



COMMUNITY OUTREACH & LISTENING ACTIVITIES

MARIN & SAN MATEO COUNTIES



OVERVIEW

- CCA Committee determines target populations for Community Outreach & Listening Activities (COLA) focus groups. Last year, CCA also decided to target partner counties San Mateo and Marin.
- Purpose: To assess need, barriers to care, and service category priorities in Marin and San Mateo counties
- In collaboration with each county's health department and local community based organizations, we conducted COLA sessions in each county, involving a total of 40 clients and 12 providers across the counties.

- Marin Client Session – October 28th, 2015
 - Connection Center- San Rafael
 - 23 participants
- Marin Provider Follow-up – December 2nd, 2015
 - Marin County Health & Human Services- Public Health Department
 - 7 providers

- San Mateo Client Session – October 23rd, 2015
 - AIDS Community Resource Consortium (ACRC)
 - 17 participants
- San Mateo Provider Follow-up – December 22nd, 2015
 - AIDS Community Research Consortium
 - 5 providers

LIMITATIONS

- Small sample size
- Primarily pulled from clients already in care or engaged with local system of care
- Clients may not be representative of the demographics of each county

- This report does not claim to be statistically significant or representative of each county's needs

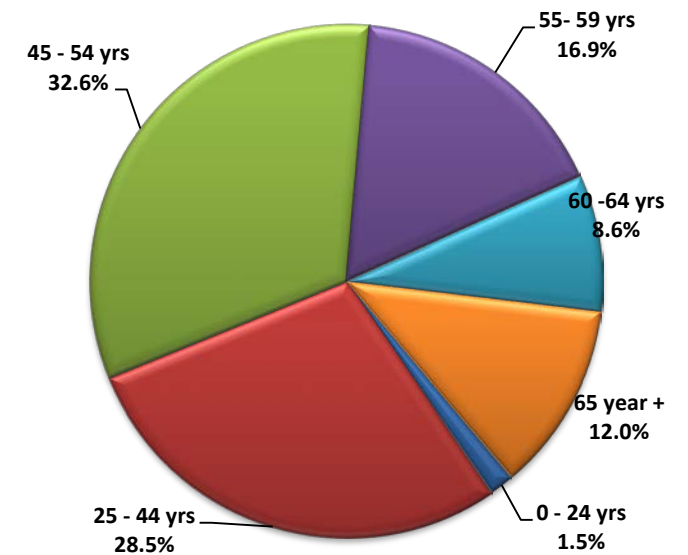
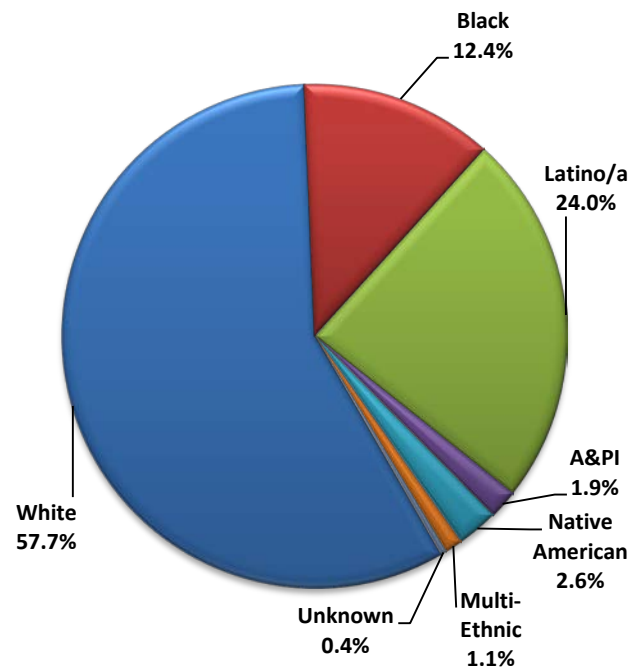
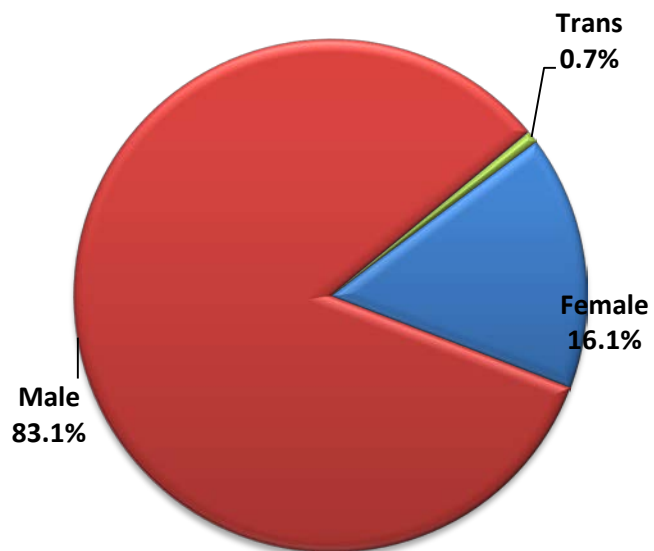
MARIN COUNTY

- Population: 258,364 (2013)
- Geographic Area: 828 square miles
- 583 PLWH/A
- 267 receiving Ryan White Services
- 3 Ryan White funded agencies:
 - Spahr Center (Marin AIDS Project)
 - HHS Clinics
 - HHS Dental Clinic
- 2 HIV Medical Care providers:
 - HHS Clinics
 - Kaiser
- Services are offered in San Rafael, along the Highway 101 corridor



MARIN COUNTY – ARIES SNAPSHOT

The following graphs reflect ARIES data from Marin county. (N = 267)



MARIN COLA – CLIENT SESSION

MARIN PLANNING COUNCIL COMMUNITY FORUM- CONNECTION CENTER, SAN RAFAEL
OCTOBER 28TH, 2015
23 PARTICIPANTS

Primary Medical Care

- Primary care most important x 2
 - Important to have a doctor you can relate to
- Primary medical care most effective x9
- 1 participant reported going to a clinic in San Francisco for primary medical care.

Dental

- Challenges with dental services x8
- 5 participants reported having to go to San Francisco for dental services
- Long waitlist
- “Referral for dental surgery is very far”, “referral system is bad”
- Limited options if you hit your cap

Legal

- Concerns around accessibility (both distance and cost) of legal services
- Need for legal help specifically around housing
- Discussion around living wills

Food

- Getting food that has expired
- Eligibility challenges- income a little over the threshold to qualify for food services
- Food is most important x6
 - “Most of us have special diets and that’s important”

Emergency Financial Assistance

- 5 participants said Emergency Financial Assistance was the most important service category
 - Particularly important because housing is so expensive

MARIN COLA – CLIENT SESSION

MARIN PLANNING COUNCIL COMMUNITY FORUM- CONNECTION CENTER, SAN RAFAEL
OCTOBER 28TH, 2015
23 PARTICIPANTS

Limited support services available in Marin County

- 7 participants reported not being able to get certain support services in Marin

Benefits Counseling

- I had great benefits counseling before they all left
 - Benefits counseling not effective anymore x 15
 - Quality of service dependent on effective staff
- Issues with benefits x 4
 - 1 participant reported meds getting cut off

Mental Health/Psychosocial Support

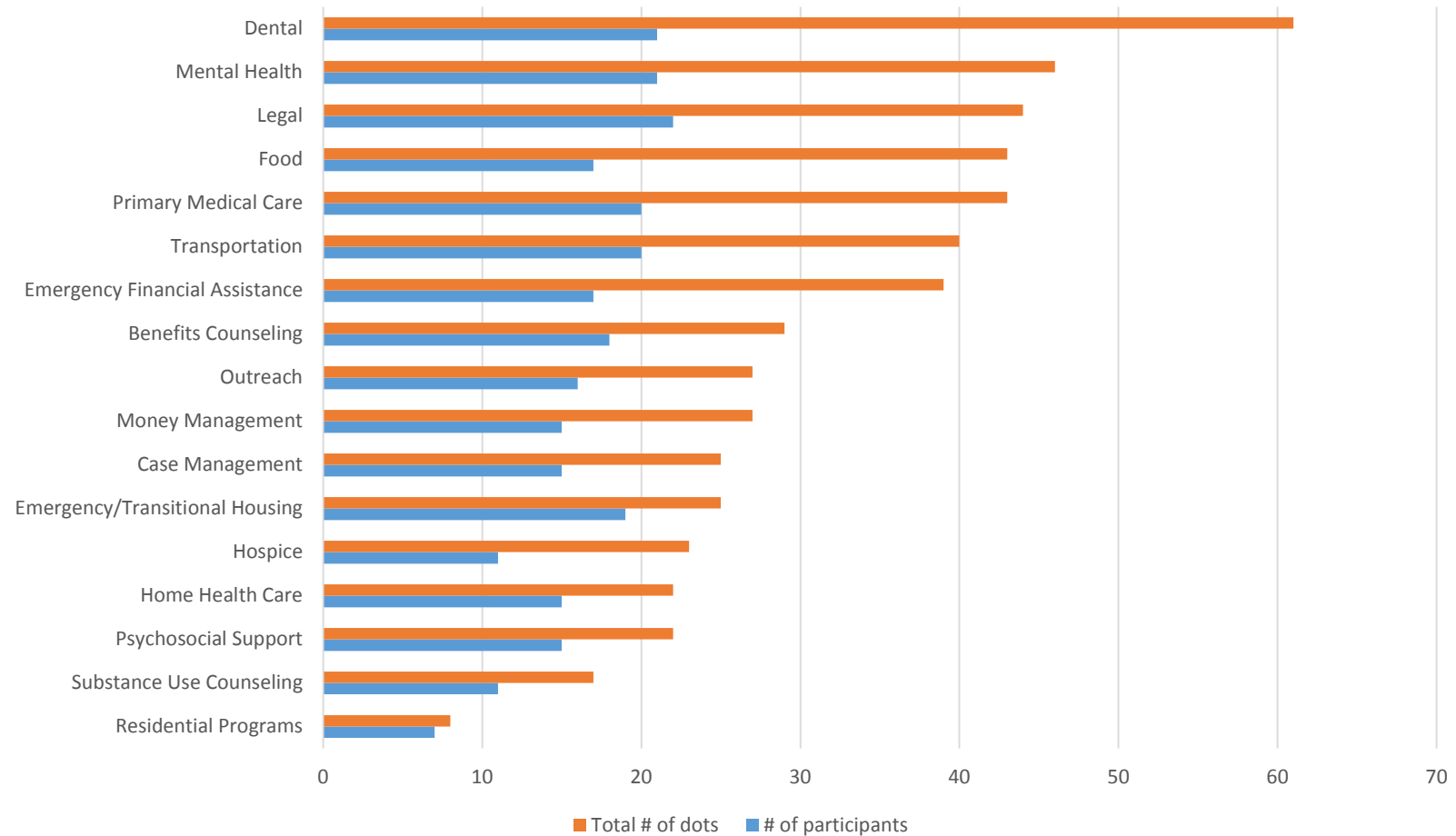
- 9 participants said that Mental Health was the most effective service category
- Lack of peer support
- 4 participants reported feeling isolated, lonely

Community-Specific Support

- Lack of support for your community x 6
- Not enough peer support for specific community x 15
 - Women
 - “Drastic need for more services for women”, “neglected, not taken into consideration”, “huge chasm there”
 - “When you’re a woman and you walk into an organization, you feel like it’s a gay organization, its run that way.”
 - Transgender community
 - “transgender community ignored”
 - Communities of color
 - Lack of socializing/events for people of color
 - Recently added support group for monolingual Spanish speakers, but there is still a need for support for Latinos who don’t speak Spanish
 - Heterosexual
 - Need for heterosexual men’s support group

MARIN COLA – CLIENT SESSION

SERVICE CATEGORY PRIORITIZATION



MARIN COLA – PROVIDER FOLLOW-UP

MARIN COUNTY HEALTH & HUMAN SERVICES – PUBLIC HEALTH DEPARTMENT
DECEMBER 2ND, 2015
7 PROVIDERS

Benefits Counseling

- 6 out of 7 providers put Benefits Counseling as one of the top two priorities
- “Can’t move anywhere in the system without knowing benefits”
- Only 1 benefits counselor for all of Marin.

Mental Health

- Provider-side Challenges with Mental Health Services:
 - “Not many clients use mental health services, even though many of the clients we see need it”
 - Getting clients to show up to mental health appointments.
 - The clients who do not make their appointments are often the ones with the most serious issues.
 - Mental health services are also difficult because of the cost of staffing
 - Need for Spanish-speaking therapists

Peer Support Resources

- Providers expressed a need for more informal sources of support
- Support for people in their 20’s
- Need more support for Latino clients.
 - A large amount of stigma surrounding HIV positive Latinos.
 - Many travel to San Francisco for support because of concerns around confidentiality.

Dental Services

- Clients have difficulty getting appointments
 - HIV positive clients do not get accelerated services
- Providers expressed that the dental services system is not easily navigable
- Providers also explained confusion around funding and coverage for dental services.

HIV and Aging

- No HIV+ only aging support groups in Marin.
- Lack of integration between services for aging populations and services for HIV community
- Aging clients may need more age-related services than HIV services- these are two different funding streams.

MARIN COLA – PROVIDER FOLLOW-UP

MARIN COUNTY HEALTH & HUMAN SERVICES – PUBLIC HEALTH DEPARTMENT
DECEMBER 2ND, 2015
7 PROVIDERS

Barriers to Care in Marin

- Language
- Transportation
 - Transportation is available out of Marin but not throughout.
 - Long bus waits
 - West Marin County has “absolutely nothing,” and only 1 bus travels there 3 times a day.
 - Providers explained that because of the small population, Marin County will not fund better transportation.
- Lack of resources
 - “In San Francisco HIV is more prominent which leads to more funding”
 - “people in Marin HHS don’t know or understand HIV”
 - “Systems of care do not speak to each other well in Marin”
 - “System does not treat HIV positive clients well”
- Contacts for resources and services “dry up”
- Lack of a public hospital
- Concerns around case management services x6
 - County policy that clients accessing medical services through the county clinic can only access medical case management at the county clinics, and not through the local CBO.
 - Case managers at the county clinic have specific parameters that limit their scope of care for clients (e.g. medical case manager through county could not visit a client in their home), whereas case managers at the local CBO have more flexibility.
 - Providers spoke to advocacy efforts to allow clients to access whichever case management services best serve their needs.

MARIN COLA

SERVICE CATEGORY PRIORITIZATION COMPARISON

	Clients	Providers
1	Dental	Benefits Counseling
2	Mental Health	Case Management
3	Legal	Primary Medical Care
4	Primary Medical Care	Mental Health
5	Food	Emergency Financial Assistance
6	Transportation	Dental
7	Emergency Financial Assistance	Food
8	Benefits Counseling	Transportation
9	Money Management	Emergency/Transitional Housing
10	Outreach	Substance Use Counseling
11	Emergency/Transitional Housing	Money Management
12	Case Management	Psychosocial Support
13	Hospice	Legal Services
14	Psychosocial Support	Home Health Care
15	Home Health Care	Outreach
16	Substance Use Counseling	Residential Programs
17	Residential Programs	Hospice

Mutual Top 5
Mutual Bottom

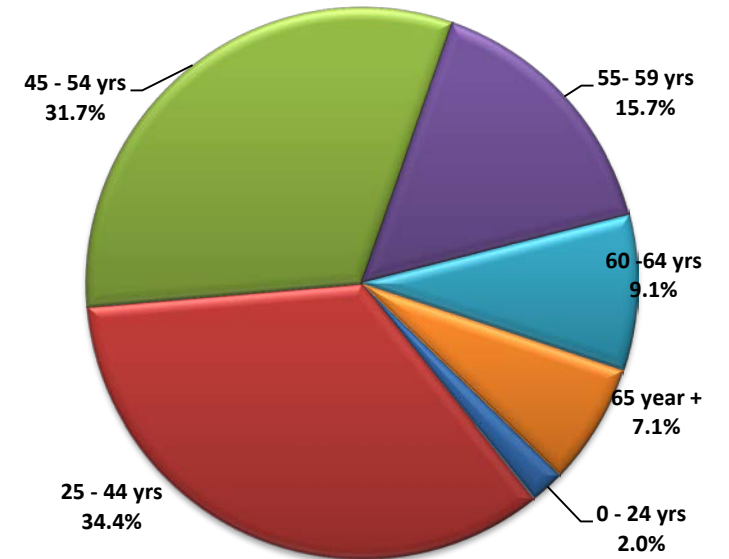
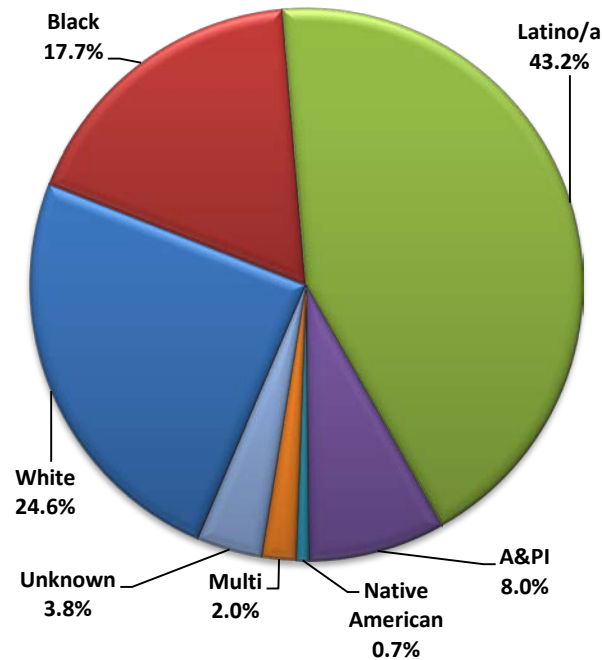
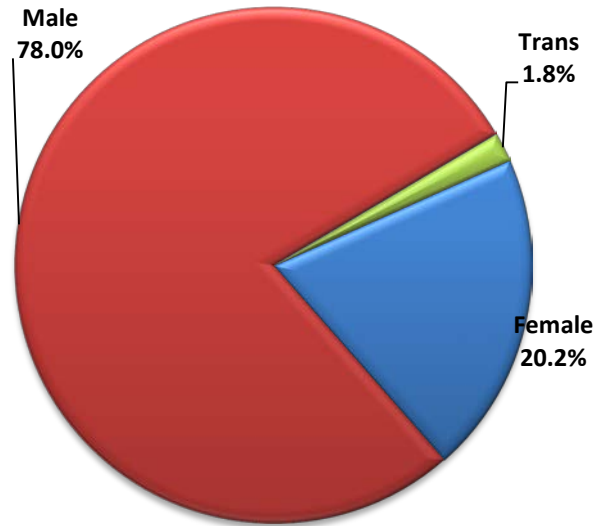
SAN MATEO COUNTY

- Population: 747,373 (2013)
- Geographic Area: 744 square miles
- 1460 PLWH/A (as of 12/31/2014)
- 583 receiving Ryan White Services CY 2015
- 3 Ryan White funded CBOs:
 - AIDS Community Research Consortium
 - Harm Reduction Therapy Center
 - San Mateo County Mental Health Association
- 3 San Mateo Health System HIV clinics:
 - Edison Clinic at San Mateo Medical Center in San Mateo (over 90% of patients seen here)
 - Fair Oaks Health Center in Redwood City and Daly City Clinic



SAN MATEO COUNTY – ARIES SNAPSHOT

The following graphs reflect ARIES data from San Mateo county. (N = 549)



SAN MATEO COLA – CLIENT SESSION

AIDS COMMUNITY RESEARCH CONSORTIUM (ACRC)

OCTOBER 23RD, 2015

17 PARTICIPANTS

Benefits Counseling

- Eligibility
 - Issues with renewing eligibility
 - Confusion around eligibility requirements and deadlines
- Burden of paperwork, no one to help with paperwork
- Denial of SSI

Lack of HIV Specific Services

- No HIV specific case management, mental health or outreach.
- “We don’t have all these services”
- “Mostly just have food and education from one place.”

Psychosocial Support

- Lack of support groups
- “If you’re proactive, there are groups available”
- Only Spanish speaking groups

Housing

- 9 participants reported having challenges with housing
- Lack of affordable housing
- No inpatient housing or housing for people with mental health issues

Dental

- Dental services are limited- all preventative care
- “My bridge needs replacement and they won’t do it.”

Mental Health

- “We need more mental health”
- Specific issues with mental health and meds

SAN MATEO COLA – CLIENT SESSION

AIDS COMMUNITY RESEARCH CONSORTIUM (ACRC)
OCTOBER 23RD, 2015
17 PARTICIPANTS

Transportation

- Transportation issues X3
- Geography can be a challenge for those living outside where centralized medical services are.
- Individuals living near SF County would find it easier to access services.

Legal

- Immigration issues
 - “I need my green card, I need a driver’s license to work”
- Housing
 - “Had success with legal support around a housing situation”
- “We don’t have anyone to defend us- what if we’re discriminated against?”
- Need for advocate at Social Security Office
- Help with paper work

Most Effective Services:

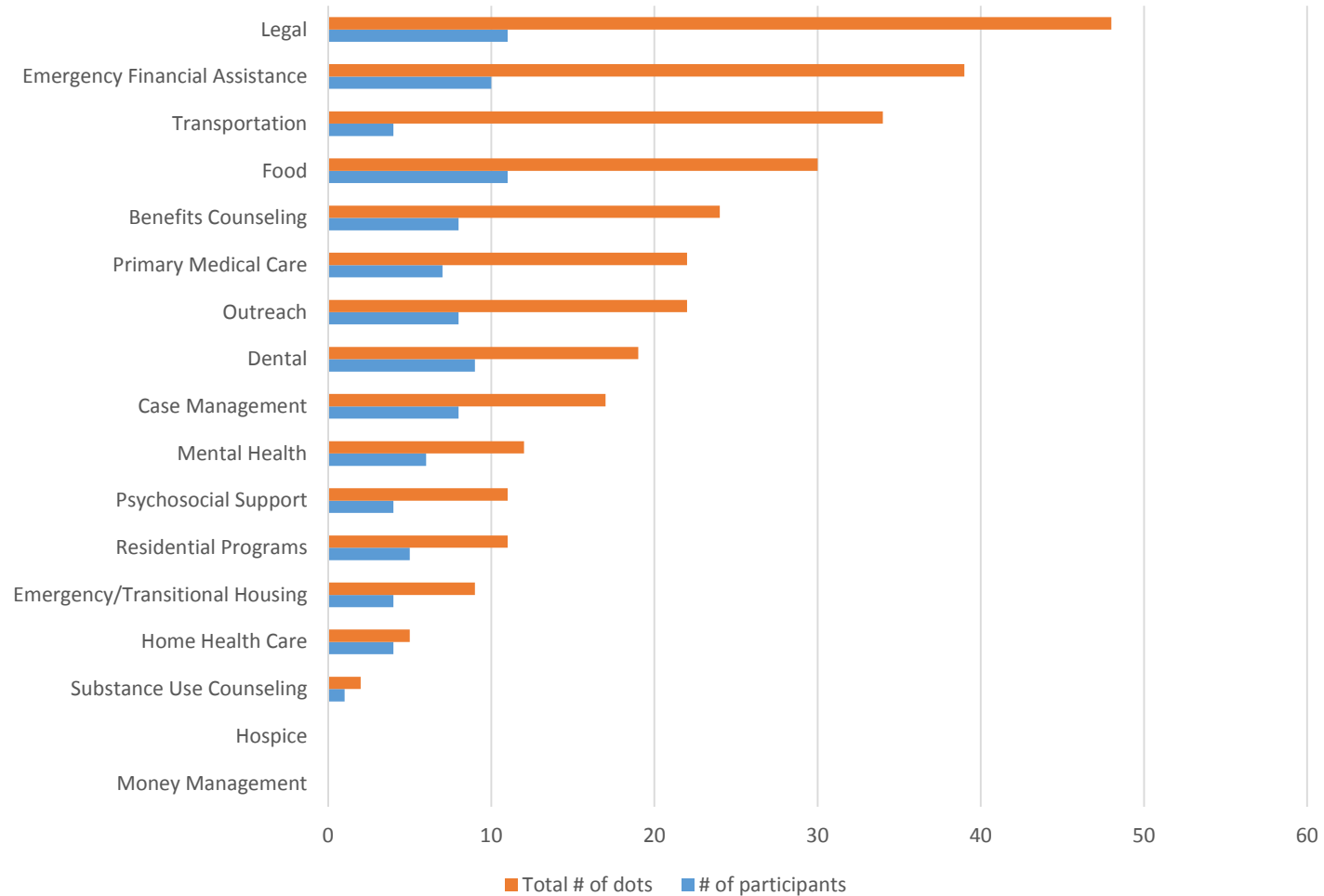
- Substance Use treatment
- Food
- Primary Medical
- Legal
- Housing

Least Effective Services:

- Transportation
- Housing
- Psychosocial Support - “because there is not enough”.

SAN MATEO COLA – CLIENT SESSION

SERVICE CATEGORY PRIORITIZATION



SAN MATEO COLA – PROVIDER FOLLOW-UP

AIDS COMMUNITY RESEARCH CONSORTIUM (ACRC)
DECEMBER 22ND, 2015
5 PROVIDERS

Housing

- Housing is so important and not stable
- A lot of clients have housing vouchers but no one will take them.
- Lots of clients are moving out of the county to the valley.
- “There is no excuse for lack of housing in this county, this is a rich county”
- There is little housing for mental health patients. “No turn over, so people can’t get in”

Medical Care

- Primary Medical is most important
- “The county does a good job of keeping people in care”
- “They track people down, and don’t let people fall out of care”

Mental Health

- Lack of continuity in service provision
 - “They bring in interns and the interns leave”
 - “Clients build relationships with therapist and the therapist leaves”

Psychosocial support

- Not enough peer support
- “We tried to start a support group, but there wasn’t enough consistent attendance or people would fight and stop coming”
- “We need help to recruit and help stabilize the group”
- There is one place for support groups in the county

Transportation

- Transportation is needed, especially for the people who live on the outskirts of town.
- “we can’t deliver food to everyone”

Benefits Counseling

- Benefits counseling is so important
- They need benefits counseling to file paperwork, etc.
- “There is only one benefits counselor- she’s great, but she’s only one person for the whole county”

SAN MATEO COLA – PROVIDER FOLLOW-UP

AIDS COMMUNITY RESEARCH CONSORTIUM (ACRC)
DECEMBER 22ND, 2015
5 PROVIDERS

Dental Care

- Excessively long wait times
 - “My client had a 4 month wait time for a cleaning”
 - “Clients have waited 2 years to get dentures”
- When they get care, they’re satisfied with the service.

Support for specific communities

- There isn’t any LGBT support, “we’re the closest thing to LGBT support”
- “There used to be an organization for transgender support, but I don’t think it exists anymore”

Emergency Financial Assistance is so important- helps them stay in a hotel for a while.

Impact of loss of funding

- “We need education and needle exchange, we lost that funding”
- “We used to have programs for monolingual Spanish speakers, lost that funding”
- “Substance use counseling is needed, the current program has been carved up to nothing”
- “Job training is an issue. Some people would love to get a job. There issued to be that resource”
- “Biggest problem is lack of money- services would function much better if there was more money. The County is so wealthy, no excuse”

SAN MATEO COLA

SERVICE CATEGORY PRIORITIZATION COMPARISON

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1	Legal	Emergency/Transitional Housing
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Mutual Top 5

Mutual Bottom 5

CONCLUSIONS

Each county has a unique landscape of services and populations served, and face challenges that are in many ways distinct from San Francisco.

- There are very few HIV-specific agencies in each county.
- Both counties are experiencing challenges with understaffed/under-resourced support services, as well as a decreasing availability of services (especially around support services).
 - Benefits Counseling
- Both counties have specific challenges around transportation, which constitute a barrier to care.
- There is a desire from clients to see more support services offerings that are community-specific (e.g. support group for women, communities of color, etc.)