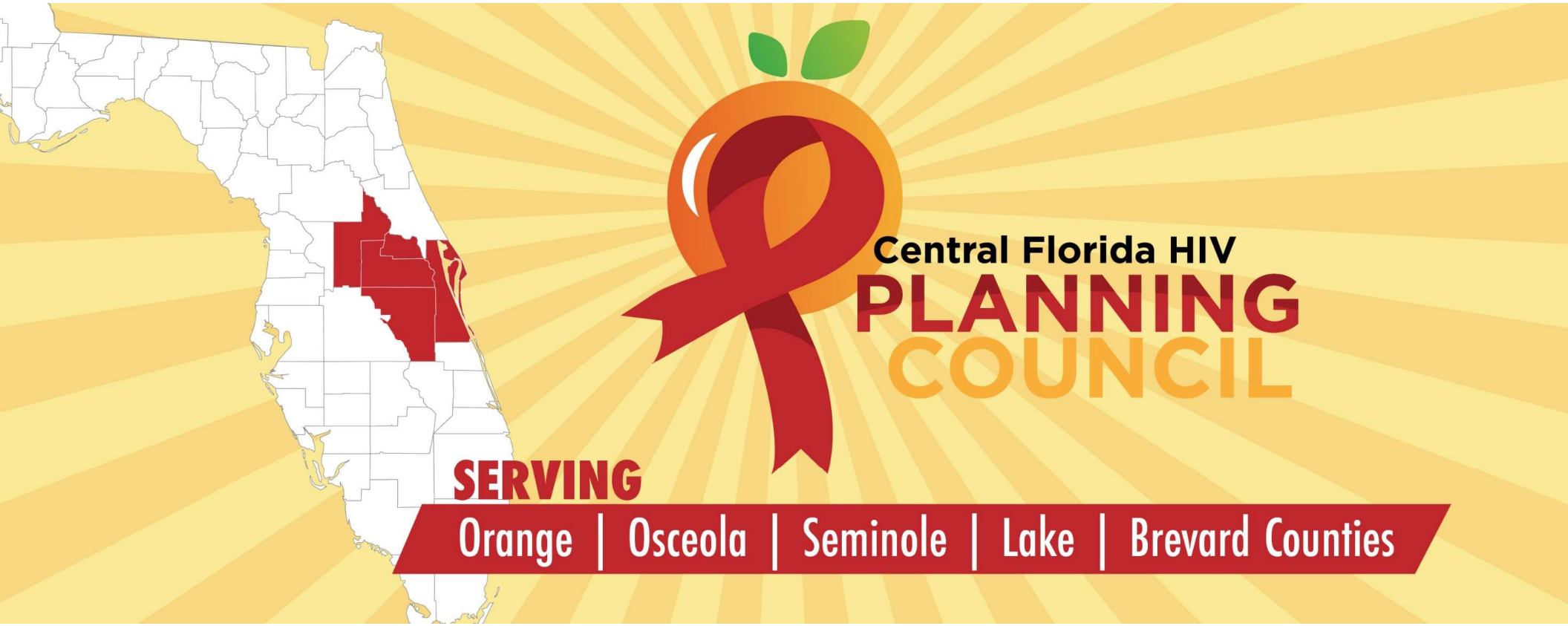


2026 Provider Capacity & Capability Survey

Prepared for and Presented at Data Presentation:
September 17, 2026

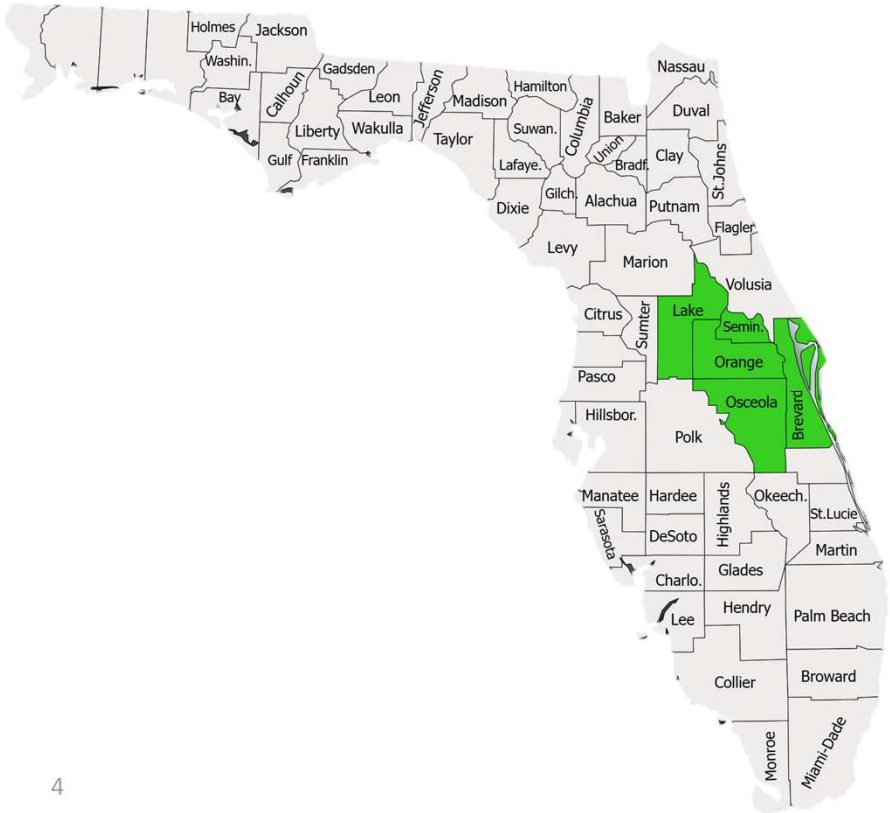
Objectives

- 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 providing services and improving the system of 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 ZohoSurvey
- 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)

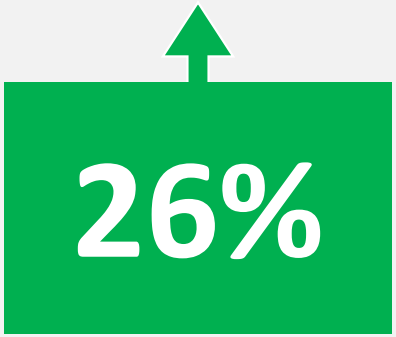
Central Florida HIV PLANNING COUNCIL

110

Total Responses

409

Survey Visits



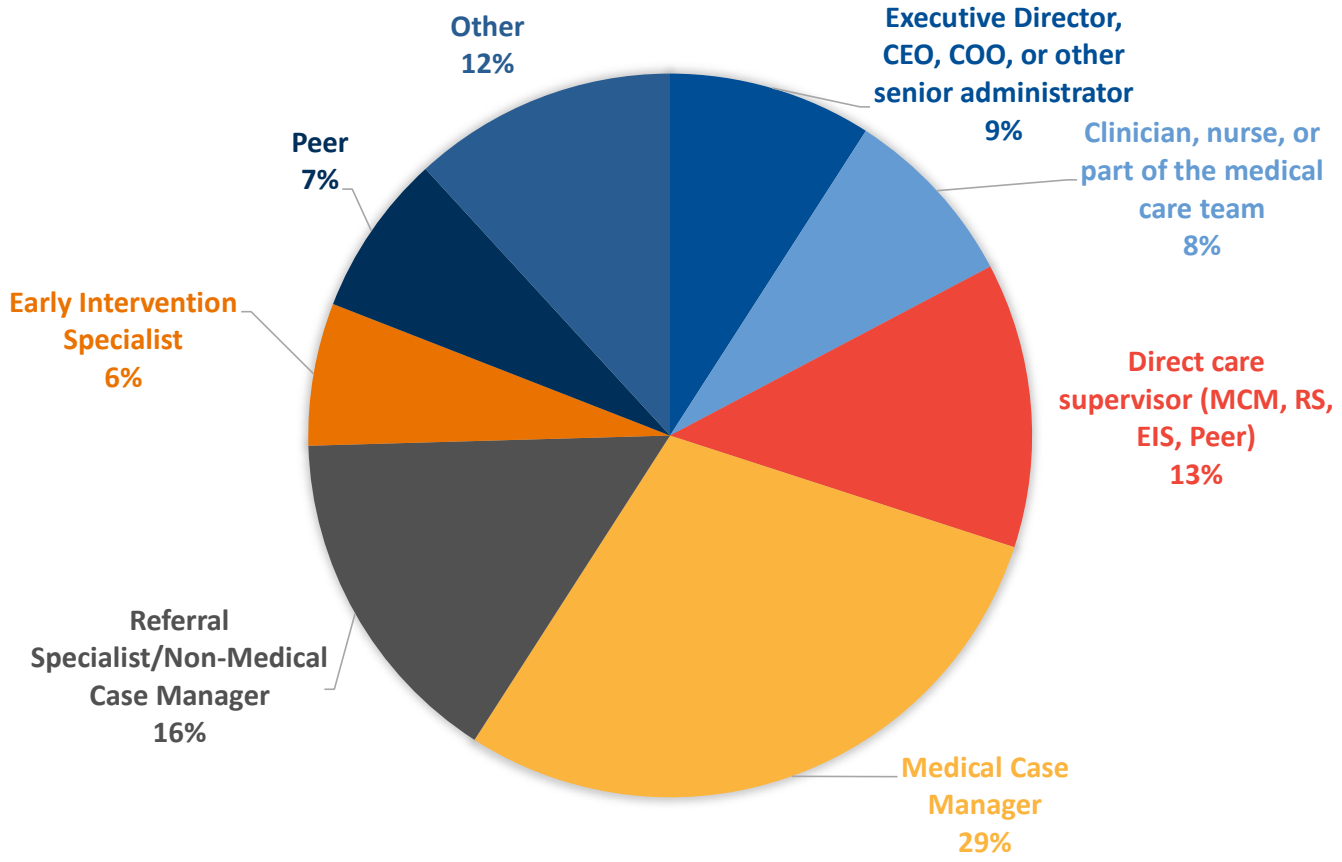
% Increase in Survey Completion Rate from 2025 Survey

68%

Completion Rate

Respondent Information
Role Within Organization

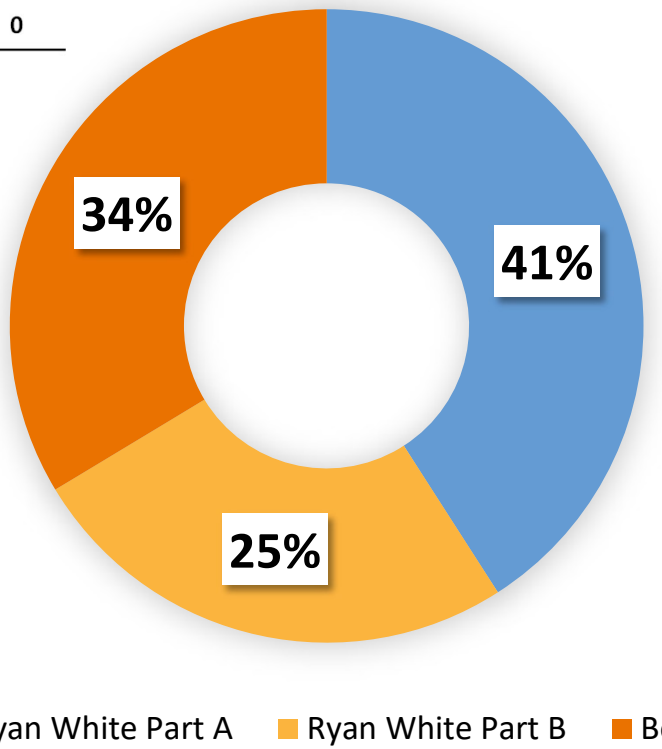
Answered:	110
Skipped:	0



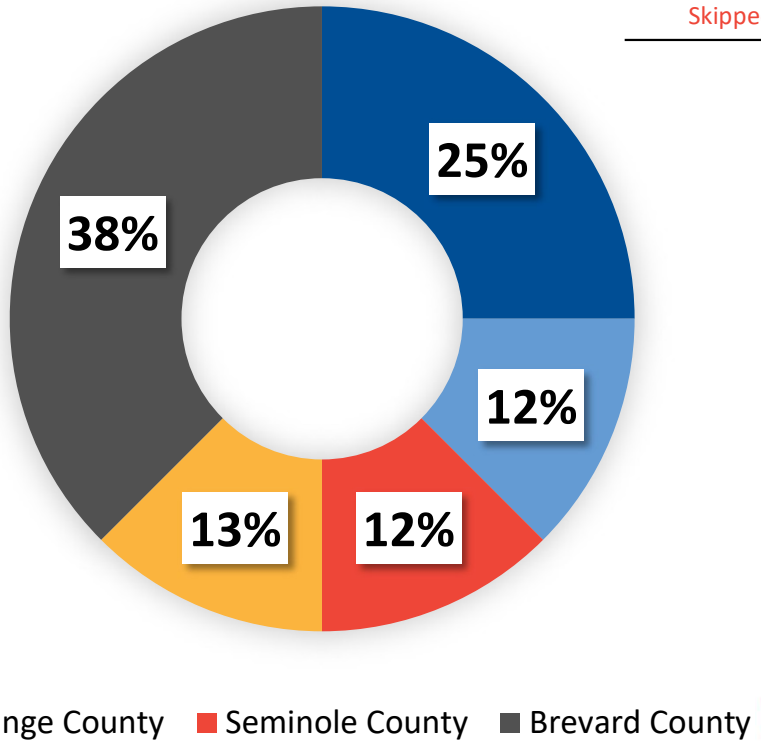
Respondent Information

Site Locations & RWHAP Funding Source

Answered: 110
Skipped: 0



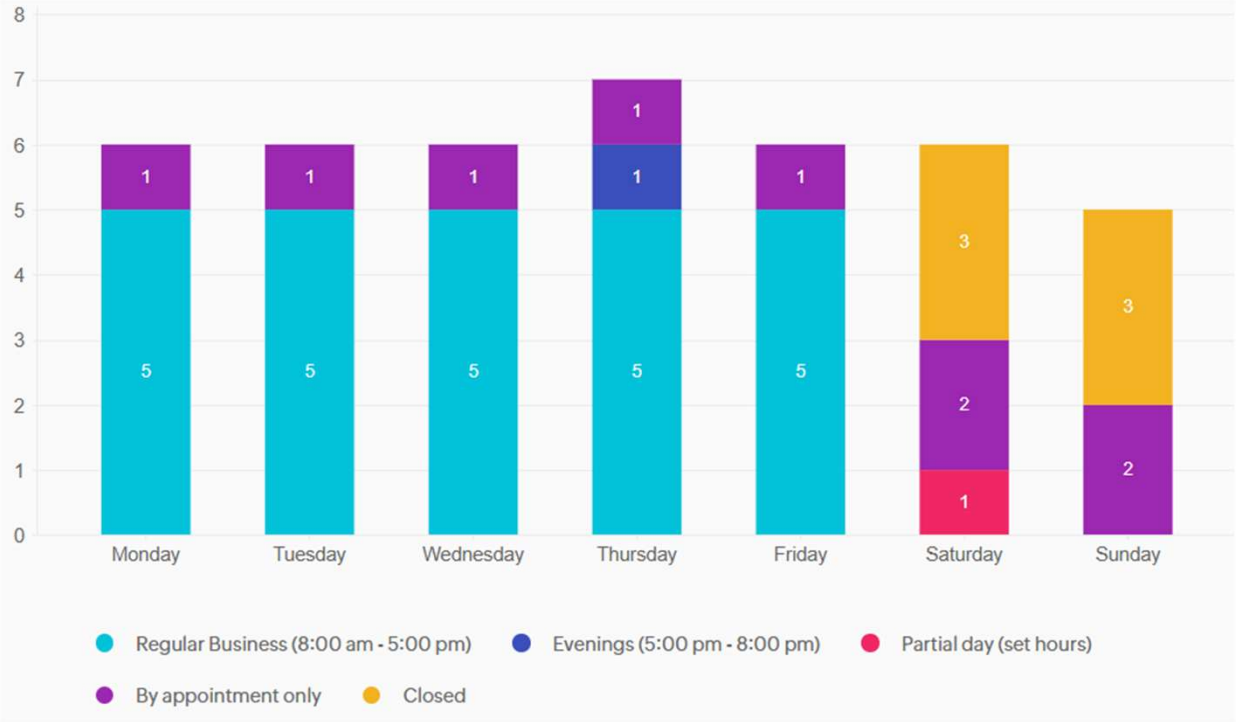
Answered: 8
Skipped: 105



Provider Accessibility

Hours of Operation

Answered:	5
Skipped:	105



- 100% of respondents are open Monday-Friday during regular business hours (8:00 AM-5:00 PM)
- 2 respondents are open by appointment only on weekends
- 1 is available for a partial day on Saturdays

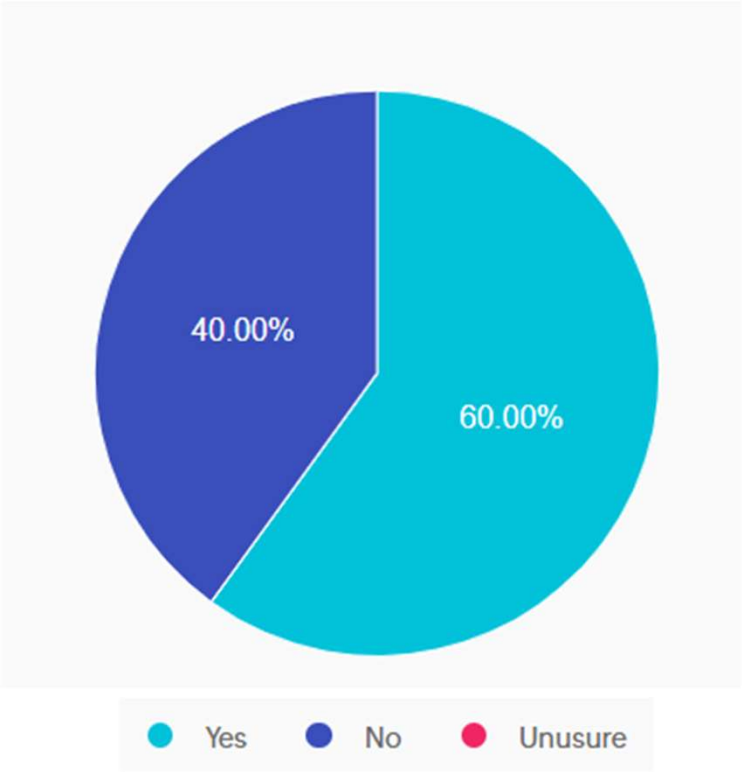
Provider Accessibility

Implementation of Telehealth Services

Answered:	5
Skipped:	105

- In 2025, 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

- In 2026, 1 respondent said they were not a medical provider.



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:	8
Skipped:	102

Providing onsite or via telehealth

Service	Percent Selected (Weighted)
Counseling & Testing for HIV	100%
HIV Prevention	100%
Food Bank/Home Delivered Meals	100%
Early Intervention Services	100%
Health Education/Risk Reduction	100%

Not providing onsite; by referral or PO

Service	Percent Selected (Weighted)
Substance Use/Abuse Treatment (residential)	75%
Outpatient Ambulatory Health Services	62.5%
HIV Prevention	62.5%
Respite Care	50%
Medical Case Management	37.5%

Services Overview

Top Selected- Expansion of Services

Answered: 8

Skipped: 102

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

Service	Percent Selected
Referral for Health Care & Support Services	50%
Linguistic Services	50%
Psychosocial Support Peers	37.5%
Respite Care, Other Professional Services, Housing, and Home Health Care	25%

Services Overview
Client Access

Answered:	8
Skipped:	102

Services Overview

Top 5 Referred Services- Core (2025)

Answered:	**28**
Skipped:	**84**

1. Case Management/Care Coordination
2. Medications (HIV-Related)
3. Dental/Oral Health Care
4. Medical Care (HIV-related)
5. Health Insurance Premium & Cost-Sharing Assistance

Services Overview

Top 5 Referred Services- Support (2025)

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

Staff Capability

Licensure & Continuing Education

Answered:	22
Skipped:	90

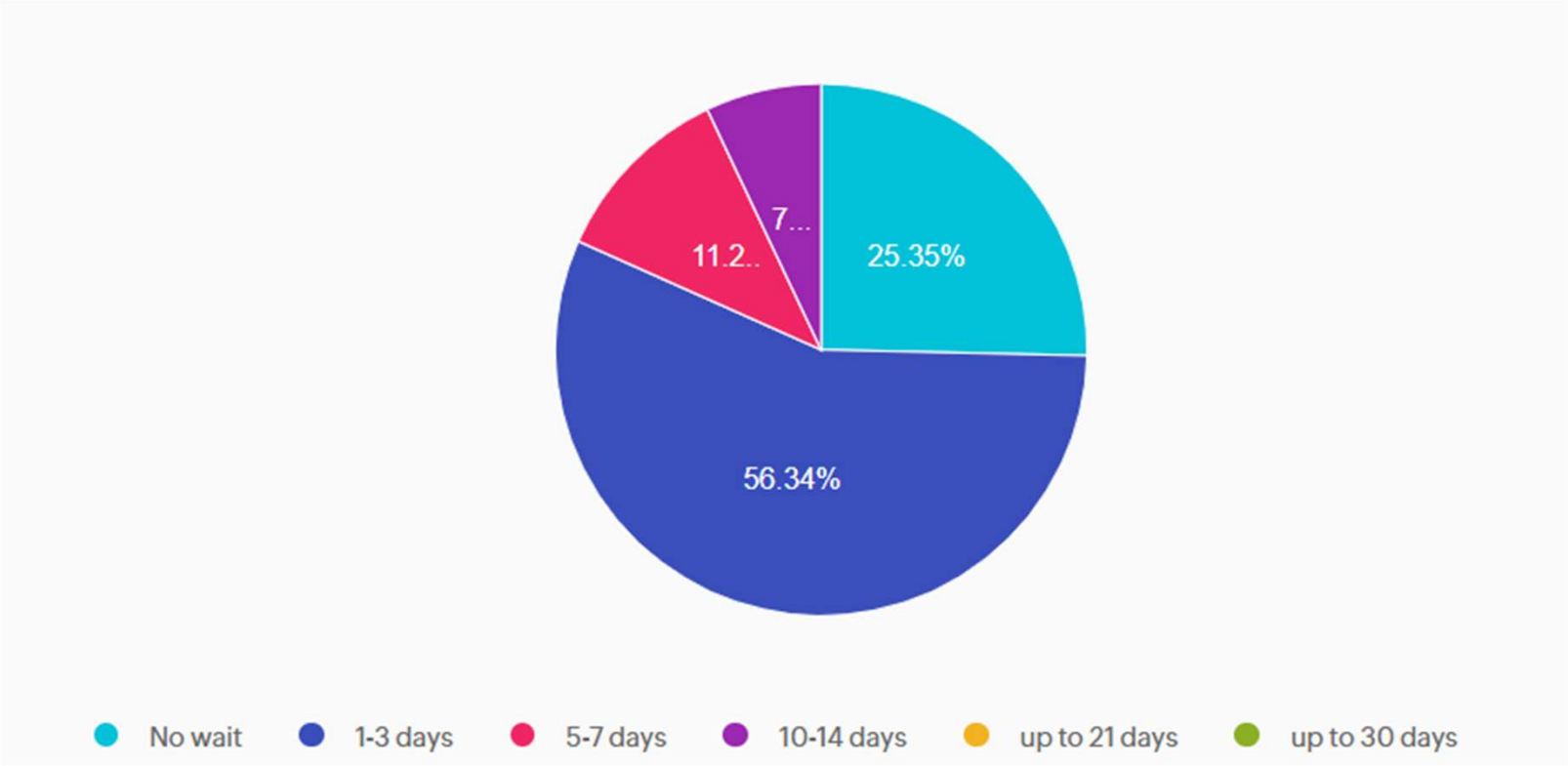
- Licenses & Certifications
  - **60%** of respondents require that employees have any sort of license or certification to provide services

- Continuing Education
  - **80%** of respondents require employees to complete continuing education hours to provide services

Staff Capability

Average Wait Times- EXISTING Clients

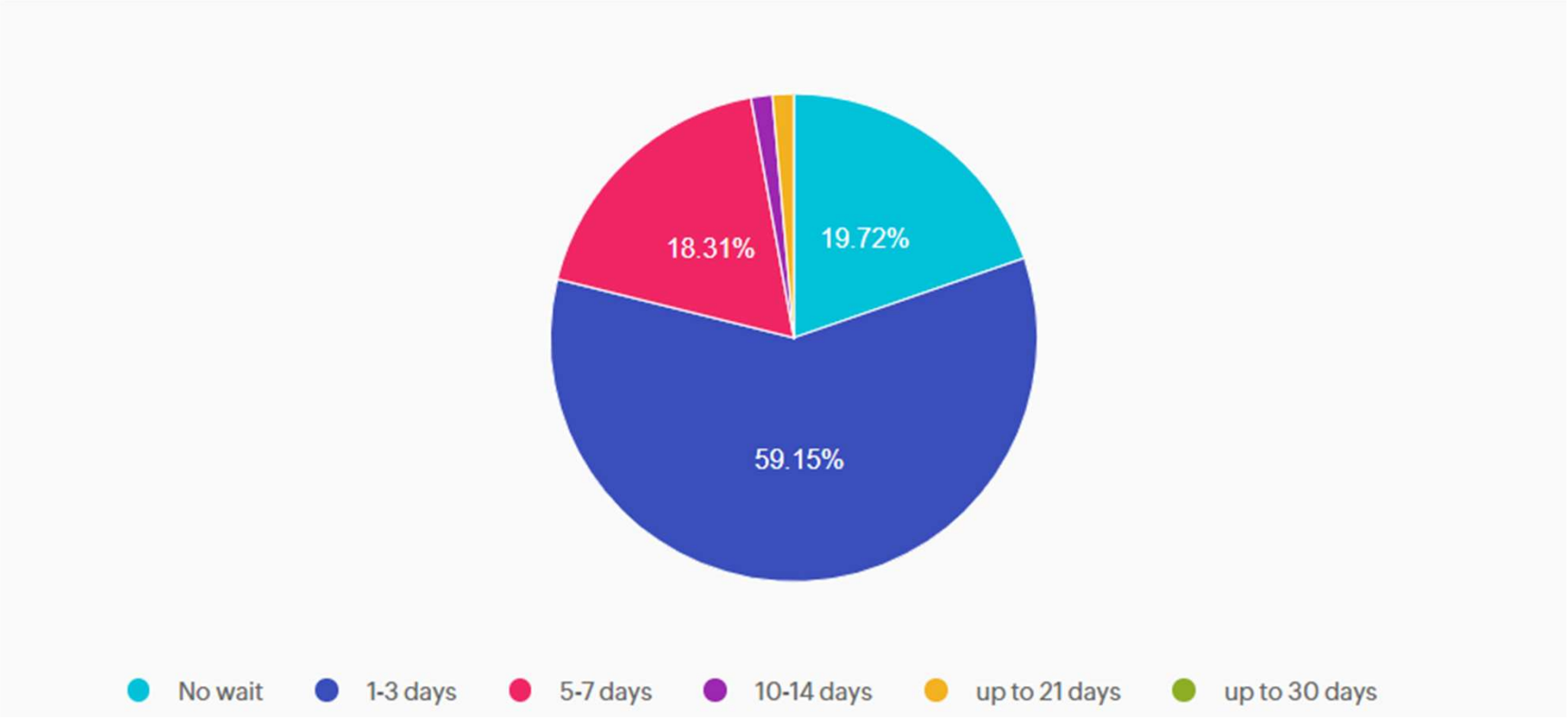
Answered:	**71**
Skipped:	**68**



Staff Capability

Average Wait Times- NEW Clients

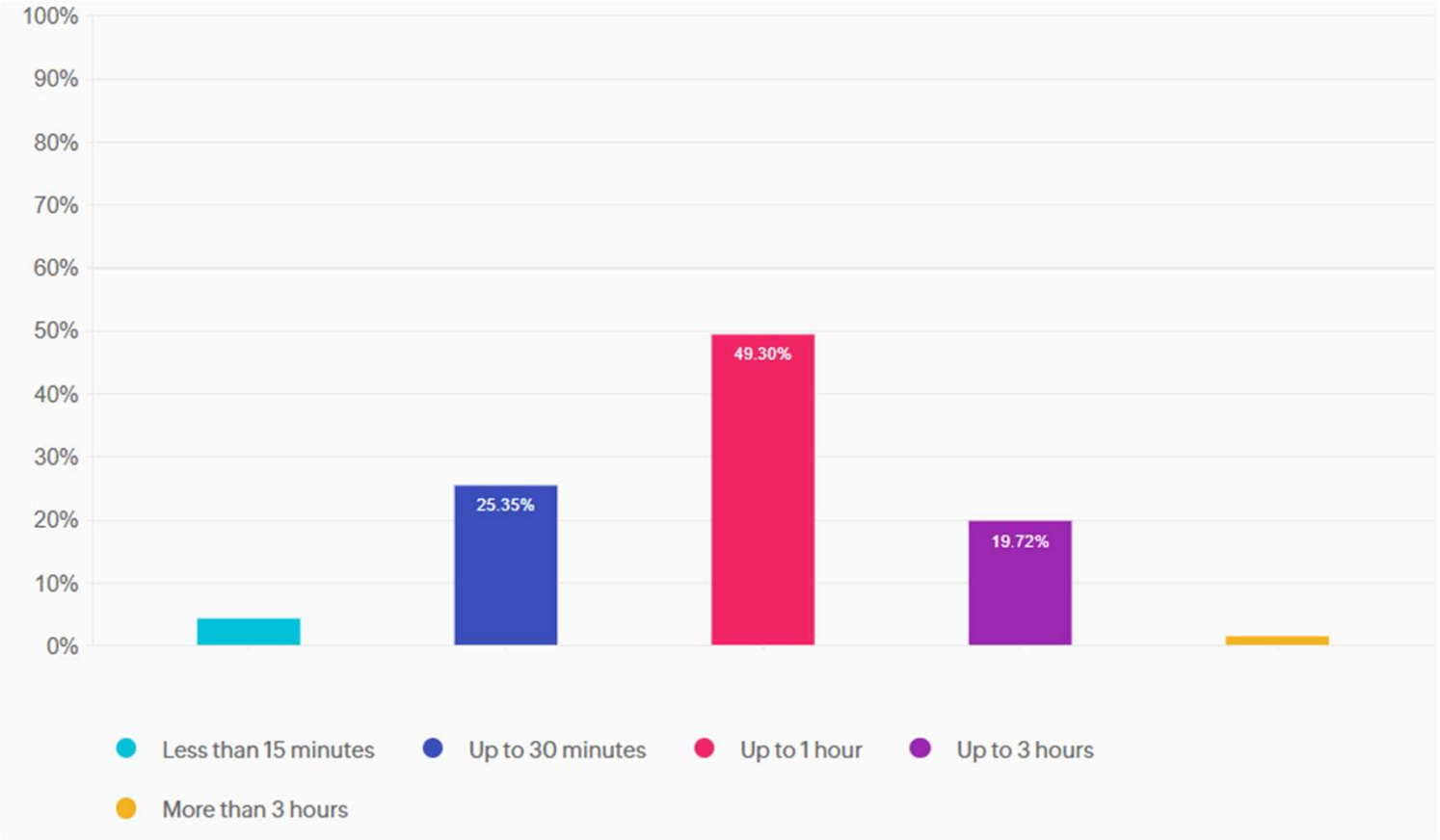
Answered:	71
Skipped:	68



Staff Capacity

Average Time Spent

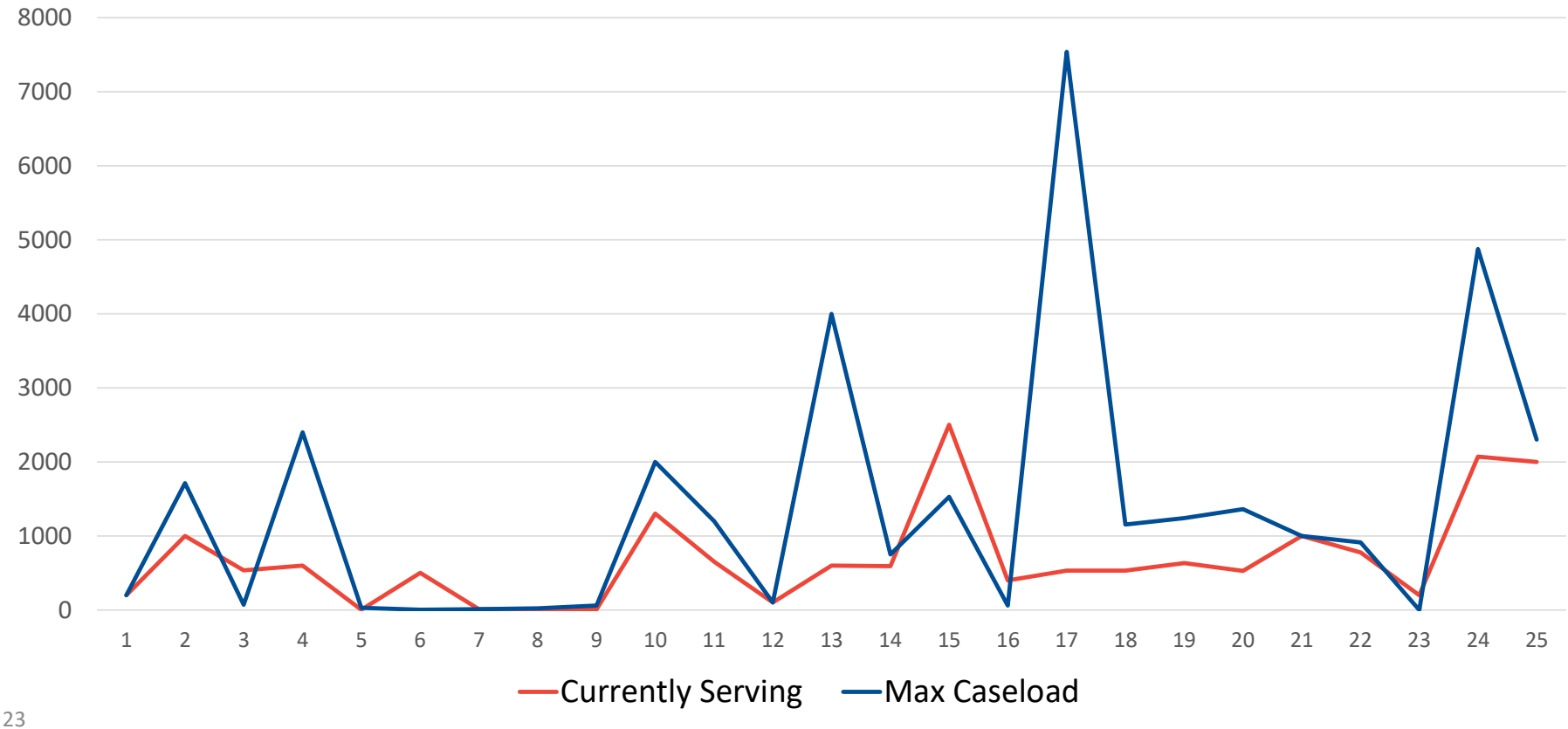
Answered:	**71**
Skipped:	**68**



Agency Capacity

Current Caseload vs. Max Caseload

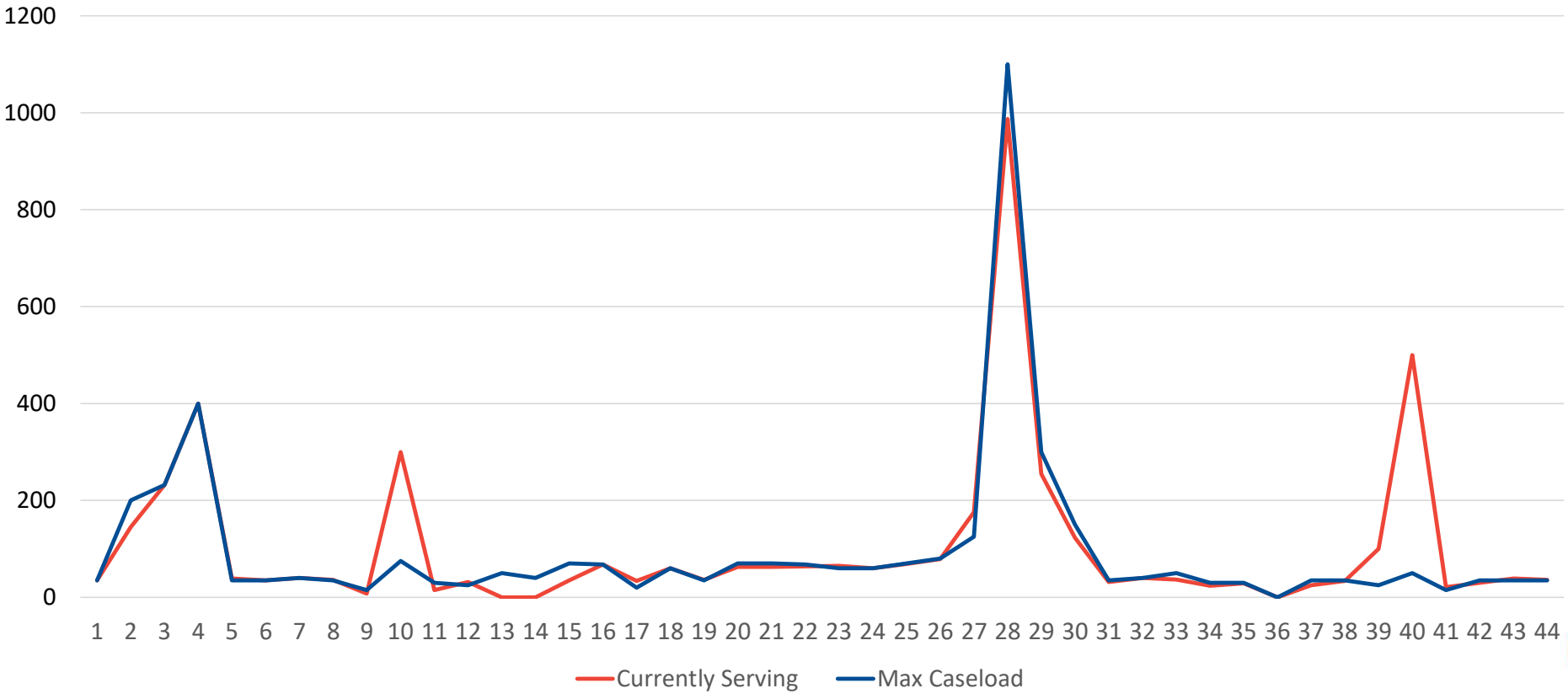
Answered:	**25**
Skipped:	**87**



Staff Capacity

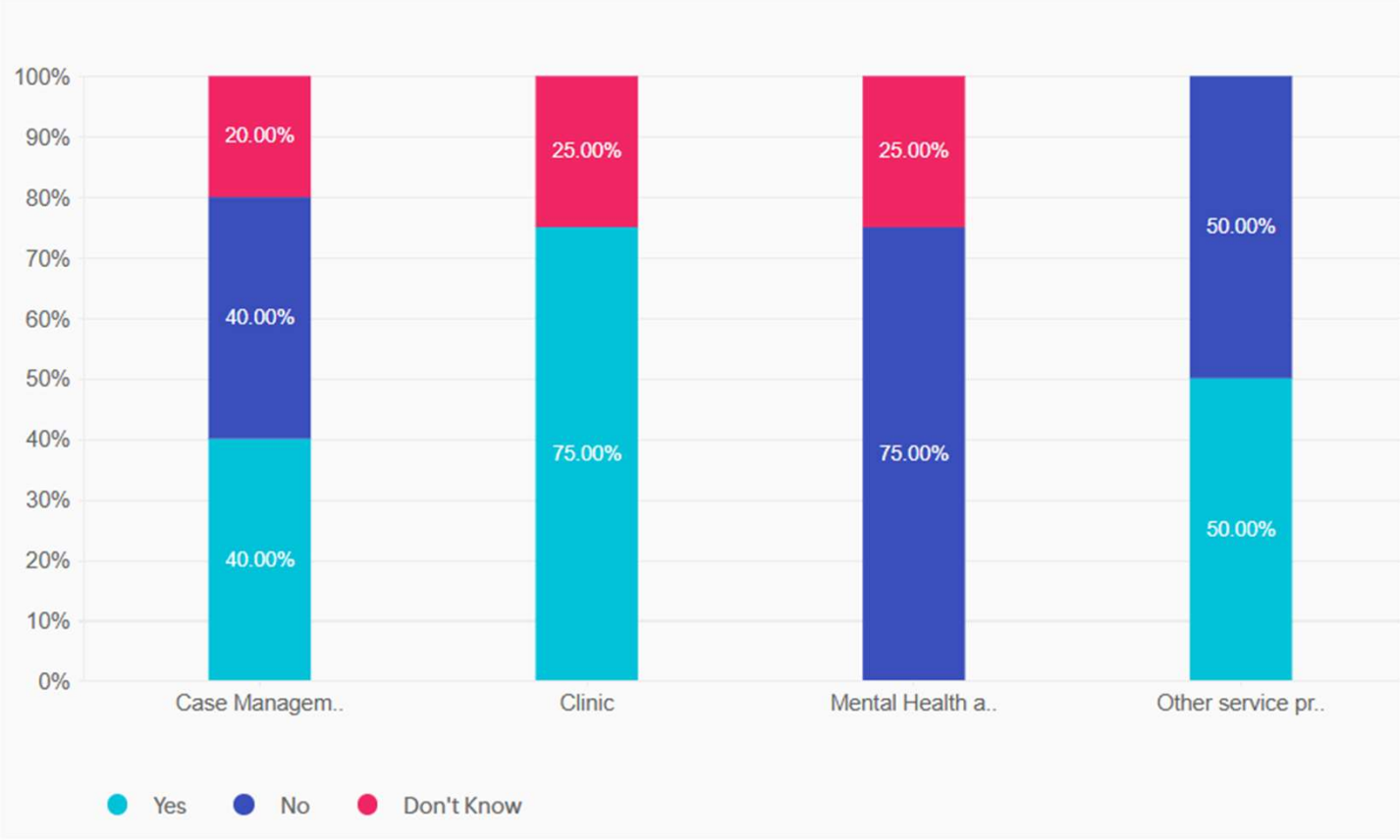
Current Caseload vs. Max Caseload

Answered:	**44**
Skipped:	**68**



Agency Capacity
Meeting the Need

Answered:	**18**
Skipped:	**94**

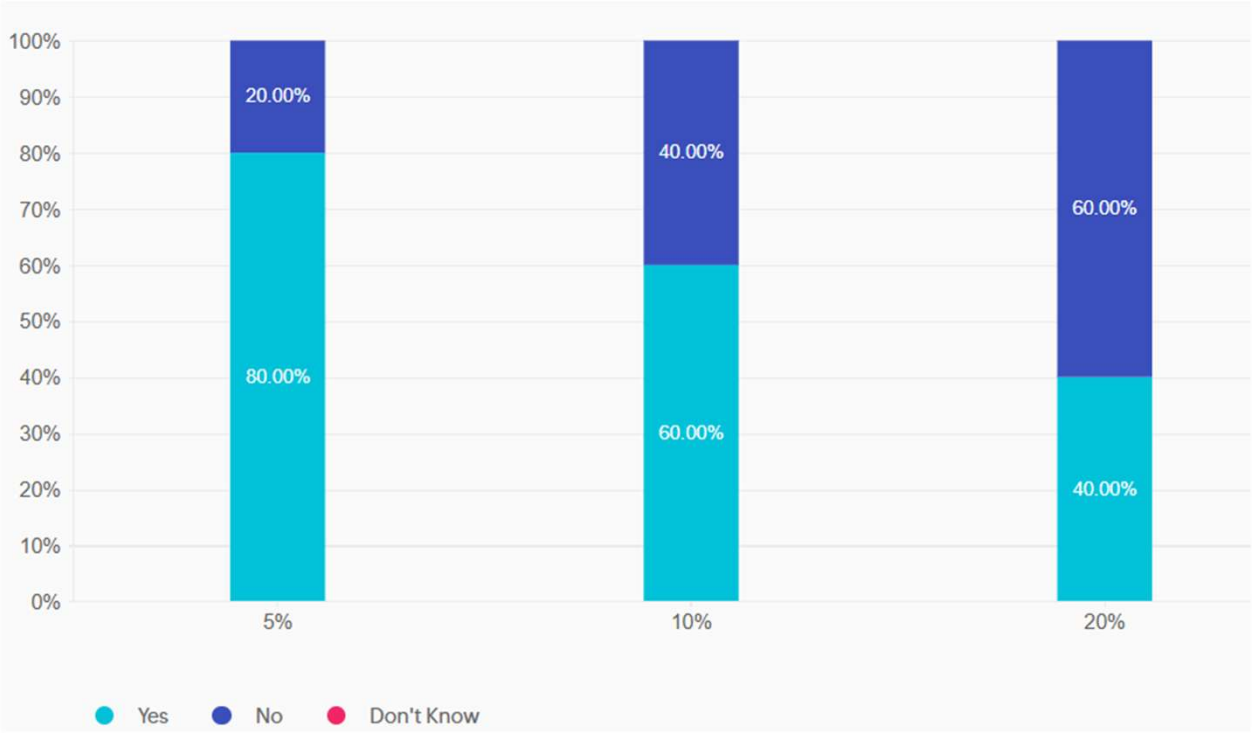


Agency Capacity

Potential Increased Caseload

Answered:	5
Skipped:	105

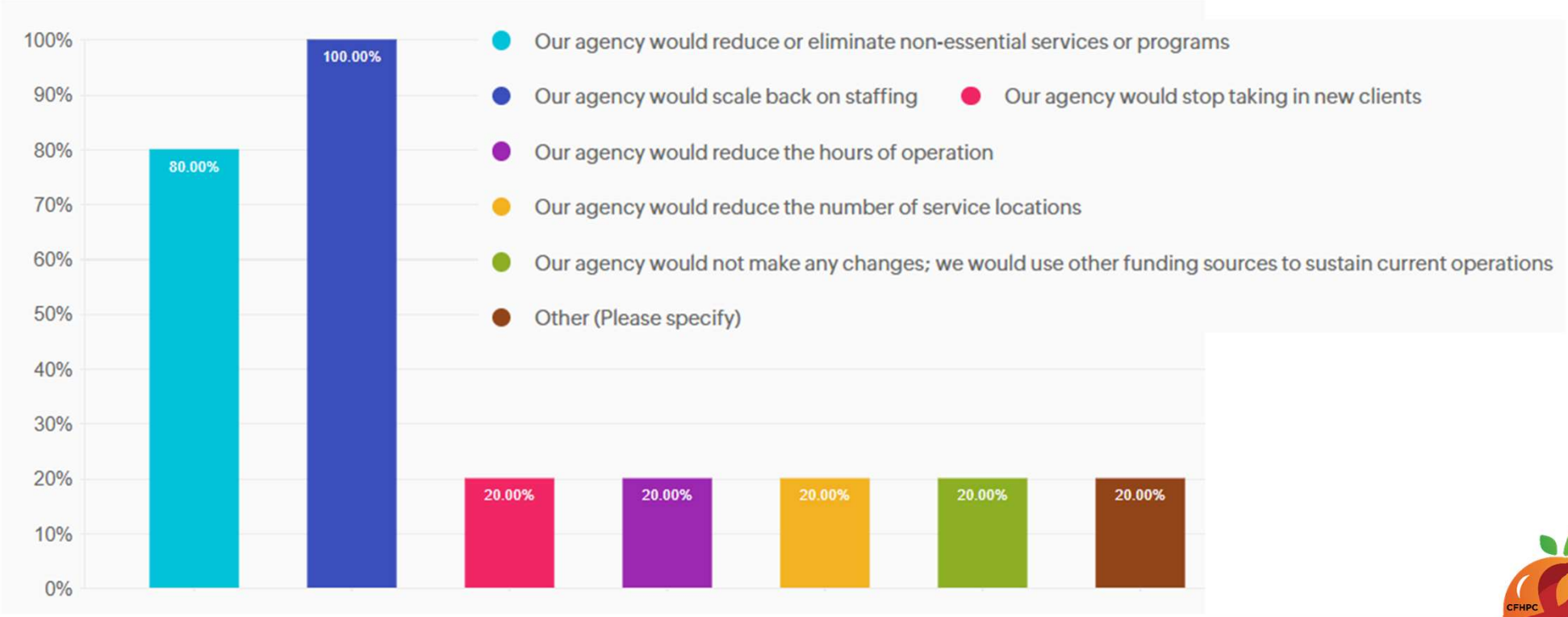
Do you have enough staff and resources to effectively meet the needs of clients if your caseload were to increase by:



Agency Sustainability

Potential Reduction in Funding

Answered:	5
Skipped:	105



Agency Sustainability

Continuity of Operations & Emergencies

Answered:	5
Skipped:	105

- **80%** of respondents have a Continuity of Operations Plan (COOP)
  - Of the agencies with a COOP, **60%** of respondents indicated that staff receive regular training on the plan
- **100%** of respondents indicated that they are prepared to deliver services in a disaster or emergency event

Agency Sustainability

Emergencies, Client Contact, & Resources

Answered:	5
Skipped:	105

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

Answer Choices	Response %
Telephone	100%
E-mail	80%
Postal mailing	20%
Through appointments with their medical provider or program staff	80%
Digital and print marketing	60%
Website	60%
Other (please specify)	0%

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

80% said Technology

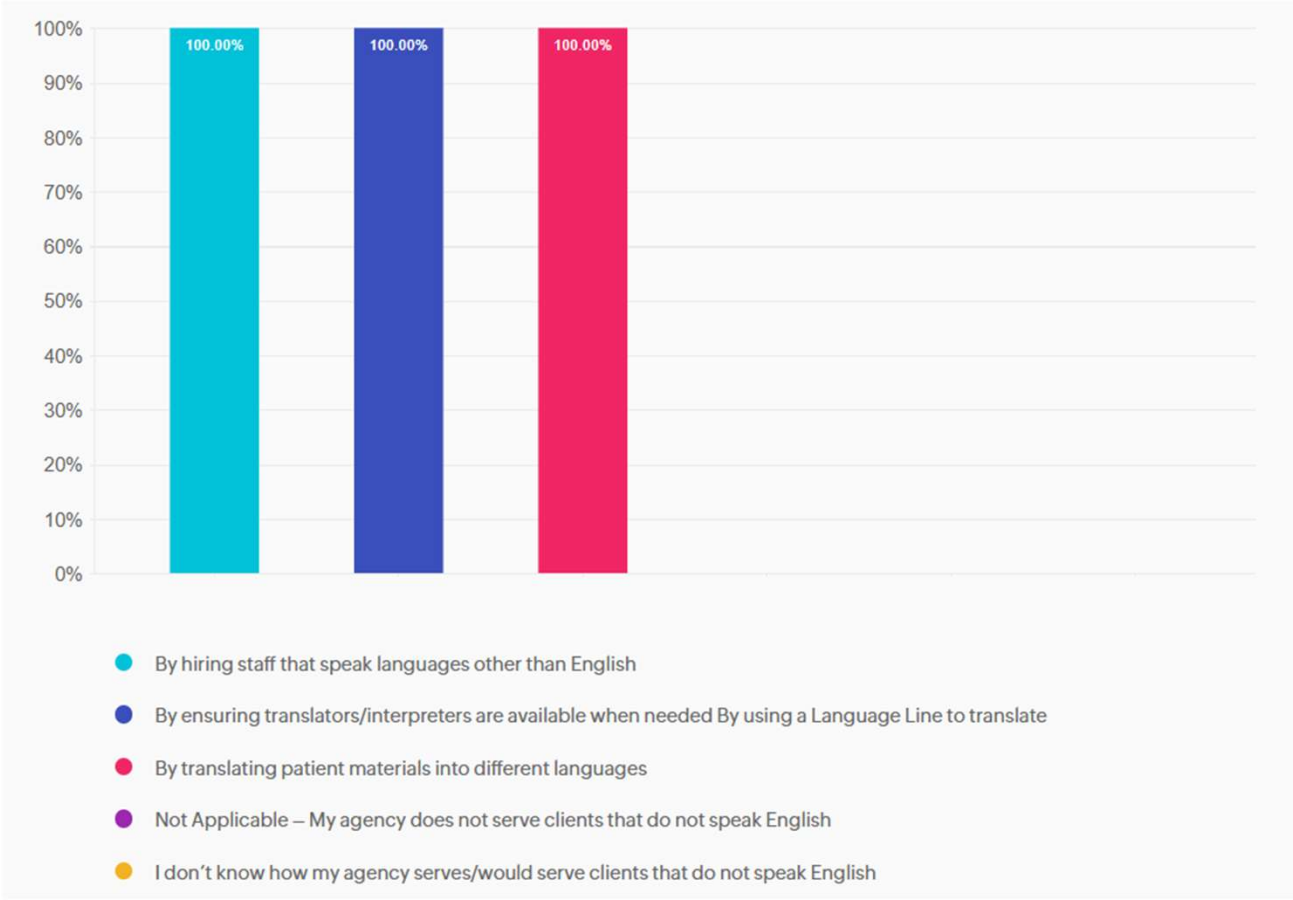
20% said More Staff

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:	5
Skipped:	105



Cultural Responsiveness

Serving Non-English-Speaking Clients (2025)

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 Non-English-Speaking Clients (2026)

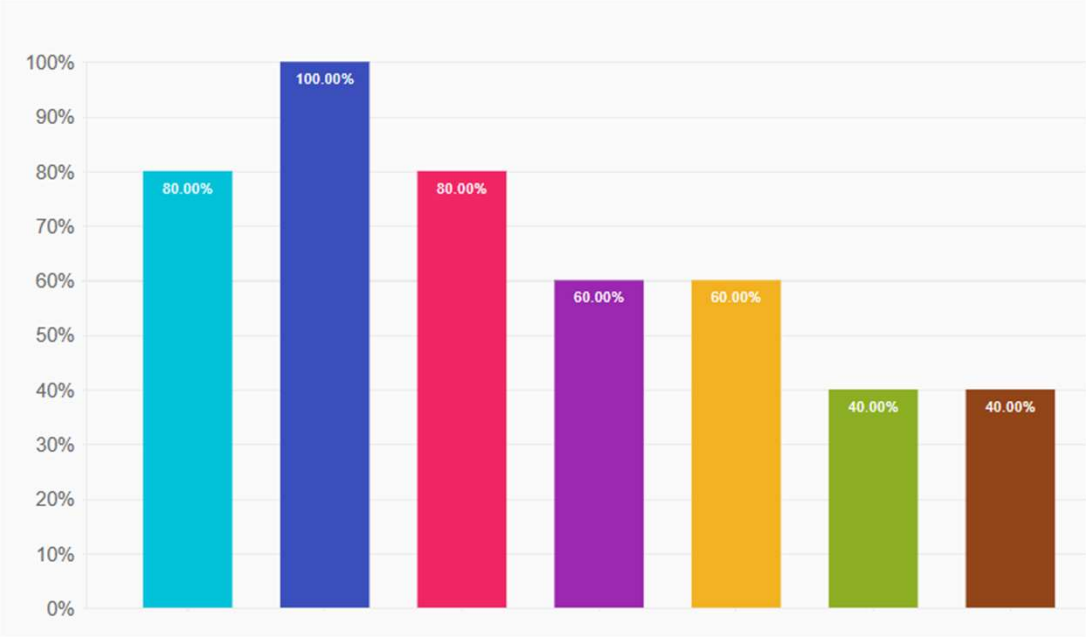
Answered:	5
Skipped:	105

- Respondents indicated difficulty meeting the language needs of the following populations/languages:
  - None (3)
  - Haitian Creole (1)
  - Language line covers (1)

Cultural Responsiveness
Serving Clients Aged 50+

Answered:	22
Skipped:	90

How does your agency serve clients aged 50 and older?



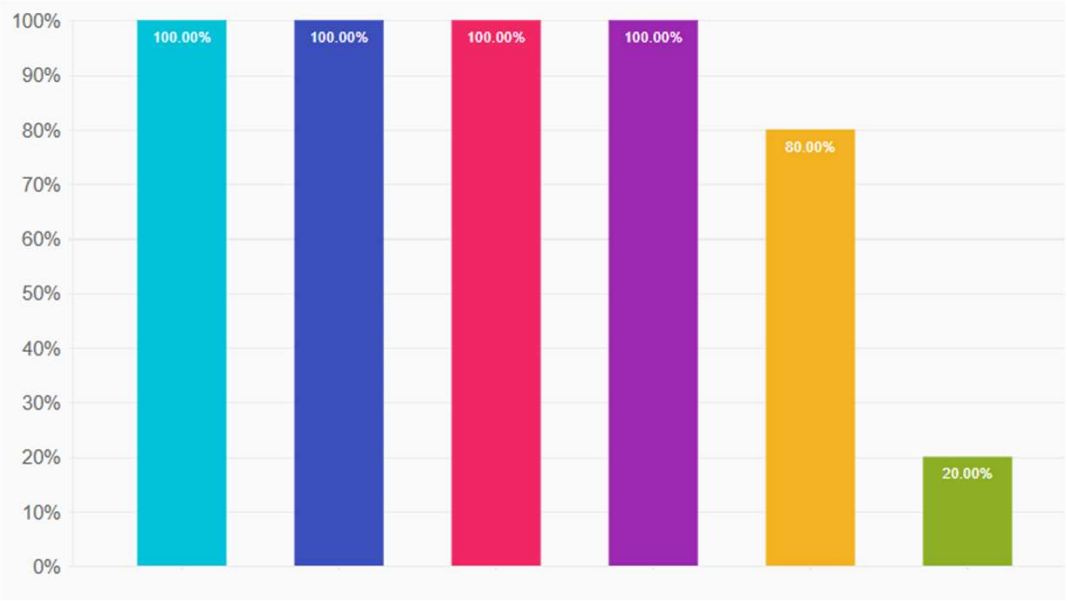
- Partner with organizations that provide services to older individuals (Area Agencies on Aging, Office of Aging, etc.)
- Involve people aging with HIV as members of the care team Peer support for people aging with HIV
- Support groups (in-person or online) for people aging with HIV
- Provide older individuals 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

Cultural Responsiveness

Ensuring Cultural Responsiveness

Answered:	25
Skipped:	87

How does your agency ensure that it is culturally responsive?



- 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)

Barriers to Care

Barriers and Top 5 Services

Top 5 Most Important Services

2026 HIV Care Needs Survey

1. Case Management
2. Prescription Medications
3. Dental/Oral Health
4. Housing
5. Health Insurance

N= 1023

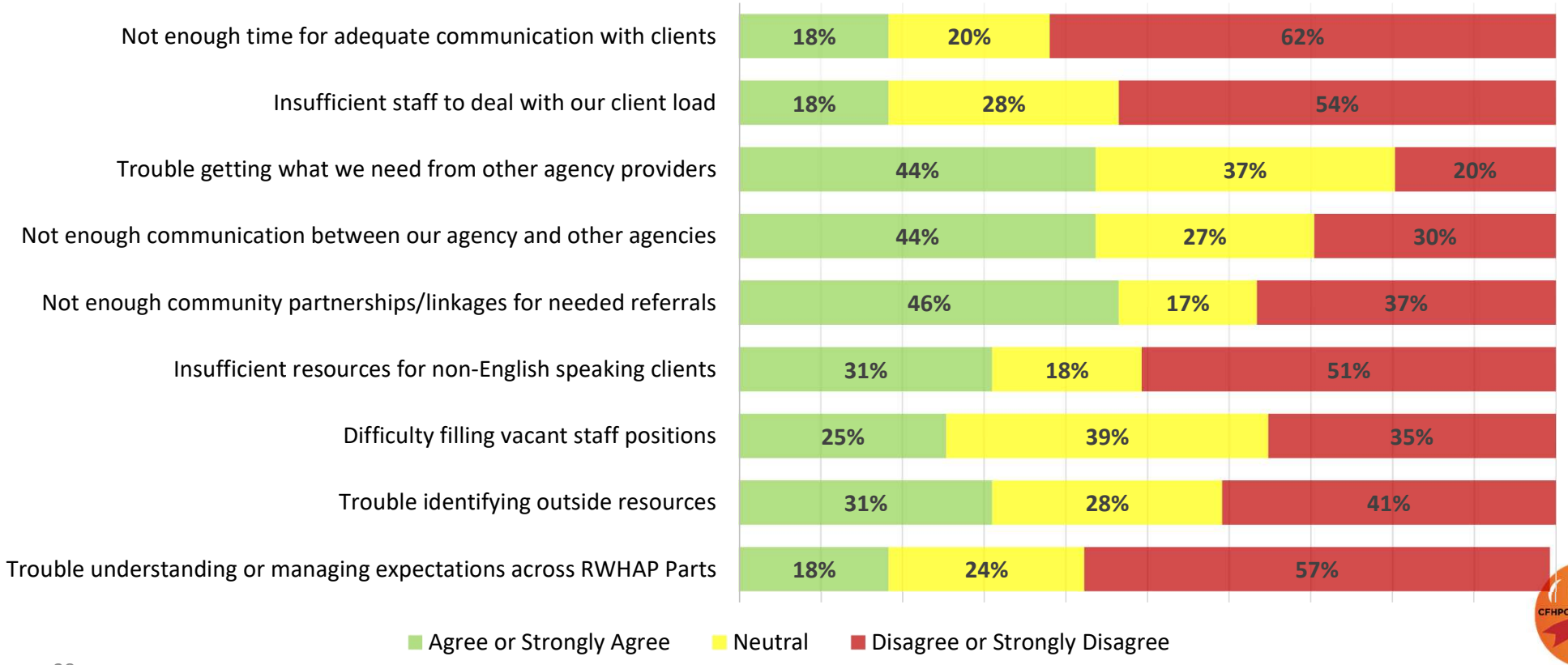
2026 Provider Survey

1. Case Management
2. Housing
3. Mental Health
4. Transportation
5. Dental/Oral Health

N= 75

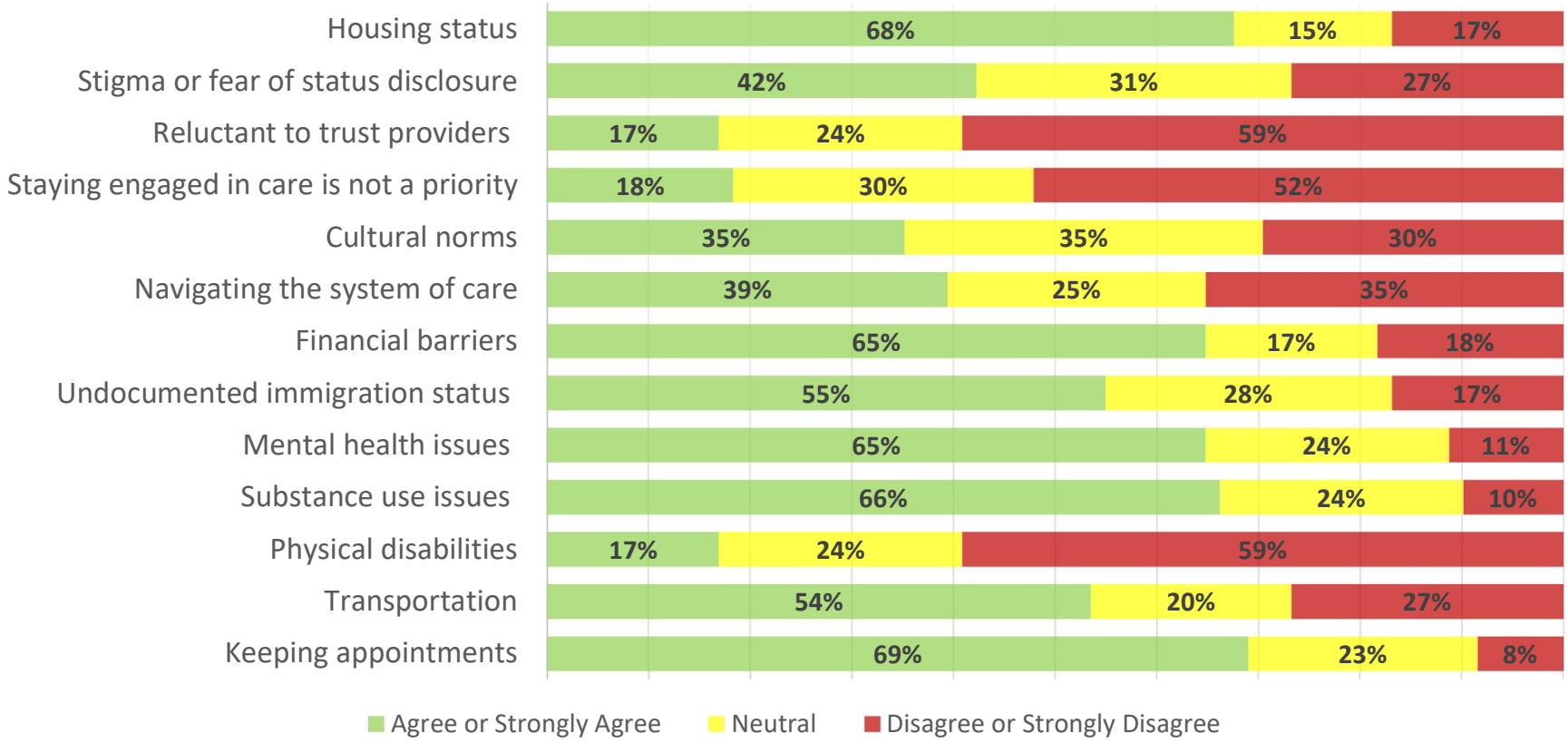
Barriers to Care
Staff Barriers & Challenges

Answered:	71
Skipped:	39



Barriers to Care
Staff-Perceived Barriers for Clients

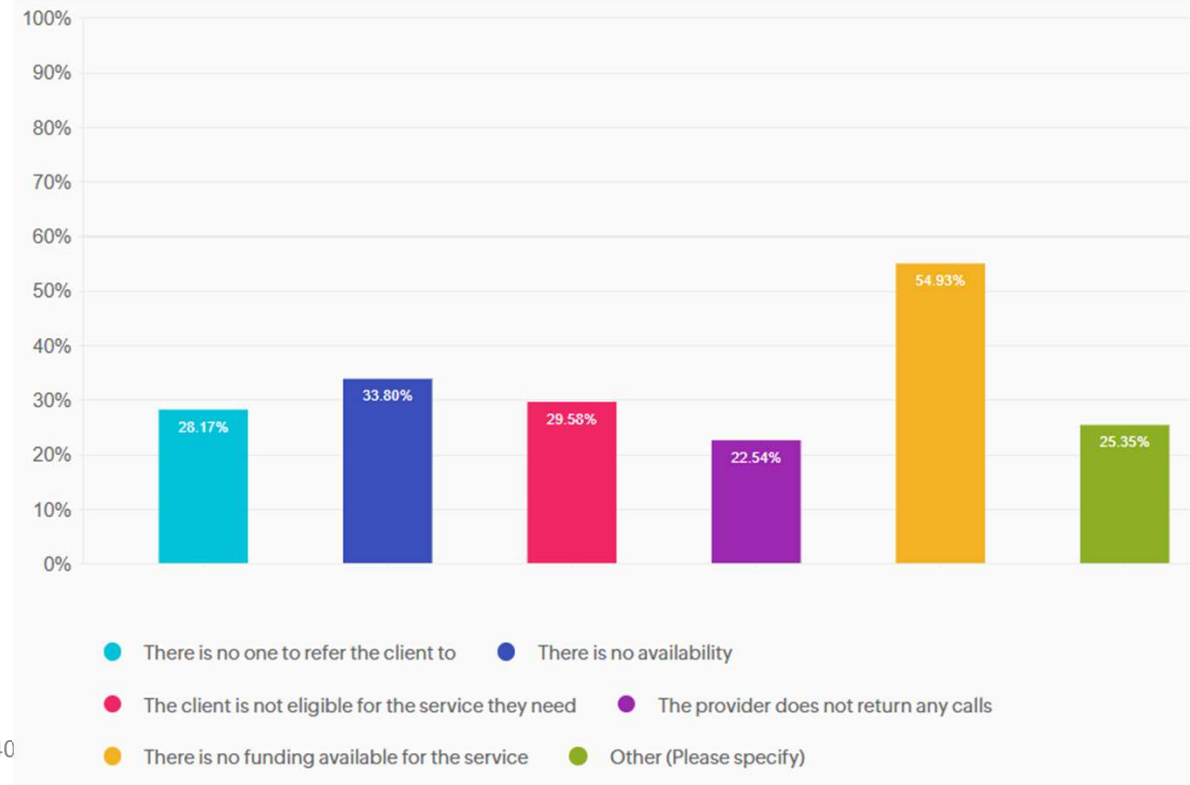
Answered:	71
Skipped:	39



Barriers to Care
Providing Referrals

Answered:	71
Skipped:	39

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



Other responses:

- HOPWA is consistently at capacity
- Providers not attending appointments and providers hesitate to reschedule
- Providers not having access to networking programs
- Client communication limited
- It depends on the client's needs
- Agencies are at full capacity or short in staff
- Many area providers are not willing to accept the Medicare limiting rate for uninsured clients
- Housing
- There is no follow up
- Copay assistance, housing, transportation,
- Distance to service providers

Survey Comments

Final Comments

Answered:	**24**
Skipped:	**86**

Remove the units or be more flexible with the units.	Housing assistance is limited.
The client shared that frequent changes in case managers can be confusing and may make it difficult to maintain continuity and consistency in services. There are also concerns regarding staff turnover, which may be influenced by factors such as extensive documentation requirements, ongoing micromanagements and limited opportunities for direct client interaction. The factors may impact staff morale, retention and the overall continuity of care provided to clients. Additionally, many clients are struggling with the rising cost of rent and unable to afford it.	
I have noticed an increase in untreated severe mental health conditions and substance use within the community. This has caused clients to become easily irate, do not understand the services no matter how many times things are explained and they have become increasingly verbally abusive towards case managers, without any accountability or easily accessible treatment.	

Final Comments

Answered:	**24**
Skipped:	**86**

Working with the Community is vital. Our young adults need to have more input about their social life/media to create a better understanding of outreach and prevention.	It is an honor to do my part in assisting our clients, and connecting the clients to services they are eligible for. Our clients are grateful for the services offered. So many of our clients would not be alive, without the services provided.
The recent issues at the state level regarding ADAP has resulted in greater distrust for the Ryan White program by clients. Erosion of trust in the system of care has significant detremental impacts to a clients overall willingness to remain engaged in care. While front line workers are not responsible for the decisions made at the state level they are the face of the program and take the brunt if the clients mistrust and dissatisfaction.	
There should be more transparency and also there should be reports on which agency has what and what they are offering. For example, housing services are many, but the ICM do not know which agency is giving what services for housing, that should be clear so that the proper referral is made to the proper agency.	

Final Comments

Answered:	**24**
Skipped:	**86**

When it comes to Clients needs, housing, Prescriptions, and mental health are major needs.	The administrative requirements to manage these grants are too rigid and burdensome as well as consistently changing and increasing. This is not helping our ability to serve our patients and clients.
Our Trans community have the most difficult time being placed in transitional homes where they are the most vulnerable and mental health along with substance abuse is affecting the community we serve in large numbers and it effects them maintaining their current housing and being placed due to their non compliance in maintaining their mental health and sobriety.	

Questions?