

### Purpose

**This survey is intended to inform the Ryan White Program's planning council (The Miami-Dade HIV/AIDS Partnership) regarding provider capacity and capabilities. The data provided will be used for service planning, priority setting and resource allocation during the annual needs assessment.**

**Please complete all the questions to the best of your ability, and submit your replies by xx xx, 2025. If you have any questions, please contact Marlen Meizoso at [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com).**

## Organizational Information

\* 1. Location

**Organizational Name**

**Address (main site in Miami-Dade)**

**City/Town**

**State**

**ZIP/Postal Code**

\* 2. What days of the week are you open during business hours (8:00 a.m. to 5:00 p.m.)?

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

\* 3. What days of the week are you open after 5 p.m.?

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

None of the above

\* 4. What was your total estimated **organizational revenue** in Miami-Dade County during **calendar year 2024**?

\* 5. What was the total number of **clients served** by your organization in Miami-Dade County during **calendar year 2024**?

\* 6. Please indicate the specific sources of funding that support your organization. Check all that apply.

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

## Capacity

7. Please indicate whether your organization **currently serves** any of the following populations. Check all that apply.

	Serve <b>In General</b>	Serve <b>People with HIV</b>
Black/African-American females	<input type="checkbox"/>	<input type="checkbox"/>
Black/African-American males	<input type="checkbox"/>	<input type="checkbox"/>
Haitians females	<input type="checkbox"/>	<input type="checkbox"/>
Haitians males	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino/LatinX females	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino/LatinX males	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate whether your organization **currently serves** or has **specialized services** for these **populations**. Check all that apply.

	Serve <b>In General</b>	Serve <b>People with HIV</b>	Have <b>Special Programs for</b>
Persons who are homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons who are unstably housed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are transgender	<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"/>
Persons using non-injectable drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons who inject drugs (PWID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (age 13-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Adult (age 19-24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons over 50 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please check (all that apply) if you have any peers (people with HIV) at your organization?

- Who are paid
- Who are volunteers

10. Please check (all that apply) if you have any of the following at your organization?

- Support groups for people with HIV
- Social groups for people with HIV
- HIV related prevention programs

\* 11. Given your **current caseload**, will you have enough staff and resources to meet the needs of your clients with HIV in 2025?

- Yes
- No
- Don't know

\* 12. If your current caseload **increased by 5%**, would you have enough staff and resources to meet the needs of your clients with HIV in 2025?

- Yes
- No
- Don't know

\* 13. If your current caseload **increased by 10%**, would you have enough staff and resources to meet the needs of your clients with HIV in 2025?

- Yes
- No
- Don't know

\* 14. Do you have succession planning for your HIV medical providers?

- Yes
- No
- Don't know

## Services Provided

15. **Core Medical and Support Services**-Please indicate the services provided.

	My organization <u>provides</u> this service to people with HIV.	We serve clients with HIV in my organization who <u>need</u> this service <u>but are not able</u> <u>to get it.</u>	Not applicable
<b>AIDS Pharmaceutical Assistance:</b> Prescription medications for the treatment of HIV and for other medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care Services:</b> Assistance taking care of children while parent with HIV is at a medical visit	<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>Emergency Financial Assistance:</b> Short-term housing, prescription, and utility assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Bank/Home-Delivered Meals:</b> Home-delivered meals, food vouchers, or food pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Education/Risk Reduction:</b> Client education on ways to improve health and reduce risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Insurance Premium and Cost Sharing:</b> Assistance to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

help clients with health insurance premium coverage and copay assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home and Community-Based Health Care:</b> Skilled health services and personal care provided in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Health Care Services:</b> Professional nursing care provided in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing:</b> Short-term housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospice Services:</b> End-of-life care and support for those in the last stages of their illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Linguistic Services:</b> Assistance with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Case Management:</b> Helping individuals access Ryan White programs and navigate the systems of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Nutrition Therapy:</b> Nutritional counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Transportation:</b> Transportation by bus or other means to help clients with medical/social service appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Services:</b> Mental health treatment and counseling services offered in individual or group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-Medical Case Management:</b> Eligibility and service access assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Oral Health Care:</b> Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Professional Services (Legal Services and Permanency Planning):</b> Non-criminal legal advice and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

permanency planning			
<b>Outpatient/Ambulatory Health Services:</b> Treatment by a licensed medical provider, lab tests, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outreach:</b> Efforts to retain clients with HIV in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychosocial Support:</b> Support groups, therapy, and counseling for clients with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Referral for Health Care and Support Services:</b> Referral assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rehabilitation Services:</b> Home-based rehabilitation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respite Care:</b> Short-term relief for persons caring for people with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Abuse Services (Outpatient):</b> Professional counseling to address alcohol or drug abuse and addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Abuse (Residential):</b> Residential substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Are there any additional medical and support services you provide to people with HIV that are not listed above?

17. Are there any additional medical and support services needed by people with HIV not listed above?

## 18. Prevention Services

	My organization <u>provides</u> this service to people.	Clients in my organization <u>need</u> this service but are <u>not getting</u> it.	Not applicable
<b>Condom Distribution</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Counseling after Diagnosis:</b> Discussion of next steps upon receipt of an HIV test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-Occupational Post Exposure Prophylaxis (NPEP):</b> Taking antiretrovirals after HIV exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pre-Exposure Prophylaxis (PrEP):</b> Taking antiretrovirals to prevent HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Test and Treat/ Rapid Access</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Testing for Hepatitis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Testing for HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Testing for Sexually Transmitted Infections (STI)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Are there any additional prevention services needed by people with HIV that are not listed above?

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

## Referrals for Clients with HIV

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

22. For what **services** do you refer most frequently?

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

24. For what **services** do you receive referrals most frequently?

25. For what **services** does your organization have difficulty making referrals?

## Barriers Assessments

\* 26. What barriers does **your organization** face in providing care to clients with HIV?

Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Not enough funding   | <input type="checkbox"/> Issues with referrals to/from our organization                                       |
| <input type="checkbox"/> Funding has too many strings attached                                  | <input type="checkbox"/> Not enough time for adequate communication with clients                              |
| <input type="checkbox"/> Trouble understanding and managing expectations from different funders | <input type="checkbox"/> People with HIV know about the services we provide but do not take advantage of them |
| <input type="checkbox"/> Difficulty finding/retaining qualified staff                           | <input type="checkbox"/> People with HIV who need the services are not always eligible to receive them        |
| <input type="checkbox"/> Lack of staff training/professional development                        | <input type="checkbox"/> People with HIV do not know we provide the services they need                        |
| <input type="checkbox"/> Lack of HIV trained medical professionals                              |   |
| <input type="checkbox"/> Other (please specify):  |   |

27. **Clients with HIV** may face **barriers** that keep them from accessing services. Based on your experiences providing services, please indicate if you agree with the following statements.

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



Clients don't know where to go for services	<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 a service provider who speaks their language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are afraid they may be reported to the authorities due to immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients think they can't afford the services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients find the system of care is hard 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 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 some services because of eligibility requirements	<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"/>
Client schedules do not fit available service hours	<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"/>

\* 28. Does your organization have a waitlist for services?

- Yes
- No

29. If your organization has a waitlist,

For what services?

How long do clients typically stay on the waitlist?

\* 30. Name (main contact) for questions on this survey

\* 31. Email address of person completing this survey

32. Job title of person completing this survey

*Thank you for completing the survey!*

Aggregate data from this survey will be presented at the 2025 Needs Assessment. If you have any additional questions or comments, or would like to go into further detail on any of your answers here, please contact Marlen Meizoso at [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com) or call 305-448-5258.

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