* 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

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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

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* 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

19. **Prevention Services**

	My organization provides this service to people.	Clients in my organization need this service but are not getting 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 you refer most frequently?

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

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

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

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

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):

challenges

28. **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	○	○	○

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