



Client Satisfaction Survey - eCOMPAS

FOR REVIEW BY COMMITTEE

1.) Please check **ALL** services you needed in the last 12 months to stay in HIV medical care and on HIV medications:

- EARLY INTERVENTION SERVICES:** for persons who are newly diagnosed and persons not currently in HIV medical care. This service helps link clients to HIV medical care and support services.
- FOOD BANK / HOME DELIVERED MEALS:** for persons who need a food voucher card or food pantry items.
- HEALTH EDUCATION / RISK REDUCTION:** for persons to learn more about health education, safe sex practices, and promote and reinforce safe behaviors.
- HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE:** for persons who need help paying for copayments for a HIV doctor's visit, HIV labs, or insurance premiums.
- LEGAL SERVICES:** for persons who need to seek legal advice including powers of attorney, tenant-landlord disputes, benefit appeals, do-not-resuscitate orders, and benefits related to funded Ryan White services.
- MEDICAL CASE MANAGEMENT:** for persons who need help with managing doctor appointments, need referrals for support services, need help taking medications, and accessing support services.
- MEDICAL TRANSPORTATION:** for persons who need help with transportation to HIV medical appointments and support services like the dentist, case management, counselor, therapist, and HIV support groups.
- MENTAL HEALTH SERVICES:** for persons who individual or group sessions with a counselor, therapist, or psychiatrist.
- NON-MEDICAL CASE MANAGEMENT SERVICES:** for persons who need help with Ryan White eligibility, accessing and applying for social service programs, and accessing referrals for support services.
- ORAL HEALTH CARE:** for persons who need to see a dentist.
- OUTPATIENT / AMBULATORY HEALTH SERVICES:** for persons who need to see an HIV doctor or HIV provider.
- OUTREACH SERVICES:** for persons who are unaware of their HIV status or HIV-positive individuals who are not engaged in HIV medical care.
- PSYCHOSOCIAL SUPPORT SERVICES:** for persons who would like to attend support groups or peer groups.
- SUBSTANCE ABUSE SERVICES – OUTPATIENT:** for persons who need to see a counselor, therapist, or psychiatrist about substance use issues.

2.) Did you receive **EARLY INTERVENTION SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.

- Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service

- 3.) Did you receive **FOOD BANK / HOME DELIVERED MEALS** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 4.) Did you receive **HEALTH EDUCATION / RISH REDUCTION** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 5.) Did you receive **HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE.** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 6.) Did you receive **LEGAL SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 7.) Did you receive **MEDICAL CASE MANAGEMENT SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 8.) Did you receive **MEDICAL TRANSPORTATION** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 9.) Did you receive **MENTAL HEALTH SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 10.) Did you receive **NON-MEDICAL CASE MANAGEMENT SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 11.) Did you receive **ORAL HEALTH CARE** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 12.) Did you receive **OUTPATIENT/AMBULATORY HEALTH SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 13.) Did you receive **OUTREACH SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 14.) Did you receive **PSYCHOSOCIAL SUPPORT SERVICES** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 15.) Did you receive **SUBSTANCE ABUSE SERVICES – OUTPATIENT** through the Ryan White program in the last 12 months? If yes, please tell us how satisfied you were with the services. If no, please check you did not receive this service.
 Very satisfied Satisfied Neutral Unsatisfied Very Unsatisfied Did not receive service
- 16.) Are there any services that **YOU NEEDED** and were unable to get?

17.) Overall, how satisfied are you with the Ryan White Part A Program?

- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very Unsatisfied
- Did not receive service