

# **Community Needs Assessment**

**HIV+ Individuals with Self-Reported Mental  
Health Challenges  
in San Francisco**

People with mental health challenges are currently considered a targeted demographic within the San Francisco EMA HIV Health Services Planning Council's "Severe Need" Definition:

- Severe Need:
  - Disabled By HIV/AIDS or with symptomatic HIV diagnosis.
  - Active substance use or mental illness.
  - Poverty, defined as an annual federal adjusted gross income equal to or less than 150% of FPL (Federal Poverty Level), which for 2016 is \$17,820 for one person or \$24,030 for two people.

# Needs Assessment Work Group

- In April 2016, the Consumer and Community Affairs Committee initiated the formation of the Mental Health Needs Assessment Work Group by inviting a range of stakeholders, including providers and consumers of services. Members included:
  - Wade Flores, HHSPC
  - Ron Hernandez, HHSPC
  - Mick Robinson, HHSPC
  - Jack Bowman, Shanti/HPPC
  - Derek Mapp, Shanti L.I.F.E. Program
  - Juan Cabrera, Mission Neighborhood Health Center
  - Lori Thommes, Alliance Health Project
  - Helen Lin, Ward 86
  - HIV Health Services Planning Council Staff

## Background and Methodology

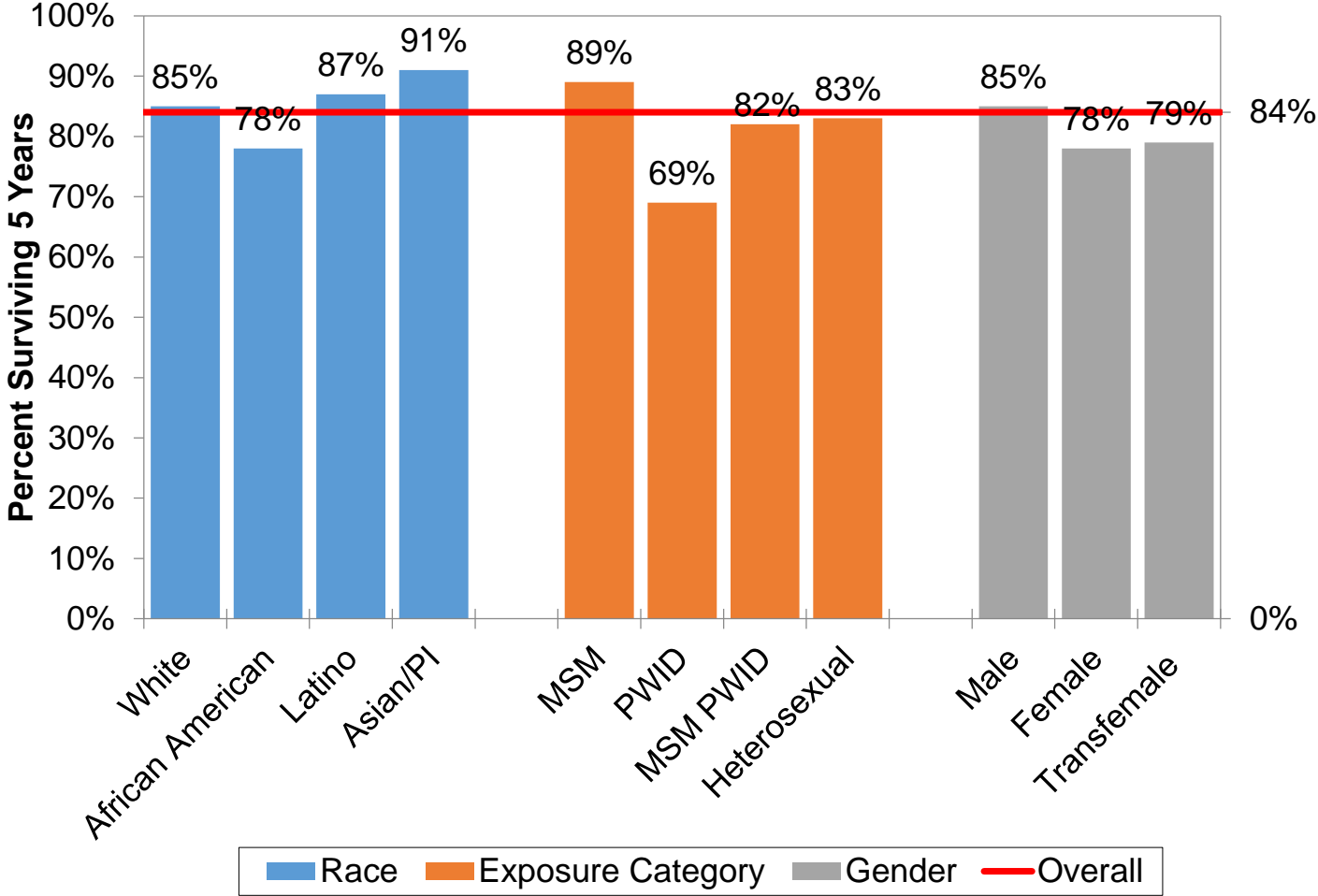
- This needs assessment is a product of service providers working with HIV + individuals, community members, and SF HIV Health Services Planning Council members and staff.
- In an effort to gain greater qualitative data, and in response to challenges with stigma and public discussion of personal challenges noted previously during COLAs (Community Outreach & Listening Activities) it was determined that the needs assessment would be primarily comprised of one-on-one interviews to be performed by Council Community Services Manager David Jordan and Council Support Intern Helen Lau.

- The Work Group developed an interview guide, tailored survey instrument and an outreach strategy.
- Consumer participation would be incentivized through \$25 gift certificates to Safeway.
- Additionally, four focus groups took place:
  - June 1<sup>st</sup> in collaboration with Dawn Saunders at Larkin Youth Services, facilitated by Community Services Manager David Jordan.
  - June 9<sup>th</sup> in collaboration with Adrienne Elias of Shanti's D.I.S.H. Women's HIV support group, facilitated by Program Coordinator Liz Stumm, and Program Intern Helen Lau.
  - July 7<sup>th</sup> in collaboration with Ramon Matos at Alliance Health Project, facilitated by David Jordan.
  - July 15<sup>th</sup> in collaboration with Timothy Foster at the Black COE, facilitated by David Jordan.
  - A total of 30 individuals participated in focus groups.
  - A total of 45 individuals participated in one on one interviews.

# Epidemiological Data

	PLWH (N=15,979)		HIV DX in 2006 (N=519)		HIV DX in 2014 (N=302)	
	Number	%	Number	%	Number	%
<b>Race/Ethnicity</b>						
White	9,708	61%	278	54%	136	45%
African American	2,014	13%	75	14%	33	11%
Latino	2,894	18%	113	22%	82	27%
API/Native Amer.	986	7%	36	7%	39	13%
	<b>Current Age (as of 12/2014)</b>		<b>Age at Diagnosis</b>			
< 30 years	582	3%	128	25%	87	29%
30-39 years	1,837	12%	175	34%	91	30%
40-49 years	4,358	27%	143	28%	73	24%
50-59 years	5,806	36%	56	11%	38	13%
60-64 years	1,860	12%	10	2%	12	4%
65+ years	1,536	10%	7	1%	1	<1%

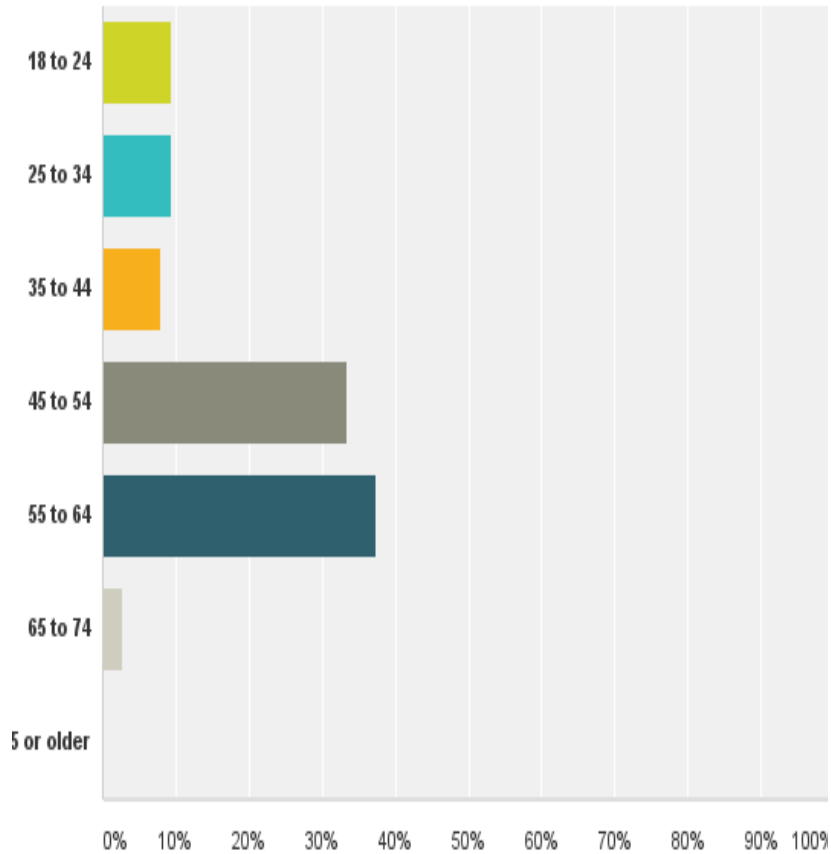
Five-year survival probability<sup>1</sup> after Stage 3 HIV for persons diagnosed between 2001 and 2014 by race/ethnicity, exposure category, and gender, San Francisco.



# FOCUS GROUP DEMOGRAPHICS

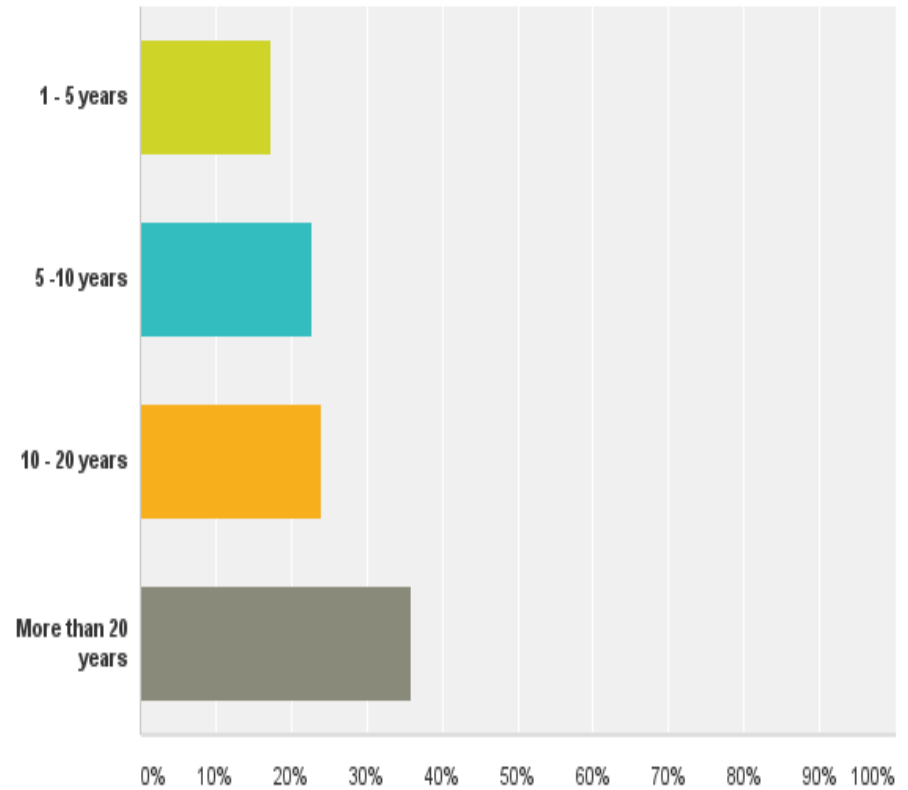
## Q1 What is your Age?

Answered: 75 Skipped: 0



## Q5 How Long have you been living with HIV?

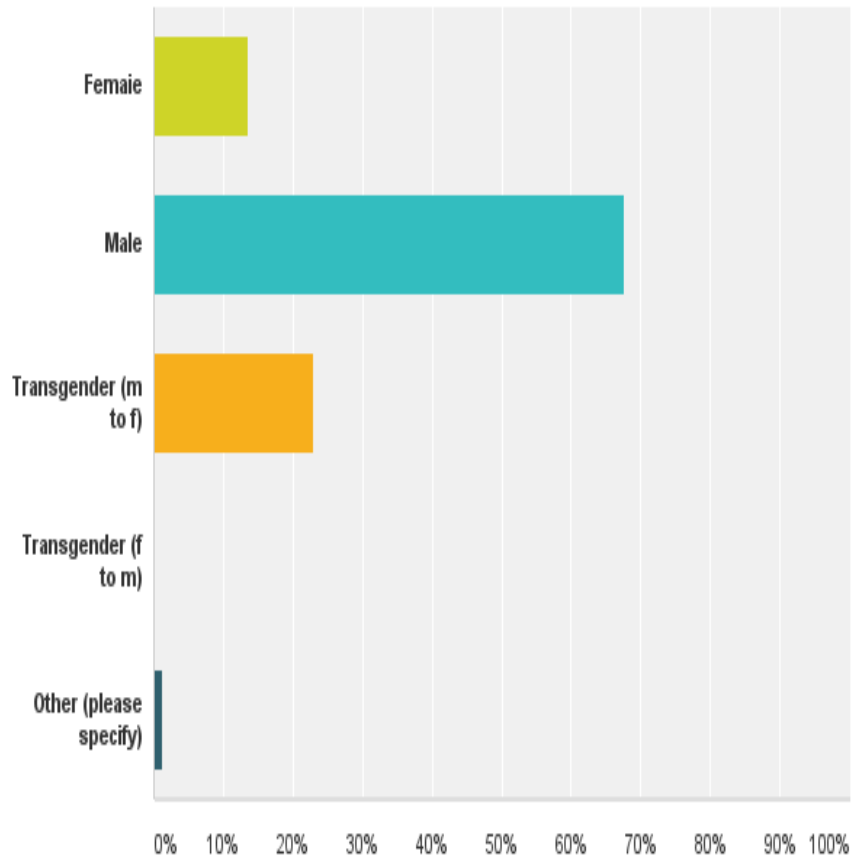
Answered: 75 Skipped: 0





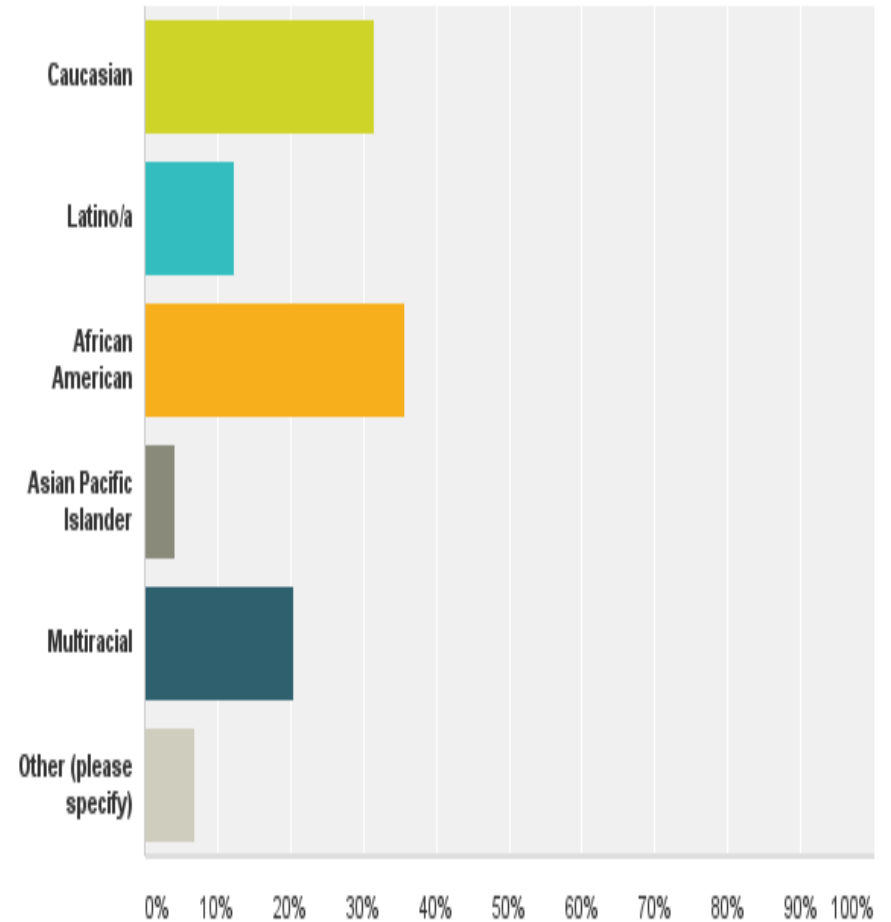
### Q3 What is your gender identity? (check all that apply)

Answered: 74 Skipped: 1



### Q2 What is your race?

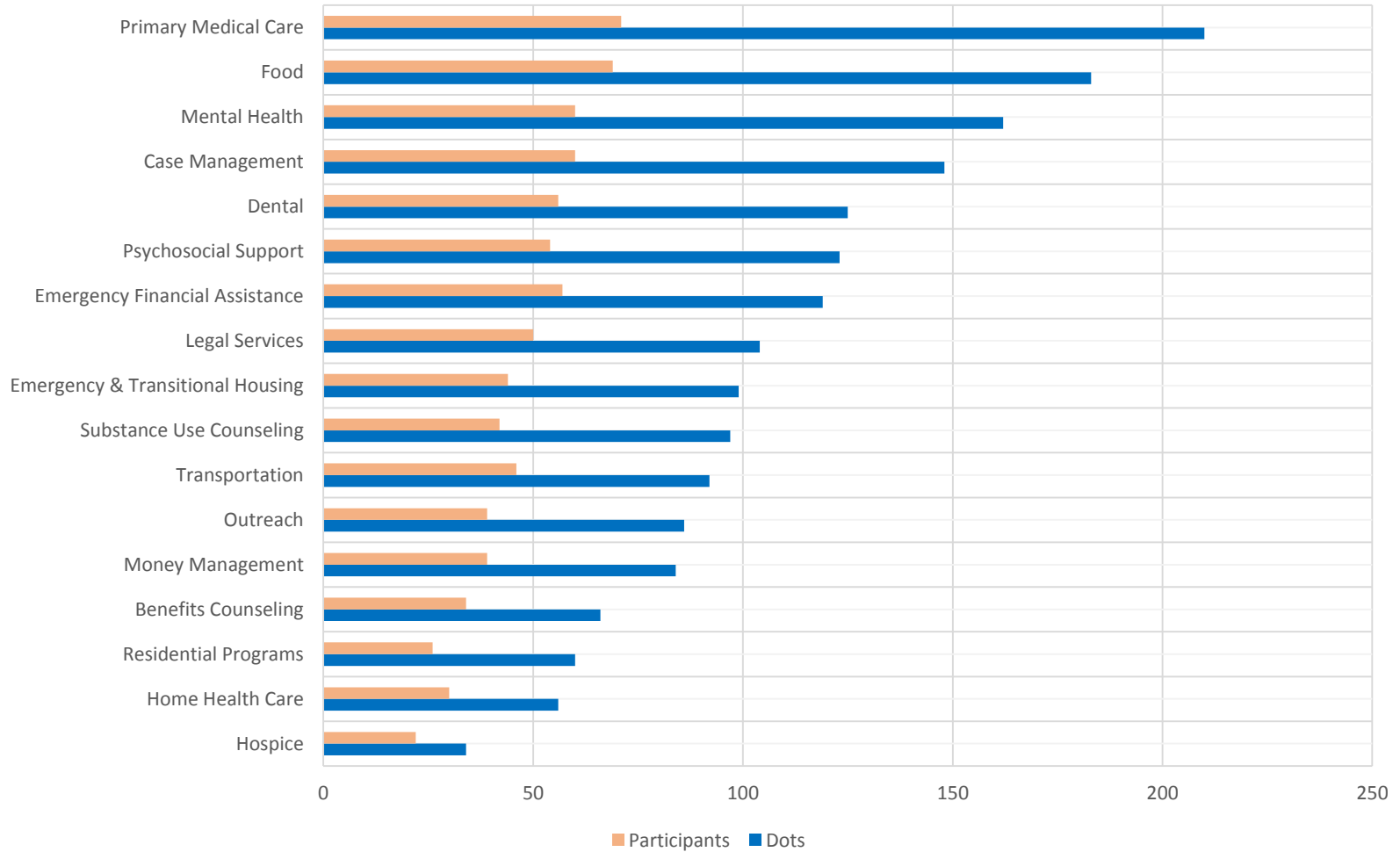
Answered: 73 Skipped: 2



# FINDINGS

# Prioritization Exercise

## Mental Health- Aggregate Prioritization Exercise



## 2015 HHSPC Service Category Prioritization

Your Ranking	Last Year	HRSA Service Category
		CORE SERVICES
	1	Primary Medical Care
	2	Mental Health Services
	3	Centers of Excellence
	4	Medical Case Management
	5	Dental/ Oral Health Care
	6	Hospice Services
	7	Pharmaceuticals
	8	Home Health Care
	9	Outpatient Substance Abuse
	10	Early Intervention Services [TMP - Therapeutic Monitoring Programs]
	11	Home & Community-based Health Services [CMP - AIDS Case Management]
		SUPPORT SERVICES
	1	Housing: Emergency Housing
	2	Housing: Transitional Housing
	3	Food/ Delivered Meals
	4	Emergency Financial Assistance
	5	Residential Mental Health
	6	Psychosocial Support
	7	Housing: Residential Programs & Subsidies
	8	Non-Medical Case Management (includes Money Management & Benefits Counseling)
	9	Facility-based Health Care
	10	Legal Services
	11	Transportation
	12	Outreach
	13	Residential Substance Abuse/ Non-Medical Detox
	14	Medical Detox
	15	Referral for Health Care/ Supportive Services
	16	Rehabilitation

## Community Needs Assessment Service Category Prioritization

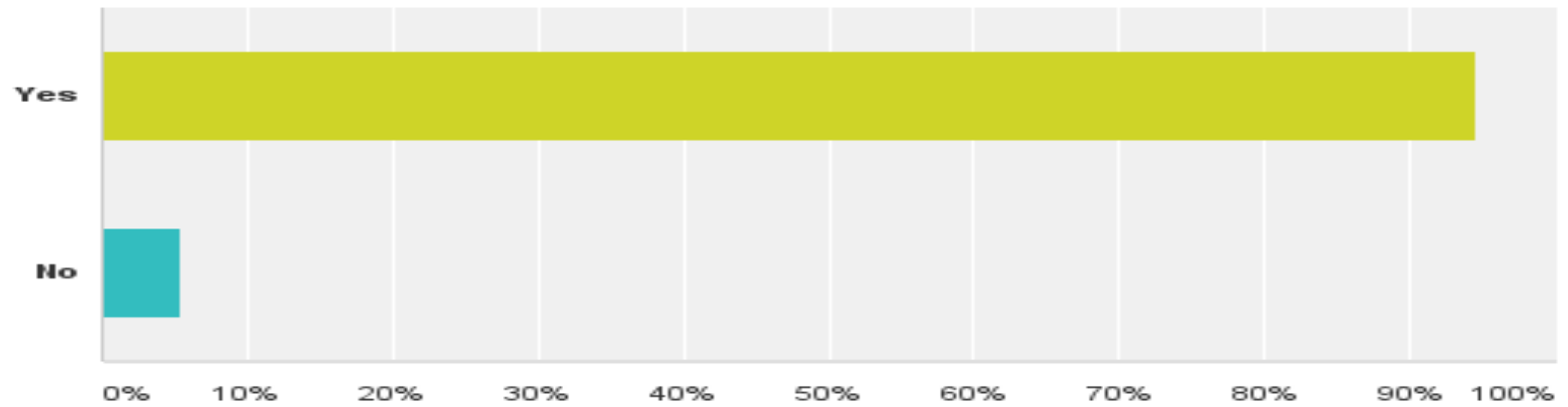
	Dots	Participants
<u>CORE SERVICES</u>		
Primary Medical Care	210	71
Mental Health	162	60
Case Management	148	60
Dental	125	56
Home Health Care	56	30
Hospice	34	22
<u>SUPPORT SERVICES</u>		
Food	183	69
Psychosocial Support	123	54
Emergency Financial Assistance	119	57
Legal Services	104	50
Emergency & Transitional Housing	99	44
Substance Use Counseling	97	42
Transportation	92	46
Outreach	86	39
Money Management	84	39
Benefits Counseling	66	34
Residential Programs	60	26

# Primary Medical Care

- Primary medical care is perceived as very effective by participants. This is reinforced by high rates of engagement in medical care and viral suppression.
- Many participants also described challenges maintaining relationships with medical providers due to issues stemming from mental health and substance use.
- Some participants did report challenges in a lack of clarity around pain management policies and described feeling stigmatized or dismissed as “drug seeking”.

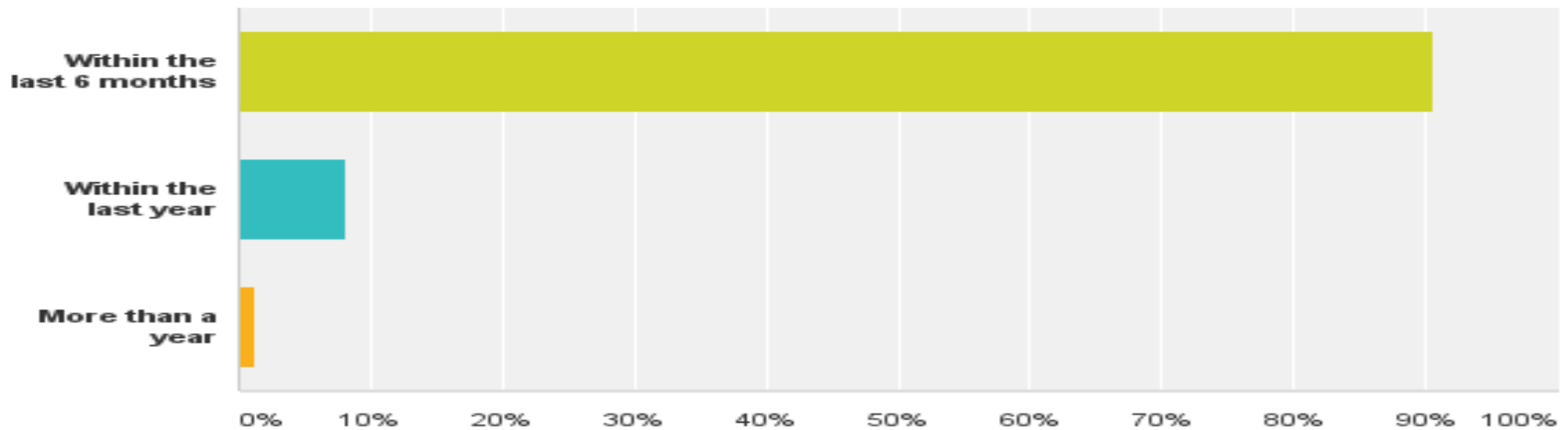
## Q6 Are you engaged in medical care?

Answered: 75 Skipped: 0



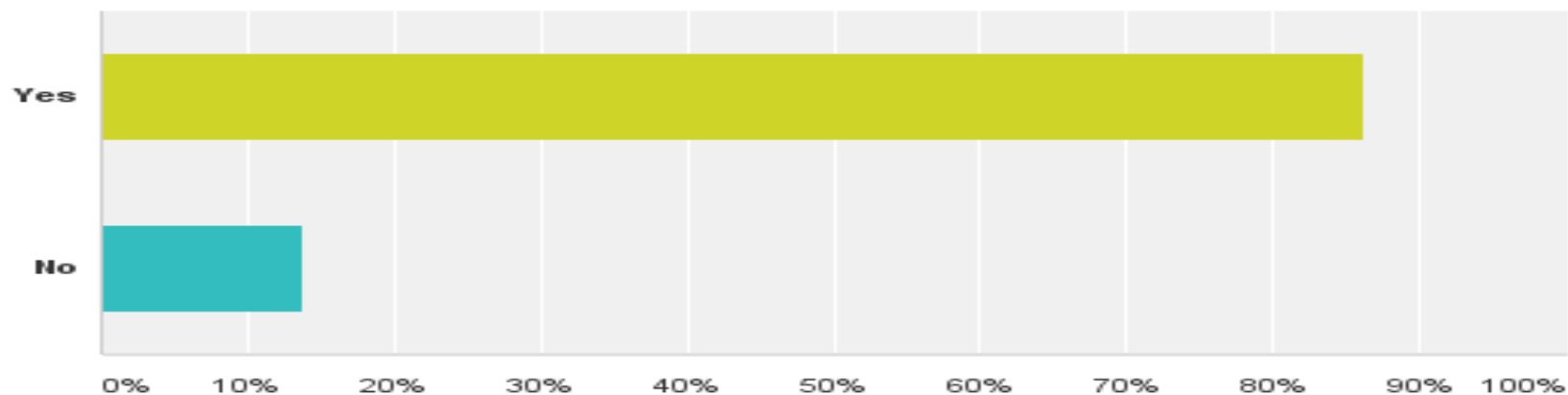
## Q7 If so, when was the last time you saw your primary medical care provider?

Answered: 74 Skipped: 1



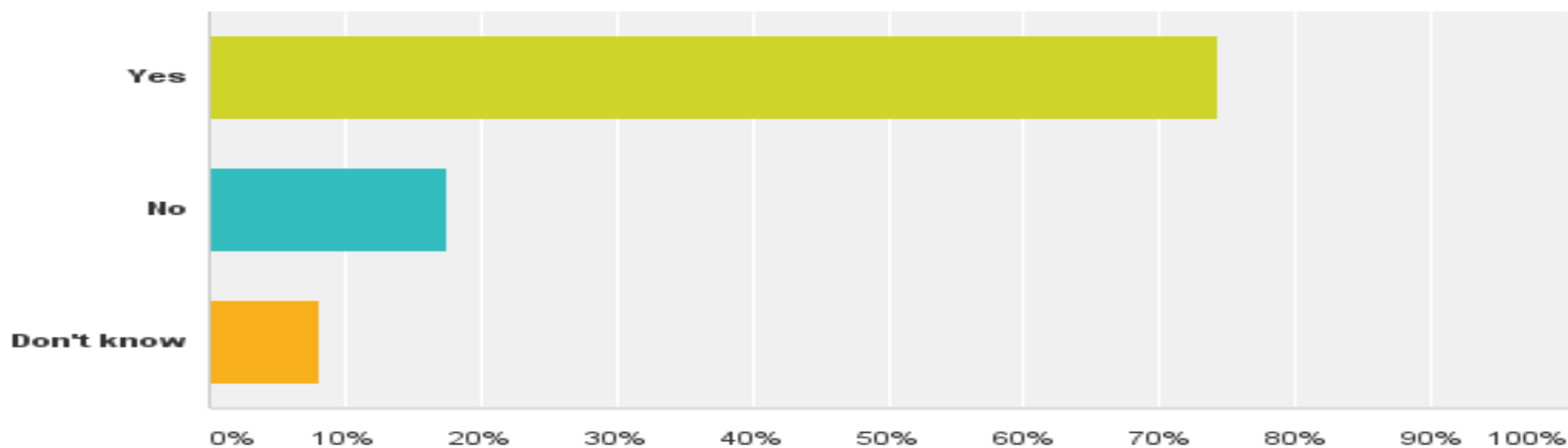
## Q9 Are you using HIV meds/antiretroviral therapy?

Answered: 73 Skipped: 2



## Q10 Are you virally undetectable?

Answered: 74 Skipped: 1



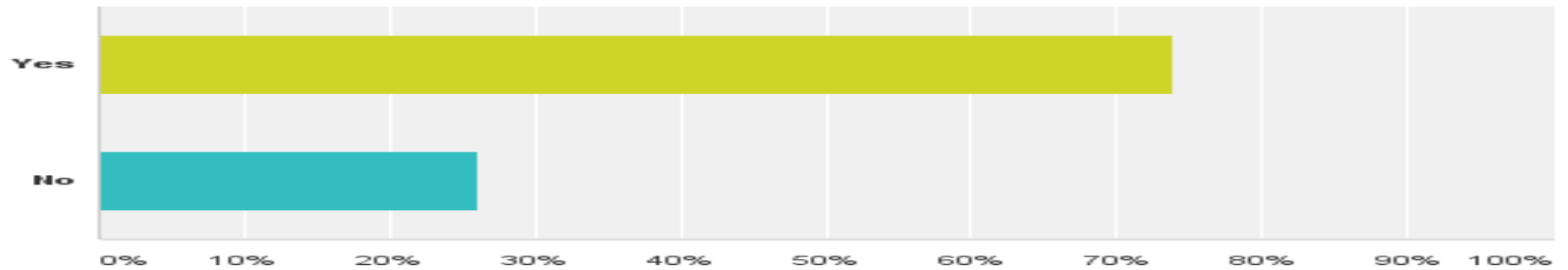
# Mental Health

- Most of the participants reported accessing mental health services; primarily psychiatric medications, therapy, and support groups.
- Many expressed concern with a lack of consistency in therapy services, and that programs were perceived as temporary solutions to ongoing problems.
- Participants also express concern that the system of care was overly reliant on psych meds, and that doctors and therapists could be more investigative and invest more time in ascertaining the true nature and complexity of their individualized challenges. Some also reported feeling over medicated.
- Many participants reported self-medicating in lieu of or in addition to mental health services.



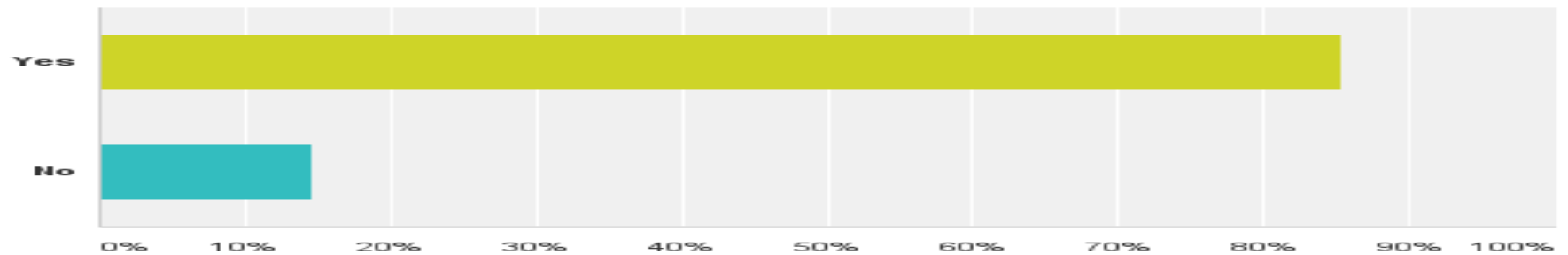
## Q24 Has mental health ever been a concern for you?

Answered: 73 Skipped: 2



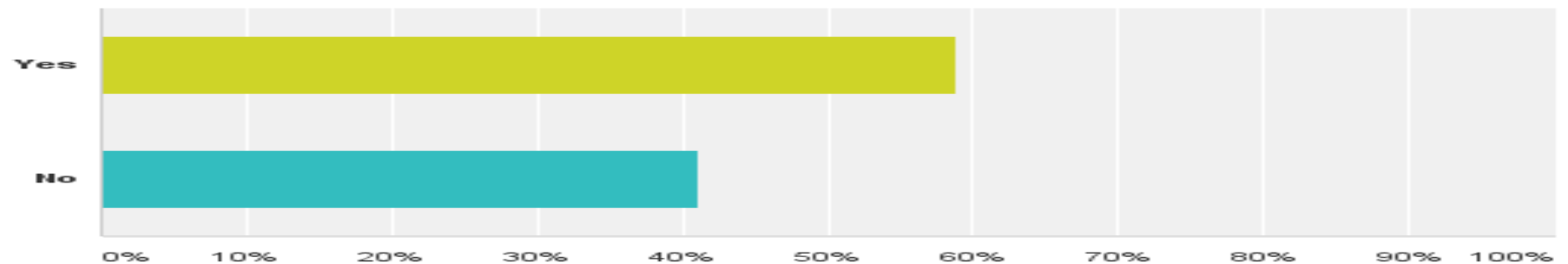
## Q26 Have you ever received mental health care?

Answered: 75 Skipped: 0



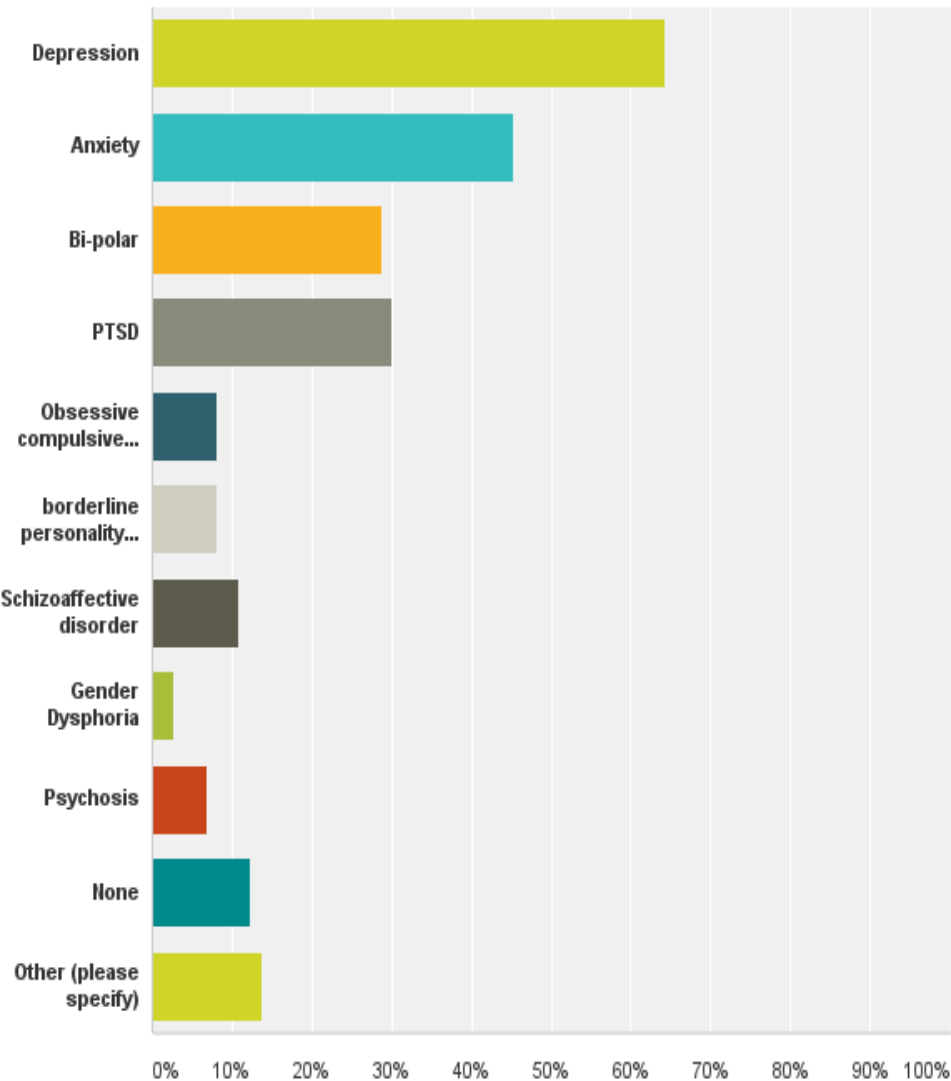
## Q28 Have you ever used non-prescription substances in place of psych meds (i.e., self-medication)?

Answered: 73 Skipped: 2



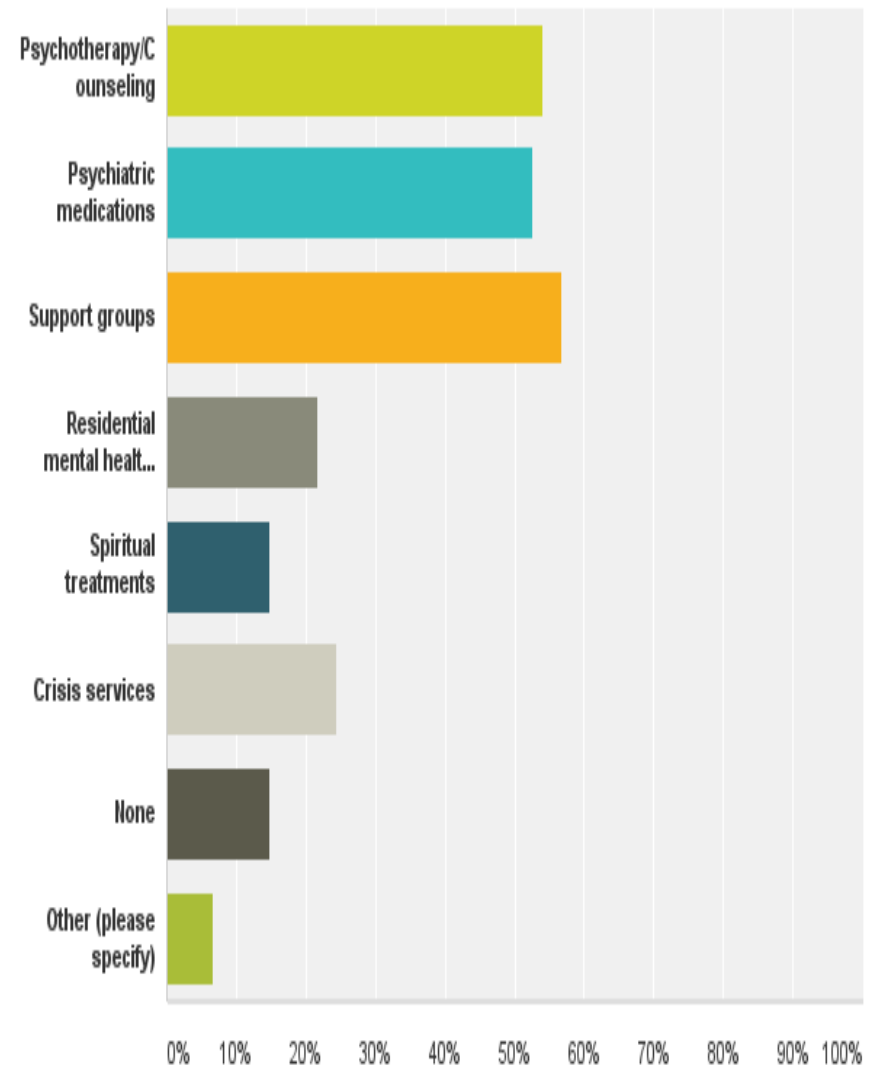
### Q25 Have you ever been diagnosed with a mental health condition, and if so what is it? (check all that apply)

Answered: 73 Skipped: 2



### Q27 If so, what type of care have you received? (check all that apply)

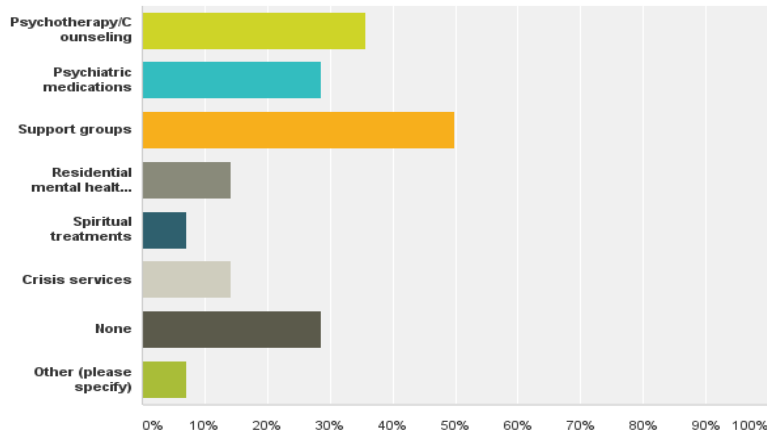
Answered: 74 Skipped: 1



# Youth

Q27 If so, what type of care have you received? (check all that apply)

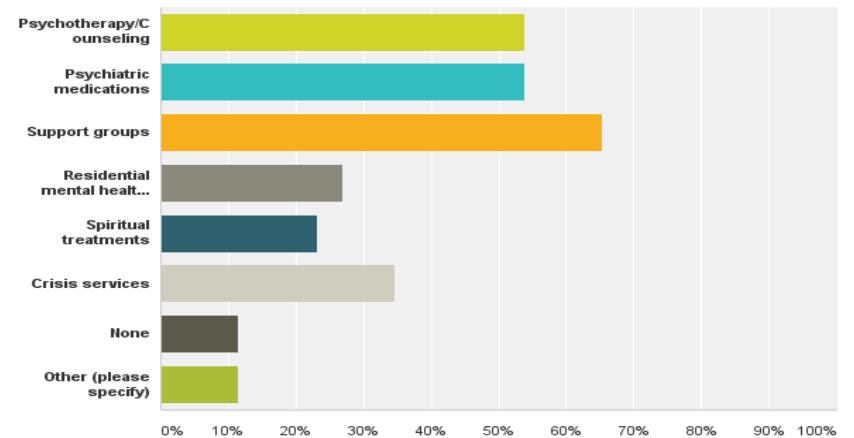
Answered: 14 Skipped: 0



# Women

Q27 If so, what type of care have you received? (check all that apply)

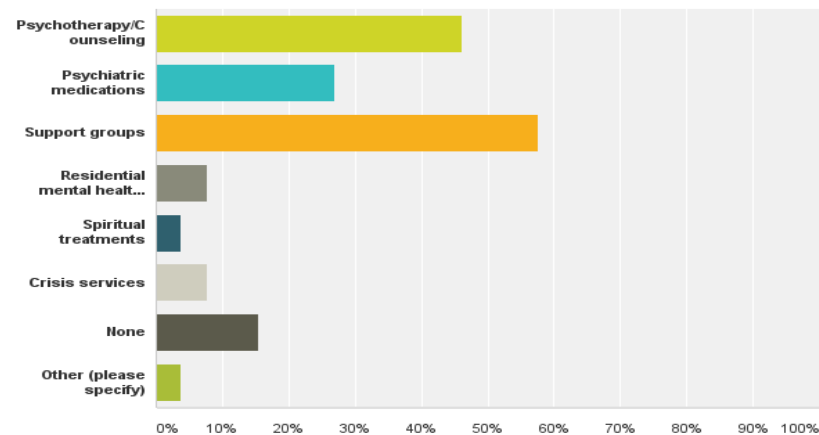
Answered: 26 Skipped: 0



# African Americans

Q27 If so, what type of care have you received? (check all that apply)

Answered: 26 Skipped: 0



# Important linkage between mental health, substance use, and housing

- The necessity of balance between these elements in order to maintaining overall wellness was nearly universal among participants.
- The ways in which these elements effect each other were discussed at length during focus groups (eg: loss of mental health care leads to self-medication and potential loss of housing and inability to maintain medical adherence).
- 
- Many participants described their substance use and mental health as being intrinsically linked.

### Q29 Would you describe yourself as ever having a problem with substance use?

Answered: 73 Skipped: 2



### Q30 Have you ever received substance use treatment?

Answered: 74 Skipped: 1

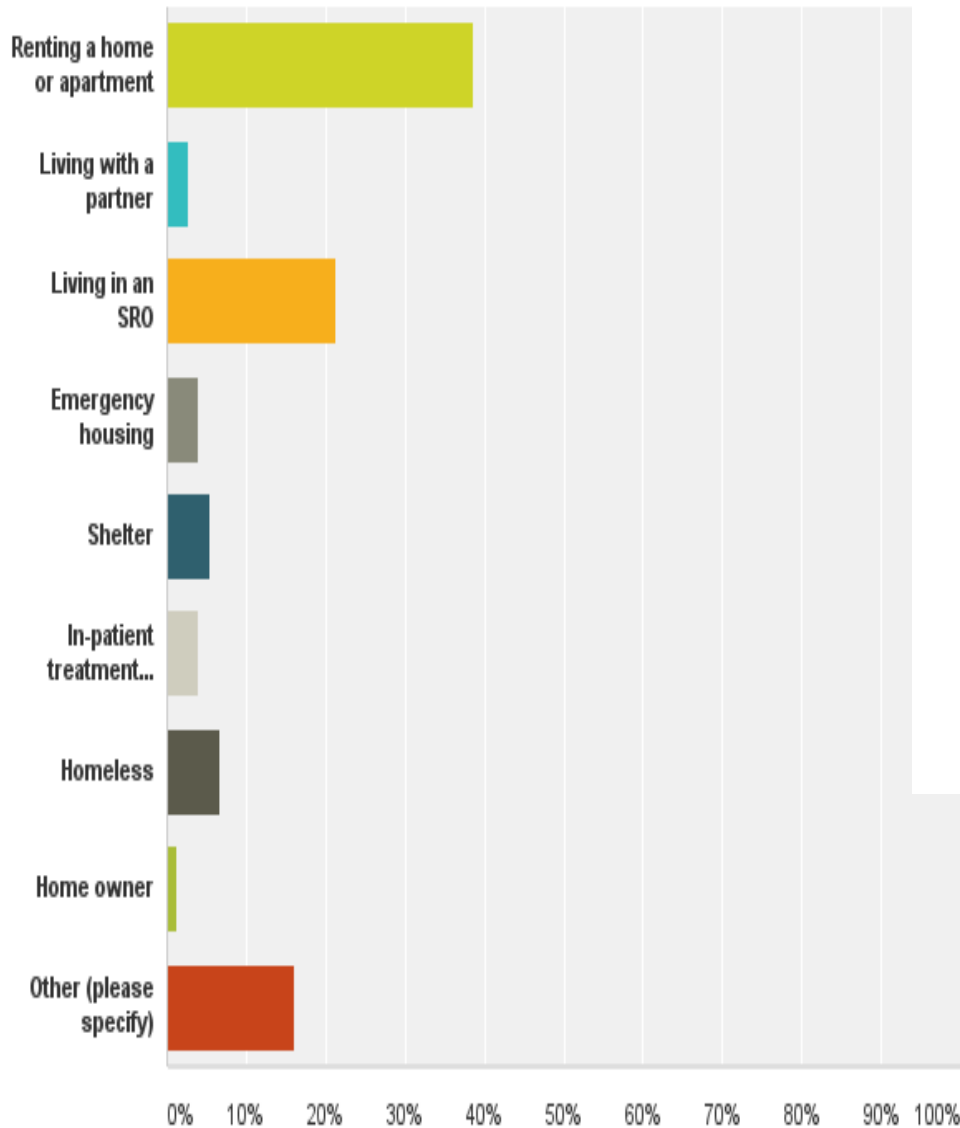


# Housing and isolation issues

- Participants reported anxiety around housing issues in general. More than half of them had previously been homeless, many of them within the last year.
- Participants also voiced concerns about gentrification and being priced out of the city; this was exacerbated by a feeling of ghettoization and that all services and housing for low income individuals were segregated to specific parts of the city.
- Participants felt that this segregation led to greater police harassment, risk of violence, and triggering of substance use.
- Participants reported that low income housing was also dangerous and that substance use and sales took place in the common areas; this led some to feel as if they had to self-isolate in order to avoid being triggered, which often led in turn to loss of community and depression.

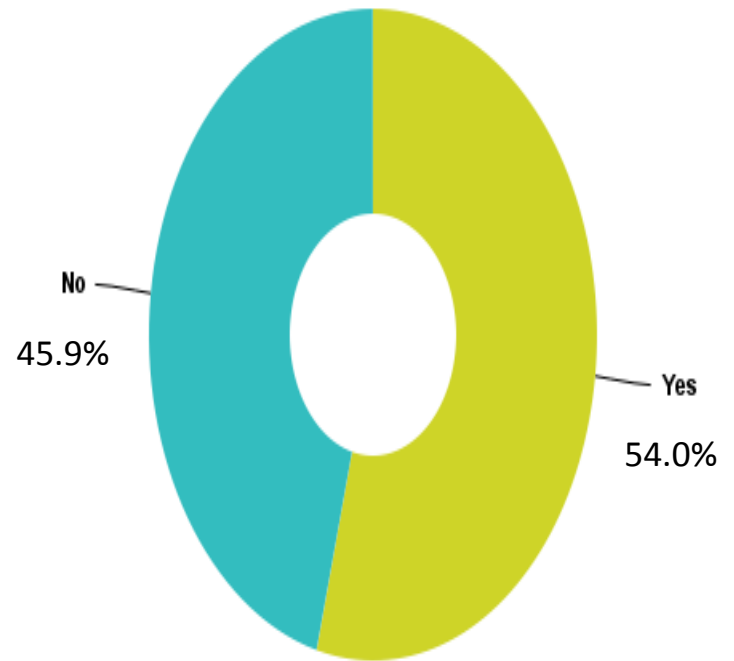
# Q17 What best describes your living situation?

Answered: 75 Skipped: 0



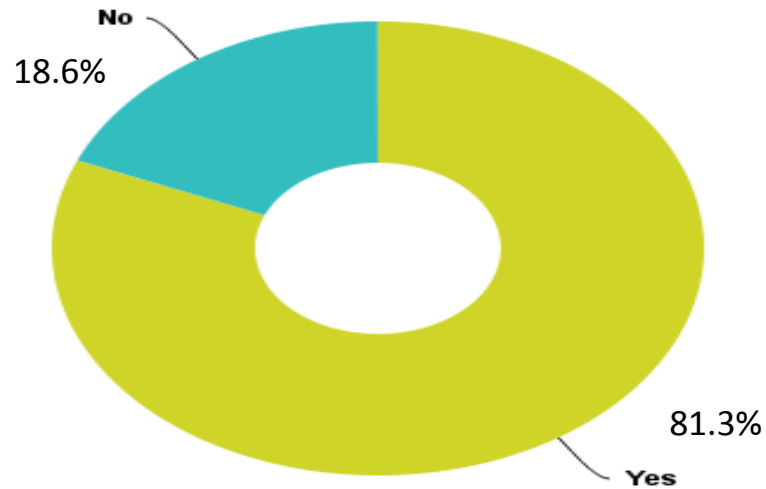
# Q19 Do you have a housing subsidy?

Answered: 74 Skipped: 1



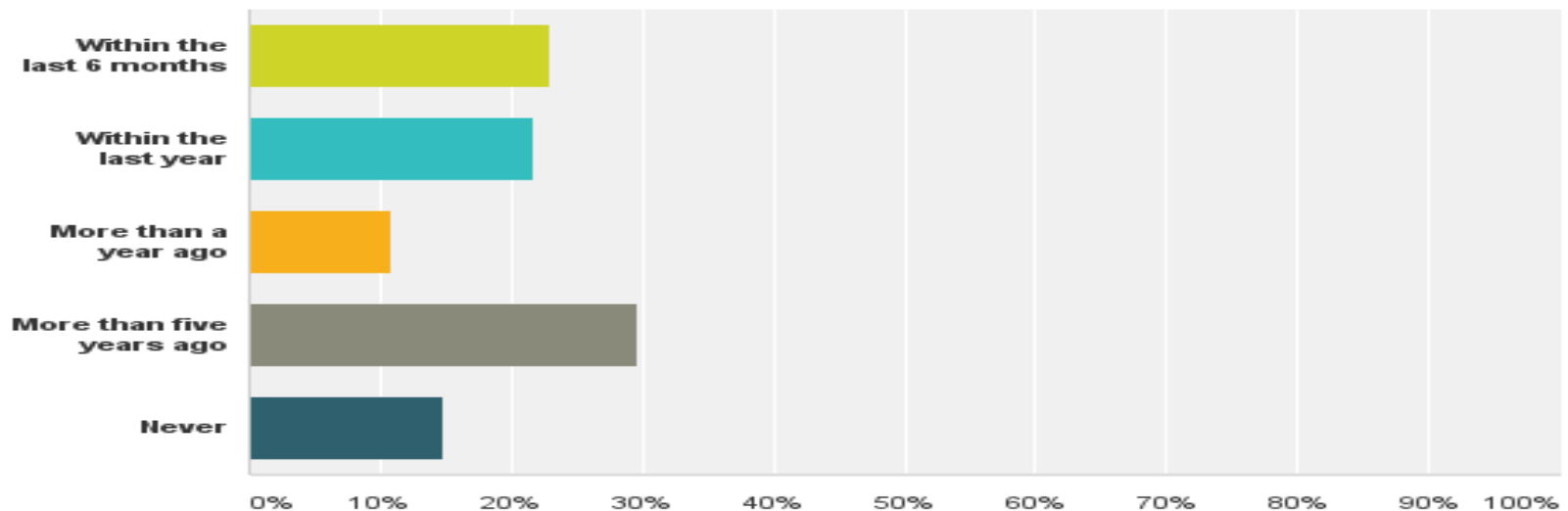
## Q20 Have you ever been homeless, lived in a shelter or in transitional housing?

Answered: 75 Skipped: 0



## Q21 When was the last time you were in this situation?

Answered: 74 Skipped: 1





# Homelessness among under 35 year olds

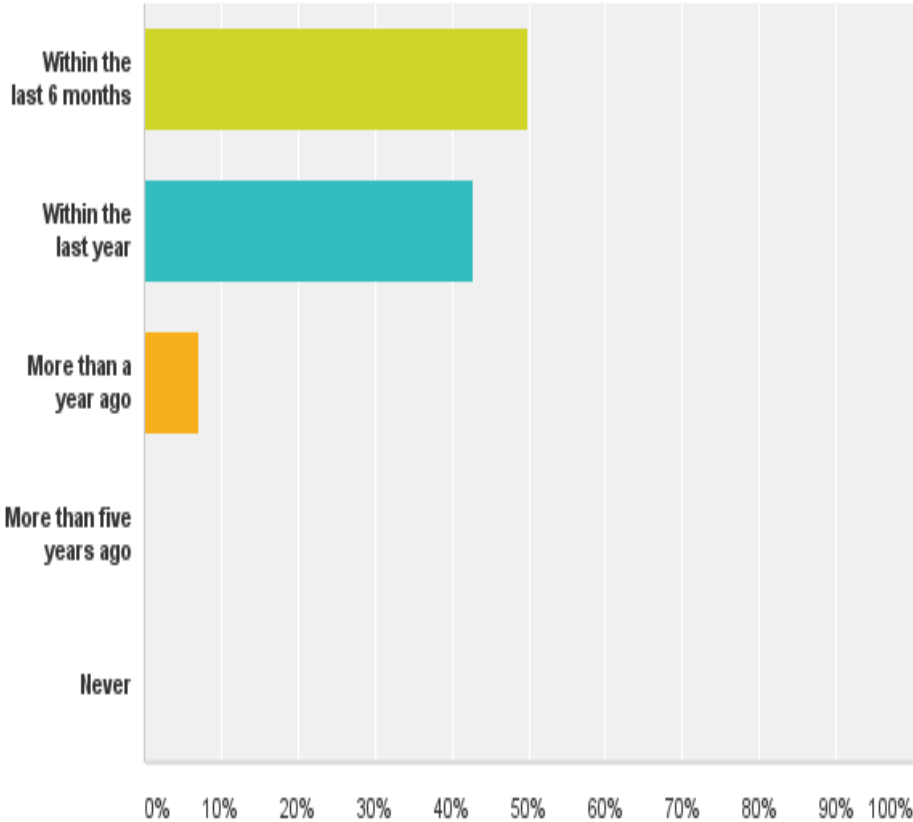
**Q20 Have you ever been homeless, lived in a shelter or in transitional housing?**

Answered: 14 Skipped: 0



**Q21 When was the last time you were in this situation?**

Answered: 14 Skipped: 0

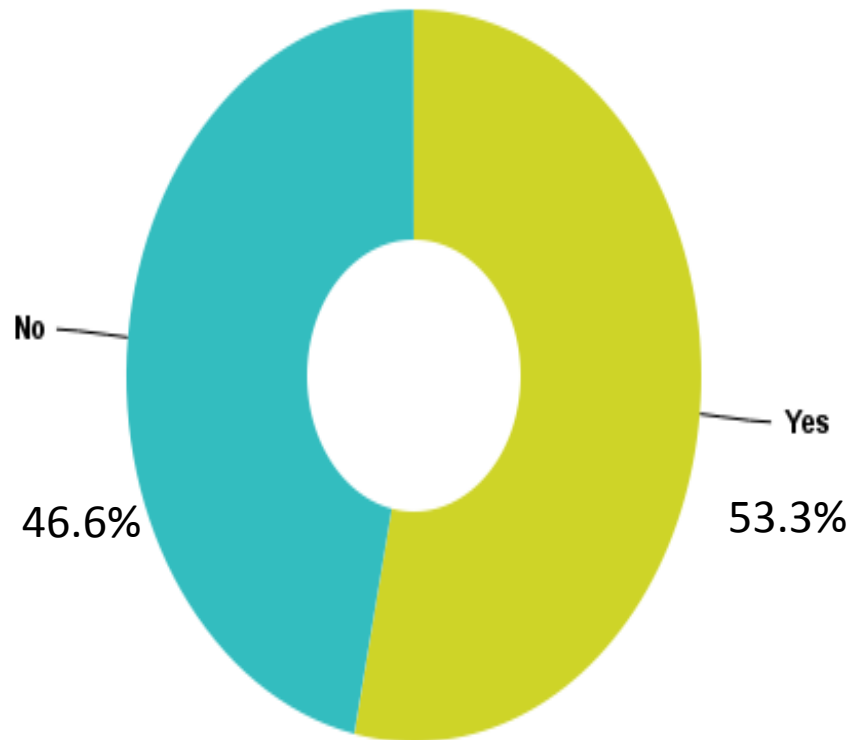


## Transitional support – case management, navigation, and peer advocacy

- Participants consistently voiced the need for additional navigation and linkage to services during periods of transition, including hospitalization, post-incarceration, homelessness, in-patient treatment (mental health or substance use), as well as ageing out of youth programs.
- Participants felt that case management and referral services lacked follow through, and that greater advocacy was needed to navigate the system of care and bureaucracy that comes with it.
- Many participants expressed that their mental health challenges made the complexity of accessing service very difficult, especially when faced with stigma related to substance use and psychologically based behavioral issues.
- Participants described a need for increased peer advocacy that is cross-agency collaborative and mobile; as well as consistent, in order to facilitate trust and some level of understanding of clients specific challenges.

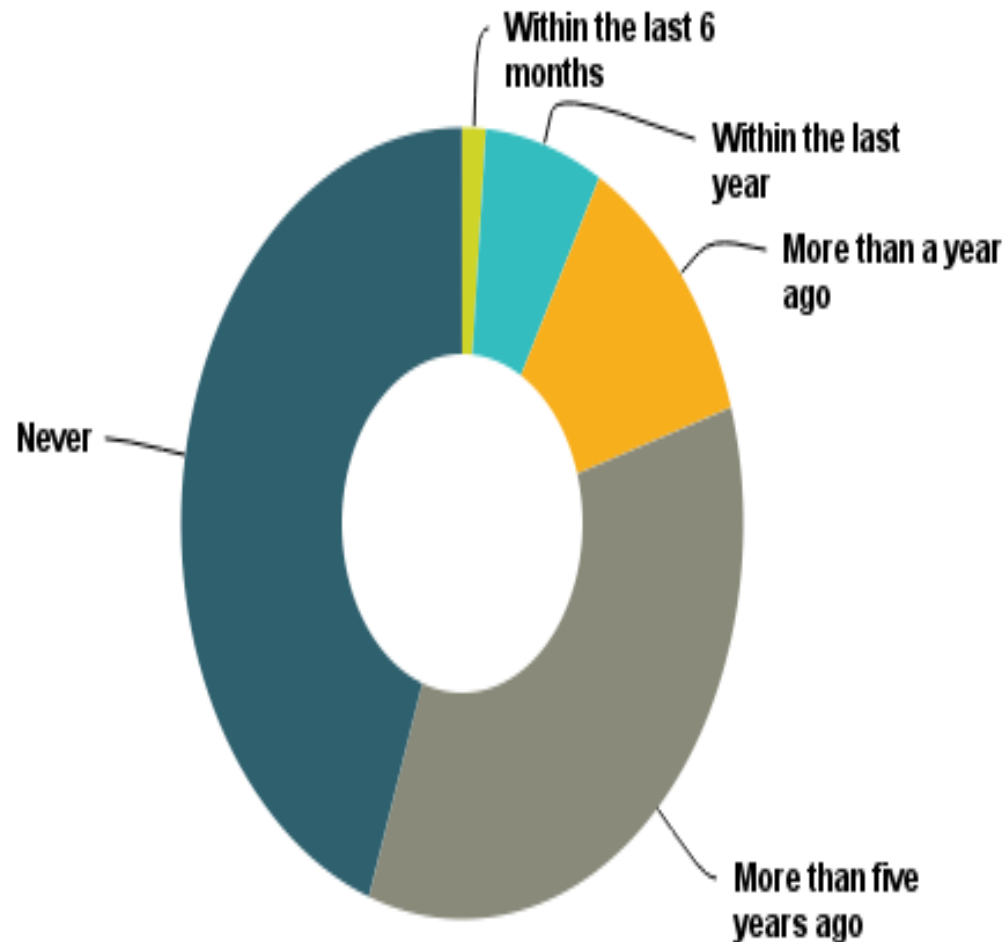
## Q22 Have you ever been incarcerated?

Answered: 75 Skipped: 0



## Q23 When was the last time you were incarcerated?

Answered: 74 Skipped: 1

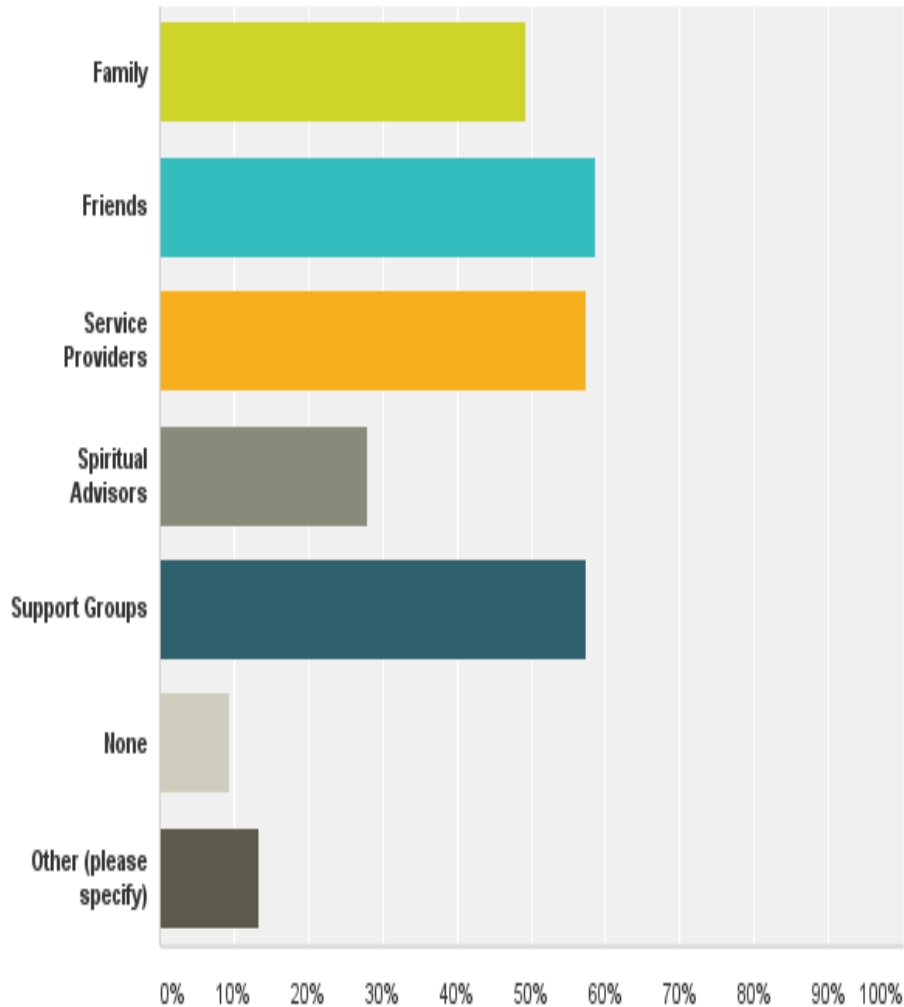


# Challenges with service providers

- Participants felt that high turnover rates among service providers made it difficult to maintain trusting relationships with case managers, medical providers, mental health providers, and admin staff.
- Many participants felt that they faced stigma related to substance use and mental health, especially among new staff. Some spoke of a lack of sensitivity, also a perceived lack training around cultural competency as well as knowledge of available services and how to refer clients.
- This issues seem to be accentuated within agencies that use students/interns to provide service.

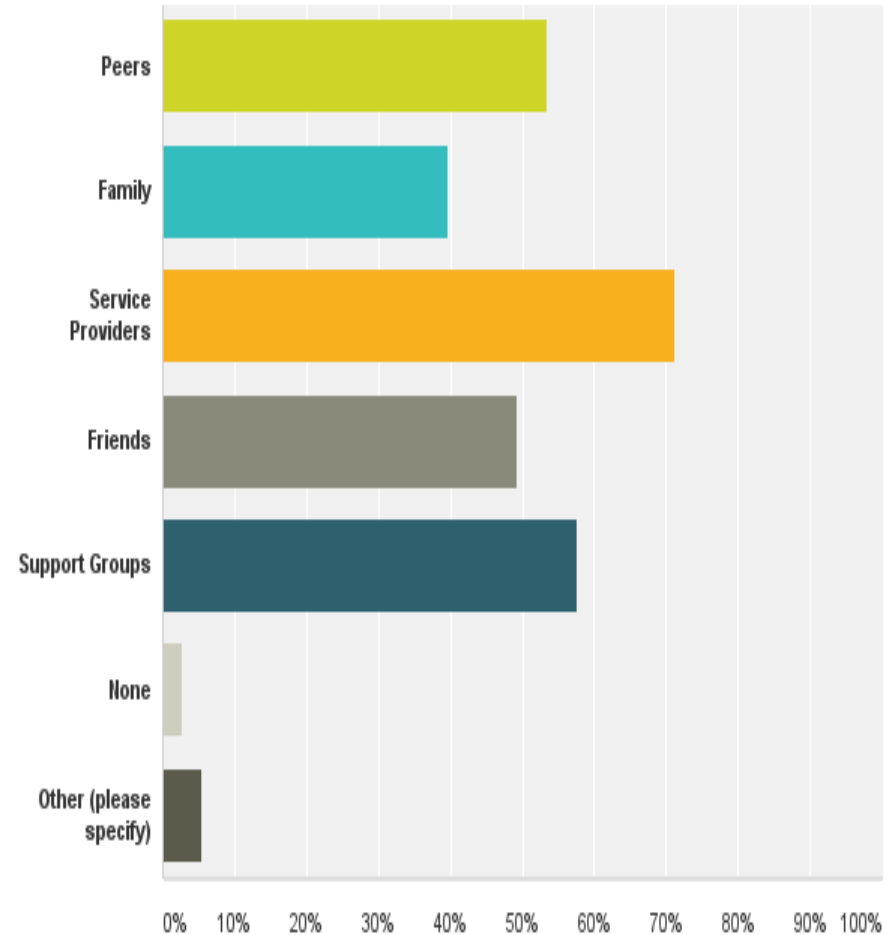
### Q31 Do you have a support system, and if so, who is it? (Check all that apply)

Answered: 75 Skipped: 0



### Q32 Do you feel like you have trusted sources of information regarding available services, and if so what are they? (check all that apply)

Answered: 73 Skipped: 2



# Psychosocial support and support groups

- Many participants reported that support groups were effective in helping ameliorate their sense of social isolation.
- Support groups also functioned as an info exchange, encouraged self-reflection as well as enabling proactive behavior.
- It was also noted that culturally targeted support groups had heightened efficacy, and encouraged greater trust and openness.

## QUOTES FROM PARTICIPANTS

- “Housing is the first step, a lot of people think that its treatment, but it’s not. They put you back in the shelter where there’s abuse every day.”
- “Once they find out you have HIV, they push Ryan White funded programs, but it’s short term care.”
- “The clients that are responsible for themselves to stay healthy. If you care about yourself then you want to be informed about yourself.”
- “It is up to the individual to advocate for themselves and be informed”
- “Mental health is a challenge because I don’t feel like taking care of myself even though I know I should.”

- “Ever since I got HIV, I’ve learned that I can’t help that, so I’ve learned to go to support groups. Support groups really helped me.”
- “I want to get involved with arts, but I don’t want to be the bum of the crowd.
- “I know I’m capable of improving myself, but I’m in a state of limbo.”
- “My doctor won’t prescribe HIV meds because I’m unstable (in terms of being homeless).”
- “I’m trying to maintain my mental health and not lose any more”
- “I feel like damaged goods.”
- “I wish doctors would take time to see what’s going on instead of prescribing “catch all” meds.”
- “I found getting access to support services more complex than getting into college.”



# CONCLUSIONS

1. Participants felt that navigation, linkage to services, and advocacy were of great importance, specifically during periods of transition. They also expressed concerns about consistency of service, and felt that many of the programs in place to aid with navigation were short term in scope, when what was desired was more long term and personalized advocacy. If funding increases for behavioral health and navigation, perhaps this need could be further explored.
2. Core services are perceived as very effective, as demonstrated by consistently positive cascade numbers. Some participants felt that stigma related to mental health caused difficulty in developing and maintaining relationships with providers.
3. Many participants expressed frustration at high turnover among service providers, and what is perceived as a lack of knowledge regarding the care continuum. Perhaps additional training for direct service providers (in particular new staff) can be explored in order to increase efficacy of navigation services and to maintain and increase institutional knowledge.
4. Participants expressed that support groups aid in maintaining a sense of community, as well as dealing with isolation and depression. They also felt that groups acted as forums for information exchange, and helped them to enact health positive and proactive behaviors. Culturally specific support groups were seen as effective.

# QUESTIONS?