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

- 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
The following graphs reflect ARIES data from Marin county. (N = 267)
Primary Medical Care
- Primary care most important x 2
  - Important to have a doctor you can relate to
- Primary medical care most effective x 9
- 1 participant reported going to a clinic in San Francisco for primary medical care.

Dental
- Challenges with dental services x 8
- 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 x 6
  - “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
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

- Dental
- Mental Health
- Legal
- Food
- Primary Medical Care
- Transportation
- Emergency Financial Assistance
- Benefits Counseling
- Outreach
- Money Management
- Case Management
- Emergency/Transitional Housing
- Hospice
- Home Health Care
- Psychosocial Support
- Substance Use Counseling
- Residential Programs

0 10 20 30 40 50 60 70

Total # of dots  # of participants
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.
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

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**Mutual Top 5**

**Mutual Bottom**
SAN MATEO COUNTY

- 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)
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
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

- Legal
- Emergency Financial Assistance
- Transportation
- Food
- Benefits Counseling
- Primary Medical Care
- Outreach
- Dental
- Case Management
- Mental Health
- Psychosocial Support
- Residential Programs
- Emergency/Transitional Housing
- Home Health Care
- Substance Use Counseling
- Hospice
- Money Management

![Chart showing 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”

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

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”

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”
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”

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”

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