

28. **SERVICES:** For each service listed [Numbers 1-43] below:

1. In Column 1: Whether or not you have used the service, check "yes" if you believe it is available to you, "no" if it is unavailable to you, and "don't know" if you are uncertain.
2. In Column 2: Check "Yes" if you **currently need** this service, or "No" if you **don't currently need** the service.
3. In Column 3: Check "Yes" if you **ever asked for** the service, or "No" if you **never asked for** the service.
4. In Column 4: Check "Yes" if you **ever received** the service, or "No" if you **never received** the service.
5. In Column 5: If you did receive the service, write the number of times you have received the service **in the past year**.
6. In Column 6: If you did receive the service, write "1" in the box if you thought the service was excellent, "2" if the service was good, "3" for fair, and "4" if you thought it was poor.
7. In Column 7: If you did receive the service, write "1" in the box if the service was easy to access, "2" if it was moderately easy to access, and "3" for hard to access.
8. In Column 8: **Everybody:** Check the box that indicates if you think your need for the service will increase, stay the same, or become less in the next year. Check "don't know" if you are uncertain.

For each item, go across the columns 1-8. Check the appropriate box or write in the response.	1			2		3		4		5	6	7	EVERYBODY ANSWER THIS: 8				
	IS THIS SERVICE AVAILABLE TO YOU?			DO YOU CURRENTLY NEED THIS SERVICE?		HAVE YOU EVER ASKED FOR THIS SERVICE		HAVE YOU EVER RECEIVED THIS SERVICE?		IN PAST YEAR, # OF TIMES	If you ever received this service, Write number in box noting satisfaction:	If you ever received this service, Write number in box noting access:	DO YOU THINK YOU WILL NEED THIS MORE, THE SAME, OR LESS IN THE COMING YEAR?				
	Yes	No	Don't know	Yes	No	Yes	No	Yes	No	Write number of times	1= Excellent 2= Good 3= Fair 4= Poor	1=Easy access 2=Moderate 3=Hard to access	More Need	Need stays the same	Less Need	Don't Know	
1 Appointments with a doctor, nurse, or their assistants to monitor and treat your HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Appointments for OB/GYN and/or Pediatric Care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Visits to medical specialists such as skin, eye, intestinal tract, feet. (Not OB/GYN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Lab tests for infections (e.g. viral loads or t-cell counts).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Transportation to access HIV-related services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Nutrition education and counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Information about treatments and care from peers or providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Newsletters, leaflets or booklets about HIV / AIDS treatment and care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Information about how to prevent infecting others with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 A resource guide that lists HIV / AIDS services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Assistance obtaining health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Assistance with payments of health insurance premiums, co-pays or deductibles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Assistance in getting medical services or drugs that your health insurance does not cover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Assistance in finding or getting emergency or transitional housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Assistance in finding or getting long-term independent housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each item, go across the columns 1-8. Check the appropriate box or write in the response.	1			2		3		4		5	6	7	8 EVERYBODY ANSWER THIS:					
	IS THIS SERVICE AVAILABLE TO YOU?			DO YOU CURRENTLY NEED THIS SERVICE?		HAVE YOU EVER ASKED FOR THIS SERVICE		HAVE YOU EVER RECEIVED THIS SERVICE?		IN PAST YEAR, # OF TIMES	If you ever received this service, Write number in box noting satisfaction:	If you ever received this service, Write number in box noting access:	DO YOU THINK YOU WILL NEED THIS MORE, THE SAME, OR LESS IN THE COMING YEAR?					
	Yes	No	Don't know	Yes	No	Yes	No	Yes	No	Yes	No	Write number of times	1= Excellent 2= Good 3= Fair 4= Poor	1=Easy access 2=Moderate 3=Hard to access	More Need	Need stays the same	Less Need	Don't Know
16 Translation or interpretation services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Emergency rental assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Emergency financial assistance (for utilities, drugs, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Care coordination/case management --A case manager who is assigned to you to help you access and receive HIV/AIDS services and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 An advocate to help resolve legal issues or access to care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Drug reimbursement - assistance in paying for HIV/AIDS related drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Dental care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visits			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Legal help preparing wills or estate planning (including custody of children).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Holistic or complementary care, including acupuncture, massage, chiropractic care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visits			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Mental health therapy with a psychologist or social worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visits			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Peer counseling, support, or drop-in groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Referrals to services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referrals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Food bank, nutritional supplements, or vouchers to buy food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Home-delivered meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 In-home medical care from a nurse or professional home health agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visits			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 In-home non-medical services to help with daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visits			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 End of life hospice care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Outpatient substance abuse treatment or counseling sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Substance abuse treatment in a 24-hour-a-day residential setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Someone who comes in to give caregivers a break (respite care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visits			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Employment assistance/vocational counseling and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each item, go across the columns 1-8. Check the appropriate box or write in the response.	1			2		3		4		5		6		7		8			
	IS THIS SERVICE AVAILABLE TO YOU?			DO YOU CURRENTLY NEED THIS SERVICE?		HAVE YOU EVER ASKED FOR THIS SERVICE		HAVE YOU EVER RECEIVED THIS SERVICE?		IN PAST YEAR, # OF TIMES	If you ever received this service, Write number in box noting satisfaction: 1= Excellent 2= Good 3= Fair 4= Poor	If you ever received this service, Write number in box noting access: 1=Easy access 2=Moderate 3=Hard to access	DO YOU THINK YOU WILL NEED THIS MORE, THE SAME, OR LESS IN THE COMING YEAR?						
	Yes	No	Don't know	Yes	No	Yes	No	Yes	No				Write number of times	More Need	Need stays the same	Less Need	Don't Know		
37 Child care when you're getting HIV services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38 Adoption/foster care assistance for kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39 Adult day care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40 Volunteers or peers who assist in household or personal tasks and provide support (pals/buddy/companions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41 Rehabilitative services like physical therapy (authorized by your medical provider).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42 Other care coordination services (such as Family Care and Prenatal Care Coordination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sessions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43 Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATTACHMENT 7 Service Need (Current)																							
	TOTAL	Gender		Risk					Ethnicity				Special Populations					REGION			Stage of Infection		
	Sample	Male	Female	MSM	MSM/IDU	IDU	HET	AfAm	Anglo	Latino	WCB	YOUTH	RECINC	HMLSS	SUB USE	MH	Central	North	South	H asymp	H symp	A asymp	A symp
	404	344	60	258	27	56	62	128	259	16	70	15	73	66	125	226	181	157	63	146	83	45	128
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Appt w/ doctor	81.8	81.7	82.3	80.6	88.0	82.9	82.5	81.7	81.2	90.4	87.0	73.3	83.6	86.2	84.6	84.4	82.9	82.7	85.7	82.1	79.3	88.9	85.2
Appt w/ OB/GYN and/or ped	61.0	0.0	61.0	0.0	0.0	62.3	62.4	59.4	63.9	44.0	61.4	25.0	57.1	61.5	40.9	68.5	56.4	57.8	85.7	55.6	60.0	77.8	69.6
Medical Spec. (not OB/GYN)	56.1	57.6	47.9	54.2	71.6	66.0	49.4	56.9	55.0	67.5	52.9	20.0	47.8	52.4	52.5	60.9	51.1	52.9	66.7	46.4	53.1	44.2	67.5
Lab tests	87.5	88.3	83.3	87.8	88.0	94.3	79.7	86.8	87.5	92.4	77.1	60.0	84.9	87.7	84.7	88.8	87.8	83.2	91.9	84.0	86.6	88.9	89.0
Transportation	40.0	39.4	43.0	31.5	54.8	61.9	47.2	62.0	29.4	35.3	44.3	46.7	54.8	72.3	46.3	43.3	44.1	37.8	41.3	40.0	40.7	42.2	43.8
Nutrition Education	42.9	42.5	45.1	41.8	34.7	48.8	46.4	52.7	37.3	52.8	47.0	13.3	46.5	55.6	45.9	50.9	44.0	46.8	37.7	41.7	50.0	40.9	45.5
Info about tx and care	59.7	60.4	55.4	60.8	62.1	52.2	60.7	61.7	59.6	47.5	55.9	46.7	55.7	66.7	59.8	62.7	57.3	58.8	61.3	56.7	54.9	55.6	64.3
Newsletter	60.2	59.4	64.5	58.6	58.3	64.5	63.7	69.7	56.1	50.9	60.9	46.7	61.4	58.7	59.3	60.2	59.9	63.0	55.6	58.7	62.5	60.0	60.6
Prevention Information	33.9	33.1	38.4	31.5	28.0	32.6	45.9	55.8	23.4	31.7	40.0	26.7	39.4	48.4	37.1	33.3	29.9	45.8	31.7	44.4	28.4	33.3	34.1
Resource Guide	56.7	57.1	54.4	55.5	51.1	62.6	57.7	69.2	50.8	53.1	58.6	50.0	69.4	68.2	60.5	61.0	60.6	56.1	50.8	58.3	56.1	37.8	63.3
Asst Obtaining Health Ins.	54.5	55.2	50.4	54.6	26.3	70.5	53.9	71.8	45.3	63.5	47.1	46.7	62.5	49.2	52.0	54.9	54.4	58.3	48.4	56.2	59.8	46.7	53.2
Asst Paying Health Ins.	52.4	53.2	47.6	50.5	50.1	67.2	49.7	49.4	53.1	67.5	41.8	40.0	58.6	38.1	56.9	53.8	52.2	51.6	52.5	47.9	59.3	48.8	54.5
Asst getting medical svc.	43.7	43.2	46.5	43.7	27.8	55.4	41.5	49.9	40.5	46.9	37.1	20.0	55.7	50.0	39.0	45.2	41.0	42.9	50.0	40.6	48.8	33.3	47.2
Asst finding emerg/trans. hsing	22.9	22.7	24.0	18.5	19.2	34.5	30.8	40.7	14.6	12.1	27.1	6.7	43.7	43.1	25.8	27.9	24.0	26.0	25.4	29.9	23.2	20.0	23.0
Asst finding long term ind. hsing	29.9	29.8	30.3	24.1	29.8	52.4	32.6	44.3	23.1	22.3	31.4	26.7	51.4	56.9	33.9	37.1	32.2	29.9	29.0	32.2	28.0	24.4	33.9
Translation/interpretation svc.	10.1	10.3	9.1	7.4	3.9	22.9	12.6	18.8	5.9	6.7	11.6	6.7	17.1	11.1	12.3	12.0	8.5	13.3	10.7	13.6	8.8	9.8	9.8
Emergency Rental Ass.	34.0	32.4	43.1	26.8	65.7	47.1	37.0	49.6	27.0	23.1	34.8	42.9	54.9	47.0	40.8	36.8	29.4	35.7	39.3	33.6	35.8	26.7	34.6
Emergency Fin. Ass.	42.7	41.9	47.3	39.1	52.6	53.4	43.4	53.4	37.3	47.4	42.9	46.7	52.9	50.0	43.9	49.3	32.6	50.0	55.6	44.5	39.5	31.1	47.6
Case Management	85.8	85.9	85.0	84.7	100.0	84.9	84.6	88.8	84.7	79.2	81.4	46.7	84.7	86.4	85.5	84.8	82.8	87.7	85.7	82.1	84.1	88.9	87.4
Advocacy	35.0	36.0	29.2	34.2	41.8	35.7	34.7	43.5	30.8	37.7	33.8	26.7	42.0	50.8	42.6	39.5	33.7	36.4	29.5	34.5	29.3	28.9	39.2
Drug Reimbursement	41.5	42.1	38.0	42.8	35.4	40.5	39.6	48.1	38.0	46.5	40.6	46.7	34.8	47.6	42.6	41.6	36.9	47.4	37.7	43.4	43.9	35.6	40.0
Dental Care	77.0	77.7	73.4	76.6	84.7	85.5	67.2	82.0	75.3	65.1	67.1	53.3	80.6	80.0	76.0	75.9	69.7	75.8	79.0	71.3	78.3	71.1	73.2
Legal Help	41.5	41.9	39.6	37.6	55.8	49.9	44.9	40.5	41.8	42.5	46.4	35.7	43.7	41.3	49.6	42.3	42.7	39.0	48.4	35.7	37.8	40.9	53.2
Holistic Care	40.3	40.4	40.0	40.7	34.6	42.9	40.2	41.7	39.3	46.9	41.4	26.7	37.5	44.6	45.2	46.2	36.5	42.9	39.7	35.2	30.5	35.6	52.4
Mental Health Therapy	46.4	45.5	51.6	46.5	56.1	46.9	40.4	46.2	46.3	51.1	52.9	26.7	47.9	53.0	48.0	62.4	45.3	48.4	31.7	43.8	41.0	42.2	47.7
Peer Counseling	45.2	44.5	49.1	44.0	40.6	46.3	52.0	49.2	43.3	45.3	55.7	20.0	40.8	58.5	49.2	54.5	49.7	46.5	36.1	46.1	43.4	35.6	53.5
Referrals	50.6	49.5	57.2	48.1	45.2	55.2	58.4	62.9	44.0	55.0	60.0	46.7	57.7	67.2	55.6	59.5	48.3	57.8	47.5	50.7	57.3	47.7	50.8
Food Bank	63.3	61.9	71.8	58.5	81.5	71.1	68.0	72.4	58.9	62.6	71.4	60.0	76.7	72.7	67.5	69.3	61.9	67.3	64.5	65.1	65.9	60.0	64.6
Home Delivered Meals	15.9	17.1	8.9	16.9	21.4	12.0	12.8	19.9	13.7	17.1	10.3	7.1	24.6	27.0	14.8	17.4	22.6	13.2	3.2	12.1	19.8	13.3	19.2
In-home medical care	7.3	7.1	8.7	6.5	0.0	12.0	9.8	12.2	4.6	9.9	8.6	6.7	14.5	10.9	10.7	9.9	9.1	8.3	4.8	6.3	6.1	11.1	11.9
In home non medical svc.	14.1	14.6	11.2	13.3	21.4	18.8	10.3	14.9	13.6	17.8	7.1	13.3	18.8	21.9	14.6	18.9	13.0	13.5	14.5	8.4	12.2	15.6	20.6
Hospice	2.4	2.0	4.5	0.7	3.5	5.3	6.2	3.7	1.5	6.8	4.3	6.7	9.2	14.1	3.3	5.9	5.1	4.6	0.0	2.1	6.2	6.7	4.8
Outpatient substance abuse tx	16.2	14.2	28.2	11.3	20.0	36.2	16.2	29.9	10.3	5.3	16.2	13.3	32.4	34.8	21.0	20.2	16.7	17.4	6.7	20.3	14.8	15.6	9.4
24 hr. substance abuse tx	6.3	5.3	12.3	3.9	3.5	13.5	9.1	13.0	3.4	0.0	8.7	6.7	10.0	18.8	14.5	8.5	7.9	7.1	0.0	10.4	2.4	8.9	3.2
Respite Care	5.5	5.6	5.0	5.1	6.0	5.0	7.6	6.9	4.4	13.2	7.1	13.3	7.4	12.7	7.3	8.6	5.7	8.4	4.8	6.3	4.9	9.3	7.9
Employment Assistance	24.6	23.2	32.7	20.7	34.4	26.6	32.9	34.5	19.1	33.7	35.7	33.3	29.6	34.8	29.8	31.3	27.4	28.8	16.1	25.2	25.6	35.6	24.2
Child Care	5.4	2.7	15.5	0.0	17.7	5.6	13.4	6.2	5.1	5.2	16.4	33.3	12.2	13.0	9.5	6.5	7.8	6.7	6.5	13.5	1.9	6.7	4.4
Adoption	3.5	2.9	5.6	2.2	0.0	8.2	4.7	4.7	2.6	6.7	3.0	16.7	8.3	4.5	3.7	4.6	6.2	1.0	6.5	6.7	1.9	3.3	3.4
Adult Day Care	4.4	4.5	3.8	4.8	0.0	5.7	3.4	10.4	1.4	3.5	4.3	0.0	1.4	3.1	0.8	3.2	3.4	4.5	1.6	3.5	6.1	2.2	3.2
Volunteers	20.7	20.1	23.9	20.7	28.6	13.5	24.0	17.5	22.0	27.1	24.3	20.0	16.2	34.9	21.5	29.5	23.9	22.1	16.4	16.9	24.7	20.0	28.2
Rehabilitative services	13.3	13.5	12.3	13.7	0.0	19.8	12.2	15.4	11.4	27.1	10.1	0.0	11.8	17.2	13.8	17.6	12.5	16.8	11.5	9.1	19.5	11.6	17.6

ATTACHMENT 8 Future Need for Service																							
Services - Future Need																							
1 = Less Need	TOTAL	Gender		Risk						Ethnicity		Special Populations					REGION			Stage of Infection			
2 = Need Stays the Same	Sample	Male	Female	MSM	MSM/IDU	IDU	HET	AfAm	Anglo	Latino	WCB	YOUTH	RECINC	HMLSS	SUB USE	MH	Central	North	South	H asymp	H symp	A asymp	A symp
3 = More Need	404	344	60	258	27	56	62	128	259	16	70	15	73	66	125	226	181	157	63	146	83	45	128
Appt w/ doctor	2.3	2.3	2.3	2.3	2.5	2.3	2.3	2.4	2.3	2.2	2.3	2.5	2.4	2.4	2.3	2.3	2.3	2.3	2.3	2.2	2.4	2.2	2.4
Appt w/ OB/GYN and/or ped	2.1	0.0	2.1	0.0	0.0	2.1	2.1	2.1	2.1	1.9	2.1	2.0	2.2	2.2	1.9	2.1	2.2	2.0	2.3	1.9	2.4	2.1	2.2
Medical Spec. (not OB/GYN)	2.3	2.3	2.2	2.3	2.4	2.3	2.1	2.3	2.2	2.2	2.1	2.6	2.3	2.3	2.4	2.3	2.2	2.2	2.2	2.2	2.3	2.1	2.3
Lab tests	2.3	2.3	2.3	2.3	2.4	2.3	2.3	2.3	2.3	2.2	2.3	2.5	2.4	2.4	2.4	2.3	2.3	2.3	2.3	2.2	2.4	2.2	2.3
Transportation	2.3	2.2	2.3	2.2	2.4	2.6	2.2	2.4	2.2	2.0	2.3	2.5	2.4	2.5	2.3	2.2	2.3	2.2	2.2	2.2	2.2	2.2	2.4
Nutrition Education	2.3	2.3	2.3	2.3	2.1	2.2	2.3	2.3	2.2	2.2	2.3	2.1	2.4	2.5	2.3	2.3	2.3	2.3	2.0	2.2	2.3	2.2	2.3
Info about tx and care	2.3	2.3	2.4	2.3	2.2	2.2	2.3	2.3	2.3	2.2	2.3	2.5	2.4	2.4	2.4	2.3	2.3	2.3	2.2	2.2	2.3	2.2	2.4
Newsletter	2.3	2.3	2.4	2.3	2.2	2.3	2.3	2.4	2.2	2.2	2.3	2.3	2.4	2.3	2.3	2.3	2.3	2.3	2.2	2.3	2.3	2.1	2.3
Prevention Information	2.0	2.0	2.2	2.0	1.7	2.1	2.2	2.3	1.9	2.0	2.2	2.5	2.2	2.1	2.1	2.0	2.1	2.1	1.9	2.1	1.9	2.1	2.0
Resource Guide	2.3	2.3	2.4	2.3	1.9	2.3	2.4	2.5	2.2	2.4	2.4	2.5	2.4	2.4	2.5	2.4	2.3	2.4	2.2	2.3	2.3	2.2	2.4
Asst Obtaining Health Ins.	2.3	2.2	2.3	2.3	1.8	2.4	2.3	2.4	2.2	2.3	2.3	2.3	2.4	2.5	2.3	2.3	2.3	2.3	2.0	2.3	2.3	2.0	2.3
Asst Paying Health Ins.	2.4	2.4	2.3	2.3	2.6	2.4	2.3	2.5	2.3	2.4	2.3	2.3	2.6	2.4	2.4	2.4	2.4	2.3	2.3	2.3	2.4	2.1	2.4
Asst getting medical svc.	2.4	2.4	2.3	2.4	2.5	2.3	2.3	2.4	2.4	2.3	2.3	2.4	2.5	2.5	2.4	2.3	2.4	2.3	2.3	2.3	2.4	2.2	2.4
Asst finding emerg/trans. hsing	2.2	2.2	2.3	2.1	2.2	2.3	2.3	2.4	2.1	2.0	2.2	2.2	2.4	2.3	2.3	2.2	2.2	2.2	2.2	2.2	2.1	2.1	2.3
Asst finding long term ind. hsing	2.3	2.2	2.4	2.2	2.0	2.5	2.4	2.5	2.1	2.1	2.3	2.3	2.6	2.5	2.4	2.3	2.3	2.2	2.4	2.2	2.3	2.1	2.3
Translation/interpretation svc.	1.9	1.9	2.0	1.8	2.1	2.2	2.0	2.2	1.8	1.7	2.0	2.0	2.0	1.9	2.0	1.9	1.9	1.9	1.8	1.9	2.0	1.7	1.9
Emergency Rental Ass.	2.2	2.2	2.2	2.1	2.5	2.3	2.2	2.4	2.1	2.2	2.2	2.5	2.5	2.4	2.3	2.2	2.2	2.3	2.1	2.2	2.2	2.1	2.3
Emergency Fin. Ass.	2.3	2.3	2.4	2.3	2.2	2.3	2.3	2.5	2.2	2.3	2.3	2.2	2.5	2.4	2.4	2.3	2.3	2.4	2.2	2.3	2.3	2.2	2.3
Case Management	2.4	2.4	2.4	2.4	2.4	2.5	2.4	2.5	2.4	2.2	2.5	2.3	2.6	2.5	2.5	2.4	2.4	2.4	2.3	2.4	2.3	2.3	2.5
Advocacy	2.3	2.3	2.3	2.3	2.1	2.4	2.3	2.5	2.2	2.2	2.3	2.3	2.5	2.4	2.4	2.4	2.3	2.4	2.2	2.3	2.2	2.2	2.4
Drug Reimbursement	2.3	2.3	2.4	2.3	2.2	2.4	2.4	2.4	2.2	2.4	2.4	2.5	2.5	2.5	2.4	2.4	2.3	2.4	2.4	2.4	2.3	2.1	2.4
Dental Care	2.5	2.5	2.4	2.5	2.4	2.5	2.4	2.5	2.5	2.5	2.4	2.4	2.6	2.6	2.6	2.6	2.5	2.5	2.5	2.5	2.5	2.4	2.6
Legal Help	2.3	2.3	2.4	2.3	2.4	2.2	2.4	2.4	2.3	2.3	2.4	2.4	2.5	2.5	2.5	2.4	2.3	2.4	2.3	2.2	2.3	2.3	2.4
Holistic Care	2.5	2.5	2.4	2.5	2.6	2.5	2.3	2.4	2.5	2.5	2.3	2.1	2.3	2.2	2.5	2.4	2.4	2.3	2.4	2.2	2.4	2.5	2.5
Mental Health Therapy	2.3	2.3	2.3	2.3	2.0	2.3	2.2	2.2	2.3	2.4	2.4	2.2	2.4	2.2	2.3	2.4	2.3	2.3	2.2	2.2	2.3	2.1	2.4
Peer Counseling	2.3	2.3	2.4	2.3	2.1	2.4	2.4	2.4	2.3	2.4	2.5	2.3	2.4	2.4	2.3	2.3	2.3	2.4	2.3	2.3	2.4	2.3	2.3
Referrals	2.4	2.4	2.4	2.4	2.3	2.4	2.4	2.5	2.3	2.4	2.4	2.2	2.4	2.4	2.4	2.5	2.3	2.4	2.4	2.3	2.4	2.1	2.5
Food Bank	2.4	2.4	2.5	2.4	2.4	2.5	2.4	2.5	2.4	2.4	2.5	2.4	2.6	2.5	2.5	2.5	2.4	2.5	2.5	2.4	2.3	2.2	2.6
Home Delivered Meals	2.1	2.1	2.1	2.0	2.3	2.1	2.0	2.1	2.0	2.3	2.0	1.9	2.2	2.1	2.1	2.1	2.1	2.0	1.9	1.8	2.1	1.9	2.3
In-home medical care	2.0	2.0	2.2	2.0	2.2	2.1	2.0	2.1	2.0	2.0	2.1	2.1	2.3	2.2	2.1	2.1	2.0	2.1	2.0	1.9	2.0	2.0	2.3
In home non medical svc.	2.1	2.1	2.2	2.0	2.2	2.2	2.0	2.1	2.1	2.2	2.1	2.3	2.2	2.2	2.1	2.1	2.0	2.1	2.1	1.9	2.1	2.0	2.3
Hospice	1.9	1.9	2.0	1.9	1.9	2.1	1.9	2.0	1.9	1.9	1.9	2.1	2.0	2.1	1.9	2.0	1.9	1.9	1.9	1.7	2.0	1.9	2.1
Outpatient substance abuse tx	1.9	1.8	2.1	1.8	1.9	2.1	1.9	2.0	1.8	1.8	1.9	1.8	2.2	2.1	1.9	1.9	1.9	1.8	1.8	1.9	1.9	1.8	1.9
24 hr. substance abuse tx	1.8	1.8	1.9	1.7	1.9	2.2	1.8	2.1	1.7	1.6	1.7	1.4	2.0	2.0	1.8	1.9	1.8	1.8	1.8	1.8	1.8	1.8	1.8
Respite Care	1.9	1.9	2.0	1.9	1.8	2.1	1.9	2.0	1.9	2.0	1.9	2.0	1.9	1.9	2.0	1.9	1.9	2.0	1.8	1.8	1.9	1.8	2.1
Employment Assistance	2.2	2.1	2.4	2.1	2.1	2.3	2.3	2.4	2.1	2.3	2.4	2.4	2.4	2.4	2.3	2.2	2.2	2.2	2.1	2.1	2.3	2.2	2.3
Child Care	1.9	1.8	2.0	1.8	1.9	2.2	1.9	2.0	1.8	2.0	1.9	2.4	2.1	2.0	1.9	1.8	1.8	2.0	1.7	1.8	1.9	1.9	1.9
Adoption	1.8	1.8	1.7	1.7	1.6	2.0	1.7	1.8	1.7	1.8	1.7	2.0	1.9	1.8	1.8	1.8	1.8	1.7	1.7	1.6	1.7	1.9	1.9
Adult Day Care	1.9	1.9	1.9	1.9	1.7	1.9	1.9	2.0	1.8	1.9	1.8	1.5	1.9	1.8	1.8	1.8	1.9	1.9	1.8	1.8	1.9	1.8	2.0
Volunteers	2.1	2.1	2.1	2.1	2.2	2.1	2.1	2.0	2.2	2.1	2.1	2.4	2.2	2.1	2.1	2.1	2.1	2.1	2.2	2.0	2.1	1.8	2.3
Rehabilitative services	2.0	2.0	2.0	2.0	2.0	2.3	2.0	2.2	2.0	2.0	2.0	2.1	2.3	2.2	2.1	2.0	2.0	2.1	2.0	1.9	2.1	1.9	2.2
	2.0	2.1	1.9	2.0	2.3	2.2	1.9	2.3	1.9	2.2	1.9	2.2	2.3	2.2	2.0	2.0	2.0	2.0	2.1	1.9	2.0	1.9	2.1

ATTACHMENT 9 Services Asked																							
	TOTAL	Gender		Risk			Ethnicity				Special Populations					REGION			Stage of Infection				
	Sample	Male	Female	MSM	MSM/IDU	IDU	HET	AfAm	Anglo	Latino	WCB	YOUTH	RECINC	HMLSS	SUB USE	MH	Central	North	South	H asymp	H symp	A asymp	A symp
	404	344	60	258	27	56	62	128	259	16	70	15	73	66	125	226	181	157	63	146	83	45	128
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Appt w/ doctor	83.3	82.8	86.4	80.2	94.0	90.2	84.9	86.3	81.8	80.2	88.4	80.0	90.4	89.2	87.7	85.2	82.2	82.7	88.9	80.7	86.6	75.6	87.4
Appt w/ OB/GYN and/or ped	67.4	0.0	67.4	0.0	0.0	62.3	71.2	61.8	74.8	44.0	68.6	50.0	71.4	61.5	63.6	68.5	69.2	66.7	85.7	53.3	75.0	100.0	87.0
Medical Spec. (not OB/GYN)	60.6	61.1	58.1	59.1	74.0	71.2	52.7	52.7	64.3	64.7	55.7	20.0	50.0	52.3	58.0	61.8	62.7	48.4	65.0	45.4	56.8	53.5	72.2
Lab tests	84.0	85.0	78.6	83.4	93.6	90.8	76.0	86.6	83.4	77.6	71.4	60.0	83.3	84.6	81.5	80.7	80.0	78.2	88.7	82.2	80.2	75.6	80.3
Transportation	45.9	43.7	58.6	40.2	49.5	59.2	54.7	65.2	36.9	40.1	48.6	40.0	59.7	61.5	48.0	49.3	46.4	46.5	46.0	42.5	47.5	47.7	50.0
Nutrition Education	36.5	36.5	36.5	36.9	32.3	36.7	37.4	40.7	34.5	35.8	29.9	0.0	24.3	36.5	36.1	40.8	38.9	32.5	39.3	30.3	35.4	34.9	44.4
Info about tx and care	63.1	64.0	57.4	63.6	66.9	68.5	54.4	59.8	65.3	53.5	50.0	46.7	53.6	60.3	62.3	63.2	58.4	60.8	62.9	56.3	51.9	54.5	70.9
Newsletter	58.7	59.7	53.0	60.5	73.2	51.5	52.1	54.6	61.8	43.4	46.4	40.0	57.1	48.4	53.7	57.2	55.6	53.9	65.1	54.2	52.5	50.0	62.5
Prevention Information	48.2	47.1	54.4	43.8	58.9	58.0	51.9	64.8	40.0	49.9	47.1	53.3	53.5	47.7	53.2	49.3	46.6	50.6	55.6	55.2	44.4	46.7	46.5
Resource Guide	52.7	52.8	51.7	53.6	50.3	48.9	52.2	49.8	54.7	44.1	48.6	40.0	54.2	53.0	48.4	51.6	52.2	51.6	57.1	51.4	50.0	44.4	57.8
Asst Obtaining Health Ins.	71.1	71.8	67.1	72.5	53.8	77.5	68.7	71.4	70.5	77.2	62.9	73.3	76.7	71.2	75.6	71.7	72.1	69.7	76.2	71.7	72.0	57.8	76.2
Asst Paying Health Ins.	49.8	50.1	47.7	48.6	34.6	66.2	48.0	48.9	49.2	67.5	44.1	46.7	54.9	46.2	54.0	53.2	48.6	52.0	53.2	45.5	51.9	44.2	56.8
Asst getting medical svc.	45.3	44.2	51.7	44.1	37.3	51.6	49.2	41.9	46.7	51.6	44.3	26.7	48.6	51.5	44.7	50.0	41.6	46.8	60.0	46.5	43.9	37.8	52.4
Asst finding emerg/trans. hsing	40.2	40.2	40.2	35.2	63.2	45.9	44.5	55.1	32.7	41.3	38.6	33.3	62.0	64.6	43.5	43.9	41.3	41.4	42.9	40.6	42.7	48.9	39.2
Asst finding long term ind. hsing	34.7	33.9	39.5	27.2	47.8	55.3	40.6	45.8	29.1	36.2	38.6	33.3	54.3	63.1	42.7	41.1	40.6	34.9	31.1	33.3	32.9	33.3	44.4
Translation/interpretation svc.	7.6	7.1	10.3	4.1	7.7	16.0	14.4	13.8	4.8	2.2	10.1	20.0	11.4	9.7	11.5	10.3	7.3	13.5	8.9	13.0	6.3	14.6	7.3
Emergency Rental Ass.	45.6	44.5	51.9	40.4	78.7	49.8	47.6	58.0	39.6	41.8	44.3	46.7	62.0	59.1	52.0	50.2	50.6	41.8	46.8	45.5	45.7	42.2	48.8
Emergency Fin. Ass.	54.6	54.0	58.4	50.1	68.1	64.9	58.0	58.3	52.7	53.9	57.1	53.3	55.7	54.7	57.7	60.2	51.1	59.1	63.5	54.8	61.7	46.7	56.5
Case Management	87.3	87.2	87.9	86.2	100.0	89.0	84.4	85.0	89.0	79.2	85.7	86.7	80.6	89.4	91.9	87.5	85.6	84.6	92.1	80.0	85.4	84.4	93.8
Advocacy	35.9	35.8	36.6	35.2	38.3	31.9	41.6	35.5	35.8	40.4	40.6	40.0	42.0	47.6	44.6	43.3	40.3	38.1	31.7	37.6	29.3	36.4	45.6
Drug Reimbursement	41.0	40.5	43.6	38.3	38.1	56.9	39.2	48.0	37.4	42.8	42.0	60.0	31.9	52.4	44.3	45.2	36.5	46.1	36.1	41.3	39.0	46.7	38.7
Dental Care	64.7	63.8	70.0	62.0	73.8	72.8	64.2	70.9	62.0	59.4	62.9	53.3	65.3	63.1	62.1	68.6	64.0	64.1	64.5	61.5	59.8	62.2	70.1
Legal Help	35.2	36.0	30.9	36.6	41.8	31.9	30.3	26.3	39.7	34.4	31.9	28.6	24.3	29.0	32.5	35.7	37.1	27.5	35.5	26.1	29.3	36.4	42.9
Holistic Care	22.3	22.1	23.1	20.4	27.4	33.1	18.3	19.6	23.1	29.6	22.9	13.3	14.1	20.3	22.6	26.6	20.1	19.5	27.0	18.2	15.9	13.3	29.9
Mental Health Therapy	50.2	49.9	52.1	50.6	61.7	50.9	41.8	40.9	54.1	63.6	47.1	13.3	45.8	54.5	53.6	67.4	51.9	45.5	50.0	47.9	43.4	48.9	53.9
Peer Counseling	44.8	44.4	46.7	44.5	43.1	47.4	45.4	44.1	45.6	37.4	46.4	33.3	32.4	47.7	46.7	53.4	44.9	44.5	41.0	43.9	42.7	31.1	51.2
Referrals	57.8	56.4	65.7	55.2	57.3	68.2	58.6	64.4	54.7	49.9	60.0	46.7	62.0	70.8	62.1	60.5	55.1	60.1	59.7	58.7	65.9	46.7	54.8
Food Bank	67.8	67.1	71.9	63.4	82.2	79.3	69.0	74.0	64.7	67.2	68.6	73.3	79.5	81.8	77.4	73.7	69.6	69.7	69.8	69.0	73.2	77.8	64.8
Home Delivered Meals	14.9	16.1	7.9	17.3	15.5	9.1	9.9	12.3	16.1	14.6	5.9	0.0	17.4	17.5	14.9	16.6	25.6	6.6	4.8	10.7	12.3	17.8	20.2
In-home medical care	14.1	14.5	11.7	12.5	17.9	22.3	11.6	8.9	16.9	9.9	11.4	0.0	11.6	15.6	14.0	17.3	14.9	13.5	11.3	8.5	11.0	8.9	24.0
In home non medical svc.	12.2	13.3	6.3	12.7	12.0	11.9	10.8	9.7	13.9	6.7	7.1	0.0	10.1	17.2	9.8	16.8	11.9	10.3	14.5	4.9	11.0	15.6	19.2
Hospice	5.3	5.5	3.8	4.3	9.5	5.3	7.3	3.7	6.2	3.5	5.8	0.0	7.6	12.5	6.6	9.1	6.3	8.6	1.6	2.2	4.9	15.6	8.9
Outpatient substance abuse tx	21.2	20.6	24.6	16.6	38.0	42.2	13.2	35.3	15.2	8.8	11.8	6.7	36.6	36.9	25.2	23.6	23.5	15.6	13.6	22.5	19.8	15.9	15.1
24 hr. substance abuse tx	12.8	12.2	15.8	7.3	31.0	29.4	10.1	20.7	9.1	8.3	10.1	13.3	21.4	23.8	16.3	15.0	13.0	11.0	8.3	14.7	7.3	13.6	9.7
Respite Care	5.8	6.2	3.7	5.9	6.0	8.0	3.8	7.0	5.5	3.5	1.4	0.0	4.4	3.2	4.9	8.3	4.6	6.5	4.9	5.7	4.9	7.1	4.8
Employment Assistance	27.4	26.4	32.8	26.8	33.5	22.9	29.2	31.8	25.1	29.3	30.0	20.0	26.8	43.1	30.9	31.8	33.7	24.5	15.0	30.5	26.8	27.3	23.6
Child Care	4.3	3.2	8.5	1.1	17.7	4.0	6.3	4.7	4.0	7.0	7.5	8.3	8.2	6.5	6.1	5.9	5.5	3.9	4.3	4.9	1.9	6.7	5.6
Adoption	1.3	1.0	2.6	0.9	0.0	1.6	2.7	2.3	0.3	7.0	1.5	0.0	4.1	2.2	3.7	2.6	3.9	2.0	0.0	2.9	3.6	3.3	1.1
Adult Day Care	4.0	4.1	3.5	4.4	0.0	5.7	2.5	7.6	2.2	3.5	4.3	0.0	1.4	3.1	1.6	4.1	4.5	1.9	1.6	2.8	2.4	2.2	4.8
Volunteers	18.3	18.6	16.9	21.1	12.6	7.1	20.0	16.3	19.7	14.1	18.6	6.7	13.0	23.4	15.7	24.4	19.3	18.1	16.4	11.9	23.5	15.6	25.0
Rehabilitative services	15.0	15.2	14.1	15.5	0.0	23.1	13.2	12.5	16.0	21.0	13.0	6.7	8.8	9.4	13.8	18.4	15.9	13.5	16.1	11.1	13.4	16.3	20.0

ATTACHMENT 11 Service Satisfaction																							
1 = Excellent																							
2 = Good																							
3 = Fair																							
4 = Poor																							
	TOTAL	Gender		Risk				Ethnicity		Special Populations			REGION				Stage of Infection						
	Sample	Male	Female	MSM	MSM/IDU	IDU	HET	AfAm	Anglo	Latino	WCB	YOUTH	RECINC	HMLSS	SUB USE	MH	Central	North	South	H asymp	H symp	A asymp	A symp
	404	344	60	258	27	56	62	128	259	16	70	15	73	66	125	226	181	157	63	146	83	45	128
Appt w/ doctor	1.6	1.6	1.6	1.5	1.7	1.7	1.5	1.6	1.6	1.6	1.6	1.9	1.8	1.8	1.6	1.7	1.6	1.5	1.5	1.5	1.5	1.5	1.7
Appt w/ OB/GYN and/or ped	1.7	0.0	1.7	0.0	0.0	1.5	1.7	1.7	1.6	2.3	1.8	1.2	1.3	1.8	1.4	2.0	1.8	1.6	1.7	1.5	1.9	1.8	1.9
Medical Spec. (not OB/GYN)	1.7	1.6	1.8	1.6	1.8	1.8	1.6	1.8	1.6	1.7	1.7	1.5	1.5	1.6	1.7	1.7	1.6	1.6	1.7	1.8	1.6	1.3	1.7
Lab tests	1.6	1.5	1.7	1.5	1.5	1.6	1.6	1.5	1.6	1.4	1.7	2.2	1.6	1.7	1.7	1.7	1.6	1.6	1.6	1.5	1.5	1.6	1.6
Transportation	1.8	1.8	1.7	1.9	1.6	1.5	1.6	1.8	1.8	1.7	1.8	1.7	1.7	2.0	1.8	1.9	1.8	1.8	1.5	1.8	1.5	1.6	1.8
Nutrition Education	1.8	1.9	1.7	2.0	1.8	1.5	1.8	1.7	1.9	1.6	1.8	2.0	1.5	2.0	1.9	1.9	1.9	1.9	1.9	1.6	1.7	1.5	2.2
Info about tx and care	1.7	1.7	1.8	1.7	1.8	1.8	1.7	1.7	1.7	1.3	1.7	2.0	1.7	1.9	1.8	1.8	1.8	1.6	1.6	1.6	1.7	1.7	1.8
Newsletter	1.5	1.5	1.6	1.6	1.4	1.6	1.5	1.6	1.5	1.5	1.5	1.7	1.4	1.7	1.5	1.6	1.5	1.5	1.5	1.4	1.4	1.8	1.6
Prevention Information	1.4	1.5	1.4	1.5	1.5	1.4	1.5	1.5	1.4	1.4	1.5	1.8	1.4	1.5	1.6	1.5	1.5	1.5	1.3	1.4	1.4	1.5	1.6
Resource Guide	1.6	1.6	1.7	1.6	1.6	1.8	1.6	1.7	1.5	1.3	1.7	1.8	1.6	1.7	1.7	1.6	1.7	1.6	1.4	1.6	1.6	1.6	1.6
Asst Obtaining Health Ins.	1.7	1.7	1.6	1.7	1.8	1.7	1.6	1.6	1.7	1.6	1.7	2.3	1.6	2.0	1.8	1.7	1.8	1.6	1.5	1.5	1.5	1.5	1.9
Asst Paying Health Ins.	1.7	1.7	1.6	1.8	1.8	1.6	1.6	1.7	1.7	1.8	1.5	1.5	1.8	1.9	1.8	1.7	1.8	1.7	1.6	1.7	1.4	1.6	2.0
Asst getting medical svc.	1.6	1.6	1.6	1.7	1.4	1.6	1.6	1.8	1.6	1.5	1.5	1.3	1.9	1.8	1.7	1.6	1.8	1.6	1.4	1.5	1.5	1.5	1.8
Asst finding emerg/trans. hsing	1.8	1.9	1.6	1.9	1.6	1.7	1.7	1.9	1.7	2.2	1.8	1.8	1.8	2.0	2.0	2.1	1.9	2.0	1.4	1.9	1.9	1.8	1.8
Asst finding long term ind. hsing	1.7	1.7	1.5	1.6	1.5	1.9	1.6	1.9	1.5	1.8	1.7	1.2	1.8	2.0	1.8	1.7	1.8	1.5	1.3	1.6	1.9	1.5	1.5
Translation/interpretation svc.	1.6	1.5	1.8	1.7	2.0	1.2	1.6	1.3	1.9	1.9	2.2	1.5	1.0	1.3	1.4	1.7	1.6	1.5	1.5	1.5	1.2	2.2	1.6
Emergency Rental Ass.	1.8	1.9	1.6	2.0	1.7	1.5	1.6	1.8	1.8	1.7	1.6	1.4	1.5	1.8	1.9	1.9	1.8	1.7	1.7	1.7	1.8	1.9	1.7
Emergency Fin. Ass.	1.7	1.7	1.7	1.8	1.9	1.5	1.6	1.7	1.7	2.3	1.7	2.0	1.4	1.8	1.9	1.8	1.6	1.8	1.6	1.7	1.7	1.6	1.8
Case Management	1.6	1.6	1.6	1.7	1.4	1.5	1.5	1.6	1.6	1.5	1.6	1.5	1.4	1.7	1.8	1.7	1.8	1.5	1.4	1.5	1.5	1.6	1.7
Advocacy	1.7	1.7	1.7	1.7	2.1	1.6	1.7	1.7	1.8	1.8	1.8	1.5	1.6	1.9	1.7	1.6	1.8	1.5	1.5	1.7	1.6	1.8	1.7
Drug Reimbursement	1.7	1.7	1.6	1.7	1.6	1.6	1.7	1.7	1.6	1.4	1.7	1.4	1.4	1.6	1.7	1.8	1.6	1.8	1.6	1.5	1.8	1.8	1.6
Dental Care	1.7	1.7	1.8	1.8	1.8	1.6	1.8	1.7	1.8	1.3	1.9	2.3	1.7	1.9	1.8	1.9	1.7	1.9	1.6	1.7	1.9	1.7	1.7
Legal Help	1.4	1.4	1.7	1.4	1.0	1.4	1.6	1.4	1.4	2.0	1.8	2.0	1.3	1.9	1.5	1.5	1.5	1.5	1.4	1.6	1.3	1.3	1.6
Holistic Care	1.5	1.5	1.7	1.5	1.6	1.6	1.3	1.5	1.5	1.5	1.3	0.0	1.8	2.7	1.7	1.7	1.5	1.5	1.2	1.2	2.0	1.7	1.5
Mental Health Therapy	1.8	1.8	1.6	1.8	2.1	1.7	1.7	2.0	1.7	1.7	1.7	2.5	1.8	1.9	1.9	1.8	1.7	1.8	2.0	1.8	1.9	1.4	1.9
Peer Counseling	1.9	1.9	1.7	2.0	1.6	1.7	1.7	1.9	1.9	1.9	1.6	2.0	1.7	2.0	2.1	2.0	1.8	1.8	2.0	1.9	1.5	2.1	1.9
Referrals	1.8	1.8	1.5	1.9	1.4	1.6	1.5	1.8	1.7	1.4	1.5	1.3	1.8	1.8	1.8	1.8	1.8	1.6	1.4	1.7	1.7	1.4	1.8
Food Bank	1.6	1.7	1.5	1.7	1.5	1.8	1.4	1.8	1.5	1.5	1.6	1.2	1.5	1.7	1.7	1.7	1.6	1.7	1.3	1.5	1.7	1.6	1.6
Home Delivered Meals	1.6	1.5	2.8	1.5	1.6	2.0	2.4	1.4	1.7	2.0	3.2	0.0	1.7	2.2	2.0	1.8	1.9	1.7	1.0	1.9	1.7	1.8	1.8
In-home medical care	1.7	1.7	1.7	1.6	1.4	2.0	1.6	1.8	1.6	1.0	1.6	0.0	1.6	1.4	1.4	1.6	1.7	1.6	1.6	2.1	2.0	1.8	1.4
In home non medical svc.	2.1	2.2	1.4	2.4	2.0	2.1	1.5	2.4	1.8	0.0	1.4	0.0	1.8	1.5	2.3	1.8	2.0	2.0	1.7	2.1	1.3	2.2	1.8
Hospice	1.8	1.8	2.4	1.9	2.0	1.5	1.9	2.6	1.5	0.0	2.0	0.0	1.8	2.5	1.4	1.6	1.7	1.7	2.0	1.0	3.0	2.0	1.3
Outpatient substance abuse tx	1.8	1.8	1.7	1.7	1.9	1.8	1.9	1.9	1.7	1.0	1.6	0.0	1.5	1.8	1.9	1.7	1.6	1.9	2.0	1.7	1.8	1.9	1.9
24 hr. substance abuse tx	1.9	1.9	2.0	2.0	1.6	1.9	1.8	2.0	1.8	2.0	2.3	0.0	1.5	2.0	2.2	2.1	1.6	2.3	1.6	1.9	1.3	2.4	1.8
Respite Care	1.8	1.7	2.0	1.5	2.0	2.1	1.8	1.9	1.7	0.0	2.3	0.0	2.0	2.0	2.3	2.1	1.5	2.0	2.0	1.8	1.0	3.0	2.3
Employment Assistance	2.0	2.0	1.9	2.1	1.3	1.9	1.9	1.9	2.1	1.2	1.8	2.3	1.8	2.1	2.1	2.0	2.0	1.9	2.2	1.8	2.0	2.4	2.2
Child Care	1.5	1.5	1.5	0.0	1.5	0.0	1.5	1.5	1.6	1.0	1.7	1.0	1.3	1.0	1.5	1.6	1.6	1.0	1.5	1.3	.	2.0	1.5
Adoption	1.8	1.0	2.9	1.0	0.0	4.0	2.2	1.0	3.5	1.0	4.0	0.0	1.0	2.5	2.5	2.5	2.0	2.5	0.0	1.7	1.0	1.0	4.0
Adult Day Care	2.1	2.2	1.0	2.0	0.0	3.0	1.0	2.6	1.8	0.0	1.0	0.0	0.0	0.0	0.0	1.7	2.0	2.0	0.0	3.5	1.5	2.0	1.3
Volunteers	1.9	1.9	1.8	2.0	1.0	1.1	1.7	1.9	1.8	2.6	1.7	1.0	1.4	1.8	2.2	1.8	1.8	1.9	1.8	1.9	1.5	2.0	1.9
Rehabilitative services	1.9	1.9	1.9	2.0	0.0	1.6	1.9	1.5	2.1	1.3	1.0	1.0	2.0	1.5	1.8	2.0	1.9	1.9	2.0	1.8	2.1	1.7	1.9

ATTACHMENT 12 Service Accessibility																							
1 = Easy to Access	TOTAL	Gender		Risk																			
2 = Moderate	Sample	Male	Female	MSM	MSM/IDU	IDU	HET	AfAm	Anglo	Latino	WCB	YOUTH	RECINC	HMLSS	SUB USE	MH	Central	North	South	H asymp	H symp	A asymp	A symp
3 = Hard to Access	404	344	60	258	27	56	62	128	259	16	70	15	73	66	125	226	181	157	63	146	83	45	128
Appt w/ doctor	1.4	1.4	1.3	1.4	1.5	1.3	1.4	1.3	1.4	1.4	1.4	1.5	1.4	1.6	1.5	1.5	1.4	1.4	1.4	1.3	1.5	1.4	1.5
Appt w/ OB/GYN and/or ped	1.4	0.0	1.4	0.0	0.0	1.4	1.4	1.2	1.6	1.5	1.5	1.2	1.1	1.4	1.7	1.7	1.5	1.4	1.4	1.3	1.6	1.4	1.7
Medical Spec. (not OB/GYN)	1.4	1.4	1.4	1.4	1.5	1.3	1.3	1.3	1.4	1.5	1.4	1.0	1.3	1.4	1.6	1.4	1.4	1.4	1.4	1.3	1.4	1.3	1.5
Lab tests	1.3	1.3	1.3	1.3	1.3	1.2	1.3	1.2	1.3	1.2	1.3	1.5	1.3	1.4	1.3	1.3	1.3	1.3	1.3	1.2	1.4	1.3	1.3
Transportation	1.5	1.5	1.4	1.6	1.6	1.3	1.4	1.3	1.6	1.2	1.5	1.5	1.3	1.5	1.5	1.5	1.6	1.4	1.3	1.4	1.5	1.4	1.6
Nutrition Education	1.4	1.4	1.3	1.5	1.5	1.2	1.4	1.3	1.5	1.3	1.4	1.0	1.3	1.5	1.5	1.5	1.5	1.5	1.2	1.4	1.4	1.4	1.6
Info about tx and care	1.4	1.4	1.3	1.5	1.3	1.3	1.3	1.3	1.4	1.3	1.3	1.2	1.2	1.4	1.5	1.5	1.5	1.3	1.3	1.3	1.4	1.3	1.4
Newsletter	1.3	1.3	1.1	1.3	1.1	1.1	1.2	1.3	1.3	1.0	1.1	1.2	1.2	1.3	1.2	1.2	1.3	1.2	1.2	1.2	1.3	1.2	1.3
Prevention Information	1.3	1.3	1.2	1.3	1.2	1.2	1.2	1.3	1.3	1.1	1.2	1.4	1.2	1.2	1.3	1.3	1.3	1.2	1.2	1.2	1.3	1.3	1.3
Resource Guide	1.4	1.4	1.4	1.5	1.4	1.5	1.3	1.4	1.4	1.4	1.3	1.2	1.3	1.4	1.4	1.4	1.5	1.4	1.3	1.4	1.6	1.4	1.3
Asst Obtaining Health Ins.	1.5	1.6	1.4	1.6	1.4	1.6	1.3	1.6	1.5	1.5	1.4	1.6	1.5	1.8	1.6	1.6	1.6	1.4	1.5	1.4	1.5	1.3	1.7
Asst Paying Health Ins.	1.5	1.6	1.4	1.7	1.3	1.3	1.5	1.6	1.5	1.5	1.4	1.3	1.7	1.7	1.5	1.6	1.6	1.5	1.4	1.5	1.4	1.4	1.7
Asst getting medical svc.	1.5	1.5	1.6	1.5	1.2	1.5	1.5	1.7	1.4	1.5	1.4	1.3	1.8	1.7	1.6	1.5	1.7	1.5	1.2	1.5	1.5	1.4	1.5
Asst finding emerg/trans. hsing	1.7	1.8	1.4	1.7	1.5	2.2	1.6	1.9	1.5	1.8	1.6	1.8	1.8	1.7	1.9	1.8	1.7	1.8	1.4	1.7	1.8	1.7	1.6
Asst finding long term ind. hsing	1.6	1.6	1.6	1.7	1.2	1.8	1.6	1.9	1.5	1.8	1.8	1.8	1.8	2.0	1.6	1.6	1.6	1.6	1.4	1.7	1.9	1.5	1.4
Translation/interpretation svc.	1.3	1.3	1.2	1.4	1.0	1.0	1.4	1.3	1.3	1.3	1.2	1.5	1.8	1.2	1.4	1.3	1.4	1.4	1.3	1.2	1.0	1.8	1.8
Emergency Rental Ass.	1.7	1.8	1.5	1.8	1.8	1.5	1.5	1.6	1.8	1.5	1.4	1.8	1.6	1.7	1.8	1.8	1.7	1.6	1.6	1.6	1.6	1.6	1.8
Emergency Fin. Ass.	1.6	1.7	1.5	1.7	1.6	1.6	1.4	1.5	1.7	1.9	1.5	1.8	1.5	1.6	1.7	1.7	1.7	1.6	1.6	1.6	1.6	1.6	1.7
Case Management	1.4	1.4	1.4	1.5	1.4	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.6	1.5	1.5	1.6	1.3	1.3	1.4	1.4	1.5	1.5
Advocacy	1.6	1.6	1.4	1.5	1.4	1.8	1.5	1.7	1.5	1.1	1.4	1.5	1.4	1.6	1.5	1.4	1.5	1.4	1.4	1.5	1.4	1.7	1.4
Drug Reimbursement	1.4	1.4	1.4	1.5	1.0	1.3	1.5	1.4	1.4	1.7	1.6	1.4	1.4	1.5	1.4	1.5	1.4	1.5	1.4	1.4	1.6	1.6	1.4
Dental Care	1.5	1.5	1.5	1.6	1.4	1.3	1.4	1.4	1.6	1.4	1.4	1.7	1.4	1.7	1.6	1.6	1.5	1.6	1.4	1.3	1.6	1.5	1.6
Legal Help	1.3	1.2	1.5	1.3	1.0	1.3	1.2	1.4	1.2	1.6	1.4	1.0	1.5	1.2	1.3	1.3	1.2	1.4	1.4	1.2	1.4	1.3	1.3
Holistic Care	1.4	1.4	1.5	1.5	1.0	1.6	1.2	1.7	1.3	1.3	1.2	0.0	1.5	1.4	1.5	1.5	1.3	1.5	1.4	1.3	1.7	1.4	1.4
Mental Health Therapy	1.5	1.5	1.4	1.5	1.4	1.2	1.4	1.6	1.4	1.3	1.5	1.0	1.5	1.6	1.5	1.5	1.5	1.4	1.4	1.5	1.5	1.3	1.5
Peer Counseling	1.5	1.4	1.5	1.5	1.3	1.3	1.5	1.4	1.5	1.7	1.5	1.5	1.5	1.5	1.7	1.6	1.5	1.5	1.5	1.5	1.3	1.7	1.5
Referrals	1.5	1.5	1.3	1.6	1.5	1.2	1.3	1.5	1.5	1.1	1.3	1.1	1.5	1.6	1.6	1.5	1.5	1.4	1.2	1.4	1.5	1.3	1.6
Food Bank	1.4	1.4	1.3	1.5	1.4	1.3	1.3	1.4	1.4	1.3	1.5	1.2	1.3	1.5	1.5	1.5	1.5	1.3	1.3	1.4	1.5	1.3	1.4
Home Delivered Meals	1.4	1.3	1.5	1.3	2.0	1.2	1.4	1.2	1.4	1.3	1.6	0.0	1.1	1.2	1.2	1.3	1.4	1.2	1.0	1.5	1.6	1.2	1.1
In-home medical care	1.4	1.4	1.3	1.4	1.0	1.7	1.2	1.4	1.4	1.5	1.1	0.0	1.4	1.2	1.3	1.3	1.5	1.3	1.2	1.6	1.4	1.2	1.3
In home non medical svc.	1.6	1.6	1.4	2.2	1.0	1.0	1.2	1.5	1.7	0.0	1.2	0.0	1.3	1.3	1.2	1.4	1.6	1.3	1.3	1.8	1.0	1.4	1.5
Hospice	1.4	1.5	1.0	1.4	1.0	2.0	1.3	1.9	1.3	0.0	1.0	0.0	2.0	2.0	1.8	1.6	1.7	1.3	1.0	1.0	2.0	1.7	1.3
Outpatient substance abuse tx	1.3	1.2	1.5	1.3	1.3	1.2	1.4	1.4	1.1	1.4	1.3	0.0	1.4	1.7	1.4	1.4	1.3	1.4	1.1	1.4	1.3	1.4	1.3
24 hr. substance abuse tx	1.4	1.3	1.7	1.5	1.0	1.2	1.5	1.5	1.3	1.0	1.8	0.0	1.2	1.5	1.7	1.5	1.3	1.6	1.4	1.4	1.0	1.8	1.5
Respite Care	1.5	1.6	1.3	1.5	1.0	1.7	1.6	1.9	1.1	0.0	2.0	0.0	2.0	1.5	1.9	1.8	1.5	1.8	1.5	1.4	1.0	3.0	2.0
Employment Assistance	1.7	1.7	1.5	1.8	1.0	1.7	1.4	1.6	1.8	1.5	1.4	1.5	1.7	1.8	1.7	1.7	1.7	1.7	1.4	1.6	1.6	1.6	1.8
Child Care	1.3	1.4	1.2	0.0	1.5	0.0	1.2	1.0	1.6	1.0	1.3	2.0	1.3	1.5	1.3	1.4	1.2	1.0	1.5	1.0	.	1.5	1.5
Adoption	2.0	1.3	3.0	1.0	0.0	3.0	2.7	1.3	3.0	3.0	3.0	0.0	2.0	2.0	2.5	3.0	2.2	3.0	0.0	2.3	1.0	3.0	3.0
Adult Day Care	1.4	1.5	1.0	1.3	0.0	2.0	1.0	1.9	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.5	1.0	0.0	2.5	1.0	1.0	1.0
Volunteers	1.5	1.5	1.9	1.5	1.0	1.1	1.8	1.6	1.5	1.4	2.1	2.0	1.6	1.9	1.8	1.6	1.5	1.7	1.4	1.9	1.5	1.4	1.5
Rehabilitative services	1.6	1.6	1.8	1.6	0.0	1.5	1.8	1.4	1.7	1.1	1.5	1.0	1.8	1.5	1.6	1.6	1.6	1.7	1.8	1.7	2.0	1.3	1.6

ATTACHMENT 13 Service Barriers																							
1 = No Barrier																							
2 = Small Barrier	TOTAL	Gender		Risk				Ethnicity				Special Populations					REGION				Stage of Infection		
3 = Moderate Barrier	Sample	Male	Female	MSM	MSM/IDU	IDU	HET	AfAm	Anglo	Latino	WCB	YOUTH	RECINC	HMLSS	SUB USE	MH	Central	North	South	H asymp	H symp	A asymp	A symp
4 = Big Barrier	404	344	60	258	27	56	62	128	259	16	70	15	73	66	125	226	181	157	63	146	83	45	128
Treatment knowledge	2.1	2.1	1.9	2.1	1.9	2.1	1.9	2.2	2.0	2.0	1.9	1.9	1.8	1.9	2.2	2.1	2.1	2.1	1.8	2.0	2.1	2.1	2.1
Location of org	1.8	1.8	1.7	1.9	1.8	1.6	1.8	1.9	1.7	1.7	1.8	1.9	1.7	2.0	1.9	1.9	1.9	1.8	1.6	1.6	2.0	1.8	1.9
Knowing services needed	1.9	1.8	2.0	1.8	1.9	2.0	1.9	2.0	1.8	1.7	1.8	2.2	2.0	2.0	1.8	1.9	1.9	1.8	1.7	1.8	2.0	1.7	1.9
Provider expertise	1.8	1.8	1.9	1.9	1.6	1.7	1.7	1.9	1.8	2.0	1.9	2.2	1.8	1.9	1.9	1.9	1.9	1.8	1.6	1.8	1.8	1.7	2.0
State of mind	1.9	1.9	2.0	1.9	1.9	1.9	1.9	2.0	1.9	1.8	2.0	1.8	1.7	1.9	2.0	2.2	1.9	2.0	1.9	1.8	2.0	1.9	2.0
Speak client's language	1.5	1.5	1.5	1.5	1.1	1.4	1.5	1.6	1.4	1.6	1.6	1.4	1.5	1.5	1.5	1.6	1.5	1.6	1.2	1.4	1.5	1.5	1.6
Physical health	2.1	2.2	2.1	2.2	1.8	2.0	2.1	2.1	2.2	2.1	2.1	1.8	2.2	2.4	2.1	2.4	2.1	2.2	2.1	1.9	2.2	2.1	2.4
Child care	1.6	1.6	1.8	1.7	1.1	1.5	1.6	1.7	1.6	1.8	1.8	2.1	1.9	1.8	1.4	1.6	1.6	1.8	1.3	1.5	1.4	1.8	1.8
Quality of service	1.8	1.8	1.7	1.8	1.6	1.6	1.6	1.9	1.7	1.7	1.7	1.6	1.7	1.7	1.7	1.9	1.8	1.7	1.6	1.7	1.7	1.8	1.8
Denial	1.9	1.9	2.0	1.9	2.3	1.6	2.0	2.0	1.9	1.6	1.9	1.8	2.2	1.9	2.0	2.0	1.9	1.9	1.8	1.9	1.9	1.8	1.9
Red tape	2.5	2.5	2.5	2.5	2.7	2.5	2.3	2.4	2.5	2.4	2.4	2.5	2.4	2.5	2.6	2.6	2.4	2.5	2.5	2.1	2.5	2.5	2.7
Communication w provider	1.8	1.8	1.8	1.8	1.6	1.7	1.7	1.9	1.8	1.5	1.8	1.8	1.7	1.9	1.7	1.9	1.8	1.8	1.7	1.7	1.9	1.4	1.8
Lack of sensitivity	1.9	1.9	1.9	2.0	1.9	1.6	1.8	1.9	1.9	1.9	1.9	2.4	1.7	1.9	2.0	2.0	1.9	1.9	1.8	1.8	1.9	1.7	2.1
Concern others learn status	2.1	2.0	2.5	2.1	1.6	2.0	2.3	2.3	2.0	1.9	2.5	2.2	2.0	2.0	2.0	2.2	2.0	2.2	1.8	2.1	2.2	2.0	2.0
Understand instructions	1.6	1.6	1.7	1.7	1.4	1.6	1.7	1.8	1.6	1.6	1.7	1.7	1.6	1.8	1.7	1.7	1.6	1.7	1.5	1.6	1.8	1.6	1.6
Navigate thru system	2.1	2.2	2.1	2.3	1.9	1.8	2.0	2.0	2.2	1.9	2.1	2.3	2.0	2.1	2.2	2.3	2.1	2.2	2.0	1.8	2.3	2.0	2.3
Breach of confidentiality	1.9	1.9	2.0	2.0	1.3	2.0	1.8	2.1	1.9	1.9	1.9	1.8	1.7	1.7	2.0	2.0	1.9	1.9	1.8	1.8	2.1	1.8	1.9
Discrimination	1.5	1.5	1.7	1.5	1.4	1.5	1.7	1.8	1.4	1.4	1.8	1.5	1.4	1.5	1.6	1.6	1.5	1.4	1.6	1.6	1.4	1.5	1.5
Feel like a number	1.9	1.9	1.7	1.9	2.1	1.7	1.7	1.9	1.8	1.7	1.7	1.7	1.7	1.8	1.9	2.0	1.8	1.9	1.6	1.7	2.1	1.7	1.9
Wait for appointment	1.9	2.0	1.9	2.0	2.2	1.7	2.0	1.9	2.0	1.8	2.0	2.0	1.8	2.1	2.0	2.1	2.0	2.0	1.9	1.8	2.1	1.7	2.1
Transportation	2.1	2.1	2.3	2.0	2.2	2.5	2.0	2.5	1.9	1.8	2.0	2.7	2.3	2.6	2.1	2.2	2.1	2.1	1.9	2.1	2.2	1.9	2.1
Cost of service	1.9	1.8	1.9	1.9	1.4	1.6	1.8	1.9	1.8	1.8	1.8	1.9	1.8	1.8	1.8	1.9	1.9	1.9	1.7	1.9	2.0	1.6	1.8
Insurance Coverage	2.1	2.1	1.9	2.2	1.9	2.0	1.9	2.2	2.0	2.1	1.9	1.8	2.1	2.0	2.1	2.1	2.0	2.2	1.8	2.1	2.2	2.0	2.0
Disc. due to sexual orientation	1.7	1.7	1.4	1.7	1.9	1.2	1.4	1.8	1.6	1.4	1.5	1.4	1.5	1.6	1.6	1.7	1.7	1.6	1.4	1.5	1.7	1.6	1.6
Referrals	1.8	1.9	1.7	1.9	2.0	1.6	1.8	2.0	1.8	1.6	1.8	1.8	1.7	2.0	2.0	2.0	1.9	1.8	1.6	1.7	1.9	1.7	1.9
Disc. due to diagnosis	1.8	1.8	1.9	1.8	1.7	1.6	1.8	1.9	1.7	1.6	1.8	1.3	1.6	1.8	1.8	2.0	1.8	1.8	1.7	1.7	2.0	1.8	1.8
Rules and Regulations	2.2	2.2	2.0	2.3	2.2	2.0	1.9	2.1	2.2	2.1	2.1	1.8	1.9	2.2	2.3	2.4	2.1	2.1	2.1	2.0	2.3	1.9	2.3
Svc. needed doesn't exist	2.0	2.0	2.0	2.1	1.8	2.0	1.8	2.0	2.1	2.3	1.8	2.0	1.8	2.0	2.1	2.2	2.0	2.1	1.8	1.9	2.0	1.9	2.2
Reported to authorities	1.6	1.6	1.7	1.6	1.2	1.4	1.5	1.6	1.5	1.8	1.5	1.4	1.7	1.6	1.6	1.6	1.7	1.5	1.3	1.5	1.7	1.7	1.5
Adherence	1.8	1.8	1.7	1.9	1.6	1.6	1.7	1.9	1.8	1.6	1.8	1.8	1.8	1.8	2.0	1.9	1.7	1.9	1.5	1.6	1.8	1.8	1.8
No Sensitivity to spiritual beliefs	1.5	1.5	1.6	1.5	1.3	1.5	1.5	1.7	1.5	1.4	1.5	1.3	1.4	1.5	1.5	1.7	1.5	1.5	1.4	1.5	1.6	1.4	1.5
Poor Coordination	2.1	2.2	1.8	2.3	2.0	1.8	1.7	2.1	2.1	1.9	1.8	1.9	1.8	2.1	2.2	2.1	1.9	1.8	1.8	2.1	1.8	2.2	2.2
Options for Treatment	1.8	1.8	1.6	1.9	1.5	1.7	1.7	1.8	1.8	1.5	1.7	1.6	1.7	1.9	1.8	1.9	1.9	1.7	1.6	1.7	1.9	1.6	1.9
Lack of Primary Care	1.5	1.4	1.5	1.6	1.0	1.2	1.4	1.6	1.4	1.3	1.5	1.8	1.6	1.9	1.4	1.5	1.4	1.6	1.2	1.5	1.3	1.7	1.3
No Services for Family	1.7	1.7	1.7	1.8	1.4	1.7	1.5	1.9	1.6	1.8	1.6	2.3	1.8	1.9	1.6	1.9	1.7	1.8	1.5	1.6	1.8	1.5	1.8
No Access to Specialist	1.6	1.6	1.4	1.6	1.5	1.3	1.5	1.6	1.6	1.5	1.5	1.5	1.6	1.7	1.6	1.7	1.6	1.6	1.4	1.5	1.6	1.5	1.6
No Sensitivity use of comp. Tx	1.7	1.7	1.7	1.7	1.5	1.7	1.6	1.8	1.6	1.4	1.8	1.8	1.6	1.8	1.7	1.8	1.6	1.7	1.4	1.6	1.6	1.7	1.7