

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

* 1. On behalf of which services are you responding?

Care

Prevention

Both

Care Demographics

Please select the option(s) that best describe your organization and community.

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?

- 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

Please select the option(s) that best describe your organization and community.

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 community have a prevention-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'.**

Care and Prevention Demographics

Please select the option(s) that best describe your organization and community.

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:

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

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'.**

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 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* served (within the last 12 months):

4. Prevention Services CURRENTLY Provided:

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

- | | | |
|---|--|---|
| <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:

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

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

- African American
- Heterosexual
- HIV+
- HIV+ Sex Partner
- Homeless
- IDU
- Other (please specify)
- IDU Sex Partner
- Incarcerated
- Latino(a)
- Migrant Worker
- MSM
- MSM Sex Partner
- Non-gay Identified
- Non-Identified Risk
- Non-IDU Substance User
- Sex-Worker
- Transgender
- Youth/Young Adults

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

- African American
- Heterosexual
- HIV+
- HIV+ Sex Partner
- Homeless
- IDU
- Other (please specify)
- IDU Sex Partner
- Incarcerated
- Latino(a)
- Migrant Worker
- MSM
- MSM Sex Partner
- Non-gay Identified
- Non-Identified Risk
- Non-IDU Substance User
- Sex-Worker
- Transgender
- Youth/Young Adults

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

8. Prevention Services CURRENTLY Provided:

- Comprehensive Risk Counseling and Services (CRCS)
- Diffusion of Effective Behavioral Interventions (DEBI)
- Evidence-based interventions (EBI)
- Group Level Interventions (GLI)
- Health Communications/Public Information (HCPI) Education
- Health Communications/Public Information (HCPI) Media
- Hepatitis C Testing
- HIV Counseling
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- HIV Testing
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- Other (please specify)
- Mobile Van Outreach
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- Pharmacy Syringe Access/Disease Prevention Demonstration Project (DPDP)
- Post-exposure Prophylaxis (PEP)
- Pre-Exposure Prophylaxis (PrEP)
- Prevention With Positives (PWP)
- Referrals to Other Services
- Sexually Transmitted Disease (STD) Testing
- Support Groups
- Syringe Exchange
- Targeted Prevention Activities (TPA)

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 5 current care **SERVICE NEEDS** in your LHJ/community.

1.
2.
3.
4.
5.

2. Please indicate the top 5 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?

**If so, please provide the URL in the box below or email them as attachments to Carol Crump, MFT, Behavioral Health Specialist, Office of AIDS at: carol.crump@cdph.ca.gov
***If you choose to email them, please indicate "[Your LHJ Name] Community Assessment" as the email subject.**

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 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 5 current prevention SERVICE NEEDS in your LHJ/community.

1.
2.
3.
4.
5.

2. Please indicate the top 5 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?

If so, please provide the URL in the box below or email them as attachments to Carol Crump, MFT, Behavioral Health Specialist, Office of AIDS at: carol.crump@cdph.ca.gov

*****If you choose to email them, please indicate "[Your LHJ Name] Community Assessment" as the email subject.**

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 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 5 current care SERVICE NEEDS in your LHJ/community.

1.
2.
3.
4.
5.

2. Please indicate the top 5 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.

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 services or providing services.

4. Please indicate the top 5 current prevention SERVICE NEEDS in your LHJ/community.

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

5. Please indicate the top 5 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 and/or prevention 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?

If so, please provide the URL in the box below or email them as attachments to Carol Crump, MFT, Behavioral Health Specialist, Office of AIDS at: carol.crump@cdph.ca.gov

*****If you choose to email them, please indicate "[Your LHJ Name] Community Assessment" as the email subject.**

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!