

Form Approved
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Biomedical HIV Prevention Organizational Assessment

Web-based Survey

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1. What is your first name?
2. What is your last name?
3. What is the name of your organization?
4. What is your main role in your organization?
 Management
 Direct client service provider

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ORGANIZATION CHARACTERISTICS

The purpose of this section is to learn about your organization, its clients and its current HIV-related services.

5. What year did your organization begin?
6. How many full-time salaried staff are employed by your organization?
7. What city is your organization located in? (If more than one site, please provide the location for the site that provides services to the largest number of clients)
8. What state is your organization located in? (If more than one site, please provide location for the site that provides services to the largest number of clients)
9. What is your organization's ZIP code? (Enter 5-digit ZIP code. If more than one site, please provide the ZIP code for the site that provides services to the largest number of clients)

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10. What is your organization's total operating budget for the most recent full year? (check one)

- More than \$10,000,000
- \$5,000,000 – 9,999,999
- \$1,000,000 - 4,999,999
- \$500,000 – \$999,999
- \$100,000 - \$499,999
- Less than \$100,000
- Don't know or refuse

11. What percentage of your funding for HIV prevention activities comes from each of these sources? (Estimate the percentage of the total funding for each source- estimates should not total more than 100%)

CDC

Other federal agencies (e.g., HRSA, SAMHSA)

City or county health department

State health department

Private funders or donations

Other

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12. Does your organization provide HIV testing?

- Yes
- No
- Don't Know

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13. Approximately how many clients per month receive an HIV test?

14. Does your organization provide small group behavioral HIV prevention interventions?

Yes
 No
 Don't Know

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15. Approximately how many clients per month receive small group behavioral HIV prevention interventions?

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16. Does your organization provide individual behavioral HIV prevention interventions?

Yes
 No
 Don't Know

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17. Approximately how many clients per month receive individual behavioral HIV prevention interventions?

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18. Does your organization provide linkages to social services or financial benefits?

Yes
 No
 Don't Know

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19. Approximately how many clients per month receive linkages to social services or financial benefits?

20. Does your organization provide linkages to treatment and care for persons living with HIV?

Yes
 No
 Don't Know

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21. Approximately how many clients per month receive linkages to treatment and care for persons living with HIV?

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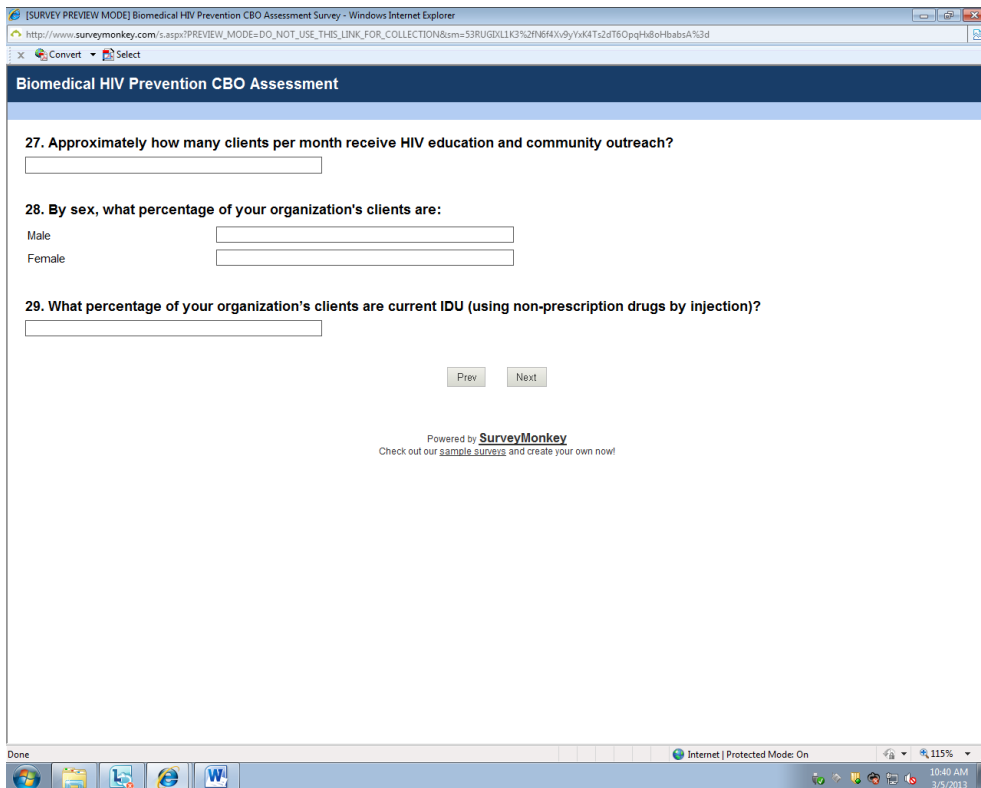
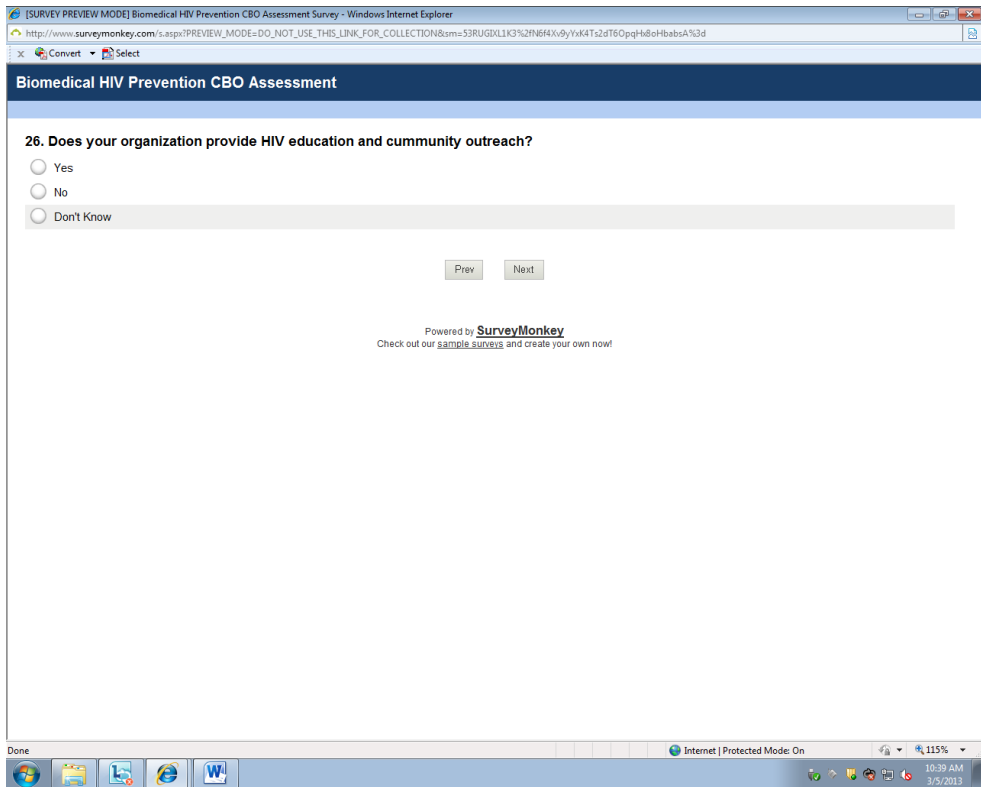
22. Does your organization provide linkages to partner services for persons living with HIV?

Yes
 No
 Don't Know

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30. What percentage of your organization's clients are Hispanic or Latino (of any race)?

31. By race/ethnicity, what percentage of your organization's clients would you say are (estimates in all categories should not total more than 100%):

White (and not Hispanic/Latino)

Black or African American (and not Hispanic/Latino)

Asian

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

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32. By sexual orientation or gender identity, what percentage of your clients are: (do not count persons in more than one category, estimates in all categories should not total more than 100%)

MSM (gay, bisexual, and other men who have sex with men)

WSW (Lesbian, bisexual and other women who have sex with women)

Heterosexual male

Heterosexual female

Transgender (male to female)

Transgender (female to male)

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The purpose of this section is to learn about your organization, its interests in, and resources needed to provide clinical HIV treatment and prevention services. By clinical services we mean services that must be provided by licensed healthcare professionals such as doctors, nurse practitioners, clinical psychologists, or pharmacists.

35. Does your organization have a medical or clinical advisory board/committee?

Yes
 No
 Don't know or refuse

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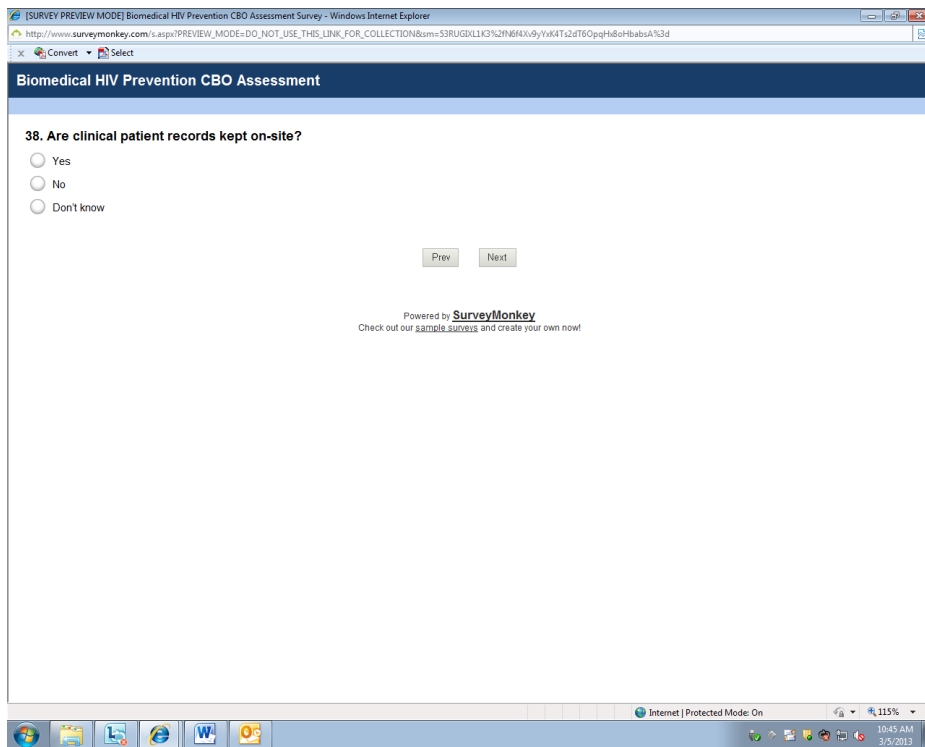
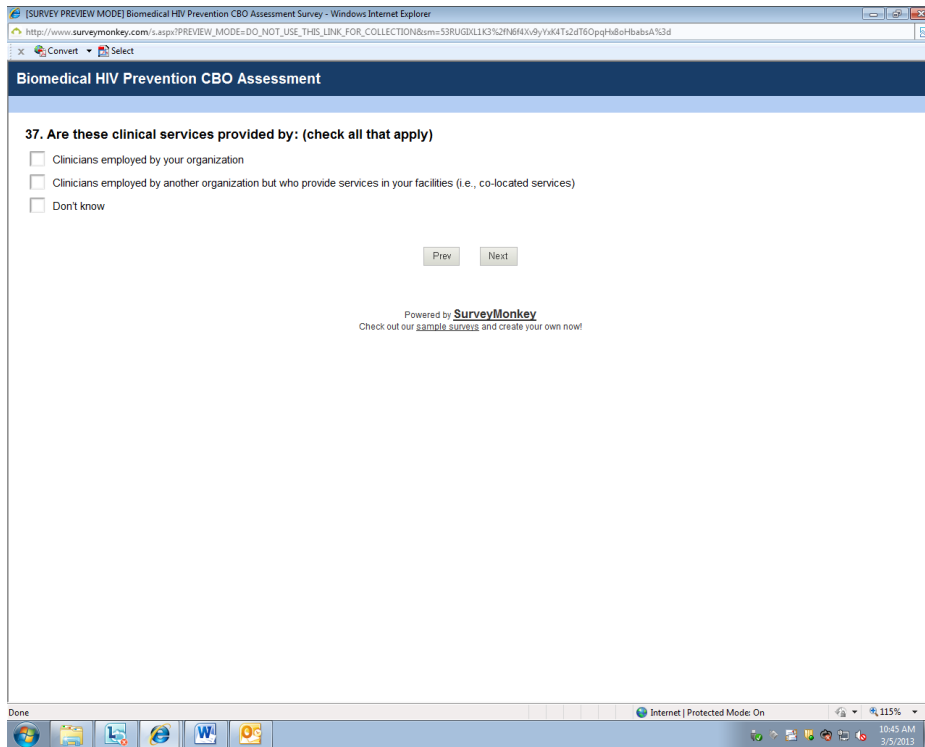
36. Does your organization currently provide any of the following clinical services on-site? (check all that apply)

Blood collection by venipuncture (phlebotomy) for laboratory tests
 Genital examination and treatment for sexually transmitted disease
 Diagnosis and treatment for serious mental health conditions
 Providing or recommending clinical care based on lab and exam results
 Writing prescriptions for treatment medications
 Dispensing of treatment medications (e.g., on-site pharmacy)
 Providing and monitoring clinical treatment for HIV infection
 Providing and monitoring clinical treatment for opiate/narcotic addiction
 None of the above
 Don't know

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40. Before today, had you heard of (check all that apply):

- Nonoccupational postexposure prophylaxis (nPEP)
- Preexposure prophylaxis (PrEP)
- Treatment as prevention (TasP)

41. In the last year, have any clients since requested information about any of the following? (check all that apply)

- nPEP
- PrEP
- TasP

42. In the last year, have any clients been prescribed nPEP (taking ARVs daily for 4 weeks after a possible HIV exposure) by staff at your organization?

Yes
 No
 Don't know

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43. Was nPEP given to client(s) following: (check all that apply)

- A man who had consensual sex with a man
- A man who was raped by a man
- A woman who had consensual sex with a man
- A man who had consensual sex with a women
- A woman who was raped by a man
- IDU exposure
- Other exposure
- Don't know exposure

44. For a future survey, would you be willing to be recontacted and asked about your nPEP services?

Yes
 No

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45. In the past year, have any clients been prescribed PrEP (taking ARVs daily for more than one month to protect themselves against HIV infection) by staff at your organization?

Yes
 No
 Don't know

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46. Were the client(s) who received PrEP: (check all that apply)

MSM (gay, bisexual, and other men who have sex with men)
 Heterosexual women
 Heterosexual men
 IDU
 Other
 Don't know

47. For a future survey, would you be willing to be recontacted and asked about your PrEP services?

Yes
 No

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48. In the past year, have any clients been prescribed TasP (started ARV treatment early to protect their HIV-negative partner - not primarily for the benefit of their own health) by staff at your organization?

Yes
 No
 Don't know

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49. Were the client(s) who received TasP: (check all that apply)

MSM (gay, bisexual, and other men who have sex with men)
 Heterosexual women
 Heterosexual men
 IDU
 Don't know

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Please check the one statement below that best describes your organization's current intentions.

50. For nPEP, this organization is...

- Unlikely to support the use of nPEP, because it is unsafe, ineffective, or unethical
- Unlikely to support the use of nPEP, because clinical services are not in our mission
- Unsure about supporting the use of nPEP; we need to know more
- Currently providing nPEP at a level that meets our clients' needs
- Likely to support the use of nPEP for some clients, but need more resources

51. For PrEP, this organization is...

- Unlikely to support the use of PrEP, because it is unsafe, ineffective, or unethical
- Unlikely to support the use of PrEP, because clinical services are not in our mission
- Unsure about supporting the use of PrEP; we need to know more
- Currently providing PrEP at a level that meets our clients' needs
- Likely to support the use of PrEP for some clients, but need more resources

52. For TasP, this organization is...

- Unlikely to support the use of TasP, because it is unsafe, ineffective, or unethical
- Unlikely to support the use of TasP, because clinical services are not in our mission
- Unsure about supporting the use of TasP; we need to know more
- Currently providing TasP at a level that meets our clients' needs
- Likely to support the use of TasP for some clients, but need more resources

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53. What additional INFORMATION do you need to make a decision about supporting use of nPEP? (enter text as needed)

54. What additional INFORMATION do you need to make a decision about supporting use of PrEP? (enter text as needed)

55. What additional INFORMATION do you need to make a decision about supporting use of TasP? (enter text as needed)

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56. What additional STAFF TRAINING AND TOOLS do you need to support the use of nPEP, PrEP and TasP? (Please indicate whether each one is a high, medium, low or not a priority for your organization)

	nPEP	PrEP	TasP
Staff training and tools- guidelines or Program Manual	High		
Staff training and tools for community outreach and education staff	Moderate		
Staff training and tools on medication adherence support			
Staff training and tools for adaptation of EBI risk reduction counseling protocols			
Staff training and tools on client linkage, support for retention in biomedical care, and coordination with clinical care sites			
Staff training and tools on reimbursement/billing for clinical services			

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57. What additional types of INFORMATION AND TOOLS FOR CLIENTS do you need to support the use of nPEP, PrEP and TasP? (Please indicate whether each one is a high, medium, low or not a priority for your organization)

	nPEP	PrEP	TasP
Client information materials (handouts, videos, etc)	High		
Financial resource guide to assist clients	Medium		
Protocols and tools for screening clients for eligibility for biomedical intervention	Low		

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58. What additional types of STAFF do you need to support the use of nPEP, PrEP and TasP? (Please indicate whether each one is a high, medium or low or not a priority for your organization)

	nPEP	PrEP	TasP
Counseling staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical staff (nurses, doctors, pharmacists)	High Medium Low Not a priority	<input type="text"/>	<input type="text"/>
Outreach/education staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care coordinators, peer navigators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clerical staff (e.g., records management, billing)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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59. What additional types of SPACE do you need to support the use of nPEP, PrEP and TasP? (Please indicate whether each one is a high, medium, low or not a priority for your organization)

	nPEP	PrEP	TasP
Space Needed: for counseling and education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Space Needed: for clinical procedures and visits	High Medium Low Not a priority	<input type="text"/>	<input type="text"/>
Space Needed: more space, files and clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>

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60. What additional types of EQUIPMENT do you need to support the use of nPEP, PrEP and TasP? (Please indicate whether each one is a high, medium, low or not a priority for your organization)

	nPEP	PrEP	TasP
Equipment Needed: computers and software	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment Needed: clinical care equipment and supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>

High
Medium
Low
Not a priority

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Biomedical HIV Prevention CBO Assessment

61. Where would you prefer to get resources about biomedical HIV prevention methods?

	Local Health Department	Local Clinical Provider	CDC or CDC-funded Source	National or Regional Training Center	Other National or Regional Source
Clinical information for nonclinical staff (e.g., about medications, labs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training for clinical staff in providing biomedical prevention and monitoring health effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training for nonclinical staff to support client use (e.g., adherence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training for nonclinical staff in collaborating with clinical providers (e.g., linkage to care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials for community outreach and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials for identifying clients who might be candidates for biomedical prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials for clients using biomedical prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Biomedical HIV Prevention CBO Assessment

62. What are your organization's primary strengths related to the support of biomedical HIV prevention methods?

63. What are your organization's primary challenges related to the support of biomedical HIV prevention methods?

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You have completed the survey. THANK YOU VERY MUCH!

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