

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
Needs Assessment Committee  
[www.sacramento-tga.com](http://www.sacramento-tga.com)

**Meeting Agenda**

December 3, 2024, 3:00 PM – 4:30 PM

**Meeting Location**

**4600 Broadway, Sacramento, CA 95820**  
**2<sup>nd</sup> Floor Conference/Community Room 2020**

**Facilitator:** Lenore Gotelli – Chair

**Scribe:** Angelina Olweny – Council Staff

**Meeting Invitees:**

- NAC Members
- Open to the Public

Public Comment: This provides opportunities for the public to address the Council as a whole in order to listen to opinions regarding matters within the jurisdiction of the Council during Regular meetings and regarding items on the Agenda at all other meetings. Public Comment time limit is three (3) minutes.

\*Action items

| <b>Topic</b>                                      | <b>Presenter</b> | <b>Start Time</b> | <b>Length</b> |
|---|------------------|-------------------|---------------|
| Welcome and Introductions                         | Gotelli          | 3:00 PM           | As Needed     |
| Announcements                                     | All              |                   |               |
| Public Comments-Agenda Items- 3-Minute Time Limit | Gotelli          |                   |               |
| December Agenda Review*                           | Gotelli          | As Needed         |               |
| Minutes Review of September 2024*                 | Gotelli          |                   |               |

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|                                  |         |         |  |
|----------------------------------|---------|---------|--|
| FY24 Needs Assessment Discussion | Gotelli |         |  |
| Public Comments-Non-Agenda Items | Gotelli |         |  |
| Technical Assistance             | Gotelli |         |  |
| Adjournment                      | Gotelli | 4:30 PM |  |

\*Action Items

Attachments:

Minutes of September 2024\*

Next Meeting: **March 4, 2025**

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
Needs Assessment Committee  
September 3, 2024

**HIV HEALTH SERVICES PLANNING COUNCIL – Needs Assessment Committee (NAC)**

**Meeting Minutes**

September 3, 2024, 3:00 p.m. to 4:30 p.m.

**Meeting Location:**

**4600 Broadway, Sacramento, CA 95820 Community/Conference Room 2020**

**Facilitator:** Richard Benavidez

**Scribe:** Angelina Olweny, Council Staff

**Committee Member Attendees:** Kelly Gluckman, Lenore Gotelli, Richard Benavidez

**Members Excused:** Melissa Willett

**County Staff:** Danielle Caravella, Paula Gammell, Chelle Gossett



Sacramento County  
 Department of Health Services  
 HIV Health Services Planning Council  
 Needs Assessment Committee  
 September 3, 2024

| Topic                             | Minutes  |
|-----------------------------------|--|
| FY24 Needs Assessment             | <p>The committee agreed to conduct a FY24 Needs Assessment on the disparities in HIV Care. The recommended format is to have clients submit bubbled responses to the survey questions.</p> <p>A suggestion is to have the Recipient share questionnaire samples at an AdHoc meeting.</p> |
| Public Comments- Non-agenda items | N/A  |
| Technical Assistance              | For technical assistance reach out to Richard Benavidez  |
| Adjournment                       | 4:24 PM  |

Confidential ID: \_\_\_\_\_

**CONSENT FORM  
SACRAMENTO TGA HIV/AIDS CARE NEEDS ASSESSMENT SURVEY**

- To give you a voice in planning for HIV and AIDS services, the HIV Health Services Planning Council of the Sacramento Transitional Grant Area (TGA) is conducting this survey of people living with HIV and AIDS in Sacramento, Placer, Yolo and El Dorado Counties.
- You've been invited to participate and contribute your experiences, knowledge, and opinions about the service needs of people like yourself living with HIV/AIDS.
- This survey is entirely confidential. You will set up your own confidential identifier on the next page to protect your confidentiality and your name will not be associated with your survey answers.
- No information about your participation can be obtained by anyone outside of the Needs Assessment Committee. While there are some questions about your background, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.
- Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you receive or the relationships you have with caregivers at any agency.

**SIGNATURE:**

By signing below, you consent to complete the survey for which you will receive a \$20 Gift Card for your time. The gift card is not to be used to purchase alcohol, tobacco, illegal drugs or firearms.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ CALIFORNIA Zip Code \_\_\_\_\_

Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date: \_\_/\_\_/20\_\_

If you have any questions, please call Paula Gammell, Staff to the HIV Health Services Planning Council, at (916) 876-5548.

Confidential ID: \_\_\_\_\_

**SACRAMENTO TGA NEEDS ASSESSMENT SURVEY**  
**PEOPLE LIVING WITH HIV**  
A Project of the Sacramento HIV Health Services Planning Council

**INTRODUCTION**

Thank you for agreeing to participate in this important survey of people living with HIV. Completing this survey gives you a voice in the planning of HIV prevention, treatment and support services throughout the Sacramento TGA.

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

Your responses are completely confidential. Your name will never be linked to your answers on this survey. You will create a confidential identifier using the set up process below.

**CONFIDENTIAL IDENTIFICATION (ID) SET UP**

We are obtaining responses from people living with HIV.

Please create a confidential identifier which you will place on the top of every page of your survey.

This ID will be 7-characters long and will be unique to you so it will protect your confidentiality

\_\_\_\_\_  
*First letter of  
your first name*

\_\_\_\_\_  
*Last letter of your  
last name*

\_\_\_\_\_  
*Month of your  
birthday*  
(January through  
September use a  
leading "0" e.g., 01  
for January)

\_\_\_\_\_  
*Day of your  
birthday*  
(Days 1 - 9 use a  
leading "0" (e.g., 01)

\_\_\_\_\_  
*First letter of your  
mother's first name?*  
(If you don't know, list  
the first letter of your  
father's first name)

01=Jan, 02=Feb, 03=Mar, 04=Apr, 05=May, 06=June, 07=July, 08=Aug, 09=Sept, 10=Oct, 11=Nov, 12=Dec

**Please copy the confidential ID you have created to the top right of every page of your survey.**

**SECTION 1: SERVICE NEEDS AND BARRIERS TO CARE**

**INSTRUCTIONS:** Complete each service category row prior to moving to the next service row.  
 1. Check box A, B or C for each service category.  
 2. If you check box C (needed but did not receive service), complete Barriers to Care (D-H) and indicate number for barriers that apply to you on line below box.

| <b>SERVICES NEEDED / RECEIVED / NOT RECEIVED</b>   |                             |                                       |  | <b>BARRIERS TO CARE</b>   |   |   |   |   |
|--|-----------------------------|---------------------------------------|--|---|---|---|---|---|
| <b>Check A, B or C</b>   |                             |                                       |  | <b>D</b>  | <b>E</b>  | <b>F</b>  | <b>G</b>  | <b>H</b>  |
| <b>Service Category</b>  | <b>A</b>                    | <b>B</b>                              | <b>C</b>   | <b>Knowledge</b>  | <b>Access</b>   | <b>Financial</b>  | <b>Personal</b>   | <b>Health</b>   |
|  | <b>Did Not Need Service</b> | <b>Needed service and received it</b> | <b>Needed service but did not receive it<br/>→</b> | <b>Didn't know if:<br/>1) service was available<br/>2) I was eligible<br/>3) how to get<br/>4) where to receive service</b> | <b>1) Appointments not soon enough<br/>2) times not convenient<br/>3) no transportation<br/>4) no childcare<br/>5) language barriers<br/>6) no cell phone</b> | <b>1) co-pay too high<br/>2) service cost too much<br/>3) no insurance coverage</b> | <b>1) treated with disrespect<br/>2) previous incarceration<br/>3) wanted privacy of HIV status, mental health or substance use</b> | <b>1) didn't want to take medications<br/>2) hard to navigate system due to physical, mental or substance use issues<br/>3) thought viral load undetectable</b> |
| <b>Check one box only</b>  |                             |                                       |  | <b>Check all that apply</b>   |   |   |   |   |
| 1 <b>Outpatient Ambulatory Care:</b><br>Diagnostic and treatment activities by healthcare provider.                          | <input type="checkbox"/>    | <input type="checkbox"/>              | <input type="checkbox"/>                           | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥   | ① ② ③   | ① ② ③   | ① ② ③   |
| 2 <b>Health Insurance Premium and Cost Sharing Assistance:</b> helps pay for health insurance, co-pays                       | <input type="checkbox"/>    | <input type="checkbox"/>              | <input type="checkbox"/>                           | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥   | ① ② ③   | ① ② ③   | ① ② ③   |
| 3 <b>Oral Health:</b> diagnosis, prevention, treatment by dental professionals.  | <input type="checkbox"/>    | <input type="checkbox"/>              | <input type="checkbox"/>                           | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥   | ① ② ③   | ① ② ③   | ① ② ③   |
| 4 <b>Medical Case Management:</b><br>medically oriented assessment, care plans, client monitoring, etc.                      | <input type="checkbox"/>    | <input type="checkbox"/>              | <input type="checkbox"/>                           | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥   | ① ② ③   | ① ② ③   | ① ② ③   |
| 5 <b>Non-Medical Case Management:</b><br>help understanding programs, insurance benefits, etc.                               | <input type="checkbox"/>    | <input type="checkbox"/>              | <input type="checkbox"/>                           | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥   | ① ② ③   | ① ② ③   | ① ② ③   |
| 6 <b>Mental Health:</b> outpatient psychological and psychiatric screening, assessment, diagnosis, treatment and counseling. | <input type="checkbox"/>    | <input type="checkbox"/>              | <input type="checkbox"/>                           | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥   | ① ② ③   | ① ② ③   | ① ② ③   |
| 7 <b>Medical Transportation:</b><br>transportation for client to access medical and support services                         | <input type="checkbox"/>    | <input type="checkbox"/>              | <input type="checkbox"/>                           | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥   | ① ② ③   | ① ② ③   | ① ② ③   |



**INSTRUCTIONS:** Complete each service category row prior to moving to the next service row.  
 1. Check box A, B or C for each service category.  
 2. If you check box C (needed but did not receive service), complete Barriers to Care (D-H) and indicate number for barriers that apply to you on line below box.

| <u>SERVICES NEEDED / RECEIVED / NOT RECEIVED</u> |                          |                                |  | <u>BARRIERS TO CARE</u>  |   |  |  |  |
|--|--------------------------|--------------------------------|--|--|---|--|--|--|
| Check A, B or C                                  |                          |                                |  | D  | E   | F  | G  | H  |
| Service Category                                 | A                        | B                              | C  | Knowledge  | Access  | Financial  | Personal   | Health   |
|  | Did Not Need Service     | Needed service and received it | Needed service but did not receive it<br>→ | Didn't know if:<br>1) service was available<br>2) I was eligible<br>3) how to get<br>4) where to receive service | 1) Appointments not soon enough<br>2) times not convenient<br>3) no transportation<br>4) no childcare<br>5) language barriers<br>6) no cell phone | 1) co-pay too high<br>2) service cost too much<br>3) no insurance coverage | 1) treated with disrespect<br>2) previous incarceration<br>3) wanted privacy of HIV status, mental health or substance use | 1) didn't want to take medications<br>2) hard to navigate system due to physical, mental or substance use issues<br>3) thought viral load undetectable |
| Check one box only                               |                          |                                |  | Check all that apply   |   |  |  |  |
| 10   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 11   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 12   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 13   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 14   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 15   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 16   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 17   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |

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|--|--------------------------|--------------------------------|--|--|---|--|--|--|
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| Check one box only                               |                          |                                |  | Check all that apply   |   |  |  |  |
| 18   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 19   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 20   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 21   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 22   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 23   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 24   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |
| 25   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>                   | ① ② ③ ④  | ① ② ③ ④ ⑤ ⑥   | ① ② ③  | ① ② ③  | ① ② ③  |

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|--|---|--------------------------------|--|--|---|--|--|--|-------|
| Check A, B or C                                  |   |                                |  | D  | E   | F  | G  | H  |       |
| Service Category                                 | A   | B                              | C  | Knowledge  | Access  | Financial  | Personal   | Health   |       |
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| Check one box only                               |   |                                |  | Check all that apply   |   |  |  |  |       |
| 26   | Psychosocial Support Services: individual or group support counseling                                 | <input type="checkbox"/>       | <input type="checkbox"/>                   | <input type="checkbox"/>   | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥  | ① ② ③  | ① ② ③  | ① ② ③ |
| 27   | Referral for Health Care & Support Services: referrals to access other health insurance programs      | <input type="checkbox"/>       | <input type="checkbox"/>                   | <input type="checkbox"/>   | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥  | ① ② ③  | ① ② ③  | ① ② ③ |
| 28   | Rehabilitation Services: outpatient HIV-related therapies: physical, occupational, speech, vocational | <input type="checkbox"/>       | <input type="checkbox"/>                   | <input type="checkbox"/>   | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥  | ① ② ③  | ① ② ③  | ① ② ③ |
| 29   | Respite Care: non-medical assistance to relieve primary caregiver for client's care                   | <input type="checkbox"/>       | <input type="checkbox"/>                   | <input type="checkbox"/>   | ① ② ③ ④   | ① ② ③ ④ ⑤ ⑥  | ① ② ③  | ① ② ③  | ① ② ③ |

If you had additional barriers not listed above, please list below:

**SECTION 2: RESOURCE NEEDS**1. Do you have health insurance?  Yes  No

1a. What type of insurance do you have? Please check all that apply to you

- Insurance through Work     Medicare     Private Insurance (not through work)     Veteran's Administration  
 COBRA or OBRA (insurance through my last employer)     Covered California (Affordable Care Act/Obamacare)     Medi-Cal  
 Do not know     Other (please specify)

1b. Which of the following benefits do you receive? Check all that apply.

- None/Not Eligible     CHAMPUS (VA Assistance for non-military personnel)     Cal Fresh (Food Stamps)  
 Worker's Compensation     Long-term disability     Annuity/Life insurance payments  
 Short-term disability     Retirement     Supplemental Security Income (SSI)  
 Rent Supplement     Bureau of Indian Affairs     Subsidized Housing (HOPWA, Section 8, Shelter Plus Care)  
 State Disability Insurance (SDI)     General Assistance     Social Security Disability Insurance (SSDI)  
 WIC     Veteran's Benefits (VA)     TANF/CalWORKS (formerly AFDC)  
 Unemployment     Emergency Financial Assistance – from:     Other: specify

2. What is your reported estimated yearly income from all sources and before taxes? \$ \_\_\_\_\_

2a. How many people family members in your household, including you, depend on this income? \_\_\_\_\_

2b. Of these, how many are children under 18 years of age? \_\_\_\_\_

3. What is your current job status? Please check all that apply.

- Employed full-time (33 – 40 hours a week)     Employed part-time (less than 33 hours a week)     Not working – not looking for work  
 Not working – looking for work     Not working – disabled     Not working – student/homemaker/other  
 Retired     Other  
 Other, please specify:

**SECTION 3: HEALTHCARE NEEDS**

4. How long have you known you were HIV+? Check one.

- Less than 1 years     1 - 5 years     6 - 10 years     11 – 15 years     15- 20 years     20+ years

Confidential ID: \_\_\_\_\_

5. In the past 12 months, what HIV medical care have you received? Check all that apply

|   | Yes                      | No                       | Don't know /Can't remember |
|---|--------------------------|--------------------------|----------------------------|
| Seen a doctor, nurse or physician's assistant for HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Taken HIV medication (ART)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Had a test for your Viral Load                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Had a test for your CD4 count (t-cell)                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |

6. How frequently do you see your HIV doctor? Please check one.

- Every 3 months     Every 6 months     Once a year     Every 2 years     I don't have a doctor.  
 When I feel sick     Never/I don't go

7. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop? Check all that apply.

- Never stopped seeing a doctor     Couldn't afford it     No transportation     Felt fine; wasn't sick  
 Lost health insurance     Doctor or case manager left     Wanted a break     Lost Ryan White supported services  
 Bad experience at clinic     Didn't want to take meds     Drinking/doing drugs     Overwhelmed  
 Side effects of medications     Had a mental health issue     Inconvenient appointment times     Viral load was undetectable  
 Viral load was undetectable     Other Priorities     Don't remember  
 Other (please specify)

8. What kinds of things help you keep up with your HIV medical care? Check all that apply.

- N/A - I have never been in HIV medical care     To reduce the risk of transmission to others     My HIV doctor, nurse or clinician     I want to stay healthy and live longer  
 The support of family and friends     My HIV case manager or social worker     Seeing the benefits of treatment     My faith, religion or spirituality  
 A mentor at my clinic/agency     I'm afraid of getting sick     Staying sober     An HIV group or program  
 Other (please specify)

9. How would you rate your physical health now as compared to when you first sought treatment for your HIV infection?

Select one.

- Much better     A little better     About the same     A little worse     Much worse

10. Are you currently pregnant?  Yes     No     Don't know     Not applicable

10a. If you are currently pregnant, are you in prenatal care?  Yes     No

Confidential ID: \_\_\_\_\_

11. Have you ever injected any substance NOT prescribed by a medical person?  Yes  No
- 11a. Have you used a syringe/needle to inject substances in the past 12 months?  Yes  No
- 11b. Have you ever shared syringes/needles for piercings and/or tattoos?  Yes  No
- 11c. Have you ever shared syringes/needles or injection equipment? \_\_\_\_\_  Yes  No
- 11d. Have you shared syringes/needles or injection equipment in the past 12 months? \_\_\_\_\_  Yes  No

12. Where do you most often get your clean syringes? (check one)

- I go to syringe exchange agency to pick them up  I get them from syringe exchange agency staff who brings syringes to me
- I get them from another user of syringes who gets them from syringe access agency  Other

13. How do you most often dispose of your used syringes? (check one)

- I bring them back to syringe exchange agency  I give them to someone to bring them back to syringe exchange agency
- I throw them away  Other

14. Has a medical or service provider ever told you that you have Hepatitis C Virus (HCV)?  Yes  No

14a. Are you currently positive for Hepatitis C Virus?  Yes  No

14b. Were you newly infected with Hepatitis C Virus in the last 12 months?  Yes  No

SECTION 3: HOUSING NEEDS

13. Over the last 12 months, have you lived in any of the following places? Check all that apply:

- Stable housing /house  Temporary housing / shelter / motel  Jail or correctional facility  Group home / treatment facility / halfway house
- Unstable housing / couch surfing  Homeless / car / camping / street  Other please specify:

14. If you currently receive housing assistance, what assistance do you receive? Check one option.

- HOPWA  Help from an HIV/AIDS Service Organization  Housing Choice Voucher (formerly Section 8)
- Emergency Financial Assistance  I do not receive housing assistance  Shelter Plus Other
- Mercy Housing  Sacramento Housing and Redevelopment Agency (SHRA)  Other (specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

15. Have you been on a waiting list for housing over the last 12 months?  Yes  No

15a. If yes, did it result in a housing placement?  Yes  No

Commented [A1]: Formatting is kind of funky here. I need help!

Commented [A2]: Should the order of questions 15 and 16 be changed? It's my understanding that the client gets a referral first, then gets on a waiting list? Or is this not the case? I'm not sure.

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15b. If not, why not? (Select all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Currently on Waiting List          | <input type="checkbox"/> Significant Other's Criminal Record | <input type="checkbox"/> Housing Location | <input type="checkbox"/> Pets             |
| <input type="checkbox"/> Rental History                     | <input type="checkbox"/> Mental Health                       | <input type="checkbox"/> Incarceration    | <input type="checkbox"/> Criminal Record  |
| <input type="checkbox"/> Significant Other's Rental History | <input type="checkbox"/> Physical Health                     | <input type="checkbox"/> Substance Abuse  | <input type="checkbox"/> Not Enough Money |
| <input type="checkbox"/> Other please specify:              |  |   |   |

16. Have you ever received a referral for housing **over the last 12 months**?  Yes  No

16a. If yes, did it result in a housing placement?  Yes  No

If not, why not? (Select all that apply)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <u>Currently on Waiting List</u>          | <input type="checkbox"/> <u>Significant Other's Criminal Record</u> | <input type="checkbox"/> <u>Housing Location</u> | <input type="checkbox"/> <u>Pets</u>             |
| <input type="checkbox"/> <u>Rental History</u>                     | <input type="checkbox"/> <u>Mental Health</u>                       | <input type="checkbox"/> <u>Incarceration</u>    | <input type="checkbox"/> <u>Criminal Record</u>  |
| <input type="checkbox"/> <u>Significant Other's Rental History</u> | <input type="checkbox"/> <u>Physical Health</u>                     | <input type="checkbox"/> <u>Substance Abuse</u>  | <input type="checkbox"/> <u>Not Enough Money</u> |
| <input type="checkbox"/> <u>Other please specify:</u>              |   |  |  |

17. In the past 12 months, have you been incarcerated for more than 48 hours?  Yes  No

17a. If yes, did jail/prison staff know your HIV status?  Yes  No

17b. If yes, did you get HIV medical care and medications?  Yes  No

17c. Did you get HIV medical care and medications after release?  Yes  No

#### SECTION 4: DEMOGRAPHICS:

18. What county do you live in?

- Sacramento  El Dorado  Placer  Yolo  Other: \_\_\_\_\_

19. What is the year of your birth? \_\_\_\_\_

20. Are you of Hispanic or Latinx origin?  Yes  No

20a. If you are Hispanic/Latinx, what is your nationality?

- Mexican, Mexican American, Chicano(a)  Puerto Rican  Cuban  Other Hispanic, Latinx/a or Spanish Origin

21. What is your primary race? Please check one.

- White  Asian  American Indian/Alaska Native  Black/African American  Pacific Islander/ Native Hawaiian

21a. If Pacific Islander/Native Hawaiian:

- Native Hawaiian  Samoan  Guamanian or Chamorro  Other Pacific Islander

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21b. If Asian:

- Asian Indian
- Japanese
- Chinese
- Korean
- Filipino
- Vietnamese
- Other Asian

22. What is the most likely way that you contracted HIV? (please check one)

- Men who has sex with men (MSM)
- Injection drug user (IDU)
- ~~MSM and IDU~~ Heterosexual Contact
- Hemophilia/Coagulation disorder
- ~~Receipt of blood transfusion, blood components or tissue~~ Heterosexual contact
- Mother with/at risk for HIV infection (Peri-natal transmission)
- ~~Receipt of blood transfusion, blood components or tissue~~ Don't know
- ~~Other, please specify:~~ Don't know

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23. Gender at Birth

- Male
- Female

23a. What is your primary gender identity or gender expression today? Please check one option.

- Male
- Female
- Intersex
- Nonbinary
- Transgender - Male to Female
- Transgender - Female to Male

24. How do you identify in terms of your sexual orientation? Please check one option.

- Heterosexual/Straight
- Bisexual
- Homosexual/Gay
- Homosexual/Lesbian
- Pansexual
- Queer/Questioning/Unsure
- Other (please specify):

SECTION 5: HIV PREVENTION AND PARTNER SERVICES

HIV PRE-EXPOSURE PROPHYLAXIS (PrEP):

PrEP is the use of anti-retroviral medications to keep HIV negative people from becoming infected with HIV.

25. Which of the following statements about PrEP are true for you? Please check all that apply.

- I have never heard of PrEP
- If my partner is on PrEP, I would be less likely to use a condom.
- I feel comfortable talking to my HIV negative partner(s) about PrEP.
- I have heard of PrEP, but am not sure how it will affect my sex life
- Even with partner(s) on PrEP, I would disclose that I am HIV positive.
- If my partner is on PrEP, I do not need to disclose that I am HIV positive.
- Even with partner(s) on PrEP, I would use condoms for anal or vaginal sex.
- Other (please specify):

26. Which of the following statements about condom use are true for you? Check all that apply.

- I do not have anal or vaginal sex, so condoms are not an issue
- My partner is on PrEP so condoms aren't needed.
- I use a condom when I have anal sex.
- My viral load is undetectable, so condoms aren't needed any
- I use a condom when I have vaginal sex.
- I don't use condoms because my partner



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more.

doesn't like them.

I only have sex with one person and we choose not to use condoms.

I don't use condoms because they cost too much.

My sex partner is HIV+ so we don't use condoms.

I don't use condoms because I don't like them.

Other (please specify):

**27. When do you choose to disclose your HIV status to sex partners?**

Always; with every partner

Never. My viral load is undetectable

Never. Most of my partners are on PrEP

Sometimes with some partners

Never. Most of my partners are HIV+

Never. I do not have sex

Never. I always use condoms

Never. I don't feel comfortable disclosing my HIV status

**PARTNER SERVICES:**

Partner Services are free services to assist HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV.

**28. Have you been informed of Partner Services before this survey?**  Yes  No

**29. Have you used Partner Services before?**  Yes  No

**30. Would you be willing to use Partner Services?**  Yes  No

**31. In the past 12 months, have you had any of the following experiences? Please remember this survey is anonymous and none of your answers can be linked to you.**

Yes      No      Don't Know      Don't remember

Had sex to get money, drugs, housing, etc.

                

Used someone else's syringes to inject yourself

                

Had sex with someone who shares syringes

## RECOMMENDATIONS:

### 2. FUTURE NEEDS ASSESSMENTS

#### Survey Tool

The HIV Needs Assessment Survey Tool was revised in 2022 to streamline the questions of Service Need, Need Met, and Unmet Need by RW service category. In addition, the survey collected data on Barriers to Care and Sub-Barriers by service category. This format resulted in more consistent answers from survey respondents compared to the TGA's past needs assessments. The survey was able to be completed in less time and with less confusion among survey respondents than in previous surveys.

Based on responses from the improved survey format in 2022, there are several additional improvements to the survey format and content that could help improve the reliability and utility of survey responses in the future. There are several questions on the current Needs Assessment Tool that the Council's Needs Assessment Committee may consider making adjustments to, as follows:

- **Benefits question 1b:** Unemployment should be added to the list.
- **Income question 2:** The number of dependents or children is not required to determine Federal Poverty Level so should be deleted and replaced with "how many people are in your household?" which is required.
- **Syringe use question 11a:** "Have you ever injected any substance NOT prescribed by a medical person?" "Provider" should replace "person" and "syringe" should replace "needle."
- **Syringes add question 11d:** "Where do you *most often* get your clean syringes?" (check one) "I go to syringe exchange agency." "I get from syringe exchange agency staff who bring them to me." "I get them from another user of syringes who gets them from syringe access agency." "Other"
- **Syringes add question 11e:** "How do you *most often* dispose of your used syringes?" (check one) "Bring sterile syringe container back to syringe exchange agency." "I throw them away." "Other"

- **Hepatitis C question 12:** “Has a medical or service provider ever told you that you have hepatitis C?” The question should be narrowed to (a) Are you currently HCV positive? and (b) Were you newly infected in the last 12 months? (incidence).
- **Housing question 13:** “Over the last 12 months, have you lived in any of the following places (check all that apply). This data may not be comparable to other point-in-time housing figures for other local, state, and national programs. The Council should consider revising the survey tool to ask about current point-in-time housing status and require a single choice response.
- **Housing question 14:** “If you currently receive housing assistance, what assistance do you receive (check one option)”. The following options should be added, since they’ve been written in as response under “other” over the years: Shelter Plus, Mercy Housing and Sacramento Housing and Redevelopment Agency (SHRA).
- **Housing question 16:** “Have you ever received a referral for housing? If yes, did it result in housing placement? This question should be specific to the year being surveyed to be consistent with the time period for housing question #15 which asks: “Have you been on a waiting list for housing over the last 12-months? If yes, did it result in housing placement?” If not, why not?”
- **HIV Transmission question 22:** “What is the most likely way that you contracted HIV”? It is intended to be a single selection of listed choices and should say “please check one” and remove MSM/IDU. Respondents could check “other” and write the risk categories that apply to them.
- **Barriers to Care** survey formatting for unmet needs sometimes resulted in inconsistent responses and data input in the “sub-barriers” section, which made analysis of response data for this section challenging. The example below provides a suggested update to the survey tool to more clearly prompt respondents to select specific sub-barriers. Survey data input also would need to be updated to accommodate the increased specificity, including nineteen options/rows for each sub-barrier, indicating whether the respondent selected each specific sub-barrier or not.

| <b>BARRIERS TO CARE</b>  |  |  |   |   |
|--|--|--|---|---|
| <b>D</b>   | <b>E</b>   | <b>F</b>   | <b>G</b>  | <b>H</b>  |
| <b>Knowledge</b><br>Didn't know:<br>1) if service was available<br>2) if I was eligible<br>3) how to get<br>4) where to receive service<br>5) date/time of appointment | <b>Access</b><br>1) Appointments not soon enough<br>2) times not convenient<br>3) no transportation<br>4) no childcare<br>5) language barriers<br>6) no cell phone | <b>Financial</b><br>1) co-pay too high<br>2) service cost too much<br>3) no insurance coverage | <b>Personal</b><br>1) treated with disrespect<br>2) previous incarceration<br>3) wanted privacy of HIV status, mental health or substance use | <b>Health</b><br>1) didn't want to take medications<br>2) hard to navigate system due to physical, mental or substance use issues<br>3) thought viral load undetectable |
| Check all that apply:  |  |  |   |   |
| ① ② ③ ④ ⑤  | ① ② ③ ④ ⑤ ⑥  | ① ② ③  | ① ② ③   | ① ② ③   |

### Survey Process

In addition to the recommended changes to the HIV Needs Assessment survey tool, there are changes to the process that would help ensure that each participant's input is represented accurately and thoroughly. The quality and completeness of the data would be improved if each respondent's completed survey was reviewed by survey administration staff prior to providing the survey respondent with a gift card. Staff could answer any questions the client has about the instructions, format, or intent of the survey questions. This is particularly important for client's whose primary language is not English.