

## 2024 Provider Capacity & Capability Survey

### INTRODUCTION

**The Central Florida HIV Planning Council is trying to assess what capacity the area currently has so that we can plan more effectively for Ryan White HIV/AIDS Program activities in the future. Please complete the Provider Capacity & Capability Survey to the best of your ability for inclusion in the Annual Data Presentation. Responses will be kept anonymous and all findings will be reported in aggregate.**

1. Please describe your role with the organization you represent

- |   |   |
|---|---|
| <input type="radio"/> I am an Executive Director, CEO, COO, or other senior administrator | <input type="radio"/> I am a Referral Specialist/Non-Medical Case Manager |
| <input type="radio"/> I am a clinician, nurse, or part of the medical care team           | <input type="radio"/> I am an Early Intervention Specialist               |
| <input type="radio"/> I am a direct care supervisor (MCM, RS, EIS, Peer)                  | <input type="radio"/> I am a Peer   |
| <input type="radio"/> I am a Medical Case Manager   |   |
| <input type="radio"/> Other (please specify)  |   |

## 2024 Provider Capacity & Capability Survey

### 1. SERVICES PROVIDED

**We are interested in what services are available to people with HIV in the Orlando Service Area. Below is a list of services that people living with HIV might need to maintain their health. If you are unsure about which category a service you provide might fall into, please contact [Whitney.Marshall@hfuw.org](mailto:Whitney.Marshall@hfuw.org).**

2. Which of the following services (including services not related to Ryan White funding) does your agency provide onsite or through telehealth? (Check all that apply)

- ☐ Child Care Services
- ☐ Counseling & Testing for HIV
- ☐ Oral health care
- ☐ HIV Prevention
- ☐ Early Intervention Services
- ☐ Emergency Financial Assistance
- ☐ Food Bank/Home Delivered Meals
- ☐ Health Education/Risk Reduction
- ☐ Health Insurance Premium & Cost-Sharing Assistance
- ☐ Home and Community-Based Health Care including Durable Medical Equipment
- ☐ Home Health Care
- ☐ Hospice
- ☐ Housing
- ☐ Legal Services
- ☐ Linguistic Services
- ☐ Local Pharmaceutical Assistance Program (LPAP)
- ☐ Other Professional Services
- ☐ AIDS Pharmaceutical Assistance (HIV-related Medications)
- ☐ Medical case management, including treatment adherence
- ☐ Medical Nutrition Therapy including nutritional supplements
- ☐ Medical Transportation
- ☐ Mental Health Services
- ☐ Outpatient/Ambulatory Health Services (medical visits)
- ☐ Outreach Services
- ☐ Non-Medical Case Management
- ☐ Other Professional Services
- ☐ Permanency Planning
- ☐ Psychosocial Support (Peer Support)

- ☐ Referral for Health Care & Support Services
- ☐ Rehabilitation Services
- ☐ Respite Care
- ☐ STI Testing
- ☐ Substance Use/Abuse Treatment (outpatient)
- ☐ Substance Use/Abuse Treatment (residential)
- ☐ Other (please specify)

3. Which of the following services is your agency able to provide referrals to? These may include services that are funded, but not provided onsite such as through purchase order. (Check all that apply)

- ☐ Child Care Services
- ☐ Counseling & Testing for HIV
- ☐ Oral health care
- ☐ HIV Prevention
- ☐ Early Intervention Services
- ☐ Emergency Financial Assistance
- ☐ Food Bank/Home Delivered Meals
- ☐ Health Education/Risk Reduction
- ☐ Health Insurance Premium & Cost-Sharing Assistance
- ☐ Home and Community-Based Health Care including Durable Medical Equipment
- ☐ Home Health Care
- ☐ Hospice
- ☐ Housing
- ☐ Legal Services
- ☐ Linguistic Services
- ☐ Local Pharmaceutical Assistance Program (LPAP)
- ☐ Other Professional Services
- ☐ AIDS Pharmaceutical Assistance (HIV-related Medications)
- ☐ Medical case management, including treatment adherence
- ☐ Medical Nutrition Therapy including nutritional supplements
- ☐ Medical Transportation
- ☐ Mental Health Services
- ☐ Outpatient/Ambulatory Health Services (medical visits)
- ☐ Outreach Services
- ☐ Non-Medical Case Management

- ☐ Other Professional Services
- ☐ Permanency Planning
- ☐ Psychosocial Support (Peer Support)
- ☐ Referral for Health Care & Support Services
- ☐ Rehabilitation Services
- ☐ Respite Care
- ☐ STI Testing
- ☐ Substance Use/Abuse Treatment (outpatient)
- ☐ Substance Use/Abuse Treatment (residential)
- ☐ Other (please specify)

4. Which of the above services is your agency not currently providing, but would consider expanding to include?

5. Please state the mission of your agency:

6. How do clients access the services your agency provides? (Check all that apply)

- ☐ Our agency seeks clients out to provide them with services
- ☐ Clients can walk in and access services same day
- ☐ Clients can call and schedule themselves for an appointment
- ☐ A referral from a care coordinator is appreciated
- ☐ A referral from a care coordinator is required
- ☐ A referral from another provider (eg. a private physician) is appreciated
- ☐ A referral from another provider (eg. a private physician) is required
- ☐ Other (please specify)

7. Does your agency provide clients with referrals to other services?

- ☐ Yes → Proceed to Section 2: Referrals
- ☐ No → Skip to Section 3: Clients

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### 2. REFERRALS

**We are aware that one agency cannot provide all the services that a person living with HIV needs to access and that your agency may help clients' access additional services by providing referrals. We are interested in the referral network that supports the system of HIV care in the Orlando Service Area.**

8. Please rank the top 5 core medical services of those listed below according to the number of referrals you make to each one by selecting the appropriate column number where 1=most and 5=least

	1- Most	2	3	4	5- Least
Dental/Oral health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance Premium and Cost-Sharing Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications (HIV-related)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management/Care Coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Care (HIV-related)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Nutrition Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Abuse Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please rank the top 5 supportive services of those listed below according to the number of referrals you make to each one by selecting the appropriate column number where 1=most and 5=least

	1- Most	2	3	4	5- Least
HIV Prevention Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Bank/Vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Financial Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medical Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral for Health Care and Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial Support (Peers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Translation/Interpretation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation/Transportation Vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### 3. CLIENTS

**Please answer the following questions to the best of your ability. We understand that in many cases an exact number will not be available. In this event, please provide a best estimate.**

10. What is the maximum number of clients that your agency is able to have on the caseload at one time? By this, we mean how many clients can your agency currently support given the funding, staff, and resources that the agency has right now?

Case management

Clinic

Mental Health and/or  
Substance Abuse

Other service provider

11. How many total clients is your agency currently serving?

12. What is the average wait time (in days) for a new client to get into services from the point of initial contact with your agency?

	No wait	1-3 days	5-7 days	10-14 days	up to 21 days	up to 30 days
Referral Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Does your agency target a particular population? For example, are your services oriented towards people of a particular race/ethnicity, gender, age, sexual orientation, or towards people with substance abuse/mental health problems or people who are unhoused, etc.?

☐ No

☐ Yes (please specify)

14. How does your agency serve clients who do not speak English? (Check all that apply)

- ☐ By hiring staff that speak languages other than English
- ☐ By ensuring translators/interpreters are available when needed
- ☐ By using the Language Line to translate
- ☐ By translating patient materials into different languages
- ☐ Not Applicable - My agency does not serve clients that do not speak English
- ☐ I don't know how my agency serves/would serve clients that do not speak English
- ☐ Other (please specify). Please list the languages of any populations you are currently able to serve:

15. Please list the languages of any populations whose language needs you are having difficulty meeting:

16. How does your agency serve clients aged 50 and older? (Check all that apply)

- ☐ Partner with organizations that provide services to older individuals (Area Agencies on Aging, Office of Aging, etc.)
- ☐ Involve people aging with HIV as members of the care team
- ☐ Peer support for people aging with HIV
- ☐ Support groups (in-person or online) for people aging with HIV
- ☐ Provide older individuals with opportunities to socialize and/or volunteer
- ☐ Extended appointments for clinicians to address complex health needs
- ☐ Provide age-related screenings (e.g., frailty, cognitive function, elder abuse) and services to this population
- ☐ Provide resources and training to staff about the needs of clients aging with HIV
- ☐ Provide support for mobility, transportation and technology to access services
- ☐ Partner with geriatricians and primary care physicians prioritizing the needs of aging patients
- ☐ Other (please specify)



17. How does your agency ensure that it is culturally competent? (Check all that apply)

- ☐ By hiring staff of different cultures
- ☐ By hiring peer educators/counselors of different cultures
- ☐ By providing staff with general diversity/cultural competency training
- ☐ By providing staff with training on specific diversity/cultural competency topics
- ☐ By making referrals or having contracts with culturally specific organizations
- ☐ My agency does not do anything to ensure that it is culturally competent
- ☐ Other (please specify)

18. Are you aware of your clients' HIV status?

- ☐ Yes → Proceed to Section 4: People with HIV
- ☐ No → Skip to Section 5: Barriers

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### 4. PEOPLE WITH HIV

19. What percentage of your clients have received an HIV diagnosis?

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

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

- ☐ Yes
- ☐ No

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### 5. BARRIERS TO CARE

**Now we would like to ask you about the barriers that your agency faces in providing services to clients and the barriers that clients face in accessing those services.**

21. Based on your experiences over the past year, please indicate the level to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. We have trouble understanding or managing the different expectations across Ryan White Parts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We have trouble identifying outside resources whereby our clients can access services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We have difficulty filling vacant staff positions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. We have insufficient resources to serve clients that do not speak English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. We don't have enough community partnerships/linkages to provide our clients with referrals that they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There is not enough communication between our agency and other agency providers that serve our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. We have trouble getting what we need from other agency providers to support our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. We have insufficient staff to deal with our client load.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. There is not enough time for adequate communication with our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

22. Below are listed some common barriers that clients face when accessing services. Based on your experiences in the past year, please indicate whether you agree or disagree with the

following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Our clients have difficulties keeping their appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Our clients have difficulties getting transportation to our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Our clients have difficulties accessing care due to physical disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Our clients have difficulties remaining engaged in care due to substance abuse/addiction issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Our clients have difficulties remaining engaged in care due to mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Our clients are reluctant to seek services because they have undocumented immigration status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Our clients are reluctant to seek services due to financial barriers (eg. co-pays, spend down, uncovered services).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Our clients have difficulties remaining engaged in care because they are unsure of how to navigate the system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Our clients are reluctant to seek services due to cultural norms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Remaining engaged in HIV care is not a priority for our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Our clients are reluctant to trust us as providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

l. Our clients are reluctant to seek services due to stigma or fear of disclosing their status.

☐

☐

☐

☐

☐

m. Our clients have difficulty remaining engaged in care due to their housing status.

☐

☐

☐

☐

☐

Other (please specify)

## 2024 Provider Capacity & Capability Survey

### 6. STAFF

**We know that staff is an extremely important resource in providing services to people living with HIV. Now we would like to ask you a few questions about the staff resources your agency has.**

23. How many full-time equivalent (FTE) staff is employed by your agency?

24. How many full-time employees do you have?

25. How many part-time employees do you have?

26. Does your agency require employees to have any sort of license or certification to provide any of the services your agency provides?

☐

No

☐

Yes (please specify)

27. Does your agency require employees to complete any continuing education hours to provide any of the services your agency provides?

☐

No

☐

Yes (please specify)

## 2024 Provider Capacity & Capability Survey

### 7. SUSTAINABILITY AND SCALABILITY

**Since one goal of the Ryan White Services Program is to bring people into care, we are concerned about the ability of the current system of care to accommodate additional people. The next questions are about your agencies ability to increase the number of services it provides and its susceptibility to funding changes.**

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

	Yes	No	Don't Know
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health and/or Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If no, please explain.

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

	Yes	No	Don't Know
5%?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10%?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20%?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If no, please explain.



30. Please check yes or no to indicate whether your agency accepts each of the following sources of reimbursement.

	Yes	No	Don't Know
Private Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACA (QHP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOPWA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your agency accepts another form of reimbursement, please tell us what else your agency accepts:

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

32. 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%.

	0%	Less than 10%	10-24%	25-49%	50-74%	75-100%
Ryan White Part A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White Part B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White Part C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White Part D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White-related Program Income (340B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAMHSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOPWA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Federal funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-governmental grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify.

## 2024 Provider Capacity & Capability Survey

### 8. EMERGENCY & DISASTER

**Now we would like to ask you about how your services could be impacted by an emergency or disaster occurrence, such as the novel Coronavirus pandemic. Please answer to the best of your ability.**

33. Does your agency have a Continuity of Operations Plan (COOP)?

- ☐ Yes  
☐ No  
☐ Unsure

34. If yes, do staff receive regular training on the Continuity of Operations Plan (COOP)?

- ☐ Yes  
☐ No  
☐ Unsure

35. Is your agency prepared to deliver services in a disaster or emergency event?

- ☐ Yes  
☐ No  
☐ Unsure

36. Is your agency currently implementing telehealth services?

- ☐ Yes  
☐ No  
☐ Unsure

37. If no, please tell us why and describe what challenges your agency has had in implementing telehealth services.

38. How is your agency keeping clients informed about additional resources available during an emergency or disaster?

- ☐ Telephone
- ☐ E-mail
- ☐ Postal mailing
- ☐ Through appointments with their medical provider or program staff
- ☐ Digital and print marketing
- ☐ Website
- ☐ Other (please specify)

39. What resources would your agency require in order to provide continuous services to clients should another disaster or emergency event occur in the future?

- ☐ More staff
- ☐ More funding
- ☐ Technology or equipment
- ☐ Other (please specify)

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

## 2024 Provider Capacity & Capability Survey

### 9. LOCATION OF SERVICES / HOURS OF OPERATION

**Now we would like to ask you about when and where your services are offered so that we can evaluate the system of care as a whole to see how accessible services are to people who live with HIV in the Orlando Service Area (OSA). By accessible, we mean are services available for clients who may have issues scheduling appointments and how far do clients have to travel to access services.**

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

Agency Name	<input type="text"/>
Primary Contact Person	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

42. What are your normal hours of operation? (be sure to include any evening or weekend hours that your agency is open)

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>
Sunday	<input type="text"/>

43. Are services offered at locations other than the address above?

- ☐ Yes → Proceed to Section 10: Other Service Sites
- ☐ No → Skip to Section 11: Conclusion and Thank You

## 2024 Provider Capacity & Capability Survey

### 10. OTHER SERVICE SITES

#### 44. Alternative Service Site (1)

Agency Name:	<input type="text"/>
Primary Contact Person:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

#### 45. Alternative Service Site (1) Hours

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>
Sunday	<input type="text"/>

#### 46. Alternative Service Site (2)

Agency Name:	<input type="text"/>
Primary Contact Person:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

**47. Alternative Service Site (2) Hours**

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>
Sunday	<input type="text"/>

**48. Alternative Service Site (3)**

Agency Name:	<input type="text"/>
Primary Contact Person:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

**49. Alternative Service Site (3) Hours**

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>
Sunday	<input type="text"/>

## 2024 Provider Capacity & Capability Survey

### Case Managers, Referral Specialists, EIS, and Peer Support

**Please complete this section if you are a case manager, referral specialist, EIS, peer or direct supervisor.**

50. How many clients are you currently serving on your caseload?

51. What is the maximum number of clients that you are able to have on your caseload at one time? By this, we mean how many clients can your position currently support given the funding, staff, and resources that the agency has right now?

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

- ☐ No wait
- ☐ 1-3 days
- ☐ 5-7 days
- ☐ 10-14 days
- ☐ up to 21 days
- ☐ up to 30 days

53. What is the AVERAGE wait time for EXISTING clients when returning for appointments or other requests for assistance?

- ☐ No wait
- ☐ 1-3 days
- ☐ 5-7 days
- ☐ 10-14 days
- ☐ up to 21 days
- ☐ up to 30 days

54. What is the AVERAGE time spent with clients?

- ☐ Less than 15 mins
- ☐ up to 30 mins
- ☐ up to 1 hr
- ☐ up to 3 hrs
- ☐ More than 3 hrs



55. What barriers, if any, do you experience in providing referrals to your clients? (Check all that apply)

- ☐ There is no one to refer the client to
- ☐ There is no availability
- ☐ The client is not eligible for the service they need
- ☐ The provider does not return any calls
- ☐ There is no funding available for the service
- ☐ Other (please specify)

56. What barriers do you experience in identifying that clients were successfully or unsuccessfully linked?

57. Based on your experiences over the past year, please indicate the level to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. We have trouble understanding or managing the different expectations across Ryan White Parts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We have trouble identifying outside resources whereby our clients can access services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We have difficulty filling vacant staff positions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. We have insufficient resources to serve clients that do not speak English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. We don't have enough community partnerships/linkages to provide our clients with referrals that they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There is not enough communication between our agency and other agency providers that serve our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. We have trouble getting what we need from other agency providers to support our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. We have insufficient staff to deal with our client load.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. There is not enough time for adequate communication with our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

58. Below are listed some common barriers that clients face when accessing services. Based on your experiences in the past year, please indicate whether you agree or disagree with the

following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Our clients have difficulties keeping their appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Our clients have difficulties getting transportation to our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Our clients have difficulties accessing care due to physical disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Our clients have difficulties remaining engaged in care due to substance abuse/addiction issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Our clients have difficulties remaining engaged in care due to mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Our clients are reluctant to seek services because they have undocumented immigration status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Our clients are reluctant to seek services due to financial barriers (eg. co-pays, spend down, uncovered services).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Our clients have difficulties remaining engaged in care because they are unsure of how to navigate the system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Our clients are reluctant to seek services due to cultural norms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Remaining engaged in HIV care is not a priority for our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Our clients are reluctant to trust us as providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

l. Our clients are reluctant to seek services due to stigma or fear of disclosing their status.

☐☐☐☐☐

m. Our clients have difficulty remaining engaged in care due to their housing status.

☐☐☐☐☐

Other (please specify)

## 2024 Provider Capacity & Capability Survey

### 11. CONCLUSION AND THANK YOU

**Thank you for taking the time to complete this survey. Your input is incredibly valuable in helping us better understand the system of HIV care in the Orlando Service Area and in helping inform our decision as we attempt to strengthen and expand the existing system of care.**

59. What is your (person who completed this survey) name and position or title? Please note this is optional.

60. Do you have any additional comments you would like to share with us?