



## DRAFT 2026 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. - add language from email body in description**

1. Please indicate the funding source through which your agency provides Ryan White services.

- Ryan White Part A
- Ryan White Part B
- Both

2. Please describe your role with the organization you represent:

- I am an Executive Director, CEO, COO, or other senior administrator
- I am a Referral Specialist/Non-Medical Case Manager - skip to Question 47
- I am a clinician, nurse, or part of the medical care team - skip to question 47
- I am an Early Intervention Specialist - skip to Question 47
- I am a direct care supervisor (MCM, RS, EIS, Peer) - skip to Question 47
- I am a Peer - skip to Question 47
- I am a Medical Case Manager - skip to Question 47
- Other (please specify)

Highlighted recommendation: remove category or only have these individuals only respond to questions that CM's respond to. Received a comment that medical staff should no be asked questions about budget and funding.

SSPQ agrees.



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### 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).**

3. Select the services (including services not related to Ryan White funding) that your agency provides. These may include services that your agency provides referrals for but are not provided onsite, such as through a purchase order. (Check all that apply)

	Providing onsite or via telehealth	Not providing onsite; by referral or PO	Not providing the service, but would consider expanding to include
Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling & Testing for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Bank/Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education/Risk Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Premium & Cost- Sharing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and Community- Based Health Care including Durable Medical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linguistic Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Pharmaceutical Assistance Program (LPAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS Pharmaceutical Assistance (HIV-related Medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Case Management, including treatment adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy including nutritional supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient/Ambulatory Health Services (medical visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Medical Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanency Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial Support (Peer Support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral for Health Care & Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use/Abuse Treatment (outpatient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use/Abuse Treatment (residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 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 preferred or required
- A referral from another provider (e.g. a private physician) is preferred or required
- Other (please specify)

5. 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.**

6. Please rank the core medical services of those listed below according to the number of referrals **within or outside your agency** you make to each one.

-   Dental/Oral Health Care
-   Health Insurance Premium and Cost-Sharing Assistance
-   Home Health Care
-   Medications (HIV-related)
-   Case Management/Care Coordination
-   Mental Health Services
-   Medical Care (HIV-related)
-   Medical Nutrition Therapy
-   Substance Use/Abuse Treatment
-   Early Intervention Services

7. Please rank the supportive services of those listed below according to the number of referrals you make to each one.

-   HIV Prevention Education
-   Employment Assistance
-   Food Bank/Vouchers
-   Emergency Financial Assistance
-   Non-Medical Case Management
-   Housing Assistance
-   Referral for Health Care and Support Services
-   Legal Support
-   Psychosocial Support (Peers)
-   Translation/Interpretation Services
-   Transportation/Transportation Vouchers



11. 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 a 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)

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

13. 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)

14. How does your agency ensure that it is culturally responsive? (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 responsiveness training
- By providing staff with training on specific diversity/cultural responsiveness topics
- By making referrals or having contracts with culturally specific organizations
- My agency does not do anything to ensure that it is culturally responsive
- Other (please specify)

15. 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

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

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

17. 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.**

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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"/>

19. Listed below are 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 for your agency.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

a. Our clients have difficulties keeping their appointments.

b. Our clients have difficulties getting transportation to our organization.

c. Our clients have difficulties accessing care due to physical disabilities.

d. Our clients have difficulties remaining engaged in care due to substance abuse/addiction issues.

e. Our clients have difficulties remaining engaged in care due to mental health issues.

f. Our clients are reluctant to seek services because they have undocumented immigration status.

g. Our clients are reluctant to seek services due to financial barriers (e.g. co-pays, spend down, uncovered services).

h. Our clients have difficulties remaining engaged in care because they are unsure of how to navigate the system.

i. Our clients are reluctant to seek services due to cultural norms.

j. Remaining engaged in HIV care is not a priority for our clients.

k. Our clients are reluctant to trust us as providers.

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.





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### 6. RYAN WHITE STAFF

**We know that staff are 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.**

20. How many full-time Ryan White-funded employees do you have?

21. How many part-time Ryan White-funded employees do you have?

22. Does your agency require employees to have any sort of license or certification to provide any of the services that your agency offers?

- No  
 Yes (please specify)

23. Does your agency require employees to complete any continuing education hours to provide any of the services that your agency offers?

- No  
 Yes (please specify)



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### 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.**

24. 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.

25. 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.

26. 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 (Qualified Health Plans)	<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 other sources of reimbursement, please tell us what those sources are:

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

28. Please select which sources that your agency receives funding for.

	Yes	No	Don't Know
Ryan White Part A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White Part B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White Part C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White Part D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ryan White-related Program Income (340B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAMHSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOPWA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other federal funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-governmental grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other (please specify)



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

- Our agency would reduce or eliminate non-essential services or programs
- Our agency would scale back on staffing
- Our agency would stop taking in new clients
- Our agency would reduce the hours of operation
- Our agency would reduce the number of service locations
- Our agency would not make any changes; we would use other funding sources to sustain current operations
- Other (please specify)



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### 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 (COVID-19) pandemic or major funding changes. Please answer to the best of your ability.

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

- Yes  
 No  
 Unsure

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

- Yes  
 No  
 Unsure

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

- Yes  
 No  
 Unsure

34. Is your agency currently implementing telehealth services?

- Yes  
 No  
 Unsure

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

36. 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)

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

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



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### 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). In this context, accessible means that services are available for clients who may have issues with scheduling appointments and do not require travelling far to receive those services.**

38. Where is your agency located (primary service site)?

- Orange County
- Osceola County
- Seminole County
- Lake County
- Brevard County

39. What are your normal hours of operation? Please use approximate times as we recognize that your agency's hours may vary slightly. (Check all that apply)

"By appointment only" can be used for non-traditional hours or days that are not offered every week (ie. one Saturday per month)

	Regular Business (8:00 am - 5:00 pm)	Evenings (5:00 pm - 8:00 pm)	Partial day (set hours)	By appointment only	Closed
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Are services offered at locations other than the primary service site above?

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



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### 10. OTHER SERVICE SITES

41. Alternative Service Site (1):

- Orange County
- Osceola County
- Seminole County
- Lake County
- Brevard County

42. Alternative Service Site (1) Hours: (Check all that apply)

	Regular Business (8:00 am - 5:00 pm)	Evenings (5:00 pm - 8:00 pm)	Partial day	By appointment only	Closed
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Alternative Service Site (2):

- Orange County
- Osceola County
- Seminole County
- Lake County
- Brevard County

44. Alternative Service Site (2) Hours: (Check all that apply)

	Regular Business (8:00 am - 5:00 pm)	Evenings (5:00 pm - 8:00 pm)	Partial day	By appointment only	Closed
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Alternative Service Site (3):

- Orange County
- Osceola County
- Seminole County
- Lake County
- Brevard County

46. Alternative Service Site (3) Hours: (Check all that apply)

	Regular Business (8:00 am - 5:00 pm)	Evenings (5:00 pm - 8:00 pm)	Partial day	By appointment only	Closed
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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### 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.**

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

48. 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?

49. 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

50. 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

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

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

52. 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)

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

Suggestion: add the following HIV Care Needs Survey question to see if provider and client responses align?

"Please select the top five services you think are most important to provide for people with HIV. (Please select only FIVE options.)"

SSPQ agrees

54. 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	Neutral	Disagree	Strongly Disagree
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"/>

55. 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	Neutral	Disagree	Strongly Disagree

a. Our clients have difficulties keeping their appointments.

b. Our clients have difficulties getting transportation to our organization.

c. Our clients have difficulties accessing care due to physical disabilities.

d. Our clients have difficulties remaining engaged in care due to substance abuse/addiction issues.

e. Our clients have difficulties remaining engaged in care due to mental health issues.

f. Our clients are reluctant to seek services because they have undocumented immigration status.

g. Our clients are reluctant to seek services due to financial barriers (e.g. co-pays, spend down, uncovered services).

h. Our clients have difficulties remaining engaged in care because they are unsure of how to navigate the system.

i. Our clients are reluctant to seek services due to cultural norms.

j. Remaining engaged in HIV care is not a priority for our clients.

k. Our clients are reluctant to trust us as providers.

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.





## DRAFT 2026 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.**

56. (OPTIONAL) What is your (person who completed this survey) name and position or title?

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