

Community Needs Assessment

MSM Users of
Crystal Methamphetamine
Living with HIV
in San Francisco

Background and Methodology

This needs assessment is a product of service providers working with users of crystal methamphetamine, community members, and SF HIV Health Services Planning Council members and staff.

Epidemiological Data:

○HIV+ in SF	15,901
○HIV+ MSM	11,767

Stop AIDS Project study (2006):

○Percentage of HIV+ users of crystal meth	19.9%
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MSM users of crystal methamphetamine are currently considered a targeted demographic within the San Francisco EMA HIV Health Services Planning Council's "Severe Needs" Definition:

Severe Needs

- Disabled by HIV/AIDS or with symptomatic HIV diagnosis
- **Active substance use** or mental illness
- Poverty

In 2013, the Community & Consumer Affairs Committee decided to target "MSM users of crystal methamphetamine" for the next needs assessment.

Needs Assessment Work Group

- Celinda Cantu, HIV Health Services
- Timothy Foster, San Francisco AIDS Foundation
- HIV Health Services Planning Council:
 - Ron Hernandez
 - Kenneth Hornby
 - TJ Lee
 - Gabriel Ortega
 - Ken Pearce
 - Charles Siron
 - Chip Supanich
- HIV Health Services Planning Council Staff

Co-Chairs:

Ron Hernandez, San Francisco EMA HHSPC

Dave Jordan, HHSPC Staff

The group determined:

- Focus groups would take place in HIV service locations familiar to clients in order to better to and recruit participants
- A series of questions designed to gain a “snapshot” of the participants regarding demographics, service utilization, and potential barriers to care would be used as a survey tool for focus group participants
- Members of the work group and staff at targeted service venues will function as facilitators of focus groups
- Attendance at focus groups would be incentivized; food will be provided
- Structure of focus groups (next slide)

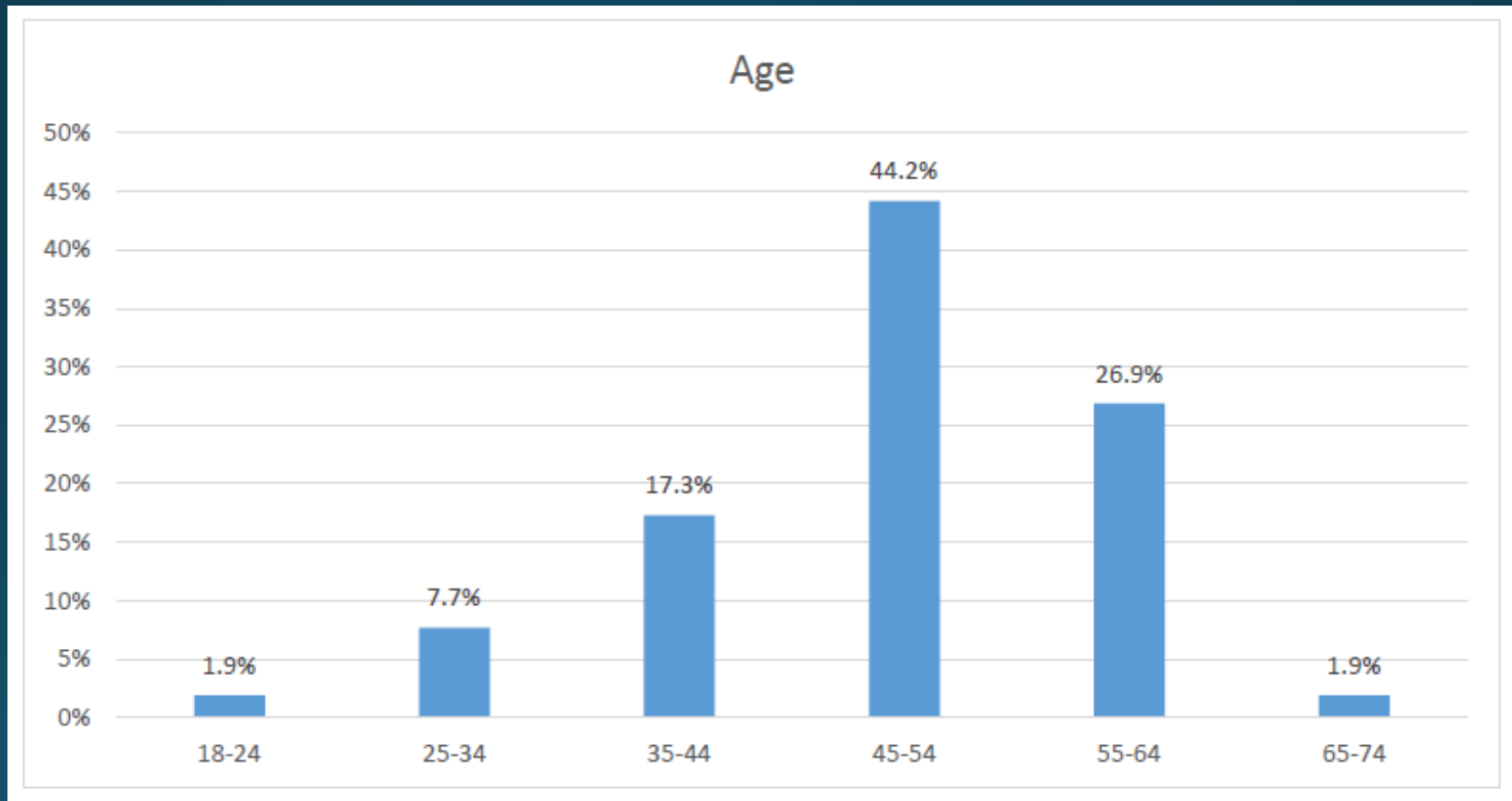
Focus Group Structure

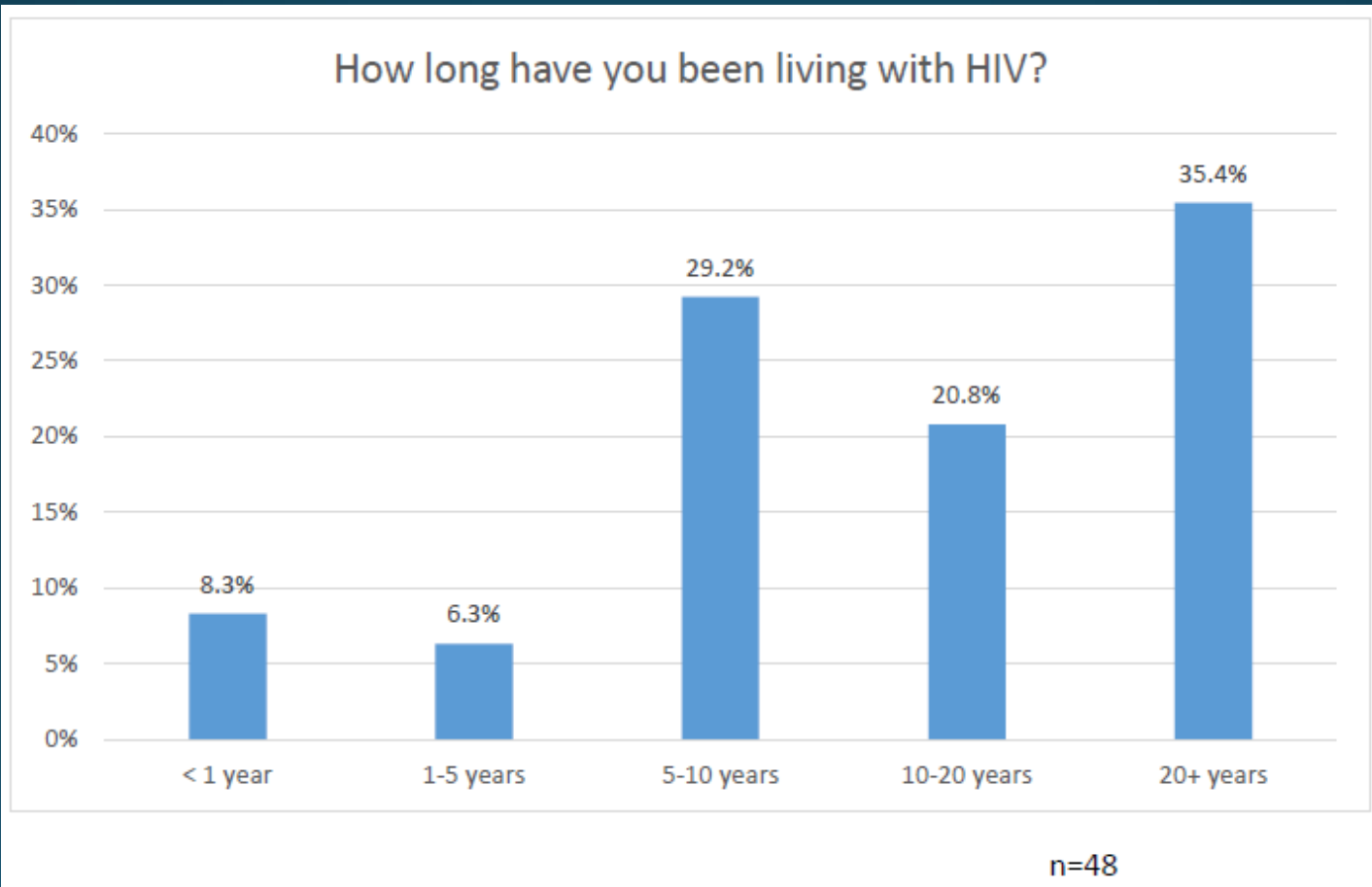
1. General facilitation and attendant interaction guidelines
2. Anonymous survey/questionnaire
3. Explanation of role and functions of HHSPC
4. Facilitated discussion regarding individual challenges, in particular barriers to care
5. Description of RWPAHIV service categories
6. Service prioritization “dot exercise”
7. Facilitated discussion regarding utilization of service categories and challenges with HIV service utilization

Focus Groups

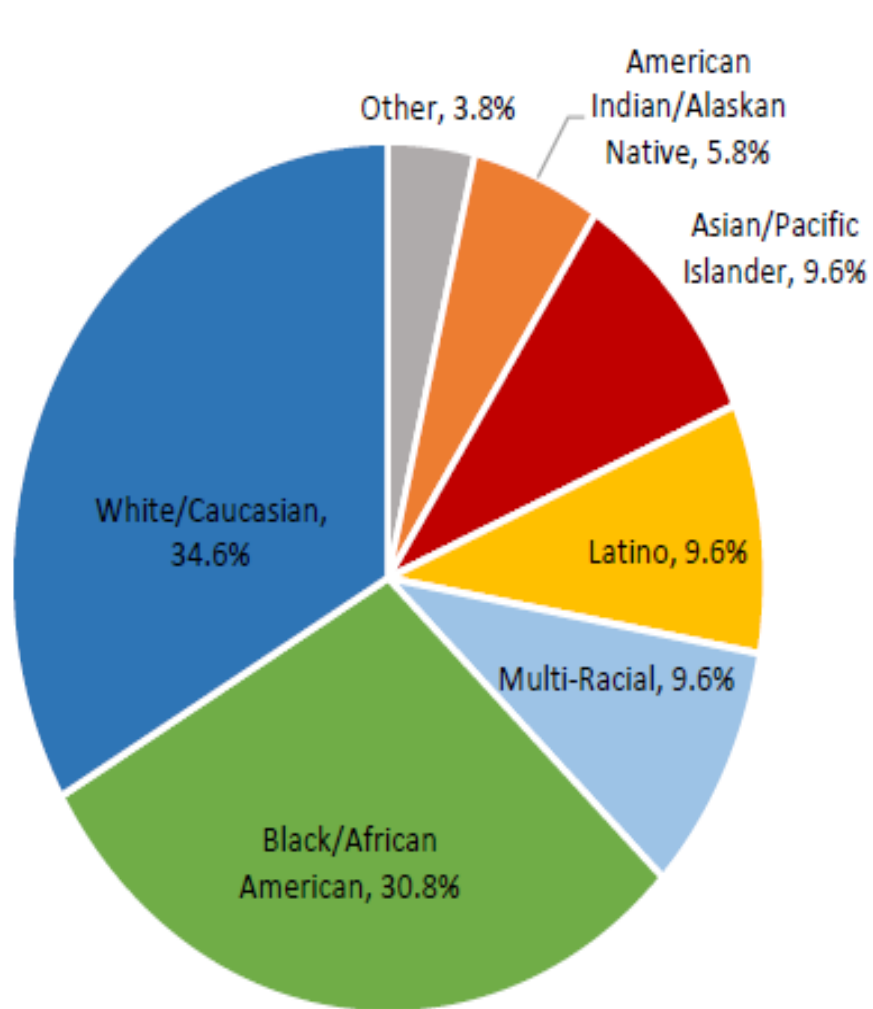
- ❖ 54 attendees participated in the seven focus groups taking place in San Francisco
- ❖ 54 questionnaires were completed by focus group participants
- ❖ Focus groups held at:
 - The Castro Country Club
 - San Francisco AIDS Foundation
 - St. Mary's Medical Center
 - Shanti
 - Tenderloin COE/API Wellness Center
- ❖ Follow-up groups to be scheduled in Marin and San Mateo

FOCUS GROUP DEMOGRAPHICS

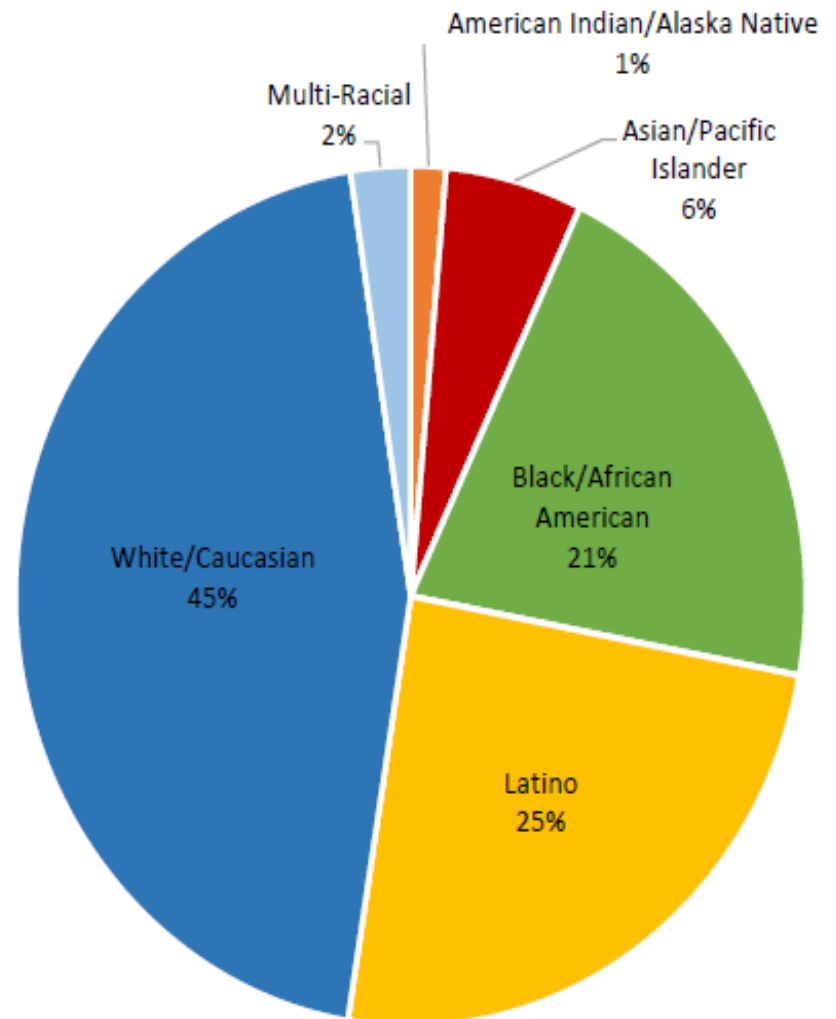




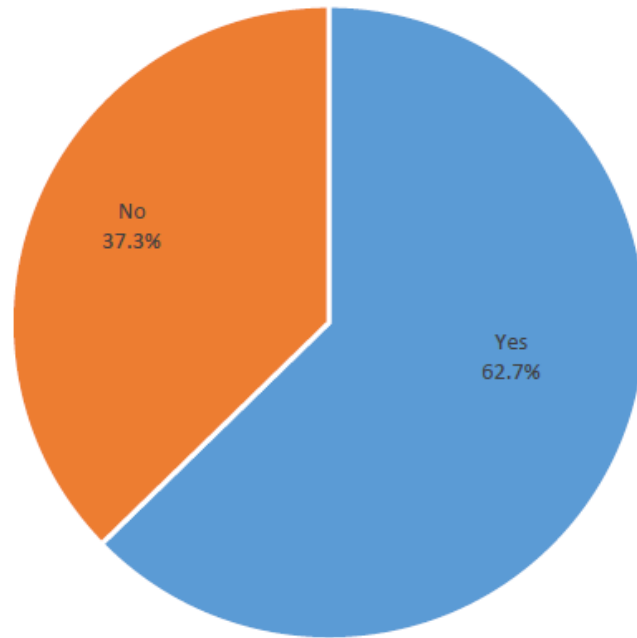
MSM Users of Crystal Meth



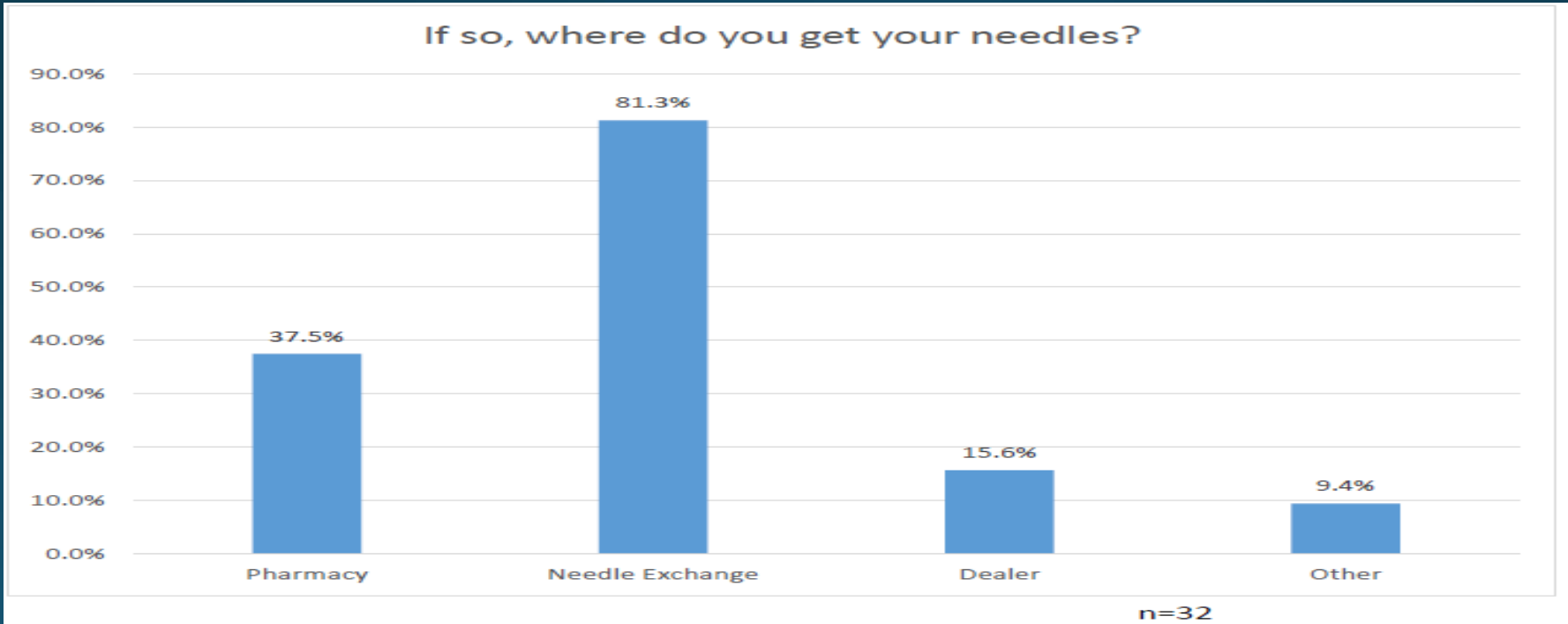
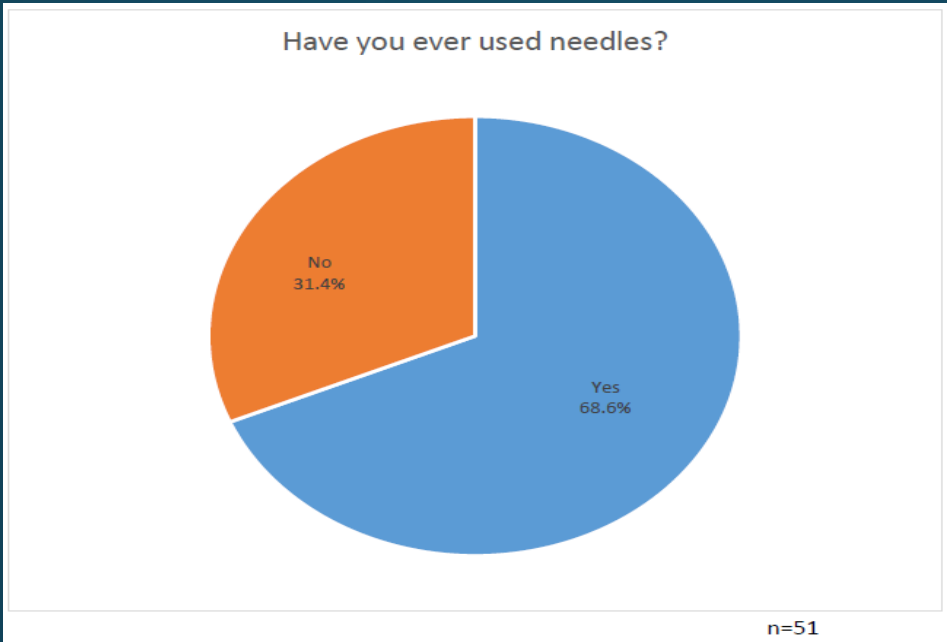
ARIES



Do you currently use crystal meth?



n=51

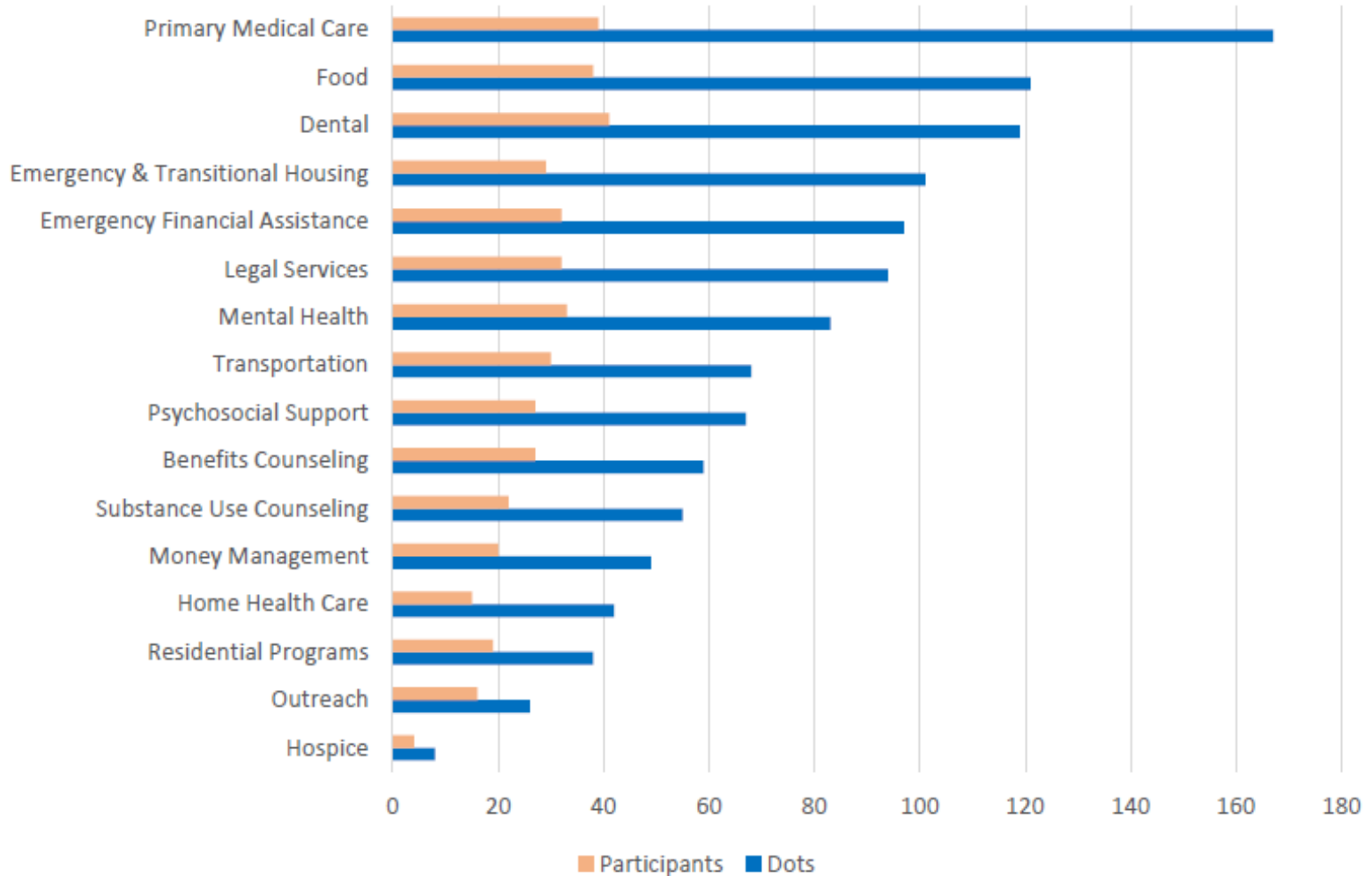


FINDINGS

Prioritization Exercise

Total Results from San Francisco n=52

MSM Users of Crystal Meth- Prioritization Exercise



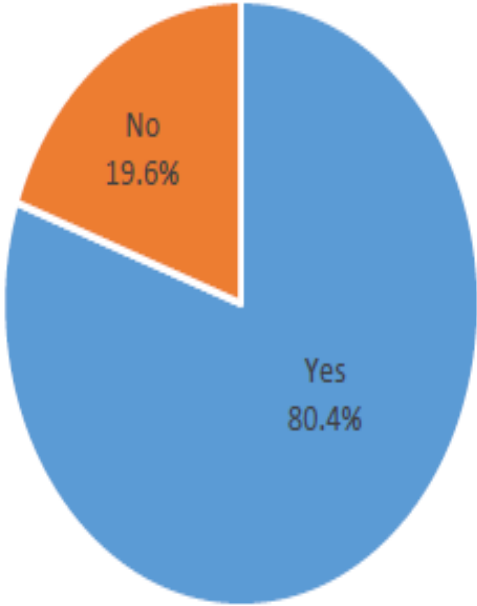
Medical Care

Primary Medical Care system appears to be working effectively among the participating consumers.

- Participants reported both high rates of ART usage at 80.4% and high rates of viral suppression at 80%.
- Primary Medical Care was regarded as highly effective as well as highly Prioritized among participants.

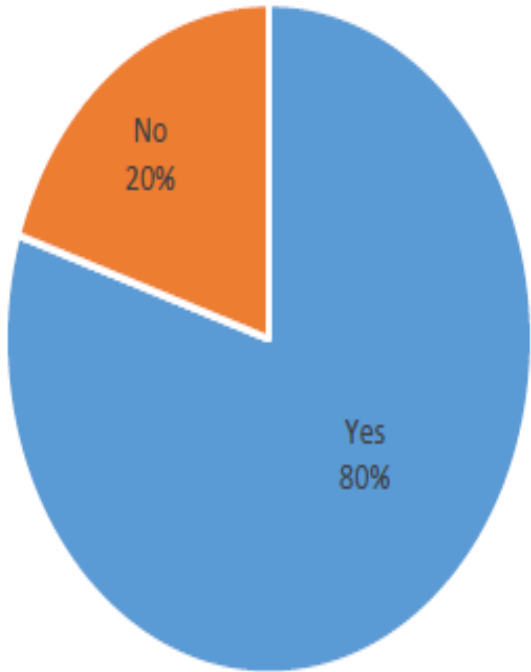
ANTIRETROVIRAL THERAPY

Are you using antiretroviral therapy?



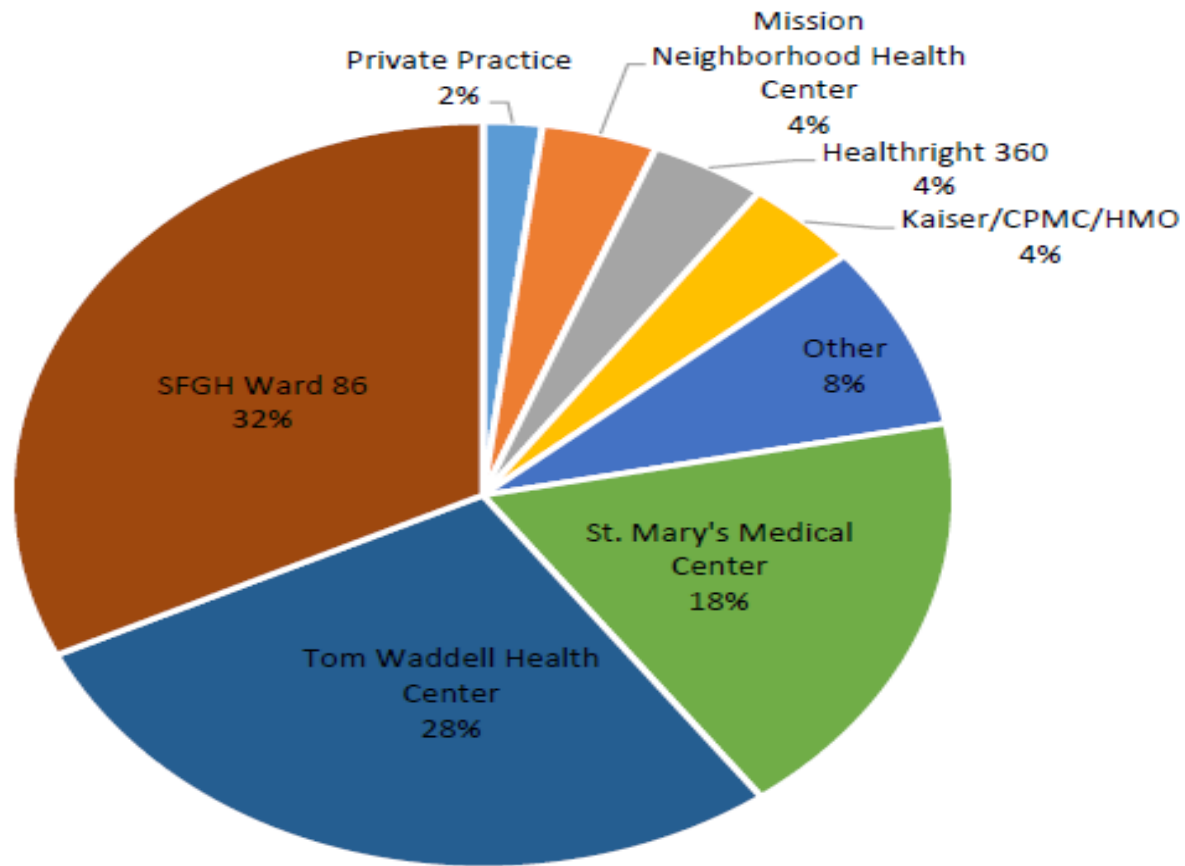
n=51

Are you virally undetectable?



n=50

Where do you get your medical care?



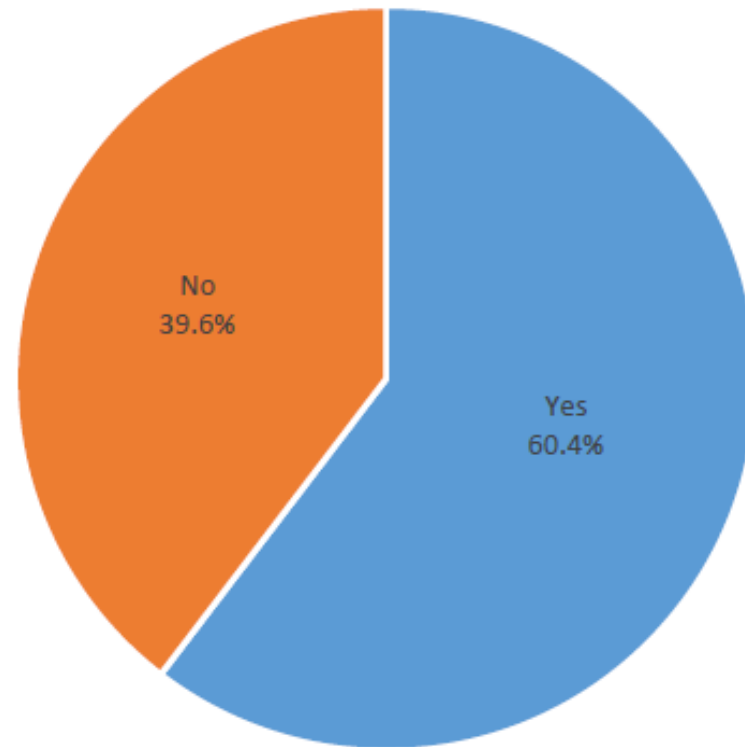
n=46

Substance Abuse Treatment

Participants were highly aware of Harm Reduction model, understand the model's goals, and identified it as an integral part of the San Francisco system of care.

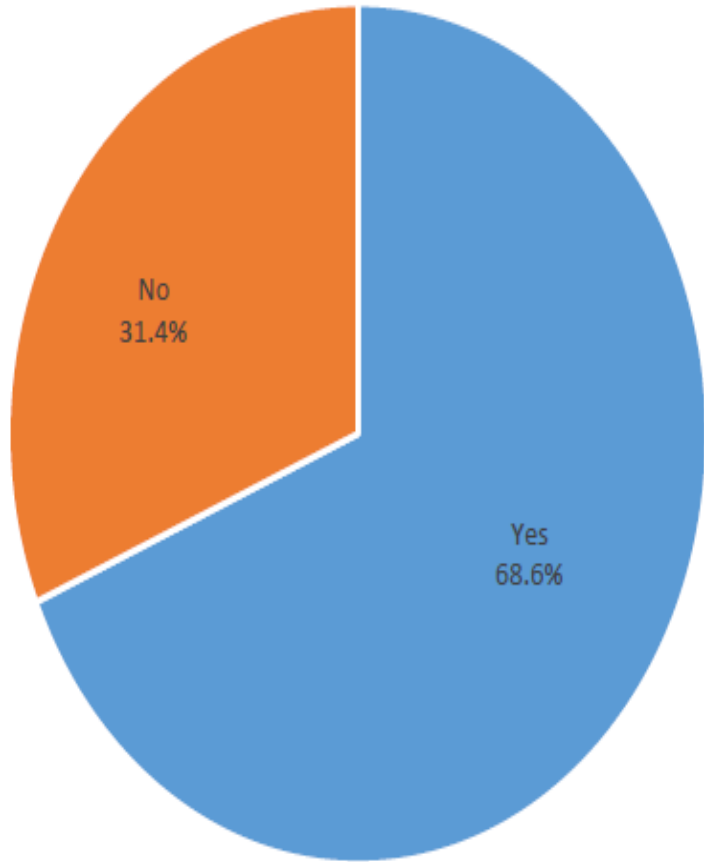
- Participants felt that there was a need for outpatient treatment programs that were HIV specific.

Have you accessed substance treatment programs?



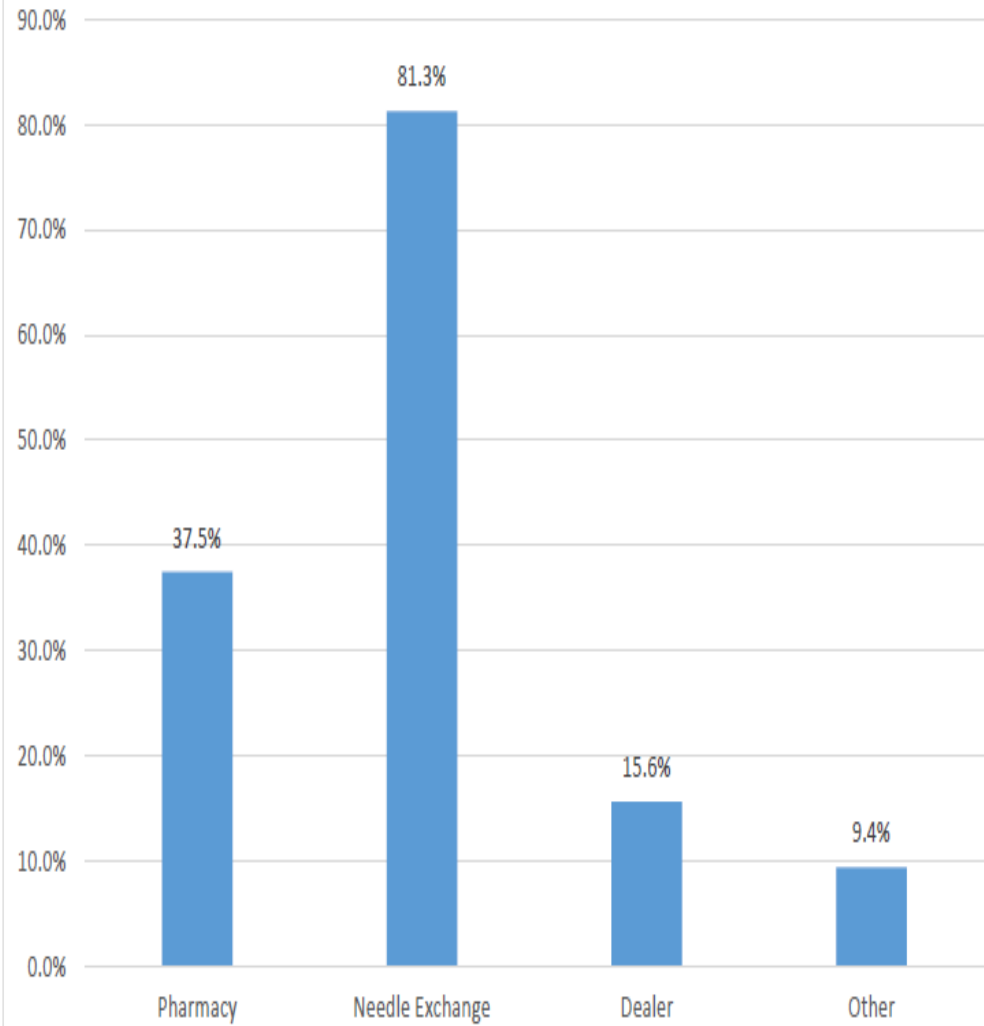
n=48

Have you ever used needles?



n=51

If so, where do you get your needles?



n=32

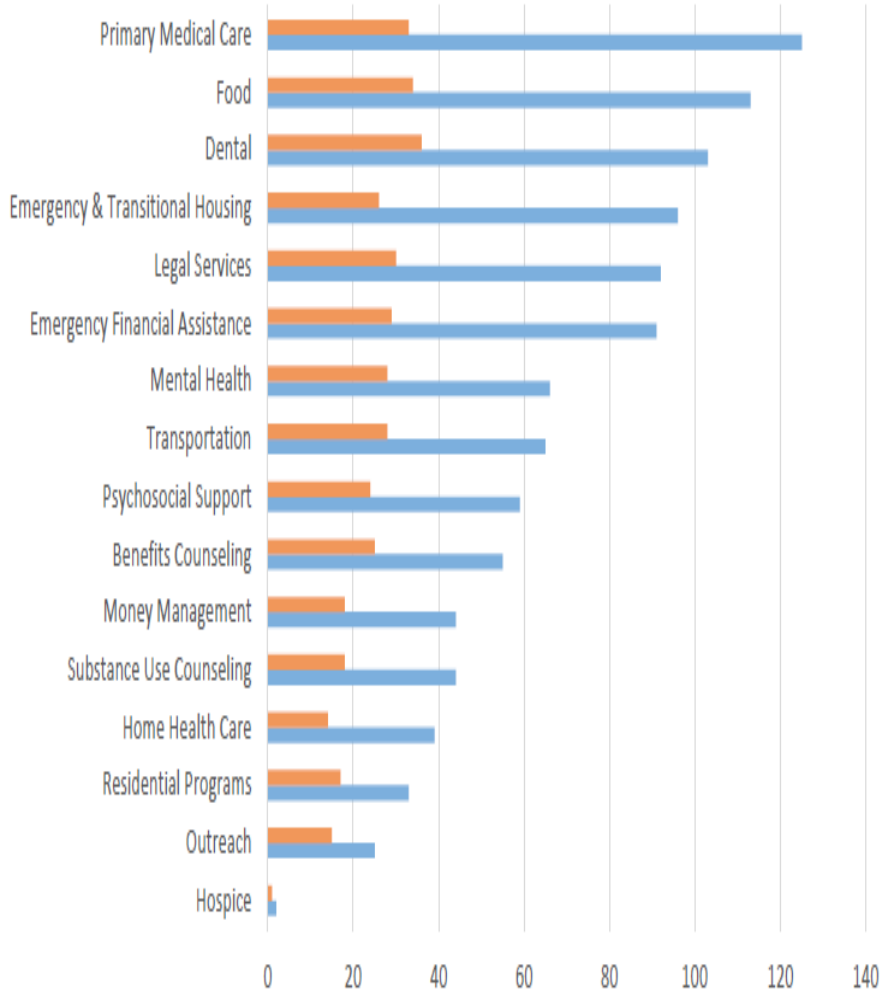
Mental Health

Participants consistently reported depression, isolation, and anxiety to have a strong correlation to their substance use.

- Addressing serious mental health issues considered to be a precursor to the recovery process.
- Three participants reported having attempted suicide within the last month.
- Those participants in the midst of the recovery process reported high levels of depression and isolation.

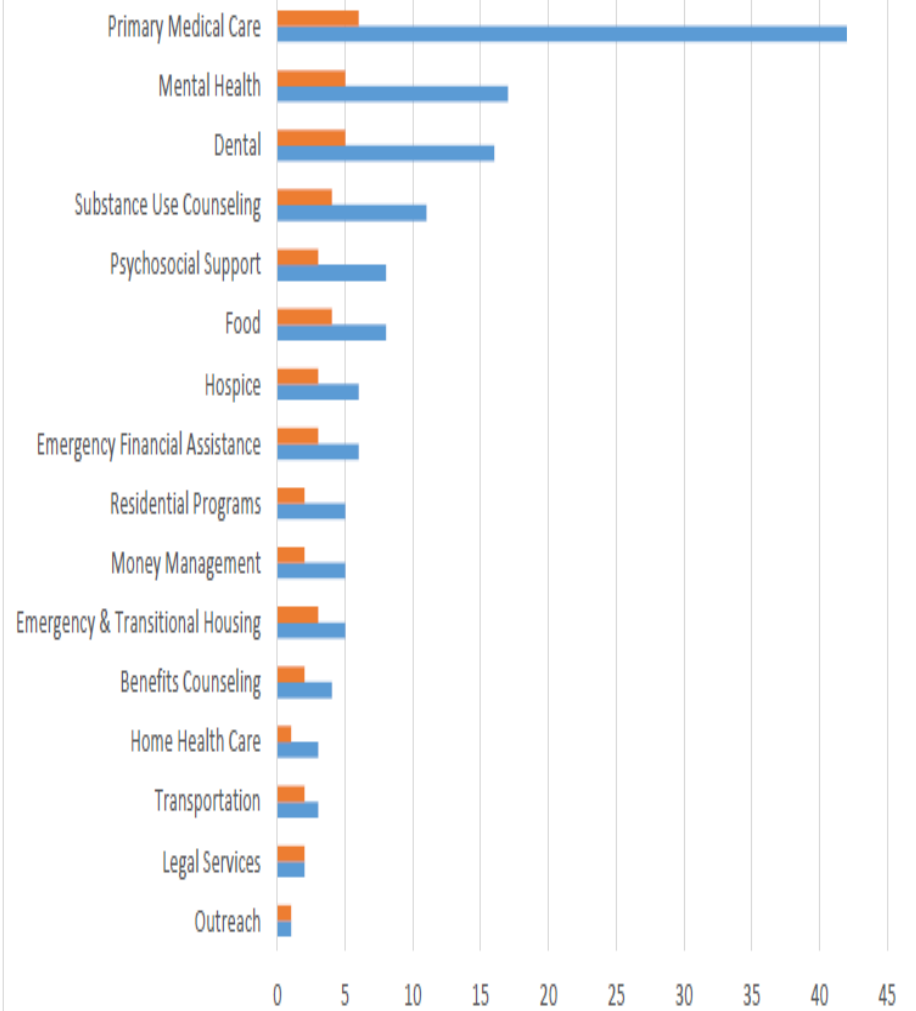
Primarily Current Users

All groups except Castro Country Club



n=46

Castro Country Club- Former Users



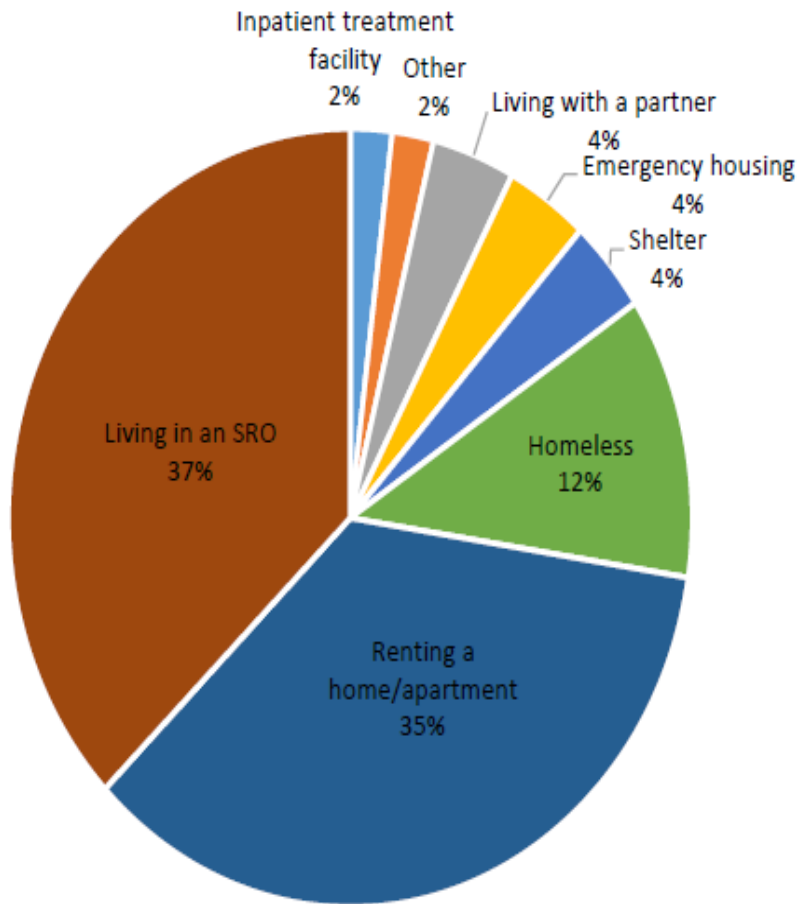
n=6

Housing

Housing was consistently of high concern for participants.

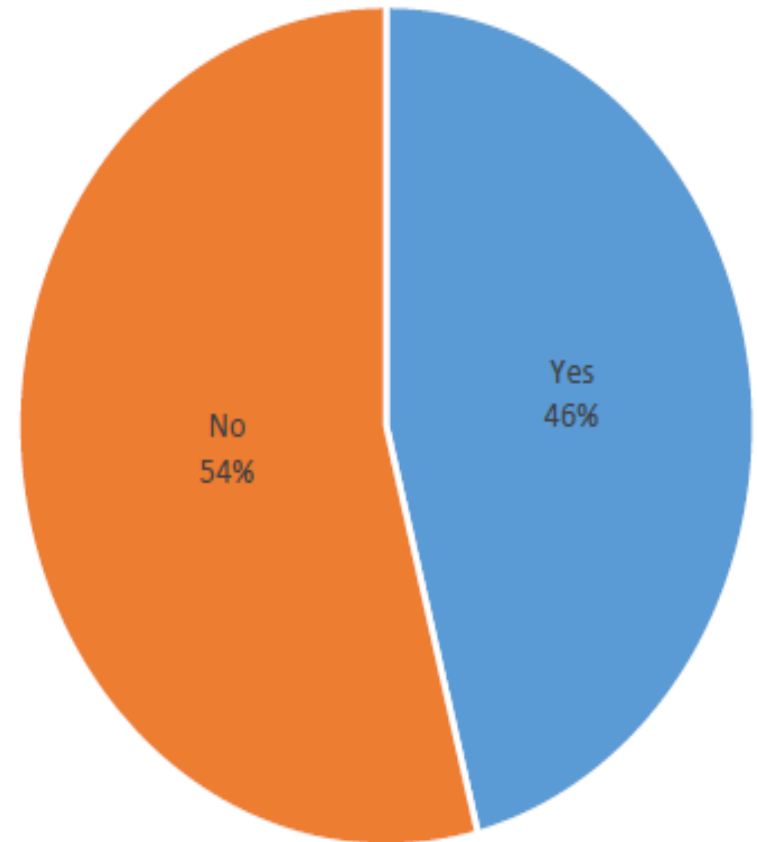
- Many participants reported that Emergency and Transitional Housing was loud, dangerous, and generally uncondusive to their health and wellbeing.
- Participants felt that it was extremely challenging to find stable housing within 28 days (often the maximum number of days allowable within SROs).
- Participants expressed frustration with a sense of “ghettoization” and stigma from living in the Tenderloin.

What best describes your living situation?



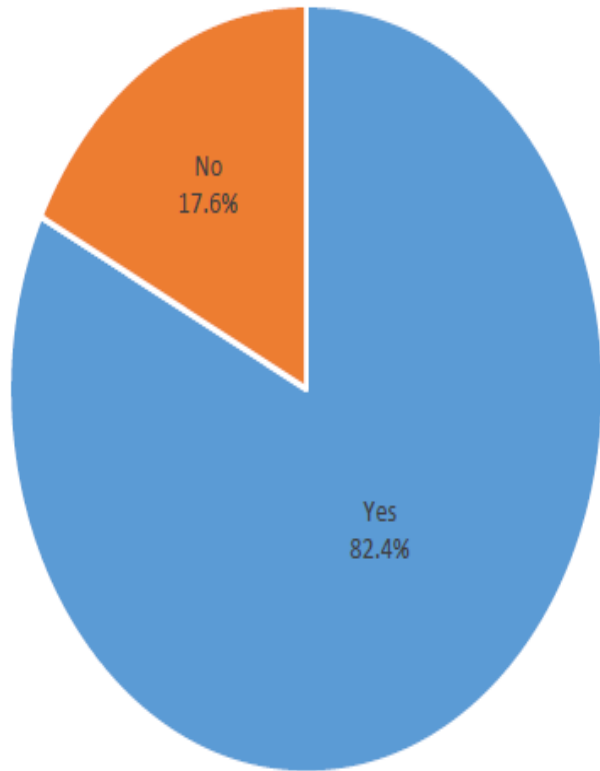
n=50

Do you have a housing subsidy?



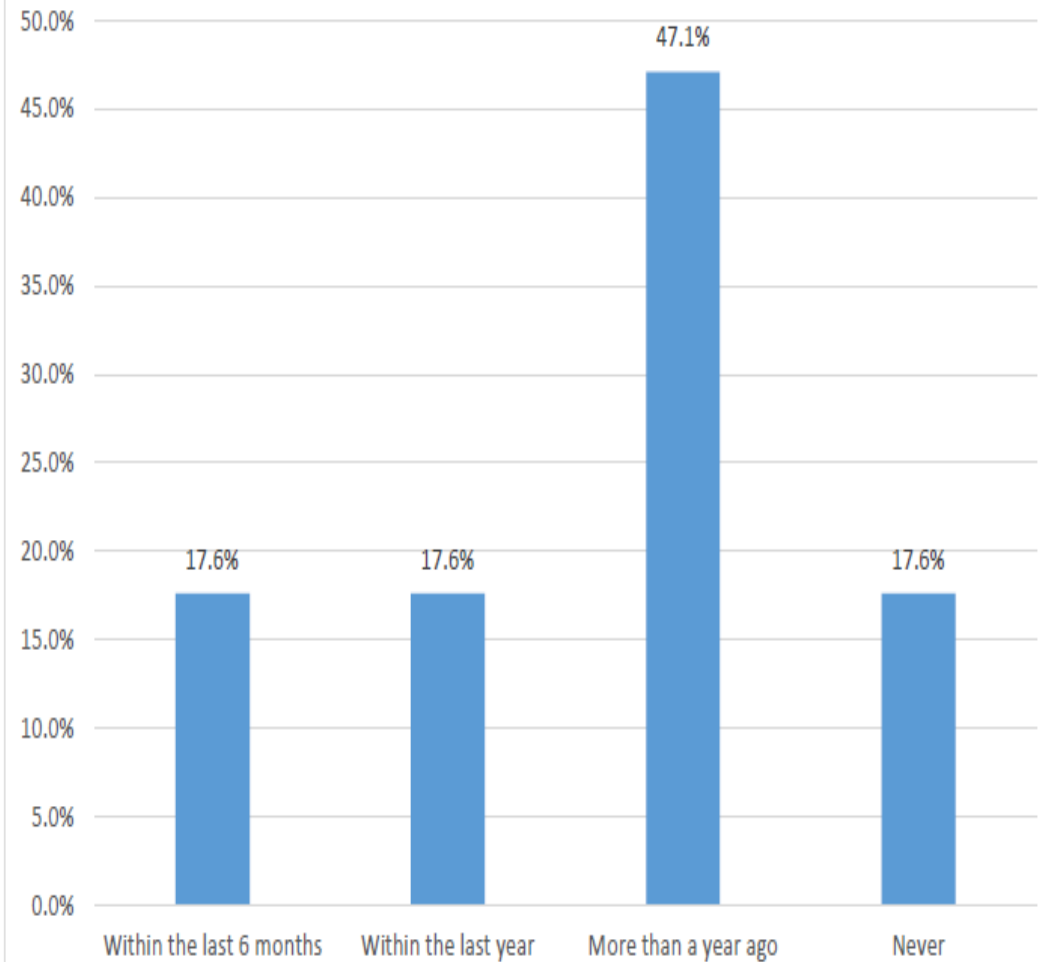
n=50

Have you ever been homeless, lived in a shelter or in transitional housing?



n=51

When was the last time you were in this situation?



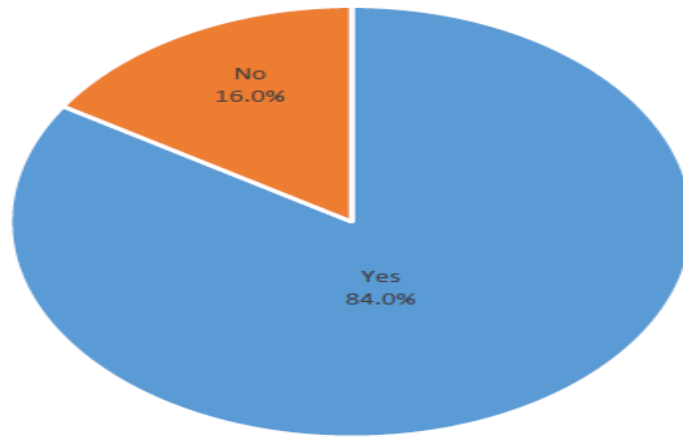
n=51

Psychosocial

Participants reported that psychosocial support was valued for reducing isolation.

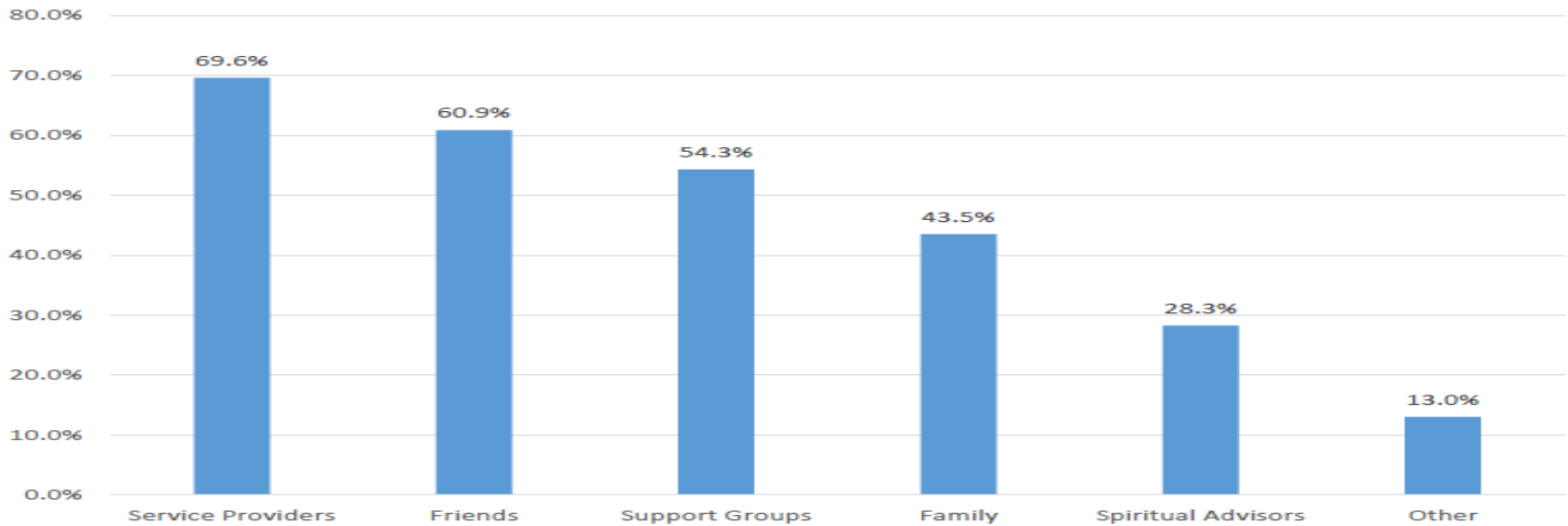
- A number of participants related that it was challenging for them to maintain social connections due the “triggering” they experienced, and support groups aided them in reducing isolation and maintaining social connections.
- Participants expressed that psychosocial support and other wrap-around services were vital in maintaining engagement in care.

Do you have a support system?



n=50

If so, whom is it primarily made up of?



n=46

Benefits Navigation

Participants reported experiencing anxiety related to benefits/ACA.

- Participants felt that more emphasis should be placed on counseling and follow through.
- One participant reported challenges in accessing medical care due to undocumented status.
- Participants consistently voiced a need for a centralized guide to benefits and services.

Food

Food was a concern for a portion of the participants, largely due to specific dietary issues.

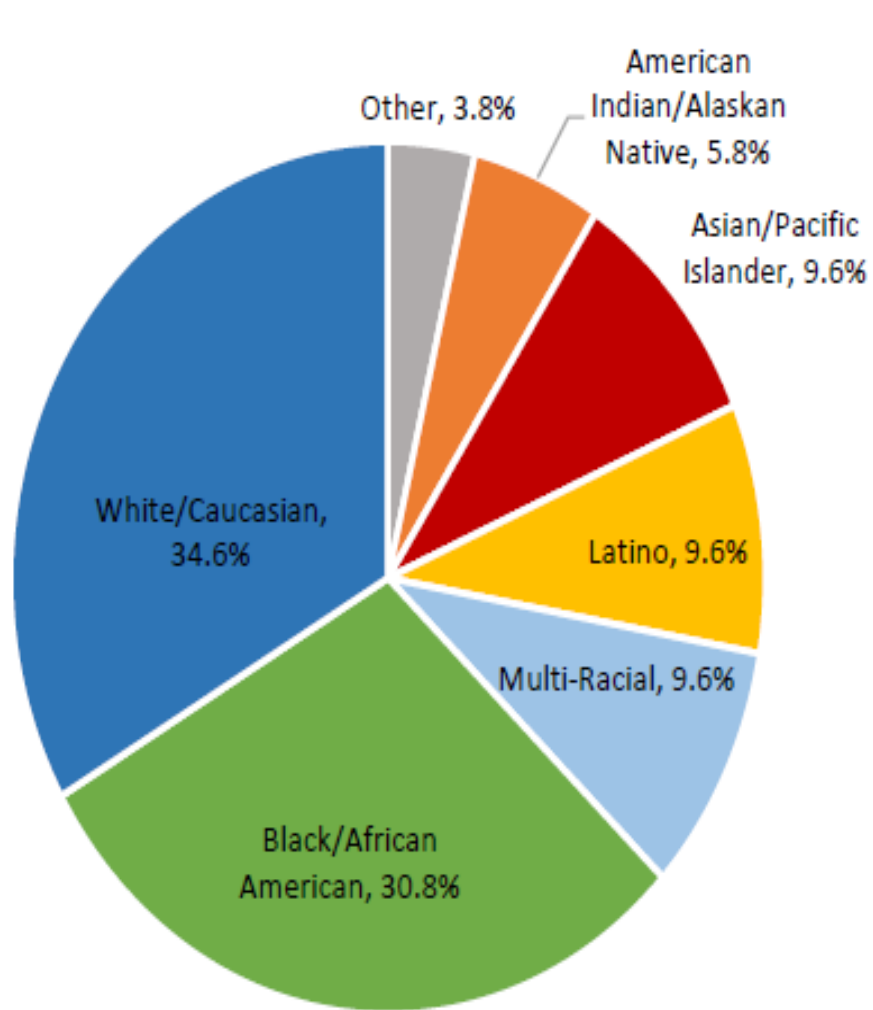
- Some participants felt that providers lacked flexibility around dietary restrictions.
- A significant portion of the participants reported challenges eating solid food, and were challenged by the loss of the dietary supplements that had been previously provided under their medical coverage.

Racial Disparities

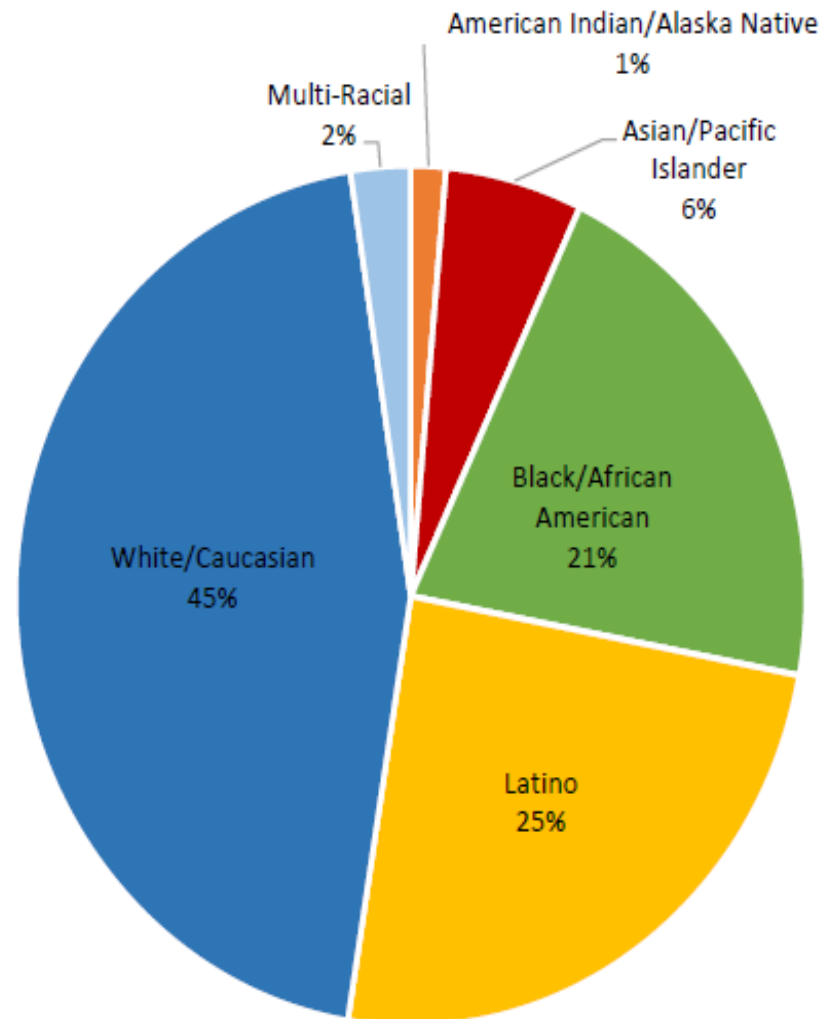
Communities of color are disproportionately affected, especially the African American community.

- Considering that communities of color are over-represented in within the epidemic, this trend is further exacerbated by the trends noted in the survey. African-American participants are significantly more likely to have been homeless or unstably housed and to have been incarcerated.

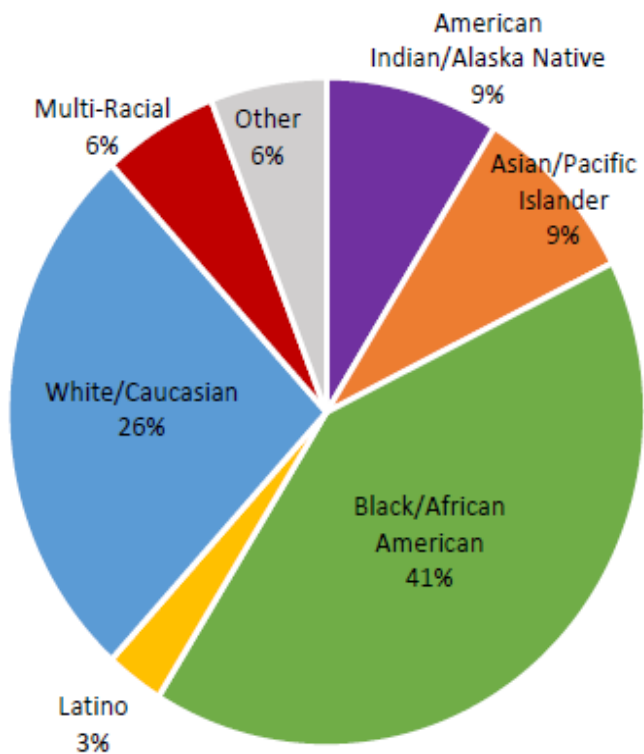
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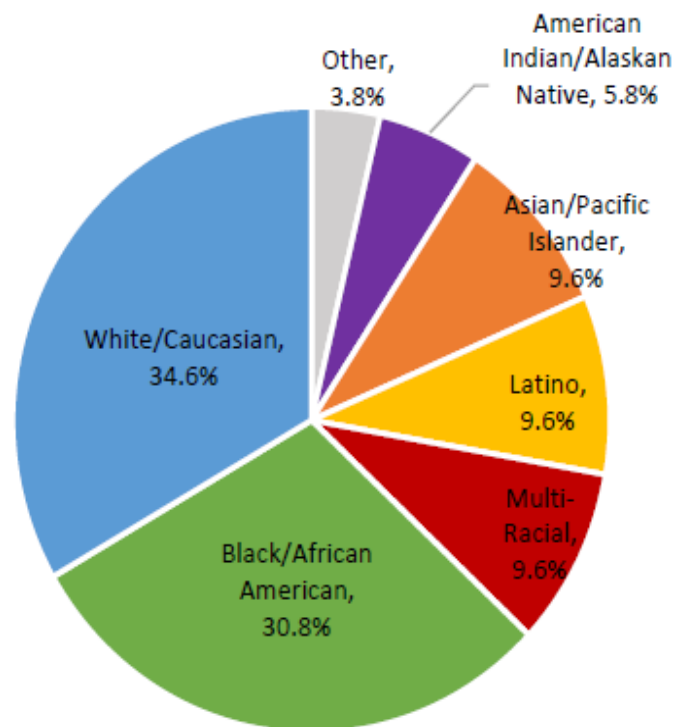
ARIES



Formerly Incarcerated



Vs. Total



n=32

QUOTES FROM PARTICIPANTS

"Housing is a losing battle."

"Living in an SRO is like living in a prison."

"I appreciate the level of care in San Francisco, but I fear being segregated into areas of poverty and drug use."

"Living in the Tenderloin is triggering for me as a former user."

"This neighborhood (Tenderloin) is dangerous and dehumanizing."

"I want to step out of the paradigm of living in the Tenderloin."

"Psychosocial and one-on-one services help alleviate my isolation."

"I feel victimized, and like an outcast."

QUOTES FROM PARTICIPANTS

"I stay in my shell and get high."

"Nobody can help you but yourself."

"My medical care is great!"

"Getting help with benefits or keeping benefits is difficult. I'm forced to do a lot of leg work despite my mobility issues."

"The GA office is a zoo!"

"I've been relegated to living in SRO's, I'm expected to live and die there."

"Support groups help with harm reduction, even if they're not specifically for substance use."

CONCLUSIONS

1. Due to the unique needs of the HIV-positive MSM population using crystal methamphetamine, HIV-specific substance use programs should be supported.
2. There continues to be challenges for clients regarding understanding the shifting benefits landscape. Expanded and ongoing distribution of the benefits tools created by the Health Reform Task Force may be considered.

3. As with many communities and demographics, navigation continues to be a key concern for MSM users of crystal methamphetamine. The most recent HIV Resource Guide was published in 2009; an updated version that includes online accessibility may be considered.
4. Mental Health is an ongoing challenge for this community. Additionally, mental health has been seen as a key service to support the reduction of substance use. Linkage between substance use and mental health programs should be considered a priority.

5. As with many communities and demographics, housing continues to be a key concern for MSM users of crystal methamphetamine, in particular in its relationship to health and safety.
 - It is important that outcome objectives for relevant programs be linked to ongoing, wraparound support and discharge planning for clients that are or will be housed in SROs.
 - Appropriate Standards of Living should be maintained within SROs.

6. Participants noted a continuing need for nutritional supplements (e.g. Ensure, Boost) that are no longer provided regularly or free of charge. Promoting easier access to these products (including use of vouchers) may be an area of review for the HHSPC.

QUESTIONS?