

Central Florida HIV
PLANNING
COUNCIL

SERVING

Orange | Osceola | Seminole | Lake | Brevard Counties

2025 Provider Capacity & Capability Survey

September 19, 2025





Objectives

- Define the purpose of the annual Provider Capacity and Capability Survey
- Analyze the accessibility, availability, and appropriateness of RWHAP Part A and B services in the Orlando Service Area (OSA)
- Identify barriers to care

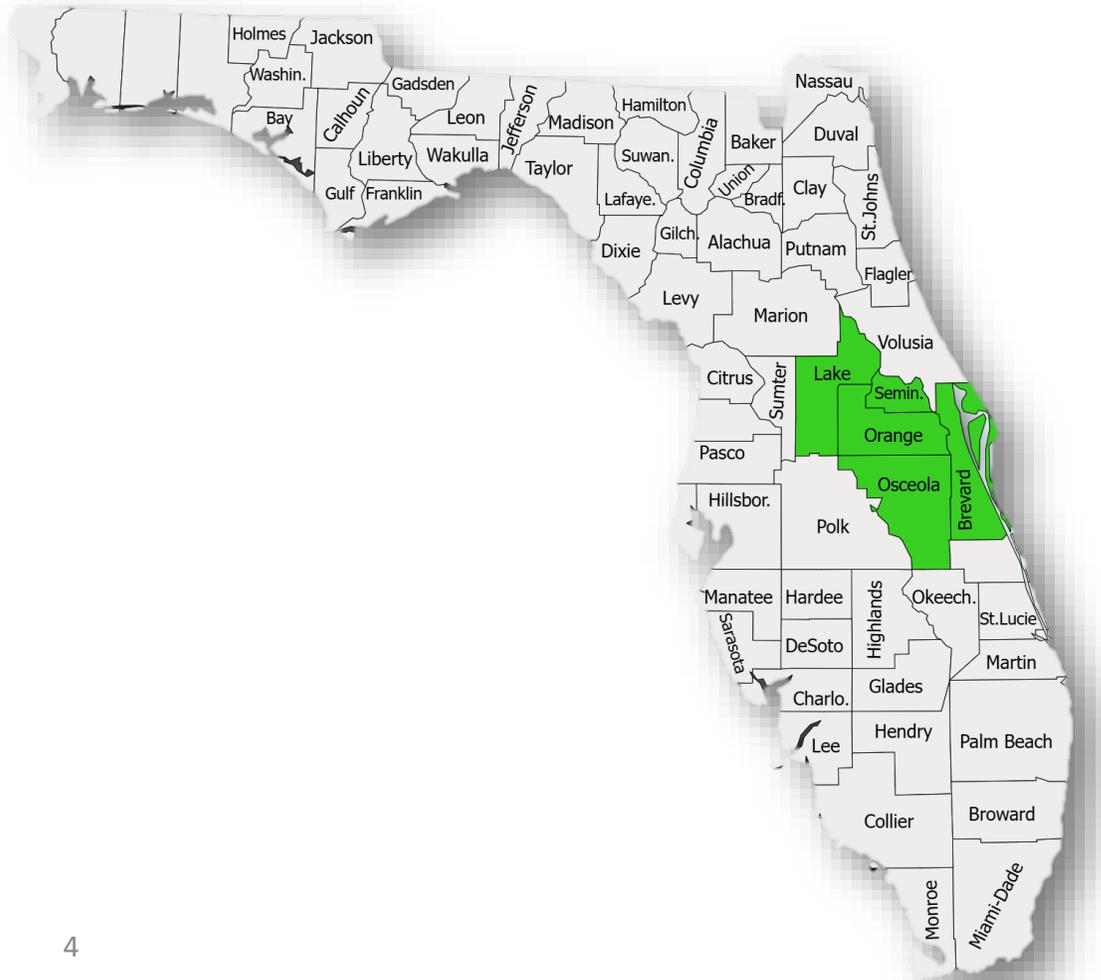


Survey Overview

Methodology, Definitions, Purpose, Respondent Profile



Survey Purpose



To identify the extent to which HIV-related services are:

- Accessible,
- Available, and
- Appropriate

For people with HIV (PWH) in the Orlando Service Area (OSA).



Capacity vs. Capability



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.

Methodology & Insights

- Questions adapted from: HRSA and EGM Consulting, LLC
- Planning Council provided input and approval before distribution
- Available electronically via SurveyMonkey
- Anonymous, but respondents were given the option to enter their name
- Two versions:
 - Designed for Executive Leadership, Clinicians, and Senior Administrators
 - Designed for direct care service staff and their supervisors (RS, MCM, EIS, & Peers)



112

Total Responses

60+

of Days Survey was Open

367%

% Increase in Response Rate
from 2024 Survey

54%

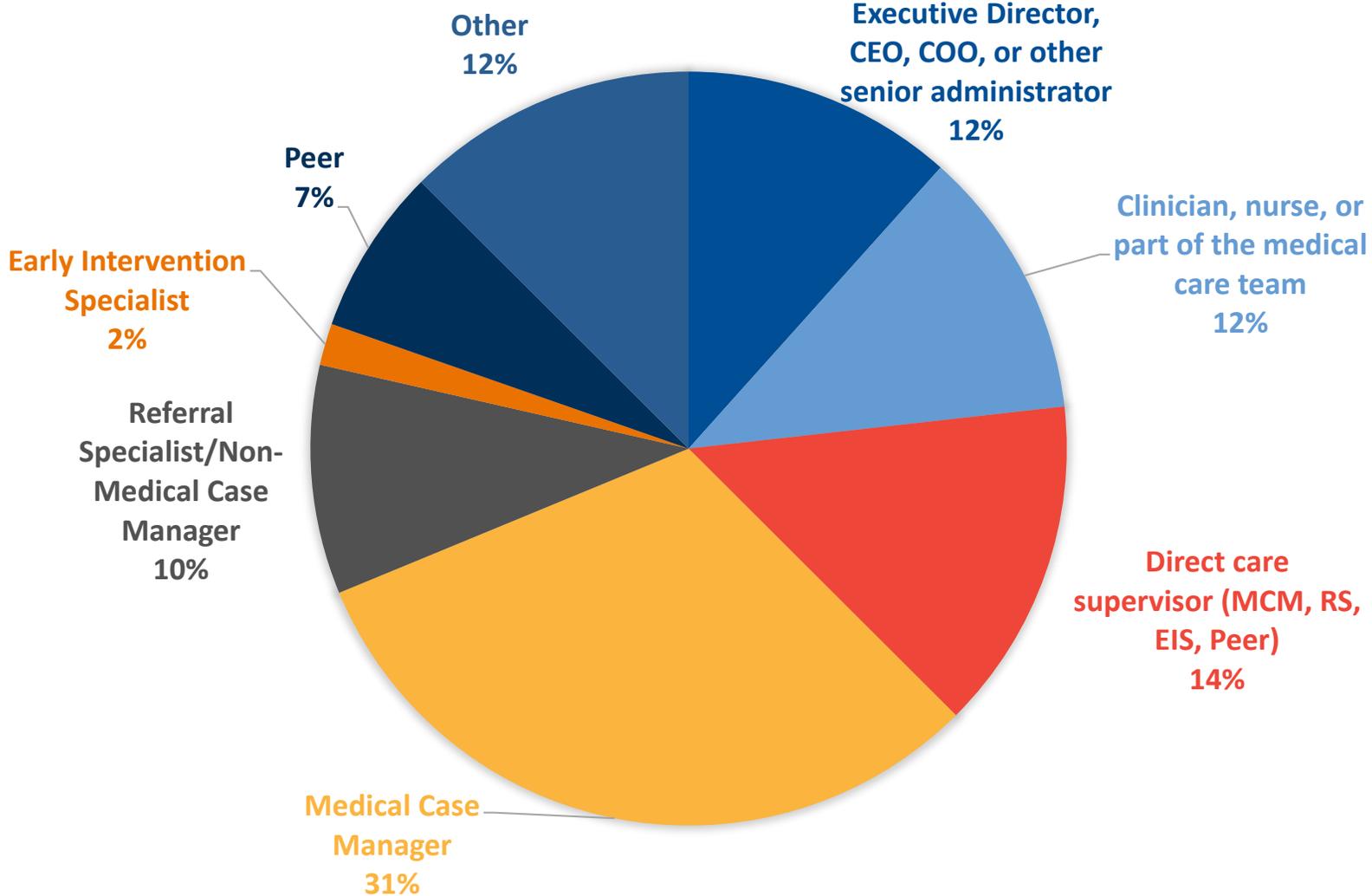
Completion Rate

Respondent Information

Role Within Organization

Answered: 112

Skipped: 0

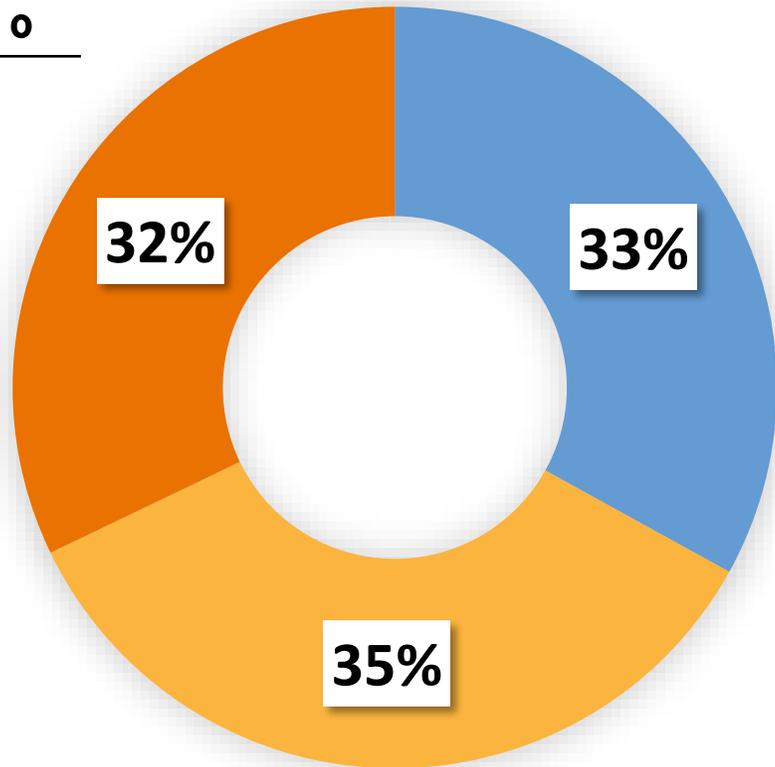


Respondent Information

Primary Location & RWHAP Funding Source

Answered: 112

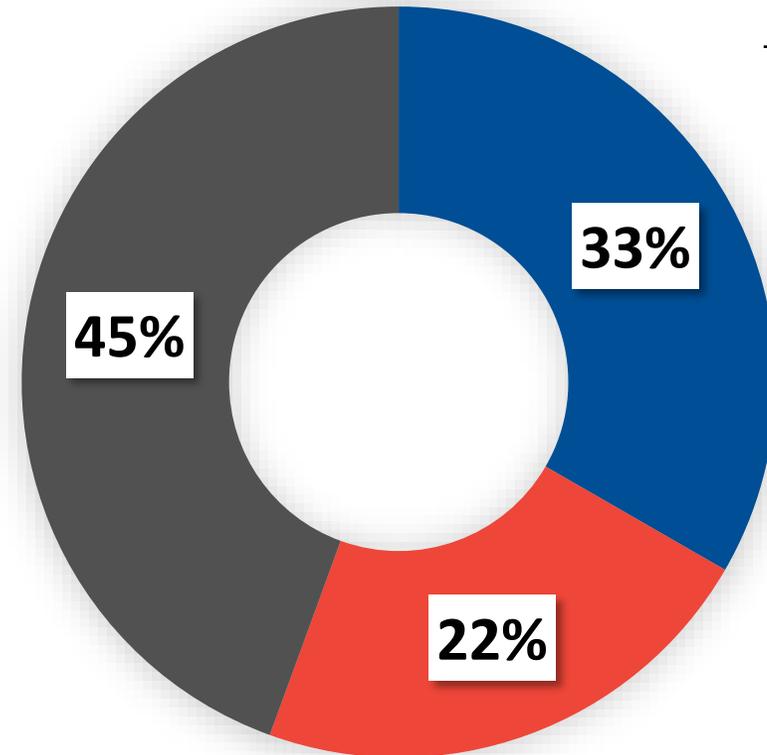
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■ Ryan White Part A ■ Ryan White Part B ■ Both

Answered: 18

Skipped: 94



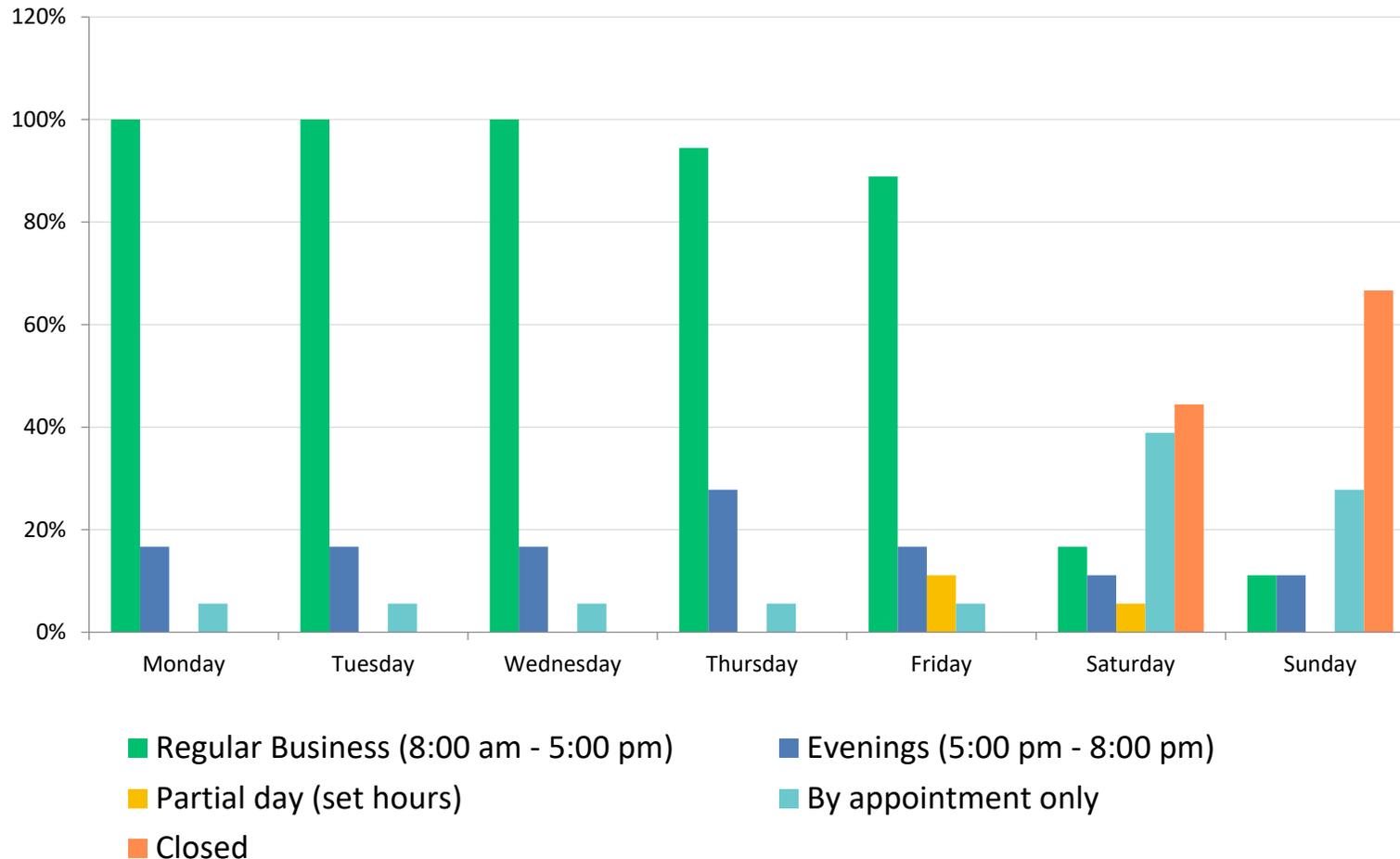
■ Orange County ■ Seminole County ■ Brevard County



Provider Accessibility Hours of Operation

Answered: 18

Skipped: 94



- 100% of respondents are open Monday-Friday during regular business hours (8:00 AM-5:00 PM)
- 3 respondents are open during business hours on Saturdays, and 2 are open on Sundays
- 7 are available by appointment only on Saturdays, and 5 by appointment on Sundays

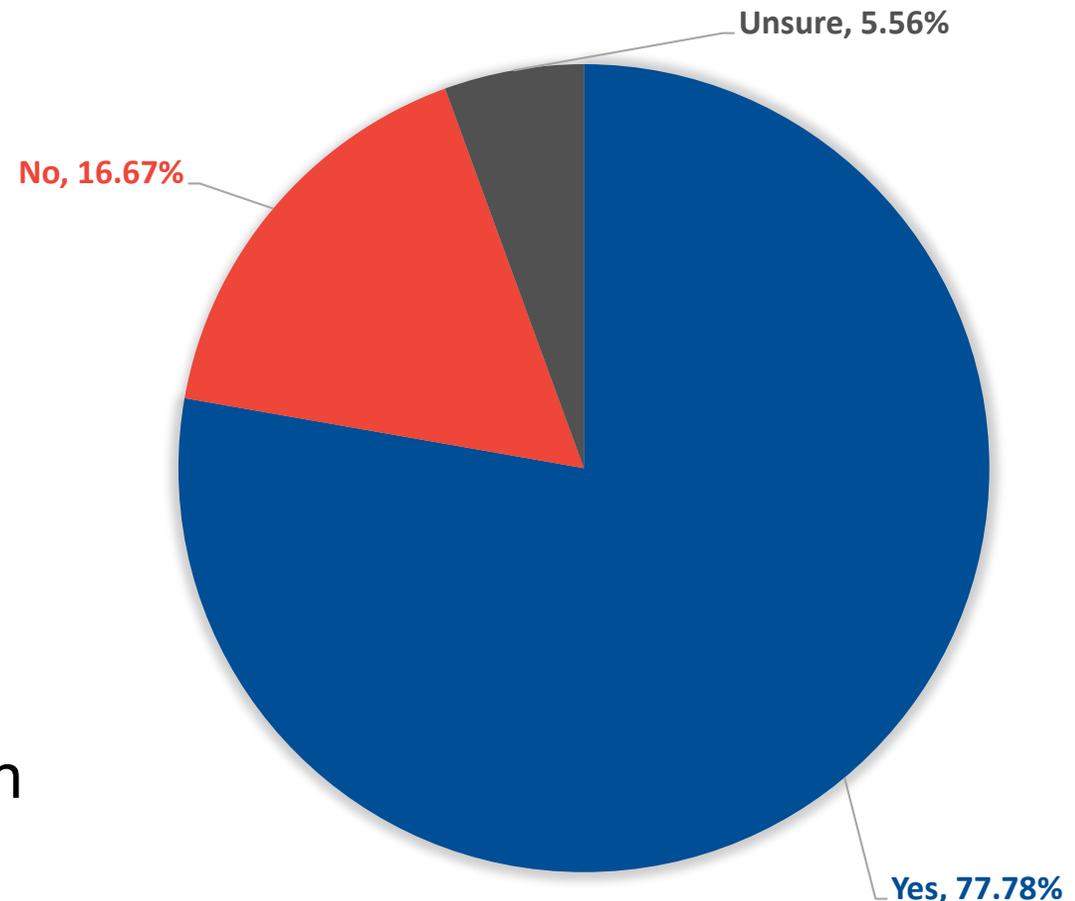


Provider Accessibility Implementation of Telehealth Services

Answered: 18

Skipped: 94

- When asked to describe what challenges the agency has faced in implementing telehealth, respondents said:
 - Face-to-face services are provided
 - Clients are not interested or do not have the capacity to do telehealth. Phone is off or do not have enough data to do telehealth



Services Overview

Available services, most common services, and desired services



Services Provided

All Available Services

- 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)



Services Provided

Top Services Selected

Answered: 31

Skipped: 81

Providing onsite or via telehealth

Service	Percent Selected (Weighted)
Counseling & Testing for HIV	93%
HIV Prevention	93%
STI Testing	86%
Medical Case Management, including treatment adherence	86%
Outpatient/Ambulatory Health Services (medical visits)	85%

Not providing onsite; by referral or PO

Service	Percent Selected (Weighted)
Substance Use/Abuse Treatment (residential)	90%
Hospice	72%
Home Health Care	71%
Substance Use/Abuse Treatment (outpatient)	68%
Home and Community-Based Health Care	61%



Services Overview

Top Selected- Expansion of Services

Answered: 31

Skipped: 81

- Respondents indicated that they are not providing the following services, but would consider expanding to include:

Service	Percent Selected (Weighted)
Child Care Services	47%
Legal Services	33%
Permanency Planning	32%
Hospice	28%
Respite Care	20%
Home Health Care	19%



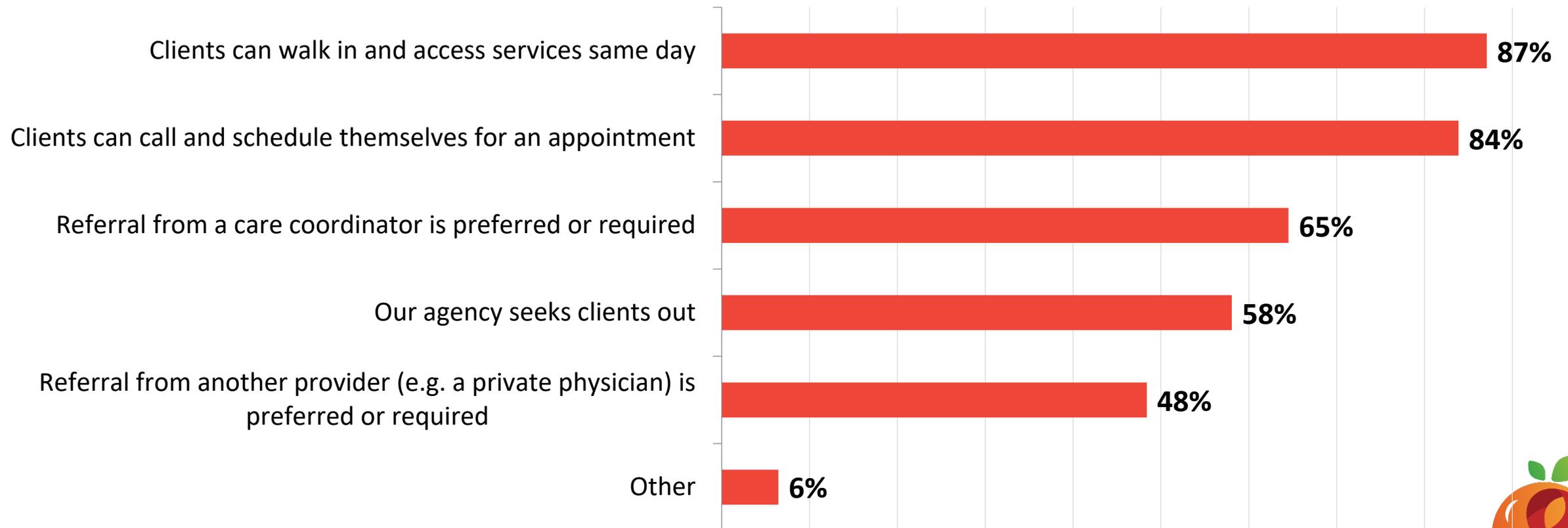
Services Overview

Client Access

Answered: 31

Skipped: 81

How do clients access the services your agency provides?



97% of respondents refer clients to other services

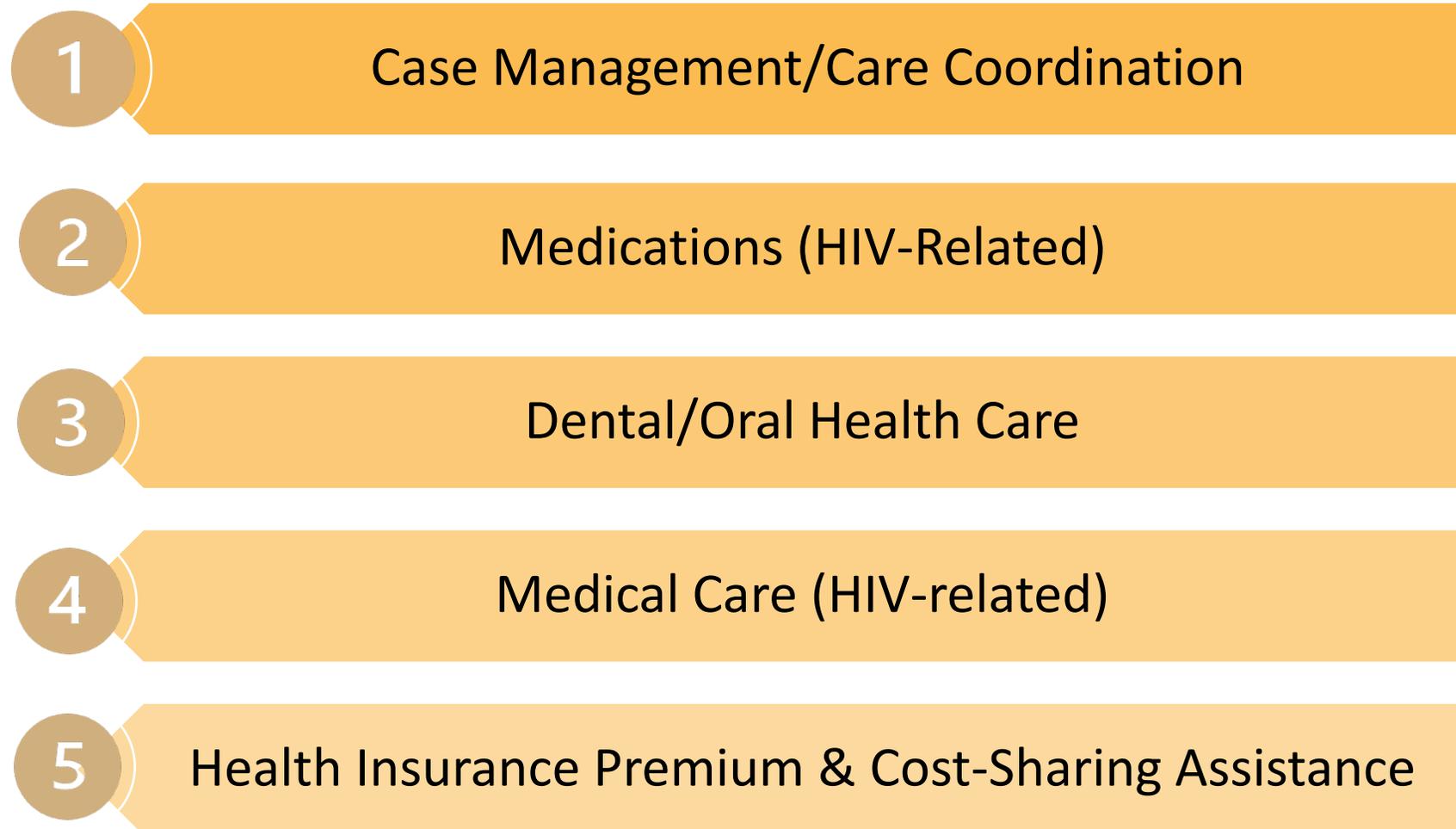


Services Overview

Top 5 Referred Services- Core (Weighted)

Answered: 28

Skipped: 84



Services Overview

Top 5 Referred Services- Support (Weighted)

Answered: 28

Skipped: 84

- 1 Housing Assistance
- 2 HIV Prevention Education
- 3 Food Bank/Vouchers
- 4 Emergency Financial Assistance
- 5 Employment Assistance



Agency & Staff

Number of employees, education requirements, caseload capacity, average wait times, and sustainability



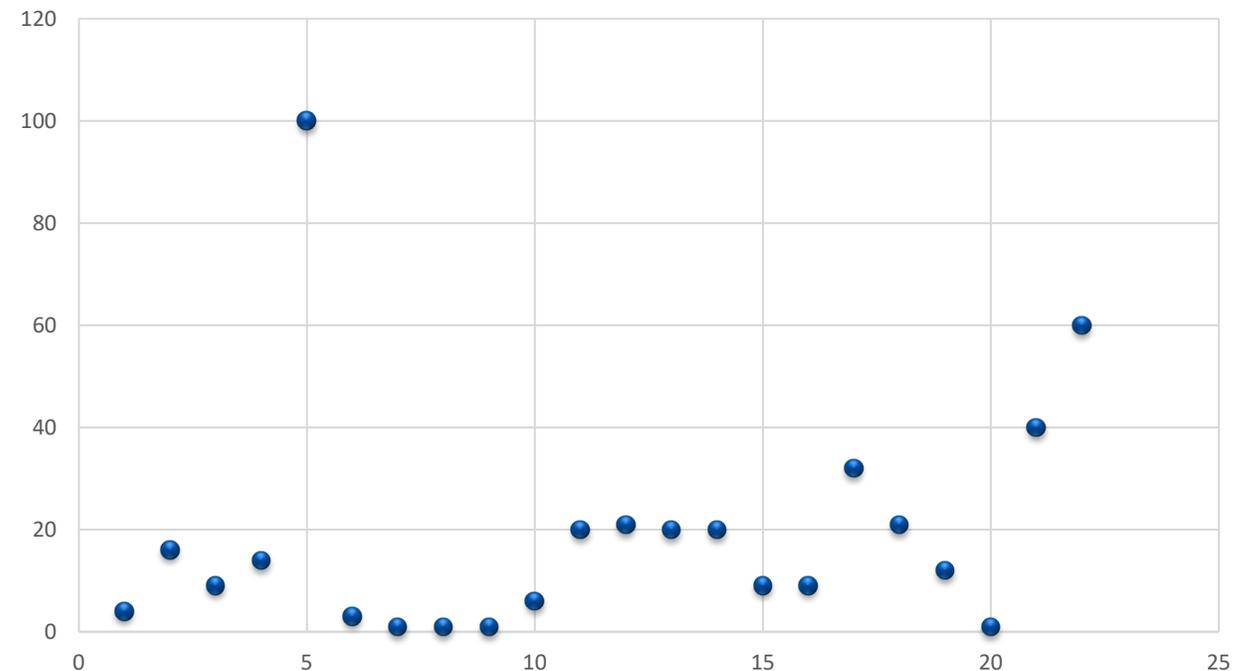
Agency Size RWHAP Employees

Answered: 22

Skipped: 90

- Ranges from 1 to 100 full-time RWHAP-funded employees
- Ranges from 0 to 10 part-time RWHAP-funded employees
 - 36% of respondents have part-time staff

Full-Time Employees



Staff Capability Licensure & Continuing Education

Answered: 22

Skipped: 90

- Licenses & Certifications

- **59%** of respondents require that employees have any sort of license or certification to provide services, including:
 - HIV training, Medical/nursing licenses (RN, RA, APRN, LPN, CNA, MD), Medical Technician, bachelor's degree, master's degree, medical case management Training, mental health counselor/clinical Licensure, SOAR, Recovery Peer Support Specialist, food handling

- Continuing Education

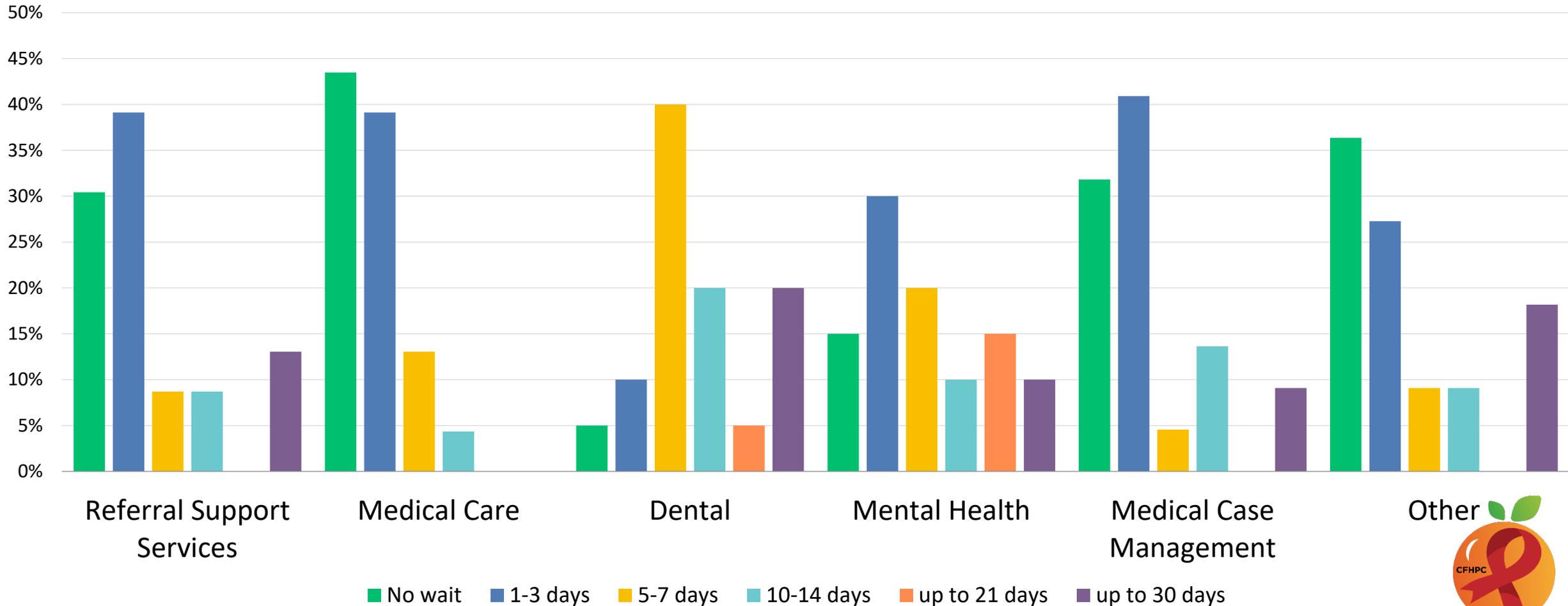
- **77%** of respondents require employees to complete continuing education hours to provide services, including:
 - Annual training (required hours range from 12-15 annually- some from AETC), HIV 101, HIV 501, Peer certification, ACHA requirements, Florida State licensure requirements, Florida Assisted Living Facility requirements, and training on :
 - HIPPA, HOPWA, SOAR, culture, medical care, medical case management



Agency Capability Average Wait Times in Days

Answered: 25

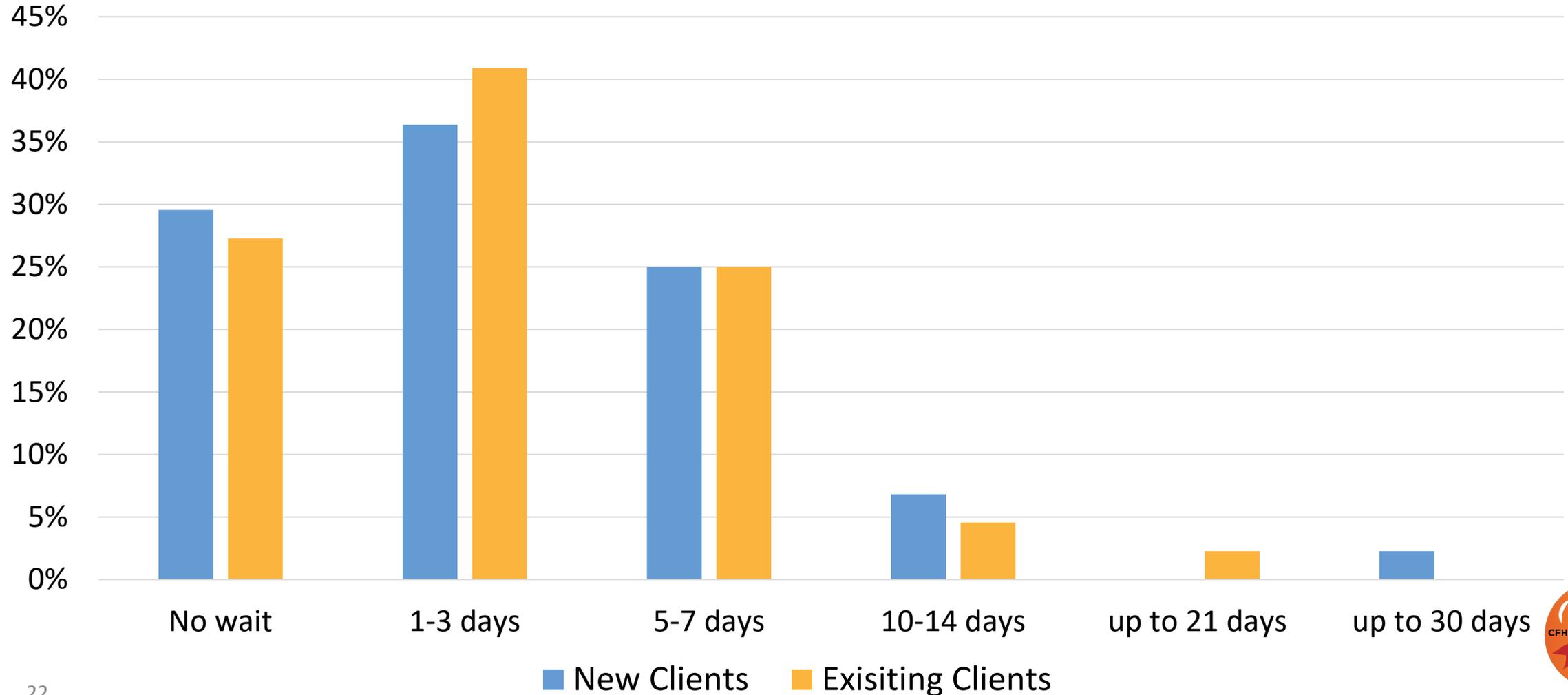
Skipped: 87



Staff Capability Average Wait Times

Answered: 44

Skipped: 68

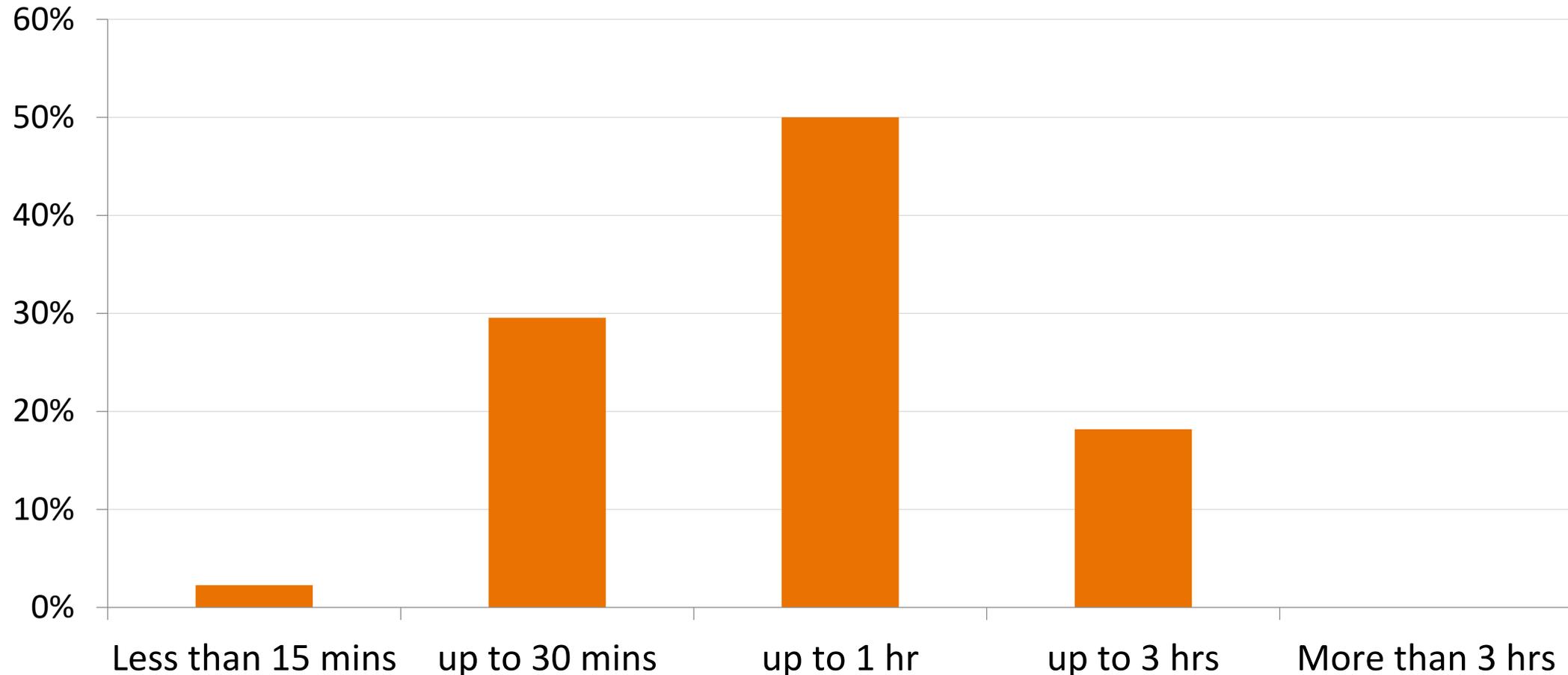


Staff Capacity Average Time Spent

Answered: 44

Skipped: 68

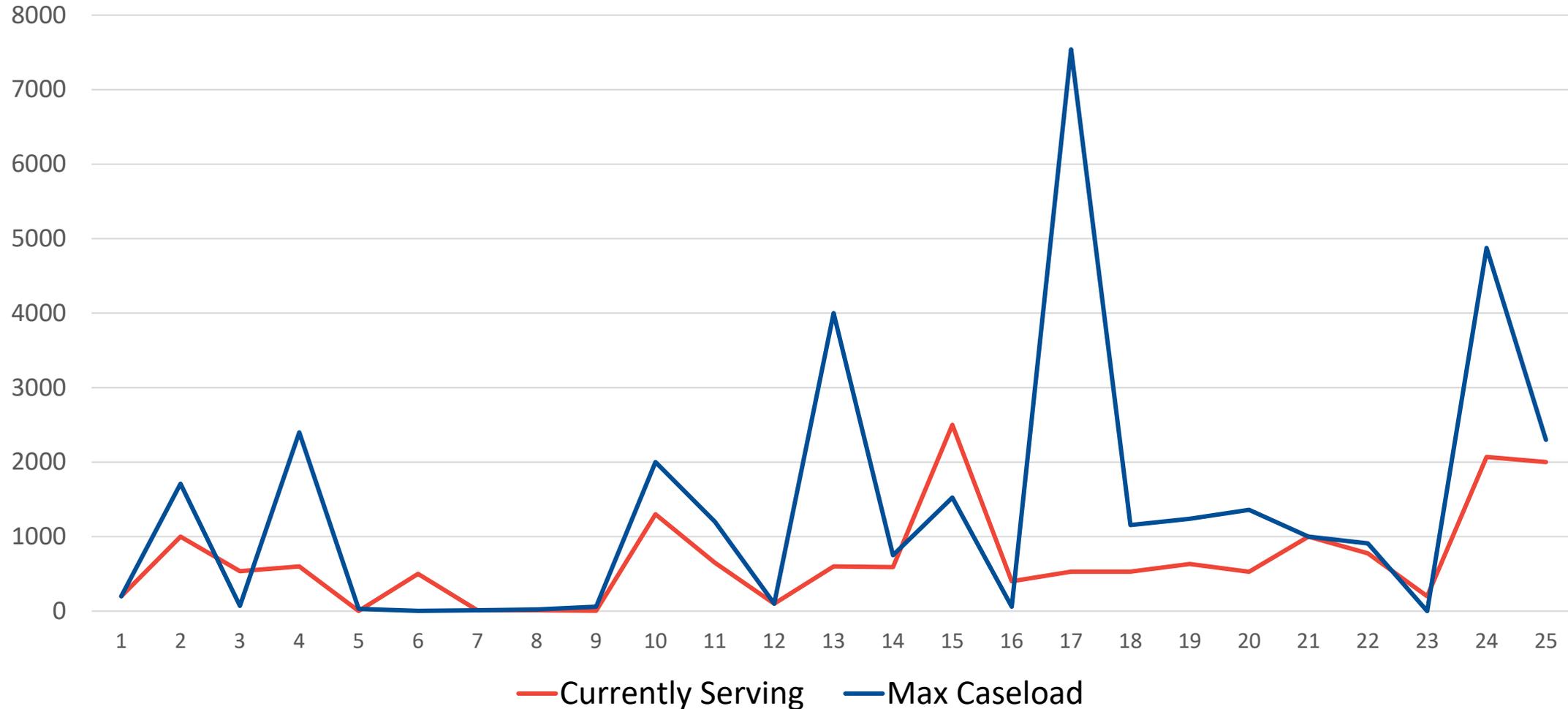
What is the AVERAGE time spent with each client during appointments?



Agency Capacity Current Caseload vs. Max Caseload

Answered: 25

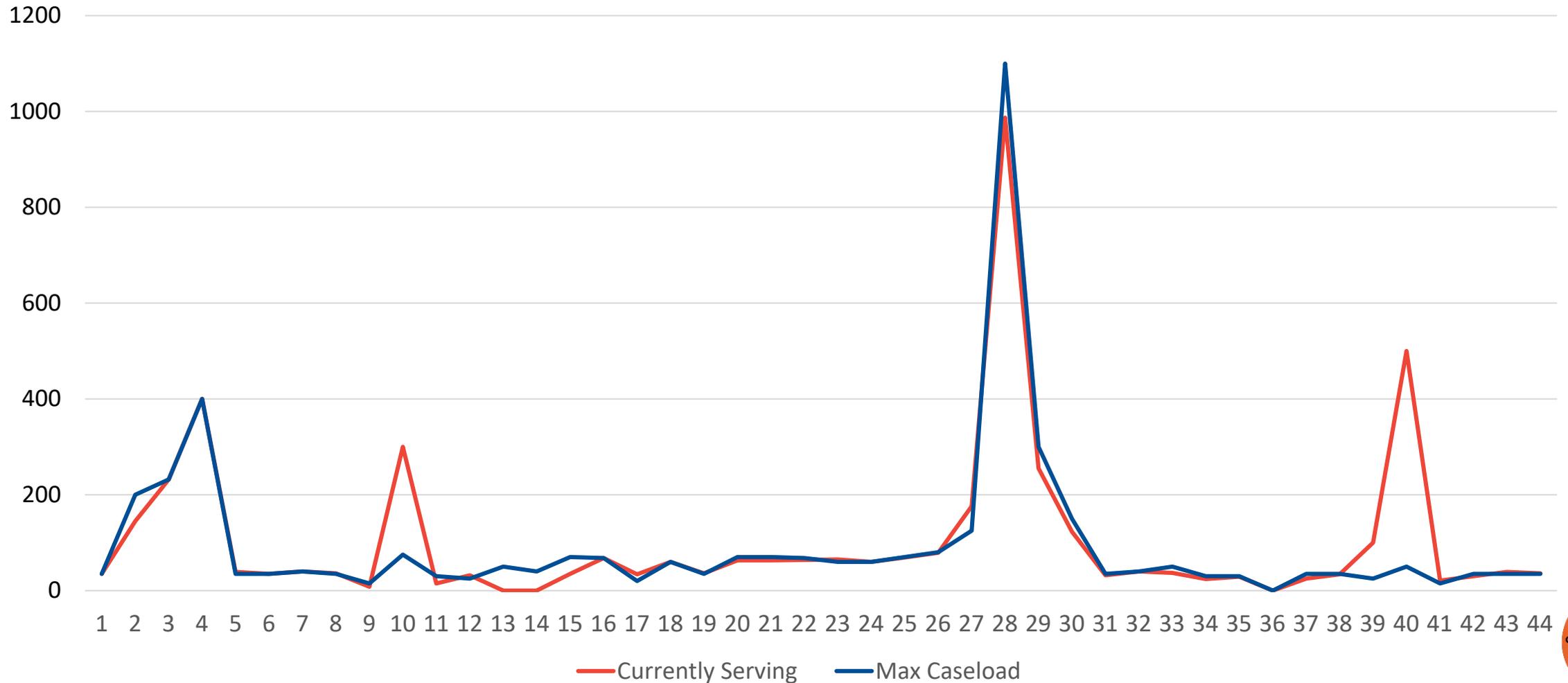
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Staff Capacity Current Caseload vs. Max Caseload

Answered: 44

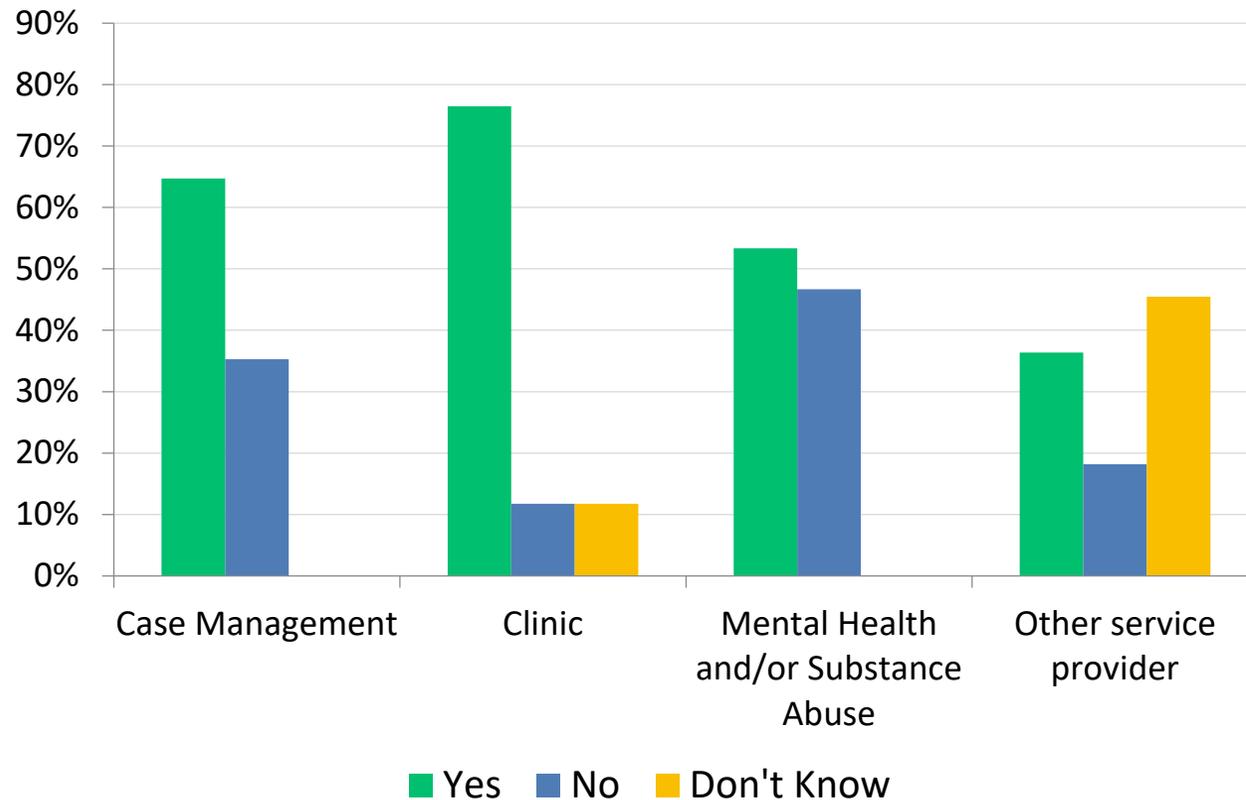
Skipped: 68



Agency Capacity Meeting the Need

Answered: 18

Skipped: 94



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

If no, please explain:

- Reimbursement via purchase order makes it difficult to support a full-time mental health/substance abuse provider.
- Housing
- LPN needed
- The agency would like to expand to adding Substance Use and Mental Health counseling on-site, as well as a nutritionist.
- Currently recruiting to fill vacant positions

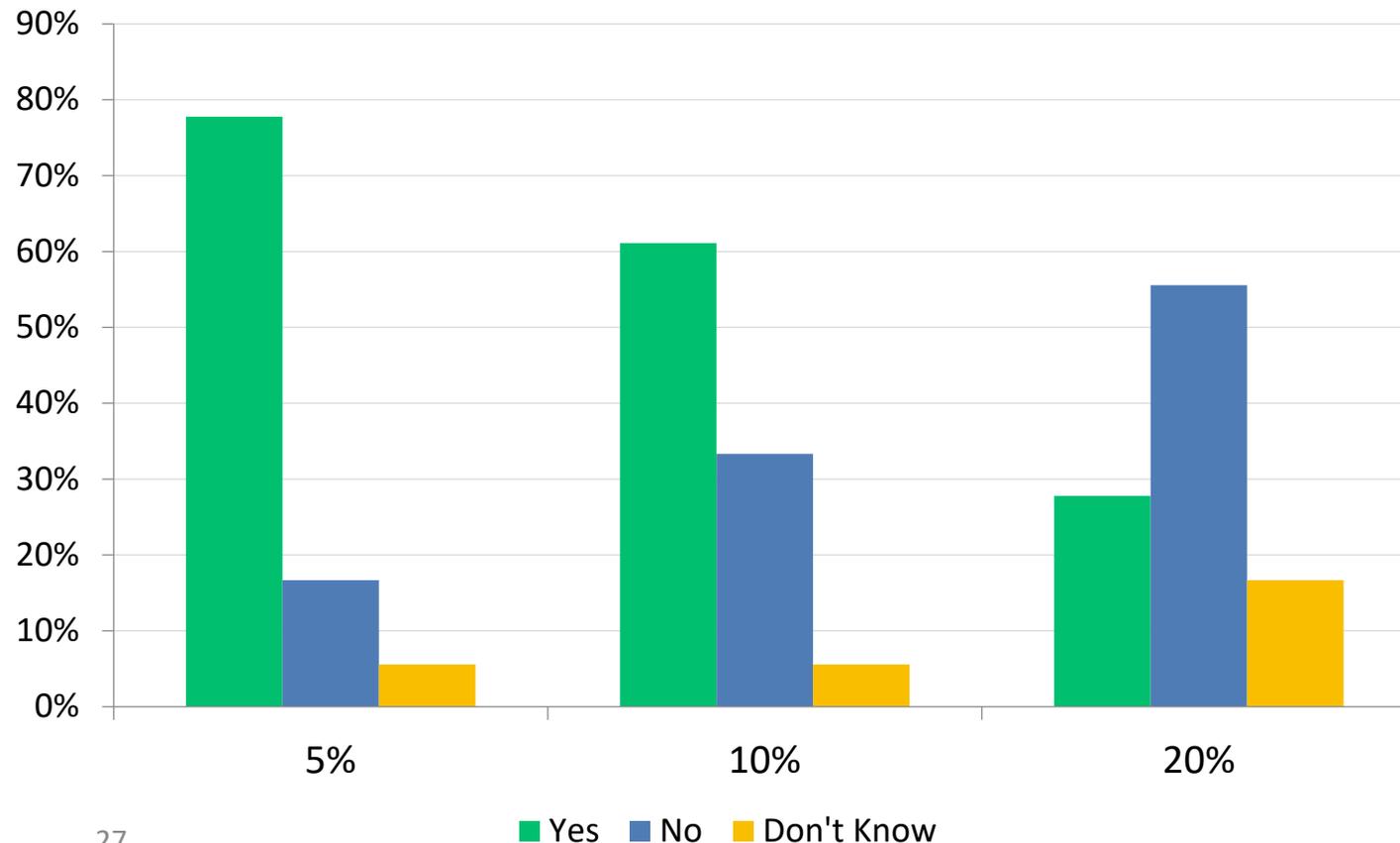


Agency Capacity Potential Increased Caseload

Answered: 18

Skipped: 94

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



If no, please explain:

- Short 2 case managers and our RW clients have grown by 120 in the last 16 months
- Case management
- While the CMs are able to perform duties to an extent, the burden of documentation and frequent changes of the requirements for documentation lead to extra burden on the staff. This takes away from the ability to focus on clients.
- The expectations for ICM and RS would burn out current staff if they were increased greater than 5%

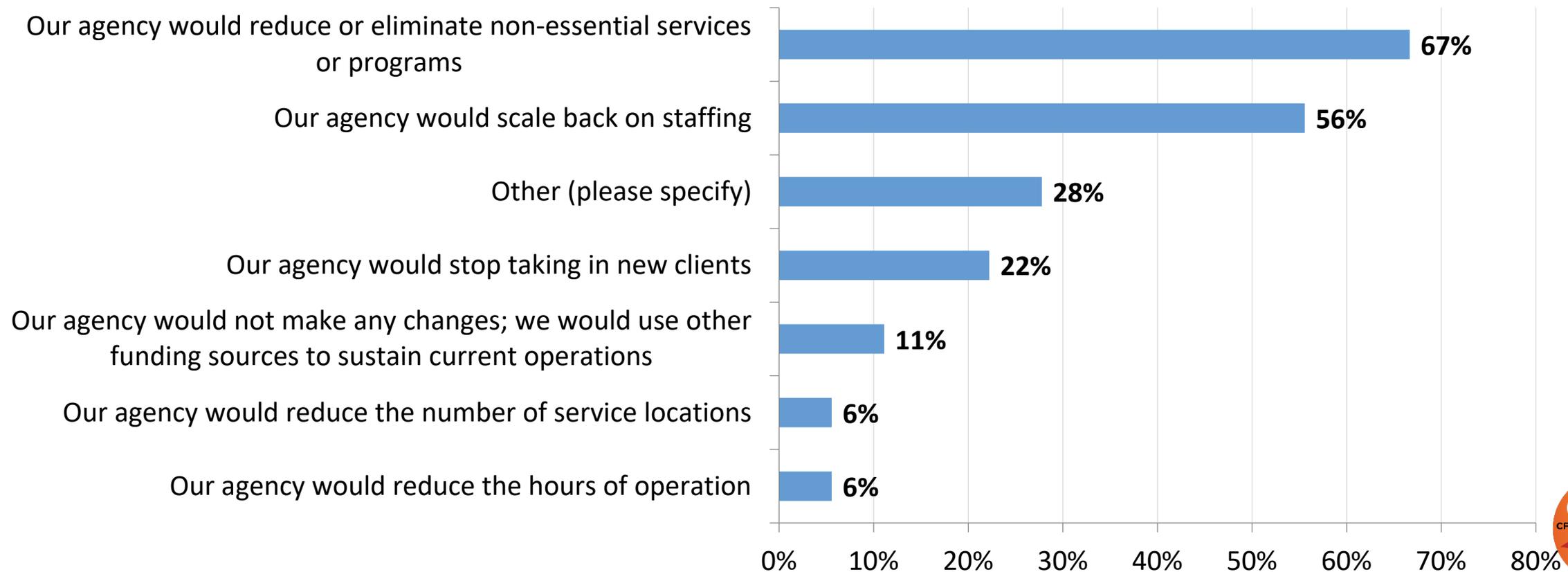


Agency Sustainability Potential Reduction in Funding

Answered: 18

Skipped: 94

How would your operations change if the agency experienced a reduction or elimination of an HIV-related funding stream? (Check all that apply)



Agency Sustainability

Continuity of Operations & Emergencies

Answered: 18

Skipped: 94

- **61%** of respondents have a Continuity of Operations Plan (COOP), with **33%** being unsure if their agency has a COOP
 - Of the agencies with a COOP, **59%** of respondents indicated that staff receive regular training on the plan (**30%** were unsure)
- **78%** of respondents indicated that they are prepared to deliver services in a disaster or emergency event, with **17%** being unsure

Only 1 provider responded “no” to these survey questions



Agency Sustainability Emergencies, Client Contact, & Resources

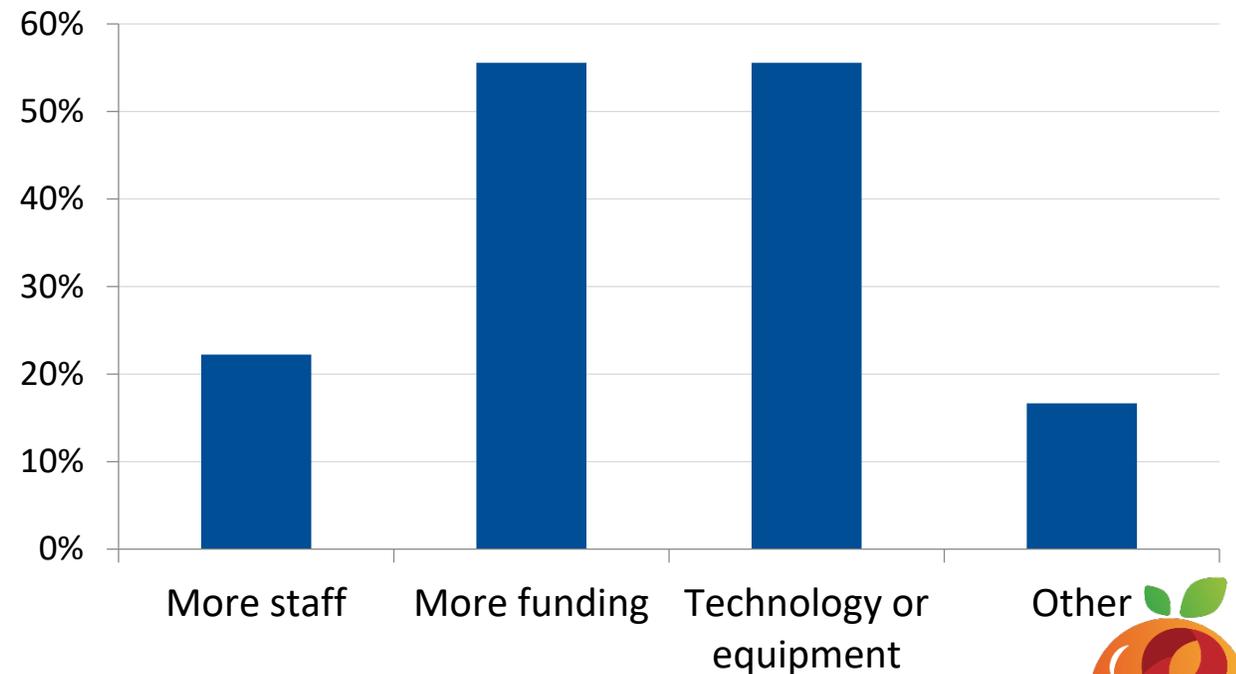
Answered: 18

Skipped: 94

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

Answer Choices	Response %
Telephone	72.22%
E-mail	50.00%
Postal mailing	22.22%
Through appointments with their medical provider or program staff	38.89%
Digital and print marketing	33.33%
Website	50.00%
Other (please specify)	38.89%

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



Cultural Responsiveness

Agency actions to ensure cultural responsiveness and a review of services for non-English speakers and aging clients

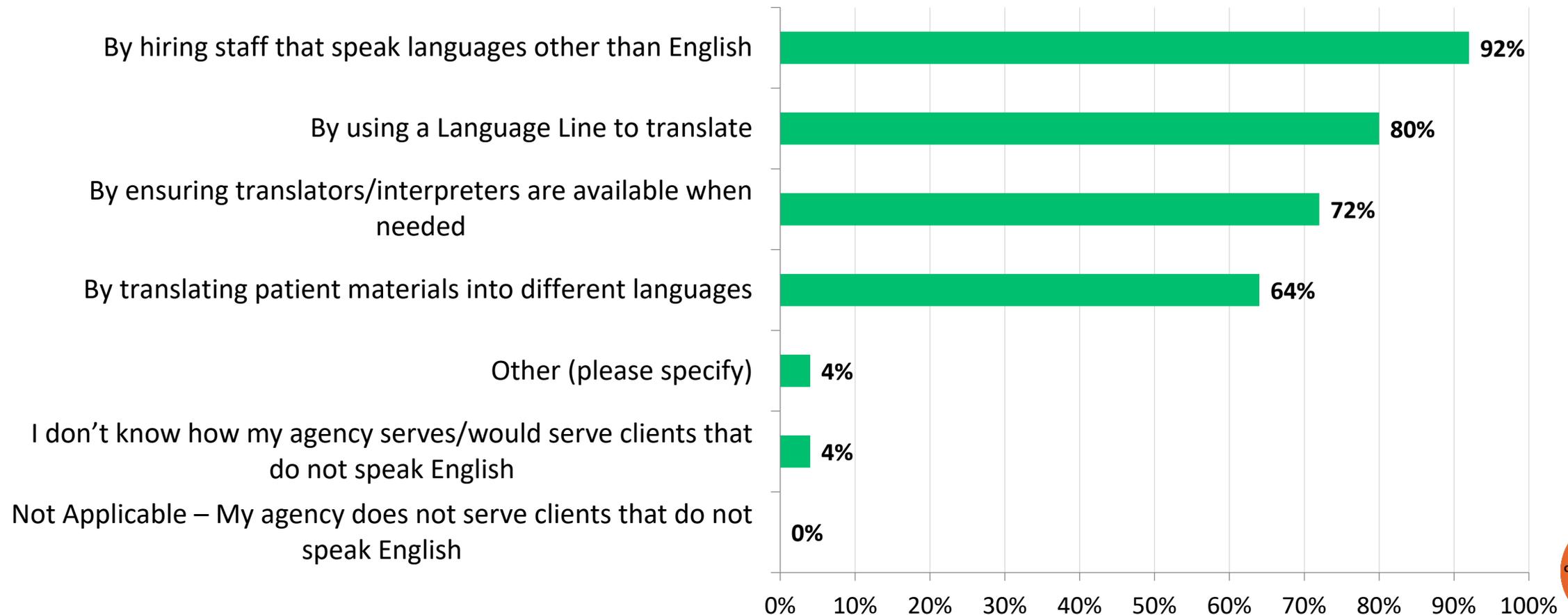


Cultural Responsiveness Serving Non-English-Speaking Clients

Answered: 25

Skipped: 87

How does your agency serve clients who do not speak English?



Cultural Responsiveness Serving Non-English-Speaking Clients

Answered: 17

Skipped: 95

- Respondents indicated difficulty meeting the language needs of the following populations/languages:
 - Portuguese (5)
 - Haitian-Creole (4)
 - Vietnamese (1)
 - Spanish (1)
 - An African tribal dialect (1)
 - None (9)

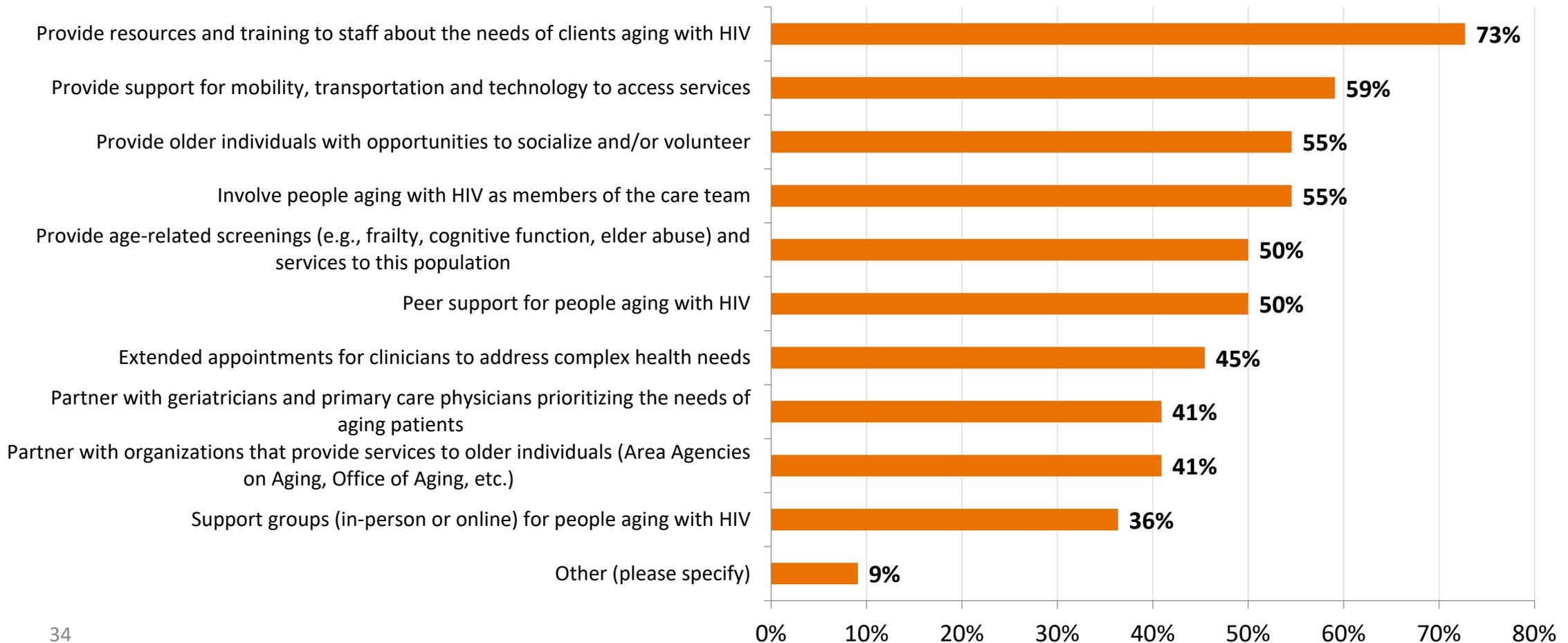


Cultural Responsiveness Serving Clients Aged 50+

Answered: 22

Skipped: 90

How does your agency serve clients aged 50 and older?



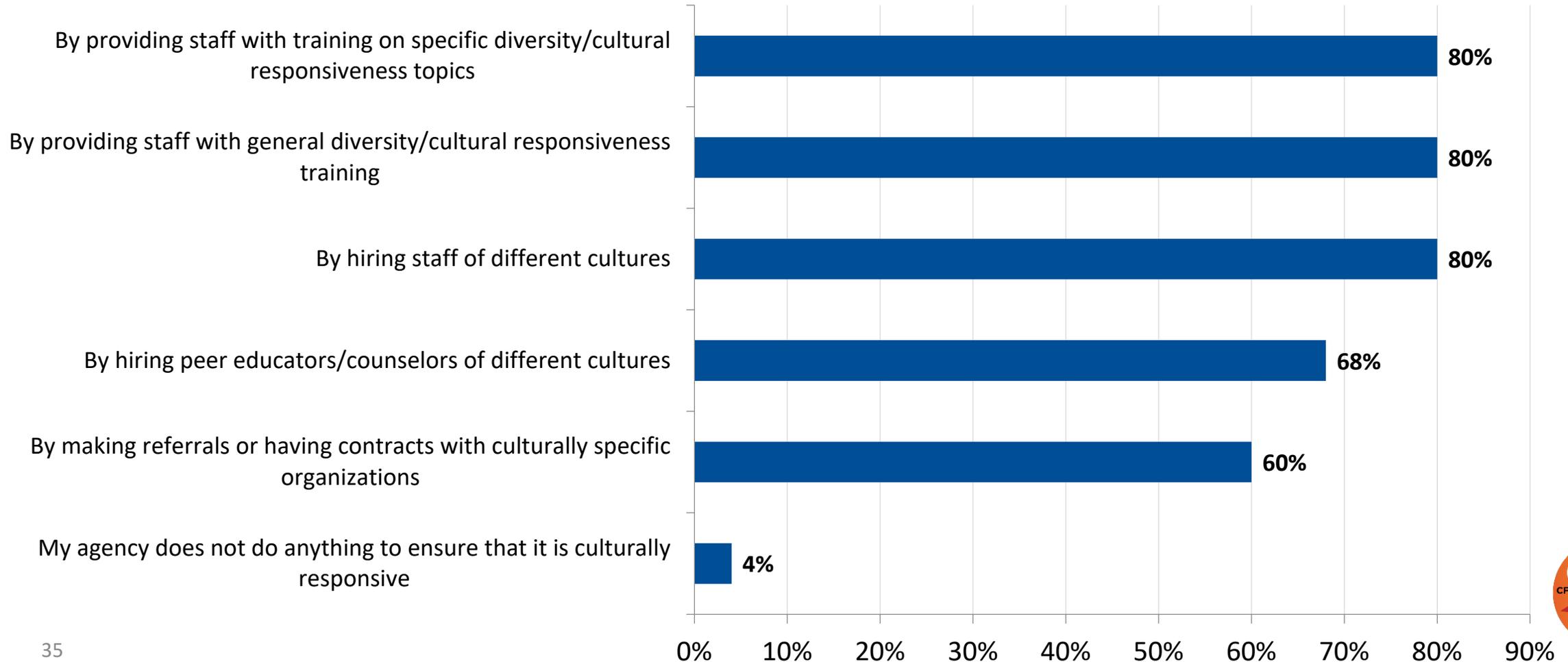
Cultural Responsiveness

Ensuring Cultural Responsiveness

Answered: 25

Skipped: 87

How does your agency ensure that it is culturally responsive?



Barriers to Care

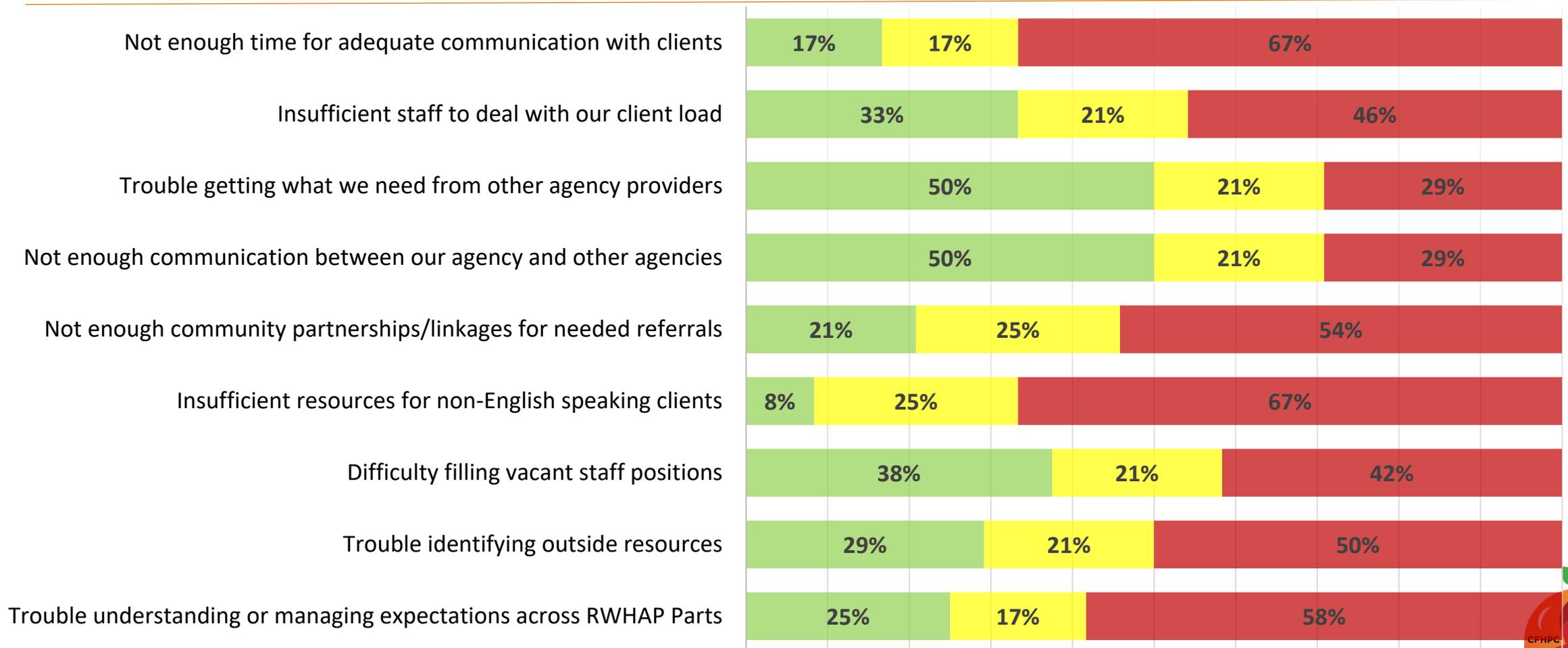
Agency & staff barriers and what agencies & staff perceive as barriers for clients



Barriers to Care Agency Barriers & Challenges

Answered: 24

Skipped: 88



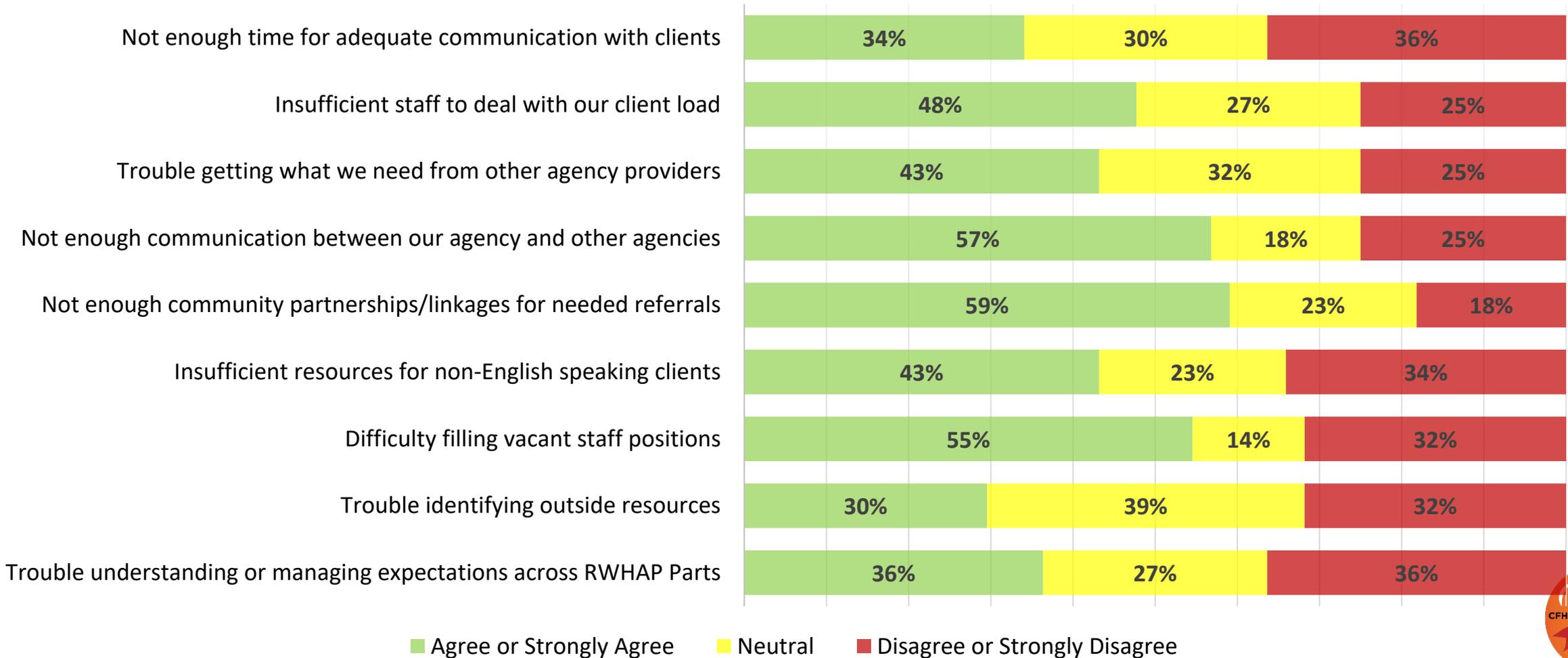
■ Agree or Strongly Agree
 ■ Neutral
 ■ Disagree or Strongly Disagree



Barriers to Care Staff Barriers & Challenges

Answered: 44

Skipped: 68

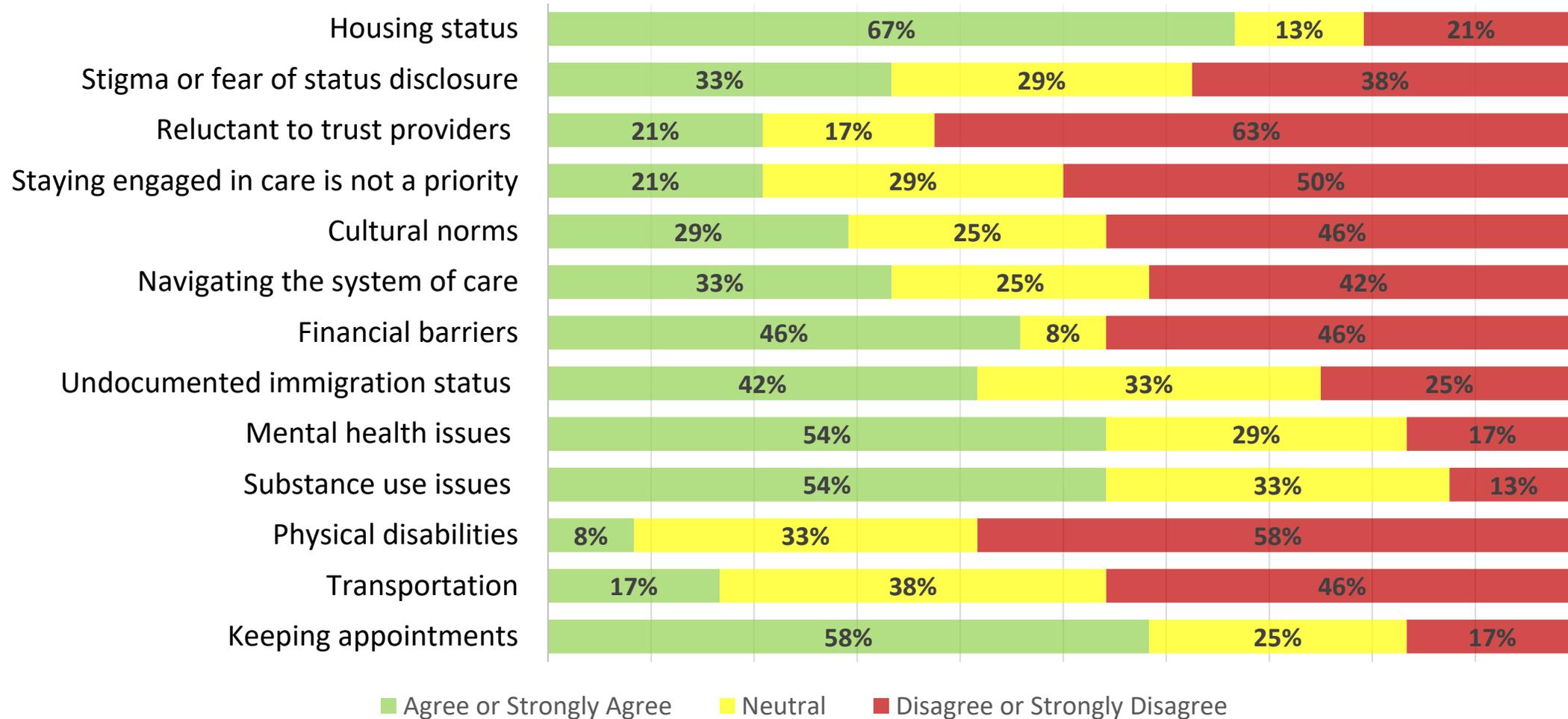


Barriers to Care

Agency-Perceived Barriers for Clients

Answered: 24

Skipped: 88

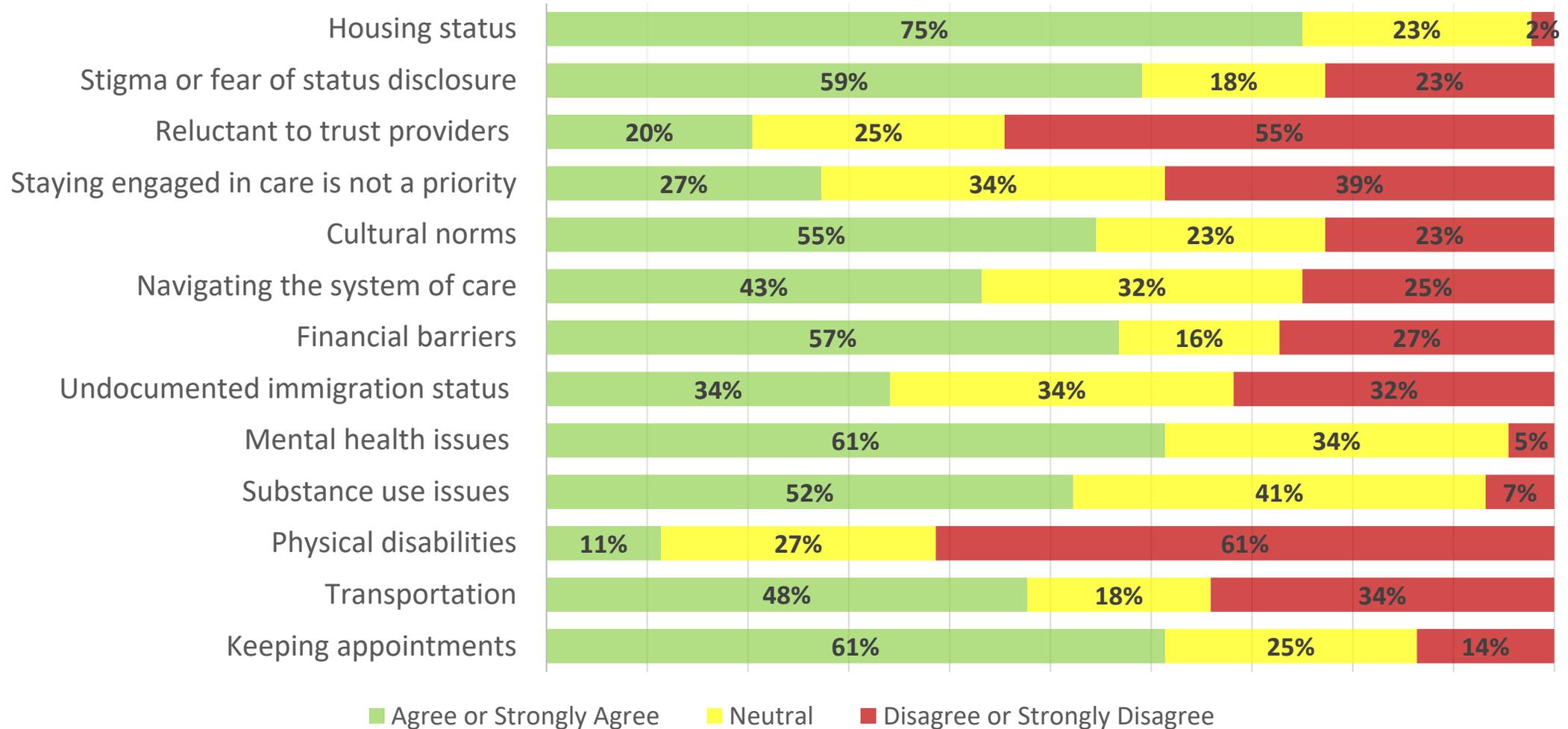


Barriers to Care

Staff-Perceived Barriers for Clients

Answered: 44

Skipped: 68



Barriers to Care Providing Referrals

Answered: 43

Skipped: 69

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



Other responses:

- Housing (2)
- Lack of communication
- Noncompliance
- Agencies not picking up the referrals
- Agencies not following up with the client, then closing them out
- Clients neglecting their mental health
- The county has difficulty with locating the client's insurance, and they have to receive services in another city/location
- The resource needed is not provided by RWHAP Part A
- Unable to locate clients/changed phone number without notification



Barriers to Care Referral Verification Challenges

Answered: 35

Skipped: 77

What challenges do you personally experience when verifying whether your clients were successfully linked to providers or resources you referred them to?

- The referred provider does not follow up or return calls/emails (8)
- Lack of proper documentation or lack of access to notes in Provide (5)
- Clients cannot access the referred provider due to a lack of funding availability- including increased wait times (3)
- Lack of communication between providers and clients (3)
- Getting accurate and timely information from providers (2)
- Clients do not follow up or answer the phone (2)
- The client does not attend the appointment they were referred to (2)
- Transportation
- Language barriers
- Lack of collaboration from the client
- Difficulty keeping track of clients
- None or N/a (3)



Survey Comments



Final Comments

Answered: 24

Skipped: 88

The program could use more funding, staff, and more resources

I think that the pay for our position needs to be increased and even more so if you have a degree. The work doesn't equal the pay.

Some of my clients who have medical insurance still struggle to afford their co-pays, which often leads them to discontinue seeking necessary services. Additionally, many clients are experiencing or are at risk of homelessness and unfortunately there are limited resources or referral options available to adequately support them.

Ryan White program is not easy to follow. Providers have too many restrictions to help the patient. It is discouraging to continue to help the patient when there are limiting resources and so many roadblocks to overcome.



Final Comments

Answered: 24

Skipped: 88

It is important to recognize the efforts of the entire team with a pay adjustment that aligns with their workload, impact, and commitment.

This is high-pressure work, requiring strategies to manage stress and burnout. Remuneration must therefore be taken into account.

Too many barriers for clients with food insecurity. Ryan White Part A no longer allows case managers to assist clients in applying for SNAP benefits. Yes it is timely, but too many clients are not tech savvy. And we can not give a client a \$50 gift card to Publix unless they are denied SNAP benefits. If a client does get SNAP benefits, it's only \$290 (if they are fortunate enough to get the max) a month.



Questions?

