

Marin County CARE Council

Infrastructure Work Group

System Assessment Project Recommendations

The Marin County CARE Council (Council), in deliberations during 2006, determined the need to complete a broadly based assessment of several aspects of its system of care for people living with HIV and AIDS (PLWH/A). The need for such an assessment arose out of concerns expressed by clients receiving CARE services, as well as the Council's desires to understand the intricacies and impacts of the current service system on the individuals accessing it, as well as those not willing or able to use the system. The issues were focused by the reality of consistent funding reductions to, and changes in the focus of, the Ryan White CARE Act, re-authorized as the Ryan White Treatment Modernization Act of 2006.

A three-pronged approach to the assessment was developed and implemented:

- A cultural competency assessment was completed, together with a series of targeted trainings for CARE services staff. This work was completed by Maria Ramos-Chertok, with a final report and recommendations presented to the Council in June 2007.
- An assessment of the local system of care, based on site visits to all six funded agencies in Marin County, attendance at several Marin County CARE Council meetings, comprehensive reviews of client records, and discussions with Marin HIV/AIDS Services and Health Department staff members. This work was completed by Susan W. Haikalis, LCSW, with a report and recommendations presented to the Council in June 2007.
- An additional system assessment, which examined macro-level information available about Marin County, its PLWH/A, locations of services, transportation issues, and other components of service accessibility and availability was conducted by the Infrastructure Work Group (IWG) and Susan Strong, Strong Consulting. This work began in March, continues with recommendations to the full Council on July 11, 2007 and will conclude with a final report.

In completing its work, the Infrastructure Work Group has developed broad-based recommendations for the Council's consideration. The IWG approached these recommendations as a package, including those contained within the System Assessment, by Susan Haikalis, LCSW, as well as those contained in the Cultural Competency Report by Maria Ramos-Chertok. The group of recommendations is proposed to constitute the overall focus of the Council for the next three to five years.

Recommendations

The Infrastructure Work Group (IWG) presents the following recommendations to the full Council. The IWG considers these recommendations substantial and is in consensus that, subject to annual review and adjustment as necessary to respond to changes in circumstances and emphasis, they should be the primary focus of the Council's efforts for the next three to five years.

- 1) That concerted effort be made to develop effective, quality and culturally/ethnically appropriate communication tools for clients and service providers, such that:
 - a) Consumers have multiple opportunities to understand and access available service resources in Marin County that are both HIV-specific and non-HIV specific, including:

- i) Improvement and promotion of the existing web site so that it is easily accessible, and describes services, locations of services, how to access services, how to talk to a knowledgeable person for guidance, etc.
 - ii) Development of a county-wide resource book, updated at least annually, for distribution to current CARE clients and for circulation to designated locations accessible to persons who are not currently in the CARE system.
 - (1) As a component of the resource book, create a list of laboratories that have a proven track record of working successfully with IDUs and PLWH/A (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
 - iii) Development of a consolidated transportation system overview document that describes major routes to and from CARE funded services, especially focused on the Canal and Marin City/Mill Valley areas. This document, updated at least annually, would provide information about public transportation options, as well as information about how to obtain transportation during times of health crisis.
- 2) CARE service providers are required to attend trainings and other activities designed to improve cross-agency communication about shared clients and non-HIV specific referral resources, including:
- i) County-wide case conference for all clients involved with three (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. (For a complicated client situation with only two (2) agencies involved, the case managers should work out a joint care plan that they will share (per S. Haikalis, LCSW, Assessment of System of Care for Ryan White CARE Funded Clients in Marin County 2006-07).
 - ii) Coordination of a meeting of the Marin case managers to come to a consensus on the Marin Model which meets the Standards of Care for Case Management (per S. Haikalis, LCSW, Assessment of System of Care for Ryan White CARE Funded Clients in Marin County 2006-07).
 - iii) Standards of care implementation, such that interagency communication about issues and concerns, problem solving and idea generation leads to improved compliance.
 - iv) Each of the six RWCA funded organizations should read the results of the Cultural Competency Report and the specific feedback related to their organization (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
 - (1) Develop specific goals and objectives related to Cultural Competency addressing how to respond to the issues presented through consumer feedback (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
 - (2) Include the goals and objectives related to cultural competency in this report in the contracting process with the Department of Health and Human Services (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
- 3) That the portion of Ryan White Treatment Modernization Act funding designated to services within the 25% category be entirely focused on PLWH/A with severe need or currently in crisis (for example, financial trouble, homelessness, stress from being ill/newly diagnosed), in the following categories (with the exception of Non-Medical Case Management):
- a) Transportation
 - b) Food

- c) Residential Substance Abuse
 - d) Emergency Financial Support
- 4) That services focus on retaining PLWH/A in care, including:
- a) Episodic medical care as individual situations and need dictate,
 - b) Systemic emphasis on attempting to find individuals who do not keep medical appointments,
 - i) With emphasis on those with severe need, including development of tiered systems of interventions that lead to location and check-in with these individuals (telephone calls, back-up contact of family/friends to locate, home visits, and other interventions as necessary).
 - c) Development of a system for concerted effort and follow-up with PLWH/A who drop out of care and have not been seen for care within six months (unless there is communication in the client record), whether for health reasons or due to dissatisfaction with the service system, including documentation of efforts to reach and meet the identified needs of these individuals (paraphrased from Assessment of System of Care for Ryan White CARE Funded Clients in Marin County 2006-07, by S.Haikalis).
 - d) Make enrollment in Title I Services user friendly and provide intensive case management for those who are in need (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
 - i) Develop a simple orientation for all new HIV+ clients to the Marin system, which could be used in all settings of first contact (per S. Haikalis, LCSW, Assessment of System of Care for Ryan White CARE Funded Clients in Marin County 2006-07).
 - ii) Design a consumer information campaign to educate hard to reach/out of care consumers about optional case management and SHARE/non-SHARE options (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
 - (1) Support the efforts of Prevention to 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 (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
 - (2) Create signs in English and Spanish that read: "You Can Access These Services without a Case Manager" (or equivalent), that funded agencies must post in lobby and other heavily populated areas (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok). (Implementation of this recommendation subject to identification of non-RWCA funding sources).
 - (3) Retraining for all Executive Directors and RWCA funded staff on cost caps and funding calculations per client to help avoid sense of agencies competing for clients (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok). (Implementation of this recommendation subject to identification of non-RWCA funding sources.)
 - (4) Develop specific guidelines for those consumers who don't want to be SHARE clients (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).
 - (5) Do public service announcements in English and Spanish to educate consumers (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok). (Implementation of this recommendation subject to identification of non-RWCA funding sources.)

(6) Continue to have client satisfaction surveys available in Spanish at all agencies (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok)

(7) Include questions on Client Satisfaction Surveys designed to assess clients' understanding of case management and SHARE (See Cultural Competency Report to Marin County HIV/AIDS Program, prepared by Maria Ramos-Chertok).

5) That services continue to be provided within the major population centers of the County. Assure that services convenient to and appropriate for PLWH/A in the Canal area of San Rafael and in Marin City/Mill Valley are emphasized.

6) That all services be evaluated and funded according to their ability to implement and adhere to the approved standards of care within Marin County.

There have been significant changes in the care, treatment and support of PLWH/A over the history of the epidemic. In the past few years, some of the changes have been less than positive. While PLWH/A are living longer and healthier lives, the funding of services critical to the care system that specifically supports infected persons living in poverty, who are co-infected or have multiple health, emotional or psychological issues, has been repeatedly reduced. Along with many other jurisdictions, the Marin County CARE Council and the Department of Health and Human Services have been forced to reduce or eliminate services.

The recommendations 1 – 6, above, recognize the newly changed requirements of the Ryan White Treatment Modernization Act of 2006, as well as the reality of significantly reduced funding that is likely to continue into (at least) the near future. The Infrastructure Work Group has wrestled with the implications of these difficult changes. It has considered data specific to PLWH/A in Marin County, as well as other information about HIV/AIDS, those impacted and at-risk, and services provided in Marin County. With regret, the IWG has acknowledged that circumstances now prevent the Council from actively pursuing the following:

- Providing HIV-specific services to small populations of infected persons in outlying areas of the County, specifically West Marin.
- Adding new services to the current continuum or attempting to deliver all potential services to all clients.
- Assessing the quality, availability and accessibility of services to persons incarcerated in the County jail system.
- Determining which clients are receiving services in San Francisco and why they seek those services out of County.
- Attempting to develop services to enhance already existing case finding efforts which are the responsibility of the Health Department and are a focus of prevention services in the County.