

Clients lost in system when safety-net agencies close

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Safety-net agencies, such as food banks and nonprofits offering health care, serve vulnerable individuals who are uninsured or underinsured and help them connect with services, such as health care, legal aid and housing. A researcher from the University of Missouri studied the closure of a large, safety-net agency and how the closure affected clients and other, smaller agencies that depended on the larger agency for referrals. Based on her research, Nidhi Khosla, an assistant professor of health sciences in the MU School of Health Professions, offers recommendations for agency leaders and policymakers to make sure safety-net agencies are sustainable and, if they do close, clients continue to receive the services they need.

"Safety-net agencies serve as starting points to connect clients with resources and help coordinate services for clients," said Khosla, the study's lead author. "The services that the agencies provide are interconnected, and when one agency closes, all have to adjust."

Khosla and her colleagues investigated how the sudden closure of a large, safety-net agency influenced smaller HIV service organizations. The researchers found that the closure of the safety-net agency caused many clients to be "lost in the system," or disconnected from services. Additionally, clients experienced delays in care and lost a resource where they could be connected to multiple services. Similarly, service agencies reported suffering from the closure because they had relied on the larger agency for case management.

"Agency leaders need to acknowledge that their organizations often provide intangible services for clients," Khosla said. "Leaders need to understand that these agencies and their programs serve vulnerable populations, and once individuals have established a relationship with an agency, it means much more to them than simply [health care](#); it's a source of emotional sustenance for them."

Khosla says agencies should have plans in place so that services for their clients would not dissolve should the agencies close suddenly.

Policymakers also should implement changes to agencies incrementally and in a planned manner to ensure individuals are not lost in the system, Khosla said.

"Ideally, agencies that close would be able to transfer their clients to other agencies that can fill those needs," Khosla said. "Policymakers should consider how difficult it's going to be for a person who's already vulnerable to transfer to a new agency, because it takes time to make appointments, to figure out how a new agency works and how to get there. These are all small factors that sometimes escape policymakers' consideration."

Many agencies constantly face a shortage of time and money, and it may be difficult for leaders to find time to think about larger issues, such as long-term sustainability, when they're confronted with operational challenges on a daily basis; however, agency leaders should engage in constant review to adapt to the needs of those they serve, Khosla said.

"Agencies begin with a mission, and over time, the environment changes," Khosla said. "It's important for agency leaders to step back and review their missions to make sure they're still relevant to the needs of their clients. Additionally, even though non-profits operate with altruistic motives, they still need to function as agencies that are dependent on funding."

More information: The study, "Impact of Closure of a Safety Net HIV Case Management Agency," recently was published in *World Medical & Health Policy*.

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