HIV Services Resource Inventory Survey, 2015

Your agency is receiving this survey because the organization receives direct federal funding for the prevention or treatment of HIV/AIDS, because you have self-selected to be included in the 2015-2017 Delaware Resource Guide, a directory of HIV services for the state, or because your agency was recognized for offering services directly, or indirectly, to Delawareans living with HIV.

This survey has been created by the Delaware HIV Planning Council, a community-based advisory body which provides recommendations to the Delaware Division of Public Health on its spending of federal HIV prevention and care funds. The Delaware HIV Planning Council is a robust network of over 30 representatives including persons living with HIV/AIDS, AIDS Service Organizations, Faith- and Community-Based Organizations, state agencies, and the business sector.

The survey should take about 30 minutes to complete. Due to the nature of the questions in this survey, the most appropriate respondent would likely be the agency's Executive Director, Chief Financial Officer, or grant administrator. **If your agency has multiple locations, this survey should only be completed once.**

The information collected in this survey is important and will be used to develop the State of Delaware's 2017-2021 Integrated HIV Prevention and Care Plan, a blueprint for combatting the disease and improving the quality of HIV services provided in the state. Your responses will be aggregated with all of the HIV service providers in the state to develop a comprehensive profile of all of the resources dedicated to HIV care and prevention services. **All information will remain confidential.**

There are two ways to complete the survey. You can fill out the attached PDF, scan and return it to Tyler Berl, manager of HIV/AIDS Community Planning, either by email (tberl@delawarehiv.org) or by fax to (302) 654-5472; or, the survey may be completed electronically using the following link: (https://www.surveymonkey.com/r/HIVResources).

If you have any questions regarding the survey please call Tyler Berl at (302) 654-5471.

IT IS VERY IMPORTANT THAT YOU FILL OUT THIS SURVEY AND RETURN IT ON OR BEFORE: November 16, 2015.

NAME/TITLE: _____

AGENCY: _____

PHONE: _____

EMAIL: _____

(PLEASE INCLUDE THIS FILLED OUT COVER PAGE WHEN RETURNING YOUR SURVEY.)

Part One: Agency Description

We are interested in what services are available to people living with HIV/AIDS in Delaware. Below is a list of services that people living with HIV/AIDS might need to maintain their health. If you are unsure about which category a service you provide might fall into, please contact Tyler Berl (contact information is included in the email that contained the link to this survey).

1. **Which of the following services does your agency provide?** (check all that apply)

- ☐ Child/Family support
- ☐ Counseling & Testing for HIV
- ☐ Crisis Help
- ☐ Dental/Oral health care
- ☐ Employment assistance
- ☐ Food bank/Vouchers
- ☐ Financial Assistance
- ☐ Health Insurance Enrollment or Continuation Assistance
- ☐ Home Health Care
- ☐ Housing assistance/Housing for HIV
- ☐ HIV case management
- ☐ HIV Medical Care
- ☐ HIV Outreach
- ☐ HIV Prevention Education
- ☐ HIV Prevention with Positives
- ☐ HIV Support Group
- ☐ Information/Referrals
- ☐ Legal services
- ☐ Medications (HIV-related)
- ☐ Mental Health Services/Counseling by licensed professional counselor, psychologist, psychiatrist, social worker
- ☐ Medical Care (primary, outpatient)
- ☐ Medical Care (specialty, outpatient)
- ☐ Needle Exchange
- ☐ Non-HIV Case Management
- ☐ Nutritional Counseling
- ☐ Substance Use/Abuse Treatment (inpatient, outpatient)
- ☐ Testing for STDs
- ☐ Translation/Interpretation services
- ☐ Transportation or Transportation vouchers
- ☐ Vision Care
- ☐ Other(s) _____

2. **Your agency's primary location is in**:

☐ Greater Wilmington Area ☐ New Castle County ☐ Kent County ☐ Sussex County

3. **Your agency provides HIV services to residents living in** (check all that apply):

☐ Greater Wilmington Area ☐ New Castle County ☐ Kent County ☐ Sussex County

4. **Which best describes your Organization/agency** (check all that apply):

- ☐ Community Based Organization (not HIV-specific)
- ☐ HIV Service Organization
- ☐ Health Clinic
- ☐ State Agency
- ☐ College or University
- ☐ School Based Health Center
- ☐ Community Mental Health Center
- ☐ Housing / Shelter
- ☐ Faith-Based Organization or Institution
- ☐ Migrant Worker Service Provider
- ☐ Community Health Center
- ☐ Multi-Service Agency
- ☐ Substance Abuse Treatment Provider
- ☐ Federally Qualified Health Center (FQHC)
- ☐ For Profit
- ☐ Other (Please Specify): _____

5. **Where is your agency located (primary service site) and how would a client contact your agency if he/she was seeking services?**

   Agency Name: ______________________________
   Primary Contact Person: ______________________________
   Address: ______________________________
   Address 2: ______________________________
   City/Town: ______________________________
   Zip/Postal Code: ______________________________
   Email Address: ______________________________
   Phone Number: ______________________________
   Fax: ______________________________

6. **Please provide the contact information for any alternative service sites operated by your agency:**

Agency Name: ______________________________
Primary Contact Person: ______________________________
Address: ______________________________
Address 2: ______________________________
City/Town: ______________________________
Zip/Postal Code: ______________________________
Email Address: ______________________________
Phone Number: ______________________________
Fax: ______________________________

Agency Name: ______________________________
Primary Contact Person: ______________________________
Address: ______________________________
Address 2: ______________________________
City/Town: ______________________________
Zip/Postal Code: ______________________________
Email Address: ______________________________
Phone Number: ______________________________
Fax: ______________________________

Agency Name: ______________________________
Primary Contact Person: ______________________________
Address: ______________________________
Address 2: ______________________________
City/Town: ______________________________
Zip/Postal Code: ______________________________
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Phone Number: ______________________________
Fax: ______________________________

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Email Address: ______________________________
Phone Number: ______________________________
Fax: ______________________________

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Primary Contact Person: ______________________________
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City/Town: ______________________________
Zip/Postal Code: ______________________________
Email Address: ______________________________
Phone Number: ______________________________
Fax: ______________________________

Part Two: Agency Resources

The United States Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) require the Delaware HIV Planning Council to regularly provide an inventory of the human and financial resources available for HIV treatment and prevention in the State. Your answers will help us develop this inventory.

The following section asks questions related to the financial and human resources that your agency dedicates to HIV services.

1. **What was your agency's annual budget for HIV services (indicated in Part One) in FY 2015**?

   _____

2. **For FY 2016 it is estimated that your agency's budget for HIV services will:**

   ☐ Increase ☐ Decrease ☐ Remain the same

3. **Please approximate the percentage of your budget that comes from each of the sources listed below. If you do not receive funding from a particular source, please put 0%**.

Centers for Disease Control	_____%
Ryan White HIV/AIDS Program Part B	_____%
Ryan White HIV/AIDS Program Part C	_____%
Ryan White HIV/AIDS Program Part D	_____%
Ryan White HIV/AIDS Program Part F	_____%
HUD/HOPWA	_____%
SAMHSA	_____%
ADAP	_____%
Medicaid	_____%
Medicare	_____%
Private Insurance	_____%
Self-pay	_____%
State of Delaware	_____%
Other Federal Funding _____	_____%
City/County Funding	_____%
Non-governmental grants	_____%
Fundraising	_____%
Other _____	_____%
Other _____	_____%

4. **Please indicate how many staff members (on average) your organization had working on HIV services for 2014 and 2015:**

	2014	2015
Full Time (35+ hours/week)		
Part Time (<35 hours/week)		
Volunteers (min. 5 hours/week)		
Volunteers (<5 hours/week)		

5. **What is the total number of unduplicated HIV+ clients your agency provided service to during your agency's last full fiscal year?**

   Unduplicated clients: _____

6. **Your agency has enough staff to increase its caseload by what percent while still meeting the needs of its clients?** (Only check one)

- ☐ None, the agency is at or above caseload capacity
- ☐ 5%increase in caseload
- ☐ 10%increase in caseload
- ☐ 15% increase in caseload
- ☐ The agency is at or above caseload capacity, but will not turn away a patient in need.

7. **Your agency has enough financial resources to increase its caseload by what percent while still meeting the needs of its clients?** (Only check one)

- ☐ None, the agency is at or above caseload capacity
- ☐ 5%increase in caseload
- ☐ 10%increase in caseload
- ☐ 15% increase in caseload
- ☐ The agency is at or above caseload capacity, but will not turn away a patient in need.

8. **What are the significant (major) barriers to providing HIV Services?** Check all options that apply.

- ☐ Limited hours of operation
- ☐ Limited funding
- ☐ Limited service capacity
- ☐ Target population not aware of services
- ☐ Problems of accessibility for the target population
- ☐ Transportation
- ☐ Staff retention
- ☐ General public apathy about HIV/AIDS
- ☐ Lack of bilingual materials/staff
- ☐ Stigmatization
- ☐ Other; specify _____

Part Three: Description of Clients Served

The following questions will provide a general understanding of the clients your agency assists with its HIV services.

1. **Which population(s) does your agency's HIV services target?** (Check all that apply)

- ☐ Men who have sex with men
- ☐ Injecting drug users
- ☐ Other substance use disorders
- ☐ Youth (13-17)
- ☐ Young Adults (18-24)
- ☐ Bisexual Men & Women
- ☐ Heterosexuals
- ☐ Transgender
- ☐ Women
- ☐ Persons with HIV/AIDS
- ☐ Un-/Under-insured
- ☐ Seniors (50 and Over)
- ☐ Incarcerated
- ☐ Hispanic/Latino
- ☐ African Americans
- ☐ Haitian
- ☐ Commercial Sex Workers
- ☐ Low income
- ☐ Undocumented/Migrant
- ☐ Mental Health Disorders
- ☐ General Population

2. **Estimate the percentage of clients your agency provides services based on ethnicity:**

Hispanic/Latino	_____%
Non-Hispanic	_____%

3. **Estimate the percentage of clients your agency provides services based on race:**

Black or African American	_____%
White or Caucasian	_____%
American Indian/Alaskan Native	_____%
Asian/Pacific Islander	_____%
Identified by two or more	_____%
Other: _____	_____%

Part Four: Other Comments/Thoughts

1. Are there any services not mentioned in this survey that are needed in your community and that are not being provided?
   - ☐ Yes
   - ☐ No
2. If you answered yes for question 1 of this section please specify which services are needed but not being met:

   _____
   _____
   _____

3. Do you have any other comments or concerns that we have not asked during this questionnaire?

   _____
   _____
   _____
   _____
   _____

Thank you for completing this survey, your input is greatly appreciated.