

## 2024 Provider Capacity Survey

### Purpose

This survey is intended to inform the Ryan White Program's planning council regarding provider capacity, capabilities, service gaps, and needs. The data provided will be used in service planning during the annual needs assessment.

Please complete all the questions to the best of your ability, and submit your replies to this survey by **June 14, 2024**. If you have any questions, please contact Marlen Meizoso at [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com).

### Organizational Information

#### \* 1. Location

Business Name

Address (main site)

City/Town

State

ZIP/Postal Code

#### \* 2. How many days per week are you open 8 a.m. to 5 p.m.?

1 day

2 days

3 days

4 days

5 days

6 days

7 days

3. How many days per week are you open after 5 p.m.?

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days            |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days            |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days            |
| <input type="checkbox"/> 4 days | <input type="checkbox"/> None of the above |

4. Please indicate whether your organization **currently serves** any of the following populations or has **specialized services** for these **populations**.

	Serve <b>In general</b>	Serve <b>People with HIV</b>	Have <b>Special Programs for</b>
Black/African-Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latinos/LatinX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing unstable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men who have sex with men (MSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minority women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons over 50 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons using non-injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons who inject drugs (PWID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (age 13-24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 5. What was your total estimated **organizational revenue** in Miami-Dade County during **calendar year 2023**?

\* 6. What was the total number of **clients served** by your organization in Miami-Dade County during **calendar year 2023**?

\* 7. Please indicate the specific sources of funding that support your organization. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Center for Disease Control and Prevention (CDC)                    | <input type="checkbox"/> Substance Abuse and Mental Health Services Administration (SAMHSA) |
| <input type="checkbox"/> Health and Resources Service Administration (HRSA)                 | <input type="checkbox"/> Client fees  |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> County funding   |
| <input type="checkbox"/> Medicare   | <input type="checkbox"/> Drug company rebates   |
| <input type="checkbox"/> Other federal funding  | <input type="checkbox"/> Foundations or corporations  |
| <input type="checkbox"/> Ryan White Part A  | <input type="checkbox"/> Fundraising  |
| <input type="checkbox"/> Ryan White Part B  | <input type="checkbox"/> General Revenue  |
| <input type="checkbox"/> Ryan White Part C  | <input type="checkbox"/> Private insurance  |
| <input type="checkbox"/> Ryan White Part D  | <input type="checkbox"/> State funding  |
| <input type="checkbox"/> Ryan White Part F-Dental   | <input type="checkbox"/> Uncompensated  |
| <input type="checkbox"/> Ryan White Part F-Special Projects of National Significance (SPNS) |   |

## Capacity

8. Do you have any of the following at your organization? Check all that apply.

- Peers (people living with HIV) who are paid
- Peers (people living with HIV) who are volunteers
- Support groups for people with HIV
- Social groups for people with HIV
- HIV related prevention programs

\* 9. Do you have enough staff and resources to meet the needs of your HIV+ clients on your **current caseload**?

- Yes
- No

\* 10. Do you have enough staff and resources to meet the needs of your HIV+ clients if your current caseload **increased by 5%**?

- Yes
- No
- Don't know

\* 11. Do you have enough staff and resources to effectively meet the needs of your HIV+ clients if your current caseload **increased by 10%**?

- Yes
- No
- Don't know

## Services Provided

### 12. Core Services

	My organization <u>provides</u> this service to people with HIV.	We have clients with HIV in my organization who <u>need</u> this service <u>but are not able to get it.</u>	Not applicable
<b>AIDS Pharmaceutical Assistance</b> -prescription medications for the treatment of HIV and other conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention Services</b> -services to help people get tested, educated about HIV, then referred and linked to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Insurance Premium and Cost Sharing</b> -assistance to help clients with health insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home and Community-Based Health Care</b> -skilled health services and personal care delivered in home based on written plan of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Health Care Services</b> -professional nursing or attendant care provided in a client's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Hospice Services**-end-of-life care and support for those in the last stages of their illness




**Mental Health Services**-mental health treatment and counseling services offered to individuals or in a group setting




**Medical Nutrition Therapy**-services including nutritional counseling




**Medical Case Management**-helping individuals access Ryan White programs and navigate the system of care




**Oral Health Care**-dental care




**Outpatient/Ambulatory Health Services**-office visits with a physician, lab test, etc.




**Substance Abuse Services (Outpatient)**-professional counseling services to address alcohol or drug abuse and addiction programs




### 13. Support Services

My organization provides this service to people with HIV.

We have clients with HIV in my organization who need this service but are not able to get it.

Not applicable

**Child Care Services**-assistance taking care of children while parent with HIV is at medical visit




**Emergency Financial Assistance**-medication assistance




**Food Bank/Home-Delivered Meals**-home-delivered meals, food vouchers, or food pantries




**Health Education/Risk**

**Reduction-**  
education on  
reducing risk and  
ways to improve  
health

**Housing-**  
temporary housing

**Linguistic  
Services-**assistance  
with languages

**Medical  
Transportation-**  
assistance provided  
by bus or other  
means to help  
clients get to all  
medical  
appointments

**Non-Medical Case  
Management-**  
eligibility  
assistance or  
housing placement  
assistance

**Other Profession  
Services** (legal  
services and  
permanency  
planning)-non-  
criminal legal  
advice to clients  
and permanency  
planning services

**Outreach-**  
programs that help  
clients with HIV get  
into care

**Psychosocial  
Support-**support  
groups, therapy,  
and council for  
clients with HIV

**Referral for  
Health Care and  
Support Services-**  
assist clients with  
referrals for  
services

**Rehabilitation  
Services-**assistance  
with rehabilitation  
in client's home

**Respite Care-**  
short-term relief for  
care givers

**Substance Abuse  
(residential)-**  
residential  
substance abuse

treatment

## 14. Prevention Services

My organization provides this service to people.

Clients in my organization need this service but are not getting it.

**Condom Distribution-**  
distribution of prophylactics

**Non-Occupational Post Exposure Prophylaxis (NPEP)-** taking antiretroviral after HIV exposure

**Pre-Exposure Prophylaxis (PrEP)-** taking antiretrovirals to prevent HIV

**HIV Testing-** testing for HIV

**Counseling after Diagnosis-** discussion of next steps upon receipt of an HIV + test

**Partner Notification Services-** notification of partner upon HIV+ test result

**Hepatitis Testing-** testing for Hepatitis

**STI Testing-** testing for sexually transmitted diseases

**Test and Treat Rapid Access-** program to test and provide treatment rapidly

15. Are there any additional services you provide to people with HIV that are not listed above?

16. Are there any additional services needed by people with HIV not listed above?

## Referrals for your clients with HIV

17. **To** what agencies do you refer most frequently?

18. **From** what agencies do you receive referrals most frequently?

19. What **services** does your organization have difficulty making referrals to?

## Barriers Assessments

20. What barriers does **your organization** face in providing care to people living with HIV? Select all that apply.

- Difficulty finding/retaining qualified staff
- Trouble identifying financial resources our clients can use to pay for services
- Issues with referrals to/from our organization
- Trouble understanding and managing expectations from different funders
- Funding has too many strings attached
- People with HIV know about the services we provide but do not take advantage of them
- Lack of training/professional development
- People who need the services are not eligible to receive them
- Not enough resources/funding
- People with HIV do not know we provide services
- Not enough time for adequate communication with clients

21. Below are a list of **barriers clients with HIV** may face that keep them from accessing services. Based on your experiences providing services, please indicate if you agree or not with the following factors.

	Agree	Disagree	Not applicable or not sure
Clients don't know what	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients don't know where to go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are embarrassed or too upset to think about services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are worried about others finding out they have HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't find someone who speaks their language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are afraid to be report to the authorities due to immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't afford the services because they don't have insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The system of care is too hard for clients to navigate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't get referrals for services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients have other life issues to deal with such as food insecurity, mental health issues, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't qualify for services because of rules and regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients don't have a way to get to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hours that services are available do not fit client schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients don't have anyone to take care of their children while they receive care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 22. Does your organization have a waitlist for services?

Yes

No

23. If your organization has a waitlist,

For what services?

How long do clients typically stay on the waitlist?

\* 24. Name of the person completing this survey

\* 25. Email address of person completing this survey

26. Job title of person completing this survey

27. If an additional person(s) assisted with completing this survey, please enter their name(s).

*Thank you for completing the survey!*