

Attachment A

Colorado HIV Prevention Services Provider Survey

**COLORADO HIV PREVENTION SERVICES
PROVIDER SURVEY 2005**

AGENCY INFORMATION

Agency Name _____

Street Address _____

City _____ Zip Code _____ Phone _____ Fax _____

Contact Person _____ Title _____

Contact Person's Phone _____ Email _____

1. Which of the following best describes your agency?

- | | |
|--------------------------------------|---------------------------------|
| a) Correctional institution (adults) | f) Local health department |
| b) Correctional institution (youth) | g) Other local clinic |
| c) Substance abuse treatment agency | h) AIDS service organization |
| d) State health department | i) Community-based organization |
| e) Other state agency | j) Other (please specify) _____ |

2. Number of paid staff and volunteers conducting HIV prevention services:

Paid staff _____ Volunteers _____

3. What languages are used in the provision of your services? _____

What other languages would you need to use to better serve your clients? _____

4. Please indicate which of the following general types of HIV prevention interventions your agency provides. For each one provided, list the locations, days of the week and hours offered, any fees charged, the **agency-defined** target populations served, and a brief description of what those services entail (e.g. name of the intervention, # of sessions, strategies used, etc.).

Type of Intervention	Provided Yes/No	Locations	Days	Hours	Fees	Target Populations	Description
HIV counseling, testing, and referral							
Prevention case management							
Partner services							
Individual-level health education							
Group-level interventions							
Community-level interventions							
Outreach							

5. Approximately how many people will receive HIV prevention services from your agency in 2005? _____

6. In which counties do you offer HIV prevention services?

7. What is the age range of the clients you serve? _____

8. Approximately what percentages of the people that you serve are from the following **CWT-defined** target populations?

Population	Percent of Total Clients	Population	Percent of Total Clients
Persons living with HIV		Urban African American women	
Urban White MSM		Rural IDU	
Urban African American MSM		Urban Latina women	
Urban Latino MSM		Urban White women	
Urban White IDU		Rural women	
Rural MSM		Urban heterosexual men	
Urban African American IDU		Rural heterosexual men	
Urban Latino IDU		Other (please specify)	

9. Describe the ways that members of your agency's target population(s) are involved in the design, implementation, and evaluation of your agency's services.

10. Describe the ways that your agency tailors messages, strategies and approaches to the diverse realities of at-risk people based on ethnicity, gender, age, sexual orientation, rural/urban residence, etc.

11. Which of the following activities/features are included as part of your provision of services? For each item marked “yes”, please give a brief description (e.g. who, what, when, where, how) of the activities/features involved.

Activity/Feature	Provided (yes/no)	Description
Integration of HIV prevention with related services		
Risk reduction assistance		
Serostatus disclosure assistance		
Condom/lubricant distribution		
Condom use demonstration		
Bleach kit distribution		
Use of peers		
Transportation assistance		

Child care assistance		
STD-related services		
Hepatitis C-related services		
Public information/education		
Assistance with meeting basic needs (e.g., housing, food, etc.)		
Job-related services		
Social opportunities and lower risk places to meet others		
Support groups		
Drop-in centers		
Overdose and other injection drug-related services		
Client advocacy		

Opportunities for people to “make a difference”		
Community building		
Family-related services		
Development of life skills		
Other (please specify)		

12. Use the following scale to evaluate the degree to which your agency addresses the following issues as part of the HIV prevention services and related activities described above:

1 = not at all 2 = in a very limited way 3 = to a significant degree 4 = extensively

In the “description” column please describe the ways your agency addresses each issue or give a brief explanation as to why the issue is not addressed.

Issue	Degree Addressed (1 - 4)	Description
Substance abuse, including alcohol, crack, cocaine, heroin, methamphetamine, party drugs, etc.		
Mental health, including serious mental illness, low self-esteem, depression, isolation, histories of trauma, sexual addiction, etc.		
Social connections and social support		
Meeting basic needs/ poverty-related issues		

Discrimination and stigma, including racism, sexism, homophobia, classism, positive HIV serostatus, etc.		
Cultural/community norms influencing risk behaviors		
Influence of arousal and emotion on risk behavior		
Bathhouse structure and social dynamics		
The “coming out” period		
Other influences on risk behavior		
Condom use and other risk-reduction methods		
Relationship types and partner selection		
Serostatus disclosure and partner communication around sex		
The realities of living with HIV		
Access to services		
Other STDs and hepatitis		

Reaching MSM who do not gay identify		
Spirituality		
Empowerment		
Community leadership and involvement of community leaders and religious organizations in prevention		
Broader community issues and their relation to HIV		

13. Referrals and Prevention Partners

To what types of services do you refer your clients?	
To what specific agencies do you refer your clients?	
In what ways do you follow up on these referrals?	
With what other agencies do you partner in providing services to your clients?	

14. What else would you like to tell us?

