

Central Florida HIV  
**PLANNING**  
**COUNCIL**

**SERVING**

Orange | Osceola | Seminole | Lake | Brevard Counties

# Provider Capacity & Capability Survey

September 22, 2023





## This report was made possible through the collaborative efforts of the following partners:

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- CFHPC Planning Council Support
- Ryan White HIV/AIDS Program (RWHAP) Part A Recipient's Office – Orange County Health Services
- RWHAP Part B Lead Agency – Heart of Florida United Way
- RWHAP Part A, Part B, and Ending the HIV Epidemic (EHE) providers:
  1. AIDS Healthcare Foundation, Inc.
  2. Aspire Health Partners
  3. Burnham Woods Champa & Assc.
  4. CAN Community Health
  5. Center for Multicultural Wellness & Prevention, Inc.
  6. Florida Department of Health (FDOH) Brevard County
  7. FDOH Lake County
  8. FDOH Orange County
  9. FDOH Osceola County
  10. FDOH Seminole County
  11. Hope & Help Center of Central Florida, Inc.
  12. Midway Specialty Care Center
  13. Miracle of Love, Inc.
  14. Osceola Community Health Services
  15. Unconditional Love dba Comprehensive Health Care
  16. Project Response, Inc.
  17. Sunshine Care Center at FDOH Orange





# Purpose of the Survey

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To identify the extent to which HIV-related services are accessible, available, and appropriate for people with HIV (PWH) in the Orlando Service Area.

The Orlando Service Area (OSA) includes the following counties:  
Brevard, Lake, Orange, Osceola, and Seminole





## Definitions

# Capacity vs. Capability

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Capacity: describes *how much* of each service a provider can deliver.

Capability: describes the degree to which a provider is *actually accessible* and whether the provider has the *needed expertise* to deliver the services.





## Survey

# Methods & Results

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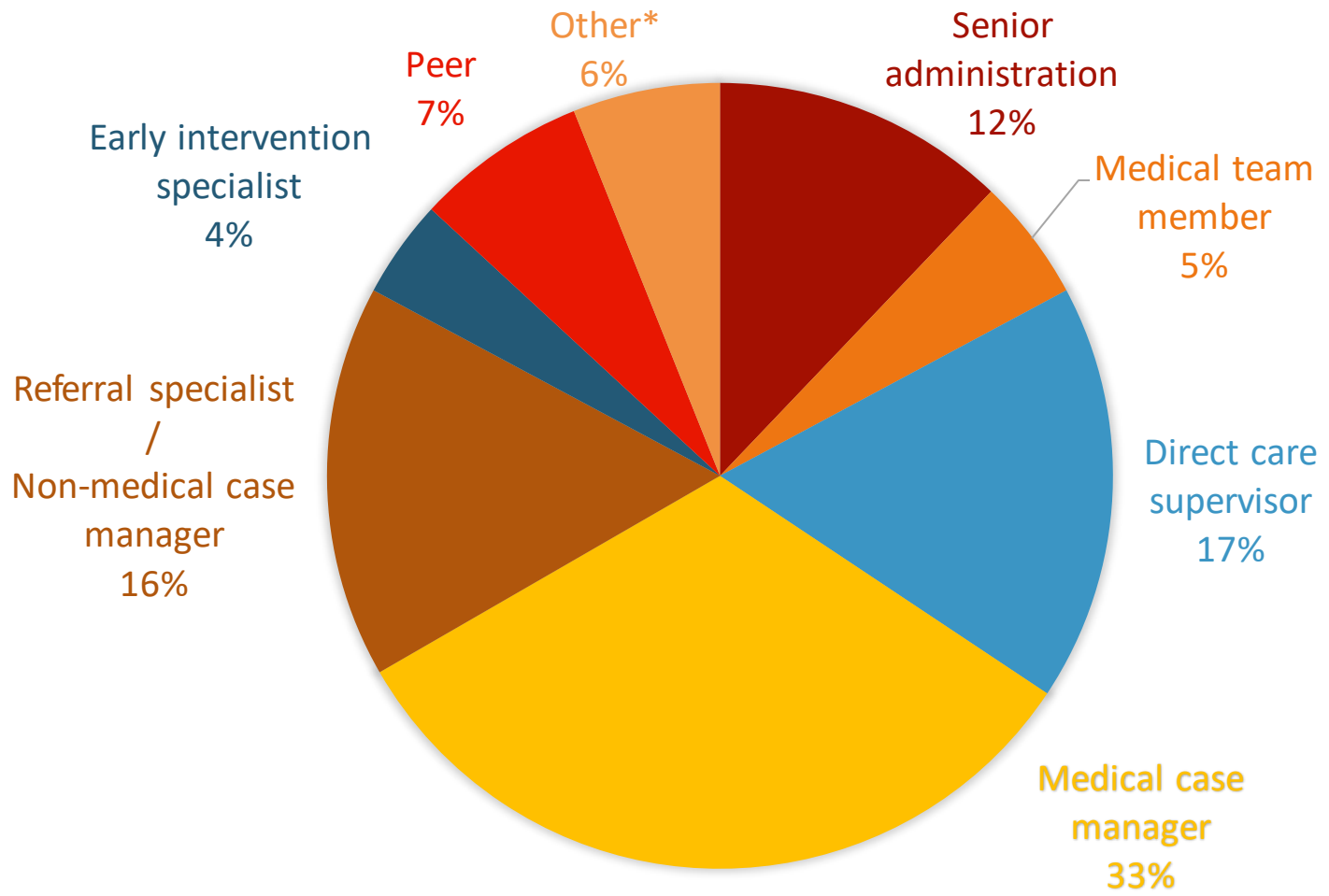
- Survey was adapted from HRSA and President of EGM Consulting, LLC, with input from Planning Council members
- Providers completed survey electronically via SurveyMonkey
- **Two versions were provided:**
  1. Designed for executive directors, CEOs, COOs, and other senior administrators
  2. Designed for direct care service staff and their supervisors, including RS/NMCM, MCM/ICM, EIS, and Peers
- Representatives from **8 of 17** HIV service providers identified their agencies during survey completion (agency response rate: **47%**)
- A total of **98 surveys** were collected from all respondents
  - Direct service staff: **68%** completion
  - Administrative staff: **48%** completion





# Survey Respondent Information

Please describe your role within your organization:



\*Other: Health Information Specialist, Program Manager, Employee, Contract Manager, Contract & Grants Manager, Administrator & Provider



# Service Overview

*Reviewing all available services, most common services, and desired services*





# Service Overview

## All Available Services

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- Counseling & testing for HIV
- Oral health care
- HIV prevention
- Early intervention services
- Emergency financial assistance
- Food bank/home-delivered meals
- Health insurance premium & cost-sharing assistance
- Home & Community-Based Health Care
- Housing
- Linguistic services
- Local Pharmaceutical Assistance Program (LPAP)
- Other professional services
- AIDS Pharmaceutical Assistance (APA)
- Medical case management
- Medical nutrition therapy
- Medical transportation
- Mental health services
- Outpatient ambulatory health services
- Outreach services
- Non-medical case management
- Other professional services
- Permanency planning
- Psychosocial (peer) support
- Referral for health care & support services
- STI testing
- Substance use/abuse treatment (outpatient)
- Substance use/abuse treatment (residential)
- Other: syringe exchange program, jail testing, linkage to care, support groups, community-based core health services







# Service Overview

## Most Common Services

Counseling & Testing for HIV	89%	17
HIV Prevention	84%	16
Outpatient/Ambulatory Health Services	79%	15
Medical Transportation	68%	13
Outreach Services	68%	13
AIDS Pharmaceutical Assistance	63%	12
Medical case management	63%	12
STI Testing	63%	12
Health Education/Risk Reduction	58%	11
Early Intervention Services	53%	10
Housing	53%	10
Mental Health Services	53%	10
Non-Medical Case Management	53%	10
Psychosocial Support (Peer Support)	53%	10
Referral for Health Care & Support Services	53%	10





## Service Overview

# Expansion of Services

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Which services is your agency not currently providing, but would consider expanding to include?

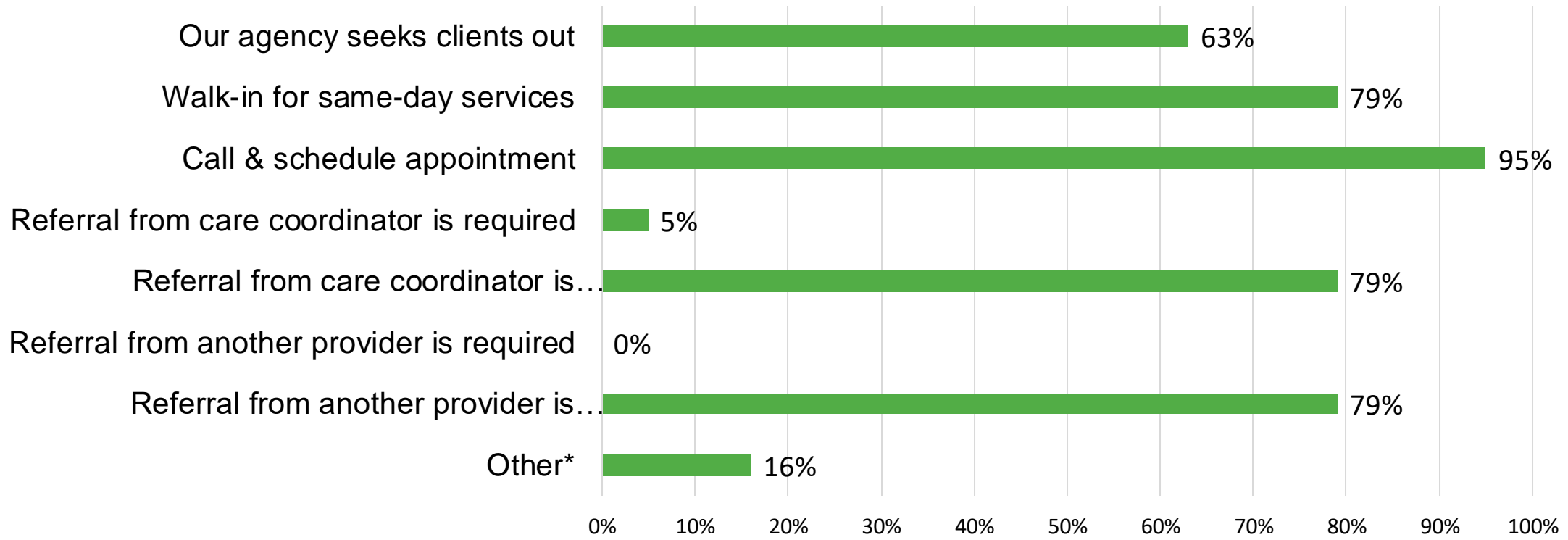
- Day treatment
- Substance abuse outpatient (3)
- Care coordination
- Aftercare
- Substance use residential (2)
- ADAP
- Pharmacy services/EFA/LPAP (4)
- Training
- HOPWA/housing (3)
- Mental health
- Substance abuse treatment
- Medical case management (2)
- Referral for health care & support services/non-medical case management (2)
- Mental health services (5)
- Primary care
- Early intervention specialists (2)
- Emergency financial services
- STI testing for general public (2)
- PreP
- Any allowable services under PCN 16-02



# Service Overview

## Client Access

How do clients access the services your agency provides?



100% of respondents refer clients out as needed.



## Service Overview

# Top 5 Referred Services (Core)

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1. Medical care (HIV-related)
2. Case management / care coordination
3. Dental / oral health care
4. Mental health services
5. Early intervention services





## Service Overview

# Top 5 Referred Services (Support)

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1. Non-medical case management / referral for health care & support services
2. Housing assistance
3. Transportation/transportation vouchers
4. Emergency financial assistance
5. Psychosocial support (peers)



# Client Overview

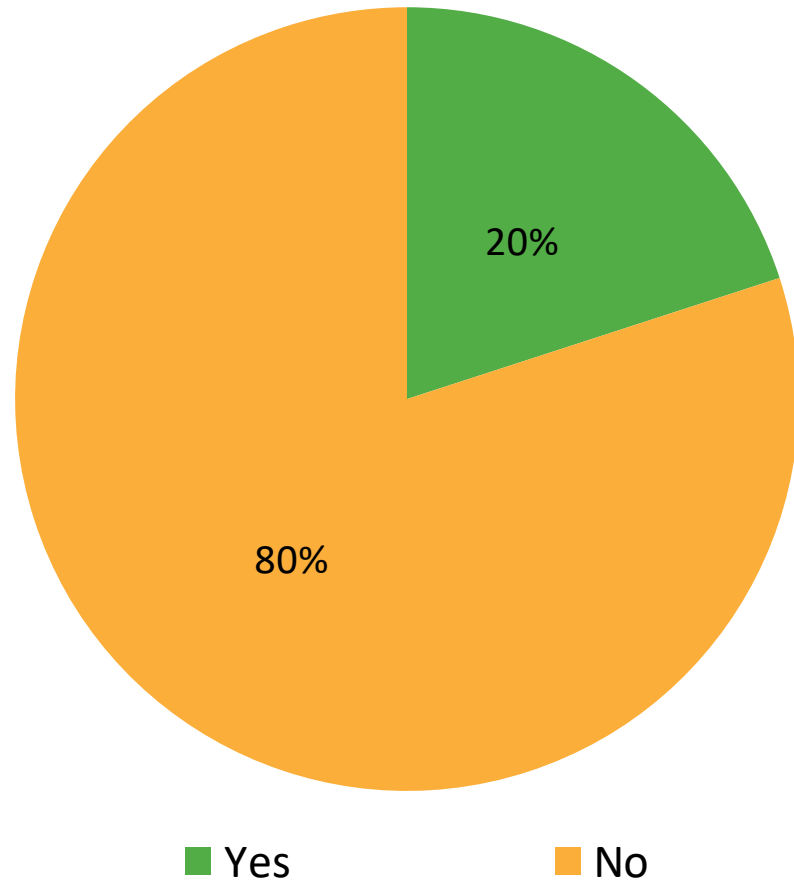
*Reviewing agency caseload and average wait times*





# Client Overview

## Priority Populations



Does your agency target a particular population?

Responses:

- LGBTQ
- While we take any person with HIV, we also target our outreach to areas and population that are disproportionally at high risk.
- Mental health / substance abuse





# Client Overview

## Agency Caseload

Group 1 (A-H):

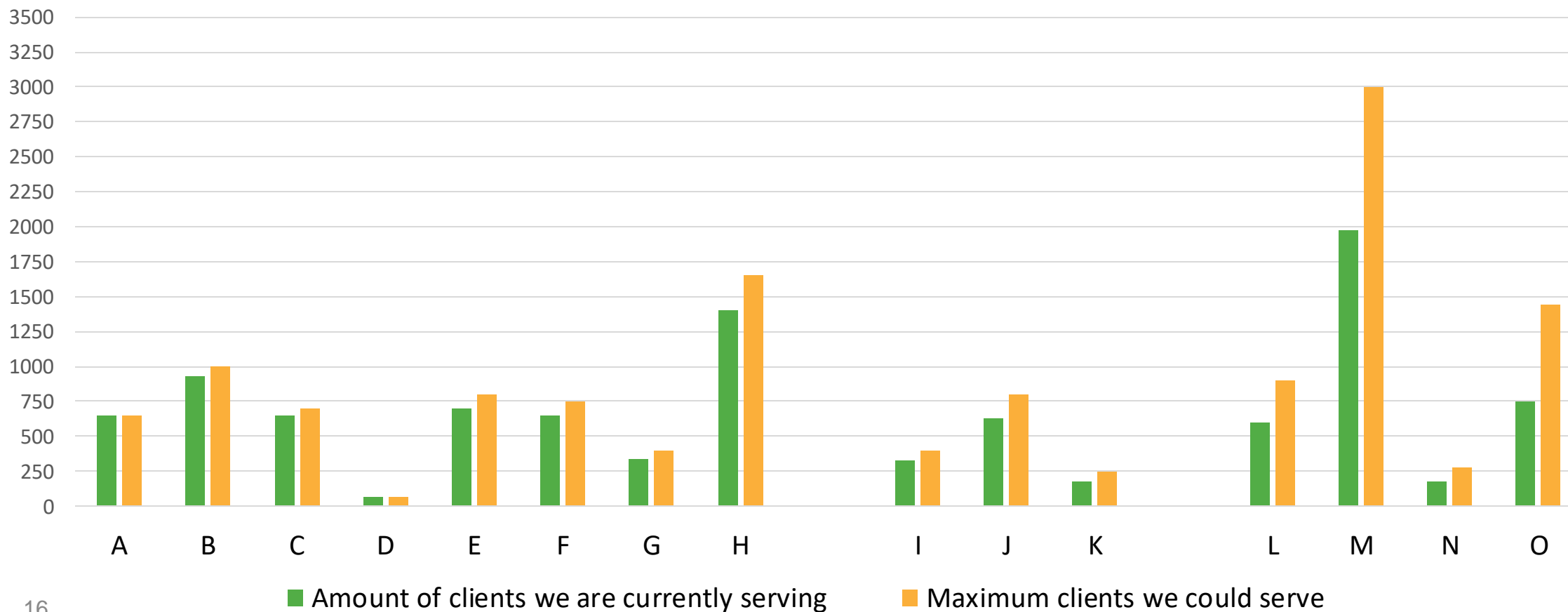
Can increase from 0% to 15%

Group 2 (I-K):

Can increase between 16% and 30%

Group 3 (L-O):

Can increase between 31% and 48%

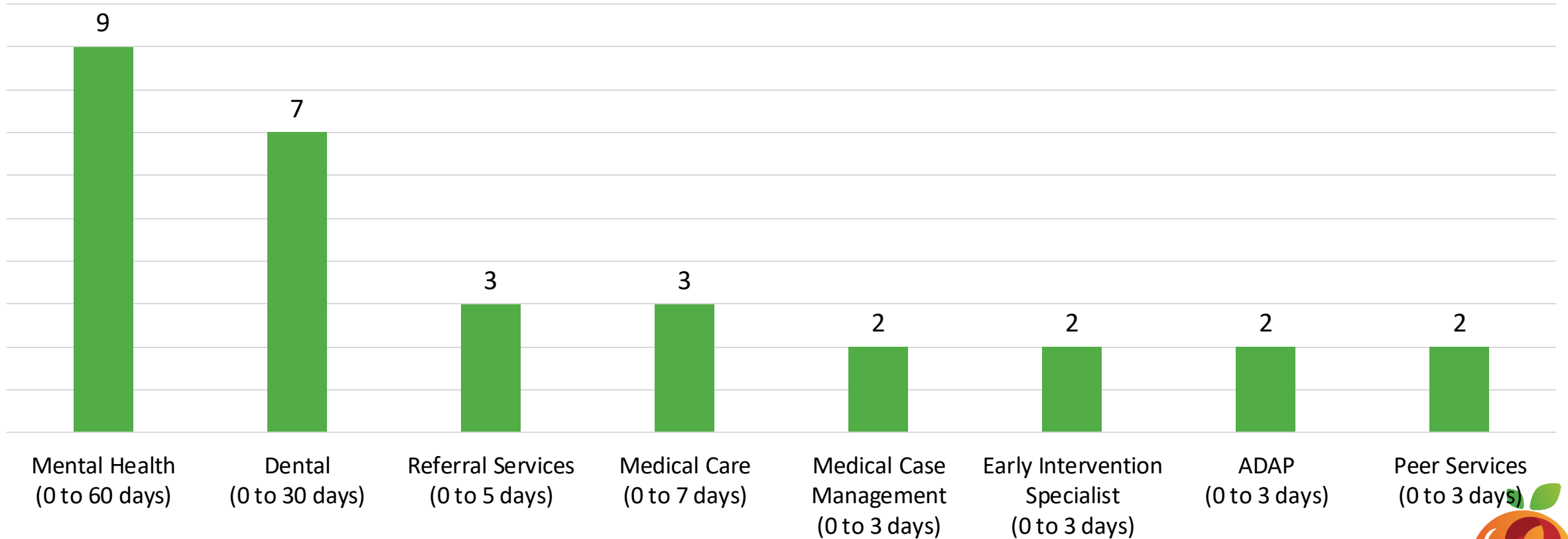






# Client Overview

## Average Wait Times in Days



# Cultural Competency

*Reviewing services for non-English speakers and aging client.*

*Reviewing agency actions to ensure cultural competency.*

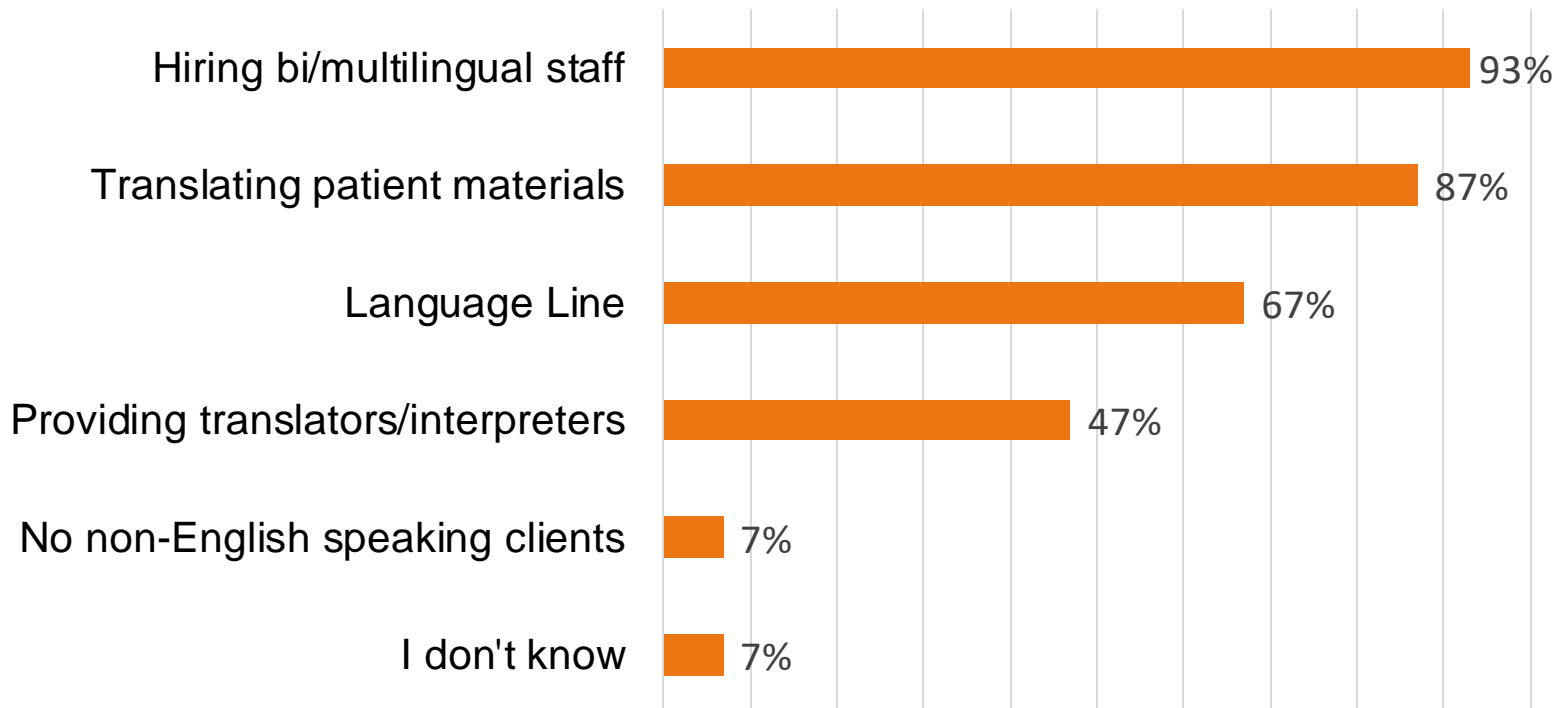




# Cultural Competency

## Serving Non-English Speakers

How does your agency serve non-English speakers?



Please list the languages of any populations you are able to serve:

- English
- Spanish
- Creole
- Portuguese
- Boostingo service (300+ languages)
- Translation service (50+ languages)
- Stratus Stand service (200+ languages)

Please list the languages of any populations you are unable to serve:

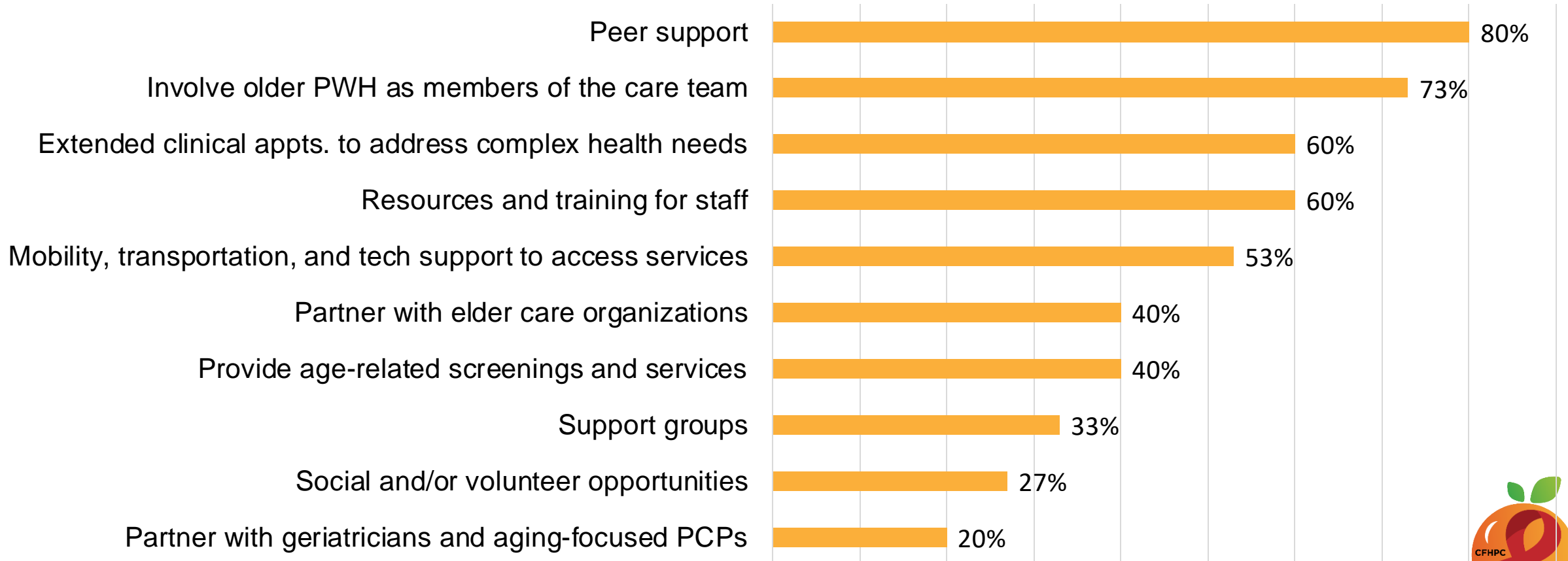
- Spanish
- Creole
- Portuguese
- Bosnian
- Cantonese
- Mandarin
- Baba from Cameroon
- African dialect





# Cultural Competency

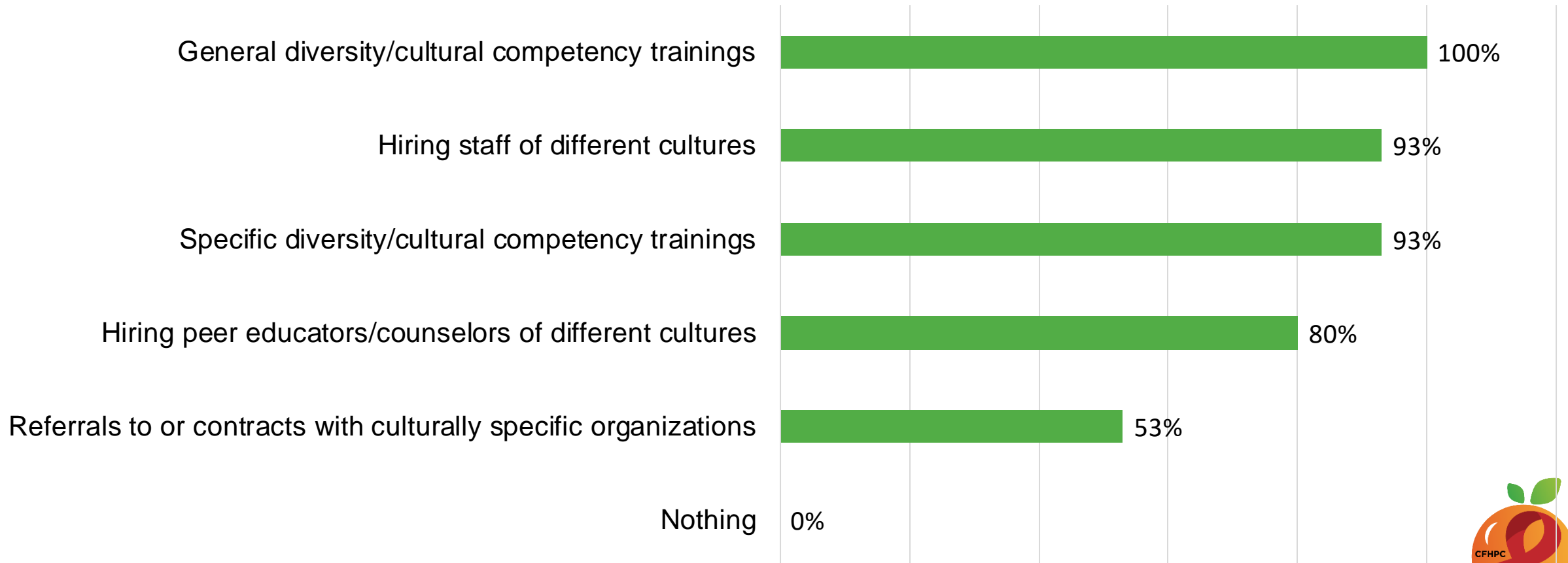
## Serving Clients Age 50 and Older





# Cultural Competency

## Ensuring Cultural Competency



# HIV Care & Barriers

*Reviewing percentage of PWH in client load, agency barriers,  
and what agencies perceive as barriers for clients*

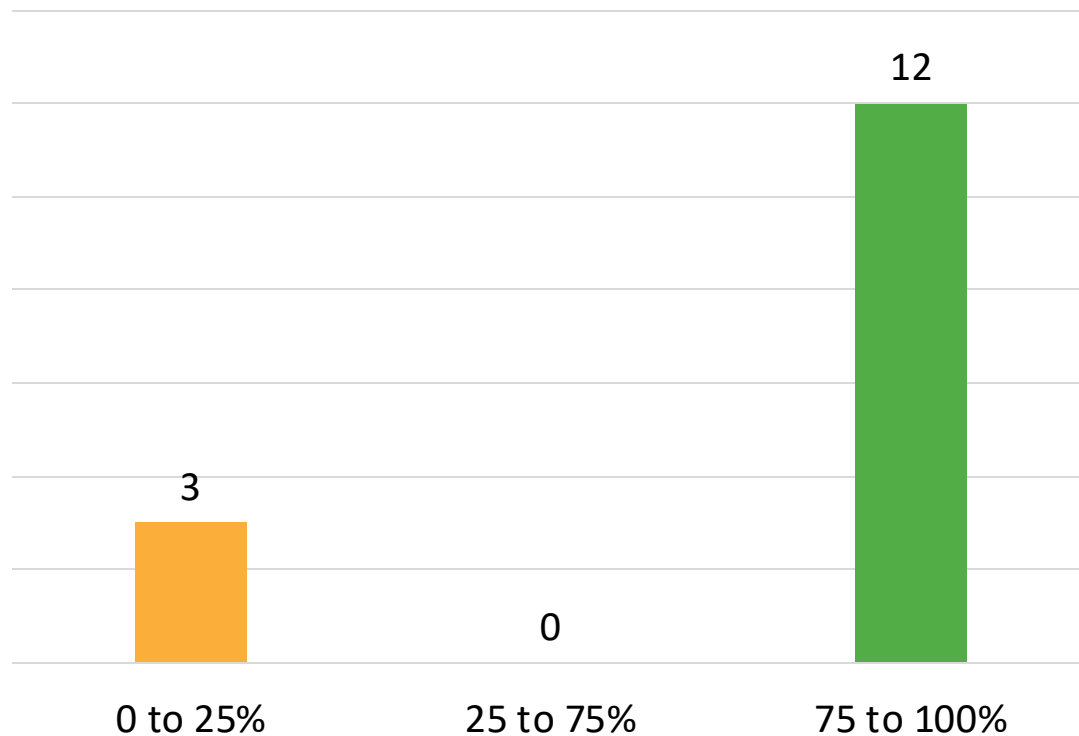




# HIV Care & Barriers to Care

## HIV Status & Medical Care

What percentage of your clients are HIV-positive?



Are you aware of your clients' HIV status?

- 100% of respondents were aware of their clients' HIV status

Do you ask your clients who are HIV positive whether they are receiving HIV-related primary medical care?

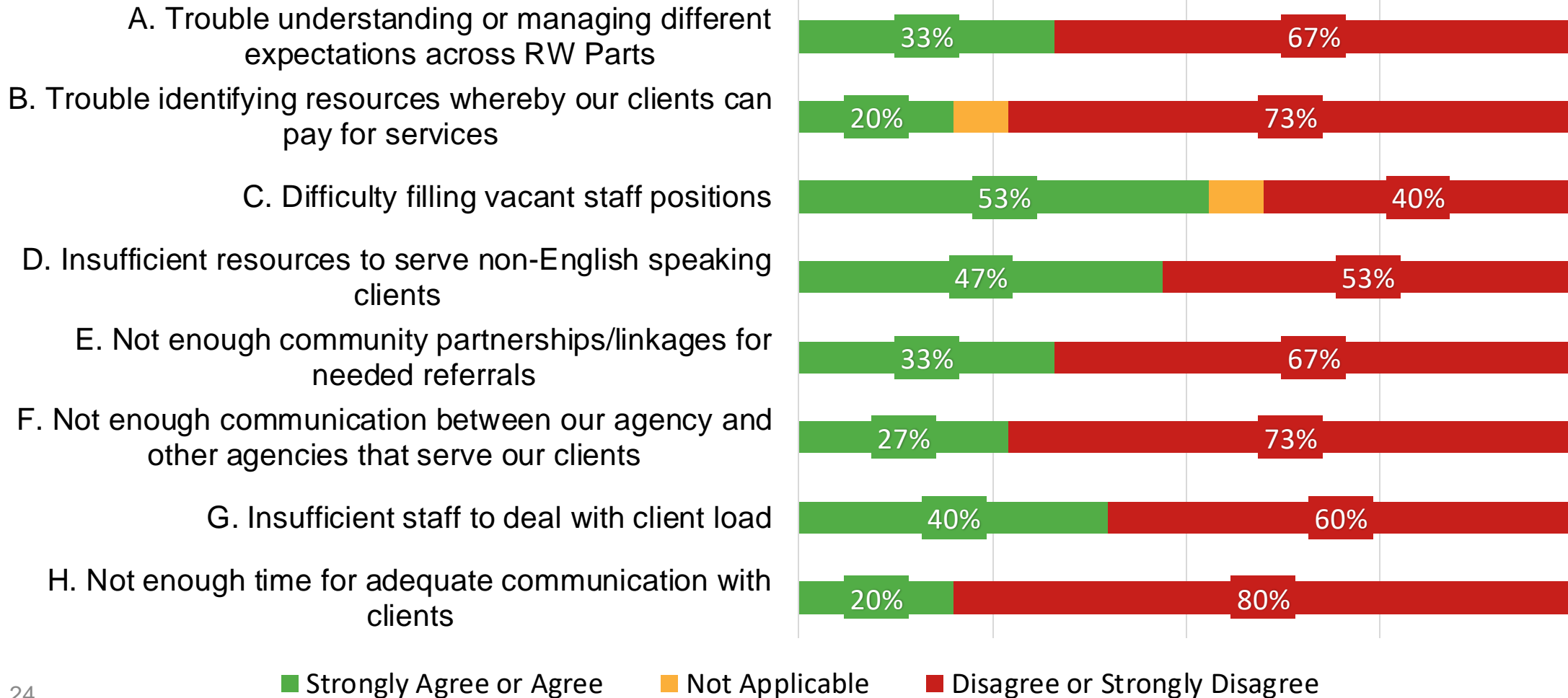
- One respondent indicated they do not ask their clients





# HIV Care & Barriers to Care

## Agency Barriers

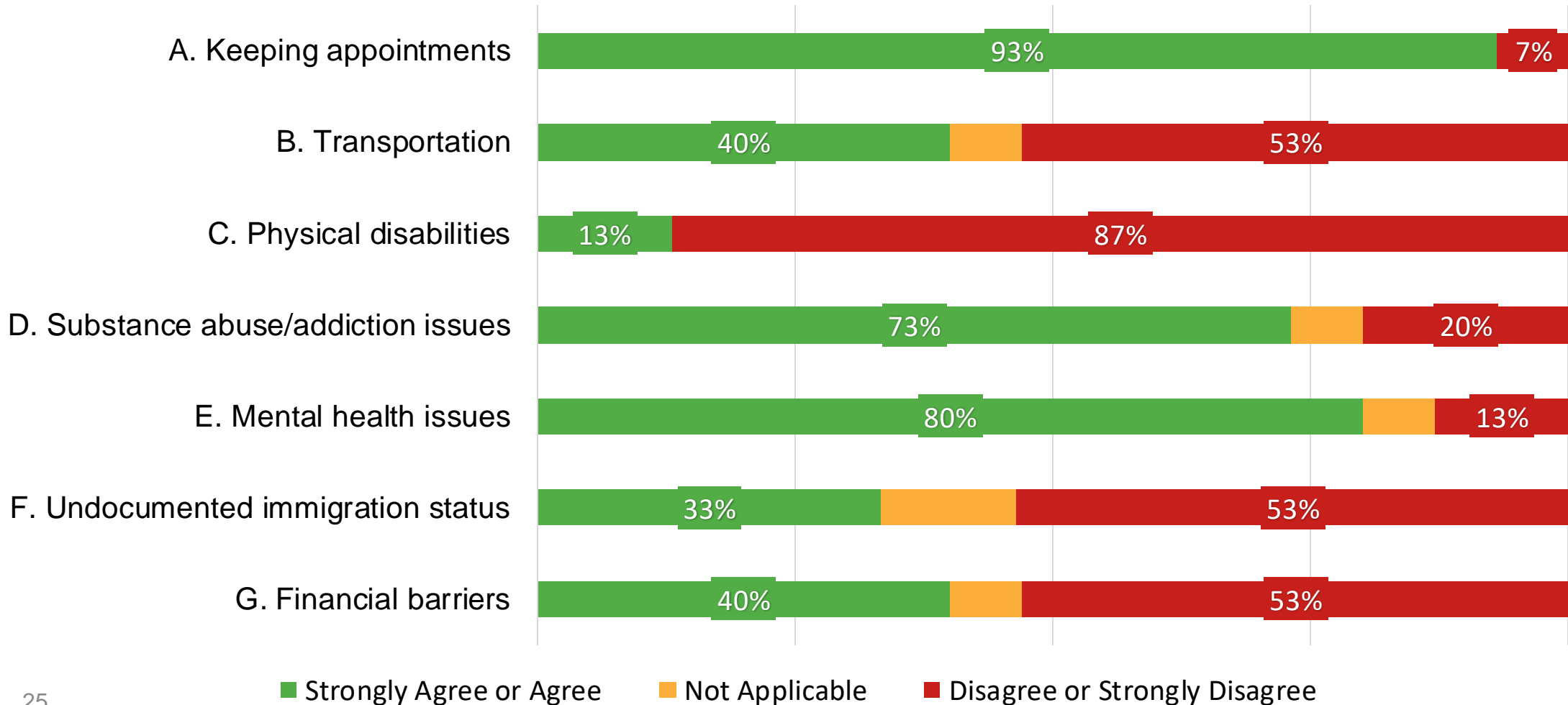






# HIV Care & Barriers to Care

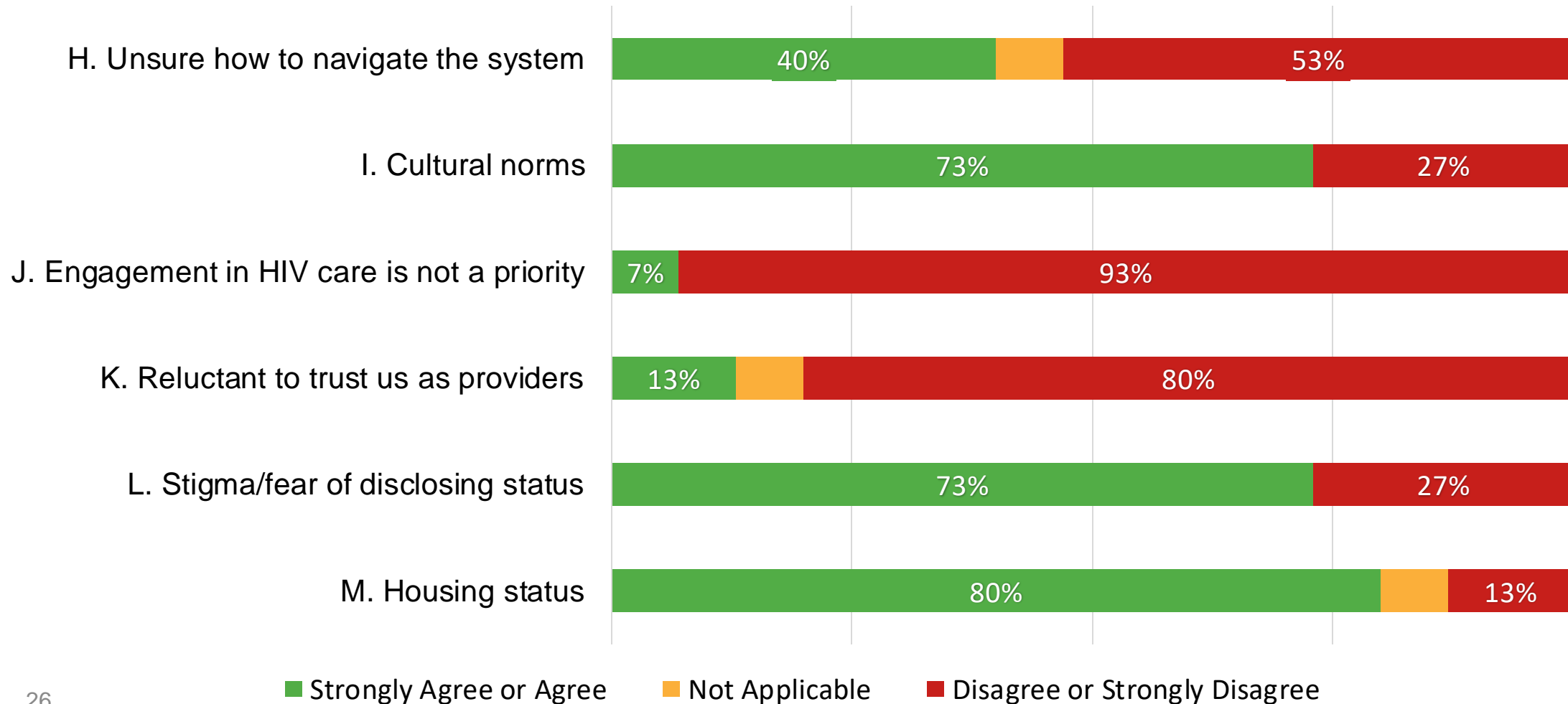
## Agency-Perceived Barriers for Clients





# HIV Care & Barriers to Care

## Agency-Perceived Barriers for Clients



# Agency & Staff

*Reviews number of employees, education requirements, hours of business, and staff capacity*





## Agency & Staff Size, Licensures, and Cont. Education

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### Agency size:

- 0 to 350 full-time equivalent (FTE) staff (one FTE = 40 hours a week)
- 3 to 77 full-time employees
- 0 to 6 part-time employees

### Licensures:

- 93% of respondents require employees to have any sort of licensure or certification to provide services, including:
  - Medical licenses (MD, APRN, RN, LPN, CMA), driver's licenses, college degrees, state licenses, HIV 501 (for HIV testing)

### Continuing Education:

- 80% of respondents require employees to complete continuing education hours, including:
  - HIV 500/501 update, medical CMEs, social work CMEs, and any other hours required by a license/certificate and the Orlando Service Area Service Standards.





## Agency & Staff Provider Accessibility

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### Hours

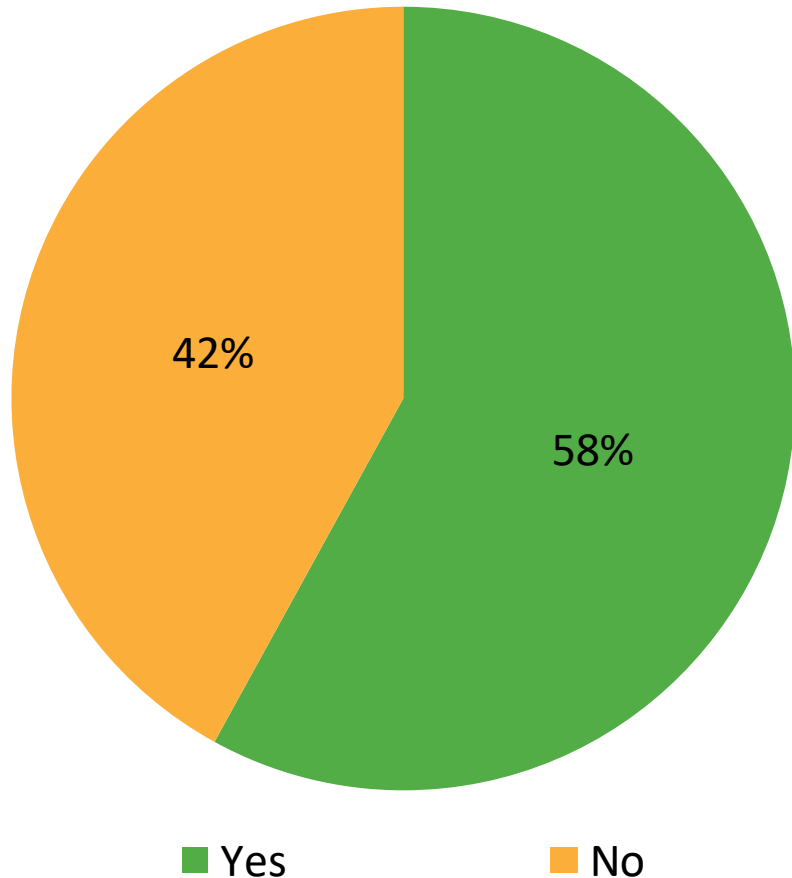
- **100%** of respondents are open Monday through Friday during regular business hours
  - Exception: one respondent schedules after-hours by appointment only
- **50%** of respondents are open Saturday
  - Limitations: once per month, as needed, or by appointment only
- **25%** of respondents are open Sunday

### Locations

- **33%** of respondents offer services in at least one alternate location that is open Monday through Friday during regular business hours



## Agency & Staff Staff Capacity



Do you currently have enough staff and resources to effectively meet the needs of clients on your current caseload?

**If No, please explain:**

- Have vacancies that are hard to fill
- We need more nurses/clinical staff (2)
- Need additional funding
- Need more staff (2)

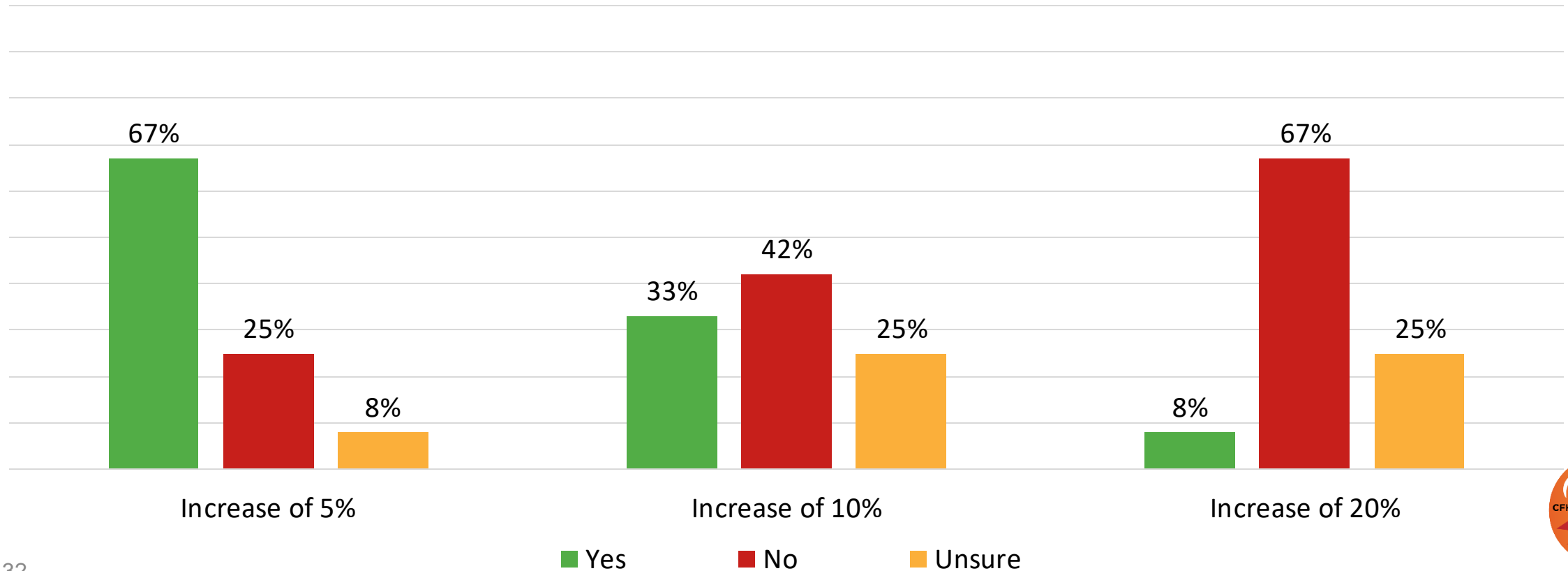
# Sustainability & Scalability

*Reviews an agency's ability to sustain operations in different situations and capacity to increase services*



# Agency & Staff Staff Capacity

Do you have enough staff and resources to effectively meet the needs of clients if your caseload were to increase by:

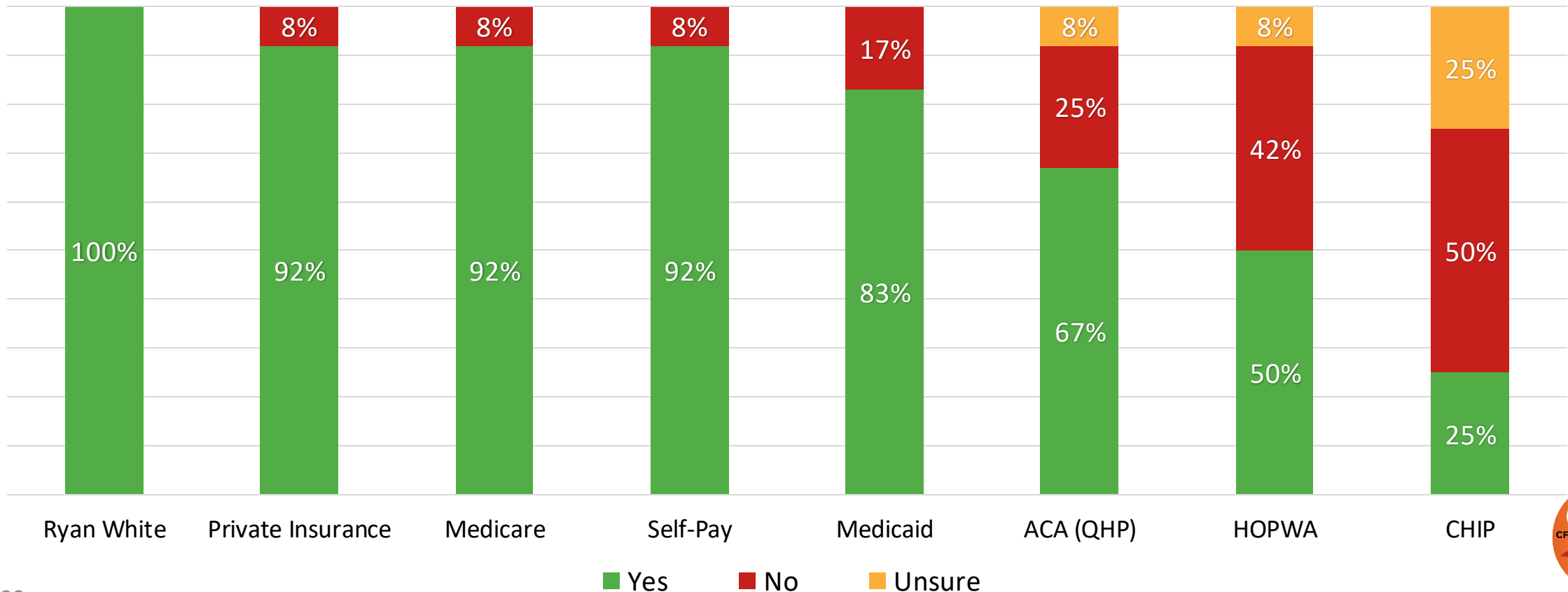




# Sustainability & Scalability

## Reimbursement Sources

Does your agency accept the following source of reimbursement?





# Sustainability & Scalability

## Budget for HIV Direct Services

What is your total agency budget for HIV-related direct services?

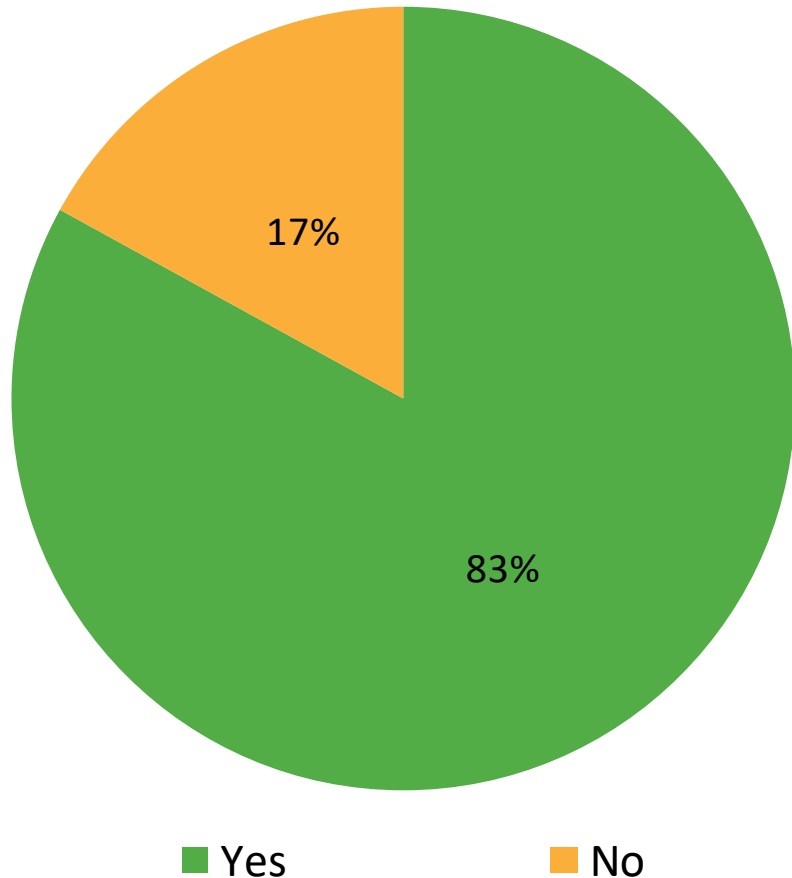
\$	220,000,000
\$	5,000,000
\$	3,400,000
\$	2,188,242
\$	1,550,000
\$	1,388,000
\$	1,151,000
\$	649,000
\$	38,000

All agencies rely on a combination of funding sources to provide services, including:

- Ryan White Part A
- Ryan White Part B
- Ryan White Part C
- Ryan White Part D
- Ryan White-related program income (e.g., 340B)
- ADAP
- HOPWA
- SAMHSA
- Medicaid
- Medicare
- Private insurance
- Self-pay
- State, county, or federal funding
- Faith-based funding
- Non-governmental grants
- Fundraising
- Other



## Sustainability & Scalability Telehealth Services

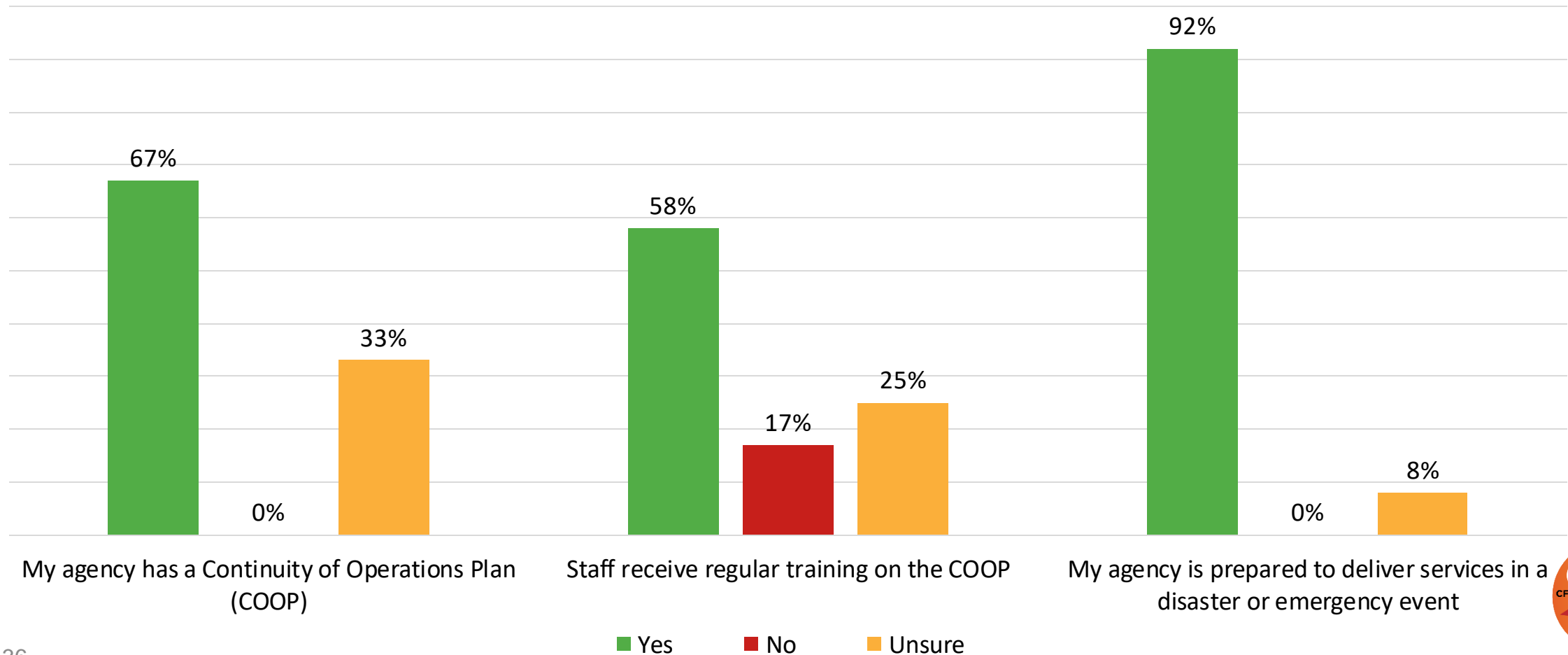


Is your agency currently implementing telehealth services?

### **If No, please explain:**

- Have had problems with current telehealth platform, poor connectivity. In the process of implementing another telehealth service through our EHR provider.
- [D]epends on the emergency

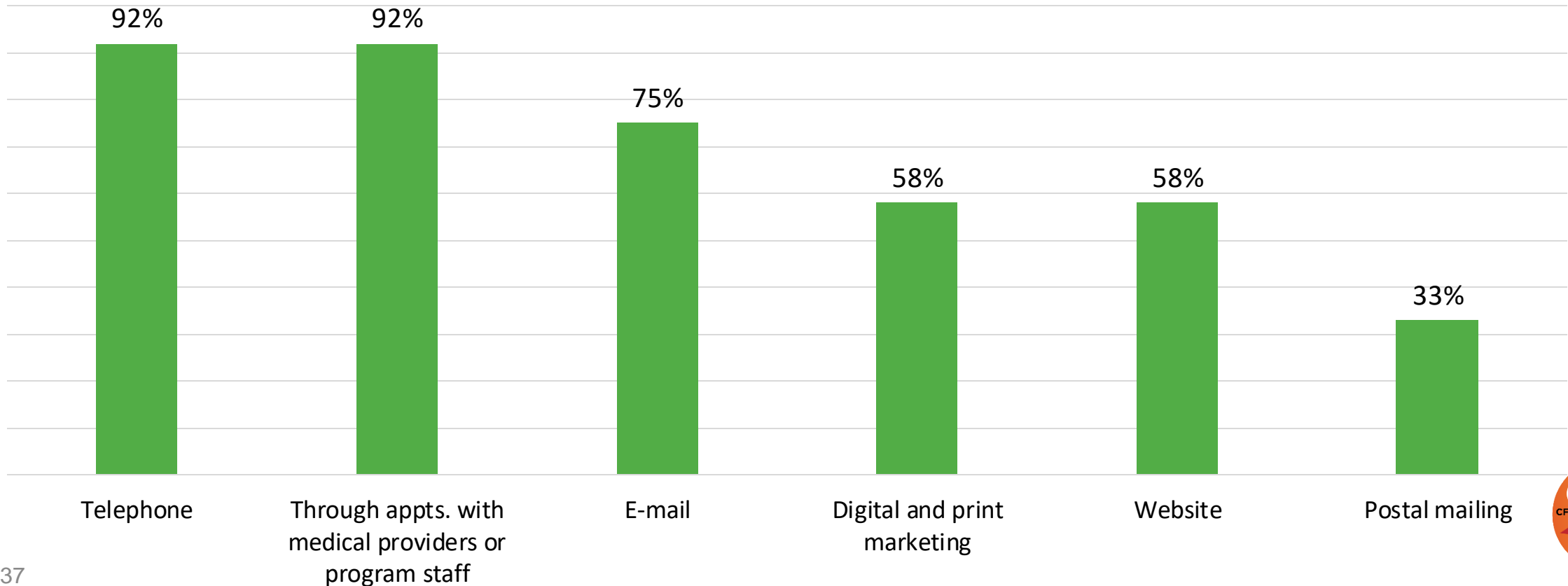
# Sustainability & Scalability Emergency Planning



# Sustainability & Scalability

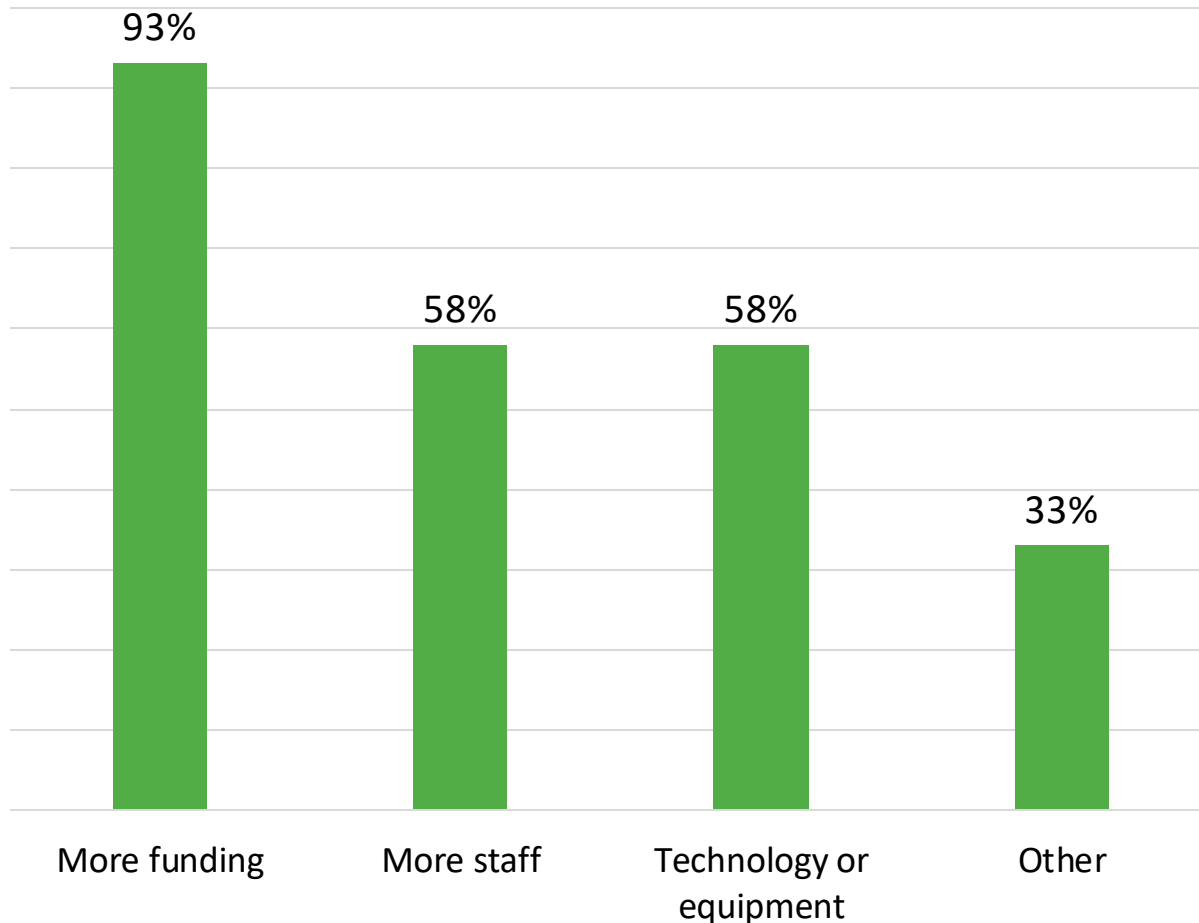
## Emergency Planning

How is your agency informing clients of additional resources available during an emergency or disaster?





# Sustainability & Scalability Emergency Planning



What resources would your agency require in order to provide continuous services during a disaster or emergency?

**Other:**

- Alternative location (2)
- Utilities
- Unsure





## Sustainability & Scalability

# Emergency Planning

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What lessons has your agency learned following the COVID-19 pandemic related to emergency and disaster preparedness?

- External and internal stakeholder cooperation and collaboration
- Emergency disaster plan and availability of PPE (2)
- Financial reserve capacity (2)
- Flexible work options for employees (e.g., remote, hybrid)
- That we must always be prepared to pivot at a moment's notice. (4)
- Need for virtual / telehealth services to maintain services (4)
- Additional staff
- We need to be more aware of our surroundings.
- Most clients seem to have a technology barrier or just a preference not to want the video option, just audio. Some client are still difficult to get into the agency due to fear of COVID.
- Providing ancillary services such as mental health and peer services.



# Direct Service Staff Responses

*Responses only from: Supervisors, Referral Specialists / Non-Medical Case Managers, Medical Case Managers, Early Intervention Specialists, and Peers*





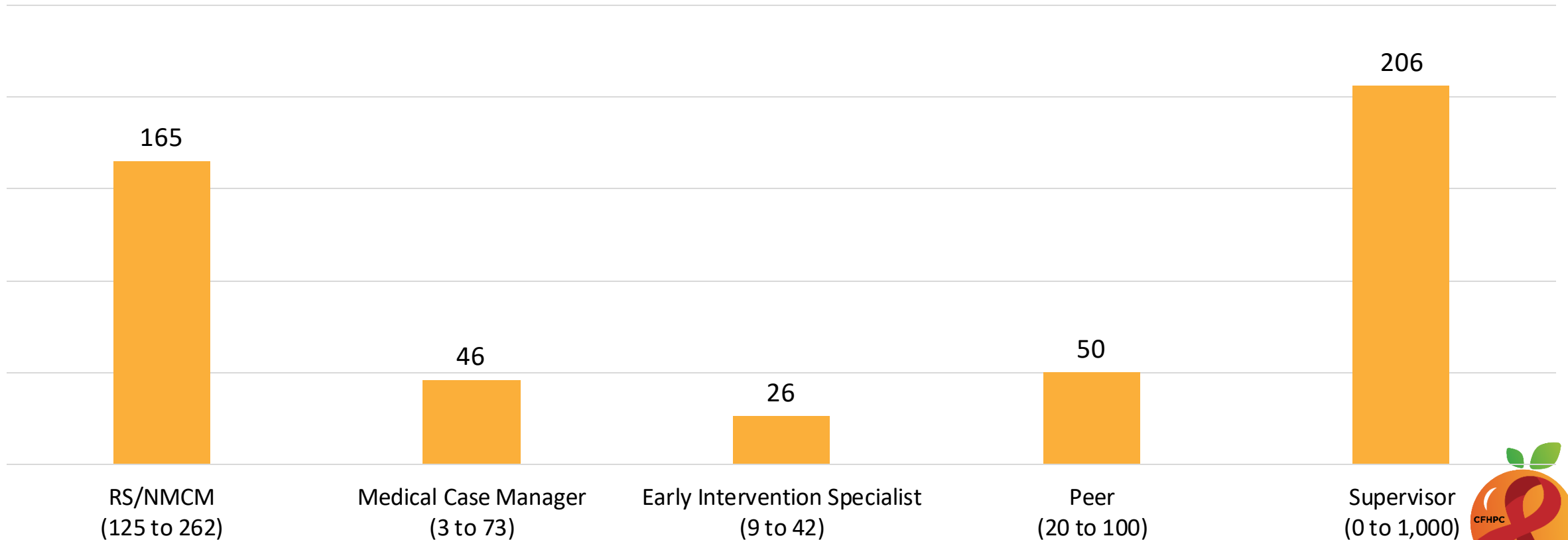


Answered: 47

Skipped: 51

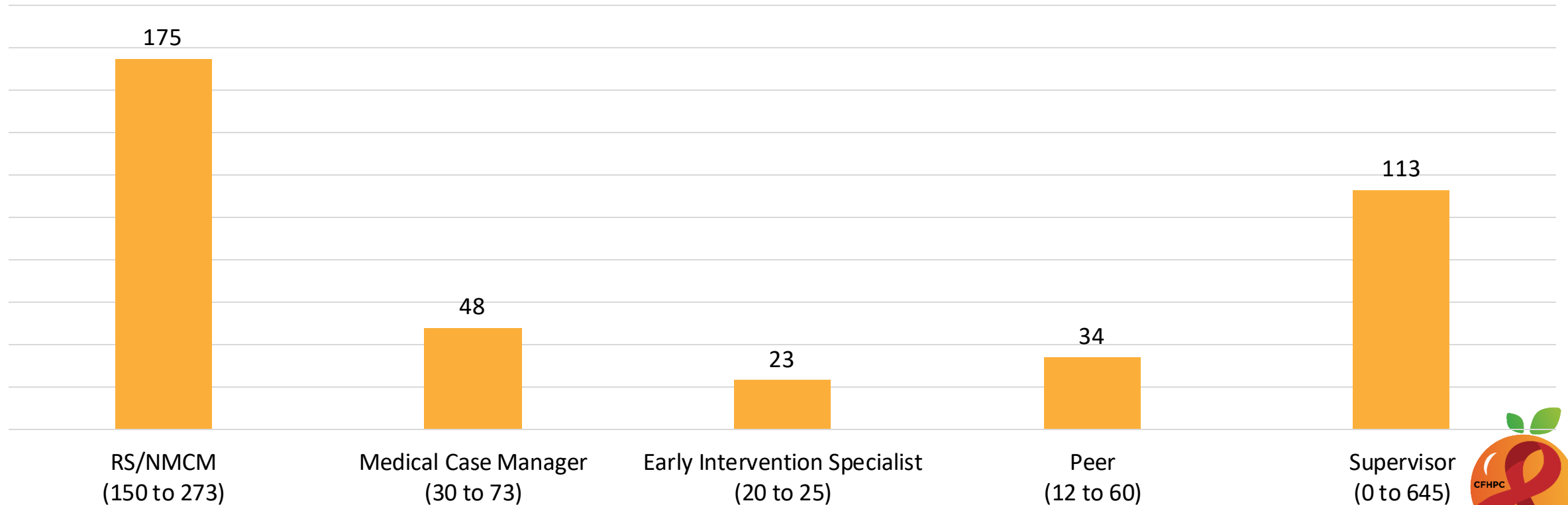
# Direct Service Staff Caseload Sizes: Actual

How many clients are currently on your caseload?



# Direct Service Staff Caseload Sizes: Maximum

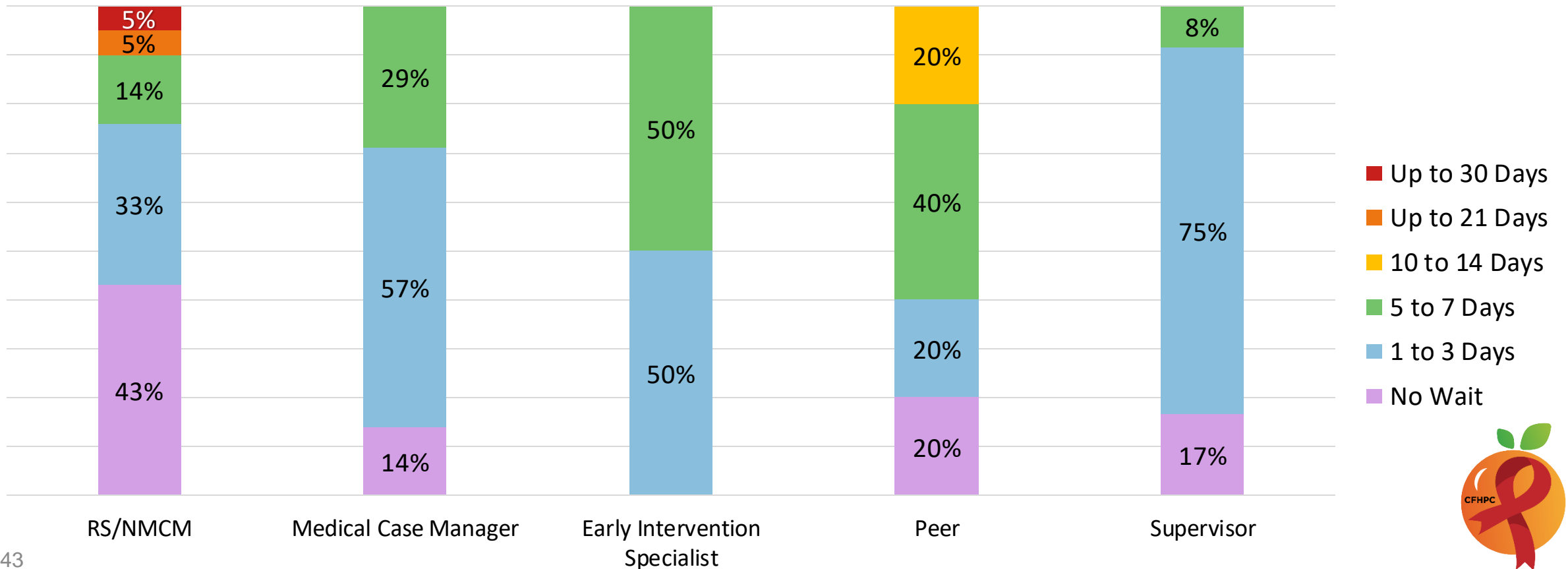
What is the maximum number of clients that you are able to have on your caseload given current agency funding, staff, and resources?



# Direct Service Staff

## Average Wait Times: New Clients

What is the average wait time for a NEW client to get into services from the initial point of contact with the provider?

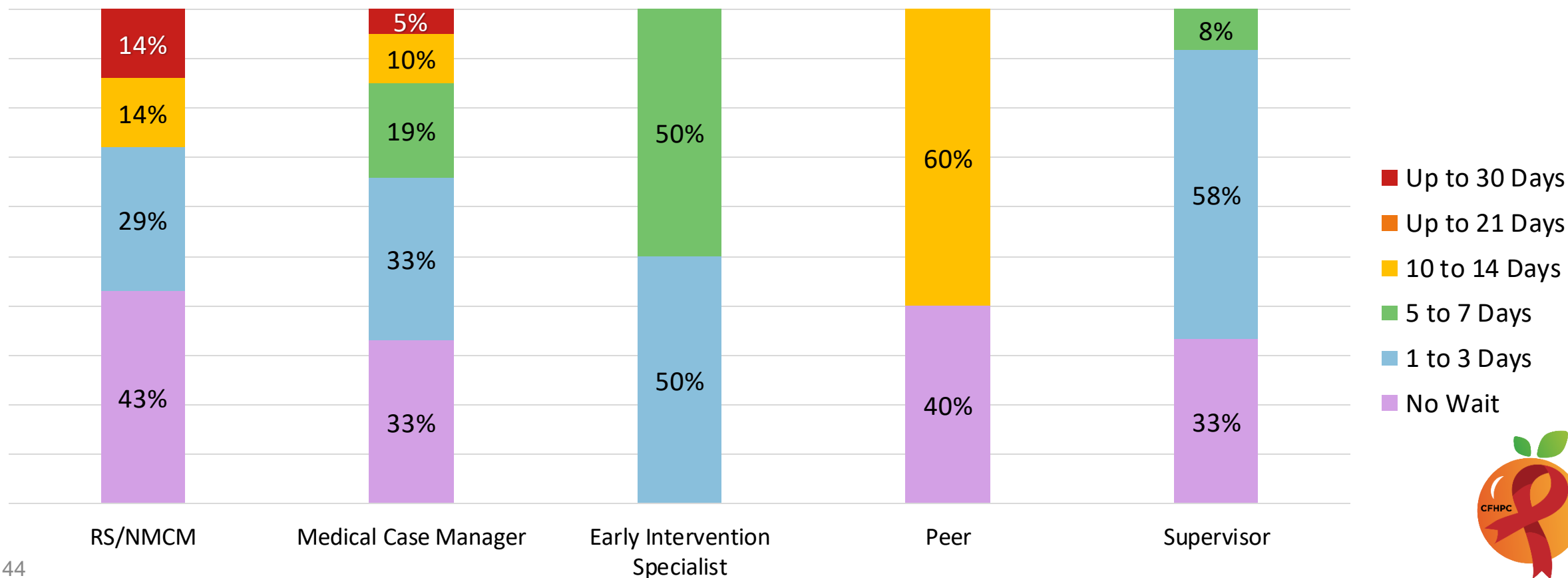




# Direct Service Staff

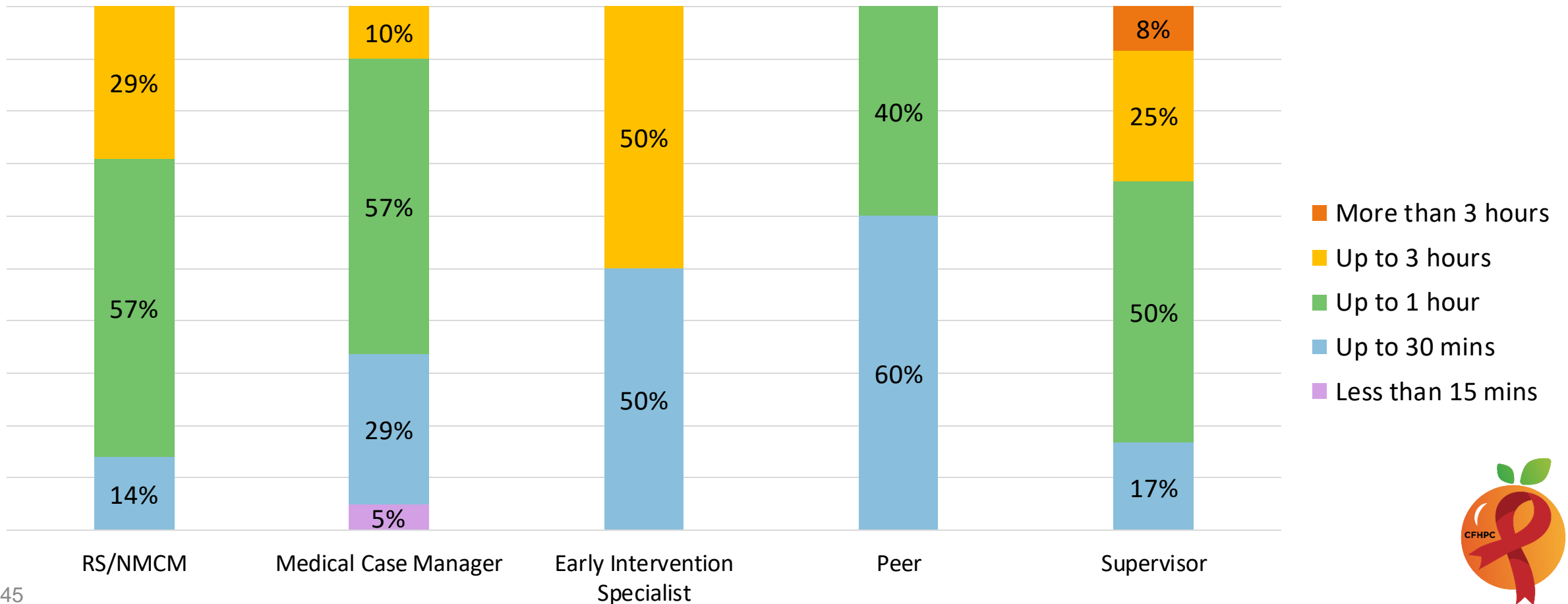
## Average Wait Times: Existing Clients

What is the average wait time for an EXISTING client to get into services when returning for appts. or other requests for assistance?



# Direct Service Staff Average Time Spent with Clients

What is the average time spent with clients?



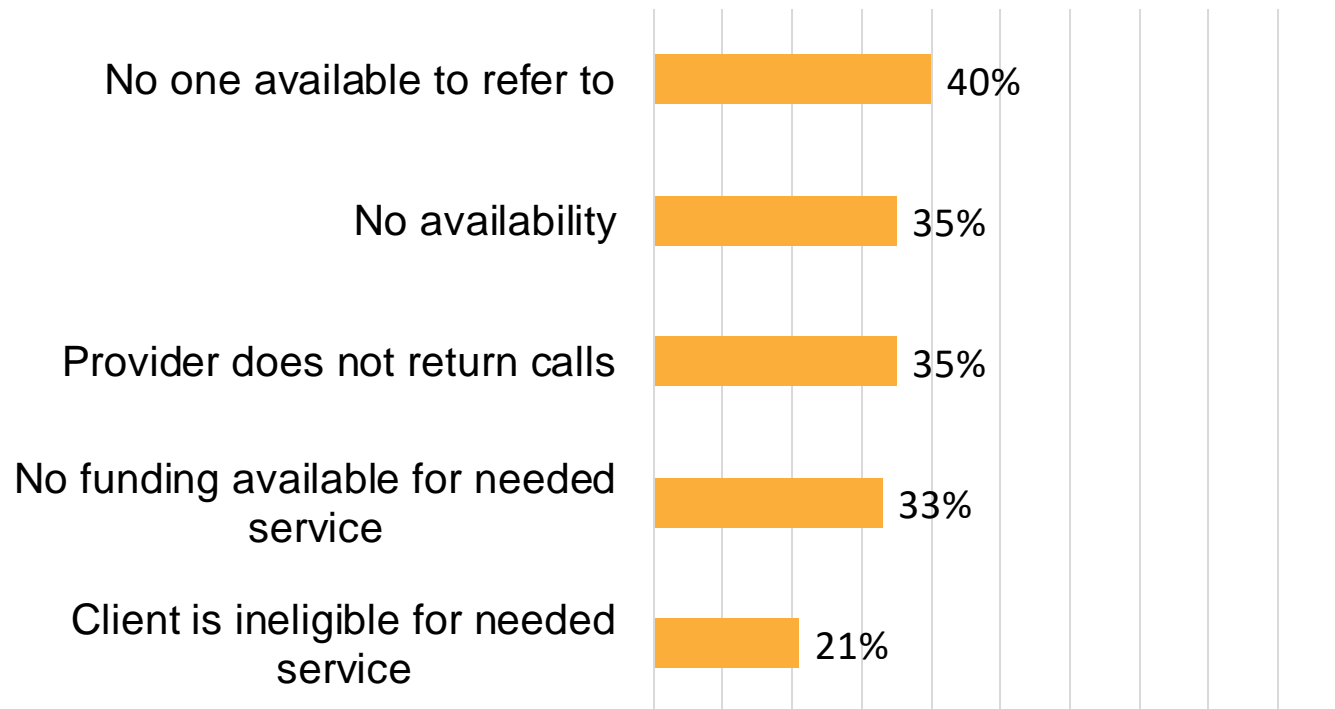


# Direct Service Staff Barriers for Staff

Answered: 43

Skipped: 55

What barriers do you experience in providing referrals to your clients?



Other (please specify):

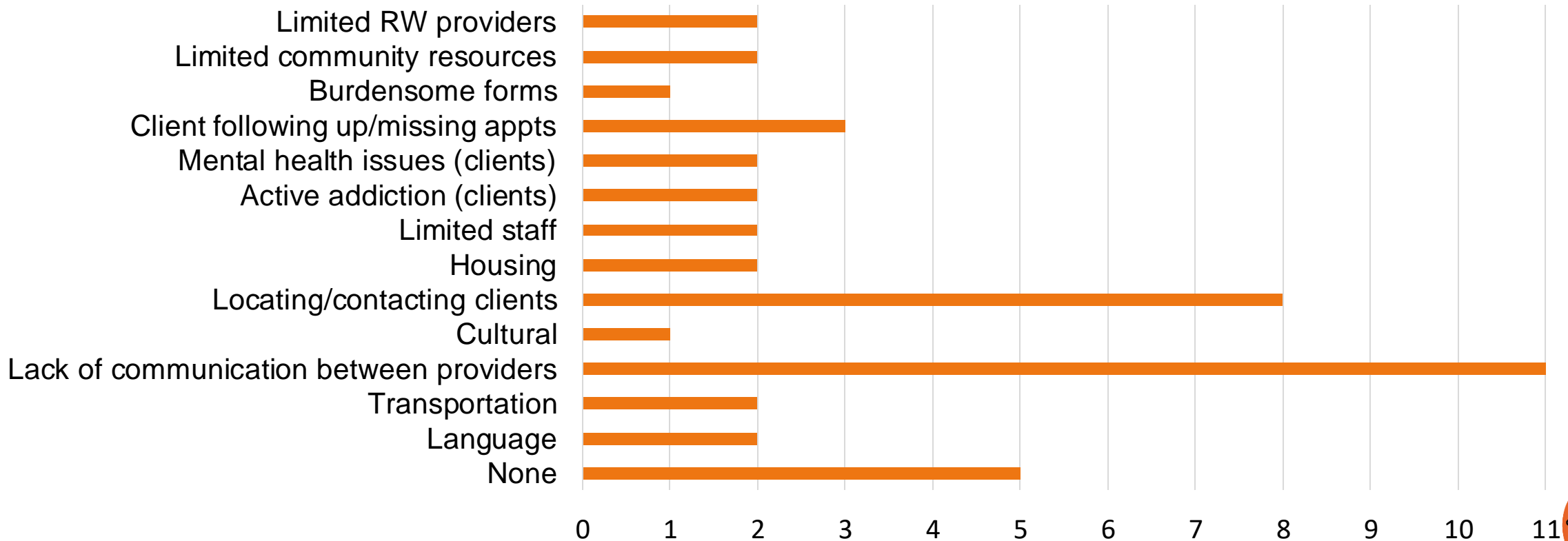
- Homeless and don't qualify for HOPWA
- Few to no Spanish-speaking mental health providers (2)
- Wait time
- Transportation
- Appropriate housing placement
- Retention of compassionate staff
- Mental health





# Direct Service Staff Barriers for Staff

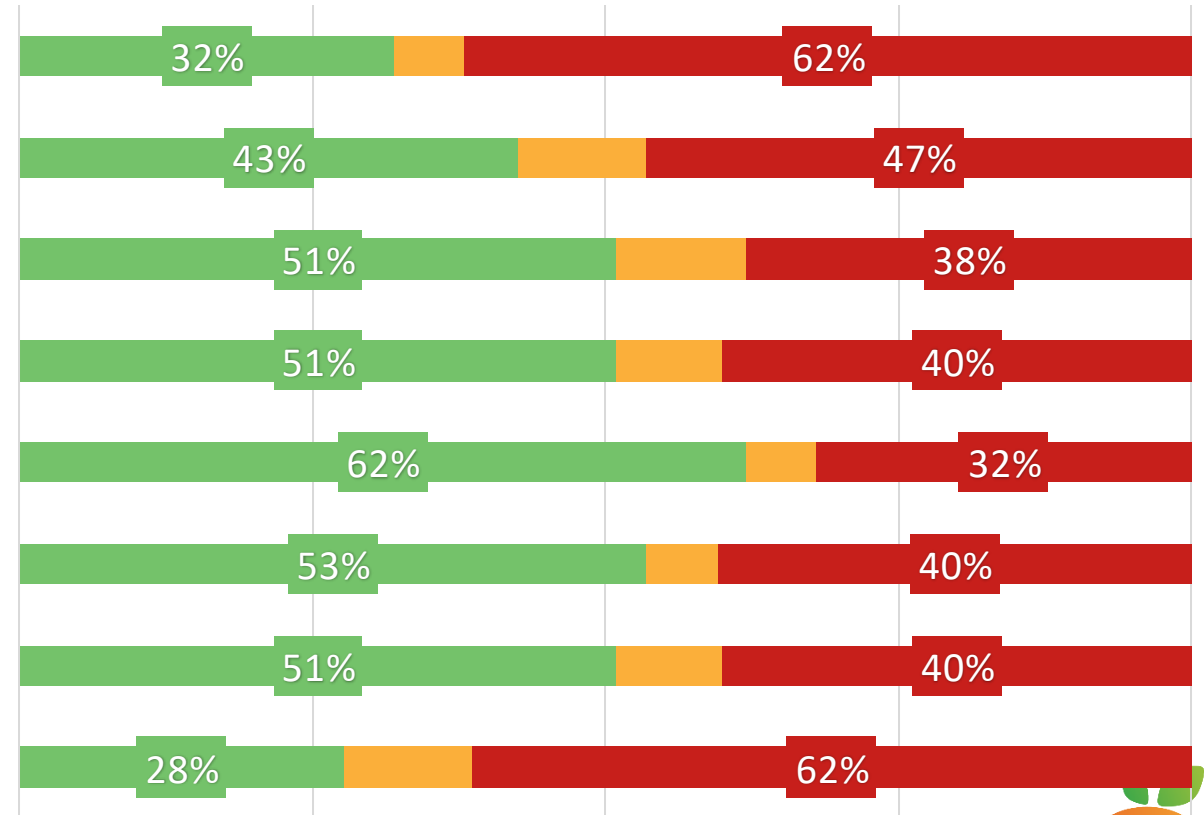
What barriers do you experience in identifying that clients were successfully or unsuccessfully linked?\*





# Direct Service Staff Barriers for Staff

- A. Trouble understanding or managing the different expectations across Ryan White Parts
- B. Trouble identifying resources whereby our clients can pay for services
- C. Difficulty filling vacant staff positions
- D. Insufficient resources to serve clients that do not speak English
- E. Not enough community partnerships/linkages to provide clients with needed referrals
- F. Not enough communication between our agency and other agency providers that serve our clients
- G. Insufficient staff to deal with client load
- H. Not enough time for adequate communication with clients



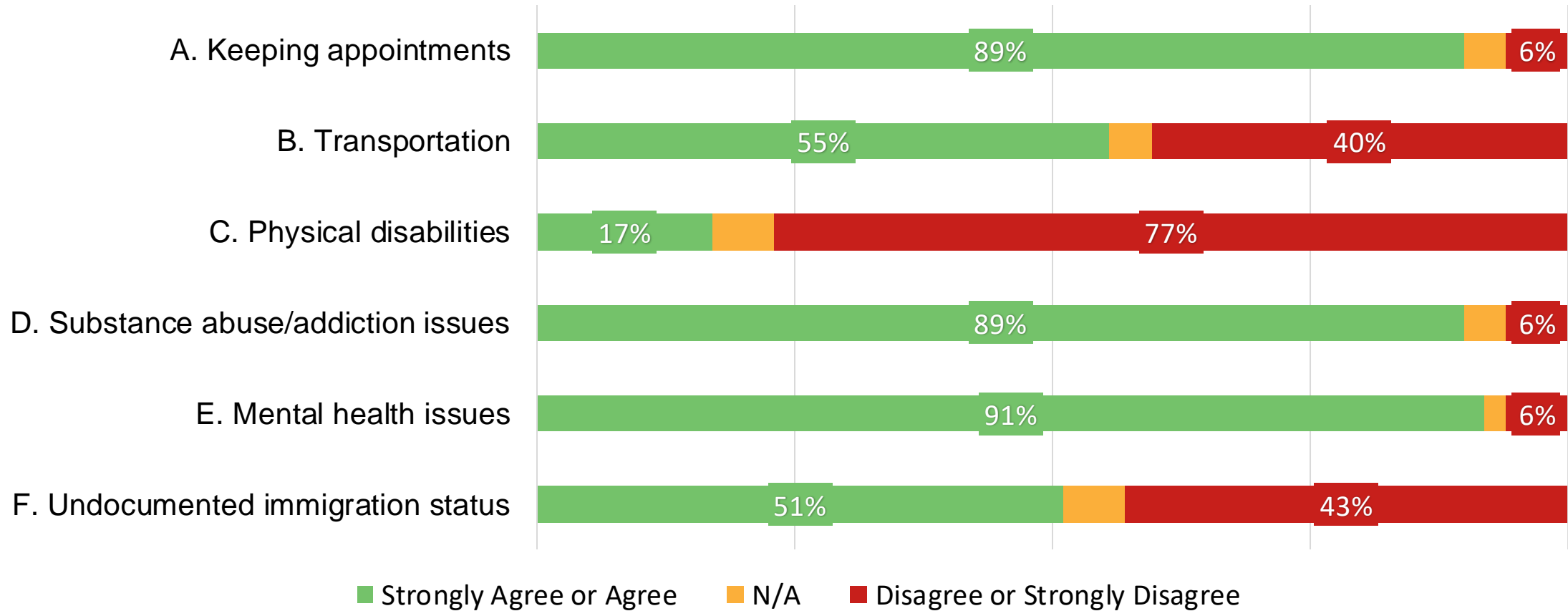
■ Strongly Agree or Agree   ■ N/A   ■ Disagree or Strongly Disagree





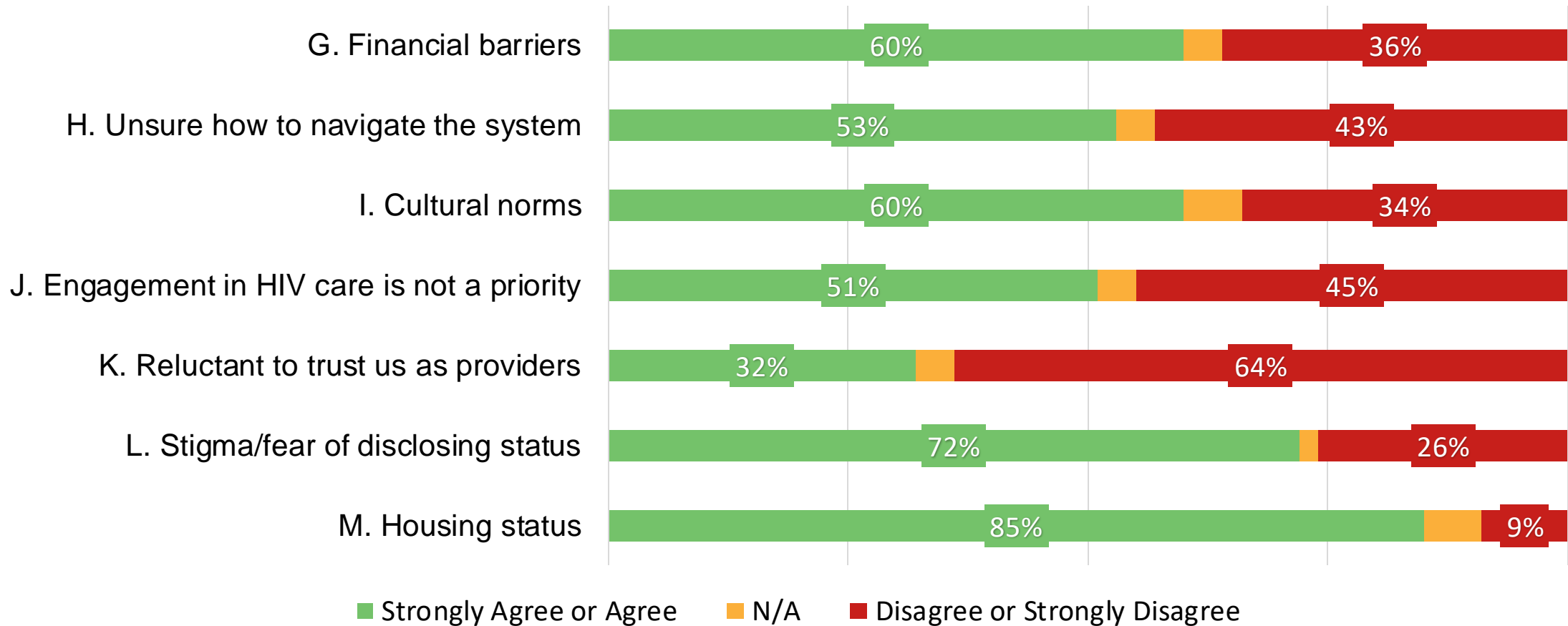


# Direct Service Staff Staff-Perceived Barriers for Clients





# Direct Service Staff Staff-Perceived Barriers for Clients



# Final Survey Comments





# Final Comments

<p><b>(A)</b> Case loads are too high and we need additional funding for additional positions</p>	<p><b>(B)</b> We need to seek more funding for housing placement for our homeless clients</p>
<p><b>(C)</b> Communication is the challenge. Staff need more education as to how to educate the client. Openness of the challenges need to be conveyed to staff and communication across the agencies need to be addressed. A retreat with Ryan White staff and an outside vender should be scheduled to address concerns. Greater FOLLOW UP should be mandatory for each concern addressed.</p>	<p><b>(D)</b> The PEER, RS and ICM positions are very demanding. Caseloads are far more manageable than in the past with the new caseload caps. Unfortunately, with so much turnover, committed staff often find themselves picking up the slack of either new workers and/or vacant caseloads. Given the caseload size, and the fact that they are responsible for Eligibility/ Recertification, Oral Health POs, Transportation &amp; Food Bank, RS should be at the same earning capacity as ICM.</p>





# Final Comments

**(E)** I get confused every year by this survey.

1. The service provided page is confusing because it doesn't indicate provided on site or funded.
2. Referrals. I am answering with the assumption that these are services that we would refer to an outside agency. Medical Care (HIV Related), I am assuming this is for specialist and it won't be deciphered that we do not provide HIV and primary care on-site. Medication, we assume this is prescription access and not pharmacy referral.
3. Barriers to Care. b. We don't understand what is being asked here and answered N/A. f. We have strong communication with some and others are more difficult. Since we are constantly in communication with outside providers we answered disagree, but we have difficulties getting what we need from some of them.

**(F)** I know we all work very hard in this field. There are times when we face struggles with our clients to remain in care but thankfully, we have resources such as EIS and our own Adherence that will assist in helping the clients to remain in our care. But also, our due diligence and commitment to our clients will never cease. Thank you !

**(G)** The biggest issue in staying in this position is the poor salary. Even in comparing to other non profit agencies where the case managers have a bachelors degree; our agency is not competitive with the pay.

**(H)** We have lack of housing in our town, it makes it really hard for our clients, and the stress factor is hard for them to focus on their health sometimes

