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To: Chris Santini, Planner/Evaluator  
Marin County Department of Health and Human Services  
HIV/AIDS Services

From: Susan W. Haikalis, LCSW  
Social Work Consultant

Re: Assessment of System of Care for Ryan White CARE funded clients in  
Marin County 2006-07

The assessment is based on site visits to all six funded agencies, attendance at several Marin County CARE Council meetings, a comprehensive chart review of 16 client records with contacts at multiple sites (50 charts) and discussions with Marin HIV/AIDS Services and Health Department staff members.

The six agencies involved were:

Hospice – State AIDS Program  
Food Bank of Marin  
MAIN  
Marin AIDS Project  
Marin Specialty Clinic  
Marin Treatment Center

The Marin County HIV/AIDS database had approximately 200 active clients in the last fiscal year. A significant number of these clients have been receiving services for many years, including several clients having had support services for over 10 to 12 years. The majority of the active clients receive help from only one agency, which is usually either Marin AIDS Project or Marin Specialty Clinic. Based on the client satisfaction survey this year, the majority of clients are satisfied with the services they are receiving and had positive feedback about programs and staff. It also appears that there are a number of clients who are experiencing periods of relative stability with their illness.

There is a small percentage of the client population, approximately 10%, who have contacts with multiple agencies. Several of these clients could benefit from a much better defined care plan that the client and all the agencies come to a consensus on. Without a strong commitment to communicate and collaborate among the providers, there continues to be duplication of effort with a number of clients, including multiple case managers and multiple sources of vouchers. Case conferencing with documentation in each agency's client record of the decided upon care plan should be the standard.

**Recommendation: County-wide Case Conference for all clients involved with 3 or more agencies every six months to develop and/or review/update Care Plan. Copies of collaborative Care Plan will be provided to each agency. (Complicated client situations with only 2 agencies involved should be able to work out a joint Care Plan that they will share.)**

Case management continues to be the most complicated services category. Despite acknowledging the Standards of Care for Case Management and all case managers having participated in the orientation and training on the Standards, the agencies providing case management do not conform to all of the standards except for the State AIDS Program at Hospice. It is understood that clients frequently want to have a point person at each agency (whom they often refer to as their case manager) but this should not equate to having a case manager unless the Standards are going to be met. There needs to be consideration given to having one staff person identified as the lead case manager to help guide the treatment plan and everyone's role in the plan.

**Recommendation: Coordination of a meeting of the Marin case managers to come to a consensus on the Marin Model which meets the Standards.**

For many HIV+ clients in Marin, their HIV and/or AIDS status has remained relatively stable with excellent treatment adherence as noted by CD4 counts and VL. Continuing to provide a high level of multiple support services to this population may not be possible if the expected funding cuts occur. More focus needs to be made on those clients who drop out of care and on those who are newly diagnosed. Targeted outreach programs should be developed to determine what is needed by those who have dropped out of care. Making early access to care easy, welcoming, caring and supportive must also be a priority in all programs.

**Recommendation: There are a small number of clients who have either been lost to follow-up or have chosen to stop treatment for unknown reasons. A concerted effort to reach out, find and talk with anyone not seen for care within six months unless there is clear documentation in the chart for this lack of contact (long term substance use treatment out of area, stable situation with return to work, etc.). In addition, it would be helpful to develop a simple orientation for all new HIV+ clients to the Marin system which could be used in all settings of first contact. This would help to reduce the vast differences in the information currently provided at different sites.**