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Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD
County Health Officer Co-Chair

Gregory French
Community Co-Chair

Planning Committee

Thursday, November 21, 2013
9:00am-11:00am

Meeting Location

Department of Public Health
351 North Mt. View Ave., Basement
San Bernardino, CA 92415
(909) 693-0750

Teleconferencing Location***

Desert AIDS Project
1695 North Sunrise Way
Palm Springs, CA 92262
(760) 323-2118

Agenda

9:00am	1. Call to Order	
	<ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	N. Batista
	2. Public Comments¹	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda²	N. Batista
	5. Approval of Minutes² 5.1 Minutes of August 22, 2013	N. Batista
	6. Old Business² 6.1 Re-word 2013 Council Directive (A-1) 6.2 Review Comp Plan	Committee Members
	7. New Business² 7.1 Develop Needs Assessment Consultant Description (A-2) 7.2 Review/Approve HIV Prevention Survey Tool (A-3)	Committee Members
	8. Public Comments¹	Members of the Public

9. Members Privilege	PC Members
10. Review of Action Items	PC Staff
11. Agenda Setting for Next Meeting January 16, 2014 HIV Planning Council Conference Room	PC Members/ N. Batista
12. Roll Call*	PC Staff
11:00am 13. Adjournment	N. Batista

¹ Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.

² The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.

* Members must be present at both roll calls to receive credit for meeting attendance.

** Attachment was not available at time of printing, but will be available at the meeting.

*** Teleconferencing will be disconnected if there are no participants on the line after 15 minutes.

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Servicios en Español: Notificación para servicios de intérprete deben de someterse setenta y dos horas de anticipo. Por favor llame (909) 693-0750.

Define the Problem: Lack of culturally competent healthcare services for African American women throughout the TGA

Improve health outcomes by 5% the number of newly diagnosed (diagnosed within the last 24 months) African American women in the TGA with emphasis on service areas 4, 5, and 6, over the measurement period. Good outcomes are defined by CD4 or Viral Load counts that are maintained at a good level, improved, or undetectable. (CD4 that is above 200 and Viral Load count below 50K)

Data that supports this Problem:

- Client Profile
- Gap Analysis

How will it be measured?

- CD4 Count
- Viral Load Count

Possible strategies to address the problem:

- Cultural competence training

BACKGROUND

The Inland Empire HIV Planning Council (Council) founded in 1994 is a federally mandated community group appointed by the San Bernardino County Board of Supervisors to plan the organization and delivery of Ryan White HIV/AIDS Treatment Modernization Act CARE Act Part A HIV Services. Participation by community members is an integral part of the planning process for Ryan White HIV/AIDS Treatment Modernization Act Part A programs.

PROJECT DESCRIPTION

Consultant will conduct a comprehensive Needs Assessment for the Inland Empire HIV Planning Council. The purpose of the needs assessment is to assess services for People Living with HIV/AIDS (PLWHA) in our Transitional Grant Area (TGA) - Riverside and San Bernardino counties. The Needs Assessment should address the following:

- Epidemiologic profile - Information on the number and characteristics of people in a specified geographic area who have been diagnosed with HIV/AIDS;
- Assessment of Service Needs and Gaps - Information about the service needs of people living with HIV/AIDS, barriers to obtaining these services, and types and extent of needs that are not being met;
- Resource Inventory - A listing and description of the providers of HIV-related services in a specified geographic area, what types of services they provide, where, and to whom – including both Ryan White and non-Ryan White providers;
- Profile of provider capacity and capabilities - A listing and description of the providers of HIV-related services in a specified geographic area, what types of services they provide, where, and to whom – including both Ryan White and non-Ryan White providers and an estimate and assessment of unmet needs - An estimate of unmet need is the estimated number of people in a specific geographic area who know they are HIV-positive but are not receiving regular HIV-related primary medical care. Assessment of unmet need is finding out about the service needs, gaps and barriers of those people who are not in primary care.

The consultant will be asked to develop a plan for the project; utilize an existing assessment tool; facilitate administration of survey/assessment tool and prepare a final report.

PROJECT DELIVERABLES

Communicate and work with IEHPC, IEHPC staff, RWP staff, RWP funded agencies, and other stakeholders in the development and implementation of the needs assessment,
Review and/or Revise Needs Assessment survey tool,
Conduct Needs Assessment survey,
Summarize input from survey responses,
Analyze Data and prepare a final report,
Prepare Final Needs Assessment presentation and present at a subcommittee, Council and at Annual Priority Setting and Reallocation Summit.

PROJECT TIMELINE

The project outcome, final report, will need to be completed by May 31,

PROJECT AWARD AMOUNT

The amount available for this project is \$10,000. Funding is contingent upon project deliverables.

PROPOSER MINIMUM REQUIREMENTS

Consultant **must** be familiar with both Riverside and San Bernardino counties, the HIV population/communities

and the Ryan White program services.

Consultant must be registered in the County of San Bernardino's E Procurement network (EPro)
<https://epro.sbcounty.gov/epro/>

RESPONSE DUE DATE

Responses to this solicitation are due no later than XX, XX, XXXX by close of business, 5:00 pm.

Responses will only be excepted via County of San Bernardino's EPro network.

DRAFT

SECTION A: GENERAL INFORMATION

1. What county do you live in?
Riverside County (SKIP TO Q2)
San Bernardino County (SKIP TO Q2)
Imperial County (SKIP TO Q3)
Los Angeles County (SKIPTO Q3)
Orange County (SKIP TO Q3)
San Diego County (SKIP TO Q3)
Other California County (SKIP TO Q3)
In another state outside California (specify) (SKIP TO Q3)
In another country (specify) (SKIP TO Q3)

2. What is your zip code?

3. When were you born? (Month/year)
_____ [Note: End survey if the respondent is not 18 years or older]

4. What is your gender? (*check one*)
Male
Female
Transgender (Male to Female)
Transgender (Female to Male)

5. What is your race/ethnicity? (*Choose all that apply*)
African American/Black
Asian
Latino(a)/Hispanic
Native American/ Alaska Native
Pacific Islander /Native Hawaiian
White/Caucasian
Other (specify)

6. Which language do you speak most of the time?(*check one*)
English
Spanish
American Sign Language
Other (specify)

7. What is the highest education level you completed? (*check one*)
8th Grade or less
Some high school, but did not graduate
High school graduate or GED
Vocational/technical certification
Some college, but did not graduate
Associates Degree
Bachelors Degree
Master’s Degree or higher
Other (specify)

Inland Empire HIV Prevention and Care Needs Assessment

8. What is your status? (check one)

U.S. citizen

Legal resident, but not a U.S. citizen

Have a visa

Undocumented

Other (specify)

Don't Know

9. Including yourself, how many persons live in your household? [Note: Include partner, spouse, children, and anyone you are making a home with.]

10. What is your total average MONTHLY income (i.e., you and other members of household)?

\$ _____

SECTION B: PERCEPTION, RISK, and HIV TESTING

11. Do you believe that you have ever been at risk for getting infected with HIV?

Yes

No

12. Have you ever had sex with? (*check all that apply*)

Men

Women

Transgender (male to female)

Transgender (female to male)

13. **In the last 6 months**, how often did you use condoms while having sex?

I have not had sex in the last 6 months (Skip to Q17)

Always (100% of the time)

Often (more than 75% of the time)

Sometimes (about 50% of the time)

Rarely (less than 25% of the time)

Never (0% of the time)

14. When you had sex **in the last 6 months**, did you know if your sex partner(s) was HIV-positive or had AIDS?

Yes (Skip to Q16)

No

15. Did you **ask** your sex partner(s) if they were HIV-positive or had AIDS?

Yes

No

Sometimes

16. **In the last 6 months**, did you use any of the following substances before having sex? (check all that apply)

Alcohol

Marijuana

Cocaine/crack

Ecstasy

Club drugs (GHB, special K)

Inland Empire HIV Prevention and Care Needs Assessment

Methamphetamine (meth, crystal)

Heroin/other opiates

Other (specify) _____

17. **In the last 6 months**, have you injected drugs?

Yes

No (Skip to Q19)

18. **In the last 6 months**, did you share needles?

Yes

No

19. How concerned are you about getting HIV?

Not concerned

Somewhat concerned

Very concerned

20. Has your doctor or healthcare provider ever asked you if you have been tested for HIV?

Yes

No

I don't have a doctor or healthcare provider

Don't Know

21. Have you ever been tested for HIV?

Yes

No (Skip to Q30)

Don't Know (Skip to Q30)

22. When was your last HIV test?

0 – less than 6 months

6-12 months

More than 1 year ago

Don't Remember

23. Did you receive the results of your last HIV test?

Yes

No (explain why not _____) (Skip to Q26)

Don't Know (Skip to Q26)

24. What was the result of your last HIV test?

Negative (Skip to Q26)

Positive

Other (specify)

25. At the time of your HIV test, did you receive referrals for medical and/or social services?

Yes – Medical services only

Yes – Social services only

Yes – Medical and social services

No

Don't Remember

Inland Empire HIV Prevention and Care Needs Assessment

26. At the time of your HIV test, did you receive any counseling and/or education?

Yes

No

Don't Remember

27. Where did you get your last HIV test?

Hospital stay

Emergency room

Public medical clinic

Private doctor's office

Planned Parenthood

Jail or prison

Mobile van

Health fair

Don't Remember

Other (specify)

28. What was the main reason you got tested for HIV? (check one)

I was feeling sick

I wanted to know if I have HIV

A friend or family member asked me

My job required it

I was pregnant

My doctor/healthcare provider suggested it

I was tested while in the hospital or emergency room

I was getting tested for other sexually transmitted diseases

I was getting birth control services

Military requirement

I was offered an incentive to get tested

I was told that a sexual or needle-sharing partner is HIV positive

Other (specify)

29. On average, how often are you tested for HIV? (Choose one)

I have only been tested once

At least every six months

At least once a year

Less than once a year

I don't get tested anymore

30. Do you know where to go for a free HIV test?

Yes

No (Skip to Q33)

31. Is the testing site accessible (e.g., convenient location, hours, etc.)?

Yes (Skip to Q33)

No

Don't Know

32. Why isn't the testing site accessible? (Check All that Apply)

It's too far away

It's not open when I need it

Inland Empire HIV Prevention and Care Needs Assessment

I don't have child care
I know the people who work there
I don't want people to see me get an HIV test
Other (specify)

33. How far away from your home would you prefer to be tested for HIV?
Number of miles _____
Amount of time (minutes) _____
Doesn't matter to me
Don't Know

SECTION C: GENERAL LIVING

34. What is your current diagnosis? (Please select the most appropriate answer)
HIV negative (End Survey)
HIV-positive or AIDS
I don't know (End Survey)
35. What is the most likely way you were infected with HIV? (Choose one)
Having sex with a man
Having sex with a woman
Having sex with a transgender person
Sharing needles
Transfusion or organ donation
I was born with it
Jail or prison
Other (specify)
Don't know
36. Are you concerned about giving someone else HIV?
Yes
No
37. When you have sex, do you tell your sex partner(s) that you are HIV-positive?
I don't have sex
Yes
No
Sometimes
38. Do you have any children living with you that are less than 18 years old?
Yes (if yes, how many? _____)
No (Skip to Q40)
Don't Know (Skip to Q40)
39. Do any of these children have HIV or AIDS?
Yes
No

Inland Empire HIV Prevention and Care Needs Assessment

40. Which best describes your current employment?
Not working
Not working, but looking for work
Part-time work (<35 hours a week)
Full-time work (35 hours a week or more)
Other (specify)
41. What is the source of your income? (Check all that apply)
Job
SSI (Supplemental Security Income)
SSP (State Supplementary Payment)
SSDI (Social Security Disability Income)
CalWorks
General Relief
TANF (Temporary Assistance to Needy Families)
Workers' Compensation
Pension or retirement
Other (specify)
42. What is your average monthly income?
\$ _____
43. **In the past 12 months**, have you been homeless even once?
Yes
No
44. Describe your current living situation?
Living alone
Temporary/transitional housing
Living with roommates
Living with partner/spouse
Living with family member
Homeless
Other (specify)
44. How long have you lived there?
0 – 90 days
91 – 180 days
181 days to 1 year
More than 1 year
Don't Know
45. Do you pay rent or have a mortgage?
Yes
No (Skip to Q48)
46. What is your monthly rent or mortgage payment?
\$ _____
Don't Know

Inland Empire HIV Prevention and Care Needs Assessment

47. What type of financial assistance do you receive to pay for your housing?
None
Section 8 (how much? _____)
HOPWA (how much? _____)
Roommates share the rent/mortgage (how much? _____)
Spouse/partner pays the rent/mortgage
Family or another person pays the rent/mortgage
Other (specify)
48. What is your average monthly cost for utilities (gas, water, and/or electricity)?
\$ _____
\$0, included in rent payment
Don't have utilities (Skip to Q50)
Don't Know
49. What type of financial assistance do you receive to pay for your utilities? (Check all that apply)
None
Home Energy Assistance Program (HEAP) (how much?_)
Southern California Edison Low-Income Program
The Gas Company Low-Income Program
Other (specify)
50. In the past 12 months, have you received any help with buying food? (check all that apply)
I don't get any help
Food Stamps (how much \$ _____?)
WIC Assistance (how much \$ _____?)
Community/church food bank
Hot meal program
Food voucher (how much \$ _____?)
Other (specify)
51. Do you have a telephone or cell phone?
Yes
No
52. How do you access the internet?
I don't have internet access
Through my cell phone
At home
Public place or business (e.g., library, Starbucks)
Friend or family member's computer

SECTION D: ACCESS TO CARE

53. When did you first test HIV-positive?
(month/year)
54. Where were you living at that time?
California (what city?)
Other State
Outside United States

Inland Empire HIV Prevention and Care Needs Assessment

55. Do you have an **AIDS** diagnosis?
Yes
No (Skip to Q58)
Don't know (Skip to Q58)
56. When were you diagnosed with AIDS?
(month/year)
57. Where were you living at that time?
California (what city?)
Other State
Outside United States
58. After your HIV diagnosis, how soon did you seek HIV-related medical care?
Less than 1 month
1 to 3 months
4 to 6 months
7 months to less than a year
One year or more (SKIP TO Q60)
I have not received medical care yet (SKIP TO Q60)
59. After your diagnosis, who helped you get medical care? (Check One)
HIV testing provider
Myself
Spouse or Partner
Friend/Family member/Neighbor/Priest or Pastor
HIV case manager
Outreach worker
Mental health or substance abuse provider
Other (Specify)
Skip to Q61
60. After your diagnosis, why did you wait more than a year to receive medical care or why have you never received it? (Check all that apply)
I did not/do not want to receive HIV-related medical care
No one told me that I needed to get HIV-related medical care
I did not/do not feel sick
I did not/do not know where to go for HIV-related medical care
I used/use alternative therapies (e.g., herbs, vitamins, acupuncture)
I did not/do not have money or health insurance to pay for medical care
I was/am actively using drugs or alcohol or relapsed after my diagnosis
No transportation
They were not/are not open when I could get there
I'm worried someone might find out about my HIV diagnosis
I could not find a clinic that spoke my language
Other (specify)
61. Do you currently have health insurance?
Yes
No (Skip to Q65)

Inland Empire HIV Prevention and Care Needs Assessment

62. What type of insurance do you have? (CHECK ALL THAT APPLY)
- Private health insurance (e.g., Blue Cross, Kaiser Permanente, Health Net)
 - Medicare
 - Medicare Advantage Plan
 - Medi-Cal
 - Healthy Families or Healthy Kid's Program
 - IEHP (Inland Empire Health Plan)
 - The military, CHAMPUS, TriCare, or the Veteran's Administration
 - COBRA
 - CARE HIPP
 - Don't know
 - Other (specify)
63. With my health insurance, I have to pay...(Check all that apply)
- Monthly premium (amount \$_____)
 - Co-payment at the time of my doctor's visit (amount \$_____ per visit)
 - Deductible (amount \$_____ before my insurance pays)
 - Medi-Cal Share of cost (amount \$_____)
 - Don't know
64. I have difficulty paying my...(Check all that apply)
- Monthly premium
 - Co-payment
 - Deductible
 - Medi-Cal Share of cost
65. How do you pay for your HIV medications? (check all that apply)
- I am not taking any HIV medications
 - Cash
 - AIDS Drug Assistance Program (ADAP)
 - Private health insurance (e.g., Blue Cross, Kaiser Permanente)
 - Medicare Part D
 - Medicare Advantage Plan
 - Medi-Cal
 - Healthy Families or Healthy Kid's Program
 - IEHP (Inland Empire Health Plan)
 - The military, CHAMPUS, TriCare, or the Veteran's Administration
 - COBRA
 - Don't know
 - Other (specify)
66. Is there one place in particular, like a doctor's office or clinic, where you usually go to for care for any sort of medical problem?
- Yes
 - No (Skip to Q70)
 - Don't Know (Skip to Q70)

Inland Empire HIV Prevention and Care Needs Assessment

67. How many miles do you travel to get to your doctor or healthcare provider for your HIV-related medical care?
- 1 mile or less
 - 2-10 miles
 - More than 10 miles
 - Don't know
68. How long does it take to get to your doctor or health care provider for your HIV-related medical care?
- 0-15 minutes
 - 16-30 minutes
 - 31-60 minutes
 - More than an hour
69. What type of transportation do you use to get to your doctor or health care provider for your HIV-related medical care?
- I walk
 - I ride a bicycle
 - My car or motorcycle
 - I get a ride with someone else
 - Public transportation (i.e., bus)
 - Medical transportation van
 - Taxi
 - Other (specify)
70. What type of dental insurance do you have?
- I don't have dental insurance
 - Private Insurance or HMO (e.g., Delta Dental)
 - Denti-Cal
 - Other (Specify)
71. How many miles do you travel to go to your dentist?
- I don't have a dentist
 - 1 mile or less
 - 2-10 miles
 - More than 10 miles
 - Don't know
72. In the **past 12 months**, has anyone reviewed your eligibility for:
- a. Medi-Cal: _____ Yes _____ No _____ Don't Know _____ Not Applicable
 - b. AIDS Drug Assistance Program (ADAP) _____ Yes _____ No _____ Don't Know _____ Not Applicable
 - c. Financial programs (e.g., SSI, SSDI, GR): _____ Yes _____ No _____ Don't Know _____ Not Applicable
 - d. Food Stamps: _____ Yes _____ No _____ Don't Know _____ Not Applicable

SECTION E: HEALTH, WELL BEING, AND CARE EXPERIENCE

73. In general, your health is:
- Poor
 - Fair
 - Good
 - Very Good

Inland Empire HIV Prevention and Care Needs Assessment

Excellent

74. Have you received any of the following in the past 12 months? (check all that apply)
- CD4 test
 - Viral load test
 - Anti-retroviral medications for HIV
- No, I have not received these tests or medications in the past 12 months.
75. How long has it been since you have been to your doctor or healthcare provider for your HIV-related medical care?
- Less than 1 year
 - 1-3 years (Skip to Q77)
 - More than 3 years (Skip to Q77)
 - I don't go to the doctor (Skip to Q78)
76. During the last 12 months, have you missed any HIV-related medical appointments?
- Yes (how many? What is the main reason?)
 - No
77. In the **past 3 years**, have you ever stopped seeing your doctor for HIV-related medical care for more than 12 months?
- Yes (what is the main reason you stopped?)
 - No
78. Do you currently take any HIV-related medications?
- Yes (Skip to Q80)
 - No
79. Why aren't you taking any HIV-related medications?
- The doctor says I don't need them right now
 - I don't feel sick
 - I am doing alternative treatment
 - I can't pay for the medications
 - My insurance ended
 - Other (specify)
- [Note to RDE: Once they answer this question, Skip to Q82]
80. Do you have trouble taking your HIV-related medications as prescribed?
- Yes
 - No (Skip to Q82)
81. What is the main reason you are having trouble?
- I forget
 - They make me feel sick
 - I don't like taking pills
 - I am drunk or high and don't remember
 - I am depressed
 - I am homeless
 - I don't know how to take them
 - Other (specify)

Inland Empire HIV Prevention and Care Needs Assessment

82. When was your last dental check up?
 Within past year
 More than 1 year ago
 Never been to the dentist
 Don't need to go - I have dentures or don't have teeth
 Don't remember

83. When was the last time you had your teeth cleaned?
 Within past year
 More than 1 year ago
 Never been to the dentist for teeth cleaning
 Don't need to go - I have dentures
 Don't remember

84. When was your last nutrition screening?
 Within past year
 More than 1 year ago
 Never had a nutrition screening
 Don't remember

85. Do you currently have or have you been told by a doctor or health professional that you have had any of the following conditions, either now or in the past 12 months? (check all that apply)

Health Condition	I currently have this condition...	I had this condition in the past 12 months ...	I am receiving or already received treatment
Syphilis			
Gonorrhea			
Chlamydia			
Human papillomavirus (HPV)			
Other STD			
Hepatitis A			
Hepatitis B			
Hepatitis C			
Tuberculosis			
Cancer			
Heart Disease			
High Blood Pressure			
High Blood Cholesterol			
Diabetes (Type I or Type II)			
Stroke			
Sickle Cell Anemia			

SECTION F: SUBSTANCE USE HISTORY

86. When did you last use any of the following substances:

	Never Used	Used in Past 30 days	Used in Past 12 months	Used More than 1 year ago
Tobacco				
Alcohol				
Marijuana (other than medical use)				
Crystal Methamphetamine				
Heroin				
Cocaine/ Crack				
LSD/Acid/Other Hallucinogens				
Club Drugs (X, G, Special K, etc.)				
Other (specify)				

87. In the past 12 months, have you used a needle to inject street drugs?

- Yes
- No

[Note to RDE: Q88-93 are all about alcohol use within the past year. Thus, if a person answers YES to alcohol “used in past 30 days” or “used in past 12 months” go to these questions. Otherwise Skip to Q94]

88. During the last year, have you had a feeling of guilt or remorse after drinking?

- Yes
- No

89. During the last year, has a friend or family member ever told you about things you said or did while you were drinking and could not remember?

- Yes
- No

90. During the last year, have you failed to do what was normally expected from you because of drinking?

- Yes
- No

91. Do you sometimes take a drink when you first get up in the morning?

- Yes
- No

92. During the last year, did you drink as often as once a month?

- Yes
- No

93. During the last year, have you had 5 or more drinks on at least one occasion?

- Yes
- No

SECTION G: SOCIAL SUPPORT

94. People sometimes look to others for companionship, assistance, or other types of support. How often were each of the following kinds of support available to you if you needed it during the past four weeks?

(Circle One Number on Each Line)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone to give you money if you needed it?	1	2	3	4	5
Someone to help with daily chores if you were sick?	1	2	3	4	5
Someone to love and make you feel wanted?	1	2	3	4	5

95. During the past four weeks, how much of the time...

(Circle One Number on Each Line)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Have you had serious disagreements with your family about things that were important to you?	1	2	3	4	5
Have you had serious disagreements with your friends about things that were important to you?	1	2	3	4	5
Have you felt that others were trying to make changes in you that you did not want to make?	1	2	3	4	5

96. How often do you see or hear from your relatives or close friends?

(Circle One Number on Each Line)

	Less than a month	Monthly	A few times a month	A few times a week	Daily
Relatives	1	2	3	4	5
Close friends	1	2	3	4	5

97. How many close friends do you have with whom you feel at ease, can talk to about private matters, or can call on for help?

- None
- One
- Two
- Three or Four
- Five to Eight
- Nine or More

SECTION H: MENTAL HEALTH

98. Have you ever been told by a doctor or other health care professional that you have any of the following mental health conditions? (Check all that apply)
- No, I don't have any mental health conditions
- Depressive Disorder
- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder
- Bipolar Disorder
- Schizophrenia
- Alzheimer's or Dementia
- Other (Specify)
99. Have you ever had **2 years or more** in your life when you felt depressed or sad **most days**, even if you felt OK sometimes?
- Yes
- No (Skip to Q102)
100. Did any period like that ever last 2 years **without an interruption of 2 full months** when you felt OK?
- Yes
- No
101. Did any of those long periods of feeling sad or depressed continue into the **last 12 months**?
- Yes
- No
102. In the **last 12 months**, have you had **2 weeks or longer** when nearly every day you felt sad, empty, or depressed most of the day?
- Yes
- No (Skip to Q104)
103. In the **last 12 months**, have you had **2 weeks or longer** when you lost interest in most things like work, hobbies, and other things you usually enjoyed?
- Yes
- No
104. In the **last month**, did you have a period of **1 week or more** when nearly every day you felt sad, empty, or depressed most of the day?
- Yes
- No (Skip to Q106)
105. In the **last month**, did you have a period of **1 week or more** when you lost interest in most things like work, hobbies, and other things you usually enjoyed?
- Yes
- No

Inland Empire HIV Prevention and Care Needs Assessment

106. How do you feel about the following statements:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I am accused by others for being the spreader of AIDS in the community	1	2	3	4	5
People gossip about my HIV status	1	2	3	4	5
People look down on me	1	2	3	4	5
The society isolates me	1	2	3	4	5
I feel discriminated by health workers	1	2	3	4	5
I feel my life in this society is lonely	1	2	3	4	5
I worry about how other kids treat my children in school as a result of my HIV	1	2	3	4	5
I worry about how others will treat my family members as a result of my HIV	1	2	3	4	5

INCARCERATION HISTORY

107. Have you ever been in jail or prison?

Yes

No (Skip to Q114)

108. During the past 3 years, were you in jail or prison for more than 1 month?

Yes

No (Skip to Q110)

109. What type of facility were you in?

Local jail

State prison

Federal prison

Juvenile Detention

110. Did you become HIV positive while incarcerated?

Yes

No

111. Did you receive HIV-related medical care during incarceration?

Yes

No (why not?)

112. After you were released, did you have trouble getting medical care or HIV-related medications?

Yes

No

113. What prevented you from getting the medical care or HIV-related medications that you needed? (see barrier list)

114. Please identify all of the services that you Need and Use

Services	In the last 12 months, did you NEED this service? (Y=Yes; N=No; DK=Don't Know)			In the last 12 months, did you USE this service? (Y=Yes; N=No)		If you <u>need</u> the service but <u>are not using</u> it, why not?
	Y	N	DK	Y	N	
CORE SERVICES						
Visit with a doctor, nurse, or physician assistant to take care of your HIV outpatient medical care						[see list of potential barriers] [Note to RDE, can you make this appear only if they say Need=Yes and Use=No?]
Help to pay for HIV medications						
Visit with a dentist, hygienist, or dental assistant to take care of oral health problems or have teeth cleaned						
Access Early Intervention Services including counseling about HIV/AIDS, testing, referrals, other clinical and diagnostic services, or medical care						
Receive financial assistance to pay your COBRA premium, if you lost your job						
Receive financial assistance in paying insurance deductible, share of cost, or co-payments						
Receive home health care services by licensed health care workers such as a nurse						
Receive home and community-based health care services in your home, including durable medical equipment, home health aides, and personal care services						
Receive hospice services						
Receive mental health services individually or in a group (psychological and psychiatric treatment and counseling) provided by a licensed mental health professional.						

Services	In the last 12 months, did you NEED this service? (Y=Yes; N=No; DK=Don't Know)			In the last 12 months, did you USE this service? (Y=Yes; N=No)		If you <u>need</u> the service but <u>are not using</u> it, why not?
	Y	N	DK	Y	N	
CORE SERVICES						
Receive medical nutritional therapy provided by a registered dietician.						
Receive medical nutritional supplements (such as Boost, Ensure, etc.)						
Have session(s) with a medical case manager to help you coordinate your HIV/AIDS care and help you access other services/benefits.						
Receive HIV treatment adherence services from a nurse to provide you with education and counseling on ways to help you take your HIV medications and follow-through on your HIV treatment						
Receive individual and/or group outpatient substance abuse treatment or counseling						
Receive referrals for specialty medical care services <u>not</u> related to HIV (e.g., cancer, heart disease, etc)						

115. From the list of core medical services, please choose the service that is the **highest** priority for you.
From the list of core medical services, please choose the service that is the **next** highest priority for you.
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From the list of core medical services, please choose the service that is the **next** highest priority for you.

116. Please identify all of the support services that you Need and Use

Services	In the last 12 months, did you NEED this service? (Y=Yes; N=No; DK=Don't Know)			In the last 12 months, did you USE this service? (Y=Yes; N=No)		If you <u>need</u> the service but <u>are not using</u> it, why not?
	Y	N	DK	Y	N	
SUPPORT SERVICES						DESCRIBE BARRIER
Receive counseling, information, and/or advocacy related to health insurance, disability benefits, and public health and income assistance programs						
Receive child care while you attend medical or other HIV-related appointments						
Receive emergency financial assistance to help pay for utilities (i.e., gas, water, electric)						
Receive vouchers to pay for food or groceries						
Receive education or counseling about HIV, HIV transmission, and how to reduce the risk of HIV transmission						
Receive help in finding an affordable place to live						
Receive short-term financial assistance to support emergency, temporary, or transitional housing						
Receive assistance with HIV legal issues (e.g., discrimination, making a will, etc.)						
Receive legal assistance to help you plan for your minor age children when you die						
Receive interpretation or translation services						
Receive transportation assistance to help you access health care services						
Participate in emotional support groups for persons living with HIV (may be led by peers or non-clinical staff)						
Receive information or referrals for HIV services from telephone, online, or printed						

Services	In the last 12 months, did you NEED this service? (Y=Yes; N=No; DK=Don't Know)			In the last 12 months, did you USE this service? (Y=Yes; N=No)		If you <u>need</u> the service but <u>are not using</u> it, why not?
	Y	N	DK	Y	N	
SUPPORT SERVICES						DESCRIBE BARRIER
materials						
Receive rehabilitative services such as physical, occupational, or speech therapy						
Receive inpatient substance abuse treatment or counseling.						
Receive treatment adherence counseling from peers or non-medical staff						
Receive information, education, or training from peers and/or agency staff on how you can manage your HIV disease						

117. From the list of support services, please choose the service that is the **highest** priority for you.
From the list of support services, please choose the service that is the **next** highest priority for you.
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Barrier List (Check all that apply)

- I don't know where to go for help
- The paperwork is too complicated
- Services and information are not available in my language
- I don't have insurance or money to pay for services
- Attitude of staff
- The agency or staff lacks skills working with minorities
- Service is too far away from my home
- I don't have transportation
- I can't get an appointment
- Waiting list is too long
- The agency overbooks appointments
- Hours of operation are not convenient
- No childcare available
- I've called the agency but no one calls me back
- Service provider is not caring
- Service provider has a bad reputation
- I'm afraid of being seen by my friends/family/neighbors
- I'm afraid that the staff won't keep my privacy
- I'm afraid of discrimination
- I'm afraid of being deported
- I don't want people to think I'm gay
- I don't trust the staff or agency
- I perceive racism by the doctor or healthcare provider
- I perceive racism by the agency or staff
- There is no one of my race/ethnicity that works at the agency
- I perceive discrimination because I'm a lesbian/gay/bisexual/transgender person
- There are no lesbian/gay/bisexual/transgender people that work at the agency
- I was using alcohol or drugs
- I was depressed
- I don't want to be around other sick people
- Other (specify)



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Website: www.iehpc.org

Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD
Health Officer Co-Chair

Gregory French County
Community Co-Chair

Planning Committee

Thursday, August 22, 2013
9:00am-11:00am

Meeting Location

Department of Public Health
351 North Mt. View Ave, Basement
San Bernardino, CA 92415

Minutes

Members: N. Batista-Wyatt, B. Contreras, P. Hagan, B. Orr, L. White, D. Wahl

Guests: T. Evans, L. Reilly, O. Easley, Dr. T. Easley, S. Cromwell, M. François

RWP: B. Flippin

Staff: A. Fox, M. Hoze

9:23am	1. Call to Order <ul style="list-style-type: none">▪ Roll Call*▪ Introductions	N. Batista-Wyatt
	2. Public Comments¹ C. Harris announced two upcoming events.	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda² Motion to approve the August 22, 2013 agenda Motion/Second: B. Orr, P. Hagan Motion Carried.	N. Batista-Wyatt
	5. Approval of Minutes² 5.1 Minutes of May 22, 2013 Motion/Second L. White, B. Contreras Motion Carried.	N. Batista-Wyatt
	6. Old Business² Committee members reviewed the prevention reports.	Committee Members
	7. New Business² Committee members reviewed the PSRA evaluations. There was detailed discussion on the outcomes and recommendations for next year.	Committee Members

There was a motion to take \$400k from EIS and put into MAI

Motion/Second: P. Hagan, L. White

Abstention: B. Contreras

Motion Carried.

Committee members reviewed the proposed directive there was detailed discussion on how to word the directive.

There was a motion to approve the directive with revisions

Motion/Second: N. Batista-Wyatt, P. Hagan

Motion Carried

8. Public Comments¹

None

Members of the Public

9. Members Privilege

None

PC Members

10. Review of Action Items

Staff will:

1. Agendize Comp Plan for next meeting
 2. Recommendation to agendize lack of access to CCC committee
 3. Agendize recommendation to take 400k from EIS and put into MAI on PC agenda.
 4. Agendize the revised directive on PC agenda.
-
-

PC Staff

11. Agenda Setting for Next Meeting

November 21, 2014

SB County Department of Public Health

PC Members/ N. Batista-Wyatt

12. Roll Call*

PC Staff

11:01am 13. Adjournment

N. Batista-Wyatt

¹ Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.

² The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.

* Members must be present at both roll calls to receive credit for meeting attendance.

** Attachment was not available at time of printing, but will be available at the meeting.

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