

CULTURAL COMPETENCY REPORT:

**FINDINGS and 3-YEAR PLAN
ORGANIZATIONAL ASSESSMENTS and
KEY INFORMANT INTERVIEWS
*OCTOBER 2006 – FEBRUARY 2007***

*Prepared for the
Marin HIV/AIDS CARE Council
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“Cultural competency is a journey - not a destination; a process - not an event; and a process of becoming competent, not being competent.”¹

I. EXECUTIVE SUMMARY

As cultural competency is a journey – not a destination – I am pleased and honored to have been a part of the Marin RWCA Council journey of exploring cultural competency, as focused specifically on the needs and demographics of Marin County. My scope of work included visiting each RWCA funded agency, talking to numerous providers doing hands-on work, designing and implementing a training series and conducting key informant interviews with PLWH/A. The experience was both humbling and gratifying, uplifting and sad, challenging and yet, simple in what consumers voiced as wanting from their HIV service providers.

In summary, the themes that emerged are the need for:

- culturally competent services and staff, including bi-lingual/bi-cultural staff
- written information in Spanish about medications, HIV health-related issues, and other consumer focused information
- activities and events – targeted to people of color and women
- responsiveness to crisis situations, including homelessness and risk of homelessness
- community building center with extended hours where people can drop-in and receive services and information
- compassionate, thorough, and action-oriented service
- heightened sensitivity to the needs of newly diagnosed PLWH/A
- sharing of accurate and updated information about the funds/vouchers/services
- increased ease in accessing services and emergency funds

In sharing their stories, everyone noted both positive things about their experiences and the disappointing and frustrating aspects receiving services in Marin County. Everyone expressed a sincere desire that his or her time and feedback would help to make a positive difference. As the author of this report, I wholeheartedly second that sentiment.

II. BACKGROUND AND PROCESS

Consultant began the assessment process in late October 2006 by reading the cultural competency reports prepared for the SF Department of Public Health by each Marin County Ryan-White CARE Act (RWCA) funded organization and then meeting, on-site, with each Executive Director/Program Director. The on-site meetings also provided an opportunity for consultant to experience the physical environment and do a scan of the written materials available for consumers.

As a result of interviews the services providers, discussions with key personnel about their interest, Consultant recommended a series of cultural competency trainings in the following areas:

- Introduction to cultural competency
- Cultural Competency working with Transgenders
- Harm Reduction philosophy and the Culture of Substance Users
- Cultural Competency working with Latinos in Marin County and
- Cultural Competency working with African Americans in Marin County

These trainings were presented as mandatory for all staff at RWCA funded agencies. The trainings were conducted between January - April 2007.

¹ *Be Safe: A Cultural Competency Model for African Americans*, National Minority AIDS Education and Training Center (NMAETC), Howard University Medical School, page 7 (2002, Updated 2005).
Final Copy (May 6, 2007) of Cultural Competency Report to Marin County HIV/AIDS Program – prepared by Maria Ramos Chertok, Consultant

The second part of the assessment was based on key informant interviews. The key informant interview process took place over the course of 3 ½ months with the first interview beginning in late November 2006 and the last one conducted at the end of February 2007. In total, sixteen key informant interviews were conducted.

The group of Key Informants self-selected to a certain extent based on their interest and willingness to participate. However, since much of the first line of outreach was done with Case Managers and other staff at the six RWCA funded agencies, they had a big influence on who was told and targeted for outreach. At least ½ of the interview candidates (50 %) said they were referred by a staff person at Marin AIDS Project; another 25% were referred by other agencies (Ritter House, Marin Treatment Center, Marin City Recovery Center) and the remaining 25% from other sources, including someone who had themselves participated and then referred a friend and someone who saw the flyer on the County shuttle bus.

A majority of the participants received a \$60.00 incentive in Safeway cards for their time. In my telephone screening of clients I only confirmed that they were HIV+ and “out of care or in and out of care”. Three of the sixteen participants stated they were in care, but wanted to participate in the interview because they had feedback they had not previously shared that they felt significantly impacted their experience as consumers of HIV services in Marin County. After consulting with the County, it was agreed that they could participate and that they would be provided a \$20 incentive for their time, akin to what is sometimes provided when consumers fill out client satisfaction surveys.

Every interview lasted more than one hour², with the average length of time being two hours and a few lasting 2-½ hours. People wanted to talk and wanted to tell their stories – everyone shared that it was comforting to have someone listen to them and all said that they hoped their information would make a positive difference in the way services are provided.

Most of the interviews were conducted in coffee shops or restaurants that were conveniently located for interviewee. One person, who was concerned about his privacy, wanted to be interviewed in my car to preserve his confidentiality and to prevent others from seeing him and later inquiring as to who I was; another person met me at a coffee shop, but wanted to re-locate to a nearby garage in a family home, again to preserve her privacy and possible community inquiry. I mention this to emphasize a concern that was expressed over and over and in various ways about the stigma associated with being HIV+ and people's great concern with keeping their HIV+ status private. In the entire process there were two people who set up appointments and didn't show up.

I received calls from several people with Hepatitis C (and not HIV) who wanted to share their feedback. I did not interview these callers and explained that the focus of this inquiry was on people who were HIV+.

III. CULTURAL COMPETENCE

There are many definitions and understandings of cultural competency. My charge was to conduct interviews with people who are “out of care” to determine their reasons for not being in care and assess whether any were related to a lack of cultural competency on the part of the six agencies funded by Ryan White CARE Act to provide services to low income HIV+ clients. Because of the limited time frame within which the work was going to unfold, it was decided to expand the target group to people who were also “in and out of care”.

Deciding what role cultural competency plays in people's decisions is sometimes clear cut and other times much more unclear. Since the focus of my work was in Marin County, I tried to articulate what cultural competency might mean specifically for HIV service providers in this County-based on what we know about the demographics of Marin and what I know, and have learned, from working with community based organizations.

I also started with the idea that anyone who was not a part of the majority demographics in the County could belong to a “minority culture” that service providers are not in frequent contact with, are unfamiliar with and/or have very little access to.

² The County was only charged one hour of consultant's time for the interviews.

Along these lines, in specific regards to race, The Marin Profile 2005 (*based on 2000 Census*) states that in Marin County:

- 84% of residents are White
- 11.1% are of Hispanic origin
- 4.9% are Other
- 4.7% are Asian/API
- 2.9% are African American

As such, one goal of the assessment was to hear from racial minority groups in the County about how they experience the service they receive as HIV+ consumers. The interview pool was made up of 62% people who identified as either Latino/a, African American or Other.

In addition to race, cultural competency also entails working with people whose life experiences are different from that of the dominant culture and whose voices are often underrepresented in deciding how services should be provided. In the interview pool, these perspectives are gained from representatives of the following groups:

- Culture of homelessness
- Culture of Spanish speakers – Latino/as who speak English as a 2nd Language
- Culture of substance users
- Culture of women
- Culture of African Americans
- Culture of people who have been incarcerated
- Culture of HIV+ parents with minor children

IV. OUT OF CARE

Being out of care runs along a spectrum from those who are unaware of their HIV status to those who are fully engaged in HIV primary medical care. As stated in the Health Resources Services Administration (HRSA) publication, "*Outreach: Engaging People in HIV Care*":

Defining who is not in care is further complicated by the concept of "in care" – a remarkably fluid concept. People may be in care intermittently due to substance abuse or survival challenges like housing. The standard of care is complex and variable as not all patients need certain HIV-related services like antiretrovirals if their disease state does not call for it. Getting regular primary care visits to monitor HIV disease status may be sufficient in their case.

In the interview group, participants were primarily in and out of care – some for much longer periods than others. Their reasons for being out of medical care varied including:

a. Issues related to Primary Care (5 different consumers):

- being out of medical care for several years due to negative experiences with medical services at the MSC
- being out of medical care because of feeling like doctor at MSC doesn't really care and asks routine questions, but don't have the big picture
- being out of medical care because wasn't happy with medical care at MSC and their recommendations medications/drug therapies – presently not in care and in process of moving to Tom Steel Clinic
- being out of medical care for five or six years due to what consumer perceived as racist attitude on part of doctor at MSC
- being out of care with regard to primary care Doctor because seeing doctor "reminds me that I am sick"

b. Issues related to Case Manager/Workers (2 different consumers):

- being out of medical care after diagnosis because not able to connect with assigned caseworker who consumer was relying on to begin process of getting connected to medical care.
- being out medical of care because of bad experience with Case Manager pressuring him into switching Case Managers from one agency to another

c. Issues related to Insurance/Proof of Diagnosis (2 different consumers):

- being out of medical care due to the inability to find a laboratory that would test them and provide a confirmation of the HIV+ status (Proof of HIV diagnosis)
- being out of care because lost health care upon divorce and took a long time to get letter of diagnosis for Ryan White eligibility

d. Issues related to how Consumer was Feeling (9 different consumers³):

- being out of medical care because of “not feeling sick”
- being out of medical care because of negative side effects of treatment
- issues related to fear
- because of depression
- being out of medical care and medication compliance due to fear of family members seeing medication and learning of HIV positive status
- being out of medical care because of fear - not wanting to know where he’s at with his HIV

e. Issues related to homelessness and unemployment (1 consumer)

- being out of medical care for past several months due to homelessness and unemployment

The large majority of consumers interviewed were “in and out of care”. I use the term to characterize people who experienced long periods of not seeing any medical person and people who were inconsistent in their medical care visits. The one person that was completely out of care (not connected to any medical service provider at the time of our interview), had previously been insured and was receiving medical care, but then fell completely out of care when he lost his insurance coverage and became homeless – both around the same time.

f. Chart on where consumers receive medical care

The following chart sets forth information about where consumers were receiving medical care at the time of the interview:

Number of Consumers	Site of HIV Medical Care
6 Consumers	Marin Specialty Clinic (5 history of inconsistent care; 1 consistent medical care ⁴)
3 Consumers switched to Tom Steel after having contact with MSC	Tom Steel Clinic (2 history of inconsistent care; 1 consistent medical care ⁵)
3 Consumers	Choose to receive HIV medical care outside Marin County (2 history of inconsistent care; 1 consistent medical care ⁶)

³ More than one consumer provided the same explanation for being out of medical care – their answers, however, are just recorded one time (therefore 9 consumers with 6 different reasons are stated)

⁴ Three consumers who were in consistent medical care wanted to participate in the Interviews, but did not received the \$60.00 Safeway incentive. Instead, they received only \$20.00 incentive.

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2 Consumers had no contact with MSC and had been referred to Tom Steel from the beginning of their care	Tom Steel Clinic
1 Consumer was completely out of medical care because of losing insurance coverage and becoming homeless	NONE
1 Consumer	Able to get health coverage from a family member; had been out of medical care prior to that

g. Out of Care (Non-Medical) Ancillary Services

There were several people who were not receiving ancillary services (other than medical) due to:

- not having anyone to drive me to appointments
- homelessness
- substance use
- not wanting to deal with my Case Manager's judgmental attitude about my substance use
- depression
- serious concerns regarding confidentiality because identity was being breached several years ago at a RWCA funded agency
- not liking my (new) counselor
- angry that my counselor left agency
- not knowing there was a new RWCA provider was handling food
- not having filled out paperwork to begin food delivery
- not knowing about availability of acupuncture services for PLWH/A

Of the consumers who were out of ancillary care, all had minimal/inconsistent contact with at least one RWCA funded agency (either medical or other).

V. LIMITATIONS OF CONSUMER OUTREACH

Much of the networking and outreach to find key informants occurred during the winter holiday period (mid-November 2006 to December 2006). While the holiday season could have been a good incentive to participate due to the financial reward of \$60.00 in Safeway cards, it very likely reduced the *overall* effectiveness of my ability to reach people because a lot of staff were out on vacation, many of the participating offices were closed for various periods of time and, overall, many people (staff and potential interviewees) were primarily focused on the holidays.

A second issue was that some of my ability to secure interviews depended on my going to various sites in the community and posting flyers. Most flyers were posted in December 2006 and January 2007. While I was able to do this at a few places in Marin County (Ritter Center, Canal Welcome Center, Marin City Health and Wellness Clinic, Novato Human Needs Center), I had to rely primarily on phone conversations with people I asked to post the flyers I e-mailed to them. For a majority of these organizations, I had no way of knowing whether the flyers were posted and/or whether they were put in a prime location.⁷ Finally, due to time constraints, there were a few places and individuals that I was not able to contact (e.g., RotaCare Free Clinic of San Rafael, Tom Steele Clinic) and certain communities in Marin that I did not network in (Vietnamese community, Haitian Community).

⁷ For a list of places contacted and the Flyer used to do outreach - see Appendix A
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Also, while there are many people living in West Marin (and likely some percentage of them HIV+ and eligible to receive Ryan White services) none of my interviewees lived in West Marin despite having shared the flyers with at least one County staff person working in that area. Unfortunately, I was not able to get to West Marin in person to speak to staff about the interview process.

Finally – in addition to the time constraints – there are various populations I cannot easily access due to my gender, language limitations and credibility. Due to my gender I would not have great success doing street outreach with undocumented monolingual Spanish speaking males or African American males. Due to my language constraints I would not be able to speak directly to any monolingual member of the Mayan community or the Vietnamese community. Finally, due to my credibility, I'd likely have challenges engaging directly with communities of IDUs and/or other active substance users.

In sum, there is always more outreach and networking that can be done in an attempt to connect with the HIV+ members of underserved and isolated communities in Marin County. While the group of interviewees does demographically represent a diverse cross section of HIV+ people in regards to race, sexual orientation and gender, it is limited in its ability to connect with many of the more isolated and/or minority groups in Marin County including:

- undocumented workers
- migrant farm workers
- monolingual immigrants (Latino, Haitian, Vietnamese)
- monolingual Spanish, heterosexual Latina women
- Latina IDUs
- heterosexual identified Latino men having sex with men (MSM)
- members of the Mayan community
- African American residents of Marin City
- youth (under 18 years) and young adults (18 to 23 years)
- people over 50 and Senior Citizens⁸
- People who identify as transgender
- the incarcerated

VI. DEMOGRAPHICS OF INTERVIEW PARTICIPANTS

Category	Numbers	Percentages
GENDER	12 = Male 4 = Female	75% = Male 25 % = Female
AGE	5 = 30 – 39 Years 8 = 40 – 49 Years 2 = 50 – 59 Years 1 = 70 – 79 Years	31% = 30 – 39 Years 50% = 40 – 49 Years 13% = 50 – 59 Years 6% = 70 – 79 Years
RACE	6 = Caucasian 4 = Latino/a 3 = African American 3 = Other/Mixed Race (includes Chinese American parent/ancestors and Native American parent/ancestors)	38% = Caucasian 25% = Latino/a 18.5% = African American 18.5 % = Other/Mixed Race
LANGUAGE	12 = English 1 st language 4 = Spanish 1 st language ⁹	75% = English 1 st lang. 25% = Spanish 1 st lang.
SEXUAL ORIENTATION	7 = Gay males	44% = Gay men

⁸ CDC 2005 statistics reports 22% PLWH/A between ages 50 and 64. There was no one in the interview group between ages 51 and 64 years of age. There was one person over 65 in the interview group (6%). The CDC 2005 statistics reports approximately 3% PLWH/A 65 and over. In Marin County, the 2000 Census estimates senior citizens make up 13.7% of the population.

⁹ Everyone who spoke Spanish as a first language also spoke varying degrees of English. No one was monolingual Spanish.
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	8 = Heterosexuals ¹⁰ 4 women 4 Men 1 = Did not specify	50% = Heterosexual 25% - women 25% - men 6% = Unknown
CITY OF RESIDENCE in Marin County	8 = San Rafael 3 = Mill Valley 2 = Homeless at time of interview 1 = Larkspur 1 = Novato 1 = Sausalito	50% = San Rafael 19% = Mill Valley 13 % = Homeless at time of interview 6% = Larkspur 6% = Novato 6% = Sausalito
How long has Interviewee known of HIV+ status?	7 = 18 years or more 2 = 13 years 3 = 2 years or less 4 = Did not disclose	44% = 18 years + 12% = 13 years 19% = 2 years or less 25% = Did not disclose
Parent with Dependent Child/ren Living with them in household	13 = No dependent children living with them 3 = Dependent children living with them	81% = No dependent children living with them 19% = Dependent children living in household
Incarceration	12 = did not disclose any period of incarceration 4 = disclosed having been incarcerated	75% = did not disclose any period of incarceration 25% = disclosed having been incarcerated
ALCOHOL AND/OR SUBSTANCE USE	8 = disclosed present/past alcohol or substance use ¹¹ 8 = did not disclose any present/past alcohol or substance use	50% = disclosed present/past alcohol or substance use 50% = did not disclose any present/past alcohol or substance use
How did you learn about the Key Informant Interview?	8 = staff person at MAP 4 = staff at another agency 3 = other 1 = unknown	50% = staff person at MAP 25% = staff at another agency 19% = other 6% = unknown

- Three Key Informants in care
- Of the participants who are in care, two are Caucasian and one is African American. Two are parents with minor children in their household and all spoke English as their first and primary language. Out of these three consumers, only one was receiving primary health care at the Marin Specialty Clinic. The other two were receiving care at the Tom Steel Clinic. All of them, however were receiving other HIV related services via Ryan White funded agencies.

VII. CLIENT SATISFACTION SURVEYS (CSS)

Interviewees were asked if they had ever filled out a Client Satisfaction Survey at any of the Ryan-White funded agencies they have used. Most clients had not filled out a survey. One person shared that they had filled out a survey, but had never been as candid in the survey as they were with me during the interview. A second person said they believe that consumers are scared to fill out client satisfaction surveys with any negative feedback because they fear retribution since any specificity about an interaction can easily identify the person filling out the form. This consumer said s/he did have a negative experience after filling out a survey with anecdotal details that identified him/her.

¹⁰ One man who said that he is heterosexual explained that he has recently been “writing my sexual orientation as ‘bi-sexual’ at MAP in order to get better service”

¹¹ At the time of the interviews 2 people revealed that they were actively using substances – one alcohol and one drugs (no IDU)
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a. Chart on consumers who filled out a CSS

Ryan-White Funded Agency	Number of Interviewees who have had contact with the Agency	Number of People Who Have ever filled out a Client Satisfaction Survey at Agency ¹²
Marin AIDS Project	16	6 people (37.5%)
Marin Specialty Clinic	12	3 people (25%)
Marin Food Bank	9	2 people (22%)
Marin Treatment Center	4	2 people (50 %)
Hospice of Marin	2	None
Marin AIDS Interfaith Network	3	None

VIII. CONSUMER FEEDBACK ON SYSTEM OF CARE (SOC), GENERALLY

Overall, consumers feel that they are not receiving services in a caring way. Latinos, in particular articulated concerns about HIV stigma and about services lacking cultural competency. People miss having a place to socialize, like the Positive Center, and feel like you really have to advocate for yourself if you want to get anything done. Many expressed frustration about not having staff provide adequate and/or accurate, updated information on what services are available and how to access them. People experience a high level of bureaucracy and dehumanization in the process of seeking services. The fact that Marin is so spread out and hard to get around in without a car compounded the stress for some consumers.

a. Related to Lack of Culturally Competent Services - Latinos

Latinos reported being unsatisfied with many of the HIV service providers – expressing frustration at the lack of warmth and caring. Several were simply not able to get to San Francisco for care, despite wishing they could. As one consumer explained, *“I’m thinking of going back to San Francisco for services – there at Mission Neighborhood Health Center and Instituto Familiar de la Raza they provide culturally competent services (to Latinos). They are so warm and have a big heart and make you feel like you are part of a family – they treat you so well.”*

Several Latinos emphasized feeling like a number, and nothing more, in a big, unfriendly bureaucracy. Others talked about being asked insensitive questions, like whether or not they are a citizen and sensing that that same questions does not get asked of Caucasian/European American looking consumers.

A couple of people talked about issues relevant to the Latino culture. One person explained that many Latinos will respond “yes” when asked whether they understand a question even if they don’t so as not to appear ignorant. Another summed it up this way: *“Do you know that Latinos with HIV hide? We don’t come out to tell anyone because we don’t want anyone to know about it.”* This consumer explained that there is such a great stigma in the Latino community about HIV/AIDS that most people won’t even talk about the subject and consider it taboo.

b. Related to Services

The consistent theme reported by consumers has to do with their experience as not being given information to help them access services. Instead, people feel like they have to constantly advocate for themselves and need to look to places other than their HIV service providers to get information about what is available (i.e. friends). Consumers feel de-humanized by the process of trying to receive services and feel like it is hard to get things moving – get housing, get benefits. The red tape, application process, and eligibility requirements of many programs feel overwhelming and consumer unfriendly.

¹² I only asked if consumer had ever filled out a client satisfaction survey – I was not able to get information as to when, as most did not know.

As one consumer states: *“They don’t open doors for us here in Marin – they close doors. People with money can pay. (Us) poor people don’t have choices as to where to access services. I’m so unhappy with the present services in Marin I wish I could go back to San Francisco – it’s just too hard to get there for me now. The system is disorganized – horrible.”*

Another issue related to services is how the newly diagnosed consumer experiences the process of trying to get assistance. *“As a newly diagnosed person with HIV I am terrified. I have feelings of inadequacy and rejection that are brought up by being HIV+. The first impressions with the providers you encounter are so important. You need a welcoming person – providers need to say: ‘How can I make sure you get what you need?’”*

One consumer explained that s/he has stopped filling out client satisfaction surveys honestly due to an experience of being treated badly after giving honest feedback and then being treated badly by his/her case manager since it was not hard (based on details) to figure out who consumer was.

c. Related to Dental Services

While consumers agreed that dental is important, most also expressed dissatisfaction with the inadequacy of coverage. The second theme that emerged was lack of knowledge about how to access financial assistance for dental care in Marin County. The following two consumer statements express these two concerns:

“We don’t have adequate dental in Marin – the Clinic will do the bare minimum. If you need serious dental work done, no one has any idea how to access Ryan White funds.”

“The Marin County Dental Clinic told me that they don’t do root canals or crowns, but they had no place to refer me to get the work done.”

d. Related to Availability of Funds/Funding

Some consumers felt extremely frustrated about not being able to access care during a crisis, yet having the sense that a lot of money is being spent in Marin County on HIV related services. The question for some consumers became, “Where is all the money going? And why can’t I get the assistance I need?” For people in crisis (homelessness; history of substance use; living in Marin without a car), the amount of money being provided seemed insufficient to assist them in times of need. Two examples of this sentiment are expressed in the following statements:

“Emergency funding limited to \$150/year is not enough for people in crisis.”

“It is really hard to get around in Marin. I have to walk everywhere since I don’t have a car. It is very expensive to pay for all the public transportation. The bus passes I get are limited to specific HIV related visits in Marin – this is not enough for me to get by.”

e. Related to Laboratories/Blood Work

The ability to find places and phlebotomists in Marin County who are culturally competent to work with PLWH/A and/or former IDUs arose as another area of concern. Two people with first-hand experience explained it this way:

“Getting blood drawn is hard for a former IDU – labs need technicians that have a lot of experience with IDUs, are sympathetic and non-judgmental. It would be great to have 1 place to go in the County.”

“Trying to get my Proof of HIV Diagnosis in order to qualify for services was one of the most frustrating experiences of my life. I was completely out of medical care for four months because I couldn’t get anyone to test my blood at low or no cost. If I hadn’t been clean at the time (not using drugs) I would have given up.”

IX. 3-YEAR CULTURAL COMPETENCY PLAN: Recommendations to the Grantee (County of Marin) of Ryan White CARE Act (RWCA) Title I funding

a. County-wide Basis

Goals	Objectives	Timeframe
<p>A. Each of the six RWCA funded organizations should read the results of this Report and the specific feedback related to their organization</p>	<ul style="list-style-type: none"> • Develop specific goals and objectives related to Cultural Competency addressing how to respond to the issues presented through consumer feedback¹³ • Include the goals and objectives related to cultural competency in this report in the contracting process with the Department of Health and Human Services. 	<p>By September 30, 2007</p>
<p>B. Design a consumer information campaign to educate hard to reach/out of care consumers about optional case management and SHARE/non-SHARE options</p>	<ul style="list-style-type: none"> • Do targeted outreach to clients in and out of care to find out if they have encountered obstacles with case management and invite back into care. • Create signs in English and Spanish that read, “YOU CAN ACCESS THESE SERVICES WITHOUT A CASE MANAGER: (provide list of services) that RWCA funded agencies must post in lobby and other heavily populated areas. • Re-training for all Executive Directors and all RWCA funded staff on cost caps and funding calculations per client to help avoid sense of agencies competing for clients¹⁴. • Develop specific guidelines for those consumers who don’t want to be share clients • Do public service announcements in English and Spanish to educate consumers • Continue to have client satisfaction surveys available in Spanish language at all agencies. • Include questions on Client Satisfaction Surveys designed to assess clients’ understanding of case management and SHARE 	<p>By December 31, 2007</p> <p>By June 30, 2007</p> <p>By September 30, 2007</p>
<p>C. Develop a HIV drop-in center with extended hours in a warm and welcoming environment where consumers can get immediate, accurate information and assistance.</p>	<ul style="list-style-type: none"> • Recruit consumers, providers and agency representatives to begin planning for the site. • Contract with providers for evening hours and an officer of the day to respond to emergency situations (evenings; after 	<p>By May 31, 2007</p> <p>By September 30, 2007</p>

¹³ At the 1st Cultural Competency training on January 10, 2007 each staff person present was asked to come up with at least one recommendation for their organization related to cultural competency. These recommendations should be incorporated into any plan that emerges from this objective.

¹⁴ Organizations who are pushing people to sign up for case management are likely wanting to increase their units of service to HIV+ consumers for funding purposes. This concern needs to be addressed and a new way to count units of service should be designed that doesn’t put organizations in position to vie for same clients.

	<p>hours)</p> <ul style="list-style-type: none"> • Explore funding options and, as needed, submit proposals • Visit San Francisco Sites • Open site 	By Sept. 2008
<p>D. Provide RWCA funding to community-based organizations that already have a history of successfully reaching minority populations in Marin.</p>	<ul style="list-style-type: none"> • Canal Alliance and Canal Welcome Center – work on capacity building to ensure that both sites receive: <ul style="list-style-type: none"> • HIV education • Materials in English and Spanish on HIV • Materials in English and Spanish about Needle Exchange • Understanding of Ryan White Funding, eligibility, accessing services • Updated contact list of staff at each agency who speaks Spanish/other languages • Meet with leaders in Marin City to discuss funding opportunities related to HIV Prevention • Brainstorm ways to partner in reaching Latino/Spanish speaking and African American clients and draw up an MOU • Provide funding for agencies to develop infrastructure to do RWCA reporting • explore shared staff person • Assess agencies' capacity to receive RWCA funds to do culturally specific outreach and provide culturally competent case management services • Explore feasibility of providing funding to Marin City agencies, Canal Alliance and Canal Welcome Center 	Sept.30, 2007
<p>E. Provide RWCA funding to develop effective, culturally competent outreach services the Latino and African American communities through close ties with community based organizations already working effectively with these populations; consider seeking grant to do targeted research.</p>	<ul style="list-style-type: none"> • In collaboration with community based agencies (Canal Alliance, Canal Welcome Center, Novato Human Needs Center, Marin City Health and Wellness, Marin City Recovery Center), do targeted outreach to bring clients into testing and, if needed, care. • In collaboration with community-based agencies, connect/contact HIV+ clients who have fallen out of care/services to find out why and attempt to bring them back into care. • Seek funding for culturally competent targeted research on HIV in Marin County • Explore Minority AIDS Initiative as a possible funding source • Brainstorm other potential funding sources • Call Kurt Organista at UC Berkeley to discuss possible research projects related, especially, to Latino Migrant Day Laborers and HIV 	By next funding cycle

<p>F. Create a list of laboratories that have a proven track record of working successfully with IDUs and PLWH/A.</p>	<ul style="list-style-type: none"> • Develop list of laboratories • Provide consumer information on back side of list (above #1) with information about consumer's rights regarding blood draws of PLWH/A and IDUs • Develop and/or inform people about the grievance process for encountering a lab or phlebotomist who refuses to draw blood from a HIV+/IDU consumer • Invite staff/phlebotomists to cultural competency trainings available for RWCA funded staff. • Revise client satisfaction survey to add question about labs and blood draws 	
<p>G. Interagency Collaboration</p>	<ul style="list-style-type: none"> • Food Bank paperwork to be filled out with Case Managers for people who need assistance (consumers in crisis; limited English speaking; monolingual; stressed from being ill/newly diagnosed; homeless) • Case managers to let consumers know they can have food delivery to their home if they are sick or not feeling well and to assist in arranging drop off, as needed. 	
<p>H. Make Enrollment in Title I Services User Friendly and provide Intensive Case Management for those who are in Need</p>	<ul style="list-style-type: none"> • Make more emergency funds available for PLWA in crisis who are homeless or at risk of homelessness. • Access all resources in and outside of CARE (CAM; St. Vincent's) 	
<p>I. Closure training for all RWCA funded staff</p>	<ul style="list-style-type: none"> • Arrange for all RWCA funded staff to be provided expert training on closure with clients when a case manager/counselor/therapist/ leaves the agency. • All clients who have a relationship with a particular staff should received notification of leaving • Closure should be done with each client before the therapist, counselor, case manager leaves organization. 	<p>September 2007</p>

b. Plan Goals - Narrative

Each of the six RWCA funded organizations should read the results of this Report and the specific feedback related to their organization

Since valuable information about each RWCA funded agency was captured from the Key Informant interviews, Consultant strongly recommend that each agency be given the written feedback related to their agency and have them come up with a plan of action on how to address the issues. While some of the issues are related to competency, generally, others are specific to cultural competency. Since the scope of this report covers

cultural competency, the plan recommends that each agency come up with a plan on how to improve services related to cultural competency. It seems necessary, however, to include overall competency related improvements in this effort as well.

Design a clear, simple and understandable consumer education campaign to educate people about case management and SHARE/Non-SHARE status

Information about case management should be clear and easily understandable. Many consumers were told that receiving case management was a condition of receiving other services. Some case managers won't talk to a client unless the client fills out paperwork to assign them as their primary case manager. This has created much confusion and frustration for consumers. The Council and all Ryan White agencies should do a consumer education project - to those hard to reach or in and out of care consumers to simply explain case management. It can be in the form of a sign, brochure or pamphlet.

It will also be important to spell out clearly what is needed to access services (proof of identification; proof of Marin residency; Proof of Income and Proof of HIV diagnosis) and that it will be required at the first visit in the fiscal year at each RWCA funded agency if the client chooses to be a non-SHARE client. For clients in crisis, intensive assistance should be available to help clients get this information.

All staff should be educated and required to explain consumer rights in an easily understood fashion. Handing clients packets of information is overwhelming to many, especially people who are living in stressful conditions (homelessness, at-risk of homelessness, poverty, substance use, low literacy, immigrants for whom English is a second language).

The consumer education campaign should include:

- Information stating that a MAP staff member has been assigned to assist clients *without* case managers access the funds for dental assistance and emergency and prescription funds.
- A client satisfaction survey in English and Spanish that assesses whether people understand that having a case manager is not mandatory or required in order to receive services.
- Any brochure should be in English and Spanish, at a minimum.

Develop a HIV drop-in center with extended hours in a warm and welcoming environment where consumers can get immediate, accurate information and assistance.

- Coverage in the evenings and on the weekends is needed and is especially crucial to be able to assist people in need/ in crisis and/or people who work and are not available during normal business hours.
- Access to emergency financial assistance for consumers needs to be easily accessed, when needed.
- Consumers desire a place for networking, attending lectures, participating in groups and socializing with other HIV+ folks.
- People should be able to get accurate, updated information and referral
- Benefits counseling should be available for people in crisis/hard to reach populations who may fall easily out of care (substance users; homeless; at risk of homelessness; newly diagnosed; monolingual)
- It should be located in a relatively convenient location, but also have place where consumers who are concerned about confidentiality can enter privately and meet with a staff person out of the view of others.
- Bi-lingual (in Spanish), bi-cultural staff need to be present at all times.
- A key to the success of this site, however, is being able to collaborate with key community based organizations in Marin who specifically focus on minority populations and already provide culturally competent services to create opportunities for joint referrals and programming, as deemed appropriate.
- The center should be a drop off site for Marin Food Bank consumers, but should also have a small pantry where people can access protein shakes and other non-perishable food on an emergency basis.

Provide RWCA funding to community-based organizations that already have a history of successfully reaching minority populations in Marin.

To most successfully reach and care for those who are hard to reach, it seems that agencies with a proven track record of reaching those populations should be brought into the RWCA system. Agencies in the Canal, Novato, Marin City, and West Marin should be strongly considered to provide outreach, case management, support groups, educational events and peer support. In the short-term, collaborations should be sought with the community based organizations in these areas that have a good reputation for providing culturally competent services. The longer-term goals should be providing RWCA funding directly to these agencies to provide the services to PLWH/A.

CANAL AGENCIES – Both the Canal Welcome Center and Canal Alliance have proven track records of successfully working with members of the Latino community in San Rafael. Canal Alliance has expressed a desire for capacity building in the area of HIV. This should be a first, short-term step. Canal Welcome Center should also be brought in to the conversation. In addition, there is a Concilio (a Council made up of community representatives) that should be consulted and brought into the conversation for how best to begin to do education and outreach to get people tested and bring them into care, when needed. The longer-term goal should include seeking funding for research and assessing these organizations ability to receive RWCA funds to provide services directly to PLWH/A in a culturally competent fashion.

NOVATO AGENCIES – the Novato Youth Center has a good reputation for working in the community. Again, they should be approached to work in collaboration with other community-based organizations like the Novato Human Needs Center to see what level of capacity they have for education and outreach to get people tested and bring them into care, when needed. Collaborations should be the first priority in assessing the best way to access hard to reach populations in Novato. The longer-term goal should include assessing these organizations ability to receive RWCA funds to provide services directly to PLWH/A in a culturally competent fashion.

MARIN CITY AGENCIES - Marin City Health and Wellness Clinic and the Marin City Recovery Center have good reputations for working in the community. Again, they should be approached to work in collaboration with other community-based organizations like the fatherhood program and local faith based leaders. A conversation should occur to see what level of capacity they have for education and outreach to get people tested and bring them into care, when needed. Collaborations should be the first priority in assessing the best way to access hard to reach populations in Marin City. The longer-term goal should include seeking funding and assessing these organizations ability to receive RWCA funds to provide services directly to PLWH/A in a culturally competent fashion.

WEST MARIN AGENCIES – The Coastal Health Alliance and the Latino Service Providers of West Marin have good reputations for working in the community. Again, they should be approached to work in collaboration with other community-based organizations in West Marin. A conversation should occur to see what level of capacity they have for education and outreach to get people tested and bring them into care, when needed. Collaborations should be the first priority in assessing the best way to access hard to reach populations in West Marin. The longer-term goal should include seeking funding for research and assessing these organizations ability to receive RWCA funds to provide services directly to PLWH/A in a culturally competent fashion.

Provide RWCA funding to develop effective, culturally competent outreach services the Latino and African American communities through close ties with community based organizations already working effectively with these populations

A large proportion of the Latinos living in Marin County are immigrants, some of whom speak no English (only Spanish or an indigenous language) and, some of whom speak limited English. Many of them live in daily fear of being deported. They often have significant distrust of public agencies and put off going to seek medical care, generally, until it requires emergency attention.

The issue of HIV in the Latino community carries great stigma. Many label HIV as the disease of homosexuals, prostitutes or drug users and dismiss it as something that would never happen to them. Homosexuality, in particular, is viewed as a sin in a community that commonly holds strong Christian values. As a result, many Latinos do not get tested for HIV either because they don't believe they could have it or because they'd rather not know. Not knowing gives a psychological sense of security that many Latinos prefer.

The same issues of stigma, religious values and isolation apply to the large African American population of Marin City. Marin City has the largest population of African Americans in Marin.

National trends clearly show Latinos and African Americans becoming infected with HIV at alarmingly high rates. While epidemiological data does not show alarming trends in Marin in either of these communities, there has not been a wide-scale culturally competent, targeted outreach to either of these groups.

The state funded NIGHT HIV prevention program does targeted prevention activities in both the Canal district of San Rafael and in Marin City (among other sites). One aspect of this prevention is an HIV testing van. In speaking, however, to various leaders of both the Latino and African American communities in Marin, there is a clear sense that very few individuals will go into a van known for HIV testing. Despite attempts to make the van a "health" related van – I have been told that "everyone in our community knows what the van is for". Because confidentiality is a huge issue for people in insular communities – the HIV van is not the most effective way to reach people for testing. To add to the complexity, many people living in poverty and isolation – do not go to sites outside of their own community due to fear, distrust, unfamiliarity, lack of culturally competent services and or lack of transportation.

My recommendation is that there be strong collaboration between the Prevention groups (NIGHT and MAP prevention and education); the community based organizations that have a successful track record within the Latino and African American communities to develop creative outreach programs and/or identify people who are presently doing effective outreach in the County. The collaboration should focus on culturally competent outreach methods – including peer outreach and street outreach that can effectively bring people into testing and, when needed, into medical care. However, it should also consider collaborating with faith based community groups – such as the Marin Interfaith Network – as a way culturally appropriateness to respond to the identify ways to think outside of the box effectively reach into communities and those who might trust

Create a list of laboratories that have a proven track record of working successfully with IDUs PLWH/A. On this same sheet, provide consumers with information about their rights regarding blood being drawn and any grievance process for encountering a lab or phlebotomist who refuses to draw blood from a HIV+/IDUs consumer.

Interagency Collaborations

Close interagency collaboration is typically a very beneficial outcome for delivering services. This plan give one specific example of how providers can work with the Food Bank to make the nature of applying for and receiving food a more client-centered service.

Make Enrollment in Title I Services User Friendly and provide Intensive Case Management for those who are in Need Make more emergency funds available for PLWA in crisis who are homeless or at risk of homelessness.

Consumers who are newly diagnosed are typically very worried, scared and stressed. If they are also experiencing homelessness, risk of homelessness, substance use, financial stress and/or are an immigrants who speaks English as a Second language, they may need support in accessing the CARE system. Some interviewed consumers shared stories of being out of care due to their inability to quickly and easily get the various types of proof need to enroll in Title I. One obstacle was getting Proof of HIV Diagnosis for those who learned about their status from anonymous testing. The uninsured (many of the interview pool) did not have an MD to whom they could go for a proof of diagnosis letter on MD stationary. One person (who was not eligible for MSC services) found it extremely difficult to get low cost/free Lab test results with CD4 and/or viral load test. Others shared stories of going to an agency with some of the paperwork and then being told they

need more/different paperwork and being frustrated about having to have to make yet another trip and spend more money on gas or public transportation.

The second aspect of this issue is that newly diagnosed people reported falling through the cracks and not receiving adequate support during this crucial time in their lives. People's phone calls didn't get returned, therapists left and were never reassigned, urgent paperwork needed to access services was delayed and delayed, people reported not getting any of the emotional support they needed unless they were relentless. There should be special services targeted to newly diagnosed consumers to help them get connected and supported. This might require one person to be assigned to deal with newly diagnosed consumers or developing special groups or events for this population.

Closure Training for Staff

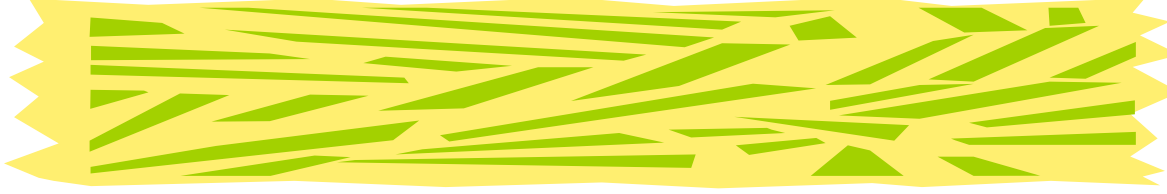
Because many consumers spoke of the devastating impact of having a counselor or therapist (and sometimes a case manager) leave an organization, it is crucial for staff (both the departing staff and the remaining staff) to be able to make the transition as smooth as possible. While it is important to take into account that any change in significant personnel can be difficult for a client who has a connection with a staff, some consumers reported having a counselor "leave overnight" and not being given any opportunity to have closure. As such, all RWCA-funded staff should receive training and develop policies on how this transition should be handled as best as possible.

X. CONCLUSION

In conclusion, my hope is that the many hours of candid interviews and cultural competency trainings that took place in 2006 - 07 will have a real and lasting impact on the quality of services provided to PLWH/A in Marin County. There is nothing worse than pages and pages of data that make no significant difference in any way. My desire is that everyone who reads this report will see it as a wonderful opportunity to learn and a rare chance to get into the hearts and minds of PLWH/A to really hear their words and respond - with the ultimate goal of making HIV related services in Marin County *the standard* for how services should be provided nationwide.

XI. OUTREACH FLYERS

Seeking to interview
People Living with HIV/AIDS in Marin County who are not seeing a Doctor on a regular basis



We'd like to hear more about why...

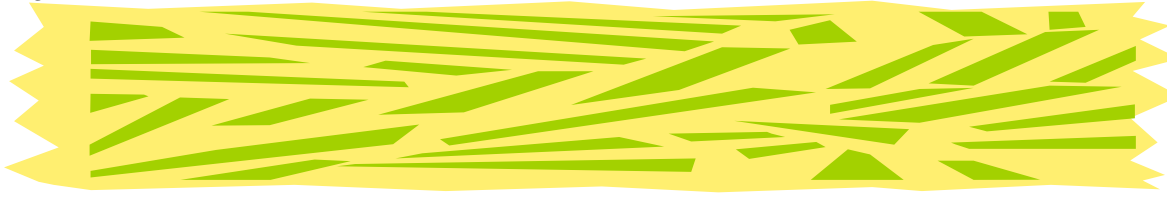
**If interested, please contact Maria Ramos at
(415) 388-5383
Woman and People of Color encouraged to participate**

Your identity will be kept confidential

**You will receive \$60.00 in Safeway gift cards
for your participation
Interviews will be conducted in March 2007**

Maria Ramos (415) 388-5383
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Queremos entrevistar a personas con VIH (SIDA)
quienes no tienen un medico
o quienes no van a un medico
regularmente



Queremos entender mas sobre sus motivos o razones por las cuales no visita un medico

**Si Ud. esta interesado llame a Maria Ramos
en el (415) 388-5383**

Su identidad sera confidencial

Recibira \$60.00 en tarjetas de Safeway por su participacion

Haremos entrevistas en Marzo de 2007

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