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 <u>xx xx, 2025</u>. If your organization has multiple sites in Miami-Dade County, think about the services you provide across all sites when answering the questions below. If you have any questions, please contact Marlen Meizoso at marlen@behavioralscience.com.

Organizational Information

* 1. Location(s)

Organizational Name	
Address (main site in Miami-Dade)	
City/Town	
State	
ZIP/Postal Code	

2. If you have multiple locations in Miami-Dade County, how many additional locations do you have?

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

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday

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

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday
- [ ] None of the above

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

[   ]

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

[   ]

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

- ☐ Ryan White Part A
- ☐ Ryan White Part B
- ☐ Ryan White Part C
- ☐ Ryan White Part D
- ☐ Ryan White Part F-Dental
- ☐ Ryan White Part F-Special Projects of National Significance (SPNS)
- ☐ Center for Disease Control and Prevention (CDC)
- ☐ Health and Resources Service Administration (HRSA)
- ☐ Substance Abuse and Mental Health Services Administration (SAMHSA)
- ☐ Medicaid

- ☐ Medicare
- ☐ Other federal funding
- ☐ General Revenue
- ☐ State funding
- ☐ Private insurance
- ☐ Client fees
- ☐ County funding
- ☐ Drug company rebates
- ☐ Foundations or corporations
- ☐ Fundraising

Capacity

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

	Serve **In General**	Serve **People with HIV**
Black/~~African American~~ females	☐	☐
Black/~~African American~~ males	☐	☐
Haitians females	☐	☐
Haitians males	☐	☐
Hispanic/~~Latino/LatinX~~ females	☐	☐
Hispanic/~~Latino/LatinX~~ males	☐	☐

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

	Serve **In General**	Serve **People with HIV**	Have **Special Programs for**
Persons who are homeless	☐	☐	☐
Persons who are unstably housed	☐	☐	☐
~~People who are transgender~~	☐	☐	☐
Men who have sex with men (MSM)	☐	☐	☐
Persons using non-injectable drugs	☐	☐	☐
Persons who inject drugs (PWID)	☐	☐	☐
Persons with mental illness	☐	☐	☐
Youth (age 13-18)	☐	☐	☐
Young Adult (age 19-24)	☐	☐	☐
Persons over 50 years old	☐	☐	☐

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

☐ Who are paid

☐ Who are volunteers

11. 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

* 12. 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

* 13. 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

* 14. 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

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

◯ Yes

◯ No

◯ Don't know

Services Provided

16. **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 to get it</u>.	Not applicable
AIDS Pharmaceutical Assistance: Prescription medications for the treatment of HIV and for other medical conditions	☐	☐	☐
Child Care Services: Assistance taking care of children while parent with HIV is at a medical visit	☐	☐	☐
Early Intervention Services: Services to help people get tested, educated about HIV, then referred and linked to care	☐	☐	☐
Emergency Financial Assistance: Short-term housing, prescription, and utility assistance	☐	☐	☐
Food Bank/Home-Delivered Meals: Home-delivered meals, food vouchers, or food pantries	☐	☐	☐
Health Education/Risk Reduction: Client education on ways to improve health and reduce risks	☐	☐	☐
Health Insurance Premium and Cost Sharing: Assistance to	☐	☐	☐

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

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

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

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

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19. **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
Condom Distribution	☐	☐	☐
Counseling after Diagnosis: Discussion of next steps upon receipt of an HIV test	☐	☐	☐
Non-Occupational Post Exposure Prophylaxis (NPEP): Taking antiretrovirals after HIV exposure	☐	☐	☐
Pre-Exposure Prophylaxis (PrEP): Taking antiretrovirals to prevent HIV	☐	☐	☐
Test and Treat/ Rapid Access	☐	☐	☐
Testing for Hepatitis	☐	☐	☐
Testing for HIV	☐	☐	☐
Testing for Sexually Transmitted Infections (STI)	☐	☐	☐

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

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

Referrals for Clients with HIV

22. **To** what **agencies** do <u>you refer</u> most frequently?

23. **For** what **services** do <u>you refer</u> most frequently?

[text box]

24. **From** what **agencies** do <u>you receive</u> referrals most frequently?

[text box]

25. **For** what **services** do <u>you receive</u> referrals most frequently?

[text box]

26. **For** what **services** does your organization have <u>difficulty making</u> referrals?

[text box]

Opportunities ~~**Barriers**~~ Assessments

obstacles

* 27. What ~~barriers~~ does **your organization** face in providing care to clients with HIV? Select all that apply.

☐ Not enough funding

☐ Funding has too many strings attached

☐ Trouble understanding and managing expectations from different funders

☐ Difficulty finding/retaining qualified staff

☐ Lack of staff training/professional development

☐ Lack of HIV trained medical professionals

☐ Issues with referrals to/from our organization

☐ Not enough time for adequate communication with clients

☐ People with HIV know about the services we provide but do not take advantage of them

☐ People with HIV who need the services are not always eligible to receive them

☐ People with HIV do not know we provide the services they need

☐ Other (please specify):

[text box]

28. **Clients with HIV** may face ~~**barriers**~~ challenges 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	○	○	○

Clients don't know where to go for services	○	○	○
Clients are embarrassed or too upset to think about services	○	○	○
Clients are worried about others finding out they have HIV	○	○	○
Clients can't find a service provider who speaks their language	○	○	○
Clients are afraid they may be reported to the authorities due to immigration status	○	○	○
Clients think they can't afford the services they need	○	○	○
Clients find the system of care is hard to navigate	○	○	○
Clients can't get referrals for services they need	○	○	○
Clients have life issues to deal with such as food insecurity, mental health issues, etc.	○	○	○
Clients can't qualify for some services because of eligibility requirements	○	○	○
Clients don't have a way to get to appointments	○	○	○
Client schedules do not fit available service hours	○	○	○
Clients don't have anyone to take care of their children while they receive care	○	○	○

* 29. Does your organization have a waitlist for services?

○ Yes

○ No

30. If your organization has a waitlist,

For what services?

How long do clients
typically stay on the
waitlist?

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

* 32. Email address of person completing this survey

33. 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
or call 305-448-5258.