2015 Provider Capacity and Capability Survey
Cleveland TGA—Ryan White Part A

In February, 2015, The Center for Community Solutions conducted a provider capacity and capability survey[1] on behalf of the Ryan White Part A grantee staff at the Cuyahoga County Board of Health. All providers receiving Ryan White Part A funds in this grant cycle completed the survey online via SurveyMonkey over a period of two weeks. In addition to updating some client[2] and provider[3] data from the 2013 comprehensive needs assessment,[4] this provider capacity and capability survey targeted several specific issues identified by the grantee as areas of special interest. These topics include outpatient ambulatory specialty care services, the referral network, wait lists for services, desired areas for technical assistance, capacity to geographically expand service offerings, the capacity of mental health and substance use services, and staffing turnover issues.

The network of Ryan White Part A-funded providers in the Cleveland Transitional Grant Area (TGA) encompasses 15 organizations that provide an array of services[5] to People Living with HIV/AIDS (PLWHA) across the six-county TGA.[6] In addition to Ryan White Part A, providers in this network also receive funding from other Ryan White parts, Medicaid, and Medicare, among other sources.[7] Eleven of the providers specialize in serving specific high-needs subpopulations of PLWHA, including African Americans (eight providers), males who have sex with males (MSM; eight providers), minority women (seven providers), injection drug users (IDU, six providers), other substance users (five providers), youth ages 13 to 24 (five providers), Hispanics/Latinos (four providers), PLWHA aged 45 years old and higher (four providers), homeless/housing unstable (four providers), and mentally ill (four providers). Although for nine providers PLWHA make up less than 5 percent of their total clientele, three organizations have a caseload that is over three-quarters PLWHA.

Outpatient Ambulatory Specialty Care Services

Responses to questions about outpatient ambulatory specialty care services generated a wide range of responses, underscoring a need for a commonly accepted definition among providers in the network. General surgery, colorectal services, dermatology, ophthalmology, and primary medical care were reported to be outpatient ambulatory specialty care services most often used by clients by two providers each. Other responses included oncology, substance abuse services, OB/GYN services, intensive outpatient services, RN care coordination, infectious disease care,

---

[1] See Appendix H for the full text of the provider survey. Skip patterns were programmed into the online version of the wait list section, depending on whether or not a respondent indicated they had a wait list.

[2] See Appendix A for more information about client barriers and access to care.

[3] See Appendix B for more information about provider barriers, capacity, and accessibility.

[4] See Appendix C for more information about differences in responses regarding capacity and provider barriers from surveys taken in late 2013 and early 2015.

[5] See Appendix D for more information about the distribution of service provision.

[6] See Appendix E for more information about the geographical service areas of organizations.

[7] See Appendix F for more information about funding sources.

gastroenterology, legal services, nutrition services, and housing services. Three providers indicated that their clients access specialty care services at hospital providers such as the Cleveland Clinic, University Hospitals (UH), and MetroHealth.

In terms of provision of outpatient ambulatory specialty care services, UH currently provides general surgery, dermatology, obstetrics/gynecology, and ophthalmology funded through Ryan White Parts C and D. MetroHealth either currently provides or has the capacity to provide general surgery, colorectal services, oncology, dermatology, and ophthalmology. An affiliate of the AIDS Taskforce provides medical care and pharmacy services on site. The Cleveland Clinic and Care Alliance specifically noted that they connect clients to specialty care services via referrals. Finally, ORCA House and the Elyria City Health District responded that they do not have capacity to provide specialty care services, but would be interested in exploring opportunities to partner or collaborate with other providers. The Elyria City Health District is specifically interested in partnering to provide support groups and wrap-around case management.

Referral Network

There seems to be a healthy referral network among providers. Based on aggregated responses indexed to account for referral frequency,[8] providers refer clients to other organizations most often for the following services: outpatient substance abuse services, mental health services, nonmedical case management—housing placement assistance, and housing services. The Part A network of providers accepts referrals most often from other organizations for medical case management, HIV health education/risk reduction, and early intervention services.

Many providers are very active in giving and accepting referrals. In particular, AIDS Taskforce, Care Alliance, Cleveland Clinic, Hospice of the Western Reserve, Lake County General Health District (LCGHD), Mercy Hospital, MetroHealth, Nueva Luz, ORCA House, and UH refer clients to other providers for at least one service on a weekly basis. AIDS Taskforce, Care Alliance, Free Clinic, LCGHD, MetroHealth, Nueva Luz, ORCA House, Recovery Resources, and UH receive referrals from other organizations in at least one service category on a weekly basis.

Five providers report encountering no issues when making or receiving referrals. Two struggle with limited housing providers to which to make referrals. Two note a lack of knowledge about resources in the system; one of these respondents suggests that more collaboration and information sharing among providers would be helpful. Other difficulties include the complication of the system, a lack of support staff to handle calls for incoming referrals, and issues with client follow-through. Nueva Luz reports that large provider systems are often unfamiliar with the Ryan White program, even when they receive Ryan White funding, which can make referrals more complicated.

[8] See Appendix G for tables of referral frequency by service category.

Seven providers say that their clients sometimes follow up on referrals, while four say that clients almost always follow up. Two providers believe clients do not pursue referrals. Providers identify stigma, especially surrounding behavioral health services; life challenges; and other barriers as interfering with the effectiveness of referrals. Strategies that providers use to reduce these barriers include reminders, offering transportation to appointments, and making the call and scheduling the first appointment for the client (in other words, more aggressive case management of referrals).

Wait Lists

Nine of the 15 providers surveyed do not have wait lists for services at this time. Four do not have wait lists, but there is a wait time before new clients get their initial appointments. The intake time between contacting an organization and receiving services ranges from one day to two weeks.[9]

Many organizations streamline intake procedures for clients who are newly diagnosed in order to get them into care quickly. The most common strategy is to connect clients with a medical case manager to plan and access services (five providers). Four providers schedule newly diagnosed clients for their first appointment within a short period of time, ranging from 24 hours to one week. MetroHealth provides multiple services to the client at their first appointment, including having labs drawn early, medical case management, early intervention services, and nursing. Providers use strategies to remove barriers that keep newly diagnosed clients from receiving care: one meets clients in the community and another provides direct linkage to the emergency room after a client receives a positive diagnosis. Finally, ORCA House purchases required medications for clients who are preparing to enter into treatment.

Two providers currently have wait lists for services. The Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board prioritizes care for PLWHA and pregnant women, although they do have a general wait list for services. Clients in these high-priority categories are generally admitted to outpatient treatment within 24 hours (compared to one to two weeks for the general wait list) and residential treatment within a week (compared to three to four weeks for the general wait list). ORCA House has intermittent wait lists (currently three people). Their wait time ranges from two to eight days, and is sometimes due to people needing additional time to prepare for a 30-day residential program. Both of these providers connect clients to other service providers if needed. For certain providers, longer wait times are associated with ambulatory medical care (UH), chronic care (Free Clinic), case management (AIDS Taskforce), and outpatient and residential substance abuse treatment (ORCA House).

[9] The intake time for the ADAMHS Board for outpatient services is one to two days, with residential services within a week; AIDS Taskforce, generally less than a week but up to two weeks for case management, with medical services expedited; Free Clinic, three days; Mercy Regional, one week; ORCA House, two to eight days; and UH, one week.

In the past year, wait lists have been due to a lack of funds (two providers), temporary staff vacancies (two providers), capacity issues (two providers), and the high demand for services due to the growing opiate epidemic (one provider).

Technical Assistance

Almost half of respondents (seven providers) find that the current technical assistance from Ryan White Part A meets their needs. Three providers specifically noted that they find the current range of trainings helpful, especially those related to CAREWare. Other organizations indicated a desire for budgeting assistance (five providers), monitoring assistance (four providers), eligibility policy assistance (four providers), and medical transportation policy assistance (two providers). Other ideas for assistance included:

- providing networking opportunities for providers (two respondents);
- help with getting more referrals;
- obtaining needed equipment, such as a laptop;
- help orienting new program staff;
- resources to assist with data entry;
- assistance with regard to funding;
- reinstating prevention/EIS provider meetings;
- holding conversations about end-of-life care;
- hosting sessions on clinically-based topics, such as the disease process and available medications and treatments;
- marketing services to clients; and
- contracting assistance.

Expanded Service Areas

Based on previous needs assessments for the Cleveland TGA, services are concentrated in Cuyahoga County and accessibility can be an issue for people in outlying counties. However, several providers indicate a willingness to explore service area expansions. MetroHealth could potentially extend capacity to outlying areas through a telehealth model or using a space-sharing agreement with other providers. Recovery Resources has discussed providing early intervention services in Lorain County, possibly through a space-sharing collaboration with providers there. Nueva Luz would consider offering services in Lake County, and LCGHD could possibly expand service sites through their office branches. LCGHD is also interested in building capacity to provide HIV-specific mental health counseling services in their jurisdiction. The AIDS Taskforce indicated a willingness to expand anywhere services are needed in the TGA. Finally, the Elyria City Health District does not currently have the capacity to expand geographically, but is interested in exploring this possibility and collaborating with other providers in the future, especially for support groups and wrap-around case management.

Mental Health and Substance Use Service Capacity

There is a divergence of opinion about whether or not there is sufficient provider capacity for mental health and substance abuse services in the community. Ten providers believe the community could use more capacity in some form. One respondent notes there is insufficient

capacity for those without private insurance, and two respondents point out a need for bilingual behavioral health services. Three providers believe that there is enough capacity; one of these notes that clients just do not seek out the services that are available.

Staffing and Turnover

There is a large range in staffing levels to provide services to PLWHA across the organizations surveyed. Full-time staffing ranges from one person to over 40, part-time staff ranges from zero to 15 people, and volunteer numbers run from zero to at least 30. Six providers use peers as volunteers in their organizations, and four employ peer community health workers. Five organizations indicate that they would like to employ peer community health workers, but do not have the resources to do so.

Turnover is an issue for five providers, but six respondents indicated that they do not struggle with staff turnover. The Division of Senior and Adult Services (DSAS) is not currently experiencing turnover, but expects several retirements in the near future. Among those that have trouble retaining staff, competition with other employers, opportunities for career advancement, problems with organizational leadership, issues recruiting qualified candidates, and personal issues are key reasons for losing staff members. Specific positions with high turnover also vary from organization to organization. Positions noted for having high turnover include bilingual staff in general, medical case managers, support-level staff in general, monitors, staff in the medical department, social workers, and medical assistants. Care Alliance has difficulty attracting primary care providers who are interested in HIV care, while the Cleveland Clinic has very little turnover among physicians. Social workers were the only position mentioned by more than one provider as being difficult to find and retain.

Other Opportunities for Improvement

As part of the survey, organizations were asked what changes they would make to improve HIV-related services in the community. They responded:

- more cooperation among Part A staff, Planning Council, and providers, especially with regard to technicalities and time limits that are currently causing providers to drop out;
- continued outreach to HIV-positive and high-risk population, especially outreach that is targeted based on recent incidence trends;
- reduction of the stigma that can prevent people from taking an HIV test and seeking support;
- more collaboration and networking among providers, including increased data-sharing among providers with patients in common;
- more integrated care coordination within the network;
- more providers;
- increased participation from consumers on the Planning Council, and more recruitment for diverse Planning Council representation;
- use of more evidence-based prevention and other services;
- continued realignment of services due to changes in health care funding, like Medicaid Expansion; and

- increased marketing efforts to make programs more visible in the community.

Conclusion

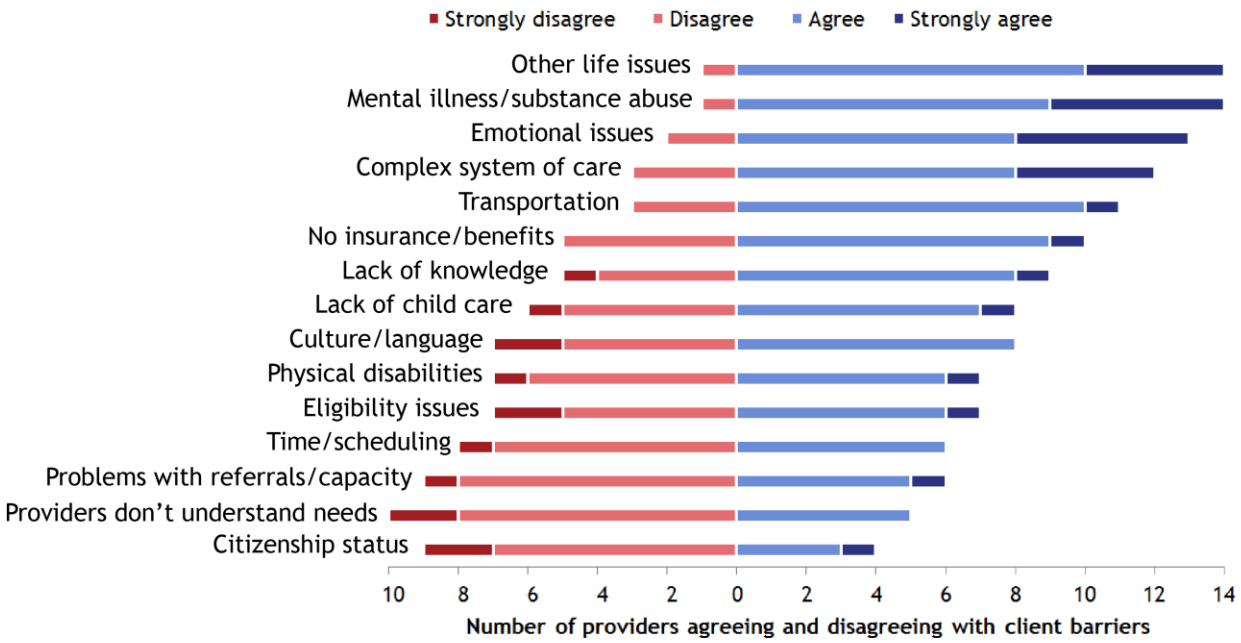
The Ryan White Part A provider network in the Cleveland TGA is comprised of diverse organizations that experience varied capacity issues and challenges related to service provision. Although this survey reveals areas of commonality, in cases such as staff turnover and the need for technical assistance, the details often differ considerably. Nonetheless, the findings discussed here offer many opportunities for increased collaboration among providers and the grantee in order to continue to improve service availability and access for PLWHA in the Cleveland TGA.

Appendix A. Client Barriers and Access to Primary Medical Care

Barriers

The most commonly identified client barriers to care were life issues such as homelessness or hunger, mental illness or substance abuse issues, emotional issues such as denial or embarrassment, and difficulty navigating a complex system of care. Providers overwhelmingly do not find that issues with referrals, limited service capacity, lack of understanding on the part of providers, or fear about citizenship status keep people away from care.

Figure 1. Data from the survey question: "Based on your experiences in the past year, please indicate the extent to which you agree or disagree that the following factors keep clients from getting care."



Access to Primary Medical Care

Every provider who was surveyed indicated that they either ask their HIV-positive clients whether they are receiving primary medical care (11 providers) or they themselves provide primary medical care to the clients (four providers). According to providers, many of the barriers discussed above are also the things that keep PLWHA from accessing primary medical care. Mental health issues, emotional problems such as denial, substance abuse, and a lack of transportation were the most commonly identified barriers to primary care access.

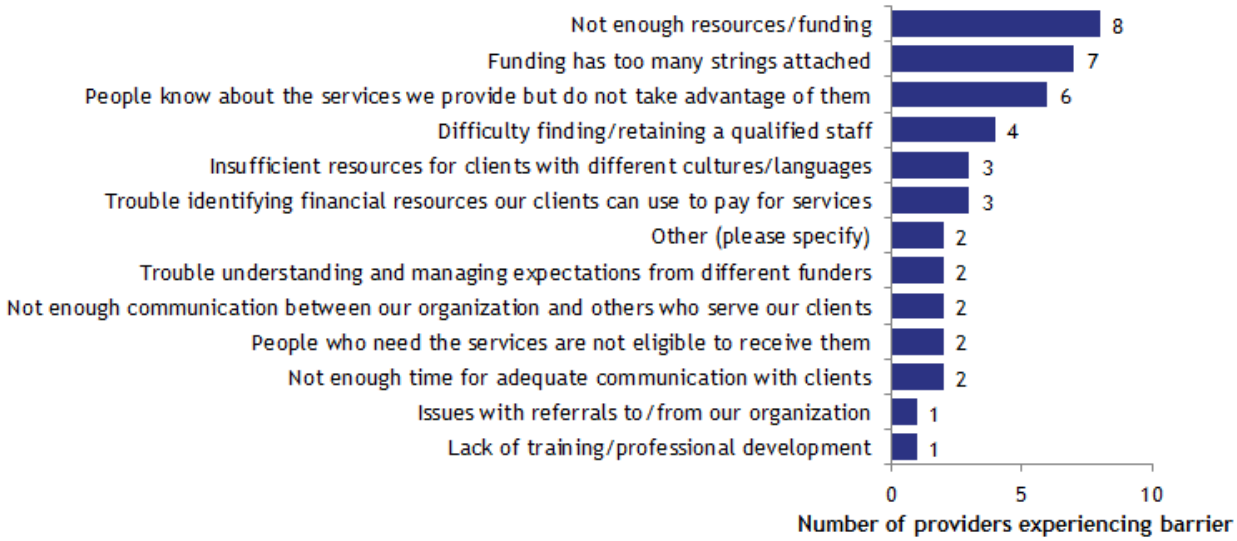
For clients who are not receiving HIV-related primary medical care, providers have several strategies for linking them to services. Eight organizations provide referrals to primary care providers for their out-of-care clients. Care Alliance has an outreach worker that engages people in care. LCGHD connects clients to a medical case manager, transportation assistance, and medical insurance enrollment services to remove barriers to primary care access. The Elyria City Health District will make primary care appointments for clients who are out of care.

Appendix B. Provider Barriers, Service Access, and Capacity

Barriers to Providing Services

The top two barriers that these organizations experience deal with funding. In terms of barriers related to clients, six providers thought that people know about the services they provide but fail to take advantage of them. In open-ended responses, five providers mentioned barriers related to clients' lifestyle challenges (behavioral health issues, homelessness, low literacy, etc.). Administrative barriers are also challenging; three providers mentioned difficulties with issues such as contracting, reimbursement, and memorandums of understanding.

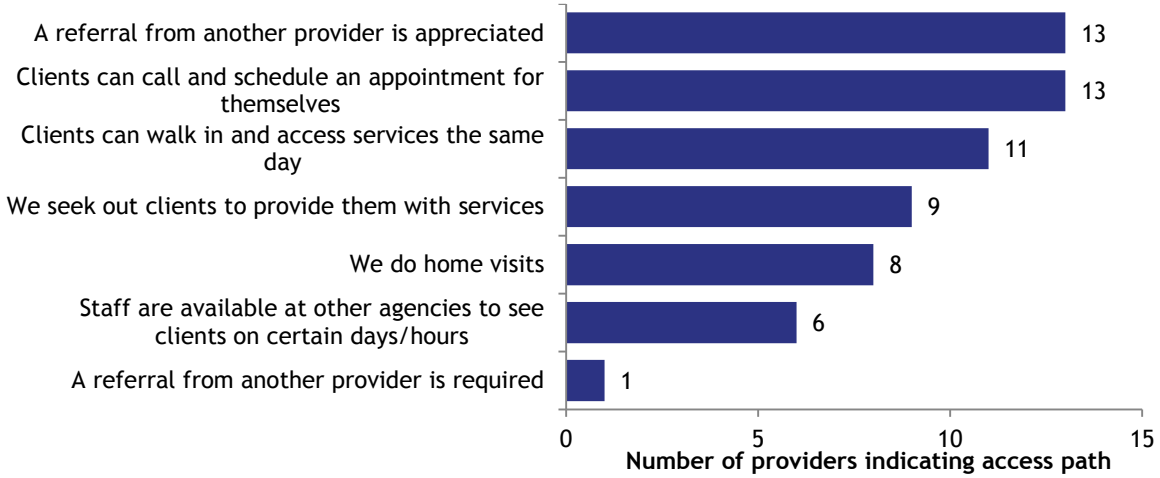
Figure 2. Data from the survey question: "What barriers does your organization face in providing care to people living with HIV/AIDS? Select all that apply."



Service Access

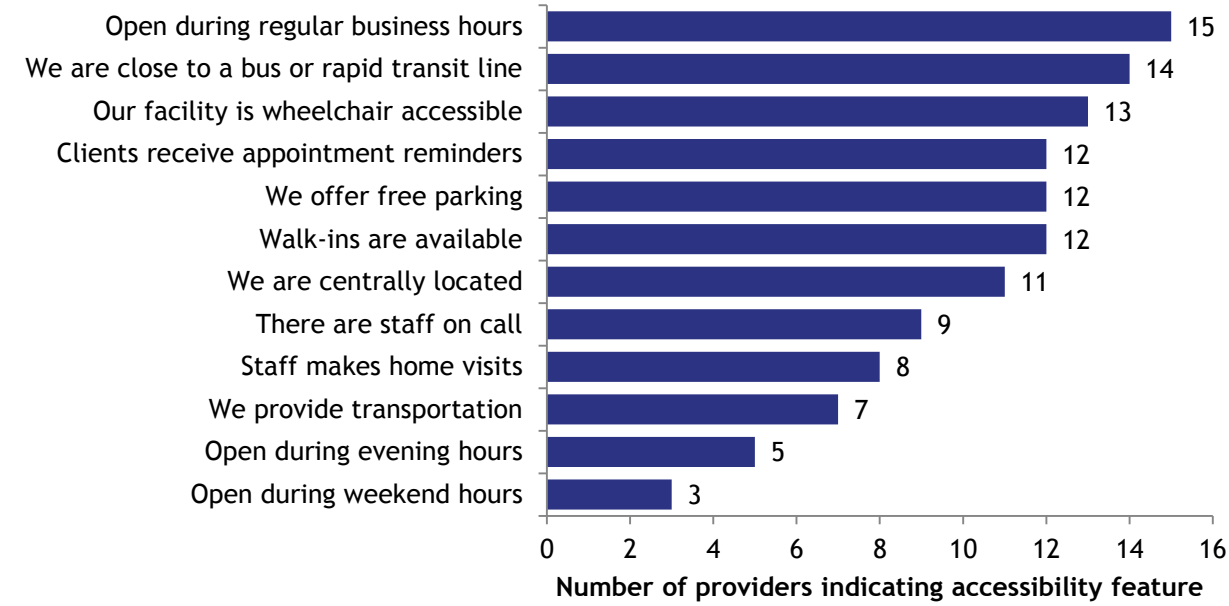
Providers do several things to help clients connect to services. In addition to the routes to access services in the figure below, clients at the Cleveland Clinic can make appointments online. Staff from ORCA House visit hospitals and jails to perform assessments.

Figure 3. Data from the survey question: "How do clients access the services your organization provides? Select all that apply."



Providers also do several things to increase service accessibility for clients who are limited by time or mobility. In addition to the options below, two organizations provide bus tickets.

Figure 4. Data from the survey question: "Please tell us about site accessibility at your organization. Check all that apply."



Capacity

Eleven providers have enough staff and resources to effectively meet the needs of clients on their current caseloads. For the four respondents who struggle with capacity, limiting factors were space and nursing services (MetroHealth), time with physicians (UH), support staff capacity (AIDS Taskforce), and availability of bilingual staff (Nueva Luz). Nine providers could effectively provide care if their caseloads were to increase by 5 percent; this number drops to seven providers for a 10 percent caseload increase and five providers for a 20 percent increase.

Table 1. Data for the survey question: "Do you have enough staff and resources to effectively meet the needs of clients if your caseload were to increase by X percent?"

Caseload Increase	Yes	No	Maybe	I don't know
5%	9	3	2	1
10%	7	5	2	1
20%	5	6	3	1

Appendix C. Comparison from 2013 Provider Survey and 2015 Provider Survey

Several questions were included on this provider survey, administered in February, 2015, and a previous provider survey, done as part of the comprehensive needs assessment process at the end of 2013. A comparison of provider-level responses about capacity and barriers reveals changes in reported information. A total of 13 organizations took both the 2013 and 2015 surveys. Six of these organizations had the same staff member complete both surveys. Although in the discussion below we treat differences in responses as attributable to changes in actual condition, differences in staff respondents or perceptions could also lead to different answers.

Capacity

Both surveys asked organizations if they have sufficient resources and staff to meet the needs of their current caseloads, and then asked if they would be able to meet the needs of a caseload that is 5 percent, 10 percent, or 20 percent larger. Care Alliance and the Cleveland Clinic both reported increased capacity since 2013, answering that they would be able to accommodate more growth in their caseloads than they had indicated previously. DSAS, Hospice of the Western Reserve, and ORCA House have maintained their capacity—all of these organizations can accommodate large increases in client load, as they could in 2013. Capacity is tight at MetroHealth and Nueva Luz, as it was in 2013. The Free Clinic, LCGHD, and Mercy Regional are able to meet the needs of their current caseloads, but have experienced decreases in excess capacity since 2013 and are no longer able to accommodate increased client loads. Available physician time at UH limits capacity there. Finally, Recovery Resources reports increased ability to serve clients, perhaps due to filling staff positions that were vacant during the 2013 survey.

Provider Barriers

By comparing reports about the barriers providers face, we identify *persistent challenges*, defined here as issues that providers indicated were problematic in both 2013 and 2015. These persistent barriers provide a good starting point for efforts to improve organizations' ability to provide care to PLWHA, as their continued presence indicates that they are unlikely to be caused by a temporary situation that affected the organization solely at the time of the survey.

- Funding: The Cleveland Clinic, MetroHealth, Nueva Luz, and ORCA House report not having enough resources or funding. AIDS Taskforce and Nueva Luz struggle with the many strings attached to funding.
- Referrals: Recovery Resources reports persistent problems with managing referrals to or from their organization. In response to detailed questions in 2015, they reported, "*Increased collaboration and information sharing between providers would be beneficial.*"
- Staffing: Care Alliance, the Cleveland Clinic, and Recovery Resources report sustained problems in finding and retaining qualified staff members. DSAS struggles with a lack of trainings and professional development opportunities.
- Client issues: At the Cleveland Clinic, Hospice of the Western Reserve, and Recovery Resources, providers feel that potential clients know about the services they offer, but do not take advantage of them. The Cleveland Clinic faces challenges with clients who need the services but are not eligible to receive them. LCGHD and Nueva Luz have trouble identifying financial resources that their clients can use to pay for services.

Appendix D. Service Provision

Based on the organizations surveyed, the most widely-provided services in the Cleveland TGA are: medical transportation (10 providers), medical case management (nine providers), referrals for health care/supportive services (nine providers), early intervention services (eight providers), and HIV health education/risk reduction (eight providers). The services that these organizations provide to the *largest number* of PLWHA are similar: medical transportation, medical case management, referrals for health care/supportive services, and early intervention services. Based on the providers' assessment, the key services that clients need but do not get are: residential substance abuse services; emergency financial assistance for food, housing, or transportation; job training/placement assistance; and health insurance premium/cost sharing (Table 2).

Table 2. Frequency of organizations indicating service provision, most accessed services, and service gaps by Part A service category.

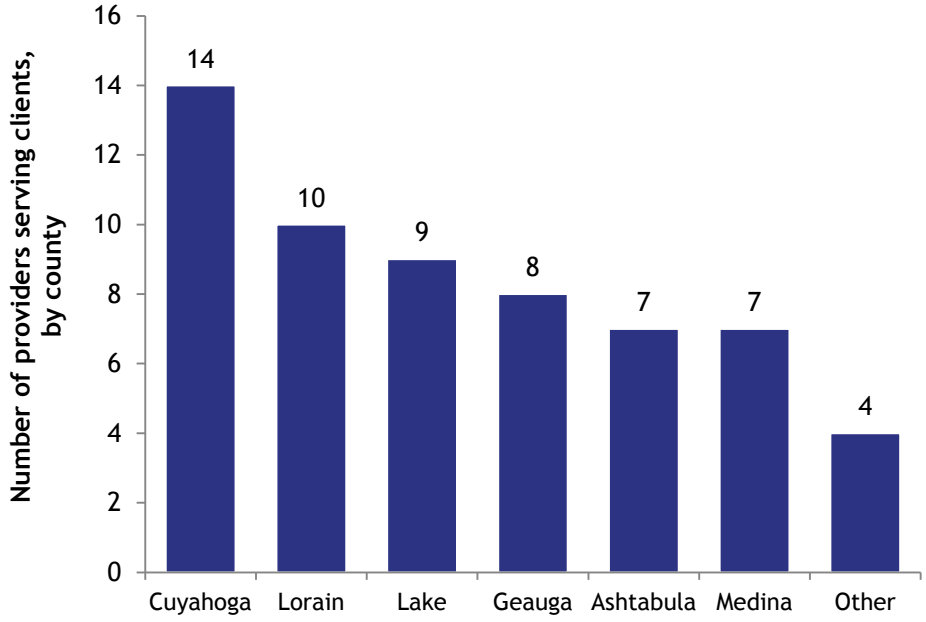
Core Services			
	My organization provides this service.	5 services that the largest number of PLWHA access	My clients need this service but do not get it.
Outpatient/ambulatory medical care	6	7	1
Local AIDS pharmaceutical assistance	4	3	--
Oral health care	4	5	3
Early intervention services	8	8	1
Health insurance premium & cost sharing	2	1	5
Home health care services	1	--	1
Home and community-based health care	1	--	1
Hospice services	1	1	1
Mental health services	6	6	4
Medical nutrition therapy	5	2	3
Medical case management	9	9	0
Substance abuse services--outpatient	6	3	4
Support Services Currently Funded by Ryan White Part A			
Case management, nonmedical—eligibility assistance	2	3	4
Case management, nonmedical—housing placement assistance	2	4	4
Emergency financial assistance—medication assistance	5	5	1
Food bank/home-delivered meals	3	4	2
Legal services	2	2	4
Medical transportation	10	8	1
Outreach	5	3	3

	My organization provides this service.	5 services that the largest number of PLWHA access	My clients need this service but do not get it.
Psychosocial support	5	2	5
Substance abuse services--residential	2	1	7
Other Support Services			
Emergency financial assistance—housing, food, transportation	3	2	6
Child care	--	--	4
HIV health education/risk reduction	8	5	3
Housing services	2	4	3
Job training or placement assistance	1	0	5
Linguistic services	7	2	3
Permanency planning	3	1	3
Rehabilitation services	1	--	4
Respite care	1	1	3
Treatment adherence counseling	5	5	4
Referrals for health care or supportive services	9	8	3

Appendix E. Geographical Scope

Of the six counties in the Cleveland TGA, Cuyahoga County is the most well-served by the Ryan White Part A provider network. All but LCGHD provides services to PLWHA living in Cuyahoga County. Additionally, some providers in the network serve clients in non-TGA jurisdictions, such as Erie, Huron, Richland, Sandusky, and Summit counties. It is important to note that this discussion of geographical scope refers to client residence, rather than provider location.

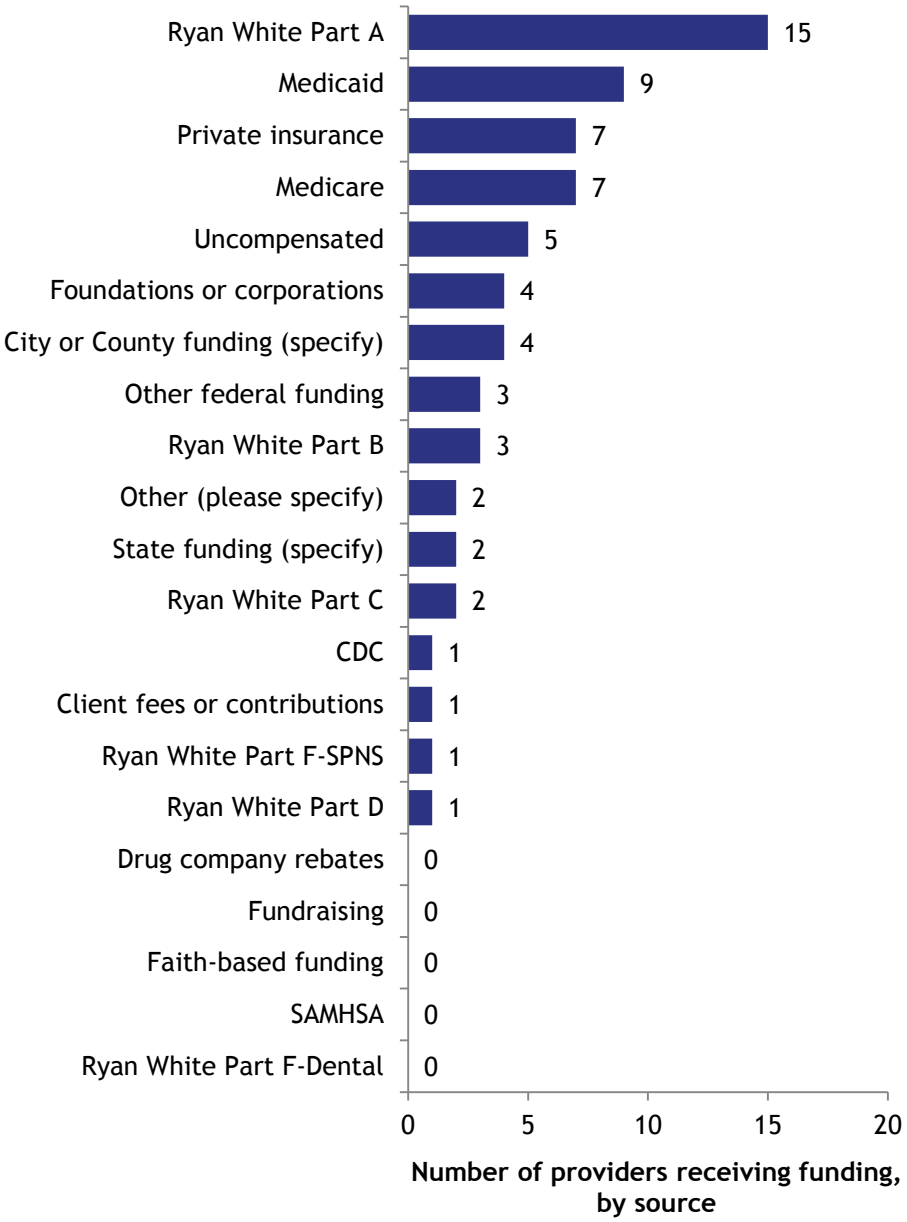
Figure 5. Data from the survey question: "Which counties are your clients from? Select all that apply."



Appendix F. Funding Sources

Providers obtain funding for HIV/AIDS services from a variety of sources. By definition, all organizations participating in this survey are funded by Ryan White Part A. Other funding sources were the Cuyahoga County Human Services Levy and Housing Opportunities for People With AIDS (HOPWA).

Figure 6. Data from the survey question: "Please indicate the specific sources of funding that support your services to people living with HIV/AIDS…Please check all that apply."



Appendix G. Referral Network

Table 3. Number of organizations indicating frequency of referrals *to other providers* by Part A service category. Higher index values indicate more frequent referrals overall, calculated by Index = Freq(Never)*0 + Freq(Rarely)*1 + Freq(Sometimes)*2 + Freq(Often)*3.

How often do you refer clients to other providers?	Never	Rarely (annually)	Sometimes (monthly)	Often (weekly)	Weighted Index
Core Services					
Outpatient/ambulatory medical care	3	5	4	3	22
Local AIDS pharmaceutical assistance	5	4	5	1	17
Oral health care	2	6	3	4	24
Early intervention services	9	2	4	--	10
Health insurance premium & cost sharing	3	4	6	2	22
Home health care services	4	5	6	--	17
Home and community-based health care	4	3	7	1	20
Hospice services	2	9	2	--	13
Mental health services	1	5	5	4	27
Medical nutrition therapy	3	6	5	1	19
Medical case management	5	3	4	3	20
Substance abuse services--outpatient	--	5	6	4	29
Support Services					
Case management, nonmedical—housing placement assistance	1	6	3	5	27
Emergency financial assistance—medication assistance	6	2	5	1	15
Food bank/home-delivered meals	2	2	6	4	26
Legal services	2	5	5	3	24
Medical transportation	2	8	3	2	20
Outreach	4	4	5	2	20
Psychosocial support	9	2	3	1	11
Substance abuse services--residential	3	1	8	3	26
Emergency financial assistance—housing, food, transportation	2	5	7	1	22
Child care	4	8	2	1	15
HIV health education/risk reduction	8	4	2	1	11
Housing services	2	4	4	5	27
Job training or placement assistance	2	3	8	--	19
Linguistic services	4	5	4	2	19
Permanency planning	8	4	3	--	10
Rehabilitation services	5	5	5	--	15
Respite care	7	4	3	--	10
Treatment adherence counseling	8	4	2	--	8

Table 4. Number of organizations indicating frequency of referrals *from other providers* by Part A service category. Higher index values indicate more frequent referrals overall, calculated by Index = Freq(Never)*0 + Freq(Rarely)*1 + Freq(Sometimes)*2 + Freq(Often)*3.

How often do other providers refer clients to your organization?	**Never**	**Rarely (annually)**	**Sometimes (monthly)**	**Often (weekly)**	**Weighted Index**
Core Services					
Outpatient/ambulatory medical care	5	3	1	5	20
Local AIDS pharmaceutical assistance	6	3	4	1	14
Oral health care	7	1	2	4	17
Early intervention services	2	3	6	3	24
Health insurance premium & cost sharing	8	2	2	2	12
Home health care services	11	1	2	--	5
Home and community-based health care	10	1	3	--	7
Hospice services	11	2	2	--	6
Mental health services	5	2	6	1	17
Medical nutrition therapy	9	2	2	1	9
Medical case management	2	2	4	6	28
Substance abuse services--outpatient	7	2	3	2	14
Support Services					
Case management, nonmedical—housing placement assistance	7	3	--	3	12
Emergency financial assistance—medication assistance	5	4	4	1	15
Food bank/home-delivered meals	7	2	1	4	16
Legal services	9	2	1	2	10
Medical transportation	8	3	1	1	8
Outreach	5	3	3	3	18
Psychosocial support	5	2	4	3	19
Substance abuse services--residential	3	4	5	2	20
Emergency financial assistance—housing, food, transportation	11	2	--	1	5
Child care	11	2	--	1	5
HIV health education/risk reduction	2	2	5	5	27
Housing services	7	2	1	4	16
Job training or placement assistance	11	1	2	--	5
Linguistic services	9	3	2	--	7
Permanency planning	10	2	1	1	7
Rehabilitation services	10	3	1	--	5
Respite care	10	4	--	--	4
Treatment adherence counseling	6	4	3	1	13

Appendix H. Provider Survey

Ryan White Part A–Providers 2015

Provider Survey--Purpose

The Cuyahoga County Board of Health is requiring all FY2014 service providers complete the attached survey. The purpose of the survey is to provide information to the grantee and planning council regarding provider capacity and capabilities. Thank you in advance for your time and efforts.

You will be able to return to the survey as many times as you need to using the link in your email. Your answers should be stored from your previous session. Please answer all questions to the best of your ability, and submit final responses by Wednesday, February 11, 2015. If you have any questions about the survey, please contact Kate Warren at kwarren@CommunitySolutions.com.

General Organizational Information

1. Organizational Contact Information

Organization Name:

Street Address:

City, State, Zip Code:

Telephone:

Person completing survey:

Position or title:

Email Address:

2. Please provide addresses of any additional sites from which you provide services or outstation staff.

3. What are your normal hours of operation? Be sure to include evening and weekend hours.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Page 1

Ryan White Part A–Providers 2015

4. Which of your organization's programs are you most proud of? What do you see as your organization's greatest strength?

Organizational Funding Questions

5. What was your organizational budget for providing HIV/AIDS services in 2014?

Ryan White Part A–Providers 2015

6. Please indicate the specific sources of funding that support your services to people living with HIV/AIDS. If you receive federal funds through the State or another agency, please indicate the federal sources of those funds. Please 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-SPNS (Special Projects of National Significance)
- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance
- ☐ Client fees or contributions
- ☐ Centers for Disease Control and Prevention
- ☐ Uncompensated
- ☐ State funding (specify)
- ☐ City or County funding (specify)
- ☐ Other federal funding
- ☐ Substance Abuse and Mental Health Services Administration (SAMHSA)
- ☐ Faith-based funding
- ☐ Foundations or corporations
- ☐ Fundraising
- ☐ Drug company rebates
- ☐ Other (please specify)

Provision of Services

Ryan White Part A–Providers 2015

7. Core Services: Which of the following services does your organization provide to people living with HIV/AIDS (PLWHA)? Check all that apply. In the next column, check the 5 services that your organization provides to the largest number of PLWHA. Finally, which services do your clients need but not get?

	My organization provides this service.	5 services that the LARGEST number of PLWHA access	My clients need this service but do not get it.
Outpatient/ambulatory medical care: office visits with an HIV specialist and/or nurse, laboratory tests	☐	☐	☐
Local AIDS pharmaceutical assistance: prescription medications for HIV/AIDS and other related conditions	☐	☐	☐
Oral health care: preventative dental care as well as therapeutic dental treatment for existing problems	☐	☐	☐
Early intervention services: services to help people get tested, educated about HIV, referred and linked to care	☐	☐	☐
Health insurance premium & cost sharing: financial assistance to help clients maintain insurance coverage	☐	☐	☐
Home health care services: professional nursing or attendant care provided in a client's home	☐	☐	☐
Home and community-based health care: skilled health services and personal care delivered in the home based on a written plan of care	☐	☐	☐
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	☐	☐	☐
Substance abuse services--outpatient: professional counseling services to address alcohol or drug abuse and addiction programs	☐	☐	☐

Explanation or clarifications

Ryan White Part A–Providers 2015

8. Support Services Currently Funded by Ryan White Part A: Which of the following services does your organization provide to people living with HIV/AIDS (PLWHA)? Check all that apply. In the next column, check the 5 services that your organization provides to the largest number of PLWHA. Finally, which services do your clients need but not get?

	My organization provides this service.	5 services that the LARGEST number of PLWHA access	My clients need this service but don't get it.
Case management, non-medical: eligibility assistance	☐	☐	☐
Case management, non-medical: housing placement assistance	☐	☐	☐
Emergency financial assistance: medication assistance	☐	☐	☐
Food bank/home-delivered meals: home-delivered meals, food vouchers, food pantries	☐	☐	☐
Legal services: legal advice to clients for health insurance, confidentiality and discrimination, access to benefits, 'do not resuscitate' orders	☐	☐	☐
Medical transportation: assistance provided by bus or other means to help clients get to all medical appointments	☐	☐	☐
Outreach: programs that help people with HIV/AIDS learn their status and/or enter care	☐	☐	☐
Psychosocial support: support groups, therapy, and counseling for people affected by HIV	☐	☐	☐
Substance abuse services--residential: residential treatment	☐	☐	☐

Explanation or clarifications

Ryan White Part A–Providers 2015

9. Other Support Services: Which of the following services does your organization provide to people living with HIV/AIDS (PLWHA)? Check all that apply. In the next column, check the 5 services that your organization provides to the largest number of PLWHA. Finally, which services do your clients need but not get?

	My organization provides this service.	5 services that the LARGEST number of PLWHA access	My clients need this service but don't get it.
Emergency financial assistance: short-term help to pay for housing, food, or transportation	☐	☐	☐
Childcare: care for clients' children while they are at HIV-related appointments	☐	☐	☐
HIV health education/risk reduction: education about HIV transmission, available services, and how to reduce HIV transmission	☐	☐	☐
Housing services: housing-related legal assistance and counseling, housing placement assistance, temporary rental assistance	☐	☐	☐
Job training or placement assistance: help training, searching, and preparing for a job	☐	☐	☐
Linguistic services: a translator or interpreter who helps clients communicate with doctors and nurses	☐	☐	☐
Permanency planning: planning for what will happen to children when guardians become too ill to care for them	☐	☐	☐
Rehabilitation services: physical, occupational, and speech therapy; low-vision training to improve or maintain a person's quality of life and capacity for self care	☐	☐	☐
Respite care: service that gives day-to-day caregivers a break from their responsibilities	☐	☐	☐
Treatment adherence counseling: helping clients follow complex HIV/AIDS treatments	☐	☐	☐
Referrals for health care or supportive services: referrals to other providers for services	☐	☐	☐

Explanation or clarifications

10. Does your organization provide any other services you feel are important to people living with HIV/AIDS?

Ryan White Part A–Providers 2015

11. Which outpatient ambulatory specialty care services do your clients most often utilize?

12. Would your organization have the capacity to provide any of these outpatient ambulatory specialty care services? If so, which ones?

13. Does your organization have the capacity to expand any services to outlying areas of the Transitional Grant Area (Ashtabula, Geauga, Lake, Lorain, or Medina counties)? If so, how might you do so (mobile clinic, office branch, etc.)?

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

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

15. Please identify the greatest problem your organization faces in providing care or services to people living with HIV/AIDS.

16. What would your organization need in order to resolve this problem?

Referrals

17. Core services: How often do you refer clients to *other providers* to obtain the following services?

	Never	Rarely–annually	Sometimes--monthly	Often–weekly
Outpatient/ambulatory medical care				
Local AIDS pharmaceutical assistance				
Oral health care				
Early intervention services				
Health insurance premium & cost-sharing				
Home health care services				
Home and community-based health care				
Hospice services				
Mental health services				
Medical nutrition therapy				
Medical case management				
Substance abuse services (outpatient)				

Ryan White Part A–Providers 2015

18. Support Services: How often do you refer your clients to *other providers* to obtain the following services?

	Never	Rarely--annually	Sometimes--monthly	Often--weekly
Case management services, non-medical–housing placement assistance	○	○	○	○
Emergency financial assistance–medications	○	○	○	○
Emergency financial assistance–housing, food, transportation	○	○	○	○
Food bank/home-delivered meals	○	○	○	○
Legal services	○	○	○	○
Medical transportation	○	○	○	○
Outreach	○	○	○	○
Psychosocial support	○	○	○	○
Substance abuse services (residential)	○	○	○	○
Childcare	○	○	○	○
HIV health education/risk reduction	○	○	○	○
Housing services	○	○	○	○
Job training or placement assistance	○	○	○	○
Linguistic services	○	○	○	○
Permanency planning	○	○	○	○
Rehabilitation services	○	○	○	○
Respite care	○	○	○	○
Treatment adherence counseling	○	○	○	○

19. Core services: How often do other providers refer clients *to your organization* to obtain the following services?

	Never	Rarely–annually	Sometimes--monthly	Often–weekly
Outpatient/ambulatory medical care	○	○	○	○
Local AIDS pharmaceutical assistance	○	○	○	○
Oral health care	○	○	○	○
Early intervention services	○	○	○	○
Health insurance premium & cost-sharing	○	○	○	○
Home health care services	○	○	○	○
Home and community-based health care	○	○	○	○
Hospice services	○	○	○	○
Mental health services	○	○	○	○
Medical nutrition therapy	○	○	○	○
Medical case management	○	○	○	○
Substance abuse services (outpatient)	○	○	○	○

Ryan White Part A–Providers 2015

20. Support Services: How often do other providers refer clients *to your organization* to obtain the following services?

	Never	Rarely--annually	Sometimes--monthly	Often--weekly
Case management services, non-medical–housing placement assistance	○	○	○	○
Emergency financial assistance–medications	○	○	○	○
Emergency financial assistance–housing, food, transportation	○	○	○	○
Food bank/home-delivered meals	○	○	○	○
Legal services	○	○	○	○
Medical transportation	○	○	○	○
Outreach	○	○	○	○
Psychosocial support	○	○	○	○
Substance abuse services (residential)	○	○	○	○
Childcare	○	○	○	○
HIV health education/risk reduction	○	○	○	○
Housing services	○	○	○	○
Job training or placement assistance	○	○	○	○
Linguistic services	○	○	○	○
Permanency planning	○	○	○	○
Rehabilitation services	○	○	○	○
Respite care	○	○	○	○
Treatment adherence counseling	○	○	○	○

21. Do you feel there is a sufficient provider capacity for mental health and substance abuse providers in the community to meet clients' needs?

22. Do you experience any issues with making referrals yourself or receiving referrals from other providers? Explain any problems you or your clients may have.

23. In your experience, do clients follow up on referrals that you make for them?

Ryan White Part A–Providers 2015

24. In your experience, do you have trouble finding other providers who will accept client referrals from your organization?

Client information

25. Which counties are your clients from? Select all that apply.

- [ ] Ashtabula
- [ ] Cuyahoga
- [ ] Geauga
- [ ] Lake
- [ ] Lorain
- [ ] Medina
- [ ] Other (please specify)

26. Please indicate whether your organization *currently* serves any of the following populations or specializes in services for that population.

	In general	With HIV/AIDS
Youth (Age 13-24)		
African Americans		
Hispanics/Latinos		
Minority Women		
Aged (45+)		
Men who have Sex with Men (MSM)		
Injection Drug Users (IDUs)		
Other Substance Users		
Homeless/Housing Unstable		
Mentally Ill		

Ryan White Part A–Providers 2015

27. Approximately what percentage of your organization's clients are people living with HIV/AIDS?

- My organization doesn't ask about clients' HIV status
- Less than 5%
- 5%-25%
- 26%-50%
- 51%-75%
- 76%-100%
- I don't know

28. Do you ask your HIV-positive clients whether they are receiving HIV-related primary medical care?

- Yes
- Sometimes
- No
- Not applicable–we are a medical provider

29. If your clients are not receiving HIV-related primary medical care, do you have any way of helping them get access to medical care? If so, what?

30. Based on your experiences in the last year, what is the biggest reason your clients do not access HIV-related medical care?

31. Below is a list of barriers clients with HIV may face that keep them from accessing services. Based on your experiences in the past year, please indicate the extent to which you agree or disagree that the following factors keep clients from getting care.

	Strongly agree	Agree	Disagree	Strongly disagree	N/A or not sure
Clients don't know what services are available and they don't know where to go or who to ask for help.	○	○	○	○	○
Clients are embarrassed or too upset to think about services, or they are worried about others finding out they have HIV.	○	○	○	○	○
Clients can't find someone who speaks their language, or they feel doctors or providers don't understand their culture.	○	○	○	○	○
Clients are afraid to be reported to the authorities due to citizenship status.	○	○	○	○	○
Clients can't afford the services because they don't have insurance or they don't know about assistance programs.	○	○	○	○	○
Clients feel that providers do not understand their needs.	○	○	○	○	○
The system of care is too hard for clients to navigate.	○	○	○	○	○
Clients can't get referrals for services they need or capacity is not available to meet all needs.	○	○	○	○	○
Clients can't qualify for services because of substance use, rules and regulations, or because they make too much money.	○	○	○	○	○
Clients don't have a way to get to appointments; they struggle with transportation.	○	○	○	○	○
The hours that services are available don't fit clients' schedules.	○	○	○	○	○
Clients don't have anyone to take care of their children while they receive care.	○	○	○	○	○
Clients have a mental illness or they are hooked on drugs or alcohol.	○	○	○	○	○
Clients have other things in their lives that demand their attention, like they are homeless or they don't have enough food to eat.	○	○	○	○	○
Clients can't access care due to their physical disabilities	○	○	○	○	○

Other, please specify

Waiting for Services

32. To what extent do people have to wait to receive your services?

- ○ We have a waiting list
- ○ We don't have a waiting list but we do have a wait time before a new client can get a first appointment
- ○ We don't have a wait list or a wait time
- ○ Other, please specify

Waiting for Services

33. How many people are on your waiting list?

34. How long do clients typically stay on the waiting list?

35. Do you help people on your waiting list to obtain services from another provider?

- Yes
- Sometimes
- No

Explain

36. What is the average wait time for a new client to go through any intake procedures required and begin to receive services at your organization?

37. If you have a waiting list or wait times only for certain services, which ones?

38. If you have a waiting list or have had one in the past year, what caused the wait list? Check all that apply.

- Lack of funds to serve additional clients
- Temporary staff vacancies
- Continuing challenges in finding or attracting qualified staff
- Other, please specify

Service Accessibility

Ryan White Part A–Providers 2015

39. How do clients access the services your organization provides? Select all that apply.

- [ ] We seek out clients to provide them with services
- [ ] Clients can walk in and access services the same day
- [ ] Clients can call and schedule an appointment for themselves
- [ ] A referral from another provider is appreciated
- [ ] A referral from another provider is required
- [ ] We do home visits
- [ ] Staff are available at other agencies to see clients on certain days/hours
- [ ] Other (please specify)

40. Does your organization do anything to streamline intake procedures for clients who are newly diagnosed to get them into care quickly? If so, what do you do?

41. Please tell us about site accessibility at your organization. Check all that apply.

- [ ] Open during regular business hours
- [ ] Open during weekend hours
- [ ] Open during evening hours
- [ ] Walk-ins are available
- [ ] There are staff on call
- [ ] We are close to a bus or rapid transit line
- [ ] Our facility is wheelchair accessible
- [ ] We offer free parking
- [ ] Clients receive appointment reminders
- [ ] Staff makes home visits
- [ ] We are centrally located near a major center, hospital, or other facility
- [ ] We provide transportation
- [ ] Other, please specify

Ryan White Part A–Providers 2015

Staffing Details

42. To what extent do you use peers (PLWHA) or other community health workers? Check all that apply.

- [ ] We employ community health workers
- [ ] We employ peer community health workers
- [ ] We use peers as volunteers
- [ ] We would like to employ peer community health workers but do not have the resources
- [ ] We prefer not to employ peer community health workers
- [ ] Other, please specify

43. Please indicate the number of employees and volunteers on your staff who are engaged in providing services to PLWHA at least part of the time.

Full-time employees:

Part-time employees:

Volunteers:

44. Does your organization struggle with staff turnover? Please share what you find to be challenges in retaining staff. List the positions that historically have the most turnover.

Provider Capacity

45. About how many clients with HIV/AIDS are you serving currently?

46. What is the maximum number of clients with HIV/AIDS that your agency is able to serve annually?

47. About how many *total* clients does your organization currently serve?

Ryan White Part A–Providers 2015

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

- Yes
- No (please explain)

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

	Yes	No	Maybe	I don't know
5%				
10%				
20%				

Assistance

50. What type(s) of technical assistance from Ryan White Part A would be most helpful to your organization? Select all that apply.

- Current assistance is sufficient
- Budgeting assistance
- Monitoring assistance
- Eligibility policy assistance
- Medical transportation policy assistance
- Other, please specify

51. What training, assistance, or other action arranged by the Ryan White Part A grantee or administrative agents would be most helpful to your agency in building its capacity to serve PLWHA or improving service coordination and client outcomes?

Ryan White Part A–Providers 2015

52. What is the single most important change--other than increased funding--that you would recommend for improving HIV-related services throughout the community?

53. Do you have any additional comments you'd like to share?

54. Are you finished with the survey and ready to submit your responses for the final time?

- ○ Yes (Please check to make sure you have answered all the questions.)
- ○ No, I plan to come back and continue working.