

CRCS Conference Call Meeting Notes
November 18, 2008
10:00AM-11:30AM

Attendance:

DSHS -

Susan Dear, Christina Morse, Dolores Alvarez, Claudia Peterson, Katharine Carvelli, Latrice Miller, Karen Surita, Laticcia Riggins

Contractors-

Planned Parenthood of El Paso, City of Amarillo, AIDS ARMS, UT Southwestern, Dallas Urban League, Tarrant County PHD, Health Horizons, SHRT, PALM, City of Austin, Valley AIDS Council, City of Laredo, Coastal Bend AIDS Foundation

Agenda

- I. Purpose of the call is to create a supportive environment in which to provide:
 - a. Peer to peer TA
 - b. Communicating information specific to CRCS

- II. Introductions
 - a. Contractors
Please include name of agency, staff on call and location

 - b. DSHS Staff
 - Regional staff
 - Austin staffPlease include name and location

- III. Training- Christina Morse reviewed the below information
 - a. Revisions on 10/5/08 to Program Operating Procedures and Standards(POPS)
http://www.dshs.state.tx.us/HIVSTD/pops/pdf/pdf_CRCS.pdf
 - b. Update on CRCS quality assurance tools
 - c. Training standard requirements revised on 10/10/08
<http://www.dshs.state.tx.us/hivstd/training/default.shtm>

Data entry: No issues reported with data entry. Katharine Carvelli, DSHS, discussed CRCS reports.

- ✚ Participants had questions about looking up clients by quarter. Katharine said special report request can be put in to see enrolled clients per quarter.
- ✚ Issues brought up with COA's data looking like they weren't counted. Katharine agreed to call COA staff to further discuss.

IV. Information exchange between contractors on the **topic of Marketing CRCS/Recruitment**

- ✚ How to sell/explain/describe CRCS to others (external agencies, internal program staff and potential clients)?
- ✚ How to increase the likelihood of appropriate referrals?
 - a. Roland Yzaguirre (Coastal Bend AIDS Foundation) and Felicia Flye Lewis (Dallas Urban League)discussed their agency's experience with developing the CRCS program.
 - b. Each agency provides 1-2 success stories and/or challenges
 - c. Problem solving

Ideas included: Meeting with Case Managers and other staff at your and other agencies, developing and sustaining this good relationship so you continue to get good referrals; giving established clients incentives for making good referrals from their friends; giving staff flexibility to leave the office to recruit; using community gatekeepers; using testing/free food; word of mouth; giving presentations to medical staff in clinics; networking with DIS; recruiting via presentations in jails/treatment centers/housing for HIV+ people; giving incentives only after core curriculum has been completed; distribution of posters/business cards/tear sheets with buzz phrases such as “Are you worried about disclosure?”; and using community directory.

A discussion was initiated about difficulty of what to tell clients during recruitment.

V. Logistics

- a. Quarterly calls. Tuesdays 10:00-11:30. **The next conference call will be in February.**
- b. Items for future discussion or e-mail trish.larwood@dshs.state.tx.us and CC Field operations consultant.
- c. Send any changes to CRCS contact information to trish.larwood@dshs.state.tx.us and CC Field operations consultant.