

HRSA Adolescent SPNS National Evaluation Study: 1996
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 of 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 received a SPNS award. That means that certain 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.

If your agency participated in this interview last year, we are looking to see if anything has changed since we last spoke.

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	4 <input type="checkbox"/> Volunteer
2 <input type="checkbox"/> Private non-profit	5 <input type="checkbox"/> Religious non-profit
3 <input type="checkbox"/> Private for profit	

For telephone interviews - Interviewer, read:

“In the packet you received for this interview, there should be a sheet titled ‘RESPONSE CARD A.’ Please look at CARD A now and use the categories for your answers to the following question.”

[Interviewer: You may need to describe what CARD A looks like so that the respondent has the correct information at hand.]

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. *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 "b" (outreach program).
- b. *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.
- c. *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.
- d. *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.
- e. *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.
- f. *City health department or County health agency:* Branch of local government with employees paid directly by the city, county, or other jurisdiction.
- 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. *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.

- i. *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.
- j. *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.
- k. *Alcohol treatment/recovery program ONLY:* 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.
- l. *Drug abuse treatment/recovery program ONLY:* 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.
- m. *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.
- 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? (check one)

1 Yes 0 No

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

1 Yes 0 No

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

1 Yes 0 No

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

1 Yes

0 No

For telephone interviews - Interviewer, read:

“In the packet you received for this interview, there should be a sheet titled ‘RESPONSE CARD B.’ Please look at CARD B now and use the categories for your answers to the following question.”

[Interviewer: You may need to describe what CARD B looks like so that the respondent has the correct information at hand.]

[If in person, place CARD B in front of the interviewees.]

7. Interviewer, 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.]

A. LONG-TERM HOUSING (31 DAYS OR MORE) INCLUDING SOBER- LIVING FACILITIES	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?	4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for- HIV?	5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?	7. 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>1. Does your program offer long-term housing (31 days or more) including sober- living facilities?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p> <p>0 <input type="checkbox"/> no (if no, go to the next page now) 1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p style="text-align: center;">Now go to the right</p>	<p>_____males _____females</p> <p style="text-align: center;"><i>Circle one:</i></p> <p style="text-align: center;">Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p style="text-align: center;"><i>Circle one:</i></p> <p style="text-align: center;">Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p style="text-align: center;"><i>Circle one:</i></p> <p style="text-align: center;">Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p style="text-align: center;"><i>Circle one:</i></p> <p style="text-align: center;">Known or Estimated</p>	<p>1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding _____ 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. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p style="text-align: center;"><i>[items b and c have been omitted]</i></p>

7. [INTERVIEWER: Repeat this reminder to the respondent if necessary:] If you offer the following services, we 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. Please use CARD B to guide your responses to these questions.

B. SHORT-TERM SHELTER 1. Does your program offer short-term shelter? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions 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?	4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?	5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?	7. 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)
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7. [INTERVIEWER: Repeat this reminder to the respondent if necessary:] If you offer the following services, we 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. Please use CARD B to guide your responses to these questions.

<p>C. BASIC NEEDS <u>INCLUDING FOOD AND CLOTHING</u> <u>Do not include shelter here, code as "A" or "B".</u></p> <p>1. Does your program offer basic needs including food and clothing?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Now go to the right</p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

7. [INTERVIEWER: Repeat this reminder to the respondent if necessary:] If you offer the following services, we 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. Please use CARD B to guide your responses to these questions.

<p><u>D. DENTAL SERVICES</u></p> <p>1. Does your program offer dental services? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>E. OUTPATIENT ROUTINE MEDICAL SERVICES INCLUDING CLINIC SERVICES BUT NOT INCLUDING EMERGENCY ROOM (USE "F")</u> <u>Do not include HIV-specific services here.</u></p> <p>1. Does your program offer outpatient routine medical services? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now) 1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____males _____females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding _____ 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. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p>F. EMERGENCY ROOM MEDICAL SERVICES <u>Do not include HIV-specific services here.</u></p> <p>1. Does your program offer emergency room medical services?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p>G. HOSPITAL INPATIENT MEDICAL SERVICES <u>Do not include HIV-specific services here.</u></p> <p>1. Does your program offer hospital inpatient medical services?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Now go to the right</p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p>H. HIV-SPECIFIC OUTPATIENT AND CLINIC MEDICAL SERVICES</p> <p>1. Does your program offer HIV-specific outpatient and clinic medical services?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>I. HIV-SPECIFIC INPATIENT MEDICAL SERVICES</u></p> <p>1. Does your program offer HIV-specific inpatient medical services? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>J. HIV-SPECIFIC CLINICAL TRIALS AND RELATED MEDICAL SERVICES</u></p> <p>1. Does your program offer HIV-specific clinical trials and related medical services?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>K. PROGRAMS FOR TEACHING INDIVIDUALS WHO ARE HIV-POSITIVE TO "TAKE CARE OF" THEIR HEALTH BY ADJUSTING THEIR LIFESTYLE</u></p> <p>1. Does your program offer programs teaching individuals who are HIV-positive to "take care of" their health by adjusting their lifestyle?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p><u>L. HIV HOME CARE</u></p> <p>1. Does your program offer HIV home care? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>M. HIV HOSPICE</u></p> <p>1. Does your program offer HIV hospice care? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>N. OUTPATIENT MENTAL HEALTH SERVICES INCLUDING THERAPY, COUNSELING, AND PSYCHOLOGICAL SUPPORT</u> <u>Do not include family services unless they are formal therapy.</u></p> <p>1. Does your program offer outpatient mental health services including therapy, counseling, and psychological support? (Do not include family services unless they are formal therapy.)</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>O. INPATIENT MENTAL HEALTH TREATMENT</u></p> <p>1. Does your program offer inpatient mental health treatment? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now) 1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____males _____females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding _____ 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. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p><u>P. FAMILY COUNSELING OR SUPPORTS</u> <u>(not classified as mental health treatment)</u></p> <p>1. Does your program offer family counseling or supports (not classified as mental health treatment)? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now) 1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____ males _____ females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding _____ 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. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p><u>Q. MEDICATION OR PHARMACY PROGRAMS</u></p> <p>1. Does your program offer medication or pharmacy programs? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
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<p><u>R. VOCATIONAL TRAINING, VOCATIONAL SERVICES, HELP IN SEEKING A JOB</u></p> <p>1. Does your program offer vocational training, vocational services, or help in seeking a job?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p>S. DETOXIFICATION FOR SUBSTANCE ABUSERS (MAY BE SOCIAL, MEDICAL OUTPATIENT, OR HOSPITAL DETOXIFICATION)</p> <p>1. Does your program offer detoxification for substance abusers (may be social, medical outpatient, or hospital detoxification)? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now) 1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____males _____females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding _____ 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. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p><u>T. SHORT-TERM (30 DAY OR LESS) RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSERS</u></p> <p>1. Does your program offer short-term (30 day or less) residential treatment for substance abusers?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<u>U. LONG-TERM (31 DAY OR MORE) RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSERS</u>	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?	4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?	5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?	6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?	7. 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>1. Does your program offer long-term (31 day or more) residential treatment for substance abusers?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p> <p>0 <input type="checkbox"/> no (if no, go to the next page now) 1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

7. [INTERVIEWER: Repeat this reminder to the respondent if necessary:] If you offer the following services, we 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. Please use CARD B to guide your responses to these questions.

<p>V. OUTPATIENT DRUG MAINTENANCE (METHADONE, NALTREXONE)</p> <p>1. Does your program offer outpatient drug maintenance (methadone, naltrexone)? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now) 1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months? 0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Now go to the right</p>	<p>_____ males _____ females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>_____ % of males _____ % of females</p> <p><i>Circle one:</i></p> <p>Known or Estimated</p>	<p>1 <input type="checkbox"/> not at all 2 <input type="checkbox"/> somewhat 3 <input type="checkbox"/> probably 4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding _____ 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. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

7. [INTERVIEWER: Repeat this reminder to the respondent if necessary:] If you offer the following services, we 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. Please use CARD B to guide your responses to these questions.

<p><u>W. OUTPATIENT DRUG-FREE TREATMENT FOR SUBSTANCE ABUSERS</u></p> <p>1. Does your program offer outpatient drug-free treatment for substance abusers?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

7. [INTERVIEWER: Repeat this reminder to the respondent if necessary:] If you offer the following services, we 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. Please use CARD B to guide your responses to these questions.

<p>X. INTENSIVE DAY TREATMENT FOR SUBSTANCE ABUSERS (AT LEAST 3 HOURS PER DAY, AT LEAST 3 DAYS PER WEEK)</p> <p>1. Does your program offer intensive day treatment for substance abusers (at least 3 hours per day, at least 3 days per week)?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Now go to the right</p>	<p>_____males</p> <p>_____females</p> <p>Circle one:</p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p>Circle one:</p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p>Circle one:</p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p>Circle one:</p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p><u>Y. SELF-HELP OR 12-STEP GROUPS INCLUDING NA, CA, AA, ETC.</u></p> <p>1. Does your program offer self-help or 12-step groups including NA, CA, AA, etc.? <i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____ males</p> <p>_____ females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

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<p><u>Z. CASE MANAGEMENT OR GENERAL ASSISTANCE IN LINKING TO PUBLICLY-SUPPORTED SERVICES</u></p> <p>1. Does your program offer case management or general assistance in linking to publicly-supported services?</p> <p><i>Check "no" or "yes" for each. If the interviewee says "yes," ask the remaining questions on that line.</i></p>	<p>2. How many TOTAL males and females have you served in this service in the last 6 months?</p>	<p>3. What % of the males and females served in the last 6 months are known or estimated to be HIV-positive?</p>	<p>4. What % of the males and females served in the last 6 months are known or estimated to be at high-risk-for-HIV?</p>	<p>5. What % of the males and females served in the last 6 months are between the ages of 10 and 24?</p>	<p>6. How likely are you to attempt to increase capacity for this service for youth in the next 6 months?</p>	<p>7. 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>
<p>0 <input type="checkbox"/> no (if no, go to the next page now)</p> <p>1 <input type="checkbox"/> yes (if yes, continue in this box)</p> <p>Have you added this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p>Have you increased capacity for this service in the last 12 months?</p> <p>0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes</p> <p>7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused</p> <p><i>Now go to the right</i></p>	<p>_____males</p> <p>_____females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>_____ % of males</p> <p>_____ % of females</p> <p><i>Circle one:</i></p> <p>Known</p> <p>or</p> <p>Estimated</p>	<p>1 <input type="checkbox"/> not at all</p> <p>2 <input type="checkbox"/> somewhat</p> <p>3 <input type="checkbox"/> probably</p> <p>4 <input type="checkbox"/> almost certainly</p>	<p>_____ a. lack of funding</p> <p>_____ d. HIV+/high-risk-for-HIV youth would not comply with our rules</p> <p>_____ e. HIV+/high-risk-for-HIV youth do not know about our services</p> <p>_____ f. interagency service network in our city is disorganized</p> <p>_____ g. lack of transportation to our services</p> <p>_____ h. issues with licensure, facility permits</p> <p>_____ i. lack of required ancillary services (child care, pharmacy, shelter, etc.)</p> <p><i>[items b and c have been omitted]</i></p>

8. 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 the services directly;
- "no" -- if you do not provide the services directly;
- "refer" -- if you make a referral to another agency for the services.

[INTERVIEWER: IF "YES," ASK THE QUESTIONS IN THE BOXES TO THE RIGHT. IF "NO" OR "REFER," GO TO THE NEXT SERVICE.]

[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.]

Service	a. Does your agency offer this service? • if "yes," ask the questions to the right on that line • if "no" or "refer," go to the next line	b. Have you added this service in the last 12 months?	c. Have you increased capacity for this service in the last 12 months?
a. Tuberculosis (TB) screening	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
b. Counseling on battering and violence	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
c. Shelter for battered women and their children	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
d. Aftercare/continuing care for drug abuse services	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
e. Individual counseling for drug abuse problems	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
f. Family counseling and family-related services for drug abuse problems	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
g. Transportation services in the agency's own van or car	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
h. Transportation vouchers or passes (bus, taxi, etc.)	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
i. Methadone or naltrexone maintenance or detoxification	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
j. Peer counseling programs	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
k. Services for drug exposed infants or children with fetal alcohol syndrome	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused

Service	a. Does your agency offer this service? • if "yes," ask the questions to the right on that line • if "no" or "refer," go to the next line	b. Have you added this service in the last 12 months?	c. Have you increased capacity for this service in the last 12 months?
l. Prenatal or perinatal services	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
m. Child care for program participants	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
n. HIV-testing	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
o. Pre- and post-test counseling for HIV tests on site	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
p. 12-step or other self-help programs on site	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
q. 12-step or other self-help programs for HIV-positive individuals on site	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused
r. 12-step or other self-help programs for women on site	0 <input type="checkbox"/> no 2 <input type="checkbox"/> refer 1 <input type="checkbox"/> yes	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused	1 <input type="checkbox"/> yes 0 <input type="checkbox"/> no 7 <input type="checkbox"/> don't know 8 <input type="checkbox"/> refused

1 yes 0 no 9. In your program, is there a fee for services? [IF "NO," SKIP TO QUESTION 12]

1 yes 0 no 10. Does your program use a "sliding fee" schedule based on the ability to pay?

1 yes 0 no 11. Does your program accept "public reimbursement" clients?

1 yes 0 no 12. Is your facility currently *fully accessible* (program & activity areas, restrooms, etc.) to physically challenged or disabled persons?

13. 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.

14. 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

15. 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

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

1 Yes

2 No

3 Don't Know

17. 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.**

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

1 a. Long-term housing.

1 b. Short-term shelters.

1 c. Basic needs of food and clothing.

1 d. Dental services.

1 e. Outpatient routine medical services.

1 f. Emergency room medical services.

1 g. Hospital inpatient medical services.

1 h. HIV-specific medical services and self-care.

1 i. HIV home care and hospices.

1 j. Mental health services (outpatient and inpatient).

1 k. Family services and supports.

1 l. Medication or pharmacy programs.

1 m. Vocational training, placement, and services.

1 n. Detoxification for drug abusers.

1 o. Residential drug abuse treatment/recovery programs.

1 p. Outpatient drug abuse treatment/recovery programs.

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: _____

19. 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.**

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

- 1 a. Long-term housing.
- 1 b. Short-term shelters.
- 1 c. Basic needs of food and clothing.
- 1 d. Dental services.
- 1 e. Outpatient routine medical services.
- 1 f. Emergency room medical services.
- 1 g. Hospital inpatient medical services.
- 1 h. HIV-specific medical services and self-care.
- 1 i. HIV home care and hospices.
- 1 j. Mental health services (outpatient and inpatient).
- 1 k. Family services and supports.
- 1 l. Medication or pharmacy programs.
- 1 m. Vocational training, placement, and services.
- 1 n. Detoxification for drug abusers.
- 1 o. Residential drug abuse treatment/recovery programs.
- 1 p. Outpatient drug abuse treatment/recovery programs.
- 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 Resources and Services Administration (HRSA) and our agency plan better services for HIV-positive and high-risk-for-HIV youth.]

If doing telephone interview, read: “We hope that you (or each of you) will complete the survey that is included in your packet. There is a(n) [self-addressed, postage-paid] envelope included that you can use to return your completed questionnaire. We are very interested in your opinions about services for HIV-positive and high-risk-for-HIV youth, so please complete the short survey and return it to our evaluation consultants. We will not see your individual responses, which will remain confidential and anonymous.”

If doing interview in person, read: “We hope that you (or each of you) will complete the survey that is included in your packet. You may complete it now and return it to me, or you may drop your completed questionnaire in the mail using the [self-addressed, postage-paid] envelope. We are very interested in your opinions about services for HIV-positive and high-risk-for-HIV youth, so please complete the short survey and return it to me or to our evaluation consultants. We will not see your individual responses, which will remain confidential and anonymous.”

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. *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 "b" (outreach program).
- b. *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.
- c. *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.
- d. *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.
- e. *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.
- f. *City health department or County health agency*: Branch of local government with employees paid directly by the city, county, or other jurisdiction.
- 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. *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.
- i. *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.
- j. *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.
- k. *Alcohol treatment/recovery program ONLY*: 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.
- l. *Drug abuse treatment/recovery program ONLY*: 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.
- m. *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.
- 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)*: _____

Response Card B

1. **Does your program offer this service?**
 - **Have you added this service in the last 12 months?**
 - **Have you increased capacity for this service in the last 12 months?**
2. **How many TOTAL males and females have you served in this service in the last 6 months?**
 [If you can provide us with the actual number, that is preferable. Otherwise, please estimate. Tell me whether your answer is an actual or estimated number.]
3. **What percentage of the males and females served in the last 6 months are known or estimated to be HIV-positive?**
 [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 known or estimated to be 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.]
5. **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.]
6. **How likely are you to attempt to increase capacity for this service for youth in the next 6 months?**

Not at all
 Somewhat
 Probably
 Almost certainly

7. **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 ?**

Factors:

- a. Lack of funding
 - 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 is disorganized
 - g. Lack of transportation to our services
 - h. Issues with licensure, facility permits
 - i. Lack of required ancillary services (child care, pharmacy, shelter, etc.)
- [items b and c have been omitted]*

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