Fernando: So, I'm gonna ask you just a few question so that I can understand about this unit. So, first of all what are your names?

Amy: Amy

Julie: I'm Julie.

Fernando: Okay, how many years of experience do you have in this sort of services?

Amy: I've been doing it about 14 years.

Julie: And I have been doing it for 22 years.

Fernando: Who is in your unit? How many people? What's their gender? And age average?

Amy: Clients you mean?

FErnando: social workers, I mean people working with you.

Julie: oh staff, yes for care coordination there are 4 of us. Mm For the whole Psi Link there are 15 to 17 of us. Mm but yeah care coordination there are just 4 of us. There are 4 care coordinators that do care coordination.

Fernando: Are they of both genders?

Julie and Amy: all females

Fernando: what about the ages?

Amy: I think I'm the oldest at 52.

Julie: Tammy is 45. I'm 44 and Carla is her 30's She's very new. We just hired her. She hasn't even been here a month.

Fernado: Who are your clients?

Julie: People living with hiv and essentailly to be in services that is the only requirement that we have to have. We just have to have documentation that they are hiv positive.

Fernando: do they belong to a certain socio economic status, or is it from all over?

Amy: It's from all over. I mean we're a rural area. But it's rural. Meaning outer line …. County, green county and then Bloomington. But we do have clients from mm probably 12 or 16 different counties. Lots of different counties. Mm

Fernando: okay and do they

AMy: so, it's an interesting mix of people.

Fernando: and have you had people who have jobs and people who don't have jobs?

Julie: Everything you can imagine. We have people from every socioeconomic, color, race, ethnicity, ***we have them all.***

Fernando: okay, what would be the main responsibility of your unit? What are the most important things that you do for those clients?

Amy: we're direct client services so we do a lot of *linkage to care* mm ***help***. We would do an ***intake*** with somebody and see what their needs are and then help move them from what their need are to finding ways that we can meet those needs.

Fernando: Okay, so sometimes do your services intersect with services that are offered by other units?

Julie, Amy: yes, absolutely.

Fernando: What kind of services?

Julie: So, ehen we do an intake like, we deal with people who have mental health issues, with substance issues, housing issues, do they need a provider? Do they need a pharmacy? Do they need prescriptions, insurance. So any of those things that encompasses their lives we help facilitate that and link them to those resources.

Fernando: So for example when you are dealing with insurance, with mental illness, with transportation, you sometimes have to communicate with the heads of the other units.

Amy: oh yeah, yes.

Fernando: And how do you do that communication? How do you talk about clients with the other units?

Julie: Units meaning inside this office or outside this office?

Fernando: Inside.

Julie: we have weekly staff meetings where if we have mutual shared clients we staff them every week. We staff them jmm sometimes we send them an email if people are really really busy and you just have a question you can send them an email. Or just go over to the office and talk to them. Hey, this happened today. I just thought you should know.

Fernando: Okay, what would be your day-to-day activities, so what do you do during the day? Is it mainly sending emails? Going to places? Talking to people?

Amy: all of them.

Fernando: on a typical day you would be.. Do you have to sit at a desk all day?

Amy: it truly depends what the day is. I mean we have.. We will schedule things for that day mm direct client things.. Mmm so that might be appointments in the office, that might be going with them to providers offices, that might be going to their homes to do something. m m that might be mm delivering food.. It really depends on the day.

Julie: there is not normal day.. I mean some days you will sit at the office and make phone calls all day, talk to clients on the phone, schedule appointments, do paperwork, and then other days we may like be working, but not even coming to the office. We may be doing home visits all day long. We may be in Columbus doing visits all day long. Or, maybe at doctor Tom's the infectious disease doctor so there is not really a normal day.. [laughs]

Fernando: and do you have a schedule?

Julie: Yes, we all have calendars and we can also see each other's calendars.

Fernando: So, ahead of time you know what you have to do that day. You would know where you have to go.

Julie: yes.

Fernando: What about these home visits, what do you need to do that?

Julie: if people don't have transportation, we do home visits. Mm I have one client. This does not happen too often, but I have one client who totally not out about their status at all. And I literally meet them at McDonalds for an ice cream cone because they will not come here. They don't want me coming to their home. But mostly, transportation is why we do home visits.

Amy: Or somebody is homebound for medical reasons.

Julie: yes.

Fernando: so, what are the mediums that you use to reach out to them, or communicate to the clients, do you talk to them over the phone? Do you send emails?

Amy: phone, email, face to face, limited use of social media sometimes as far as inbox messaging. We try not to do that, but that's the only way we can communicate with somebody.

Fernando: In general, do they have access to computers or to smartphones, or cellphones?

Julie: I would say it's a mixture. I would say most of them don't have smartphones. They have what they call the obama phones which you can get it through medicaid actually. And it is income-based so if you don't have very much income you can get what 300 minutes a month. It's a little flip phone. I would say they majority would be phone contact.

Fernando: So that would be your first thought, okay I'm going to call this person.

Julie: yes.

Fernando: How do you obtain that information. The phone number of the client?

Julie: when we do an "intake" with them. We have an intake that it's about that big, that has all their demographic information. Phone numbers, we even have like do you want to accept mail from us? Cuz we send out mail at least once a month. Hmm is this the best phone number, or is this a message phone number? Home, cell, work if they have those phone numbers. And we ask about how they want to be contacted. Like I have one client that we would prefer me email him than call him. So, that is one of our questions. It's how do you prefer to contact you.

Fernando. Okay, so those forms are filled out when, at what point? After they are diagnosed or whenever they want to come here.

Julie: Whenever, like if someone called in and said hey I want your services. We would fill out a form that just had their name. Their address, their phone number and then we would schedule an appointment for them to come in and do an intake. We would review all that and then that's when we would do the intake that would ask what's the best way to contact you and all that kind of stuff. So, normally it's the first time we see them, but usually the second time we have contact with them. Usually they call in and say I've heard about your services, what can you do.

Amy: Sometime people, it would be a new diagnosis. Sometimes it is somebody moving in. A new diagnosis may immediately want services. I would say not usually.. It usually takes a period of time mm before they maybe want services.. Hmm so it's not an immediate.. I test HIV positive and I go directly into care coordination. It doesn't.. It's not streamlined like that. It's really on different people's time schedules.

Fernando : so it depends more on them. When they want to..

Amy: this is a completely voluntary program.

Fernando: So, how do you keep track of your clients. Once they are part of your system and you have their information.

Amy: we have quarterly reviews with the people. We typically talk to our clients more than quarterly.

Juie: and the quarterly has to be face to face. We have to do it face to face. We have monthly contact.

Amy: Monthly contacts, and that can be phone, email, direct face to face. Some people we talk once a month, some people we talk to once a day, or multiple times a day. It really depends on the person and what their needs are at the time.

Fernando: But if they don't call you, or if they don't make any effort to contact. You would like at least once a month.

Amy: That's part of our grant. One of the requirements is a monthly contact.

Fernando: So, would you say that are calling you or contacting you most of the time are doing better or worse in general in comparison who don't contact you at all.

Julie: I would say that people that contact us ware in more need of services. I feel they need more and that's why they are contacting us. The people that we typically contact or maybe just talk to once a month are people that are going pretty okay. They just want to touch base. Or they may need one or two things. Would you agree with that [looking at Amy]

Amy: I think there are a few people who.. the opposite.. just a couple that we know. If we haven't heard from somebody for a period of time that's probably a red flag. But the majority of the people, yes, we talk to the ones that have the most needs.

Fernando: and when you contact them, do you collect any type of information from them? What I'm trying to say is what kind of information you have for each client…

Amy: depends on what their needs are. I mean..if we contact them, if we haven't heard from. If we do a monthly contact of someone who haven't heard from then we, you know, we will kind of check in with him, you know, have you seen your provider laterly? Do you have any nutrition need, do you have any financial needs, do you, you know, what's going on in your life. But there are some people who can just say hey just calling to check in, what's new.

Julie: Are you taking your meds..

Amy: but then people who call in, mm they call in with needs

Fernando: and do you have like a form where you are like, okay this person is taking his or her meds

Amy: we have case notes that we do

Fernando: you have case notes, oh..

Amy: for every contact.

Julie: every contact. We talk to someone for one minute, we have to write about it.

Fernando: and do you do it digitally, using the computer?

Julie: yeah, since we have a grant from the state department health, we have their database we get into their database.

Fernando: Oh, okay

Julie: and it goes to them

Fernando: Okay, so that information is also accessible to them.

Julie: yes. Like our granting funders they can go in. That's how they audit us. They go in our computer and check our notes and stuff.

Fernando: who are they again?

Julie: the Indiana State Department Health in Indianapolis

Fernando: how is your experience using their system? And database? Is it straightforward or..

Amy: all the care coordination sites in Indiana are accessing the same database, so there are times when it is slow. Mm times that is not overly user friendly because so many people are accessing it at the same time. Mm sometimes is a work in progress, but it is what we have.

Fernando: do you know pay attention to, when your clients contact you, whether they are happy or not? Like their wellbeing in general, do you write about that.

Julie: yes we have a, and we have you some copies of our review and the stuff that we check on.

Fernando: yeah that would be great

Julie: so we do a review with the client. Usually we do a demographic, make sure that their phone numbers, address, emergency contacts, all that information is the same. We go over duty to warn release of information, confidentiality, grievance policy and intent to participate. So all those kinds of things we go over with them and we do like I said, update their address, all that kind of stuff. And then we ask about their housing, their insurance. Whether they have access to transportation and then we go through a whole section on their medical are they taking their meds? Do they have access to meds? Mm have they gone to the doctor they had a checkup. And then. We go over their psychosocial sort of mental health, then go over their substance if they any substance use then there is a legal section. Have they been incarcerated, do they any legal issues, do they want to do living will, a guardianship mm power of attorney, and then a whole financial section are they getting any subsidies, like are they getting section 8, are they getting food stamps, medicaid, any subsidies, do they need any subsidies. Do they need walmart cards, gas card so all they are able to pay their bills every month. Hmm did I get everything? [looking at Amy]

Amy: m hm, so our hope is that we can get a snapshot of what's going on. At least once a month with the person.

Fernando: do you ask the same questions at least once a month?

Julie and Amy: yeah

Amy: sometimes, more than that.

Fernando: what is the most difficult service to provide in your unit?

Julie: I would say mental health. It's a huge issue that is kind of hard to access because it's really dependent on your insurance. If your insurance covers it, or doesn't cover it. I mean if it doesn't cover it, your hands are pretty much tied about finding.. I mean there's I think Catholic charity services I think they do some free counseling, but otherwise if your insurance doesn't cover it, it's very hard to access it.

Fernando: what's the most common type of mental illness?

Amy: a lot of depression, a lot of anxiety,

Julie: yeah, depression, anxiety. That's the biggest.

Fernando: are these issues caused by the hiv diagnosis

Julie: which came first the chicken or the egg?

Amy: that's exactly the phrase I was thinking of [smile]

Fernando: [laughs]

Julie: several or our clients will tell you when they contracted hiv or when they think they might have become exposed, infected hmm they were at a time in their life when they didn't care about anything. They just kind of just you know didn't care. And for some people when they find out they are positive, it kind of changes in a good way, like they I'm like oh wow I've got to take care of my health cuz I really wanna live. So you get that, but you also get people who when they find out that they're positive and it sends them in a tailspin. So, it really is what it came first, the depression and anxiety or the hiv. Like..

Amy: and usually some people, once you get to know them they can identify that oh you know maybe i did struggle with depression, anxiety whatever when I was younger, you know.. Did that lead them to..

Fernando: m hm yeah I see, it would be difficult to know.. Would you say that it depends also on age, would you say that people who are older manage better their hiv diagnosis?

Amy: i think who are older have different coping mechanisms.

Fernando: what do you mean by that?

Amy: well, they've been doing it longer [laughs] whether that's healthy coping mechanisms or not.

Fernando: What would their coping mechanisms be?

Amy: well, substance use. I know that's a good coping mechanism, but it is a coping mechanism.

Julie: yeah

Fernando: so they would be drinking alcohol or..

Julie: yeah

Amy: substance use is huge.

Fernando: so they are using drugs to come to terms to their hiv status

Julie: yeah, I don't know that I think, like across the board blanket statement, whether you're old, middle age, young. I just think that everybody deals with their hiv diagnosis differently. I don't, I have some very young people come in and they are very educated. They are on top of it. I have some very older people that come in, educated, on top of it. And I have young and old that come in and are devastated and don't know how to do anything, like they're an infant. [laughs] You know you are walking them through it.

Fernando: do you think that education has any impact on, does it influence in any way how you react or handle it?

Julie: It influences the way I am going to be a care coordinator to them. If someone comes in and they are in my office and they can't do anything for themselves I am probably go with them to their doctor's appointment. I'm probably going to hold their hand and tell they're able to do this themselves. If someone comes in and they seem to have it together or tell me.. Cuz I will specifically ask it's one of my standard.. I say you're in an [...] relationship as in as involved or uninvolved as you want it to be. If you want me to go to doctors' appointments with you, if you want me to help you do all this stuff that is my job, I will do it. If you are the type of person I can give you a phone number, I can give you a referral you take care of it after that and that's what I'll do cuz I'm not going to hold someone's hand that doesn't need their handheld, that's condescending and doesn't do anyone any good. But if they need that.. So I'm just very what do you need from me and some clients need me to go to every doctor's appointment every appointment, others are like hey you know, like today, yesterday I had a guy come in he's like I'm having some legal issues can I just get, do you have any referrals? Oh yeah here's legal services this is their phone number, you know do you want to call them right now while we're sitting here and he's like oh no no I'll call them when I leave later and I'll do it. So,

Amy: our job is help people move from dependence to independence or closer to independence. So, that hand holding initially we wouldn't be doing a very good job if five years down the road we're doing the same hand holding.

Fernando: have you had cases where they started like that, they were very independent, they appeared to be on top of things, but later they realized that they were not.

Amy: yeah .and just like all of us,.. Mm you know there are times in our lives when we need more support than other times. And this population is no different.

Fernando: is there, so you know because in the general population we have this idea that gay men or men that have sex with men are more impacted by this disease. Do you think that that's the majority of your clients?

Julie: yeah, I would say so. I mean we've gotten a lot more women, latino, hispanic and african americans than we did before, but yeah I would say the majority of ours is men who have sex with men.

Fernando: why do you think that's happening?

Julie: why do I think it's more men who have sex with men, or the other population?

Fernando: so, why do you think that's more yeah men that have sex with men and latinos and african americans? Is it because they are not protecting themselves? Or is it because they don't have enough education, I mean they don't know about hiv..

Julie: I'd say all the above. I mean I think too though part of the reason we have more men who have sex with men it's because it;'s Bloomington and it's a very safe place to be a man who have sex with men. I mean you know, so I think that's part of it. And I think there's a lack of education, you know knowing how you contract hiv, you know.. Hmm

Amy: poverty is an issue. There's a socioeconomic component. Hm

Fernando: why do you think that poverty affects, like because I was thinking that it's because probably they don't have access to education?

Julie: that or just..

Amy: it's almost like a culture of poverty..

Julie: yeah

Amy: and it's very difficult to break out of that.

Fernando: and they come to you, do you think that they know about hiv, do you think that they understand how the virus..

Julie: some do and some don't.

Amy: it depends. Or some say they do, but they actually don't because the research they've done is on the internet and you know, as we well know you can get good information and then you can get no good information. So..

Fernando: well, I know that when I go to the Back Door which is the only gay bar in Bloomington, we have, I mean we see that they're testing for hiv so obviously we know that you know that that's an issue that that;s something that we have to sort of pay attention to, for sure.

Julie: and I think that IU Health Clinic we've gotten a lot of referral. They are very good knowing that we're here. We get I mean not a lot but when we have people from iu that's usually we get it from health and wellness or they have gone to the doctor there and they would call over to us.

Fernando: are you part of that? Cuz I understood that you were part of the university, sort of part of the iu health system.

Julie: yes, we are part of iu health but not..we are part of iu health, but not Indiana University.

Amy: and the more, obviously, counseling and testing folks are looking to get into high risk populations so, they're continuing to trying to find those areas, or those groups of people who are going to be at higher risk. So, I think our latino or hispanic population hmm African American population is because we're making an effort to get into those pockets of people where you know there's a higher risk, because those populations not necessarily are going to maybe come to us, so we have to go and find, or rural, I mean they're rural

Fernando: do you think they are contracting hiv because of drugs, or is it because of sexual transmission?

Julie: it can be both. I would say probably more sexual but we have a lot of addicts. I mean we have a lot of people who share needles.

Amy: and heroin is you know is a big thing, so..

Fernando: yeah, I remembered what happened here in Indiana

Julie: South county

Fernando: yeah, about this outbreak

Julie: yeah,

Fernando: were you impacted by that? I imagine you were [laughs]

Amy: we were, other than Clark county which is a county next to Scot, hmm we were the closest care site, so we were sort of I don't know like maybe first responders. We were there. At least one of us to two of us were there two to three times a week. So, we were very involved.

Fernando: and I understand that the governor did something about the syringes. This program of ..

Julie: That's Jill's baby. So yeah we now have syringe access so you can get clean needles. No questions asked. Yeah.

Amy: and Bedford just started it, which is interesting in a rural area.

Fernando: so that program means that if you are a drug addict you can go to a place where you can get clean syringes.

Julie: yes and I think if you have a syringe you can get arrested for it correct?

Amy: yeah, there are specific syringes that are part of the syringe exchange, hm but if you have that kind you would not be arrested. If you have a different kind then you.. And then you turn in, you get back what you turn in. So, it's not just giving out. There's an agreement and you bring back dirty needles.

Fernando: Can they come here and ask for that?

Amy: not here. The.. what's the name of the..

Julie: health department?

Amy: no, what's the name of the program, the guy, the boss, I'll look it up..

Fernando: so, what would be the main struggles or concerns in this unit? For clients, related to them..

Amy: recovery alliance

Julie: recovery, yeah. What are their main struggles?

Fernando: yeah, so you told me that for you it would be mental health, mental illnesses of your clients, but from the client's perspectives what do you think is the main struggle when they are coming to you, what are they most worried about? Are they worried about their health, or are they worried about stigma, are they worried about privacy?

Julie: I think most of the people that we get literally are worried like day to day things like do I have housing, do I have food, job. All of us have often said that even though hiv is what's get someone into our services, hiv is usually the last thing we end up doing with them. Like, it's so much more that we do first to get them to even be like taking their medications like they are supposed to. Cuz if you have someone that come in and they are homeless, if I 'm seriously talking to them about taking their meds, are they going to hear anything that I say? No, they're homeless.. They're worried about where they're going to sleep tonight. So, it's like we have to get those, take care of those things first before we can then go okay are you taking your meds every day? Are you doing this, are you doing that, are you going to the doctor, do you know how to take your meds? Do you.. You know? And all the other thing that the disease emcompasses

like sideeffects or meds, or just not feeling well. So, I want to say 90% of the time, we are dealing with all those other things before we get to the hiv.

Fernando: and if they're feeling bad because of the side effects, so do you advise them to contact thir doctors first and then you, or

JUlie: anything medical we refer to doctor Tom who is the hiv doc. They see other people but mostly..

Fernando: and how do you connect clients with the medical care side, how is it done?

Julie: I just pick up the phone and say.. If they come in

Fernando: like they can make an appointment with the doctor

Julie: yes, they can make an appointment and then if they want us to go with them, we will. If not, they'll go by themselves. And then usually we do follow-up because we have them sign a release of information to doctor Tom's office so they know that we are going to talk to them and it's legal for us to talk to them. So, we have our release of information that we have the clients sign when they first come in. hm, so we can talk to doctor Tom and then usually we would follow up, like if they have lab work and all that kind of stuff done it usually takes a week or two, we would call doctor tom's office and say hey can you give me Josh Moe's labworks and leslie the nurse will say, yeah I talked to him yesterday and I explained to him what all that was hmm

Fernando: do you store that information as well?

Julie: yes, in the database. Yeah, all that would be in there.

Fernando: and doctor Tom right, is he from the hospital?

Julie: no, he's a premier health on IMA and landmark

Fernando: okay

Julie: It's actually doctor Tom Horshmalls, but most people can't say his last name, so he tells everyone to call him doctor Tom.

Fernando: okay, have you had any problems with this tying of your clients with the doctor, d they come to you I want another doctor..

Amy: sometimes, sometimes there are personality conflicts. I mean, you know .. and then we also we primarily refer to doctor Horsmollas just because of the proximity and transportation, it's an issue with a lot of people. But we do also refer to, you know, if somebody lives in

Indianapolis and doesn't want to come to Bloomington, then obviously we're going to refer to Indianapolis and work with them on more providers in their home, in their area.

Fernando: do you also contact the insurance?

Julie: yes,

Amy: we do a lot of insurance stuff.

Fernando: can you recall any particular bad experience with clients?

Julie: clients?

Fernando: yeah, like one that is particularly bad or annoying..

Julie: I can't think of any.. . I mean I've been here 22 years and all the time we've been here, we've had 2 clients who have been literally kicked out of services, meaning they threatened to harm us. They were verbally abusive. I mean to get kicked out of services, you have to be verbally abusive, physically abusive, hmm threaten to kill us or something like that. We've had two clients in 22 years that we have kicked out. One client went to mental health, and he was schizophrenic and he got some mental health services and came back and he was our star client. Everyone loved him and he was really great. The other client just chose not to get any help and he never came back to services and unfortunately he died some years later. Hmm so the only time.. We have had clients that like they had a care coordinator so I had a client that I was working with and overtime I was like you know, we are just not a good fit I need a new care coordinator. So I think, I mean there's four of us we've all had that happen to us at one point or time where you just the clients like you know, I just want someone new. Hmm and a lot of times it's been great.

Fernando: each of you are tied with a client.

Julie: we each have our own case load. So like..

Fernando: how many do you have, each of you..

Julie: we.. each have anywhere between 40 and 50 clients each. So, we've had incidences where a client and a care coordinator didn't match. They wanted a different one and then you have some clients who have been through all four of us. [laughs] and then you go back to the original.

Fernando: what are the issues that they have, is it communication? Personality?

Julie: I would say..

Amy: personality.. Not liking the answers they're getting.

Julie: yes, exactly.

Amy: and I think that for me, I would agree with Julie, I can't think of anybody who, a situation,, and I think that thing that is.. The kind of client that is most difficult for me personally is somebody that is very capable of doing this on their own and refuses to hmm will you mention irritating?

Julie: yeah

Amy: We have a lot people who really don;t have the ability for one reason or another to hmm help themselves, or navigate the different systems that need to be navigated but they work very hard to do that and then end up doing.. And then there's a few people who just want you to do it all for them when they are very capable of doing things themselves. So those, I find that to be difficult. To those sor of people..

Julie: entitlement..

Amy: entitlement, it's like you actually. You know there's I will help you but there;s a lot of this that you can do. Hmm and they also [goal] really is. Independance. You know independence or as close to independence.

Fernando: would you say that the majority of them reach that point?

Amy: interdependence, I would say.

Julie: yeah, there's some people who are never going to just because they, for substance abuse, mental health, they are just not going to be able to.. It's not physically, mentally possible for them. But the ones that do have the mental, physical abilities to do so, we definitely say yeah. And they can be in care coordination for as long as they want. So, even if they come in extremely dependent and they move towards dependency they can still be in services and we can check on them once a month. How you doing, because like Amy said earlier something may blow up or happen where they need us again. So, they can if they want exit out of services, or they can just stay with us and then we just check on them and make sure they are okay. And when they need something, they just let us know.

Fernando: are they very open about the personal lifestyle with you?

Julie: yeah very. Maybe not in the beginning, but eventually they get there. And some people are very much from the beginning, but yeah definitely.

Amy: we know a lot about each person.

Fernando: and what about their sexual behavior? Do you think it is very promiscuous? Or conducive to you know, getting other people exposed to the virus

Amy: overall I would say no.

Julie: I mean, yes, you have a handful of people who, but no for the most part. I mean we've had clients come in freaking about you know the fact that they could have infected someone else before they even knew they were positive and freaking out. And it's like you're not responsible for that. You did not know, but you know I think that they take it very seriously. And every 3 months we have to go over duty to warn with them so we have to explain to them, that if you are going to have sex or share needles you have to tell people of you hiv status if not, there are legal ramifications, you can't be a blood plasma, or sperm donor and you can't have the organ donor on your card. We have to go over that with them every 3 months, and make sure that they know that sex is oral sex, vaginal sex, anal sex

Amy:.. [wear a condom?]

Fernando: cuz I was wondering with people who have mental issues that if they have to take care of all these things then you have to make these decisions, I was wondering if they would be able to do that

Julie: it's much harder.

Amy: and typically, if people have that much of a barrier there are usually other agencies involved with that person, that we done work closely with.

Julie: like we work with.. Like I have a guy who has mental issues and I work with this case manager at Center stone, like we keep in touch, you know we kind of just do it together. Center Stone is the behavioral health, it's the mental health center.

Fernando: What are the main centers, this is the one for mental, right, do you have any other centers or, you know, place

Julie: for mental health?

Fernando: for mental health.

Julie: Center Stone, IU Health has outpatient behavioral health and Metos is all impatient, they don't do outpatient anymore.

AMy: we work, we don't deal with everybody's issues alone. I mean we work with other organizations, providers in town too to tagtem people.

Julie: and within the office. Like we said earlier we have those meetings. You know, like I might have a care coordination client that's also in the housing program, or that's also in the prevention program because we actually have a special social worker who does case management with people who are at high risk of contracting hiv, so she works with hiv positive and hiv negative. So she works with hiv positive people

Fernando: Prevention?

Julie: Yes, so she works with people if they are hiv positive, she works on how they cannot spread the disease and if they are negative how for them to protect themselves and that kind of stuff so we make a lot of referrals to her when it comes to that kind of stuff as well.

Fernando: hmm, so do you think that the infections rates are getting lower or higher in general? What's your perception about that?

Julie: Well, scott county kind of threw it. Definitely, a rise last year.

Amy: I don't see a dropping off. What we see are changes in demographics, you know, different populations. I don't see it as lessening, I don't know.. I'm not a great statistics person, but just from what we do, we're super busy.

Fernando: what would you say when they find that they are hiv positive, what do they do first, the first need that they have, cuz you told me that sometimes they would contact you immediately, sometimes they will contact you later, but when they contact you, what would be the first unit, what would be the main sort of like need that they have when they try to contact you.

Amy: it really depends on where they are in their life. I mean it really does. I think a lot of times an initial, how do I talk to the people closest to me, whether that be family, parent, partner. You know, do I want to tell them, when do I have to tell them, do I have to tell them.. Hmm employers hmm

Fernando: so they are worried about their privacy..

Julie: mmhmm not so much with us, but with their family.

Fernando: do they ask you for advice?

Julie: oh yeah all the time. Like should I tell so so. So I always tell people, if you are not comfortable you don't have to tell them anything. I mean unless you don't have sex with them,

you don't have to tell them. So, until you feel a 100% comfortable disclosing your status I would not do it.

Amy: and that why we go through such an intensive intake. Hmm to try to really pinpoint what people's issues are. Like Julie, hiv tends to be the least of you know, there lots and lots of other issues. Hmm and hiv brought them here but we do has a lot to do with lots of other things. Financial tends to be a biggy, just basic needs food and transportation.

Fernando: Because of breach of privacy or confidentiality, have they ever had a very serious problem? I'm imagining for example someone disclosed their status in their workplace and they were fired, things like that

Julie: oh yeah, I mean not terribly often but often enough, yeah or even they've told someone they thought they could trust and that person told everyone and they have no legal ramifications, I mean there's nothing they can do about that. So I think that happens more than not. But yeah we've had one or two clients that have sued employers for disclosing their status and we have one client that got like a 1 million, he won like a million dollar lawsuit because a medical facility disclosed his status. So, we've had a handful of those situations but more often than not they've told a friend or they've told a partner and they break up and then the partner tells everyone. That kind of stuff, which is just a hurtful personal things, family members, partners,

Fernando: do you think that stigma is getting worse, getting better?

Julie: well, I I think because we do so much we're probably skewed. Because I am alway amazed at the general population that doesn' t know about hiv, but I do it everyday so of course I know about it. So when someone doesn't Im like oh yeah you don't do this everyday. I forgot! So I think we're a bit skewed on..

Fernando: do you feel that people are still scared? Or they think that they might contract it by touching..

Amy: more than what you would think

Fernando: is there any, I suppose, in the prevention unit, I will talk to them about this obviously, but do you think that there is something that any of the 3 units is doing to prevent people from not know about hiv, like educating people.

Amy: part of prevention is the education component.

Julie: and we actually got two emails from two different people yesterday that they want us to come at IU to talk in a panel and they want a client to come. So we do a lot of stuff at panels at IU with clients and with us to talk about hiv.

Fernando: oh, I would love to go and see that.

Julie: sometimes they're actually professors and sometimes they're. There's one that is coming up with Rent. like that one. I think it's probably in the union. We can find out.

Fernando: Is there anything else that you would like to share with me?

Julie: we just have a great population. We really do. They're, for as much as they have to go thourgh I think most the times we're the ones that are inspired and in awe of them and what they have to overcome and what they have to do. You always have one or two that, you know, drive you crazy but for the most part, like..

Amy: it's a wonderful group of people.

Julie: Yes, it is an amazing group of people. And we are very blessed that all of us get along really well. Because I think all of us have said at one point in time we could not do this job if we didn't have each other because I can vent with Amy about a client that she knows exactly what I'm talking about and it doesn't come across as harsh or mean or negative. It's just in this moment I'm really ticked off but then knowing that I really care and have compassion for this person, You know, you have to have those people and that you can trust that's got your back if you're going on vacation or, hey can you take this phone call or that or just to share stuff with. So, we all, we have a great team. And its evidence by the fact that she's been here 15 years, I've been here 22. Our team lead's been here 20, and then the person we just hired, her previous person was here nine years so, it's clear that we all like our job and get along very well. Not a lot of drama here.

Fernando: Thank you very much for your time.