Ryan White Provider Capacity & Capability Report

Orlando Service Area
August 2017

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- Ryan White Part A Recipient Office – Orange County Health Services Department
- Ryan White Part B Lead Agency – Heart of Florida United Way
- Orlando EMA HIV Health Services Planning Council
- Central Florida AIDS Planning Consortium
- Ryan White Parts A and B Providers:
    - AIDS Healthcare Foundation, Inc.
    - Aspire Health Partners, Inc.
    - Burnham Woods Counseling Centers of Florida
    - Center for Multicultural Wellness and Prevention, Inc.
    - Department of Health in Brevard County
    - Department of Health in Orange County
    - Department of Health in Osceola County
    - Department of Health in Seminole County
    - Hope and Help of Central Florida, Inc.
    - Miracle of Love, Inc.
    - Project Response, Inc.
    - Turning Point of Central Florida
    - Unconditional Love, Inc.

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Executive Summary

The purpose of this assessment of provider capacity and capability is to identify the extent to which HIV-related services in the area are accessible, available, and appropriate for people living with HIV (PLWH) in the Orlando Service Area (Brevard, Lake, Orange, Osceola and Seminole Counties). Ultimately, the survey will assist the Ryan White Planning Council and the Central Florida AIDS Planning Consortium (CFAP) in making informed decisions about improving the system of care for the people living with HIV/AIDS in the Orlando Service Area.

In the spring of 2017, 12 area HIV service providers responded to a survey that was developed and approved by the Ryan White Part A Planning Council Planning Committee and CFAP's Comprehensive Planning Committee. Providers chosen to participate in the survey were those that are sub-recipients with the Ryan White Parts A, B C and/or D Programs, as well as those that were major providers of services to PLWH in the Orlando service area

A wide range of services were available from the surveyed providers and all major Ryan White service categories were represented, with the exception of hospice services. Based on the number of referrals that providers reported giving, the most needed core services were case management, HIV-related medical care, and oral health care, and the most needed support services were housing assistance, transportation, food and HIV prevention education. All of the agencies were checking to make sure that their clients were engaged in HIV-related primary medical care.

According to estimates of the number of clients on their current caseloads and maximum caseloads, the system of care appeared to be able to absorb more clients, even while some individual agencies were at or near 100% capacity. The same conclusions were reached when agencies were asked explicitly whether they would be able to continue to serve clients with their current levels of resources and staff if their caseload were to increase by 5%, 10%, or 20%. The average wait time for new clients to get into services was one week for the majority of providers (93.75%) but no more than two weeks for the remainder of providers, which might indicate that the system is not yet at capacity. There were no evening and weekend availability, with the exception of one mental health/substance abuse provider who offers Saturday hours. Since no agency with the exception of one had evening or weekend hours, clients might be restricted in accessing services as well as their choice of service provider if they needed to regularly receive services outside of traditional hours.

Surveyed providers were well prepared to serve a diverse group of clients. While the majority of providers reported not specifically targeting services towards a particular vulnerable population group; all of the providers employed at least two strategies for serving clients that were non-native English speakers; and all reported fostering cultural competency through at least two methods. Despite these levels of preparedness, however, agencies still reported difficulties serving clients that were Creole, Korean, Chinese or Spanish speaking.

Agencies reported barriers to proving care including finding permanent affordable housing (67%), insufficient staff to deal with client load (20%), difficulty linking clients to community resources (27%), difficulty linking clients to financial resources by which they could pay for services (29%), and insufficient resources to service clients that did not speak English (27%). Two-thirds of providers felt that there was not enough communication between their

agency and other agencies that serve their clients, but providers felt that they did have adequate time for communication with their clients. Twenty percent (20%) of providers felt they had difficulty managing the different expectations across the Ryan White Parts.

Two-thirds of providers (67%) indicated that their clients had difficulties keeping their appointments. About three-quarters of providers (73%) felt that their clients had difficulties getting transportation to their organization, 20% felt that their clients had difficulties accessing care due to physical disabilities, and 67% felt that substance abuse and mental health issues were barriers for clients remaining engaged in care. Agencies felt that clients were reluctant to seek services due to financial barriers such as co-pays, spend down, or services being uncovered (60%), stigma or fear of disclosing their status (53%), and cultural norms (47%). Agencies felt that clients have difficulty remaining engaged in care because they are unsure of how to navigate the system (60%), and due to their housing status (53%).

Background

In 2017, the Orange County Board of County Commissioners (OCBCC) received funding under Part A and Heart of Florida United Way (HDUW) received funding under Part B of the Ryan White Treatment Modernization Act to respond to the HIV/AIDS epidemic in the Orlando Eligible Metropolitan Area (EMA) and in Area 7 by strengthening and expanding the system of care for people living with HIV/AIDS. The Orlando EMA consists of Lake, Orange, Osceola and Seminole Counties and Area 7 consists of the Tri-County (Orange, Osceola, Seminole Counties) and Brevard County, together the five counties comprise the Orlando Service Area.

As a condition of receiving Ryan White funding, OCBCC and HFUW are required to complete a comprehensive HIV needs assessment, and to use the results of the comprehensive needs assessment to inform decisions regarding prioritization levels and funding amounts for the core and supportive services as well as decisions regarding how to deliver the prioritized services in such a way as to improve the system of care within the service area.

A comprehensive needs assessment as prescribed by HRSA consists of five main parts: an epidemiologic profile, an assessment of service needs among affected populations, a resource inventory, a profile of provider capacity and capability, and an assessment of unmet need and service gaps. This report will present the results of the provider capacity and capability component of the needs assessment. An assessment of provider capacity and capability identifies the extent to which HIV-related services in the area are accessible, available, and appropriate for people living with HIV (PLWH), including specific subpopulations. Capacity describes how much of which services 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. Assessment of barriers is an important factor in this component.[1]

The purpose of this survey is to identify the types, geographic location, and availability of HIV-related services offered in the Orlando Service Area, as well as current capacity, scalability, and needs of the agencies that are providing those services. Ultimately, the survey will assist the Ryan White Planning Council and CFAP in making informed decisions about improving the system of care for PLWH in the five-county area.

Methods

The survey was adopted from a survey developed by Health Resources and Services Administration (HRSA) Consultant and President of EGM Consulting, LLC. It was vetted by both the Planning and Comprehensive Planning Committees of the Part A Ryan White Planning Council and the Part B Planning Body, CFAP in the winter of 2017, and converted to a web-based survey in February of 2017. An email invitation to participate in the survey was sent out to 17 area HIV service providers in early March of 2017. The invitation included a link to the survey. Email reminders were sent to those providers that had not yet responded at the beginning of May, and again at the end of May. The survey was closed in mid-June, and results were analyzed based on those providers who had responded by that date.

[1] Ryan White CARE ACT Needs assessment guide

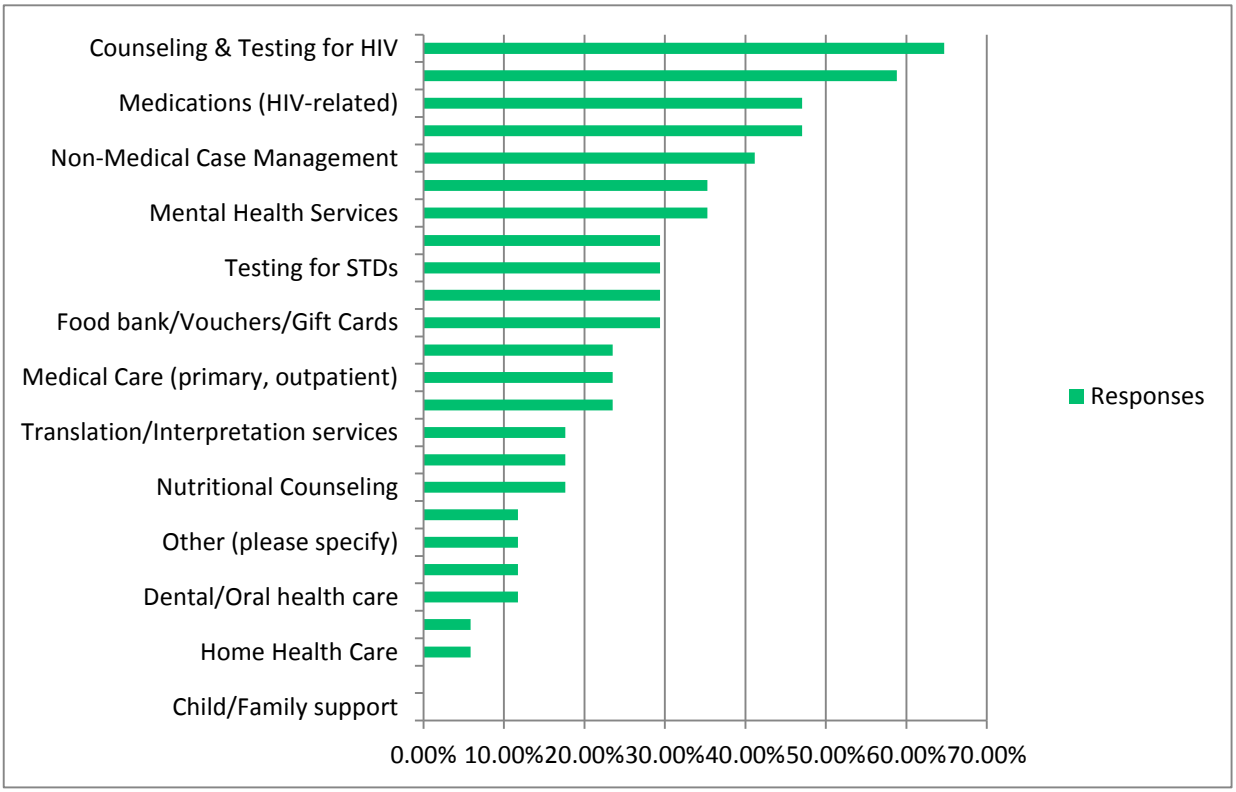
Results

Of the 17 HIV service providers that received an invitation to participate in the survey, 15 completed or partially completed the survey. The overall response rate was 88%.

Services Provided

The service most commonly offered by HIV Providers that participated in this survey was Counseling & Testing for HIV (65%), followed by Medical Case Management (59%) and Medications (HIV-related) and HIV Prevention Education (47%) each. None of the providers offered Child/Family Support.

Figure 1: Services Offered by HIV Providers Surveyed in 2017



Services Needed/Referrals

Based on weighted provider rankings of the most common core HIV services for which they made referrals, the core medical services in order of need were:

1. Case Management/Care Coordination
2. HIV-Related Medical Care
3. HIV-Related Medications

4. Health Insurance Enrollment or Continuation Assistance
5. Oral Health Services
6. Mental Health Services
7. Substance Use/Abuse Treatment
8. Nutritional Counseling
9. Home Health Care

Based on weighted provider rankings of the most common support HIV services for which they made referrals, the support services in order of need were:

1. Transportation/Transportation Vouchers
2. Food Bank/Vouchers
3. HIV Prevention Education
4. Housing Assistance
5. Psychosocial Support
6. Employment Assistance
7. Financial Assistance
8. Translation/Interpretation Services
9. Legal Support

HIV Care

All of the agencies that were surveyed indicated that they were aware of the HIV status of their clients (100%). 93.33% had a majority of clients (>75%) that were HIV positive, the remainder (6.67%) had a minority of clients (<25%) that were HIV positive. All of the agencies indicate that they were aware whether or not their clients were receiving HIV-related primary medical care.

Provider Capacity

Providers were asked to report the maximum number of clients that they could maintain on their caseload at one time, given current funding, staff, and resource levels. Responses ranged from 100 to 2,400. The median number of clients that agencies were able to maintain on a caseload was 388. Providers were also asked to report the total number of clients that their agency was currently serving. Responses ranged from 80 to 2,043. The median number of clients served was 312.

All agencies that reported having a limit on the number of clients that they could maintain on their caseload at one time are above 75% capacity, 69% were at between 70% and 90% capacity, 25% were at between 90% and 99% capacity, and only (6%) were at over 99% capacity.

More than two-thirds of agencies (76.92%) responded that they have enough staff and resources to effectively meet the needs of the clients on their current caseload. In an open-ended response question where providers were asked to specify what they lacked if they responded that they had insufficient staff and resources, providers indicated that they wanted more support staff

particularly to do data entry and to lessen the caseload on other staff. Providers' comments also included: "Grant funds never cover all of the needs of running an organization." Interestingly, two providers who reported being at or near 100% capacity responded that they had sufficient staff and resources to effectively meet the needs of clients on their current caseloads, one indicated that they would be able to increase their capacity up to 20% without additional resources.

Of those who reported having sufficient staff and resources to meet the needs of clients on their current caseloads, all but one (77%) responded that they were confident that they would continue to be able to meet the needs of their clients if their caseload were to increase by 5%. Less than two thirds (62%) responded confidently that they would continue to be able to meet the needs of their clients if their caseloads were to increase by 10%. Only about a quarter (23%) of agencies would be able to continue to meet the needs of their clients if their caseloads were to increase by 20%.

According to these responses and the number of clients currently on the caseloads of the agencies, the system of care should be able to absorb more than 500 more clients into medical care, medical case management (even though medical case management sites report being at over 95% capacity), and mental health and substance use/abuse care.

94% of the respondents reported an average wait time for a new client to get into services as one week. No provider indicated an average wait time of more than 2 weeks. The longer wait times were reported by medical case management providers and may indicate that some providers are stretched more than they are reporting, or that when they are at capacity, clients will receive services, but will have a harder time scheduling appointments to get in for those services.

Provider Accessibility

The majority of agencies provided the majority of their services between the hours of 8:00 A.M. and 5:00 P.M. No agency reported evening hours and one agency reported Saturday hours. In particular, one mental health agency reported being available on Saturdays from 11:00 A.M. to 5:00 P.M. One case management agency indicated that they had an "after hours line" available on Saturdays and Sundays. There were no medical care agencies that indicated they had any evening or weekend hours. There is virtually no evening or weekend hours, so clients might be restricted in their choice of service provider if they needed to regularly receive services outside of traditional hours.

Provider Capability

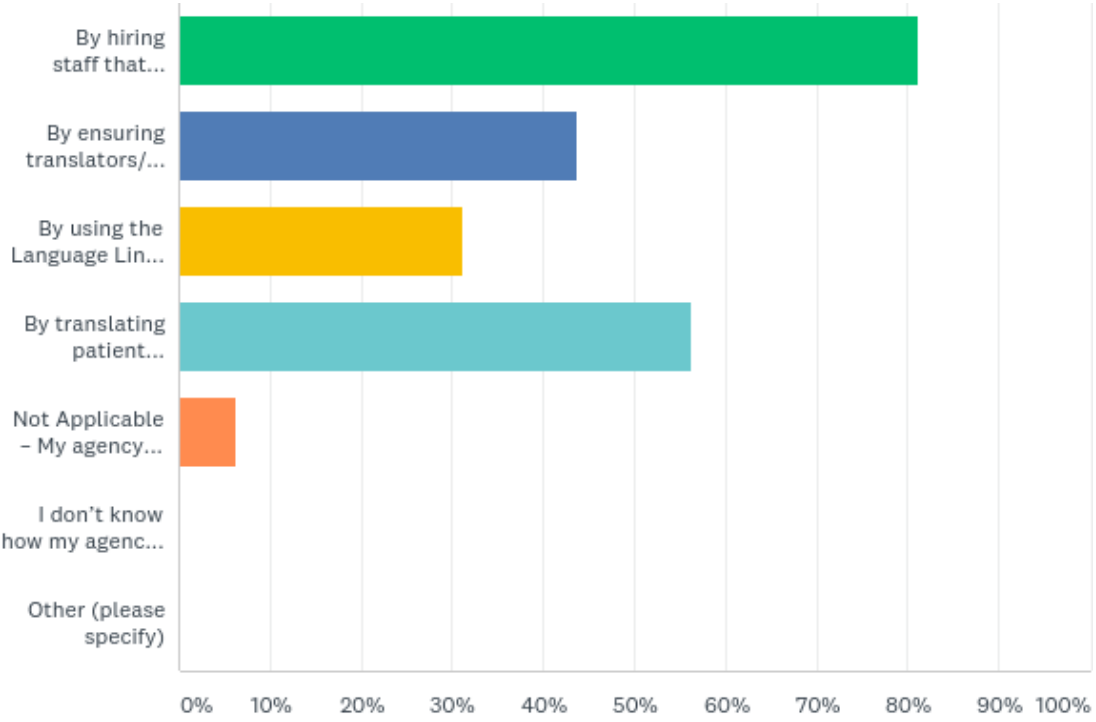
The agencies that responded to this survey varied greatly in terms of the size of the agency, having anywhere from three to 300 full-time equivalent employees and budgets from $200,000 to $18.5 billion.

Cultural and Linguistic Competency

Less than a quarter of providers (13%) reported targeting a particular population. Targeted populations included people with substance abuse and mental health issues (2), the uninsured or underinsured (1), and the homeless (1).

All providers surveyed had a strategy for serving clients that were non-native English speakers. Most of the providers employed multiple strategies to ensure that they were able to provide services to these clients. Eighty-one percent (81%) hired staff that spoke languages other than English; 56% ensured that translators or interpreters were available when needed; 44% translate patient materials into different languages; and 31% use the Language Line to translate for them. *See Figure 2*. One agency (a teaching institution) indicated that they have students that are available to translate and through the use of students and faculty, that they could accommodate over 20 different languages.

Figure 2: Methods Used by HIV Providers to Provide Services to Clients who do not Speak English



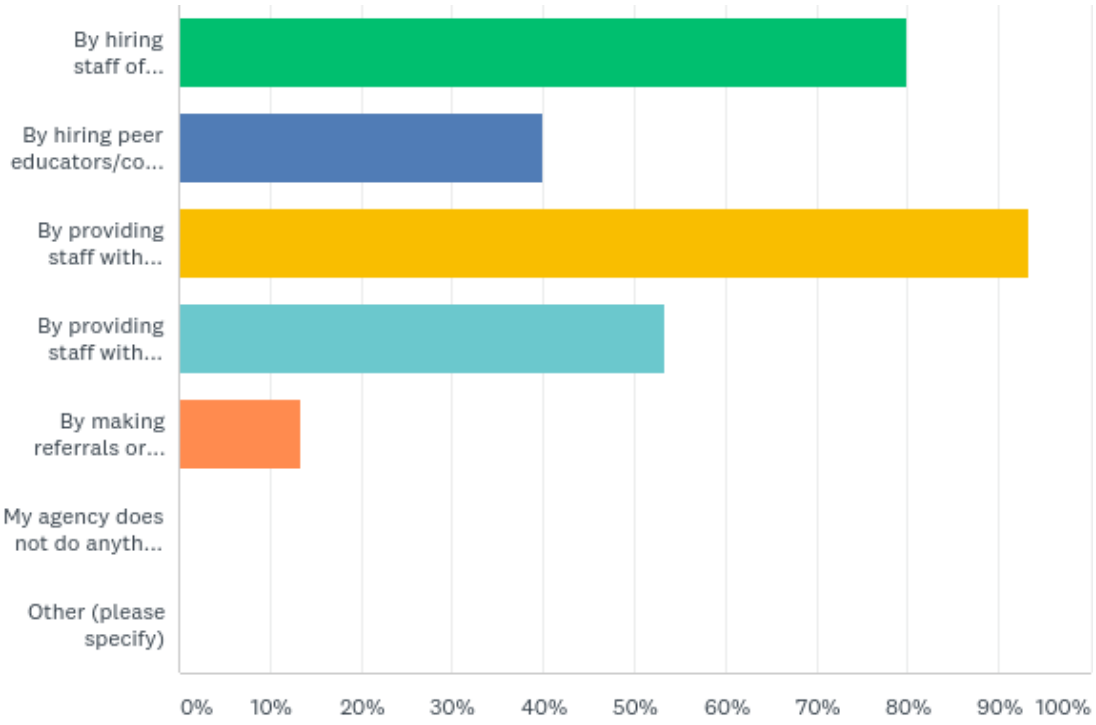
All agencies, when asked to list the languages of populations they are currently able to serve listed English and Spanish (100%). Four agencies could serve other languages using resources that were available in-house; four agencies indicated that they could serve populations that spoke any language through the use of the Language Line. The population that agencies most commonly indicated that were having trouble providing services to was the Creole

speaking population. One agency indicated having problems serving clients that spoke Chinese or Korean.

All of the surveyed agencies (100%) addressed cultural competency somehow. The majority employed multiple methods to foster cultural competency. Most agencies provided staff with general diversity/cultural competency training (93%) as well as training on specific diversity/cultural competency topics (53%). More than three quarters (80%) of the agencies hired staff of different cultures. Over a third (40%) hired peer educators/counselors of different cultures. *See*

Figure 3.

Figure 3: Methods Used by HIV Providers to Address Cultural Competency



Barriers for Agencies Providing Care

There were a noteworthy proportion of agencies that agreed or strongly agreed that they have trouble finding permanent affordable housing for their clients (67%). One third (33%) agreed or strongly agreed that there is not enough communication between their agency and other agencies that serve their clients. This barrier may be more difficult to overcome given HIPPA requirements, but the consequences of a lack of communication are a system of care that is not seamless for the client, which may result in clients being lost to care. This issue may warrant further investigation. There were very few providers that agreed that they had difficulty filling vacant staff positions (7%).

While the majority of surveyed providers did not feel as though they lacked community partnerships/linkages to provide clients with needed referrals or resources whereby clients could pay for services, there was a small but noteworthy proportion that agreed or strongly agreed to having difficultly linking clients to community resources (26%) or to financial resources (29%). There did not appear to be a pattern as to the type of providers for whom this was a barrier.

The majority (80%) of providers felt that they did not have difficultly managing the different expectations across the Ryan White Parts.

While the majority of providers felt that they had sufficient resources to serve clients that did not speak English, there were 26% of providers that felt that their resources were insufficient had sufficient resources to serve clients that did not speak English. There did not appear to be any difference between those providers that reported sufficient or insufficient resources to serve non-English speaking clients according to the methods that reportedly had in place to serve non-English speaking clients, the number of methods that they reportedly had in place, the languages of populations they reported having the capacity to serve, or the languages of populations they reported being unable to serve.

Table 1: Agency Barriers to Providing Care

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
We have insufficient staff to deal with our client load.	6.67%	13.33%	60%	20%	0%
We have difficulty filling vacant staff positions.	0%	6.67%	53.33%	33.33%	6.67%
We don't have enough community partnerships/linkages to provide our clients with referrals that they need.	13.33%	13.33%	40%	33.33%	0%
We have trouble identifying resources whereby our clients can pay for services.	7.14%	21.43%	42.86%	28.57%	0%
We have trouble understanding or managing the different expectations across the Ryan White Parts.	0%	20%	40%	40%	0%
There is not enough communication between our agency and other agency providers that serve our clients.	13.33%	20%	40%	20%	6.67%
There is not enough time for adequate communication with our clients.	0%	6.67%	73.33%	20%	0%
We have insufficient resources to serve clients that do not speak English.	13.33%	13.33%	33.33%	33.33%	6.67%

Barriers for Clients Seeking Care

The vast majority of providers (73%) indicated that their clients had difficulties getting transportation to their organizations. About a third felt that their clients had difficulties keeping their appointments (67%). Few agencies felt that their clients had difficulties accessing care due to physical disabilities (20%). The majority of providers felt that both substance abuse and mental health issues were barriers for clients remaining engaged in care (67% and 60%, respectively).

Providers were also asked their impressions of barriers that might prevent clients from seeking services. Almost half of the providers felt their clients were reluctant to seek care due to cultural norms. About half of providers (53%) felt that their clients were reluctant to seek services due to stigma or fear of disclosing their status. The largest percent of agencies (70%) agreed that their clients were reluctant to seek services due to financial barriers such as co-pays, spend down, or services being uncovered. Almost a third of providers felt that their clients had difficulty remaining engaged in care because they are unsure of how to navigate the system.

Table 2: Client Barriers to Seeking and Remaining in Care

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Our clients have difficulties keeping their appointments.	6.67%	60%	33.33%	0%	0%
Our clients have difficulties getting transportation to our organization.	13.33%	60%	26.67%	0%	0%
Our clients have difficulties accessing care due to physical disabilities.	0%	20%	60%	20%	0%
Our clients have difficulties remaining engaged in care due to substance abuse/addiction issues.	13.33%	53.33%	26.67%	0%	6.67%
Our clients have difficulties remaining engaged in care due to mental health issues.	13.33%	46.67%	33.33%	0%	6.67%
Our clients are reluctant to seek services because they have undocumented immigration status.	0%	13.33%	60%	13.33%	13.33%
Our clients are reluctant to seek services due to financial barriers (eg. co-pays, spend down, uncovered services).	6.67%	53.33%	26.67%	13.33%	0%
Our clients have difficulties remaining in engaged in care because they are unsure how to navigate the system.	0%	60%	33.33%	6.67%	0%

Our clients are reluctant to seek services due to cultural norms.	0%	46.67%	53.33%	0%	0%
Remaining engaged in HIV care is not a priority for our clients.	0%	13.33%	53.33%	33.33%	0%
Our clients are reluctant to trust us as providers.	0%	0%	33.33%	66.67%	0%
Our clients are reluctant to seek services due to stigma or fear of disclosing their status.	0%	53.33%	40%	6.67%	0%

Provider Capacity & Capability Survey

1. SERVICES PROVIDED

We are interested in what services are available to people living with HIV in the Orlando EMA. Below is a list of services that people living with HIV might need to maintain their health. If you are unsure about which category a service you provide might fall into, please contact Alelia Munroe (contact information is included in the email that contained the link to this survey).

1. Which of the following services does your agency provide? (Check all that apply)

- ❑ Child/Family support
- ❑ Counseling & Testing for HIV
- ❑ Dental/Oral health care
- ❑ HIV Prevention Education
- ❑ Employment assistance
- ❑ Food bank/Vouchers
- ❑ Financial Assistance
- ❑ Health Insurance Enrollment or Continuation Assistance
- ❑ Home Health Care
- ❑ Housing assistance
- ❑ Legal support
- ❑ Medications (HIV-related)
- ❑ Medical case management
- ❑ Mental Health Services
- ❑ Medical Care (primary, outpatient)
- ❑ Medical Care (specialty, outpatient)
- ❑ Nutritional Counseling
- ❑ Non-Medical Case Management
- ❑ Psychosocial Support (Peer Support)
- ❑ Substance Use/Abuse Treatment (outpatient)
- ❑ Substance Use/Abuse Treatment (residential)
- ❑ Testing for STDs
- ❑ Translation/Interpretation services
- ❑ Transportation/Transportation vouchers
- ❑ Other(s) _____

2. Please state the mission of your agency:

_____

_____

_____

3. How do clients access the services your agency provides? (Check all that apply)

- ❑ Our agency seeks clients out to provide them with services
- ❑ Clients can walk in and access services same day
- ❑ Clients can call and schedule themselves for an appointment
- ❑ A referral from a care coordinator is appreciated
- ❑ A referral from a care coordinator is required
- ❑ A referral from another provider (eg. a private physician) is appreciated
- ❑ A referral from another provider (eg. a private physician) is required
- ❑ Other (please specify)

4. Does your agency provide clients with referrals to other services?

- ❑ Yes → *Proceed to Section 2: Referrals*
- ❑ No → *Skip to Section 3: Clients*

2. REFERRALS

We are aware that one agency cannot provide all the services that a person living with HIV needs to access and that your agency may help clients' access additional services by providing referrals. We are interested in the referral network that supports the system of HIV care in the Orlando EMA.

5. Please rank the top 5 core medical services of those listed below according to the number of referrals you make to each one by selecting the appropriate column number where 1=most and 5=least

	1-Most	2	3	4	5-Least
Dental/Oral health care	O	O	O	O	O
Health Insurance Enrollment or Continuation Assistance	O	O	O	O	O
Home Health Care	O	O	O	O	O
Medications (HIV-related)	O	O	O	O	O
Case Management/Care Coordination	O	O	O	O	O
Mental Health Services	O	O	O	O	O
Medical Care (HIV-related)	O	O	O	O	O
Nutritional Counseling	O	O	O	O	O
Substance Use/Abuse Treatment	O	O	O	O	O

6. **Please rank the top 5 supportive services of those listed below according to the number of referrals you make to each one by selecting the appropriate column number where 1=most and 5=least**

	1- Most	2	3	4	5- Least
HIV Prevention Education	O	O	O	O	O
Employment Assistance	O	O	O	O	O
Food Bank/Vouchers	O	O	O	O	O
Financial Assistance	O	O	O	O	O
Housing Assistance	O	O	O	O	O
Legal Support	O	O	O	O	O
Psychosocial Support	O	O	O	O	O
Translation/Interpretation Services	O	O	O	O	O
Transportation/Transportation Vouchers	O	O	O	O	O

3. CLIENTS

Please answer the following questions to the best of your ability. We understand that in many cases an exact number will not be available. In this event, please provide a best estimate.

7. What is the maximum number of clients that your agency is able to have on their caseload at one time? By this, I mean how many clients can your agency currently support given the funding, staff, and resources that the agency has right now? _____

8. How many clients is your agency currently serving? _____

9. What is the average wait time for a new client to get into services (go through any intake procedures required) at your agency?

_____

10. Does your agency target a particular population? For example, are your services oriented towards people of a particular race/ethnicity, gender, age, sexual orientation, or towards people with substance abuse/mental health problems or people who are homeless, etc.?

- ❑ No
- ❑ Yes (please specify) _____

12. How does your agency serve clients who do not speak English? (Check all that apply)

- ❑ By hiring staff that speak languages other than English
- ❑ By ensuring translators/interpreters are available when needed
- ❑ By using the Language Line to translate
- ❑ By translating patient materials into different languages
- ❑ Not Applicable – My agency does not serve clients that do not speak English
- ❑ I don't know how my agency serves/would serve clients that do not speak English
- ❑ Other (please specify) _____

13. Please list the languages of any populations you are currently able to serve:
_____

14. Please list the languages of any populations whose language needs you are having difficulty meeting: _____

15. How does your agency ensure that it is culturally competent? (Check all that apply)
- ❑ By hiring staff of different cultures
- ❑ By hiring peer educators/counselors of different cultures
- ❑ By providing staff with general diversity/cultural competency training
- ❑ By providing staff with training on specific diversity/cultural competency topics
- ❑ By making referrals or having contracts with culturally specific organizations
- ❑ My agency does not do anything to ensure that it is culturally competent
- ❑ Other (please specify) _____

16. Are you aware of your clients' HIV status?
- ❑ Yes → *Proceed to Section 4: HIV Positive Clients*
- ❑ No → *Skip to Section 5: Barriers*

4. HIV POSITIVE CLIENTS

17. What percentage of your clients are HIV positive?
- ❑ 0-25%
- ❑ 25-75%
- ❑ 75-100%

18. Do you ask your HIV positive clients whether they are receiving HIV-related primary medical care?
- ❑ Yes
- ❑ No

5. BARRIERS TO CARE

Now we would like to ask you about the barriers that your agency faces in providing services to clients and the barriers that clients face in accessing those services.

19. Based on your experiences over the past year, please indicate the level to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. We have trouble understanding or managing the different expectations across Ryan White Parts.	O	O	O	O	O
b. We have trouble identifying resources whereby our clients can pay for services.	O	O	O	O	O
c. We have difficulty filling vacant staff positions.	O	O	O	O	O
d. We have insufficient resources to serve clients that do not speak English.	O	O	O	O	O
e. We don't have enough community partnerships/linkages to provide our clients with referrals that they need.	O	O	O	O	O
f. There is not enough communication between our agency and other agency providers that serve our clients.	O	O	O	O	O
g. We have insufficient staff to deal with our client load.	O	O	O	O	O
h. There is not enough time for adequate communication with our clients.	O	O	O	O	O
Other (please specify)					

20. Below are listed some common barriers that clients face when accessing services. Based on your experiences in the past year, please indicate whether you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Our clients have difficulties keeping their appointments.	O	O	O	O	O
b. Our clients have difficulties getting transportation to our organization.	O	O	O	O	O
c. Our clients have difficulties accessing care due to physical disabilities.	O	O	O	O	O
d. Our clients have difficulties remaining engaged in care due to substance abuse/addiction issues.	O	O	O	O	O
e. Our clients have difficulties remaining engaged in care due to mental health issues.	O	O	O	O	O
f. Our clients are reluctant to seek services because they have undocumented immigration status.	O	O	O	O	O
g. Our clients are reluctant to seek services due to financial barriers (eg. co-pays, spend down, uncovered services).	O	O	O	O	O
h. Our clients have difficulties remaining engaged in care because they are unsure of how to navigate the system.	O	O	O	O	O
i. Our clients are reluctant to seek services due to cultural norms.	O	O	O	O	O
j. Remaining engaged in HIV care is not a priority for our clients.	O	O	O	O	O
k. Our clients are reluctant to trust us as providers.	O	O	O	O	O
l. Our clients are reluctant to seek services due to stigma or fear of disclosing their status.	O	O	O	O	O
m. Our clients have difficulty remaining engaged in care due to their housing status.	O	O	O	O	O
Other (please specify)					

6. STAFF

We know that staff is an extremely important resource in providing services to people living with HIV. Now we would like to ask you a few questions about the staff resources your agency has.

21. How many full-time equivalent (FTE) staff is employed by your agency? _____

22. How many full-time employees do you have? _____

23. How many part-time employees do you have? _____

7. SUSTAINABILITY AND SCALABILITY

Since one goal of the Ryan White Services Program is to bring people into care, we are concerned about the ability of the current system of care to accommodate additional people. The next questions are about your agencies ability to increase the number of services it provides and its susceptibility to funding changes.

24. Do you have enough staff and resources to effectively meet the needs of clients on your current caseload?

- ❑ Yes
- ❑ No

If no, please explain

_____

_____

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

	Yes	No	Don't Know
a. 5%?	O	O	O
b. 10%?	O	O	O
c. 20%?	O	O	O

26. Please check yes or no to indicate whether your agency accepts each of the following sources of reimbursement.

	Yes	No	Don't Know
Private Insurance	O	O	O
Medicaid	O	O	O
Medicare	O	O	O
CHIP	O	O	O
ACA (QHP)	O	O	O
HOPWA	O	O	O
Ryan White	O	O	O
Self pay	O	O	O
32. If your agency accepts another form of reimbursement, please tell us what else your agency accepts:			

27. What is your total agency budget? _____

28. Please approximate the percentage of your budget that comes from each of the sources listed below. If you do not receive funding from a particular source, please put 0%.

Ryan White Part A _____
Ryan White Part B _____
Ryan White Part C _____
Ryan White Part D _____
ADAP _____
SAMHSA _____
HOPWA _____
Medicaid _____
Medicare _____
Private insurance _____
Self pay _____
State funding _____
County funding _____
Other Federal funding _____
Faith-based funding _____
Non-governmental grants _____
Fundraising _____
Other _____

8. LOCATION OF SERVICES / HOURS OF OPERATION

Now we would like to ask you about when and where your services are offered so that we can evaluate the system of care as a whole to see how accessible services are to people who live with HIV in the Orlando EMA. By accessible, we mean are services available for clients who may have issues scheduling appointments and how far do clients have to travel to access services.

29. Where is your agency located (primary service site) and how would a client contact your agency if he/she was seeking services?

Agency Name: _____

Primary Contact Person: _____

Address: _____

Address 2: _____

City/Town: _____

Zip/Postal Code: _____

Email Address: _____

Phone Number: _____

30. What are your normal hours of operation? (be sure to include any evening or weekend hours that your agency is open)

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

31. Are services offered at locations other than the address above?

❑ Yes → *Proceed to Section 9: Other Service Sites*
❑ No → *Skip to Section 10: Conclusion and Thank You*

9. OTHER SERVICE SITES

32. Alternative Service Site (1)

Agency Name: _____

Primary Contact Person: _____

Address: _____

Address 2: _____

City/Town: _____

Zip/Postal Code: _____

Email Address: _____

Phone Number: _____

33. Alternative Service Site (1) Hours

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

34. Alternative Service Site (2)

Agency Name: _____

Primary Contact Person: _____

Address: _____

Address 2: _____

City/Town: _____

Zip/Postal Code: _____

Email Address: _____

Phone Number: _____

35. Alternative Service Site (2) Hours

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

36. Alternative Service Site (3)

Agency Name: _____

Primary Contact Person: _____

Address: _____

Address 2: _____

City/Town: _____

Zip/Postal Code: _____

Email Address: _____

Phone Number: _____

37. Alternative Service Site (3) Hours

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

10. CONCLUSION AND THANK YOU

Thank you for taking the time to complete this survey. Your input is incredibly valuable in helping us better understand the system of HIV care in the Orlando EMA and in helping inform our decision as we attempt to strengthen and expand the existing system of care.

38. What is your (person who completed this survey) name and position or title?

_____

39. Do you have any additional comments you would like to share with us?

_____