

Jurisdictional Plan Toolkit:

A TOOL FOR STRATEGICALLY
POSITIONING STATES
TO END THE HIV EPIDEMIC

THE NATIONAL MINORITY AIDS COUNCIL'S



 NATIONAL MINORITY
AIDS COUNCIL
Building Healthier Communities

About NMAC

The National Minority AIDS Council (NMAC) was founded in 1987 by a small group of minority leaders alarmed by the fast-growing incidence of AIDS in communities of color. Today, NMAC is an experienced coalition of more than 4,000 community based organizations, health departments, and community planning groups across the U.S. and its territories. NMAC's formal mission is "to develop leadership in communities of color to END the HIV/AIDS epidemic." To achieve this goal, NMAC provides educations, training, technical assistance, and other capacity building services to thousands of our constituents.

Learn more at nmac.org

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Introduction

As HIV prevention enters its fourth decade, the U.S. Centers for Disease Control and Prevention (CDC) has called on **new and existing partners** to:

1. Redouble HIV prevention efforts,
2. Commit to proven, effective practices, and
3. Work diligently to address gaps in prevention services and critical needs for integration and collaboration between prevention and care programs.

National HIV/AIDS Strategy

To emphasize the need for a comprehensive approach to HIV/AIDS and to create a template for a National response to HIV/AIDS, the White House in July 2010 released the **National HIV/AIDS Strategy (NHAS)**.

The overarching goals of the **NHAS** are to:

1. Reduce new infections,
2. Increase access to care and improve health outcomes for individuals living with HIV/AIDS, and
3. Reduce HIV disparities.

Program Announcement PS 12-1201

The release of CDC's **Program Announcement PS 12-1201** marked a change in CDC's expectations of its State health department grantees and an alignment with the goals of the NHAS. In order to reduce new infections, CDC required grantees applying for funding to utilize high-impact prevention (HIP) strategies to address the prevention needs in their jurisdictions. These required interventions include:

- Targeted, aggressive HIV **testing efforts** finding those individuals with HIV who are unaware of their status,
- **Condom distribution** campaigns targeting communities at highest risk for HIV infection, and
- **Policy initiatives** which would have the potential to alter the context in which HIV risk occurs, making the safer choice the default option.

As part of the funding announcement, CDC's guidance to grantees included guidance on the **collaborative plans to be produced by health departments and HIV planning groups** (HPGs). Previously called HIV Community Planning, HPGs represent the voice of communities affected by HIV. CDC continues to require collaboration in HIV prevention planning between health department grantees and planning bodies representing individuals affected by HIV.

“Although Iowa has had a combined prevention and care planning group for many years, it had continued to have two separate plan development processes; one to meet HRSA's requirements including the Statewide Coordinated Statement of Need (SCSN), and another to develop the statewide HIV prevention plan, as required by CDC. The results of these processes were then combined into one Comprehensive HIV Plan for the state. During the development of the current process, it was decided that the two planning processes would be fully integrated to reflect and build upon the integrated approaches to HIV prevention and care that are effective in Iowa. At the same time, a planning process was designed to align the plan with the National HIV/AIDS Strategy which already was having serious impact on the way in which prevention and care services were to be delivered in the state. Combining our processes was best for Iowans.”

— Patricia Young
Iowa Department of Public Health

Jurisdictional Plan

The **Jurisdictional Plan** is a written document that highlights the collaboration between HPGs and health departments.

The **structure of Jurisdictional Plans** varies between jurisdictions and CDC encourages local planning bodies to determine the form and structure of the Plan. CDC explicitly suggests there is **no standard template** for achieving the goals of the Jurisdictional Plan. Still, CDC emphasizes **minimum elements which should be present** for a Jurisdictional Plan to be complete.

Seven minimum elements which should be present for a complete Jurisdictional Plan include:

1. **Description of existing resources** for HIV prevention services, care, and treatment and key features on how the prevention services, interventions, and/or strategies are currently being used or delivered in the jurisdiction.
2. **Description of need** (e.g., resources, infrastructure, and service delivery).
3. **Gaps to be addressed** and rationale for selection. (i.e., prioritize and address the specific gaps that need to be met to increase impact on the HIV epidemic).
4. **Prevention activities and strategies** to be implemented within the jurisdiction.
5. **Scalability of activities**.
6. **Responsible agency/group** to carry out the activity (e.g., Prevention Unit, Ryan White-funded agencies, and Housing Opportunities for People Living with AIDS [HOPWA]).
7. Relevant **timelines**.

About this Toolkit

This Toolkit was inspired by a number of grantees who found the process of executing their Jurisdictional Plan challenging. While all understood the intention, a number of grantees felt a need for *clearer guidance* on how to achieve the intentions, as well as a need for *concrete tools* to consider using to achieve the aims. This document is designed to help grantees execute the activities to develop their Jurisdictional Plans. The design of the toolkit mimics the required elements put forward in the PS 12-1201 guidance document.

Within the sections, you will find examples of success stories, links to resources, and sample tools others have found helpful as they completed their Jurisdictional Plans. The links in the Resource

“**The Jurisdictional HIV Prevention Plan** is a written statement of need developed through a local collaborative process with other HIV/AIDS prevention, care, and treatment providers and programs. The Jurisdictional HIV Prevention Plan must reflect a discussion of existing resources, needs, and gaps for HIV prevention services, to include key features on how prevention services, interventions, and/or strategies are currently being used or delivered in the jurisdiction.”

— CDC original guidance for PS 12-1201

es section are designed to offer examples of plans which have been successfully executed. One possible strategy for using this toolkit is to develop a strategy for creating a Jurisdictional Plan. This might begin with a review of existing materials/documents, identification of gaps that will need to be addressed, and development of a plan to complete the process.

The activities and tools put forward are in no way required—nor does their inclusion in this document include an official endorsement by CDC. Rather, this toolkit offers a set of activities and tools that can be adapted and used to make the tasks associated with Jurisdictional Plan creation easier. Ultimately, it is hoped these tools enhance HIV prevention efforts.

Timeline for Development of the Jurisdictional Plan

The tasks associated with creating the Jurisdictional Plan are primarily the responsibility of the CDC HIV prevention grantee, but based on the HIV Prevention Planning Guidance this is expected to be undertaken in collaboration with the HIV Planning Group (HPG) in the jurisdiction. The timeline below offers a starting point for grantees to adapt to accomplish the tasks associated with the Jurisdictional Plan. Ideally, grantees will begin six months in advance of the date of submission. This table is not intended to be prescriptive, but to offer grantees a starting point for creating a plan and to identify their logical progression in achieving the overarching goals associated with HIV prevention planning.

| Task | Responsible Party | Time Frame |
|--|------------------------|----------------------------|
| Develop Epidemiological Profile | HIV Surveillance staff | 6 months before deadline |
| Develop Engagement Plan | Grantee/HPG | 6 months before deadline |
| Review Existing Resources | Grantee/HPG | 6 months before deadline |
| Undertake Gap Analysis | HPG | 3-4 months before deadline |
| Prioritize Populations/HIV Prevention Activities | Grantee/HPG | 3 months before deadline |
| Develop Jurisdictional Plan | Grantee | 2 months before deadline |
| Develop Comprehensive Prevention Plan | Grantee | 1 month before deadline |

2. Description of Surveillance Data

The foundation of a jurisdiction's prevention plan—and subsequent prevention activities—must be linked to a thorough understanding of relevant findings from surveillance activity. The role of the **epidemiological data** in grounding HIV prevention decision-making has been consistent since HIV prevention planning began.

The challenge in using epidemiological findings in jurisdictional plans is to *thoughtfully edit* available surveillance data to *efficiently describe* the epidemic in a jurisdiction's plan **and highlight challenges** the plan must address.

Current and Cumulative Trends

The most obvious data in describing the epidemic tends to be HIV infection and AIDS diagnosis data. **An effective description includes most recent HIV and AIDS data and also includes cumulative or long-term trends.** Most jurisdictions focus on cumulative findings, but discussions of recent surveillance trends are very helpful to planning bodies and to stakeholders throughout the jurisdiction.

and risk behavior is critical in the ability to describe populations most affected and to begin identifying met and unmet HIV prevention needs. Again, many jurisdictions offer **both** cumulative and recent data sets to describe the impact of HIV on given populations. Recent data is especially critical at this point and the *assistance of surveillance staff* in highlighting emerging issues in the epidemic is an invaluable tool as health departments and stakeholders begin the process of prioritizing prevention activities.

Persons Living with HIV/AIDS

In addition to recent and long-standing HIV and AIDS data, another common trend is to report persons living with HIV/AIDS in a jurisdiction. This data typically creates a *snapshot of prior patterns of diagnosis and a glimpse at survival rates* over time.

Both HIV and AIDS data tend to capture age, gender, race/ethnicity, and risk behavior categories for individuals newly diagnosed. **This description by demographic variables**

Social Determinants of Health

The other important attribute of effective demographic and risk behavior data is the ability to **link surveillance findings to structural and socio-cultural barriers** to be addressed.

As grantees are increasingly encouraged to assess and address social determinants of health and reduce barriers to HIV testing

and care, the accurate description of demographic and behavioral factors impacting HIV risk are critical for creating prevention plans to meet the needs of populations most at risk.

Geographic Distribution

Another important concern in presenting epidemiological findings is the geographic distribution of HIV and AIDS cases. The specific counties, towns, or zip codes where HIV prevalence is highest, and AIDS cases are most common, provides important information for creating targeted HIV prevention/testing strategies. As effective stewards of limited prevention funding, the mandate to strategically target testing and prevention efforts has never been more important. An accurate description of the geographical impact of HIV, coupled with demographic and behavioral surveillance data, is the *'gold standard'* for identifying populations most at risk and most impacted by HIV.

Data on STIs

In addition to HIV data, most grantees include **relevant data on STIs** within the jurisdiction. Most common STI data includes description of *Syphilis*, *Gonorrhea*, and *Chlamydia* cases. Depending on the HIV epidemic, it may also be useful to discuss Hepatitis C infection and Tuberculosis activity in a jurisdiction; in areas with limited Hepatitis C activity or limited Tuberculosis/HIV co-infection, it may not be necessary to include this data.

Linkage to Care

Other extremely valuable data sets for all HIV providers (prevention **and** care providers) are those that **describe which patients have been successfully linked to care, sustained in care, and whose viral loads demonstrate viral suppression**. Recent national trends offer great concern about outcomes of HIV identification and both HRSA and CDC are committed to enhancing a jurisdiction's capacity at linkage, retention, and achieving clinical success. This description of unmet needs in a jurisdiction is central to both prevention and care efforts. It also provides important information regarding collaborations and the future engagement needs to be addressed.

Recent surveillance findings have painted an alarming picture of individuals not being linked to care and not remaining in the "Cascade" of care. Essentially, national data show an alarming trend of individuals not being linked to care or obtaining medical benefit of an HIV diagnosis. When an individual is not in care, the probability of transmitting HIV (and potentially getting re-infected with HIV or infected with an STI) is much higher.

'Late Testers' Data

Concomitant to the previous discussion can be data which describes individuals who are **'late testers'**. This generally refers to individuals who were identified late in their HIV disease progression and probably were infected for a significant period of time prior to being diagnosed with HIV. As patterns of late testing are described, this information should advise grantees in the development of targeted testing and prevention strategies.

“We always begin our discussion of unmet prevention needs with a presentation on latest surveillance findings. This allows us to ground our discussions in the data and ask questions of our Epidemiologist about trends and unmet need. Our surveillance staff are excellent at presenting data in user-friendly ways and allow time for plenty of questions and answers.

Our gap analysis was designed to directly follow the surveillance presentation and use the form to structure discussion in a format consistent with the Jurisdictional Plan Guidance. By introducing the elements of High-Impact Prevention, we were able to focus the discussion on demonstrated, effective strategies to address existing gaps.”

— Melissa Morrison Webb
Tennessee Department of Health

“Linking newly diagnosed

consumers to HIV care and retaining them in care requires an extraordinary amount of planning and thoughtful coordination. In Texas our challenges are even “bigger,” as our service areas covers 268,601 sq. miles and 254 counties. Our Department of State Health Services has developed numerous ways of bringing Ryan White, CDC, and SAMHSA funded prevention and care programs together in order to integrate mental health, substance abuse, HIV, and communicable diseases for the clients we serve in our state. Staff from these various entities who work for the State are currently working on a state integration plan related to these services and also meet every two weeks to problem-solve specific challenges related to providing mental health and substance abuse services along with HIV and communicable disease services.

It took us much longer to plan and coordinate this than to implement the services, but the effort is essential given the complexity of the epidemic in Texas. Thoughtful planning about collaboration and service integration is at the heart of how to assist individuals with co-occurring conditions and to best meet the needs of communities we serve. In all of our contracts with local providers of HIV and substance abuse services, we include language clearly stating our expectations around collaboration and planning with multiple providers of medical, mental health, and HIV care services.”

— Susan M. Gallego
TX Department of State Health Services

3. Description of Existing Prevention Services

Another aspect of the Jurisdictional Plan is an assessment of **what resources exist in the jurisdiction and where the gaps in services are**. As the **mandate for collaboration** between prevention and other service providers has grown stronger, this analysis is perhaps even more relevant. Rather than a simple listing of agencies and services, this plan serves as an **opportunity** for grantees to describe the way in which services complement one another, what strategies exist for collaboration, and how systems have been integrated. It also lays groundwork for an engagement process for the HPG; this description of service delivery *should trigger awareness of stakeholders not engaged and feed a conversation about engagement planning*.

The following three items are recommended for inclusion:

1. A description of which HIV prevention services are *currently being delivered* through funding the grantee has received.
2. An accurate depiction of which specific services will *allow stakeholders to assess need* by geography, risk behavior, and intervention type.
3. Information on *populations targeted for prevention activities* and an explanation of the rationale for this priority.

High-Impact Prevention (HIP) Strategies

Assessing and describing current **high-impact prevention (HIP) strategies** and plans to address HIP priorities in the comprehensive plan are valuable for all stakeholders. Key activities in implementing high-impact prevention include:

•**HIV testing and linkage to care.** Testing is a critical component of prevention efforts because when people learn they are infected, research shows that they take steps to protect their own health and prevent HIV transmission to others. Linkage to care helps ensure people living with HIV receive life-saving medical care and treatment, and helps reduce their risk of transmitting HIV. Efforts are underway to expand HIV testing and linkage to care, especially in those populations in which new infections are occurring in high numbers.

▪ **Antiretroviral therapy.** Treating people living with HIV early in their infection dramatically reduces the risk of transmitting the virus to others, underscoring the importance of HIV testing and access to medical care and treatment. A recent clinical trial showed that treating people living with HIV early on reduces the risk of transmitting the virus to others by 96%. Treatment is also essential for reducing the risk of transmission from HIV-infected pregnant women to their infants.

(<http://www.cdc.gov/hiv/policies/bibliography.html> - ref17)

▪ **Access to condoms and sterile syringes.** In order for HIV prevention efforts to work, people who are living with, or at risk for, HIV infection need to have access to effective prevention tools. In particular, research has shown that increasing the availability of condoms and sterile syringes is associated with reductions in HIV risk.

(<http://www.cdc.gov/hiv/policies/bibliography.html> - ref19)

▪ **Prevention programs for people living with HIV and their partners.** Individual and small-group interventions have been shown to significantly reduce risk behaviors among people diagnosed with HIV to help ensure they do not transmit the virus to others. In addition, partner services can reduce the spread of HIV by facilitating the confidential identification and notification of partners who may have been unknowingly exposed to HIV, providing them with HIV testing, and linking them to prevention and care services.

▪ **Prevention programs for people at high risk of HIV infection.** Individual, small-group, and community interventions for people who are at high risk of HIV infection can reduce risk behavior and play an important role in many comprehensive HIV prevention strategies.

▪ **Substance abuse treatment.** Effective substance abuse treatment that helps drug users stop injecting eliminates the risk of HIV transmission through injection drug use.

(<http://www.cdc.gov/hiv/policies/bibliography.html> - ref20)

▪ **Screening and treatment for other sexually transmitted infections.** Many sexually transmitted infections (STIs) increase an individual's risk of acquiring and transmitting HIV, and STI treatment may reduce HIV viral load. Therefore, STI screening and treatment may reduce risk for HIV transmission.

Collaborative Activities

Describing **collaborative activities** within the health department is critical information to include in the Jurisdictional Plan. In order to assure that HIV+ individuals who are unaware of their status are identified, collaborations and thoughtful engagement will be a critical step in achieving that goal. Additionally, the task of demonstrating improved linkage to care and retention in care will be precipitated by successful collaboration and thoughtful planning to overcome challenges. Within public health, CDC is committed to achieving the goals of *service integration and program collaboration* in support of the National HIV/AIDS Strategy. Therefore, these collaborations are essential.

In addition to describing collaborations within the public health arena, an accurate attempt to describe collaborations—or to **emphasize potential collaborations**—is pragmatic. This description would address HOPWA and other important HIV-identified partners but should also point to **innovative** collaborations. Many jurisdictions have found enhanced collaborations with corrections, education, other health sector agencies, and mental health/substance abuse agencies to be critical to achieving their goals.

“As CDC refines their recommended approaches to HIV prevention, these proven strategies provide jurisdictions with welcome guidance and direction for reaching vulnerable populations. This set of interventions is bound to reach those who do not know their status, improve collaborations, and tailor prevention interventions to individuals and communities most impacted by HIV. This shift to High Impact Prevention is a logical one for NMAC to support. As we move into the fourth decade of HIV, the need in communities of color continue to grow. Our mission—to END HIV—will be greatly enhanced as prevention providers uniformly embrace these strategies.”

— Kim Johnson
National Minority AIDS Council

Helpful Tools

1. Florida Resource Inventory:

On page 16 you will find a copy of the resources inventory outline to consider when conducting your own resource inventory.

2. Florida Prevention Provider Survey:

Distribute this survey among prevention providers to collect detailed data on types of services provided.

3. Philadelphia Town Hall/Consumer Feedback Survey:

Distribute this survey among consumers to collect information about their access to/use of prevention services.

4. California Community Assessment Survey:

Use this survey in compiling a state-wide inventory of service capacity.

FLORIDA RESOURCE INVENTORY

Part 1: HIV Prevention Programs and Services at a Glance

Areas to Consider:

- HIV Testing
- Behavioral Interventions
- Minority AIDS Initiative or other similar programs
- Targeted Outreach for Special Populations (Pregnant Women, Transgendered Individuals, etc.)
- Social Marketing and Media (Hotlines, Awareness Programs, Media campaigns, etc.)

Part II: Funding Snapshot

The Funding Snapshot addresses previous HIV prevention funding by priority population. The goal of the snapshot is to help assess whether the distribution of HIV prevention funding in the state is proportionate to the distribution of the state's HIV/AIDS epidemic. The snapshot looks at the total amount of funding for each priority population and compares that to the proportion of HIV/AIDS cases among the priority population. In addition to outlining funding allocated to priority populations, the snapshot provides an accounting of funds that are not targeted to any specific racial/ethnic and risk group.

Part III: Priority Populations

The HPG historically determines the state's priority populations for HIV prevention. When creating a resource inventory, consider all the resources available for each of the designated priority populations.

Part IV: Funding Sources

Consider all funding sources such as:

- CDC
- HRSA
- Department of Health
- Others

Part V: Collaborations

Consider both **Internal** and **External** Collaborations.

*From: *2012-2014 Florida Jurisdiction HIV Prevention Plan* (2011). Florida Prevention Planning Group, pages 61-76.

FLORIDA PREVENTION PROVIDER SURVEY — 2010

1. Section One

If you are an HIV prevention service provider, this survey is your chance to tell your statewide HIV/AIDS planning group what services are needed by your agency and in your community. Your input will help the planning group make important decisions about how funding is used in Florida. **This survey is only for HIV prevention service providers.** Please tell your colleagues at other agencies about this survey. We want to hear from every agency providing HIV prevention services. If you have completed this survey within 2010, do not complete it again. **Only one survey per agency is requested.** We ask that you provide your agency's name so that we can track which agencies have completed the survey. We will also ask for some demographic information about you. However, we will not ask for your name. Thank you for your participation!

1. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender M to F
- ☐ Transgender F to M
- ☐ Other

2. What is your race/ethnicity?

- ☐ Black
- ☐ White
- ☐ Hispanic/Latino
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Multi-racial
- ☐ Other (please specify) _____

3. What is your sexual orientation?

- ☐ Heterosexual
- ☐ Gay, lesbian, or bisexual
- ☐ Other (please specify) _____



4. Information about your agency

Agency Name: _____

Address: _____

City/Town: _____

State: _____ ZIP Code: _____ Phone Number: _____

5. Please describe your organization. Check all that apply.

- ☐ Community-based organization
- ☐ County health department
- ☐ Private for profit
- ☐ Government agency other than the Department of Health

6. Please indicate your funding sources for HIV prevention services. Check all that apply.

- ☐ CDC direct funding
- ☐ CDC indirect funding through the FL Department of Health
- ☐ Other state funding
- ☐ Private grant funds
- ☐ HRSA
- ☐ Ryan White
- ☐ Donations
- ☐ City or county funding
- ☐ SAMHSA
- ☐ Other (please specify) _____

7. What is your agency's geographic service area?

- ☐ Local (serves city or county)
- ☐ Regional (serves 2 or more counties)
- ☐ Statewide (serves all counties)

8. What area(s) are you currently serving?

9. Does your agency provide HIV prevention walk-in services or same-day appointments to clients?Yes

☐ Yes

☐ No

10. Does your agency provide HIV prevention services to clients during weekends or evening hours?

☐ Yes

☐ No

11. When you link HIV-positive clients to care, does your agency track these linkages?Yes

☐ No

☐ Sometimes

☐ We do not encounter HIV-positive persons

12. When you link clients (regardless of HIV status) to other services, does your agency track these linkages?

☐ Yes

☐ No

☐ Sometimes

☐ We do not link clients to other services

13. Please mark the most appropriate description of your agency's HIV/AIDS services.

☐ HIV/AIDS services are the only services we provide.

☐ HIV/AIDS services are part of a larger services program.

14. How many years has your agency provided HIV prevention services?

☐ Less than 1 year

☐ 1 to 4 years

☐ 5 to 9 years

☐ 10 to 19 years

☐ 20 or more years

15. What populations does your agency primarily target for prevention services? Please only mark the populations your agency actively markets to or recruits for prevention services.**American Indian/ Alaskan Natives**

- | | | |
|--|--|--|
| <input type="checkbox"/> Males | <input type="checkbox"/> Native Hawaiian/Pacific Islanders | <input type="checkbox"/> Men who have sex with men |
| <input type="checkbox"/> Females | <input type="checkbox"/> Haitians | <input type="checkbox"/> Heterosexuals |
| <input type="checkbox"/> African American/Blacks | <input type="checkbox"/> Other race/ethnicity | <input type="checkbox"/> Substance abusers |
| <input type="checkbox"/> Haitians | <input type="checkbox"/> Youth (under 18) | <input type="checkbox"/> Injection drug users |
| <input type="checkbox"/> Hispanic/Latinos | <input type="checkbox"/> Young adults (18-29) | <input type="checkbox"/> Transgender persons |
| <input type="checkbox"/> Asians | <input type="checkbox"/> Persons ages 30-50 | <input type="checkbox"/> Incarcerated persons/ ex-offenders |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Persons over age 50 | |
| <input type="checkbox"/> Whites | <input type="checkbox"/> HIV+ persons | |

16. Estimate the total number of HIV prevention clients your agency served in the last 12 months. Include persons reached through any prevention service: interventions, HIV testing, outreach, etc.

- ☐ Under 50
- ☐ 50 to 99
- ☐ 100 to 249
- ☐ 250 to 499
- ☐ 500 to 749
- ☐ 750 to 999
- ☐ 1000 or more

17. Does your agency currently provide one or more effective behavioral interventions (e.g., DEBI/EBIs)?**Yes**

- ☐ Yes
- ☐ No

2. Section Two

18. Which DEBI/EBIs does your agency provide currently? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> BART (Becoming a Responsible Teen) | <input type="checkbox"/> Project START |
| <input type="checkbox"/> Blood Lines | <input type="checkbox"/> PROMISE |
| <input type="checkbox"/> Comprehensive Risk Counseling and Services | <input type="checkbox"/> RAPP |
| <input type="checkbox"/> CLEAR | <input type="checkbox"/> RESPECT |
| <input type="checkbox"/> Connect | <input type="checkbox"/> Safe in the City |
| <input type="checkbox"/> de-up: Defend Yourself! | <input type="checkbox"/> Safety Counts |
| <input type="checkbox"/> Focus on Youth + ImPACT | <input type="checkbox"/> SHIELD |
| <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> SIHLE |
| <input type="checkbox"/> Holistic Health Recovery Program | <input type="checkbox"/> SISTA |
| <input type="checkbox"/> Many Men, Many Voices | <input type="checkbox"/> Sister to Sister |
| <input type="checkbox"/> MIP | <input type="checkbox"/> Street Smart |
| <input type="checkbox"/> MPowerment | <input type="checkbox"/> Together Learning Choices |
| <input type="checkbox"/> Nia | <input type="checkbox"/> VOICES/VOCES |
| <input type="checkbox"/> Partnership for Health | <input type="checkbox"/> WILLOW |
| <input type="checkbox"/> Popular Opinion Leader | <input type="checkbox"/> Other evidence-based intervention not listed |
| | <hr/> |
| | <hr/> |

3. Section Three

19. Does your agency currently provide any other HIV prevention services? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> HIV testing | <input type="checkbox"/> Media campaigns |
| <input type="checkbox"/> Rapid HIV testing | <input type="checkbox"/> Internet-based outreach, interventions, or campaigns |
| <input type="checkbox"/> Social Network Strategy HIV testing | <input type="checkbox"/> Cell phone-based interventions or campaigns |
| <input type="checkbox"/> Routine HIV testing of inmates in correctional facilities | <input type="checkbox"/> Motivational interviewing for HIV prevention |
| <input type="checkbox"/> Routine HIV testing of pregnant women | <input type="checkbox"/> Community events |
| <input type="checkbox"/> Partner Services | <input type="checkbox"/> Community mobilization |
| <input type="checkbox"/> STD testing | <input type="checkbox"/> Structural interventions |
| <input type="checkbox"/> HIV/STD education | <input type="checkbox"/> Linkage to care |
| <input type="checkbox"/> Condom distribution | <input type="checkbox"/> HIV prevention services for HIV+ clients in care settings |
| <input type="checkbox"/> Group support | <input type="checkbox"/> Other (please specify) _____ |

20. What type of training does your agency's HIV prevention staff receive? Check all that apply. HIV/AIDS 101 (basic)

- | | |
|--|---|
| <input type="checkbox"/> HIV/AIDS 501 | <input type="checkbox"/> No trainings provided |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Cultural competency | _____ |

21. Which of the following are significant barriers or difficulties that your organization has faced when providing HIV prevention services? Check all that apply. Recruiting qualified staff

- | | | |
|--|---|--|
| <input type="checkbox"/> Staff safety concerns | <input type="checkbox"/> Homeless issues | <input type="checkbox"/> Inadequate transportation |
| <input type="checkbox"/> Insufficient funding | <input type="checkbox"/> Recruitment/retention | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Increasing work loads | <input type="checkbox"/> Cultural barriers | <input type="checkbox"/> Substance abuse problems |
| <input type="checkbox"/> Small size of target population | <input type="checkbox"/> Confidentiality issues | <input type="checkbox"/> Target population unaware of services |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Eligibility issues | |

22. Is your agency in need of technical assistance?

☐ Yes ☐ No

4. Section Four

23. What types of technical assistance does your agency need? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> PEMS Training | <input type="checkbox"/> Conducting Focus Groups |
| <input type="checkbox"/> Adaptation and Effective Interventions | <input type="checkbox"/> Program Marketing |
| <input type="checkbox"/> Bridging Theory and Practice: Applying Behavioral Theory to | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> HIV Prevention Interventions | <input type="checkbox"/> Fiscal Management |
| <input type="checkbox"/> Fundamentals of HIV Prevention Counseling | <input type="checkbox"/> Grant Writing/Proposal Development |
| <input type="checkbox"/> HIV 101 | <input type="checkbox"/> Organizational Assessment |
| <input type="checkbox"/> Motivational Interviewing | <input type="checkbox"/> Personnel Management |
| <input type="checkbox"/> Outreach and Recruitment | <input type="checkbox"/> Board Development |
| <input type="checkbox"/> Small Group Facilitation | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Understanding the IDU Population | <input type="checkbox"/> Program Monitoring and Evaluation |
| <input type="checkbox"/> Selecting Evidence-Based Behavioral Interventions | <input type="checkbox"/> Logic Model Development |
| <input type="checkbox"/> Community Needs Assessment | <input type="checkbox"/> Resource Development |
| <input type="checkbox"/> Recruiting Hard-to-Reach Populations | <input type="checkbox"/> Strategic Planning |
| | <input type="checkbox"/> Other (please specify) _____ |
| | _____ |



24. In your opinion, what are the three most important unmet needs for HIV prevention services in your area?
Please check only three.

- | | |
|---|---|
| <input type="checkbox"/> HIV testing | <input type="checkbox"/> Cell phone-based interventions or campaigns |
| <input type="checkbox"/> Rapid HIV testing | <input type="checkbox"/> Motivational interviewing for HIV prevention |
| <input type="checkbox"/> Social Network Strategy HIV testing | <input type="checkbox"/> Community events |
| <input type="checkbox"/> Partner Services | <input type="checkbox"/> Community mobilization |
| <input type="checkbox"/> STD testing | <input type="checkbox"/> Community-level interventions |
| <input type="checkbox"/> HIV/STD education | <input type="checkbox"/> Individual- and group-level interventions |
| <input type="checkbox"/> Condom distribution | <input type="checkbox"/> Structural interventions |
| <input type="checkbox"/> Group support | <input type="checkbox"/> Linkage to care |
| <input type="checkbox"/> Media campaigns | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Internet-based outreach, interventions, or campaigns | _____ |

25. In your opinion, which three populations have the greatest unmet need for HIV prevention services in your area?

You may list an existing priority population (such as HIV-positive persons, black MSM, etc.), a subgroup within a priority population (such as Hispanic heterosexual males, older white MSM, etc.), or another group (such as transgender persons, American Indians, etc.).

Population 1: _____

Population 2: _____

Population 3: _____

26. Do you have any additional comments you would like to share?

PHILADELPHIA TOWN HALL/ CONSUMER FEEDBACK SURVEY — 2011

Philadelphia TOWN HALL/CONSUMER FEEDBACK SURVEY • (SPRING 2011) • DEMOGRAPHICS

1. I am responding to the questions on this survey as: (check one)

☐ An individual who is HIV positive or has AIDS

☐ A community representative/service provider who is HIV positive or has AIDS

☐ Another answer not listed above (please specify) _____

2. I am (check one)

☐ Female

☐ Male

☐ Transgender/Transsexual/ Intersexed

☐ Another answer not listed above (please specify) _____

3. What is your age? _____

4. What is your ethnicity? (check one)

☐ Hispanic/Latino (a)

☐ Non-Hispanic/Non-Latino (a)

5. What is your race? (check one)

☐ Asian

☐ African American/Black

☐ Caucasian/ White

☐ Native American/Alaskan Native

☐ Native Hawaiian/Pacific Islander

☐ Biracial/Multiracial (more than one race)

☐ Another answer not listed above (please specify) _____

6. What language do you speak most of the time? (check all that apply)

- ☐ English
- ☐ Spanish
- ☐ Asian Languages (i.e. Chinese, Korean, Vietnamese, etc.)
- ☐ Another answer not listed above (please specify) _____

7. What is the highest education level you completed? (check one)

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college, but did not graduate
- ☐ Vocational/Technical certification
- ☐ College graduate (2 or more years degree)
- ☐ Another answer not listed above (please specify) _____

8. What kind of housing do you have now? (check one)

- ☐ Rent or own house or apartment (non subsidized)
- ☐ Housing for people living with HIV/AIDS (HOPWA)
- ☐ Staying with family or friends
- ☐ Transitional (i.e. Halfway houses or drug treatment program)
- ☐ Shelter (homeless or other)
- ☐ Section 8/Assistant Housing
- ☐ On the street – no home
- ☐ Another answer not listed above (please specify) _____

9. Do you have medical health insurance? (Private, Medicaid, Medicare, etc.) (check one)

- ☐ Yes
- ☐ No
- ☐ Not sure

10. What county do you live in now? (check one)

New Jersey Counties

- ☐ Burlington County
- ☐ Camden County
- ☐ Gloucester County
- ☐ Salem County

Pennsylvania Counties

- ☐ Bucks County
- ☐ Chester County
- ☐ Delaware County
- ☐ Montgomery County
- ☐ Philadelphia County

11. Please specify the geographic area(s) within Philadelphia County where you live. (check one)

- ☐ Does not apply to me. I live in New Jersey or outside of Philadelphia County
- ☐ Center City
- ☐ South Philadelphia
- ☐ North Philadelphia
- ☐ West Philadelphia
- ☐ Southwest Philadelphia
- ☐ Olney/East Oak Lane
- ☐ Greater Northeast Philadelphia
- ☐ Lower Northeast Philadelphia (Kensington, Alleghany, Port Richmond, Frankford)
- ☐ Germantown/Chestnut Hill/Mount Airy
- ☐ Manayunk/Roxborough
- ☐ Another answer not listed above (please specify) _____

COMMENTS ON HIV CARE/PREVENTION SERVICES

12. When were you diagnosed with HIV/AIDS? (Check one.)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> 2010-2011 | <input type="checkbox"/> 1992-1994 |
| <input type="checkbox"/> 2005-2009 | <input type="checkbox"/> 1991 or earlier |
| <input type="checkbox"/> 2000-2004 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 1995-1999 | <input type="checkbox"/> Prefer not to answer |

13. After you learned you had HIV or AIDS, how soon did you seek HIV related medical care? (Check one.)

- | | |
|---|---|
| <input type="checkbox"/> Have not had care yet | <input type="checkbox"/> Within a year of learning my diagnosis |
| <input type="checkbox"/> Right away | <input type="checkbox"/> More than one year later |
| <input type="checkbox"/> Within 3 months of learning my diagnosis | <input type="checkbox"/> More than five years later |
| <input type="checkbox"/> Within 6 months of learning my diagnosis | <input type="checkbox"/> When I got sick |
| <input type="checkbox"/> Another answer not listed above (please specify) _____ | |

14. After you tested positive for HIV/AIDS, please describe the steps you took to get into HIV medical care. (For example, did you work with someone such as a case manager or counselor?)

15. Has your HIV medical doctor talked to you about HIV re-infection and positive prevention? (For example, ways to practice safe sex as a person living with HIV/AIDS?) (Check one.)

- ☐ Yes
- ☐ No
- ☐ Not sure

16. Are there any other places that you get your HIV prevention information from? (Please list.)

17. Have you been offered any of the following prevention services? (Check all that apply.)

- ☐ Condoms or safe sex kits
- ☐ Safer injection/bleach kits
- ☐ Information on safer sex practices
- ☐ Information on needle exchange programs
- ☐ Information on HIV counseling for pregnant women
- ☐ Street outreach (a person gives you info. about STDs on the street)
- ☐ Partner notification (assistance contacting previous sex partners after positive diagnosis)
- ☐ Information on substance use treatment programs
- ☐ Information on how to tell someone about your HIV status (disclosure)
- ☐ Another answer not listed above (please specify) _____
- ☐ I have not been offered any of the prevention services listed above

18. Is there anything you feel needs to improve with HIV/AIDS prevention and care services?

19. Is there anything else you want to say about trying to get HIV-related services?

20. Is this the first time you are taking this 2011 consumer feedback survey?

- ☐ Yes
- ☐ No: If no then please specify where you took this survey before:
 - ☐ At another town hall/consumer feedback group meeting in 2011
 - ☐ Online at the Office of HIV Planning's website
 - ☐ From an email link
 - ☐ Other:
- ☐ Not sure

THANK YOU FOR COMPLETING THIS SURVEY.

CALIFORNIA COMMUNITY ASSESSMENT SURVEY

Welcome to the Community Assessment Survey

Dear Service Provider and Valued Stakeholder,

The California Planning Group Community Assessment Workgroup is tasked with gathering information and data from current and former care and prevention Office of AIDS (OA) contractors to compile a state-wide inventory of service capacity for inclusion on *California's Consolidated HIV Surveillance, Prevention and Care Plan* and the *California Statewide Coordinated Statement of Need (SCSN)* documents.

To support the timely and accurate completion of this important task, I am asking for **your** participation in this survey. This survey link has deliberately been sent to **you** as **you** have been identified as the appropriate individual to provide care and/or prevention responses on behalf

of your jurisdiction (including direct and contracted services). If you are not the appropriate contact, do NOT forward this email. Instead, please send the appropriate contact information to Carol Crump, MFT, Behavioral Health Specialist, at carol.crump@cdph.ca.gov. The survey should take about 15-20 minutes of your time to complete. Your responses will be used in combination with others to create a state-wide capacity inventory.

For more information about how you can provide feedback and/or participate in discussions with other community advisors and the Office of AIDS (OA), please visit the **CPG webpage** and join the **Advisory Network!** We have provided the links for you at the end of the survey as well.

*Please note: this system allows you to leave the survey and resume it later. This may be helpful if you are interrupted or need to gather information from another source before completing the survey. To ensure that your responses will be saved for later, you must only access the survey from the link in which you originally clicked to get to this survey and you must click on the [Next] button to save the pages containing your responses.

Thank you again for your participation.

Your Service Provider Perspective

On behalf of which services are you responding?

☐ Care

☐ Prevention

☐ Both

Care Demographics

1. What is the name of your organization?

2. Your organization is a (select all that apply):

- ☐ Eligible Metropolitan Area (EMA)
- ☐ Transitional Grant Area (TGA)
- ☐ Non-EMA/TGA that also receives State Office of AIDS Funding
- ☐ Non-EMA/TGA that does NOT receive the State Office of AIDS Funds
- ☐ Clinic/Hospital
- ☐ Community-Based Organization
- ☐ Health Department
- ☐ Other (please specify) _____

3. Which of the following best describes your LHJ/community demographics?

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Other (please specify) _____

4. Does your LHJ/community have a care-focused community planning body?

- ☐ Yes
- ☐ No
- ☐ I don't know

5. What is the year of the most recent Epidemiological profile completed (for your community)?

If you do not know, write "I don't know."

Prevention Demographics

1. What is the name of your organization?

2. Your organization is a (select all that apply):

- ☐ Eligible Metropolitan Area (EMA)
- ☐ Transitional Grant Area (TGA)
- ☐ Non-EMA/TGA that also receives State Office of AIDS funding
- ☐ Non-EMA/TGA that does NOT receive State Office of AIDS funds
- ☐ Clinical/Hospital
- ☐ Community-Based Organization
- ☐ Health Department
- ☐ Other (please specify) _____

3. Which of the following best describes your LHJ/community demographics?

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Other (please specify) _____

4. Does your community have a prevention-focused community planning body?

- ☐ Yes
- ☐ No
- ☐ I don't know

5. What is the year of the most recent Epidemiological project completed (for your community)? If you do not know, write "I don't know."

Care and Prevention Demographics

1. What is the name of your organization?

2. Your organization is a (select all that apply):

- ☐ Eligible metropolitan Area (EMA)
- ☐ Transitional Grant Area (TGA)
- ☐ Non-EMA/TGA that also receives State Office of AIDS Funding
- ☐ Non-EMA/TGA that does NOT receive State Office of AIDS Funds
- ☐ Clinic/Hospital
- ☐ Community-Based Organization
- ☐ Health Department
- ☐ Other (please specify) _____

3. Which of the following best describes your LHJ/community demographics?

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Other (please specify) _____

4. Does your LHJ/community have a care-focused community planning body or a prevention-focused planning body or both?

- ☐ Care
- ☐ Prevention
- ☐ Both
- ☐ I don't know

5. What is the year of the most recent Epidemiological profile completed (for your community)? If you do not know, write, "I don't know."

Care Clients and Services Provided

Please provide your responses to the following service-related questions on behalf of your entire jurisdiction, including direct *and* contracted services.

1. What populations are you targeting? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

2. What populations do you ACTUALLY serve? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

3. Estimated number of clients served (within the last 12 months):

4. Care services CURRENTLY Provided:

- | | |
|--|---|
| <input type="checkbox"/> Case Management (non-medical) | <input type="checkbox"/> Medical Case Management |
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Medical Nutrition Therapy |
| <input type="checkbox"/> Early Intervention Services (EIS) | <input type="checkbox"/> Medical Transportation Services |
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Food Bank / Home-Delivered Meals | <input type="checkbox"/> Oral Health Care |
| <input type="checkbox"/> Health Education / Risk Reduction | <input type="checkbox"/> Outpatient/Ambulatory Medical Care |
| <input type="checkbox"/> Health Insurance Premium and CostSharing Assistance | <input type="checkbox"/> Outreach Services |

4. Care services **CURRENTLY** Provided: *Continued*

- | | |
|---|---|
| <input type="checkbox"/> HIV Testing | <input type="checkbox"/> Psychosocial Support Services |
| <input type="checkbox"/> Home and Community-Based Health Services | <input type="checkbox"/> Referral for Health Care / Supportive Services |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Hospice Services | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Housing Services | <input type="checkbox"/> Substance Abuse Services (outpatient) |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Substance Abuse Services (residential) |
| <input type="checkbox"/> Linguistic Services | <input type="checkbox"/> Treatment Adherence Counseling |
| <input type="checkbox"/> Local AIDS Pharmaceutical Assistance | |
| <input type="checkbox"/> Other (please specify) _____ | |

5. Please indicate the date of the most current needs assessment conducted in LHJ/community. If you do not know, write, "I don't know."

Prevention Clients and Services Provided

Please provide your responses to the following service-related questions on behalf of your entire jurisdiction including direct and contracted services.

4. What populations are you targeting? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

2. What populations do you **ACTUALLY** serve? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

3. Estimated number of client contacts serviced (within the last 12 months): _____

4. Prevention Services CURRENTLY Provided:

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Risk Counseling and Services (CRCS) | <input type="checkbox"/> Mobile Van Outreach |
| <input type="checkbox"/> Diffusion of Effective Behavioral Intervention (DEBI) | <input type="checkbox"/> Partner Services (PS, formerly PCRS) |
| <input type="checkbox"/> Evidence-based Interventions (EBI) | <input type="checkbox"/> Partner Services (PS, formerly PCRS) |
| <input type="checkbox"/> Group Level Interventions (GLI) | <input type="checkbox"/> Pharmacy Syringe Access/Disease Prevention Demonstration Project (DPDP) |
| <input type="checkbox"/> Health Communications/Public Information (HCPI) Education | <input type="checkbox"/> Post-exposure Prophylaxis (PEP) |
| <input type="checkbox"/> Health Communications/Public Information (HCPI) Media | <input type="checkbox"/> Pre-exposure Prophylaxis (PrEP) |
| <input type="checkbox"/> Hepatitis C Testing | <input type="checkbox"/> Prevention With Positives (PWP) |
| <input type="checkbox"/> HIV Counseling | <input type="checkbox"/> Referrals to Other Services |
| <input type="checkbox"/> HIV Health Education and Risk Reduction (HERR) | <input type="checkbox"/> Sexually Transmitted Disease (STD) Testing |
| <input type="checkbox"/> HIV Testing | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Individual Level Interventions (ILI) | <input type="checkbox"/> Syringe Exchange |
| <input type="checkbox"/> Targeted Prevention Activities (TPA) | |
| <input type="checkbox"/> Other (please specify) _____ | |

5. Please indicate the date of the most current needs assessment conducted in your LHJ/community. If you do not know, write, "I don't know."

Care and Prevention Clients and Services Provided

Please provide your responses to the following service-related questions on behalf of your entire jurisdiction, including direct and contracted services.

1. What care populations are you targeting? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

2. What care populations do you ACTUALLY serve? (check all that apply) Estimated number of **care** clients served (within the last 12 months):

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

3. Estimated number of care clients served (within the last 12 months): _____

4. Care services CURRENTLY Provided:

- | | |
|---|---|
| <input type="checkbox"/> Case management (non-medical) | <input type="checkbox"/> Medical Case Management |
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Medical Nutrition Therapy |
| <input type="checkbox"/> Early Intervention Services (EIS) | <input type="checkbox"/> Medical Transportation Services |
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Food Bank / Home-Delivered Meals | <input type="checkbox"/> Oral Health Care |
| <input type="checkbox"/> Health Education / Risk Reduction | <input type="checkbox"/> Outpatient/Ambulatory Medical Care |
| <input type="checkbox"/> Health Insurance Premium and Cost Sharing Assistance | <input type="checkbox"/> Outreach Services |
| <input type="checkbox"/> Home and Community-Based Health Services | <input type="checkbox"/> Psychosocial Support Services |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Referral for Health Care / Supportive Services |
| <input type="checkbox"/> Hospice Services | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Housing Services | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Substance Abuse Services (outpatient) |
| <input type="checkbox"/> Linguistic Services | <input type="checkbox"/> Substance Abuse Services (residential) |
| <input type="checkbox"/> Local AIDS Pharmaceutical Assistance | <input type="checkbox"/> Treatment Adherence Counseling |
| <input type="checkbox"/> Other (please specify) _____ | |

5. What prevention populations are you targeting? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

7. What prevention populations do you ACTUALLY serve? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> IDU Sex Partner | <input type="checkbox"/> Non-gay Identified |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Non-identified risk |
| <input type="checkbox"/> HIV+ | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> Non-IDU substance user |
| <input type="checkbox"/> HIV+ Sex Partner | <input type="checkbox"/> Migrant Worker | <input type="checkbox"/> Sex-Worker |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> MSM | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> IDU | <input type="checkbox"/> MSM Sex Partner | <input type="checkbox"/> Youth/Young Adults |
| <input type="checkbox"/> Other (please specify) _____ | | |

7. Estimated number of prevention client contacts served (within the last 12 months): _____

8. Prevention services CURRENTLY Provided:

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Risk Counseling and Services (CRCS) | <input type="checkbox"/> Mobile Van Outreach |
| <input type="checkbox"/> Diffusion of Effective Behavioral Intervention (DEBI) | <input type="checkbox"/> Partner Services (PS, formerly PCRS) |
| <input type="checkbox"/> Evidence-based Interventions (EBI) | <input type="checkbox"/> Partner Services (PS, formerly PCRS) |
| <input type="checkbox"/> Group Level Interventions (GLI) | <input type="checkbox"/> Pharmacy Syringe Access/Disease Prevention Demonstration Project (DPDP) |
| <input type="checkbox"/> Health Communications/Public Information (HCPI) Education | <input type="checkbox"/> Post-exposure Prophylaxis (PEP) |
| <input type="checkbox"/> Health Communications/Public Information (HCPI) Media | <input type="checkbox"/> Pre-exposure Prophylaxis (PrEP) |
| <input type="checkbox"/> Hepatitis C Testing | <input type="checkbox"/> Prevention With Positives (PWP) |
| <input type="checkbox"/> HIV Counseling | <input type="checkbox"/> Referrals to Other Services |
| <input type="checkbox"/> HIV Health Education and Risk Reduction (HERR) | <input type="checkbox"/> Sexually Transmitted Disease (STD) Testing |
| <input type="checkbox"/> HIV Testing | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Individual Level Interventions (ILI) | <input type="checkbox"/> Syringe Exchange |
| <input type="checkbox"/> Targeted Prevention Activities (TPA) | |
| <input type="checkbox"/> Other (please specify) _____ | |

9. Please indicate the date of the most current needs assessment conducted in your LHJ/community. If you do not know, write, "I don't know." _____

Care Service Needs, Barriers and Gaps

Please respond on behalf of all services provided within your jurisdiction, including direct *and* contracted services.

The following terms are defined below to assist you in providing the most accurate responses to the next few questions:

SERVICE NEEDS—All needs of People Living With HIV (PLWH), both those receiving care and those not in care.

SERVICE GAPS—All service needs not currently being met for all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care (“in care”).

BARRIERS TO SERVICE—Anything standing in the way of obtaining services or providing services.

UNMET NEED—The number of patients reporting that they were unable to obtain a needed service divided by the number of patients reporting they needed the service in the past 12 months.

***Example: 15 patients reported inability to obtain dental X-rays and cleaning, 200 total patients reported they needed dental X-rays and cleaning in a 12 month period. So, $15/200 = 0.075$ or 7.5%.

1. Please indicate the top five current care **SERVICE NEEDS** in your LHJ/community.

1. _____
2. _____
3. _____
4. _____
5. _____

2. Please indicate the top five care **SERVICE GAPS** and/or **BARRIERS TO SERVICE** identified in your LHJ/community.

1. _____
2. _____
3. _____
4. _____
5. _____

3. Please indicate the care-related **UNMET NEED** identified in your LHJ/community.

4. What is the most pressing need within your LHJ/community to prepare for Health Care Reform (HCR) implementation?

5. Please share any other information about care service needs in your LHJ/community that may be of interest or consideration in preparing *California's Consolidated Surveillance, Prevention and Care Plan* or the *California Statewide Coordinated Statement of Need*.

6. Are there any published reports or documents that could be of assistance to our process that you may be able to share with us or direct us to?

Prevention Service Needs, Barriers and Gaps

1. Please respond on behalf of all services provided within your jurisdiction, including direct *and* contracted services.

The following terms are defined below to assist you in providing the most accurate responses to the next few questions:

SERVICE NEEDS—All prevention service needs of your identified target populations as well as other populations you may serve.

SERVICE GAPS—Prevention service needs not currently being met for your identified target populations as well as other populations you may serve.

BARRIERS TO SERVICE—Anything standing in the way of obtaining services or providing services.

1. Please indicate the top five current prevention SERVICE NEEDS in your LHJ/community.

1.

2.

3.

4.

5.

2. Please indicate the top five prevention SERVICE GAPS and/or BARRIERS TO SERVICE identified in your LHJ/community.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

3. What is the most pressing need within your LHJ/community to prepare for Health Care Reform (HCR) implementation?

4. Please share any other information about prevention service needs in your LHJ/community that may be of interest or consideration in preparing *California's Consolidated Surveillance, Prevention and Care Plan*.

5. Are there any published reports or documents that could be of assistance to our process that you may be able to share with us or direct us to?

4. Populations Most in Need

Determining populations most in need of HIV prevention services is a critical component of the Jurisdictional Plan. While this is a task of the health department, most jurisdictions identify a role for the HIV Planning Group (HPG). The health department and the HPG are expected to work *collaboratively* to find a *mutually acceptable process* to identify populations with unmet need.

Select Objective Process

Among the early decisions to be made in the prioritizing process is the decision about **what process will be used**. Some jurisdictions make the decision to prioritize at the health department level; others engage the HPG in the process. Of those, many allow for a subcommittee or ad hoc committee of the HPG to make recommendations to the larger planning body. Still others use a process where the entire planning group agrees on a process and conducts the prioritization activity.

It should be noted that one of the historical challenges in HIV prevention planning has been the **prioritizing of populations**. Because of the passion and commitment members sometimes feel, the objective decisions which should be reached have meant that, at times, planning groups have experienced significant conflict and disruption. As a by-product of this phenomenon multiple planning groups have decided to seek a **quantifiable strategy** to prioritizing populations.

The CDC-funded planning tool, **Setting HIV Prevention Priorities: A Guide for Community Planning Groups**, has been adapted widely by many jurisdictions in an attempt to quantify decision-making and employ an objective process for determining populations at most risk.

Generally, the process seeks to identify possible populations, identify and weigh factors to be considered in prioritizing, and rank these factors (assigning numeric value). Once the populations and factors are ranked, a prioritized set of populations emerges and a subsequent discussion or vote confirms the adoption of those priorities.

This process presumes that **data about incidence and prevalence of HIV** are available and easily understood and that some behavioral risk data has been gathered. In jurisdictions with limited behavioral surveillance, qualitative information may be gathered to supplement the epidemiological data. These data may be derived from focus groups, key informant interviews, or provider surveys and used to discuss risk factors to be considered in prioritizing populations. This qualitative activity can also be connected to the engagement process/plan development. As this data is gathered, it is anticipated that additional stakeholders and partners to be engaged will be identified. Section V of this document offers guidance on engagement planning.

Helpful Tools

- 1. Kentucky Needs Assessment Survey:** On the following pages you will find a copy of the survey instrument developed and used by Kentucky to gather information on their existing prevention services throughout the state. This survey was distributed among consumers and providers, as well as to interested community members via the web and distributed in a paper version when Internet/computer access was limited.
- 2. Florida Three-Fold Path Methodology Prioritization Model:** The prioritization process is carried out based on a logical evidence-based process to determine the highest priority-specific prevention needs in Florida. Using epidemiological data and information collected through the needs assessment process, priority populations are identified.

KENTUCKY NEEDS ASSESSMENT SURVEY*

We would like to ask your input to assist the Health Department analyze the needs of individuals at risk for HIV and living with HIV in Kentucky. Your help with this survey will allow us to prioritize unmet needs for HIV prevention and better care for individuals living with HIV/AIDS as we refine strategies to find those HIV + individuals not aware of their status and link them to care. Thank you for taking time to complete this survey.

NOTE: If you have already completed a needs assessment survey, please do NOT do so again.

1. Please indicate your closest geographic distinction: (please check one box)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Eastern KY | <input type="checkbox"/> Northern KY |
| <input type="checkbox"/> Lexington Area | <input type="checkbox"/> Southern KY |
| <input type="checkbox"/> Louisville Area | <input type="checkbox"/> Western KY |

2. My primary role: (please check one box)

- | | |
|--|---|
| <input type="checkbox"/> Person living with HIV/AIDS | <input type="checkbox"/> Substance abuse/mental health provider |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Primary care provider |
| <input type="checkbox"/> Prevention provider | <input type="checkbox"/> Local health department |
| <input type="checkbox"/> KHPAC member | <input type="checkbox"/> HIV case manager |
| <input type="checkbox"/> State/federal government employee | <input type="checkbox"/> HIV clinician |
| | <input type="checkbox"/> Other (please specify) _____ |

3. Do you feel people are aware of HIV prevention and care services in your community?

- ☐ Yes
- ☐ No

4. If No, what gets in the way of individuals knowing about available resources?

5. Which of the following services do you believe is most difficult for an individual with HIV to access?

| | Highest Unmet Need | Significant Unmet Need | Some Unmet Need | Need Mostly Met |
|--|-----------------------|---------------------------|--------------------|--------------------|
| a. Primary medical care | | | | |
| b. Medical case management | | | | |
| c. Mental health treatment | | | | |
| d. Substance abuse treatment | | | | |
| e. Dental care | | | | |
| f. Infectious disease consultation | | | | |
| g. Medications | | | | |
| h. Housing | | | | |
| i. Transportation | | | | |
| j. Medical specialty care Please specify: | | | | |
| k. Other Please specify: | | | | |
| l. Other unmet needs Please specify: | | | | |

6. How culturally competent – able to provide effective services to diverse consumers – are HIV prevention and care service providers in your community? (check box)

- ☐ Very competent
 ☐ Marginally competent
 ☐ Competent
 ☐ Not culturally competent

7. How significant a concern is confidentiality of health information for consumers in your community? (check box)

- ☐ Very significant concern
 ☐ Somewhat concerning
 ☐ Concerning
 ☐ Not concerning

8. We are very concerned about people who are aware of their HIV status but are not in care. Which of the factors below do you think contribute most to individuals being out of care in the community?

| | Strongly contributes | Probably contributes | May contribute | Probably doesn't con- tribute |
|---|-------------------------|-------------------------|-------------------|-------------------------------------|
| a. Limited income | | | | |
| b. Substance abuse | | | | |
| c. Transportation | | | | |
| d. Lack of knowledge about care services | | | | |
| e. Not understanding the importance of regular care | | | | |
| f. Poor experience with HIV care providers | | | | |
| g. Mental health factors (e.g. depression) | | | | |
| h. Feeling well physically | | | | |
| i. Medication side effects | | | | |
| j. Stigma | | | | |
| k. Other | | | | |
| Please specify: | | | | |

9. Where do you see HIV care/support services overlapping or being duplicated in your community that should be streamlined?

10. What else can be done to enhance the HIV care of people living with HIV in Kentucky?

11. Which of the following impacts individuals accessing HIV prevention services:

| | Strongly im- pacts | Impacts | Minimal impact | Limited impact |
|---|-----------------------|---------|----------------|----------------|
| a. Stigma of HIV | | | | |
| b. Discrimination or perception of discrimination | | | | |
| c. Geographic barriers | | | | |
| d. Financial barriers | | | | |
| e. Homophobia | | | | |
| f. Perceived lack of cultural competence | | | | |

12. We know that many individuals with HIV do not know their status because they have not been tested. Why don't individuals who need HIV testing access counseling and testing services?

| | Highly likely | Likely | Somewhat likely | Not very likely |
|--|---------------|--------|-----------------|-----------------|
| a. Lack of perceived risk | | | | |
| b. Fatalism (pessimism about the future) | | | | |
| c. Lack of information about HIV transmission | | | | |
| d. Legal issues (immigration, etc.) | | | | |
| e. Lack of knowledge about HIV testing | | | | |
| f. Transportation/distance to testing facilities | | | | |
| g. Stigma/discrimination | | | | |
| h. Distrust of health care systems | | | | |
| i. Other Please specify: | | | | |

13. What can be done to encourage HIV testing for those at highest risk?

14. What else do you think can be done to help stop the spread of HIV in Kentucky?

Thank you for taking time to offer your input and for all you do to help the lives of individuals affected by HIV in Kentucky!

Please mail this survey to: RETURN ADDRESS

Remember that this survey is completely anonymous, so please do not put your name on the survey and do not put your return address on the envelope. Thanks again for your input.

**From: Kentucky Needs Assessment: HIV Prevention & Care (2012). Kentucky Department for Public Health.*

FLORIDA THREE-FOLD PATH METHODOLOGY

PRIORITIZATION MODEL*

The purpose of these guidelines is to assist PPGs in assessing a local population's need for prevention services.

The Three-Fold Path Methodology consists of the following:

Path 1: HIV Case Data (40% of Weight)

Rationale: Priority should be given to those populations where HIV infection is occurring. The CDC requires priority setting to be “data driven.” HIV case data is a stronger indicator of where new infections are occurring than AIDS case data.

Path 2: People living with HIV/AIDS in an area (40% of Weight)

Rationale: Priority should be given to those populations living with HIV/AIDS in an area. This methodology relies on people living with HIV/AIDS in an area to assist in prioritizing populations. The greater the impact of HIV on a particular population, the larger priority it will become. As the impact of HIV on a population decreases, the population will move lower on the priority list.

Path 3: Planning Partnership Deliberation (20% Weight)

Rationale: Planning Partnerships consist of people “in the field”—prevention specialists, health planners, community members, behavioral scientists, epidemiologists, and others invested in making a discernible difference in this disease. Their expertise should be utilized in setting priorities.

Each of the priority populations should be ranked by placing them in numerical order of HIV case rank, cases of people living with HIV/AIDS, and PPG's deliberations. The numerical total of the three group rankings by priority population should be totaled. The population with the lowest ranking total will be the highest priority; the next lowest total will be the second highest priority, etc.

The calculation of the final ranking is done in the following manner. Forty percent of the final ranking is based on HIV case data, 40% is based on people living with HIV/AIDS in an area, and 20% is based the summed rankings of the prevention partnerships divided by the number of prevention partners. The final ranking of priorities can be tallied in the table below.

THREE FOLD PATH METHODOLOGY and Advancing HIV Prevention (AHP) Tool

| Populations | 40% of weight HIV Care Data Rank | 40% of weight Living Cases Data Rank | 20% of weight CPP Rank | FinalRank |
|-------------|-------------------------------------|--|---------------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*From: 2012-2014 Florida Jurisdiction HIV Prevention Plan (2011). Florida Prevention Planning Group, pages 43-44.

5. Gaps in Services

Following on the resource inventory and discussion of populations most heavily impacted by HIV/AIDS, the analysis of **current gaps** is the logical progression in the planning process. Grantees should consider **resources**, **infrastructure**, and **service delivery needs** in their discussions about existing gaps in HIV prevention services.

Develop Well-articulated Gap Analysis Process

Rather than simply listing unmet needs, grantees are encouraged to **develop a well-articulated process** for identifying gaps and are reminded that a thorough gap analysis includes:

1. identifying gaps,
2. offering a rationale for inclusion in the list of gaps, and
3. prioritizing existing gaps.

Data Collection

For most grantees, the process of analyzing gaps involves a series of **qualitative information** gathering activities; these most often include a combination of community forums, surveys, interviews, and focus groups designed to encourage exploration of gaps. For some jurisdictions, an ad hoc or planning subcommittee to identify gaps and conduct needs assessment exists; in other jurisdictions, this task is one that the entire planning body oversees.

In gathering information about gaps in services, **strategic targeting of informants** is an important initial step. *Using surveillance data to guide decision-making* is an important tenet of successful qualitative research. In addition to incidence and prevalence data, finding information on ‘late testers,’ individuals with poorer rates of retention in care, and behavioral and geographic cues can be important steps in refining a plan. For many grantees, including individuals living with HIV, this has been an important strategy in identifying gaps in prevention services.

After a potential population is targeted for providing input, **refining the assessment strategies** is another logical step to enhance the utility of the data collected. Figuring out which questions to ask, who to ask, and the appropriate mechanism for gathering input will all need to be explored. Certain popu-

lations may be appropriate to reach with *web-based surveys*; a number of grantees rely on web surveys to gather community input. In other communities, however, access to the Internet or communication preferences may indicate the need to conduct *focus groups* or *key informant interviews*.

Prioritize Gaps

Once the process of identifying gaps has occurred, it typically falls to the health department working with the HPG to develop a **process to prioritize gaps** and consider a *rationale for includ-*

“**In Nevada**, the complexity of the epidemic continues to require enhanced collaborations between treatment and care providers as well as other partners whose help we need in accessing individuals living with HIV who are unaware of their status. Our attempt in developing an engagement strategy was to both add to our existing resources in the HPGs and provide information to external partners about HIV.

Using the Engagement Strategy tool, PPGs in both Northern and Southern Nevada were able to efficiently address gaps in stakeholder engagement and to develop specific plans with timelines for addressing these. The groups responded to the structure and their discussions were focused, efficient, and gave opportunity for accountability moving forward.”

—Lyell S. Collins, MBA, PhD (c)
Nevada Division of Public and Behavioral Health



ing that unmet need. Prioritizing gaps leads directly to creating a set of relevant HIV prevention activities to be undertaken in order to enhance HIV prevention services in the jurisdiction.

As with prioritizing populations, identifying a process for prioritizing gaps in advance may be helpful. Unlike the process for populations, an objective set of guidelines does not appear to be widely in use. Probably because of the qualitative nature of the data collected, the process of prioritizing gaps seems to be inherently more subjective. *One strategy is to link the conversation about gaps to the quantified priority populations.* This would also serve to help a discussion about the rationale

for prioritizing gaps; as the health department and HPG links unmet need to most vulnerable communities the rationale for inclusion will be apparent.

Finally, the health department and HPG will need to determine if a **nominal vote or consensus model** will be employed. Many planning bodies prefer a consensus model of decision making, though several make accommodation of challenges with this by allowing voting as a back-up. However the HPG has determined its processes, an agreed upon set of rules for issues like finding agreement is a central planning question to facilitate effective management of the planning process.

Helpful Tools

The tools that follow are designed to offer illustrations of how jurisdictions have realized the goals of the planning guidance. They are considered examples to ponder and are presented to be adapted for future use.

- 1. CA Prevention Gap Analysis:** Tool used in the joint SCSN/Prevention Needs Assessment process to identify and prioritize unmet prevention needs/gaps in services.
- 2. Nevada PPG Engagement Plan:** Tool used in the planning process which focuses on questions of who to engage, engagement strategies for new and previous partners, and how to create a detailed plan to inform, mobilize, and recruit stakeholders who could be partners in HIV prevention.
- 3. Tennessee Gaps Analysis Tool:** Tool used to determine gaps in prevention services.
- 4. Connecticut Needs Assessment Survey:** This survey is to be distributed among persons living with HIV/AIDS and asks questions about what prevention and care services they need and what barriers prevent them from getting those services.
- 5. Kansas HIV Prevention Services Needs Assessment:** This assessment process consists of focus groups and mail-out surveys. A focus group guide, surveys and cover pages in English and Spanish can be found at:
http://www.kdheks.gov/hiv/download/needs_assess.pdf

CALIFORNIA HIV GAP ANALYSIS

Care and Prevention Service Needs, Barriers and Gaps

Please respond on behalf of all services provided within your jurisdiction, including direct *and* contracted services.

The following terms are defined below to assist you in providing the most accurate responses to the next few **care**-related questions:

SERVICE NEEDS—All needs of People Living With HIV (PLWH), both those receiving care and those not in care.

SERVICE GAPS—All service needs not currently being met for all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care (“in care”).

BARRIERS TO SERVICE—Anything standing in the way of obtaining services or providing services.

UNMET NEED—The number of patients reporting that they were unable to obtain a needed service divided by the number of patients reporting the need for service in the past 12 months.

***Example: 15 patients reported inability to obtain dental X-rays and cleaning, 200 total patients reported they needed dental X-rays and cleaning in a 12 month period. So, $15/200 = 0.075$ or 7.5%.

1. Please indicate the top five current care SERVICE NEEDS in your LHJ/community.

1. _____
2. _____
3. _____
4. _____
5. _____

2. Please indicate the top five care SERVICE GAPS and/or BARRIERS TO SERVICE identified in your LHJ/community.

1. _____
2. _____
3. _____
4. _____
5. _____

Please indicate the care-related UNMET NEED identified in your LHJ/community.

The following terms are defined below to assist you in providing the most accurate responses to the next few **prevention-** related questions:

SERVICE NEEDS—All prevention service needs of your identified target populations as well as other populations you may serve.

SERVICE GAPS—Prevention service needs not currently being met for your identified target populations as well as other populations you may serve.

BARRIERS TO SERVICE—Anything standing in the way of obtaining or providing services.

4. Please indicate the top five current prevention SERVICE NEEDS in your LHJ/community.

1. _____
2. _____
3. _____
4. _____
5. _____

5. Please indicate the top five prevention SERVICE GAPS and/or BARRIERS TO SERVICE identified in your LHJ/community.

1. _____
2. _____
3. _____
4. _____
5. _____

6. What is the most pressing need within your LHJ/community to prepare for Health Care Reform (HCR) implementation?

7. Please share any other information about care service needs in your LHJ/community that may be of interest or consideration in preparing *California's Consolidated Surveillance, Prevention and Care Plan* or the *California Statewide Coordinated Statement of Need*.

8. Are there any published reports or documents that could be of assistance to our process that you may be able to share with us or direct us to?

Thank You!

Thank you again for taking the time to provide your thoughtful responses. If you would like to provide additional feedback regarding the development of *California's Consolidated HIV Surveillance, Prevention and Care Plan* or the *California Statewide Coordinated Statement of Need (SCSN)*, please visit the California Planning Group (CPG) website or join the Advisory Network!

Thank you!

NEVADA REGIONAL HPG ENGAGEMENT STRATEGY

Directions: *The tool should be copied for all HPG members. Following a discussion of surveillance data, a brainstorm was conducted asking the question ‘Who needs to be included in HIV prevention planning?’ The planning process focused on questions of who to engage, engagement strategies for new and previous partners, and creating a detailed plan to inform, mobilize, and recruit stakeholders who could be partners in HIV prevention. The group brainstormed a long list of possible individuals/agencies to be included in HIV prevention planning.*

Next, the group was encouraged to begin a process of prioritizing contacts by answering the question, “who needs to be engaged to achieve the goals of the National HIV AIDS Strategy?” A slide with the NHAS goals was revealed and focusing on one goal at a time, the group prioritized contacts to be engaged. As an individual/agency was identified the group was led in a discussion of possible strategies to engage them and potential strategies for creating a detailed plan to inform, mobilize and recruit these stakeholders who could be partners in HIV prevention.

[illegible]

* From: *Nevadans Working Together: Nevada Jurisdictional Plan and Comprehensive HIV Prevention Program Plan* (2013). Nevada Division of Public and Behavioral Health, pages 10-12.

TENNESSEE GAPS IN SERVICES TOOL*

Directions: As a large group, brainstorm potential gaps to be addressed. Once a list has been created, engage the planning group in a discussion about priorities, overlap, unmet need, and need to prioritize. Following this discussion, you may decide to employ a consensus process or use nominal voting to determine 6-10 priority gaps to be addressed.

Once gaps have been prioritized, the group should begin a discussion about the rationale for addressing that need and relate to issues of individuals not aware of their status, not in care, or not receiving primary prevention services. Conduct a review of high-impact prevention (HIP) strategies. Suggest that for each gap, a high-impact strategy (or set of strategies) to address that need should be created.

[illegible]

***From: TN Department of Health**

CONNECTICUT NEEDS ASSESSMENT SURVEY

If you need help or want to request a Spanish version of the survey, please call: **1-866-972-2050 ext. 22**

Si necesita ayuda o desea solicitar la versión de la encuesta en español, tenga a bien llamar al: **1-866-972-2050 ext. 22**

Connecticut HIV Planning Consortium • Anonymous Survey • 2013 Needs Assessment

Every three years the Connecticut HIV Planning Consortium conducts a **statewide survey of persons living with HIV/AIDS**. The survey asks questions about **what prevention and care services you need**, and **what barriers prevent you from getting those services**. It also asks you for suggestions on how to improve services.

This year, the Consortium intends to collect surveys from nearly 1,500 persons living with HIV/AIDS. Let your voice be heard. Please take **10 to 15 minutes to complete this survey**. You will receive a **\$10 gift card for returning a completed survey**.

The survey is **ANONYMOUS**. You will **NOT** be asked to share any information on this survey about your personal identity such as your name, date of birth, or social security number.

To complete this ANONYMOUS survey, you must be:

- Over the age of 18
- Living with HIV and/or AIDS
- Living in or receiving services in Connecticut
- Have **NOT** already completed this survey through another provider including CADAP

How do you take the survey? Please:

1. Answer all the questions the best you can.
2. If you need help on a question, ask the staff person for help.
3. When you are done, look at each page to make sure all questions are answered.
4. Put the survey in the envelope and seal it.
5. Hand the envelope to the staff person.
6. Sign your name and get the \$10 gift card.

To learn more about the Planning Consortium, please **call this toll free number: 1-866-972-2050 ext. 22**.

Thank you very much for sharing your voice about these very important service issues.

1. What is your gender identity? Please check ALL that apply.

☐ Male ☐ Female ☐ Trans-man ☐ Trans-woman

☐ Other. *Please describe:* _____

2. In what year were you born? _____

3. In what country were you born? Please write the name. _____

4. What town do you live in? Please write the name. _____

5. Are you living with HIV and/or AIDS? Please check ONE answer.

☐ Yes ☐ No

6. How did you become infected with HIV? Please check ALL that apply.

☐ I had sex with a man who is HIV positive.

☐ I had sex with a woman who is HIV positive.

☐ I was born with it.

☐ Through a blood transfusion

☐ By sharing needles or works

☐ I don't know.

7. In what year were you told you have HIV? _____

8. In the **PAST 12 MONTHS**, have you...? Please check yes or no for each one.

| | | |
|---------------------------------------|------------------------------|-----------------------------|
| Had a medical visit for your HIV/AIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had a CD4/T-Cell count | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had a viral load test | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been prescribed HIV/AIDS medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Are you Hispanic or Latino/a? Please check ONE answer.

☐ Yes ☐ No

10. Which of these best describes your racial background? Please check ALL that apply.

☐ Native American or Alaska Native

☐ White

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ Asian

☐ Other. Please describe: _____

11. What is your current citizenship status? Please check ONE answer.

☐ United States citizen

☐ Visa or work permit approved

☐ Visa or work permit pending

☐ Visa or work permit expired

☐ Other. Please describe: _____

12. What language(s) do you speak/understand? Please check ALL that apply.

☐ English ☐ Spanish

☐ Other. Please describe: _____

13. I consider myself... Please check ONE answer.

☐ Bisexual.

☐ Heterosexual (Straight).

☐ Gay or Lesbian (Homosexual).

☐ Other. Please describe: _____

14. Are you a member of the US military? Please check ONE answer.

☐ Yes - Active duty military

☐ Yes - Veteran or retired military

☐ No

15. If you went for a medical visit today, how would you pay for the visit? Please check ALL that apply.

☐ Medicare

☐ Veterans Administration (VA)

☐ Medicaid (Husky/Title 19/LIA)

☐ Ryan White

☐ Private insurance (employer paid, COBRA, CIPA, Charter Oak, PCIP)

☐ I have no insurance. I pay for my own medical visits.

☐ I have no way to pay for my medical visits.

16. Where have you LIVED in the PAST 12 MONTHS? Please check ALL that apply.

- | | |
|--|---|
| <input type="checkbox"/> I was homeless. | <input type="checkbox"/> In a shelter or transitional housing |
| <input type="checkbox"/> With friends | <input type="checkbox"/> In a nursing home or hospital |
| <input type="checkbox"/> With family | <input type="checkbox"/> In an inpatient program such as a substance use or psychiatric program |
| <input type="checkbox"/> In my own apartment/home | <input type="checkbox"/> In AIDS housing |
| <input type="checkbox"/> In a hotel, motel, or rented room | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> Other. Please describe: _____ | |

17. Where do you LIVE TODAY? Please check ONE answer.

- | | |
|--|---|
| <input type="checkbox"/> I am homeless. | <input type="checkbox"/> In a shelter or transitional housing |
| <input type="checkbox"/> With friends | <input type="checkbox"/> In a nursing home or hospital |
| <input type="checkbox"/> With family | <input type="checkbox"/> In an inpatient program such as a substance use or psychiatric program |
| <input type="checkbox"/> In my own apartment/home | <input type="checkbox"/> In AIDS housing |
| <input type="checkbox"/> In a hotel, motel, or rented room | <input type="checkbox"/> Other. Please describe: _____ |
- _____

**18. Since testing positive for HIV, have you EVER experienced any of the following?
Please check ALL that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Alcohol use issues | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> PCP pneumonia |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Psychiatric/mental health issues |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Substance use issues other than alcohol |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other. Please describe: _____ | |



19. What other health issues do you have TODAY?

20. Since testing positive for HIV, have you EVER been told you have ANY of the following sexually transmitted infections (STIs)? Please check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Genital Warts/HPV | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Genital herpes | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Gonorrhea | |

21. In the PAST 12 MONTHS, have you had UNPROTECTED (i.e. without a condom) vaginal or anal SEX? Please check ONE answer.

- ☐ Yes ☐ No

22. In the PAST 12 MONTHS, have you...? Please check ALL that apply.

- ☐ Shot up drugs
- ☐ Shared needles or injection equipment
- ☐ Experienced an overdose
- ☐ None of the above

23. In the PAST 12 MONTHS, I have had UNPROTECTED vaginal or anal SEX...Please check ALL that apply.

- | | |
|---|---|
| <input type="checkbox"/> With someone I don't know. | <input type="checkbox"/> With a man who has sex with other men. |
| <input type="checkbox"/> With someone I know is HIV negative. | <input type="checkbox"/> With someone I know is HIV positive. |
| <input type="checkbox"/> With someone who has injected drugs. | <input type="checkbox"/> With someone I met on the Internet. |
| <input type="checkbox"/> For drugs, money, food, or housing. | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> While using drugs and/or alcohol. | |

24. Which of these HIV services do you need and cannot get? Please check ALL that apply.

- | | |
|--|---|
| <input type="checkbox"/> Help telling my sex partner(s) about possible exposure to HIV | <input type="checkbox"/> Services that help limit my partner's risk |
| <input type="checkbox"/> Services that help me get into alcohol treatment | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Syringe/needle exchange programs | <input type="checkbox"/> Other. <i>Please describe:</i> _____ |

25. In the PAST 12 MONTHS, which of the following HIV care services did you need and could not get? Please check ALL that apply.

- | | |
|---|--|
| <input type="checkbox"/> To see a doctor about my HIV/AIDS | <input type="checkbox"/> Mental health services (individual or group counseling) |
| <input type="checkbox"/> To see a doctor for other medical needs such as my ears, eyes or kidneys | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Medical case management/case manager | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Help from a nurse to take my HIV/AIDS medications | <input type="checkbox"/> Assistance getting food |
| <input type="checkbox"/> Substance use services (other than 12 step meetings) | <input type="checkbox"/> Nutrition services (Boost/Ensure and food pantry) |

26. In the PAST 12 MONTHS, I did not get the HIV services I needed because ...Please check ALL that apply.

- | | |
|---|---|
| <input type="checkbox"/> I was afraid people would find out I am HIV positive. | <input type="checkbox"/> I was not ready to deal with having HIV. |
| <input type="checkbox"/> I feared a negative and/or violent reaction from my partner. | <input type="checkbox"/> I felt healthy. |
| <input type="checkbox"/> I didn't want to share my immigration status. | <input type="checkbox"/> I didn't have transportation. |
| <input type="checkbox"/> I didn't feel respected by my provider. | <input type="checkbox"/> I didn't have stable housing. |
| <input type="checkbox"/> I didn't trust my doctor. | <input type="checkbox"/> I couldn't afford it. |
| <input type="checkbox"/> I didn't know where to find services. | <input type="checkbox"/> My income was too high to qualify. |
| <input type="checkbox"/> My alcohol and/or drug use got in the way. | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other. <i>Please describe:</i> _____ | |

27. What other services do you need? Please describe:

28. What can be done to improve HIV services in Connecticut?

29. How easy was this survey for you to complete? Please check ONE answer.

☐ Very easy

☐ Somewhat easy

☐ It was hard. *Please tell why.*

Thank you for completing this ANONYMOUS survey.

What do I do next?

- Look at each page to make sure all questions are answered.
- Put the survey in the envelope and seal it.
- Hand the envelope to the staff person.
- Sign your name and get the \$10 gift card.

6. Outlining Prevention Activities

The final major function of the Jurisdictional Plan is to **outline proposed prevention activities** to address gaps in prevention services within communities most affected by HIV. With the release of the *National HIV/AIDS Strategy* and CDC's *2011 Guidance on High Impact HIV Prevention*, grantees should focus their prevention activities on these proven interventions. In this portion of the Jurisdictional Plan, **grantees will outline in broad detail which interventions they propose and make the link to identified gaps and unmet needs in priority populations.**

Specific Goals, SMART objectives, Evaluation and Capacity-Building Plans

Following this, the grantee will outline in the Program Plan *specific goals and SMART objectives* for each intervention as well as evaluation and capacity-building plans.

Selection Criteria for Interventions

The following components provide the rationale for implementing high impact strategies and should form the basis for grantees' selection of interventions:

- **Effectiveness and Cost.** The grantee should underscore the cost-effectiveness of selected interventions. Data supporting these decisions are generally available in the public domain for grantees and planning bodies to review.
- **Feasibility of full-scale implementation.** The scalability of interventions—the ability to implement at the community or population level—is another important rationale for high impact prevention. Though there may be a role for limited one-on-one or resource intensive interventions, these should be limited to highest-risk populations and may not be feasible in a given jurisdiction.
- **Coverage in target populations.** The extent of the impact on prioritized populations should also be factored into intervention decisions.
- **Interaction and targeting.** In selecting interventions, taking a comprehensive approach to the impact of selected interventions assesses synergy and increase return on investment for prevention activity. In many jurisdictions, combining interventions and strategic planning about implementation can increase the effects beyond what either intervention on its own might have achieved.
- **Prioritization.** Both quantitative and qualitative findings from surveillance analysis and needs assessment activity should determine priority needs and populations. Concomitant with this process, prioritizing selected interventions is also pragmatic and assures thoughtful use of prevention resources as well as calculated impact.

Proven Interventions

The following **proven interventions** are at the core of what grantees should propose in the Jurisdictional Plan.

These include:

- HIV Testing and linkage to care
- Antiretroviral therapy
- Access to condoms and sterile syringes
- Prevention programs for people living with HIV and their partners
- Prevention programs for people at high risk of HIV infection
- Substance abuse treatment
- Screening and treatment for other sexually transmitted infections

“**At our bi-annual meeting of Regional leadership, we used the condom distribution planning tool to target specific populations and venues where access to condoms contributes to HIV risk. This structured discussion in small groups allowed individuals a chance to focus very specific attention to questions that would help the Department of Health create a statewide plan for condom distributions. These regional plans—later approved by regional planning groups—were invaluable in making a distribution plan with relevant local input and a discussion of specific steps and stakeholders. This valuable plan enables each of us in our individual regions to use our limited resources wisely, while assuring we are hitting the right populations”**

—Jerry Evans
Chattanooga Cares
Tennessee Statewide

Helpful Tools

1. Condom Distribution Planning Tool: Process for creating a plan for effective and efficient condom distribution in a jurisdiction.

REGIONAL CONDOM DISTRIBUTION PLANNING TOOL*

Directions: Divide group into small groups that allow a logical geographic distribution. If any individual possesses expertise in several regions, assign them to groups with fewer participants.

Once small groups have formed, distribute Condom Planning form. Explain that when considering "Target Audiences," successful programs should target the following: individuals at high risk, venues frequented by high-risk individuals, and communities at greatest risk for HIV infection.

When considering "Objectives," define your programmatic objectives, key indicators for measuring performance, and how that data will be collected. Key indicators to consider are: number of condoms distributed, number of agencies, venues or settings where free condoms are distributed, and estimated number of audience impressions from campaign messages.

When considering the "Plan," it is important to list very specific steps in implementing the objectives. Questions like access to the venue, procuring condoms, social marketing materials, and checking supply will be important issues to address in establishing a well-devised plan.

| Target Audience | Objective | Time Frame |
|-----------------|-----------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

*From: TN Prevention Planning Group.

While many of these interventions have been employed in HIV prevention for some time, these mark a **shift in prevention approaches** for some health departments, their grantees and planning partners. One notable shift may include moving away from behavioral interventions that jurisdictions may have employed in the past. It may not be necessary to eliminate all behavioral interventions, but choosing interventions which target the most vulnerable populations and have demonstrated impact at targeted-testing, linkage or retention to care and changes in sexual and drug-using behaviors are essential.

7. Resources

California Integrated HIV Surveillance, Prevention, and Care Plan
<http://www.cdph.ca.gov/programs/aids/Documents/Integrated-Plan.pdf>

CDC Technical Guidance on Jurisdictional Planning
http://www.cdc.gov/hiv/topics/funding/PS12-1201/pdf/PS12_1201_Require_Plans.pdf

Connecticut Comprehensive HIV Prevention and Care Plan
http://www.ct.gov/dph/lib/dph/state_health_planning/dphplans/hiv_care_prev_plan_2009_2012.pdf

DC Comprehensive HIV Prevention Plan
[http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC Comprehensive HIV Prevention Plan 2012-2015_1.pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20Comprehensive%20HIV%20Prevention%20Plan%202012-2015_1.pdf)

Florida Jurisdictional HIV Prevention Plan
http://www.doh.state.fl.us/disease_ctrl/aids/prevention/PPG_HIV_Prevention_Plan.pdf

Kansas Jurisdictional HIV Prevention Plan
http://www.kdheks.gov/hiv/kacha/2012_Jurisdictional_Prevention_Plan.pdf

Michigan Jurisdictional Plan
http://www.michigan.gov/documents/mdch/Michigans_Jurisdictional_Plan_2012-2015_415970_7.pdf

National Minority AIDS Council [NMAC] Overview of HIV Planning
<http://www.theaidsinstitute.org/sites/default/files/attachments/J%20Llanes-Guidance%20to%20Implementation.pdf>

San Francisco Jurisdictional Plan
<http://www.sfhiv.org/wp-content/uploads/FINAL-jurisdictional-strategy.pdf>

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