/sentencing	<input type="checkbox"/> 27 Veterans	<input type="checkbox"/> 28 Homeless	<input type="checkbox"/> 29 Other _____
c. Long-term (31 day or more) residential treatment for substance abusers.	<input type="checkbox"/> 50 Generic (designed for everyone)	If generic, do not check any specific groups. Go to the next type of service.	<input type="checkbox"/> 30 Children (0-9)	<input type="checkbox"/> 31 Adolescent boys AND girls (10-17)	<input type="checkbox"/> 32 Gang members (former or current)	
	<input type="checkbox"/> 01 Adolescent boys (10-17)	<input type="checkbox"/> 02 Young Men (18-24)	<input type="checkbox"/> 03 Men (25+)	<input type="checkbox"/> 04 Gay/bisexual men	<input type="checkbox"/> 05 Lesbian/bisexual women	<input type="checkbox"/> 06 Social service referrals (AFDC, etc.)
	<input type="checkbox"/> 07 Adolescent girls (10-17)	<input type="checkbox"/> 08 Young Women (18-24)	<input type="checkbox"/> 09 Women (25+)	<input type="checkbox"/> 10 Pregnant/postpartum women	<input type="checkbox"/> 11 Parents with children in the program	<input type="checkbox"/> 12 Bilingual (what? _____)
	<input type="checkbox"/> 13 African Americans/Blacks	<input type="checkbox"/> 14 Latinos/Hispanics	<input type="checkbox"/> 15 Native Americans/American Indians	<input type="checkbox"/> 16 Asians/Pacific Islanders	<input type="checkbox"/> 17 Other ethnic group (specify: _____)	
	<input type="checkbox"/> 18 Blind or visually impaired	<input type="checkbox"/> 19 Deaf/hearing impaired	<input type="checkbox"/> 20 Developmentally disabled	<input type="checkbox"/> 21 Physically challenged	<input type="checkbox"/> 22 HIV seropositive	<input type="checkbox"/> 23 Mentally ill persons (dual diagnosis)
	<input type="checkbox"/> 24 Parolees	<input type="checkbox"/> 25 Probationers	<input type="checkbox"/> 26 Offenders awaiting trial/sentencing	<input type="checkbox"/> 27 Veterans	<input type="checkbox"/> 28 Homeless	<input type="checkbox"/> 29 Other _____
d. Outpatient drug-free treatment for drug abusers	<input type="checkbox"/> 50 Generic (designed for everyone)	If generic, do not check any specific groups. Go to the next type of service.	<input type="checkbox"/> 30 Children (0-9)	<input type="checkbox"/> 31 Adolescent boys AND girls (10-17)	<input type="checkbox"/> 32 Gang members (former or current)	
	<input type="checkbox"/> 01 Adolescent boys (10-17)	<input type="checkbox"/> 02 Young Men (18-24)	<input type="checkbox"/> 03 Men (25+)	<input type="checkbox"/> 04 Gay/bisexual men	<input type="checkbox"/> 05 Lesbian/bisexual women	<input type="checkbox"/> 06 Social service referrals (AFDC, etc.)
	<input type="checkbox"/> 07 Adolescent girls (10-17)	<input type="checkbox"/> 08 Young Women (18-24)	<input type="checkbox"/> 09 Women (25+)	<input type="checkbox"/> 10 Pregnant/postpartum women	<input type="checkbox"/> 11 Parents with children in the program	<input type="checkbox"/> 12 Bilingual (what? _____)
	<input type="checkbox"/> 13 African Americans/Blacks	<input type="checkbox"/> 14 Latinos/Hispanics	<input type="checkbox"/> 15 Native Americans/American Indians	<input type="checkbox"/> 16 Asians/Pacific Islanders	<input type="checkbox"/> 17 Other ethnic group (specify: _____)	
	<input type="checkbox"/> 18 Blind or visually impaired	<input type="checkbox"/> 19 Deaf/hearing impaired	<input type="checkbox"/> 20 Developmentally disabled	<input type="checkbox"/> 21 Physically challenged	<input type="checkbox"/> 22 HIV seropositive	<input type="checkbox"/> 23 Mentally ill persons (dual diagnosis)
	<input type="checkbox"/> 24 Parolees	<input type="checkbox"/> 25 Probationers	<input type="checkbox"/> 26 Offenders awaiting trial/sentencing	<input type="checkbox"/> 27 Veterans	<input type="checkbox"/> 28 Homeless	<input type="checkbox"/> 29 Other _____
e. Outpatient drug maintenance (methadone, naltrexone).	<input type="checkbox"/> 50 Generic (designed for everyone)	If generic, do not check any specific groups. Go to the next type of service.	<input type="checkbox"/> 30 Children (0-9)	<input type="checkbox"/> 31 Adolescent boys AND girls (10-17)	<input type="checkbox"/> 32 Gang members (former or current)	
	<input type="checkbox"/> 01 Adolescent boys (10-17)	<input type="checkbox"/> 02 Young Men (18-24)	<input type="checkbox"/> 03 Men (25+)	<input type="checkbox"/> 04 Gay/bisexual men	<input type="checkbox"/> 05 Lesbian/bisexual women	<input type="checkbox"/> 06 Social service referrals (AFDC, etc.)
	<input type="checkbox"/> 07 Adolescent girls (10-17)	<input type="checkbox"/> 08 Young Women (18-24)	<input type="checkbox"/> 09 Women (25+)	<input type="checkbox"/> 10 Pregnant/postpartum women	<input type="checkbox"/> 11 Parents with children in the program	<input type="checkbox"/> 12 Bilingual (what? _____)
	<input type="checkbox"/> 13 African Americans/Blacks	<input type="checkbox"/> 14 Latinos/Hispanics	<input type="checkbox"/> 15 Native Americans/American Indians	<input type="checkbox"/> 16 Asians/Pacific Islanders	<input type="checkbox"/> 17 Other ethnic group (specify: _____)	
	<input type="checkbox"/> 18 Blind or visually impaired	<input type="checkbox"/> 19 Deaf/hearing impaired	<input type="checkbox"/> 20 Developmentally disabled	<input type="checkbox"/> 21 Physically challenged	<input type="checkbox"/> 22 HIV seropositive	<input type="checkbox"/> 23 Mentally ill persons (dual diagnosis)
	<input type="checkbox"/> 24 Parolees	<input type="checkbox"/> 25 Probationers	<input type="checkbox"/> 26 Offenders awaiting trial/sentencing	<input type="checkbox"/> 27 Veterans	<input type="checkbox"/> 28 Homeless	<input type="checkbox"/> 29 Other _____

Services at this program	Programs especially for these groups...(check all groups that receive services specifically designed for them).					
f. Intensive day treatment for drug abuse (at least 3 hours per day at least 3 days per week).	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
g. Long-term housing (31 days or more) including sober-living facilities for drug abusers and HIV-positive persons.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
h. Short-term shelter.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
i. Basic needs including food and clothing (do not include shelter here, code as "g" or "h").	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
j. Dental services.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____

Services at this program	Programs especially for these groups...(check all groups that receive services specifically designed for them).					
k. Outpatient routine medical services including clinic services but not including Emergency Room (use "I"). Do not include HIV-specific services.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
l. Emergency Room medical services. Do not include HIV-specific services.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
m. Hospital inpatient services. Do not include HIV-specific services here.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
n. HIV-specific outpatient and clinic medical services.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
o. HIV-specific inpatient medical services.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____

Services at this program	Programs especially for these groups...(check all groups that receive services specifically designed for them).					
<p>p. HIV-specific clinical trials and related medical services</p>	<p>50 <input type="checkbox"/> Generic (designed for everyone)</p> <p>01 <input type="checkbox"/> Adolescent boys (10-17)</p> <p>07 <input type="checkbox"/> Adolescent girls (10-17)</p> <p>13 <input type="checkbox"/> African Americans/Blacks</p> <p>18 <input type="checkbox"/> Blind or visually impaired</p> <p>24 <input type="checkbox"/> Parolees</p>	<p>If generic, do not check any specific groups. Go to the next type of service.</p> <p>02 <input type="checkbox"/> Young Men (18-24)</p> <p>08 <input type="checkbox"/> Young Women (18-24)</p> <p>14 <input type="checkbox"/> Latinos/Hispanics</p> <p>19 <input type="checkbox"/> Deaf/hearing impaired</p> <p>25 <input type="checkbox"/> Probationers</p>	<p>03 <input type="checkbox"/> Men (25+)</p> <p>09 <input type="checkbox"/> Women (25+)</p> <p>15 <input type="checkbox"/> Native Americans/American Indians</p> <p>20 <input type="checkbox"/> Developmentally disabled</p> <p>26 <input type="checkbox"/> Offenders awaiting trial/sentencing</p>	<p>30 <input type="checkbox"/> Children (0-9)</p> <p>04 <input type="checkbox"/> Gay/bisexual men</p> <p>10 <input type="checkbox"/> Pregnant/postpartum women</p> <p>16 <input type="checkbox"/> Asians/Pacific Islanders</p> <p>21 <input type="checkbox"/> Physically challenged</p> <p>27 <input type="checkbox"/> Veterans</p>	<p>31 <input type="checkbox"/> Adolescent boys AND girls (10-17)</p> <p>05 <input type="checkbox"/> Lesbian/bisexual women</p> <p>11 <input type="checkbox"/> Parents with children in the program</p> <p>17 <input type="checkbox"/> Other ethnic group (specify: _____)</p> <p>22 <input type="checkbox"/> HIV seropositive</p> <p>28 <input type="checkbox"/> Homeless</p>	<p>32 <input type="checkbox"/> Gang members (former or current)</p> <p>06 <input type="checkbox"/> Social service referrals (AFDC, etc.)</p> <p>12 <input type="checkbox"/> Bilingual (what? _____)</p> <p>23 <input type="checkbox"/> Mentally ill persons (dual diagnosis)</p> <p>29 <input type="checkbox"/> Other _____</p>
<p>q. Programs for teaching individuals who are HIV-positive to "take care of" health by adjusting their lifestyle.</p>	<p>50 <input type="checkbox"/> Generic (designed for everyone)</p> <p>01 <input type="checkbox"/> Adolescent boys (10-17)</p> <p>07 <input type="checkbox"/> Adolescent girls (10-17)</p> <p>13 <input type="checkbox"/> African Americans/Blacks</p> <p>18 <input type="checkbox"/> Blind or visually impaired</p> <p>24 <input type="checkbox"/> Parolees</p>	<p>If generic, do not check any specific groups. Go to the next type of service.</p> <p>02 <input type="checkbox"/> Young Men (18-24)</p> <p>08 <input type="checkbox"/> Young Women (18-24)</p> <p>14 <input type="checkbox"/> Latinos/Hispanics</p> <p>19 <input type="checkbox"/> Deaf/hearing impaired</p> <p>25 <input type="checkbox"/> Probationers</p>	<p>03 <input type="checkbox"/> Men (25+)</p> <p>09 <input type="checkbox"/> Women (25+)</p> <p>15 <input type="checkbox"/> Native Americans/American Indians</p> <p>20 <input type="checkbox"/> Developmentally disabled</p> <p>26 <input type="checkbox"/> Offenders awaiting trial/sentencing</p>	<p>30 <input type="checkbox"/> Children (0-9)</p> <p>04 <input type="checkbox"/> Gay/bisexual men</p> <p>10 <input type="checkbox"/> Pregnant/postpartum women</p> <p>16 <input type="checkbox"/> Asians/Pacific Islanders</p> <p>21 <input type="checkbox"/> Physically challenged</p> <p>27 <input type="checkbox"/> Veterans</p>	<p>31 <input type="checkbox"/> Adolescent boys AND girls (10-17)</p> <p>05 <input type="checkbox"/> Lesbian/bisexual women</p> <p>11 <input type="checkbox"/> Parents with children in the program</p> <p>17 <input type="checkbox"/> Other ethnic group (specify: _____)</p> <p>22 <input type="checkbox"/> HIV seropositive</p> <p>28 <input type="checkbox"/> Homeless</p>	<p>32 <input type="checkbox"/> Gang members (former or current)</p> <p>06 <input type="checkbox"/> Social service referrals (AFDC, etc.)</p> <p>12 <input type="checkbox"/> Bilingual (what? _____)</p> <p>23 <input type="checkbox"/> Mentally ill persons (dual diagnosis)</p> <p>29 <input type="checkbox"/> Other _____</p>
<p>r. HIV home care.</p>	<p>50 <input type="checkbox"/> Generic (designed for everyone)</p> <p>01 <input type="checkbox"/> Adolescent boys (10-17)</p> <p>07 <input type="checkbox"/> Adolescent girls (10-17)</p> <p>13 <input type="checkbox"/> African Americans/Blacks</p> <p>18 <input type="checkbox"/> Blind or visually impaired</p> <p>24 <input type="checkbox"/> Parolees</p>	<p>If generic, do not check any specific groups. Go to the next type of service.</p> <p>02 <input type="checkbox"/> Young Men (18-24)</p> <p>08 <input type="checkbox"/> Young Women (18-24)</p> <p>14 <input type="checkbox"/> Latinos/Hispanics</p> <p>19 <input type="checkbox"/> Deaf/hearing impaired</p> <p>25 <input type="checkbox"/> Probationers</p>	<p>03 <input type="checkbox"/> Men (25+)</p> <p>09 <input type="checkbox"/> Women (25+)</p> <p>15 <input type="checkbox"/> Native Americans/American Indians</p> <p>20 <input type="checkbox"/> Developmentally disabled</p> <p>26 <input type="checkbox"/> Offenders awaiting trial/sentencing</p>	<p>30 <input type="checkbox"/> Children (0-9)</p> <p>04 <input type="checkbox"/> Gay/bisexual men</p> <p>10 <input type="checkbox"/> Pregnant/postpartum women</p> <p>16 <input type="checkbox"/> Asians/Pacific Islanders</p> <p>21 <input type="checkbox"/> Physically challenged</p> <p>27 <input type="checkbox"/> Veterans</p>	<p>31 <input type="checkbox"/> Adolescent boys AND girls (10-17)</p> <p>05 <input type="checkbox"/> Lesbian/bisexual women</p> <p>11 <input type="checkbox"/> Parents with children in the program</p> <p>17 <input type="checkbox"/> Other ethnic group (specify: _____)</p> <p>22 <input type="checkbox"/> HIV seropositive</p> <p>28 <input type="checkbox"/> Homeless</p>	<p>32 <input type="checkbox"/> Gang members (former or current)</p> <p>06 <input type="checkbox"/> Social service referrals (AFDC, etc.)</p> <p>12 <input type="checkbox"/> Bilingual (what? _____)</p> <p>23 <input type="checkbox"/> Mentally ill persons (dual diagnosis)</p> <p>29 <input type="checkbox"/> Other _____</p>
<p>s. HIV hospice.</p>	<p>50 <input type="checkbox"/> Generic (designed for everyone)</p> <p>01 <input type="checkbox"/> Adolescent boys (10-17)</p> <p>07 <input type="checkbox"/> Adolescent girls (10-17)</p> <p>13 <input type="checkbox"/> African Americans/Blacks</p> <p>18 <input type="checkbox"/> Blind or visually impaired</p> <p>24 <input type="checkbox"/> Parolees</p>	<p>If generic, do not check any specific groups. Go to the next type of service.</p> <p>02 <input type="checkbox"/> Young Men (18-24)</p> <p>08 <input type="checkbox"/> Young Women (18-24)</p> <p>14 <input type="checkbox"/> Latinos/Hispanics</p> <p>19 <input type="checkbox"/> Deaf/hearing impaired</p> <p>25 <input type="checkbox"/> Probationers</p>	<p>03 <input type="checkbox"/> Men (25+)</p> <p>09 <input type="checkbox"/> Women (25+)</p> <p>15 <input type="checkbox"/> Native Americans/American Indians</p> <p>20 <input type="checkbox"/> Developmentally disabled</p> <p>26 <input type="checkbox"/> Offenders awaiting trial/sentencing</p>	<p>30 <input type="checkbox"/> Children (0-9)</p> <p>04 <input type="checkbox"/> Gay/bisexual men</p> <p>10 <input type="checkbox"/> Pregnant/postpartum women</p> <p>16 <input type="checkbox"/> Asians/Pacific Islanders</p> <p>21 <input type="checkbox"/> Physically challenged</p> <p>27 <input type="checkbox"/> Veterans</p>	<p>31 <input type="checkbox"/> Adolescent boys AND girls (10-17)</p> <p>05 <input type="checkbox"/> Lesbian/bisexual women</p> <p>11 <input type="checkbox"/> Parents with children in the program</p> <p>17 <input type="checkbox"/> Other ethnic group (specify: _____)</p> <p>22 <input type="checkbox"/> HIV seropositive</p> <p>28 <input type="checkbox"/> Homeless</p>	<p>32 <input type="checkbox"/> Gang members (former or current)</p> <p>06 <input type="checkbox"/> Social service referrals (AFDC, etc.)</p> <p>12 <input type="checkbox"/> Bilingual (what? _____)</p> <p>23 <input type="checkbox"/> Mentally ill persons (dual diagnosis)</p> <p>29 <input type="checkbox"/> Other _____</p>
<p>t. Outpatient mental health services including therapy, counseling, and psychological support. Do not include family services unless they are part of formal therapy.</p>	<p>50 <input type="checkbox"/> Generic (designed for everyone)</p> <p>01 <input type="checkbox"/> Adolescent boys (10-17)</p> <p>07 <input type="checkbox"/> Adolescent girls (10-17)</p> <p>13 <input type="checkbox"/> African Americans/Blacks</p> <p>18 <input type="checkbox"/> Blind or visually impaired</p> <p>24 <input type="checkbox"/> Parolees</p>	<p>If generic, do not check any specific groups. Go to the next type of service.</p> <p>02 <input type="checkbox"/> Young Men (18-24)</p> <p>08 <input type="checkbox"/> Young Women (18-24)</p> <p>14 <input type="checkbox"/> Latinos/Hispanics</p> <p>19 <input type="checkbox"/> Deaf/hearing impaired</p> <p>25 <input type="checkbox"/> Probationers</p>	<p>03 <input type="checkbox"/> Men (25+)</p> <p>09 <input type="checkbox"/> Women (25+)</p> <p>15 <input type="checkbox"/> Native Americans/American Indians</p> <p>20 <input type="checkbox"/> Developmentally disabled</p> <p>26 <input type="checkbox"/> Offenders awaiting trial/sentencing</p>	<p>30 <input type="checkbox"/> Children (0-9)</p> <p>04 <input type="checkbox"/> Gay/bisexual men</p> <p>10 <input type="checkbox"/> Pregnant/postpartum women</p> <p>16 <input type="checkbox"/> Asians/Pacific Islanders</p> <p>21 <input type="checkbox"/> Physically challenged</p> <p>27 <input type="checkbox"/> Veterans</p>	<p>31 <input type="checkbox"/> Adolescent boys AND girls (10-17)</p> <p>05 <input type="checkbox"/> Lesbian/bisexual women</p> <p>11 <input type="checkbox"/> Parents with children in the program</p> <p>17 <input type="checkbox"/> Other ethnic group (specify: _____)</p> <p>22 <input type="checkbox"/> HIV seropositive</p> <p>28 <input type="checkbox"/> Homeless</p>	<p>32 <input type="checkbox"/> Gang members (former or current)</p> <p>06 <input type="checkbox"/> Social service referrals (AFDC, etc.)</p> <p>12 <input type="checkbox"/> Bilingual (what? _____)</p> <p>23 <input type="checkbox"/> Mentally ill persons (dual diagnosis)</p> <p>29 <input type="checkbox"/> Other _____</p>

Services at this program	Programs especially for these groups...(check all groups that receive services specifically designed for them).					
u. Inpatient mental health treatment.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
v. Self-help or 12-step groups including NA, CA, AA, etc.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
w. Family counseling or supports (not classified as mental health treatment).	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
x. Medication or pharmacy programs.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____
y. Vocational training, vocational services, help in seeking a job.	50 <input type="checkbox"/> Generic (designed for everyone) 01 <input type="checkbox"/> Adolescent boys (10-17) 07 <input type="checkbox"/> Adolescent girls (10-17) 13 <input type="checkbox"/> African Americans/Blacks 18 <input type="checkbox"/> Blind or visually impaired 24 <input type="checkbox"/> Parolees	If generic, do not check any specific groups. Go to the next type of service. 02 <input type="checkbox"/> Young Men (18-24) 08 <input type="checkbox"/> Young Women (18-24) 14 <input type="checkbox"/> Latinos/Hispanics 19 <input type="checkbox"/> Deaf/hearing impaired 25 <input type="checkbox"/> Probationers	03 <input type="checkbox"/> Men (25+) 09 <input type="checkbox"/> Women (25+) 15 <input type="checkbox"/> Native Americans/American Indians 20 <input type="checkbox"/> Developmentally disabled 26 <input type="checkbox"/> Offenders awaiting trial/sentencing	30 <input type="checkbox"/> Children (0-9) 04 <input type="checkbox"/> Gay/bisexual men 10 <input type="checkbox"/> Pregnant/postpartum women 16 <input type="checkbox"/> Asians/Pacific Islanders 21 <input type="checkbox"/> Physically challenged 27 <input type="checkbox"/> Veterans	31 <input type="checkbox"/> Adolescent boys AND girls (10-17) 05 <input type="checkbox"/> Lesbian/bisexual women 11 <input type="checkbox"/> Parents with children in the program 17 <input type="checkbox"/> Other ethnic group (specify: _____) 22 <input type="checkbox"/> HIV seropositive 28 <input type="checkbox"/> Homeless	32 <input type="checkbox"/> Gang members (former or current) 06 <input type="checkbox"/> Social service referrals (AFDC, etc.) 12 <input type="checkbox"/> Bilingual (what? _____) 23 <input type="checkbox"/> Mentally ill persons (dual diagnosis) 29 <input type="checkbox"/> Other _____

Services at this program	Programs especially for these groups...(check all groups that receive services specifically designed for them).					
z. Case management or general assistance in linking to publicly-supported services.	50 <input type="checkbox"/> Generic (designed for everyone)	If generic, do not check any specific groups. Go to the next type of service.	30 <input type="checkbox"/> Children (0-9)	31 <input type="checkbox"/> Adolescent boys AND girls (10-17)	32 <input type="checkbox"/> Gang members (former or current)	
	01 <input type="checkbox"/> Adolescent boys (10-17)	02 <input type="checkbox"/> Young Men (18-24)	03 <input type="checkbox"/> Men (25+)	04 <input type="checkbox"/> Gay/bisexual men	05 <input type="checkbox"/> Lesbian/bisexual women	06 <input type="checkbox"/> Social service referrals (AFDC, etc.)
	07 <input type="checkbox"/> Adolescent girls (10-17)	08 <input type="checkbox"/> Young Women (18-24)	09 <input type="checkbox"/> Women (25+)	10 <input type="checkbox"/> Pregnant/postpartum women	11 <input type="checkbox"/> Parents with children in the program	12 <input type="checkbox"/> Bilingual (what? _____)
	13 <input type="checkbox"/> African Americans/Blacks	14 <input type="checkbox"/> Latinos/Hispanics	15 <input type="checkbox"/> Native Americans/American Indians	16 <input type="checkbox"/> Asians/Pacific Islanders	17 <input type="checkbox"/> Other ethnic group (specify: _____)	
	18 <input type="checkbox"/> Blind or visually impaired	19 <input type="checkbox"/> Deaf/hearing impaired	20 <input type="checkbox"/> Developmentally disabled	21 <input type="checkbox"/> Physically challenged	22 <input type="checkbox"/> HIV seropositive	23 <input type="checkbox"/> Mentally ill persons (dual diagnosis)
	24 <input type="checkbox"/> Parolees	25 <input type="checkbox"/> Probationers	26 <input type="checkbox"/> Offenders awaiting trial/sentencing	27 <input type="checkbox"/> Veterans	28 <input type="checkbox"/> Homeless	29 <input type="checkbox"/> Other _____

12. How familiar is your agency with the Ryan White CARE Act Title I funding for programs? (check one)
[INTERVIEWER: READ LIST, RECORD "BEST RESPONSE"]

- 1 We are not at all familiar with it.
- 2 We know very little about it.
- 3 We know the basics.
- 4 We are very familiar with it.

13. Are you aware if your city is/will be a recipient of Ryan White CARE Act Title I funds? (check one)

- 1 Yes 2 No 3 Don't Know

14. Are you or any other staff of your agency on the Title I Planning Council? (check one)

- 1 Yes 2 No 3 Don't Know

15. Are you or any other staff of your agency on a Planning Council subcommittee? (check one)

- 1 Yes 2 No 3 Don't Know

16. Have you applied/do you plan to apply for Title I funds? (check one)

- 1 Yes 2 No 3 Don't Know

**IF NO OR DON'T KNOW, SKIP TO THE
END OF THE INTERVIEW.**

17. For what kinds of services? (check all that apply) [INTERVIEWER: READ LIST, RECORD "YES" RESPONSES.]

- 1 a. Residential drug abuse treatment/recovery programs
- 1 b. Outpatient drug abuse treatment/recovery programs.
- 1 c. Detoxification for drug abusers.
- 1 d. Long-term housing.
- 1 e. Short-term shelters.
- 1 f. Basic needs of food and clothing.
- 1 g. Dental services.
- 1 h. Outpatient routine medical services.
- 1 i. Emergency room medical services.
- 1 j. Hospital inpatient medical services.
- 1 k. HIV-specific medical services and self-care.
- 1 l. HIV home care and hospices.
- 1 m. Mental health services (outpatient and inpatient).
- 1 n. Family services and supports.
- 1 o. Medication or pharmacy programs.
- 1 p. Vocational training, placement, and services.
- 1 q. Infrastructure development (construction and renovation, development of information and fiscal management systems).
- 1 r. Service provider training.
- 1 s. Administration and evaluation.
- 1 t. Other: _____
- 1 u. Other: _____

18. Do you plan to apply for/have you applied for Title I funds specifically focused on HIV-positive or high-risk-for-HIV youth? (check one)

- 1 Yes 2 No 3 Don't Know

**IF NO OR DON'T KNOW, SKIP TO THE
END OF THE INTERVIEW.**

19. For what kinds of services? (check all that apply) [INTERVIEWER: READ LIST, RECORD "YES" RESPONSES.]

- 1 a. Residential drug abuse treatment/recovery programs
- 1 b. Outpatient drug abuse treatment/recovery programs.
- 1 c. Detoxification for drug abusers.
- 1 d. Long-term housing.
- 1 e. Short-term shelters.
- 1 f. Basic needs of food and clothing.
- 1 g. Dental services.
- 1 h. Outpatient routine medical services.
- 1 i. Emergency room medical services.
- 1 j. Hospital inpatient medical services.
- 1 k. HIV-specific medical services and self-care.
- 1 l. HIV home care and hospices.
- 1 m. Mental health services (outpatient and inpatient).
- 1 n. Family services and supports.
- 1 o. Medication or pharmacy programs.
- 1 p. Vocational training, placement, and services.
- 1 q. Infrastructure development (construction and renovation, development of information and fiscal management systems).
- 1 r. Service provider training.
- 1 s. Administration and evaluation.
- 1 t. Other: _____
- 1 u. Other: _____

[INTERVIEWER, READ: Thank you very much for completing this interview. Your responses are very important and will help the Health Services and Resources Administration (HRSA) and our agency plan better services for HIV-positive and high-risk-for-HIV youth.]

END OF INTERVIEW. CONTINUE TO THE BRIEF SELF-REPORT QUESTIONNAIRE.

Response Card A

Which of the following statements describes the activities of your agency, program, or practice? (select as many as needed but as few as possible). Check the box next to each statement that describes your program.

- A. Alcohol treatment/recovery program.** Program designed primarily for individuals with alcohol abuse problems. *May* include outpatient, inpatient, treatment, recovery, and aftercare components. Includes hospital-based alcohol programs. *May* serve HIV-positive individuals in the course of providing alcohol treatment-recovery services.
- B. Drug abuse treatment/recovery program.** Program designed primarily for individuals with drug abuse problems. *May* include outpatient, inpatient, treatment, recovery, and aftercare components. Includes hospital-based drug programs. *May* serve HIV-positive individuals in the course of providing drug abuse treatment-recovery services.
- C. Alcohol AND Drug abuse treatment/recovery program.** Program designed for individuals with either alcohol and/or other drug abuse problems (program is designed to accept either type of problem). *May* include outpatient, inpatient, treatment, recovery, and aftercare components. Includes hospital-based drug abuse programs.
- D. General health care clinic or similar agency.** Program specializing in general health care; not a hospital. *May* serve individuals with alcohol and/or other drug abuse problems or HIV-infection in the course of providing general health care services.
- E. Dental care clinic or practice.** Agency, group practice, or individual providing dental services. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing dental services.
- F. Hospital or medical center.** Agency specializing in general health care. *May* serve individuals with alcohol and/or other drug abuse problems in the course of providing general health care services. Provides for medical treatment for HIV-infection and AIDS.
- G. General social services program or general social services community based agency (CBO).** Agency specializing in one or more forms of social services, but not specifically alcohol and/or drug abuse treatment/recovery. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing general social services.
- H. Shelter, soup kitchen, or food bank.** Agency specializing in providing for basic needs such as shelter, food, and clothing. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing for general basic needs.
- I. Mental health hospital, clinic, or similar facility.** Program specializing in general mental health care. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing general mental health care services. *May* include outpatient, inpatient, treatment, recovery, and aftercare components.
- J. HIV-specific community-based organization (CBO).** CBO providing non-outreach social services primarily to HIV-positive individuals or to prevent the spread of HIV. *May* serve individuals with alcohol and/or other drug abuse problems in the course of providing social services. NOTE: Organizations providing outreach interventions that actively recruit service recipients by sending personnel into the community on foot, in vehicles, into shooting galleries, etc., please check "k" (outreach program).
- K. Outreach program.** CBO, university-based group, or other agency whose primary mission is to provide community/street outreach to drug abusers and others at high risk to become HIV-positive and link them to appropriate social, medical, or drug abuse treatment services. Actively recruits service recipients by sending personnel into the community on foot, in vehicles, into shooting galleries, etc.
- L. Homecare Agency/Hospice.** CBO, public, or private organizations whose primary function and mission is to provide at home or hospice services to individuals with diagnosed AIDS.
- M. City health department or County health agency.** Branch of local government with employees paid directly by the city, county, or other local jurisdiction.
- N. Church-related services/Community centers.** Church- or municipality-related community center or community program. Provides a combination of social services and basic provisions such as food, shelter, and clothing. *May* serve individuals with alcohol and/or other drug abuse problems and/or HIV-infection in the course of providing services.
- O. Other (specify):** _____

Response Card B

1. Does your program offer this service?
2. In total, how many males and females have you served in this service in the last 6 months?
3. What percentage of the males and females served in the last 6 months are known or estimated to be HIV-positive or at high-risk-for-HIV?

[If you can provide us with the actual percentage, that is preferable. Otherwise, please estimate. Tell me whether your answer is an actual or estimated percentage.]

4. What percentage of the males and females served in the last 6 months are between the ages of 10 and 24?

[If you can provide us with the actual percentage, that is preferable. Otherwise, please estimate. Tell me whether your answer is an actual or estimated percentage.]

5. How likely are you to attempt to increase capacity in this service in the next 6 months?

Not at all
Somewhat
Probably
Almost certainly

6. If you wanted to increase overall service levels for HIV-positive or high-risk-for-HIV youth, how much of a barrier would each of these factors be?

Factors:

- a. Lack of funding
- b. Staff are not comfortable working with HIV-positive or high-risk-for-HIV youth
- c. Not in the mission of our agency/Board of Directors would not approve
- d. HIV-positive/high-risk-for-HIV youth would not comply with our rules
- e. HIV-positive/high-risk-for-HIV youth do not know about our services
- f. Interagency service network in our city/region is disorganized
- g. Lack of transportation to our services
- h. Issues with licensure, facility permits

Rate each factor on this scale:

1	2	3	4	5	6	7
Not a barrier at all			Moderate/ average barrier			Extreme barrier

9 = the factor does not apply for this service

Response Card C

NOTE: Most programs specifically target 6 or fewer special groups.

50. Generic -- program designed to serve many different kinds of people; does not include programs specifically targeted to the needs of special groups.

1. Adolescent boys (10-17)
2. Young Men (18-24)
3. Men (25+)

4. Gay/bisexual men
5. Lesbian/bisexual women
6. Social service referrals (AFDC, etc.)

7. Adolescent girls (10-17)
8. Young Women (ages 18-24)
9. Women (25+)

10. Pregnant/postpartum women

11. Parents with children in the program

12. Bilingual (specify)
13. African Americans/Blacks
14. Latinos/Hispanics
15. Native Americans/American Indians
16. Asians/Pacific Islanders
17. Other ethnic group (specify)

18. Blind or visually impaired
19. Deaf/hearing impaired
20. Developmentally disabled
21. Physically challenged

22. HIV seropositive

23. Mentally ill persons (dual diagnosis)

24. Parolees
25. Probationers
26. Offenders awaiting trial/sentencing

27. Veterans
28. Homeless

30. Children (0-9)
31. Adolescent boys AND girls (10-17)
32. Gang members (former or current)
29. Other (specify)