



**Community Needs  
Assessment of HIV+  
Substance Users**

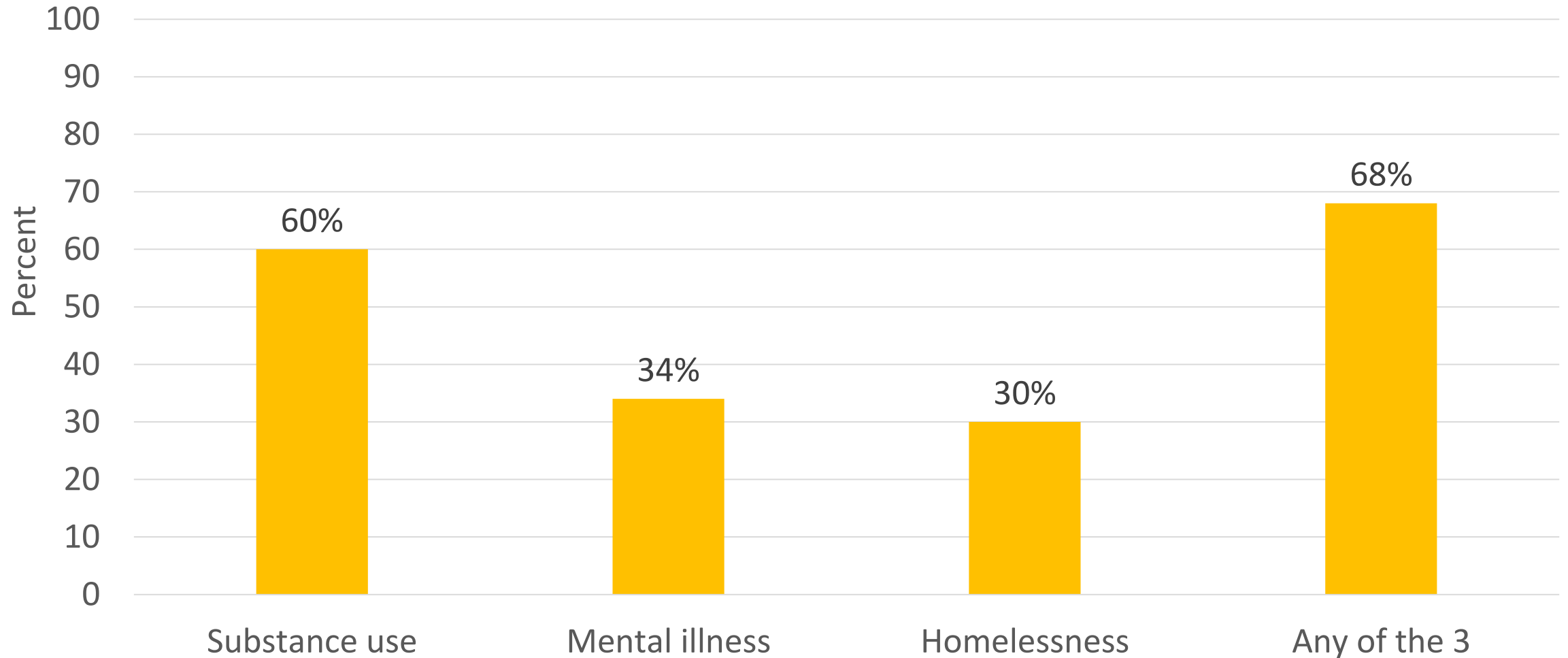
## **Substance Users are currently considered a targeted demographic within the San Francisco EMA HIV Community Planning Council’s “Special Populations” Definition.**

The Council recognizes special populations which have unique or disproportionate barriers to care. The following populations were identified based on the data that has been presented to the Council:

- Populations with the lowest rates of use of ART (Antiretroviral Therapy)
- Communities with linguistic or cultural barriers to care, inclusive of undocumented individuals and monolingual Spanish speakers
- Individuals who are being released from incarceration in jails or prisons, or who have a recent criminal justice history
- Homeless Individuals
- Substance Users
- Persons living with HIV age 60 years or older

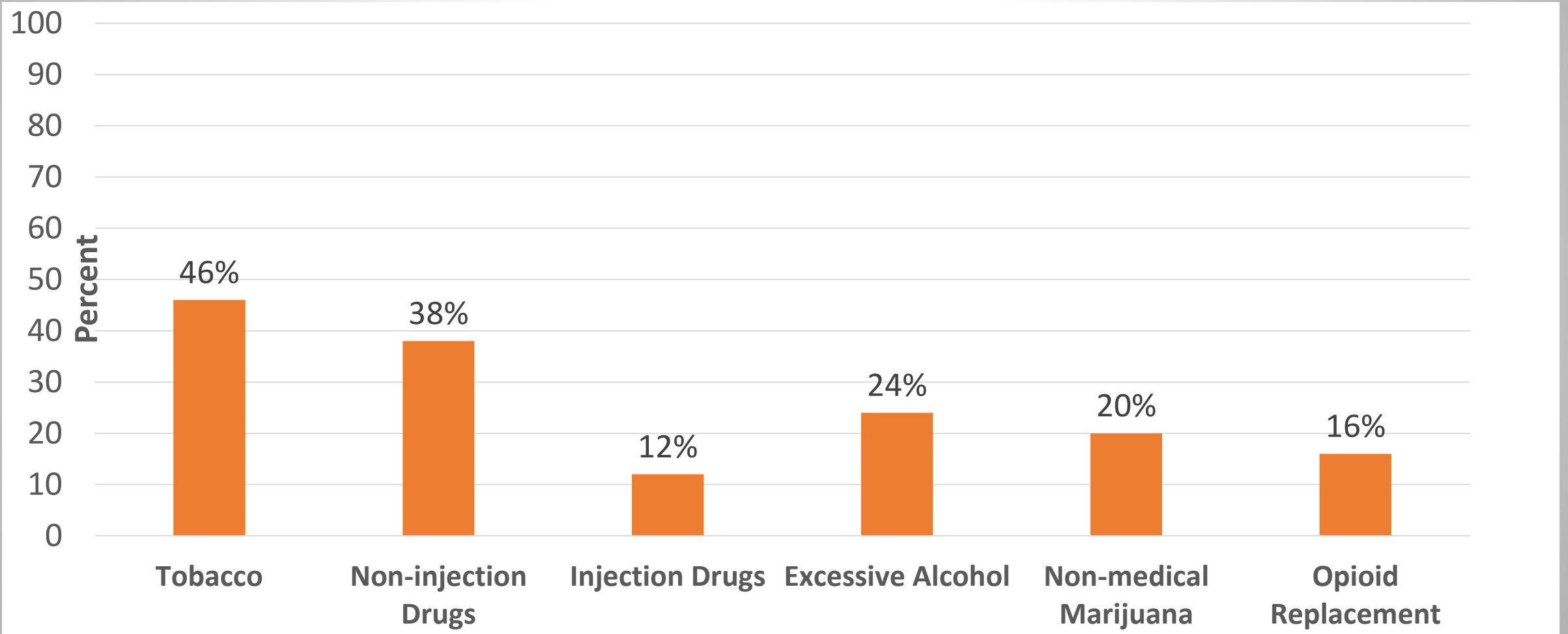
# Contribution to Deaths Among People with HIV

-San Francisco Department of Public Health, Population Health Division



# Substance Use Among Decedents with HIV

-San Francisco Department of Public Health, Population Health Division



# Needs Assessment Work Group

In April 2018, HCPC Community Engagement Committee initiated the formation of the HIV+ Substance Users Needs Assessment Work Group by inviting a range of stakeholders, including providers and consumers of services. Members included:

- Jordan Akerley, Shanti Project
- Jorge Cepeda, SFAF
- David Gonzales, HCPC
- Thomas Knoble, CHEP
- Mike Schriver, HCPC
- Laura Thomas, Drug Policy Alliance
- HIV Community Planning Council Staff

# Background and Methodology

- This needs assessment is a product of service providers working with HIV + individuals, community members, and SF HIV Community Planning Council members and staff.
- The Work Group developed an interview guide, tailored survey instrument and an outreach strategy.
- In an effort to gain greater qualitative data, and in response to challenges with stigma and public disclosure of personal concerns, the needs assessment was comprised of both one-on-one interviews performed by Council support staff, as well as focus groups held on-site with collaborating agencies.
- Consumer participation was incentivized through \$25 gift certificates to Safeway.

# Data Acquisition

Individual interviews were conducted at the Shanti Project, Lutheran Social Services and the San Francisco AIDS Foundation by Jason Williams, Cherrymay Yau, and David Jordan.

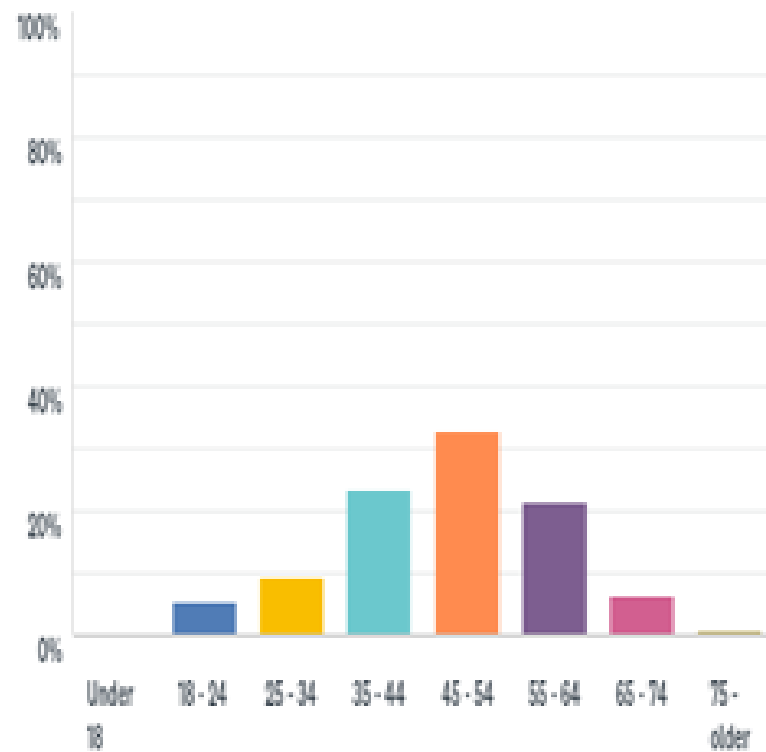
Additionally, two focus groups took place:

- July 30<sup>th</sup> in collaboration with John Fostel of Baker Places, facilitated by Melina Clark, Jason Williams and David Jordan.
- August 28<sup>th</sup> in collaboration with Brittany Maksimovic at GLIDE, Facilitated by David Jordan.

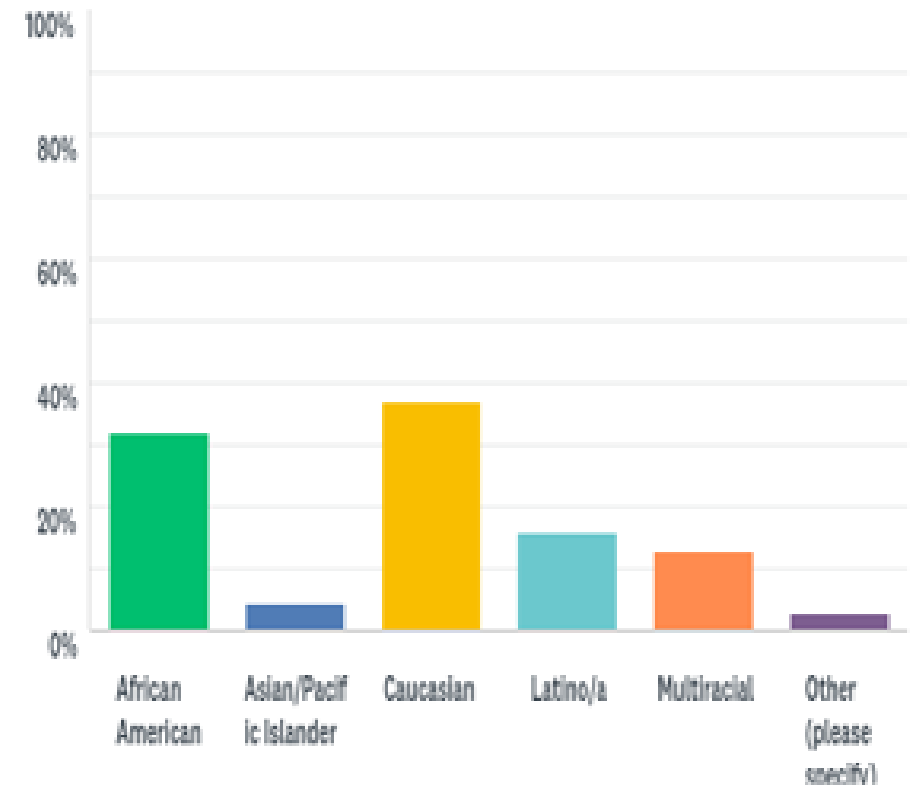
There were a total of 94 participants - 15 individuals in focus groups and 79 individuals in one-on-one interviews.

# Participant Demographics

Q1 What is your age?



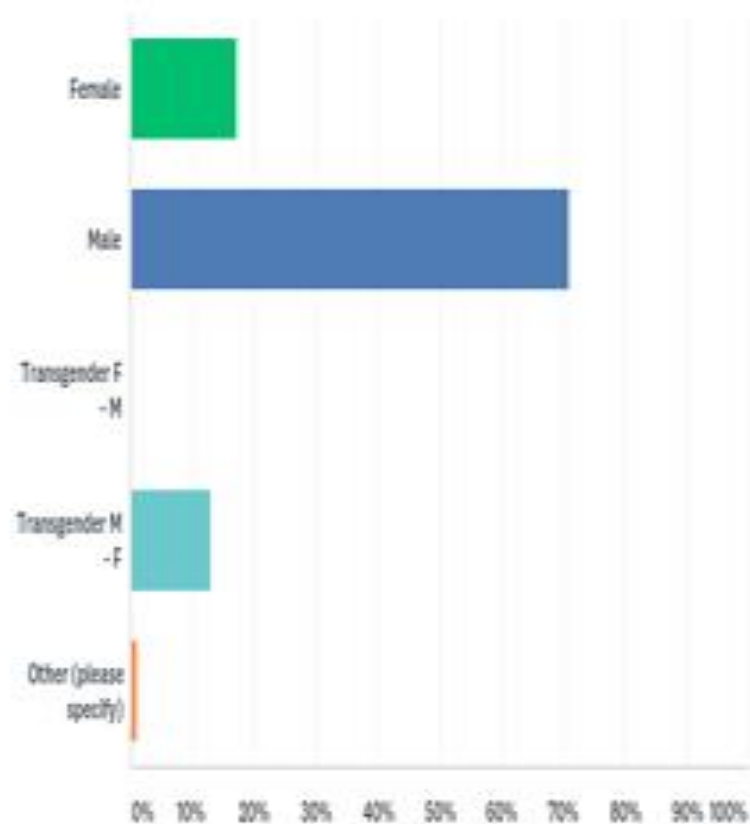
Q2 What is your race?



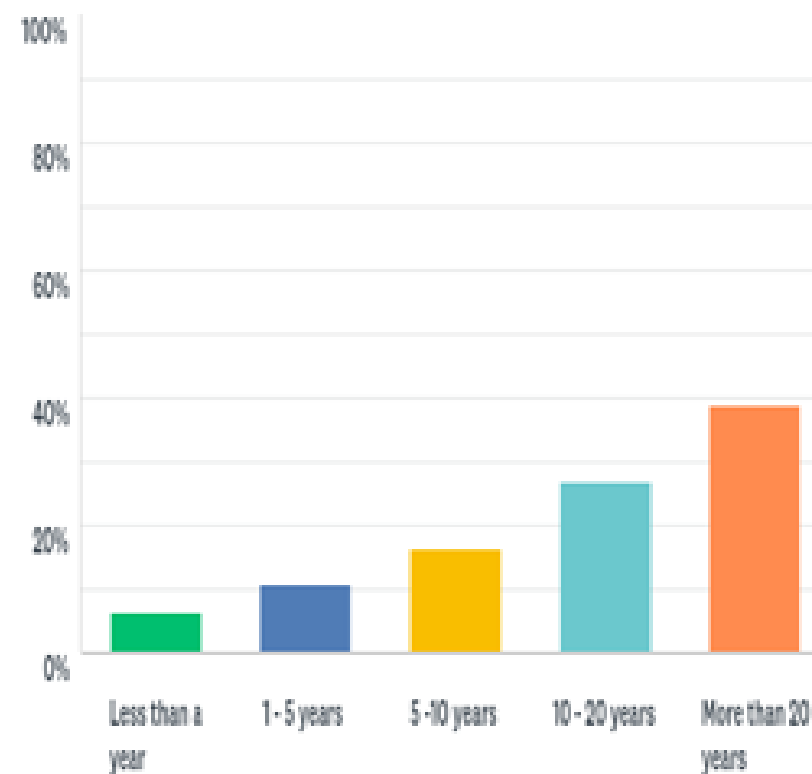


# Participant Demographics

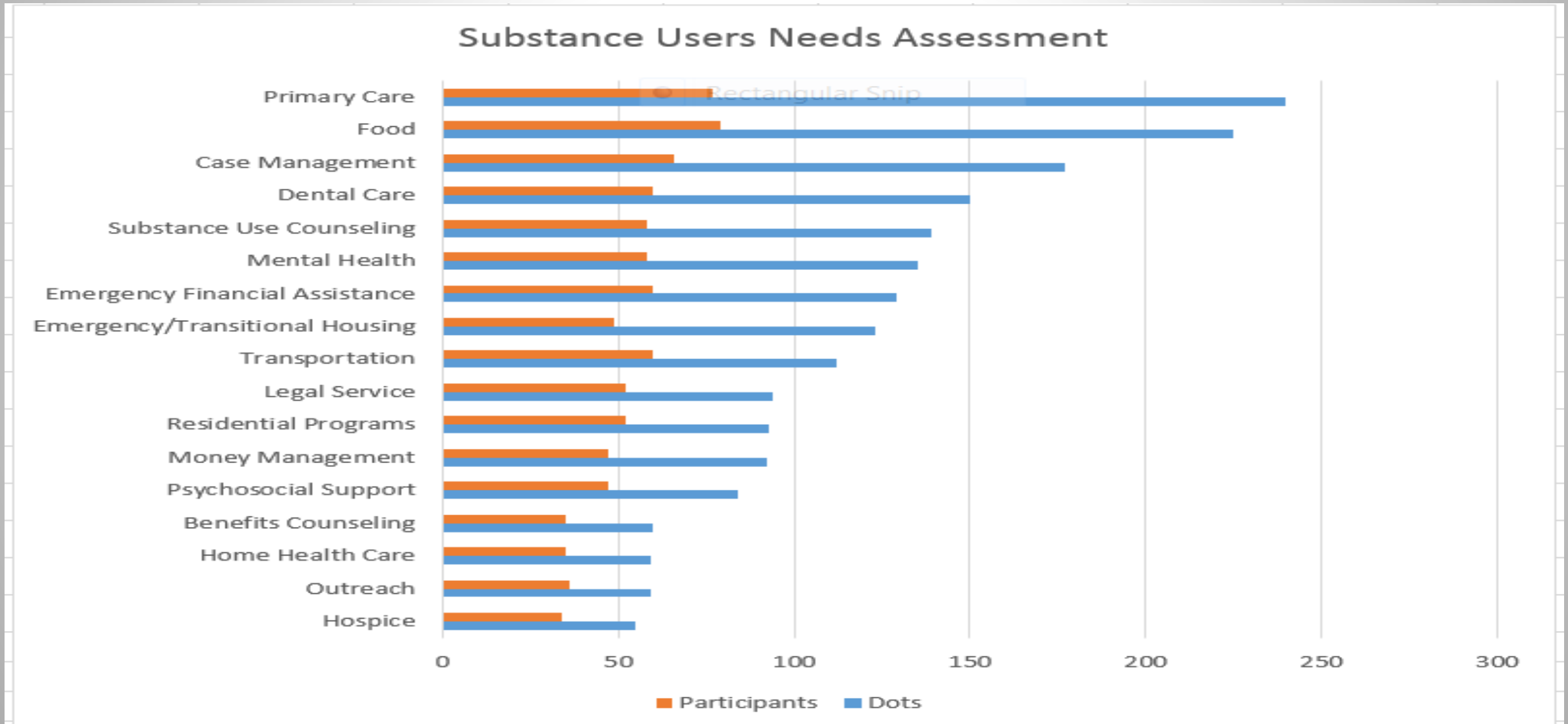
Q4 What is your current gender identity? (check all that apply)



Q6 How Long have you been living with HIV?



# Participant Prioritization Total



# Participant Prioritization Total

	# of Dots	# of respondents
Primary Care	240	77
Food	225	79
Case Management	177	66
Dental Care	150	60
Substance Use Counseling	139	58
Mental Health	135	58
Emergency Financial Assistance	129	60
Emergency/Transitional Housing	123	49
Transportation	112	60
Legal Service	94	52
Residential Programs	93	52
Money Management	92	47
Psychosocial Support	84	47
Benefits Counseling	60	35
Outreach	59	36
Home Health Care	59	35
Hospice	55	34

2017	2016	HRSA Service Category	RWPA
		<b>CORE SERVICES</b>	
1	2	Mental Health Services	YES
2	1	Primary Medical Care	YES
3	3	Centers of Excellence	YES
4	4	Medical Case Management	YES
5	5	Dental/ Oral Health Care	YES
6	7	Pharmaceuticals	NO
7	9	Outpatient Substance Abuse	YES
8	6	Hospice Services	YES
9	8	Home Health Care	YES
10	10	Early Intervention Services [TMP - Therapeutic Monitoring Programs]	YES
11	11	Home & Community-based Health Services [CMP - AIDS Case Management]	YES
		<b>SUPPORT SERVICES</b>	
1	1	Housing: Emergency Housing	YES
2	2	Housing: Transitional Housing	YES
3	3	Food/ Delivered Meals	YES
4	4	Emergency Financial Assistance	YES
5	5	Residential Mental Health	YES
6	6	Psychosocial Support	YES
7	7	Housing: Residential Programs & Subsidies	GF Only
8	8	Non-Medical Case Management (includes Money Management & Benefits Counseling)	YES
9	10	Legal Services	YES
10	9	Facility-based Health Care	YES
11	11	Transportation	Marin
12	12	Outreach	YES
13	13	Residential Substance Abuse/ Non-Medical Detox	NO
14	14	Medical Detox	NO
15	15	Referral for Health Care/ Supportive Services *	GF Only
16	16	Rehabilitation	NO

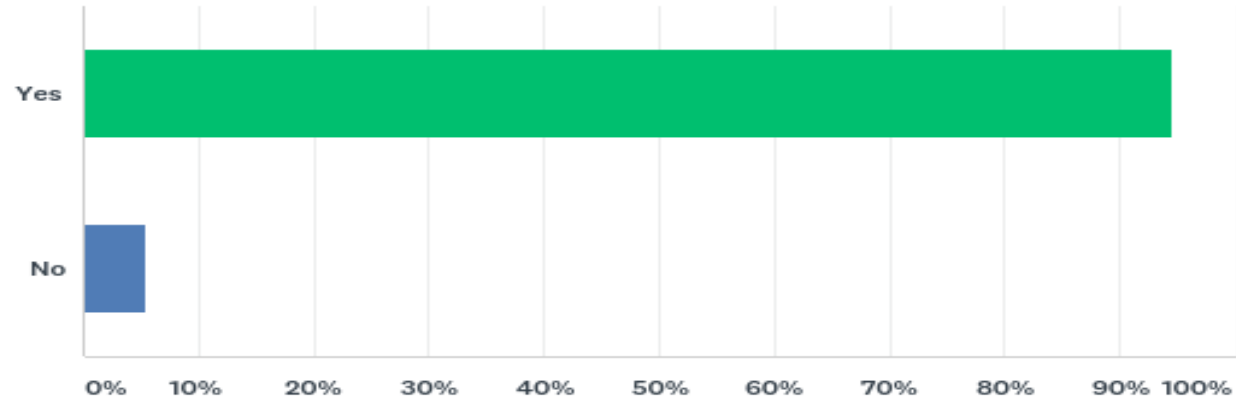
# Medical Care

- Overall most participants report successfully maintaining engagement with medical care services. This qualitative feedback is supported by our survey results as well as epidemiology data. Though it appears that most of our participants are engaged in care and using ARV's, the numbers reporting viral suppression are significantly lower than the average consumers of Ryan White funded services.
- Many reported what they described as stable, trusting, compassionate, and respectful relationships with medical providers; some of those relationships had been ongoing for more than a decade.
- While a large majority of participants appear to be mostly successful in the treatment of their HIV, some still struggled to maintain engagement, med adherence and viral suppression. The primary causes seem to be substance use, mental health, and housing issues.

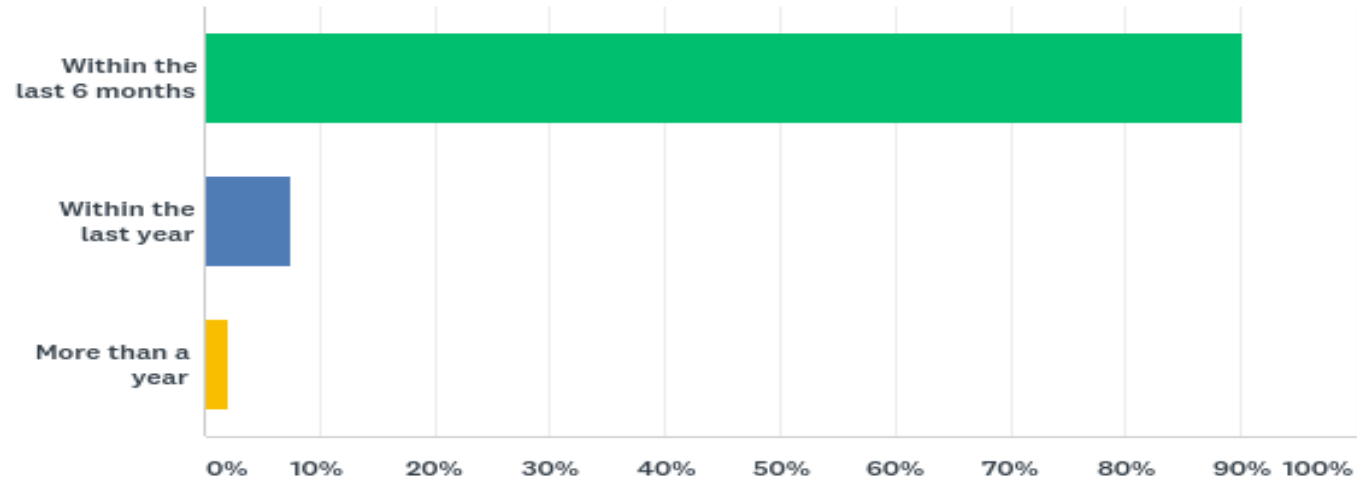
# Medical Care – con't

- **Some participants also reported more logistical or informational causes as barriers to maintaining care. These included a lack of understanding of ARV adherence, transportation and mobility challenges, and concerns that ARV's are damaging their liver and kidney function or their mental acuity.**
- **40 participants reported having access Hep C treatment, with at least six of them mentioning that they had cleared the Hep C virus. Though some reported fear of Hep C treatment or a lack of information regarding the most up to date treatments. Additionally, 65% of participants reported having been tested for STI's in the last 12 months.**

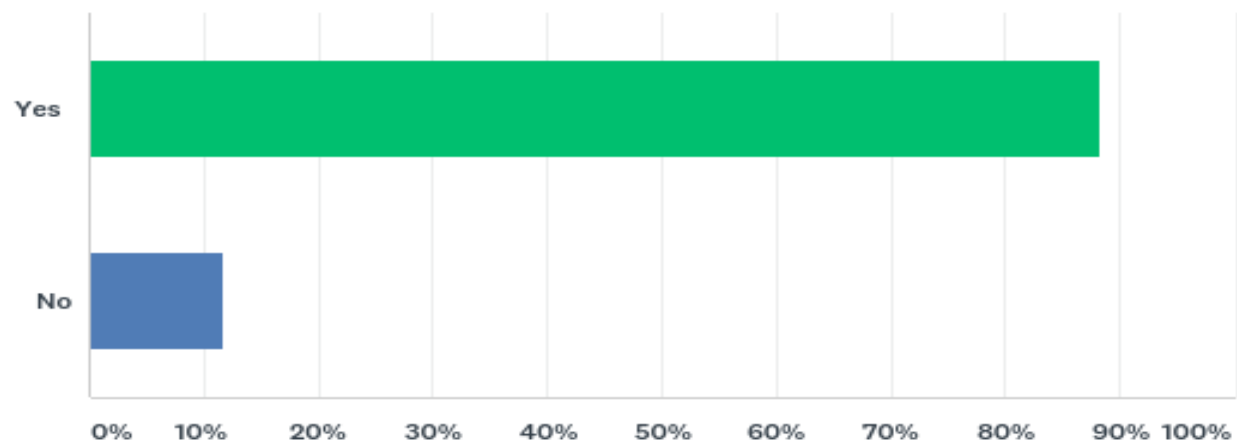
### Q7 Are you engaged in medical care?



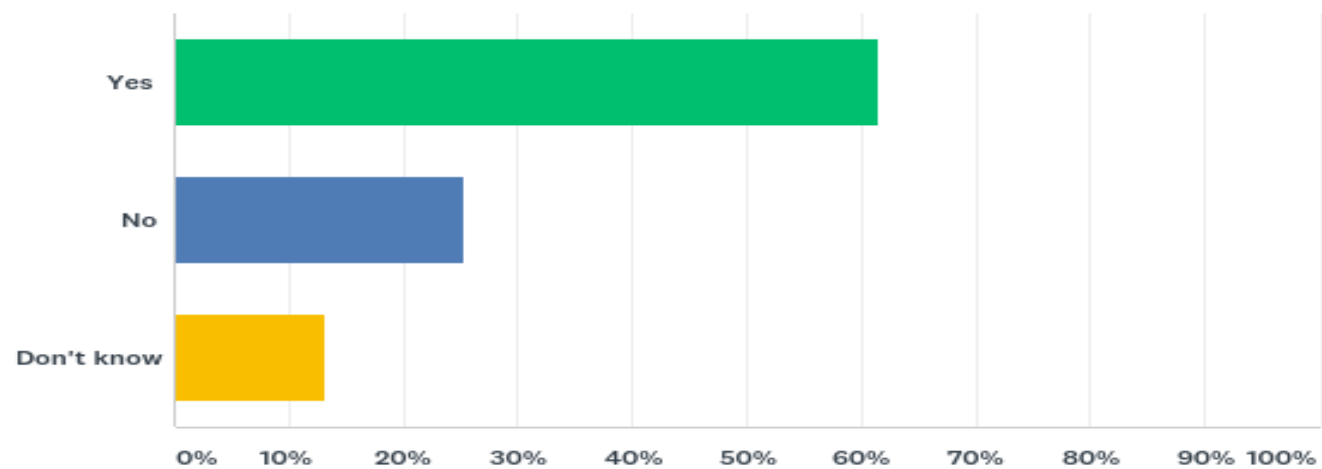
### Q8 If so, when was the last time you saw your primary medical care provider?



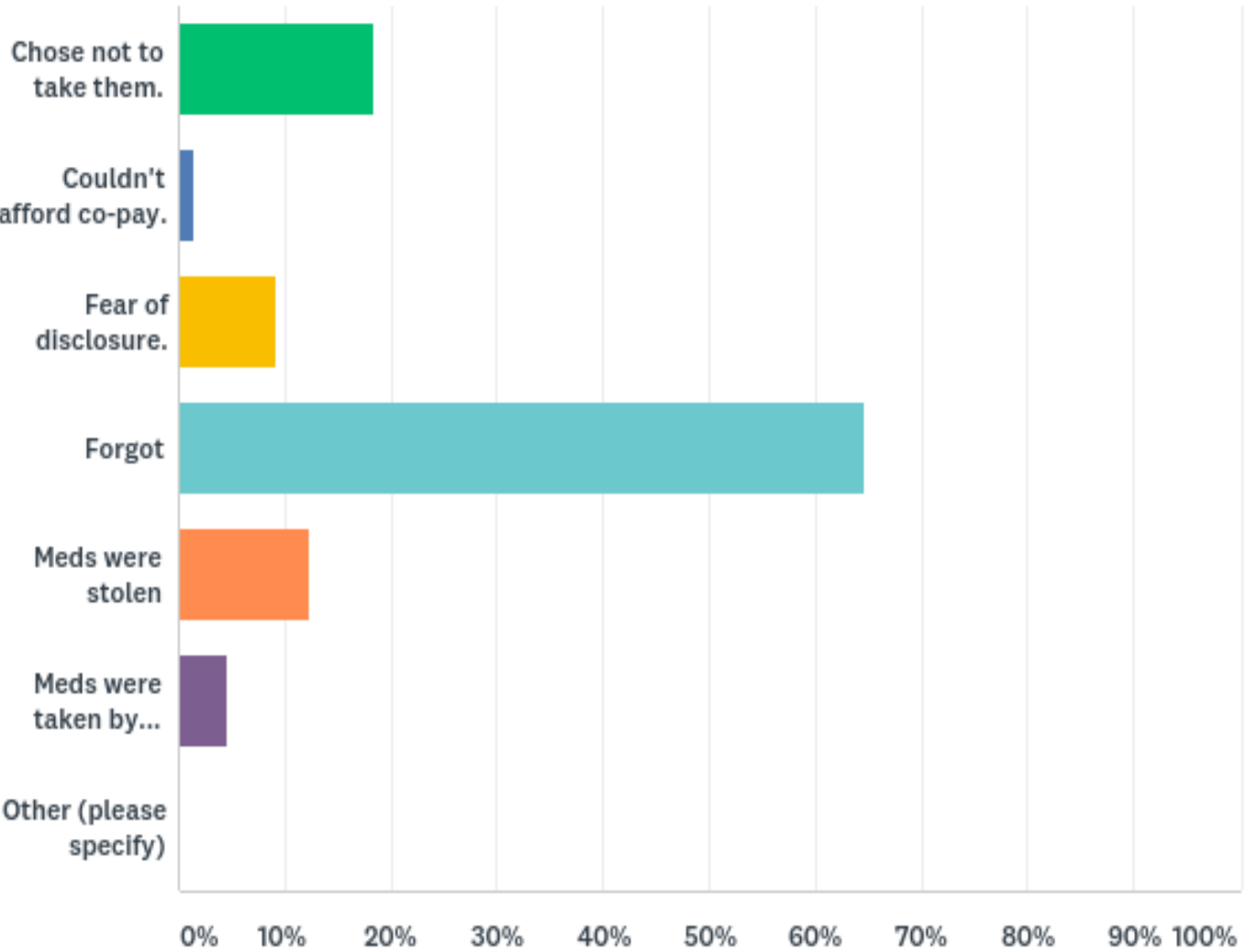
## Q10 Are you using HIV meds/antiretroviral therapy?



## Q12 Are you virally undetectable?

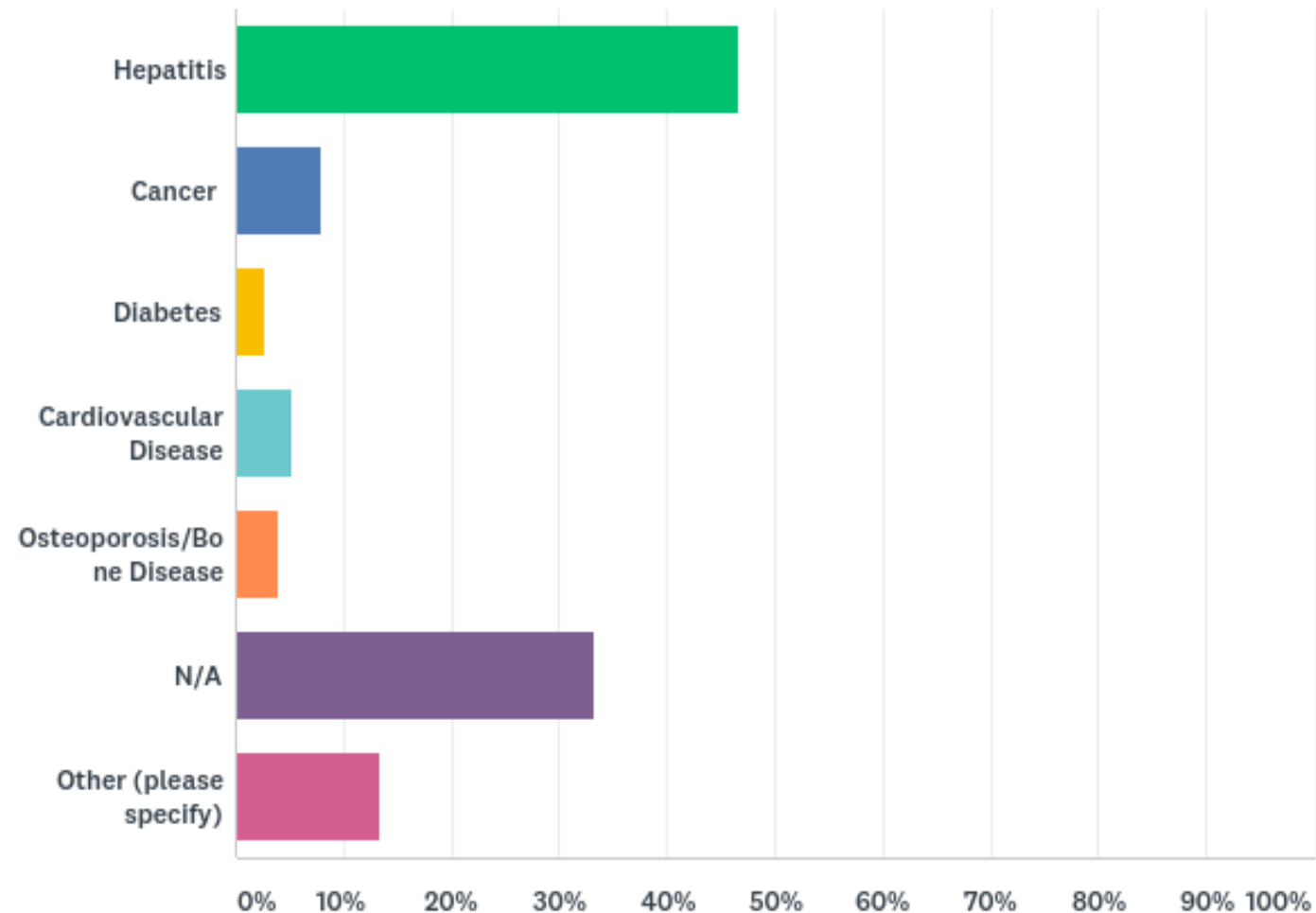


# Q11 In the last 12 months have you failed to take your meds for any of the following reasons?

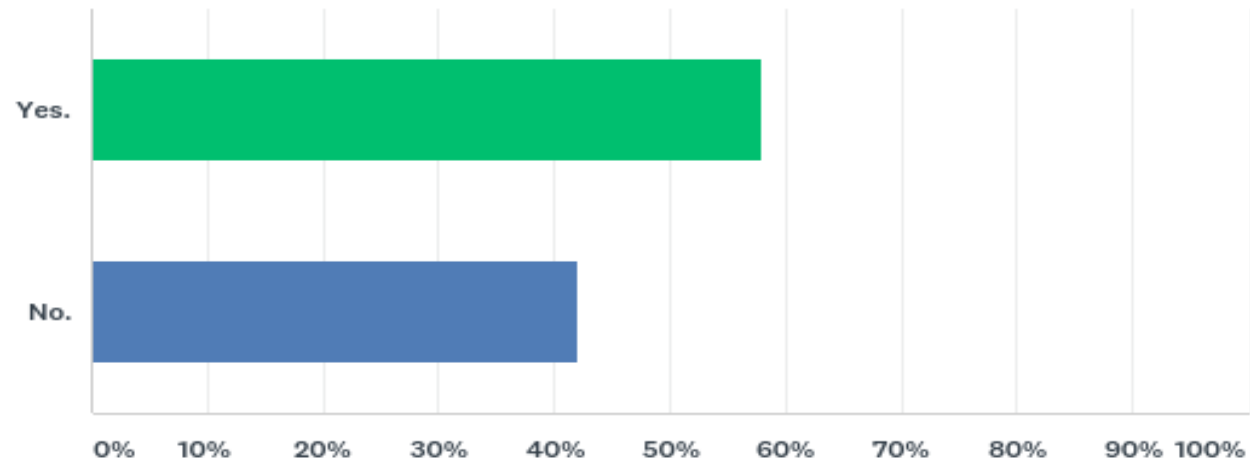




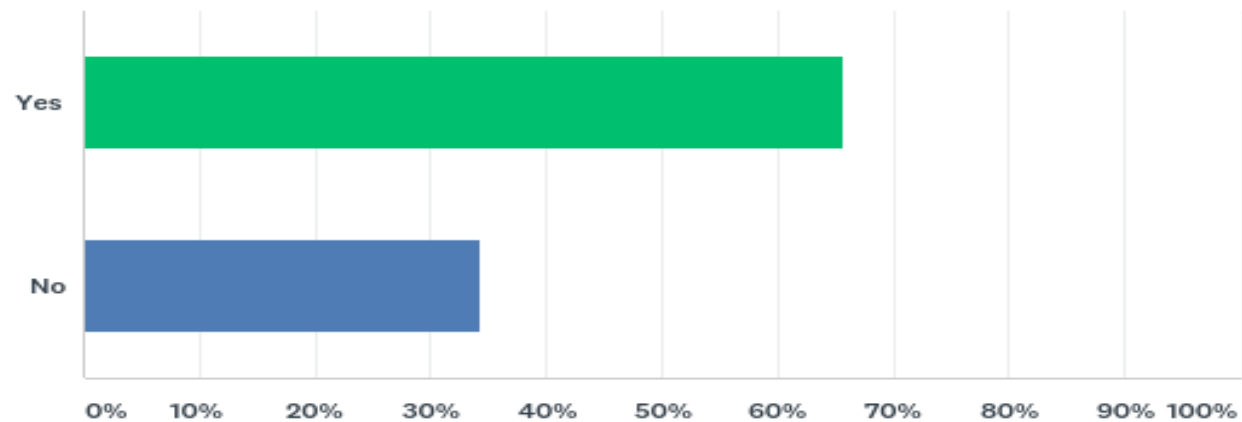
Q13 Are you dealing with any additional diagnoses or chronic illnesses, if so, what are they?  
(check all that apply)



Q15 If applicable, have you accessed Hep C treatment?



Q14 Have you been tested for STI's in the last 12 months?



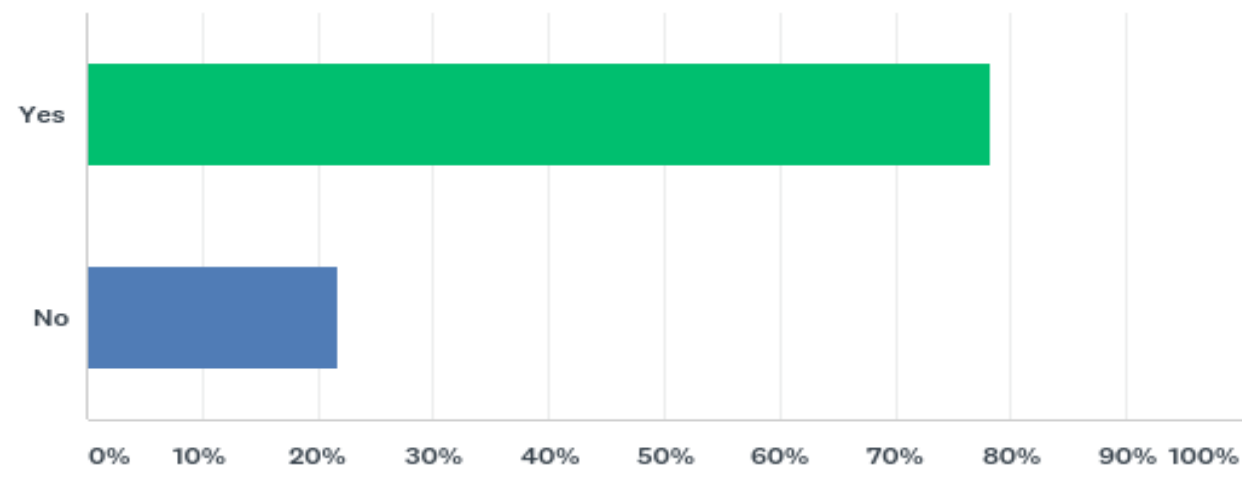
# Substance Use & Treatment

- **Most participants described the adverse effect substance use has on their motivation to maintain engagement with service providers. Those that were maintaining some amount of sobriety noted that this was a major factor in their ability to prioritize their mental health and their engagement in medical care.**
- **Most of the participants reported having accessed substance use treatment, with in-patient treatment being the most common form. Participants described a spectrum of experiences with treatment, with some stating that it was too restrictive and some concerned that it was not restrictive enough. Some participants reported success with substance use treatment and were maintaining an extended period of sobriety. Most expressed that they felt a “one size fits all” mode of substance use treatment was not effective.**

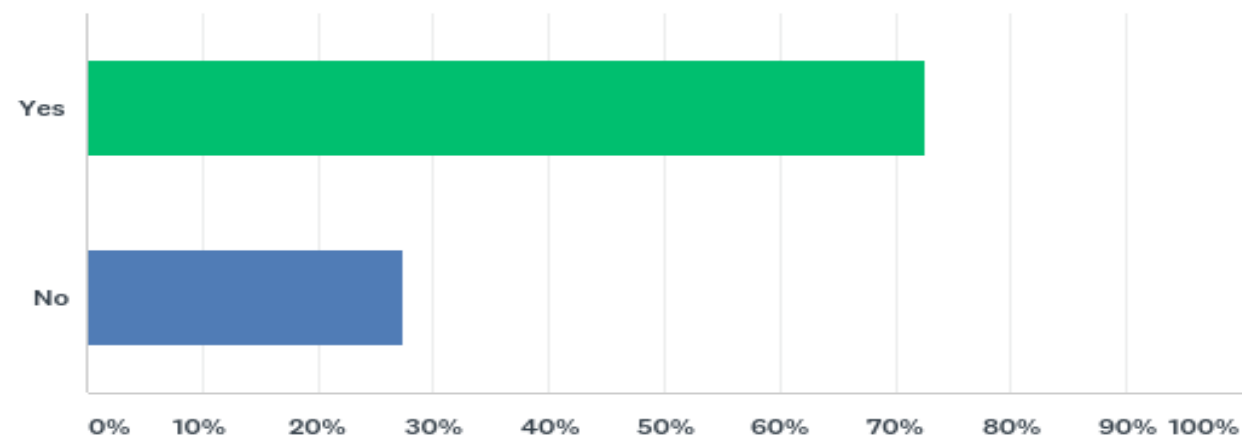
# Substance Use & Treatment – con't

- **Well over 80% of participants reported self-medicating with non-prescribed substances, this seems primarily to address mental health and chronic pain issues.**
- **Many of the participants expressed that their substance use was often triggered by the environment around service provider and housing locations.**
- **Many participants expressed that working or volunteering played an important role in maintaining sobriety, that having responsibilities or needing to meet the expectations of others could be a strong motivating force. Conversely, some participants described using substances out of boredom or as a way to isolate.**
- **Some of the participants expressed that as substance users they tend to live a more nocturnal lifestyle, and would like to see more afterhours services.**

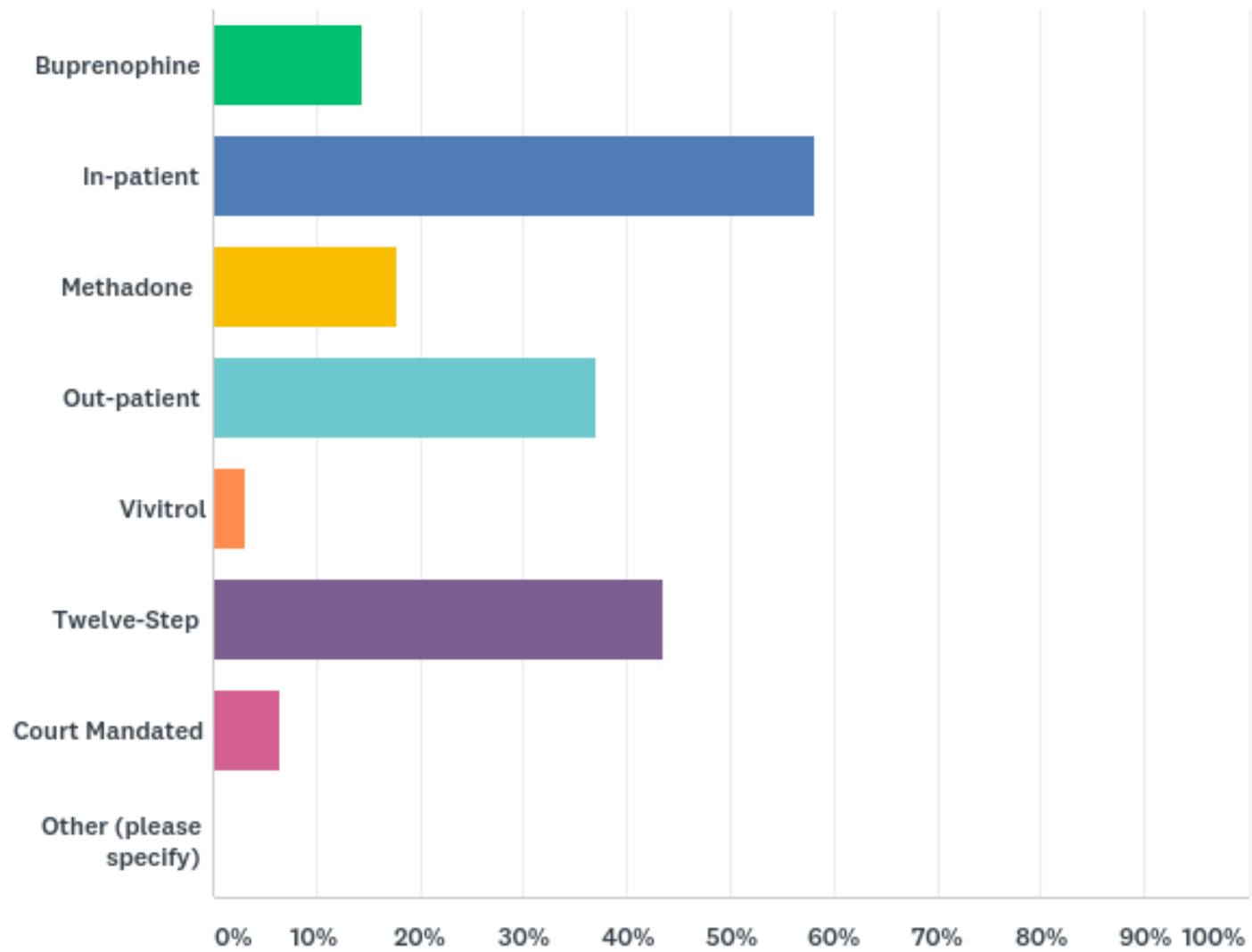
Q31 Would you describe yourself as ever having a problem with substance use?



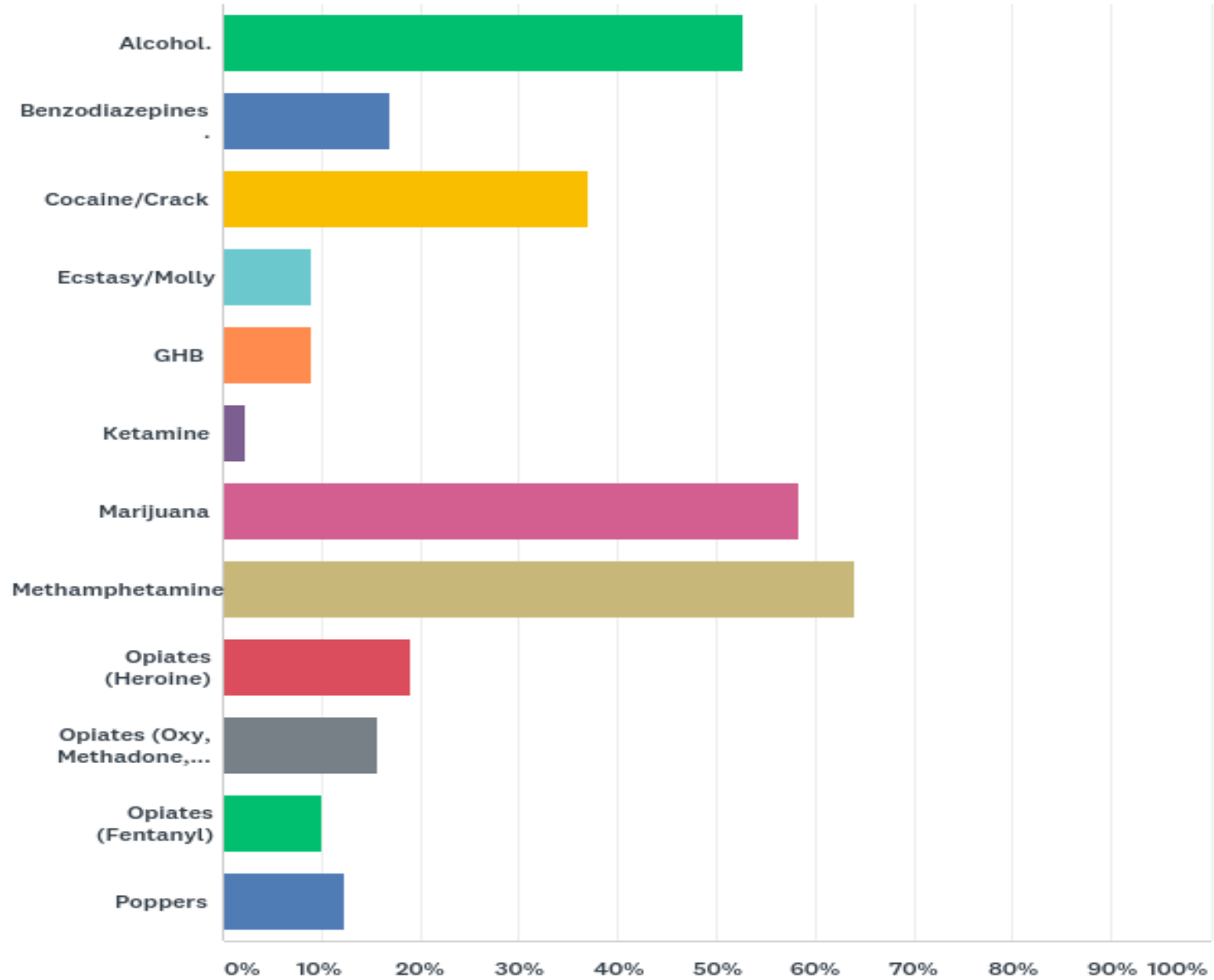
Q32 Have you ever received substance use treatment?



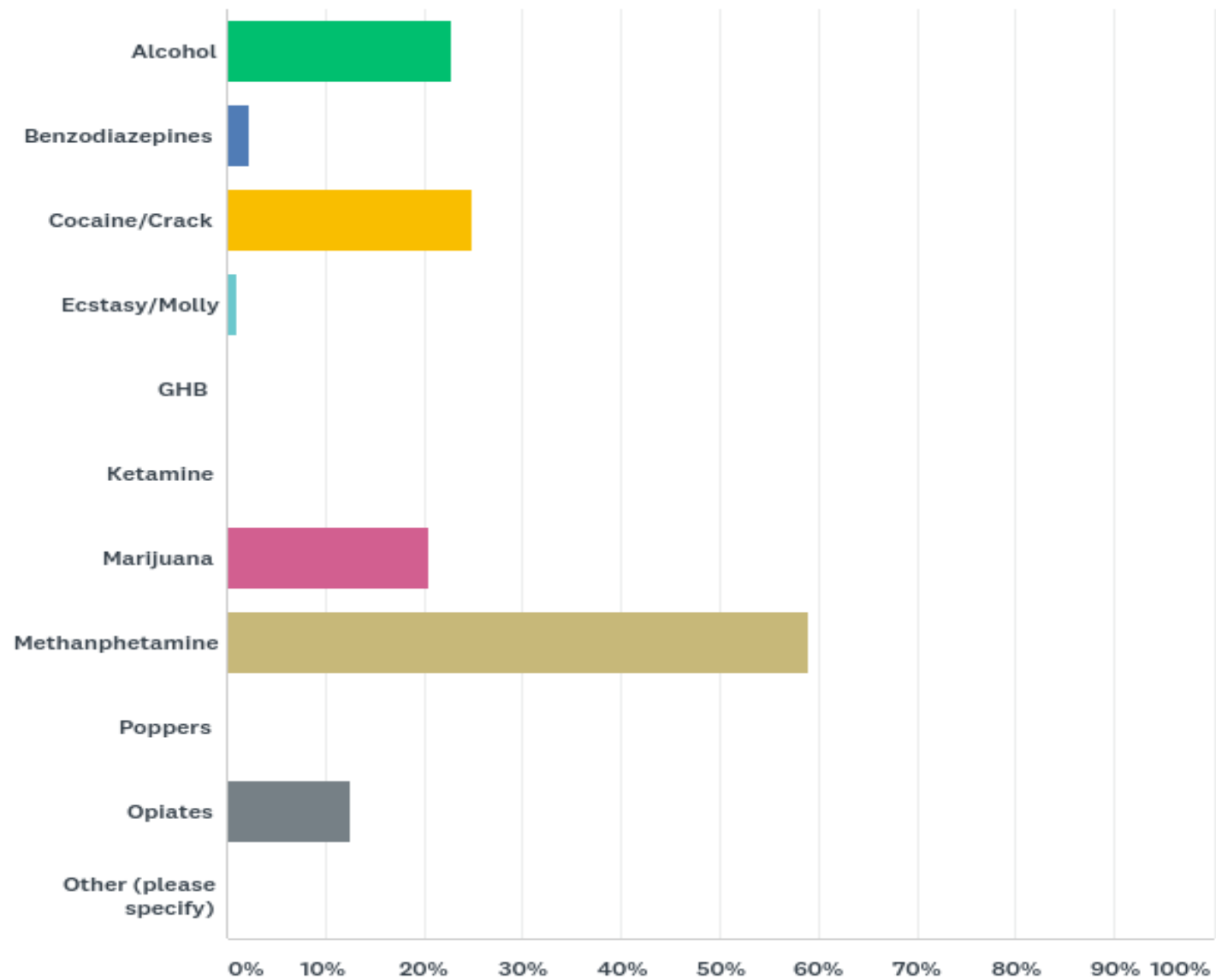
## Q33 If so, what type?



Q34 Within the last 12 months which substances have you used? (check all that apply)

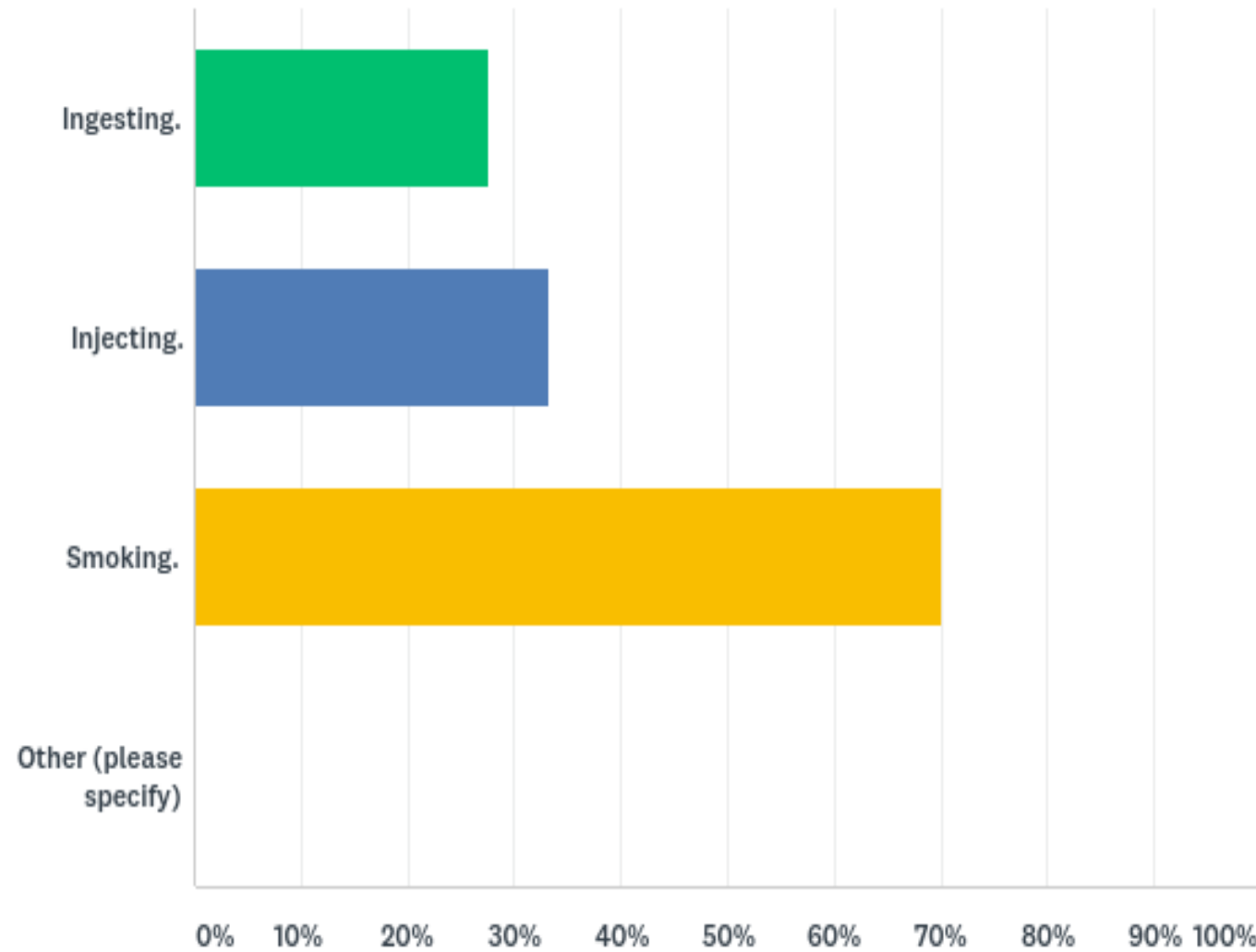


# Q35 Within the last 12 months which substances have had the greatest impact on your life?

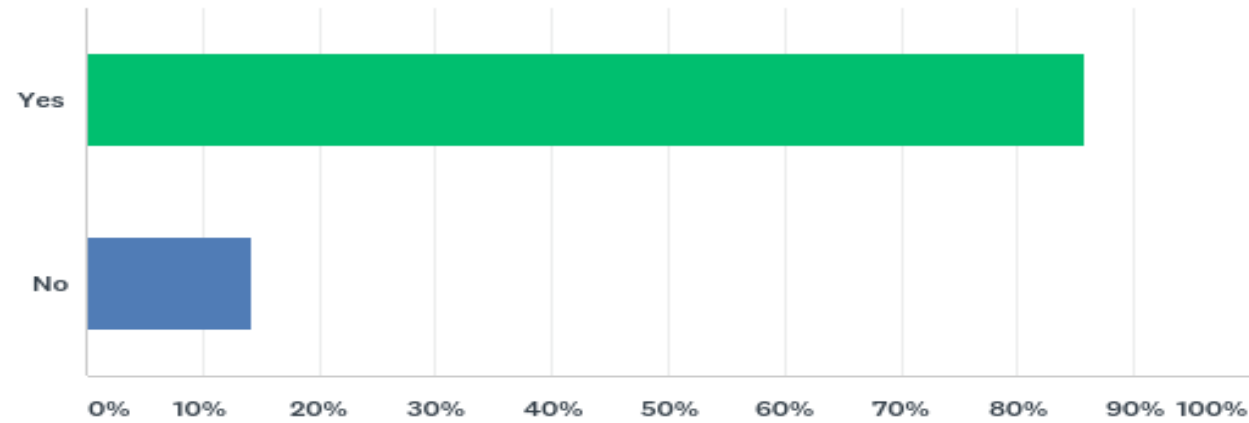




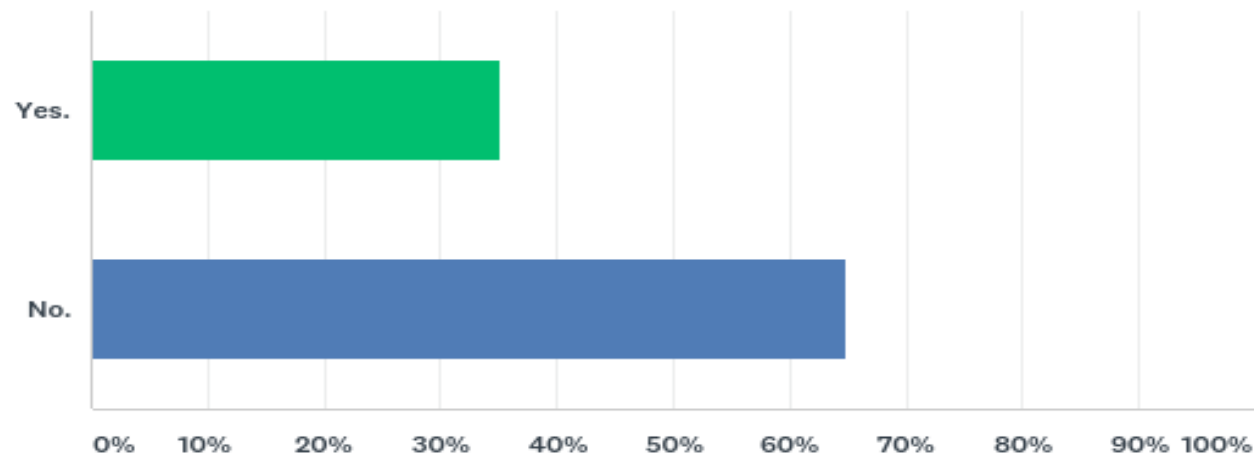
## Q36 What is your predominate method of substance use?



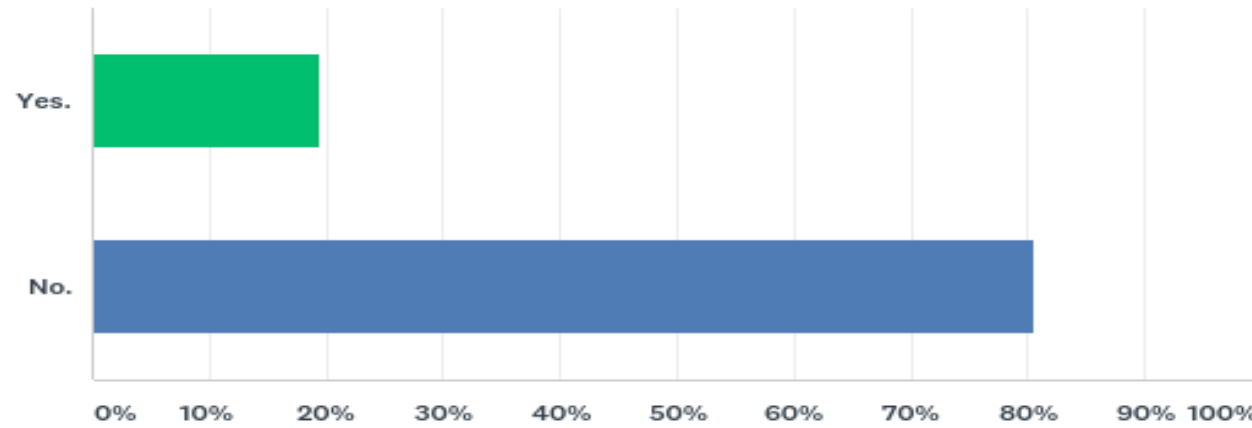
Q30 Have you ever used non-prescribed substances to self-medicate?



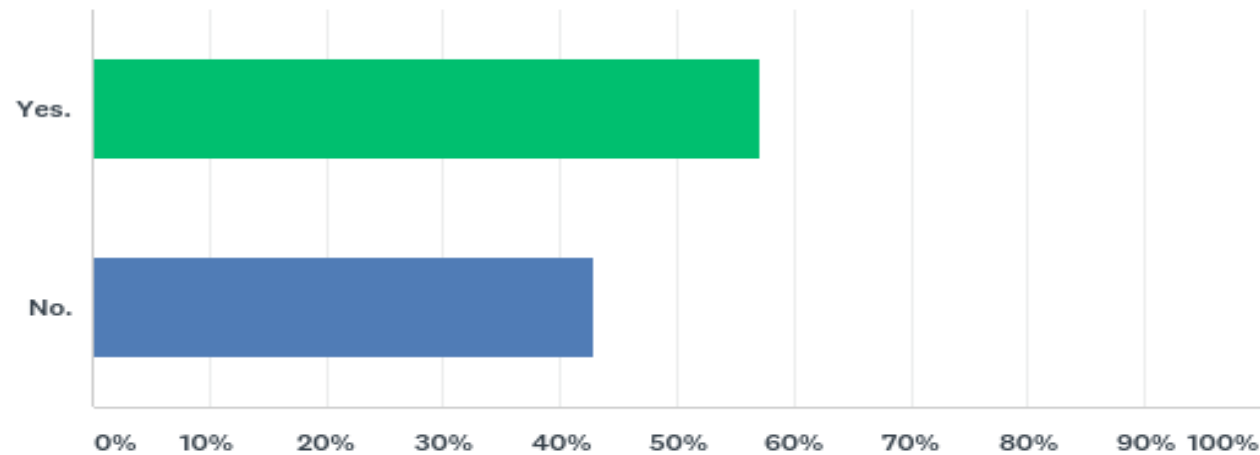
Q37 Have you experienced stimulant related psychosis?



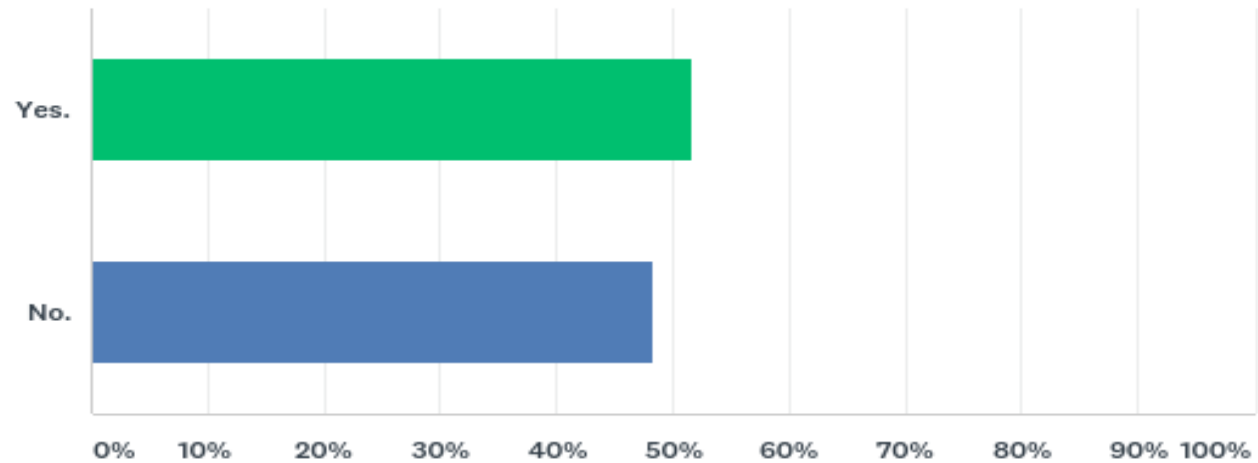
### Q38 Have you experienced an overdose?



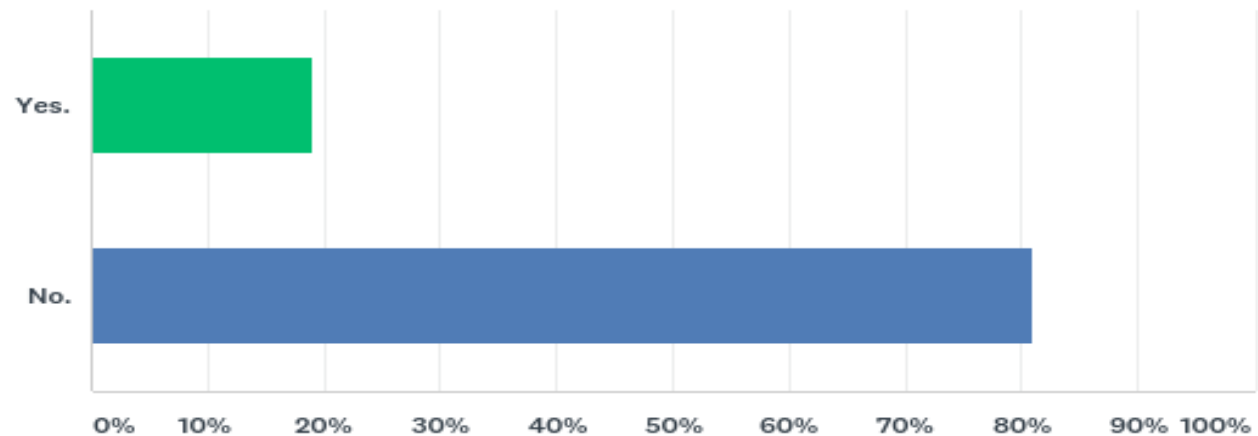
### Q39 Have you witnessed and overdose by another?



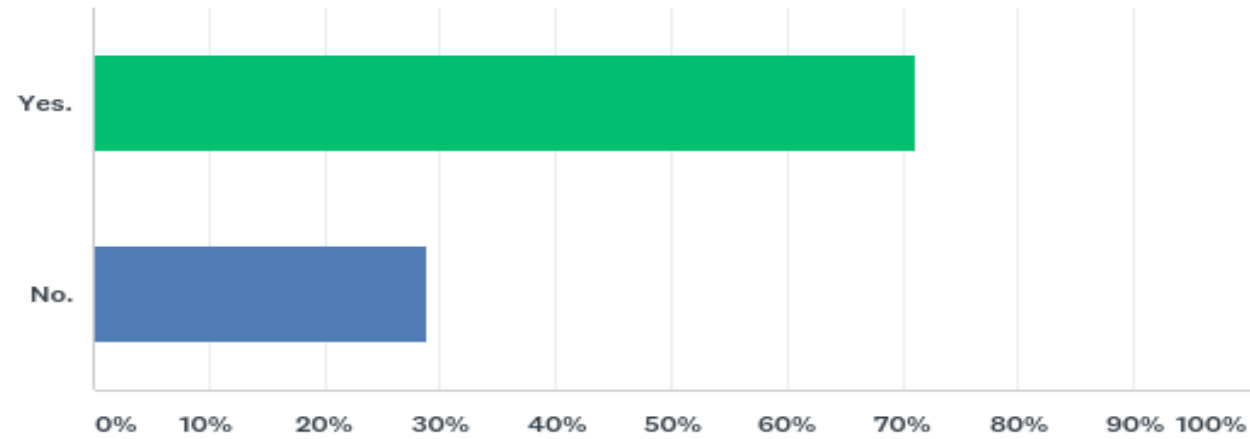
### Q40 Do you have access to Narcan?



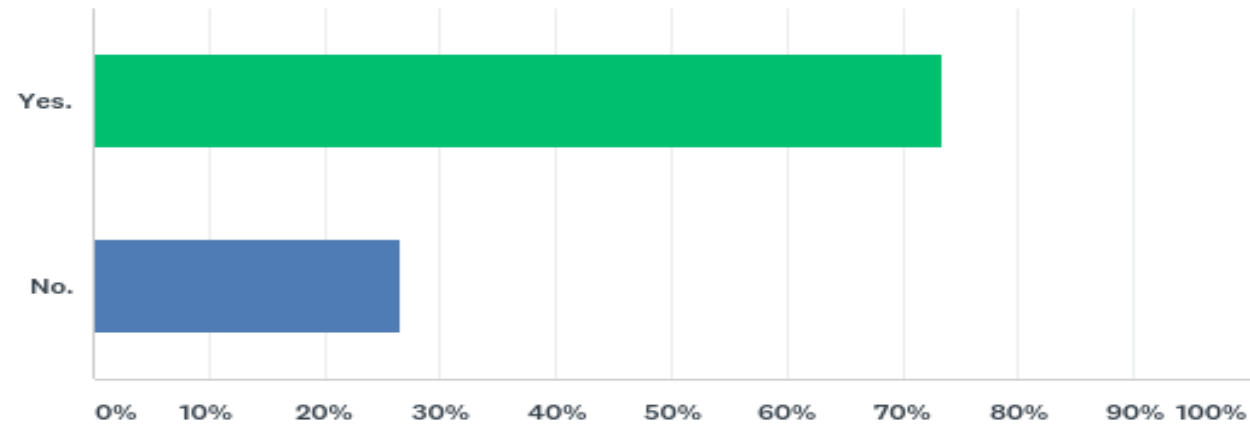
### Q41 Have you used Narcan?



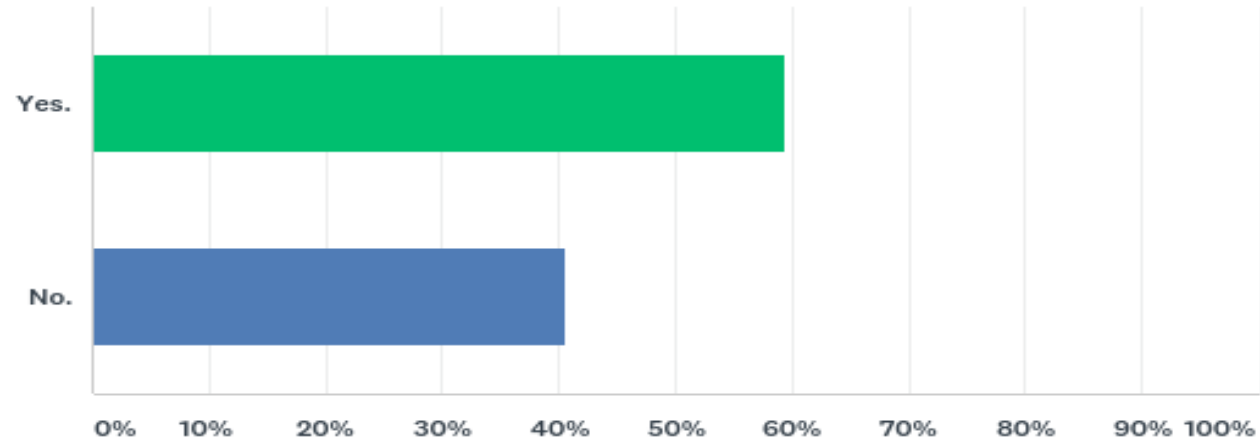
Q45 If available, would you use safe consumption sites?



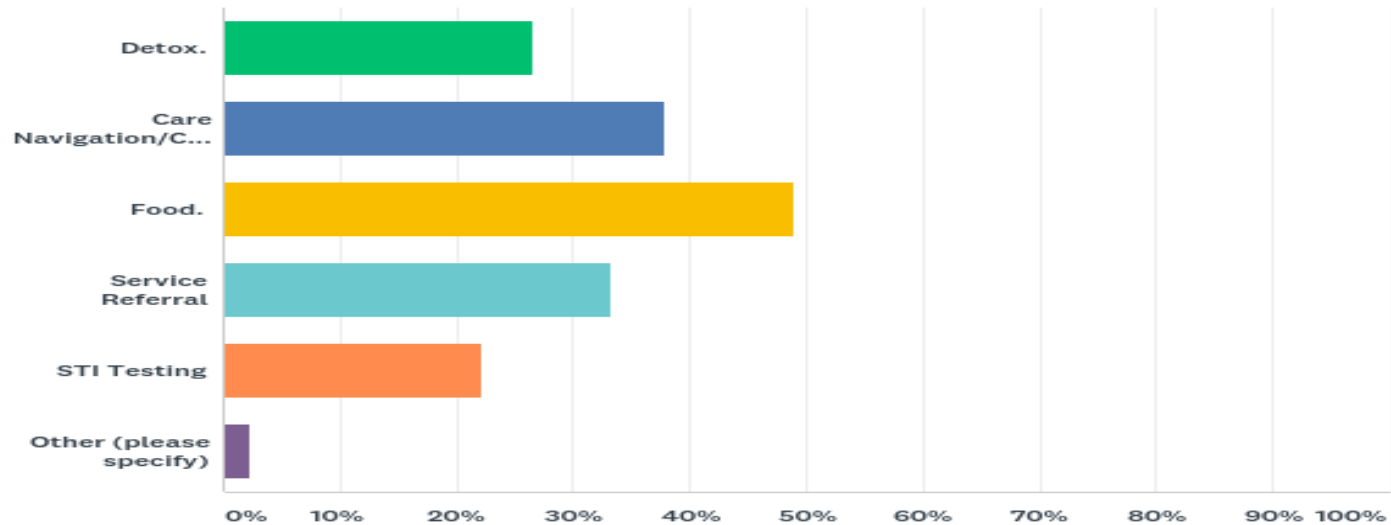
Q46 If available, would you use med storage lockers?



### Q43 Have you accessed needle exchange?



### Q44 If so, what other services have you accessed connected to a needle exchange site?



## Quotes

“I had one foot in the grave, Community based and educational programs helped me maintain health and sobriety.”

“I’ve been clean from heroin for 10 years, I sometimes smoke crack out of boredom.”

“Volunteering helps me get up and on track, keeps the ball bouncing.”

“Meth allows me peace and separation.”

“I use to do drugs for fun, now I use them to live.”

“Drug use has compromised my health, housing, and relationships.”

“Maintaining community is the most important in maintaining my sobriety. I get fulfillment from social interaction that helps keep me clean.”

“Working for me actually helps a lot with my sobriety.”

“I just want to be numb and not feel anything.”

# Mental Health, Psychosocial & Community

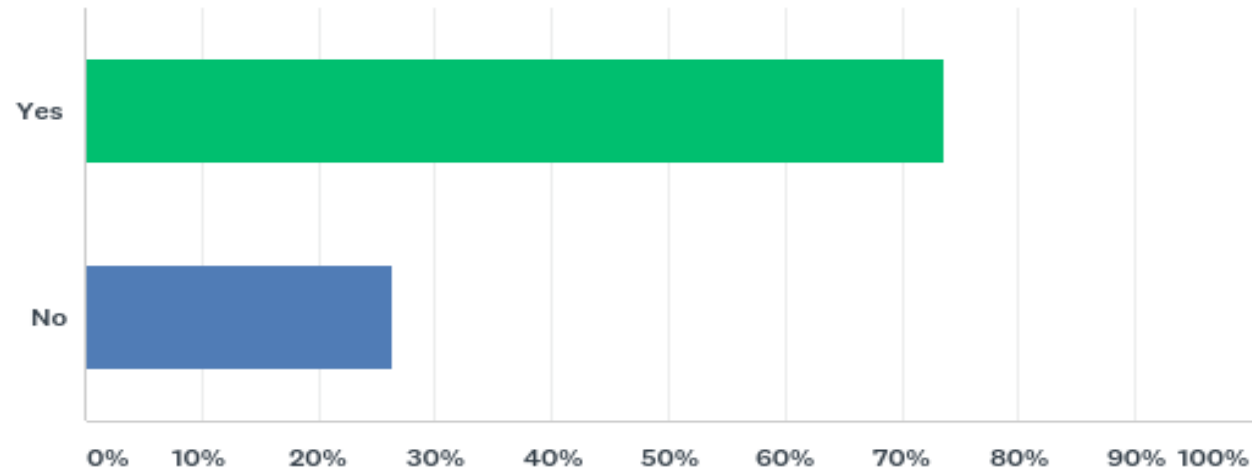
- **Most participants described dealing with some type of mental health challenge. The most ubiquitous of these were depression, anxiety, and isolation; though many reported dealing with PTSD, schizoaffective disorder, and psychosis. A number of participants also reported having been placed on psychiatric hold in the past.**
- **Many participants reported that support groups were their primary mode of mental and emotional support, some reported attending multiple groups weekly. It was expressed that support groups were often helpful in maintaining their sobriety even if it was not specifically a substance use focused group. It was noted by some that trust and confidentiality in support groups were lacking at times. Though most felt that support groups provide a sense of community and reduced isolation and depression.**
- **Many participants expressed that they would like to see more one-on-one therapy services provided on a more consistent basis.**



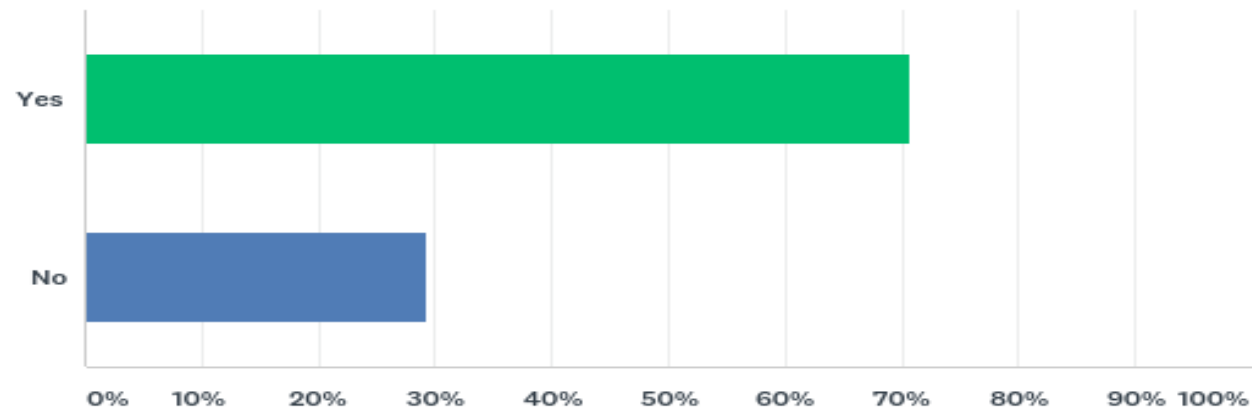
# **Mental Health, Psychosocial & Community – con't**

- **Participants often reported a strong correlation between their substance use and mental health. Most related at least some connection, while other described it as more of an intrinsically linked cycle. In addition, most included housing instability as a part of this cycle.**
- **In every focus group and in many individual interviews, increased mental health care services were called for consistently.**

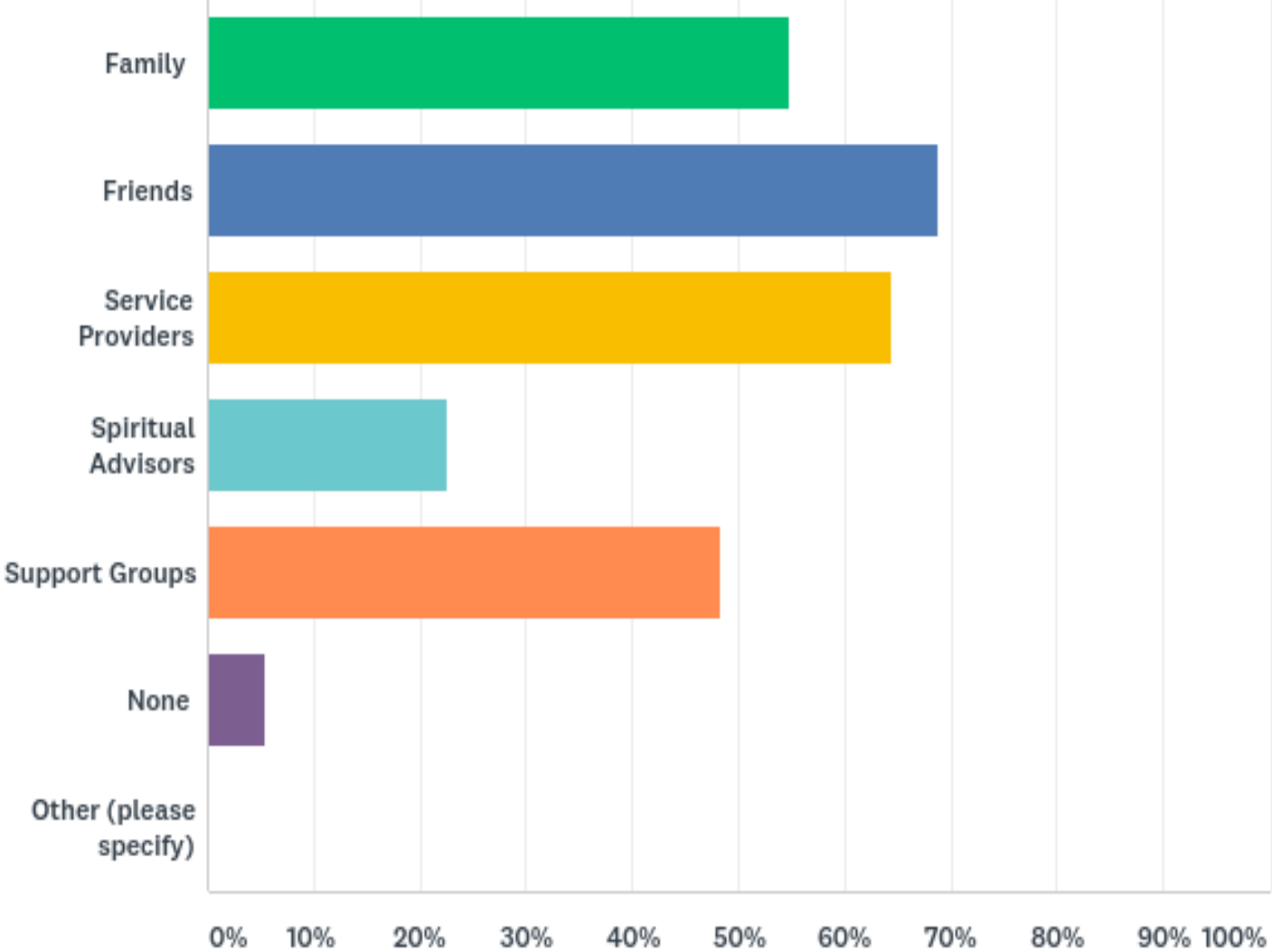
## Q28 Are you currently or have you ever experienced mental health challenges?



## Q29 Have you ever received mental health care?



# Q48 Do you have a support system, and if so, who is it? (Check all that apply)



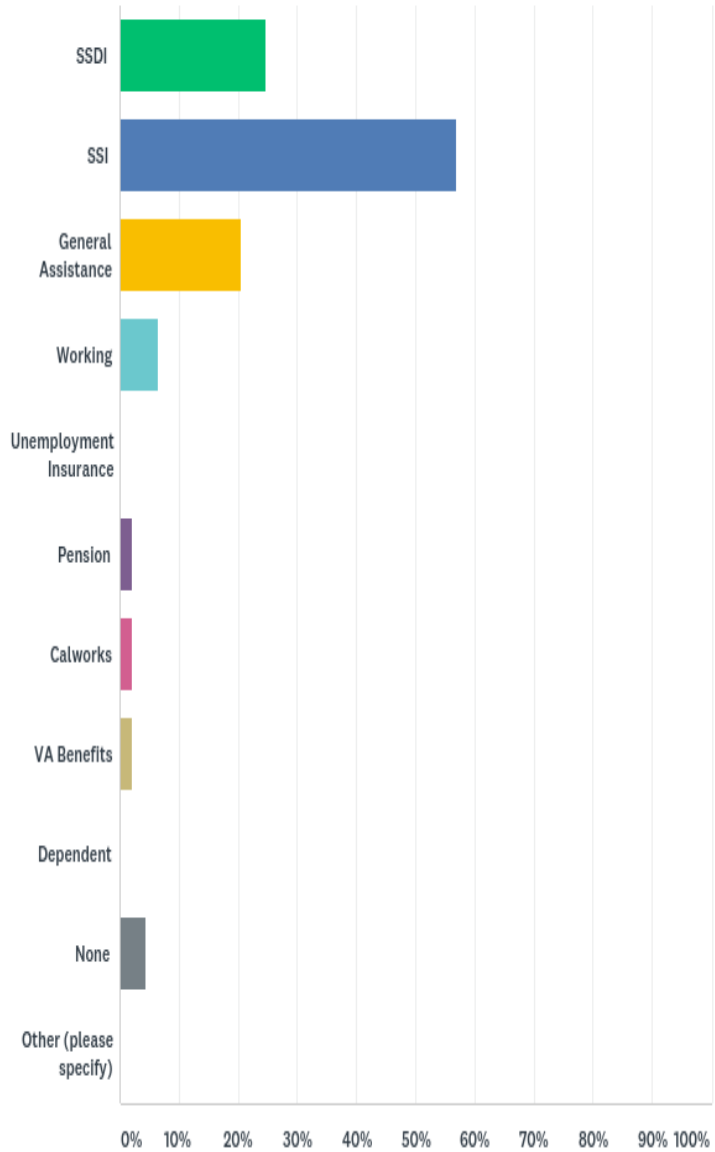
# Navigation, Case Management & Benefits

- **The majority of participants cite Case Managers and Social Workers as valuable resources, and often credit them with much of their success in maintaining engagement with services providers.**
- **A number of participants requested additional laundry and hygiene resources. Laundry was particularly noted as an important element in maintaining dignity and the ability to work or volunteer wearing clean clothes.**
- **Multiple participants noted challenges in acquiring a California identification card in order to access some services. Some who moved here from out of state also need help getting their birth certificates as a pre-requisite for getting an ID card. Additionally, multiple participants reported needing help in acquiring eye glasses.**

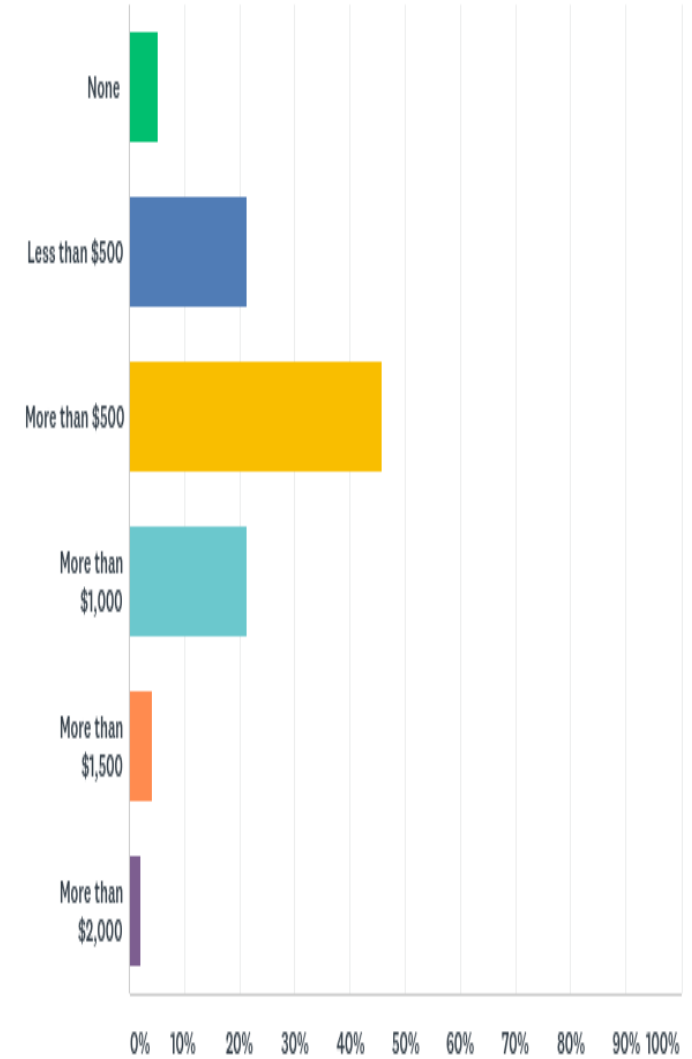
# Navigation, Case Management & Benefits – con't

- Many participants noted that transitional and stabilization services were a high priority. Specifically, transitioning from homelessness, hospitalization, incarceration, or aging out of youth services were called out as particularly vulnerable times in which increased support was required. Additionally, given the dearth of resources, it was felt that the timeframe of these transitional periods was too short.
- Many participants reported challenges accessing financial benefits, multiple people reported having been rejected by SSI as many as 4 times. It was also noted that 20% of participants were subsisting on General Assistance alone, while 4% reported having no income at all.
- While the majority of participants highly praised case management, some felt that Case Managers and Social Works, at times displayed a lack of follow-through, or a lack of training. Further, a high rate of turn-over in staffing made it challenging to maintain trusting relationships with service providers. There also continues to be a call for a central portal for information and service referral accessible directly by consumers.

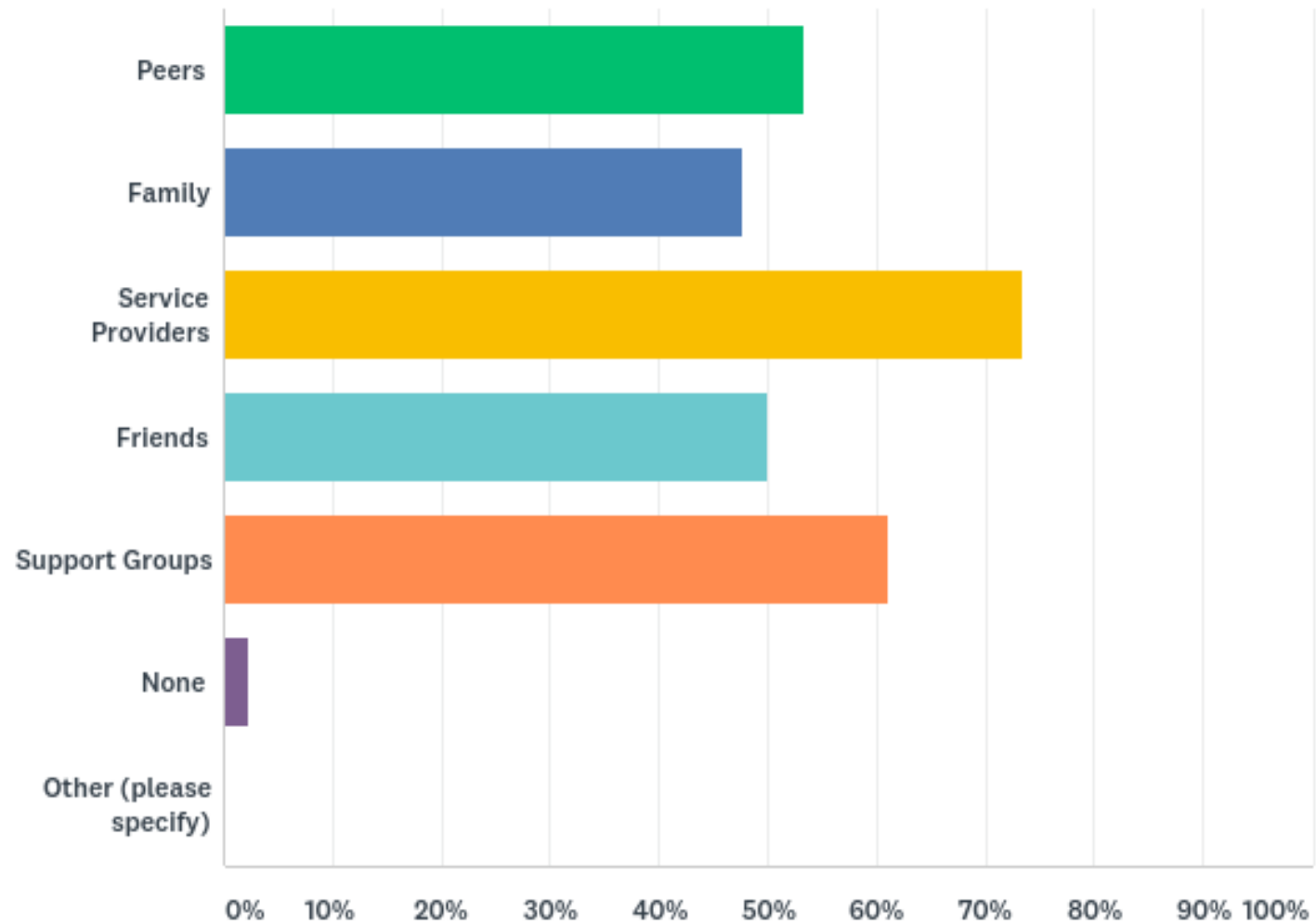
### Q19 What is your primary source of income?



### Q20 What is your monthly income?



Q49 Do you feel like you have trusted sources of information regarding available services, and if so what are they? (check all that apply)



## Quotes

“My social worker does it all for me.”

“The services are more than enough, but I self sabotage.”

“I’m pretty plugged in.”

“ I don’t want to pile on a bunch of services I don’t need, I look to the ones I have to work for me.”

“I came from the mid-west and we had no services, thank god for what we have here.”

“Case managers often leave on sabbatical, or they are inexperienced without enough training.”

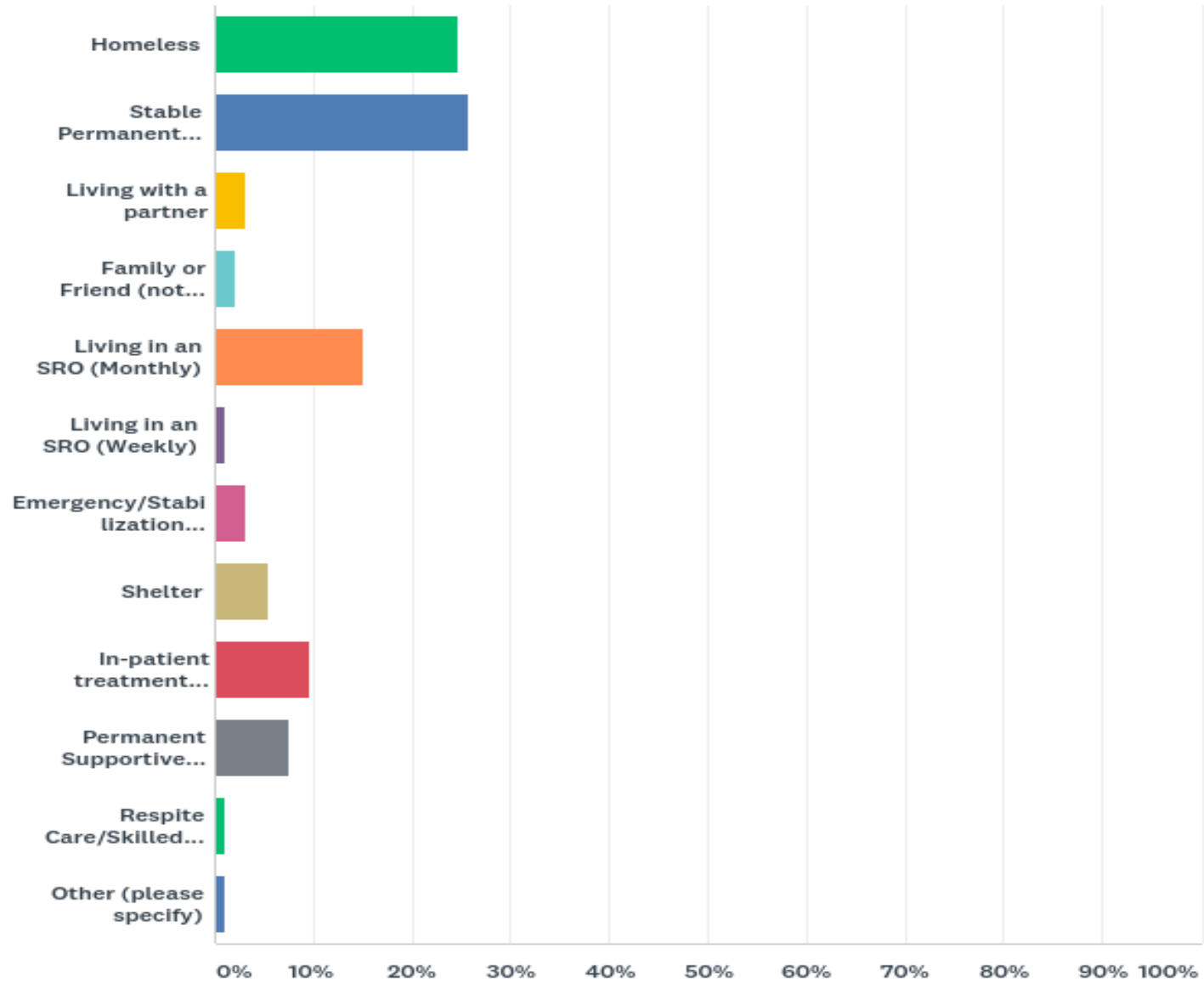
“3 months is not a long time—services should be extended to 6 months. After 3 months, what am I going to do after this? If your income level isn’t right, you don’t qualify for services. I don’t want SSI. I want to work.”



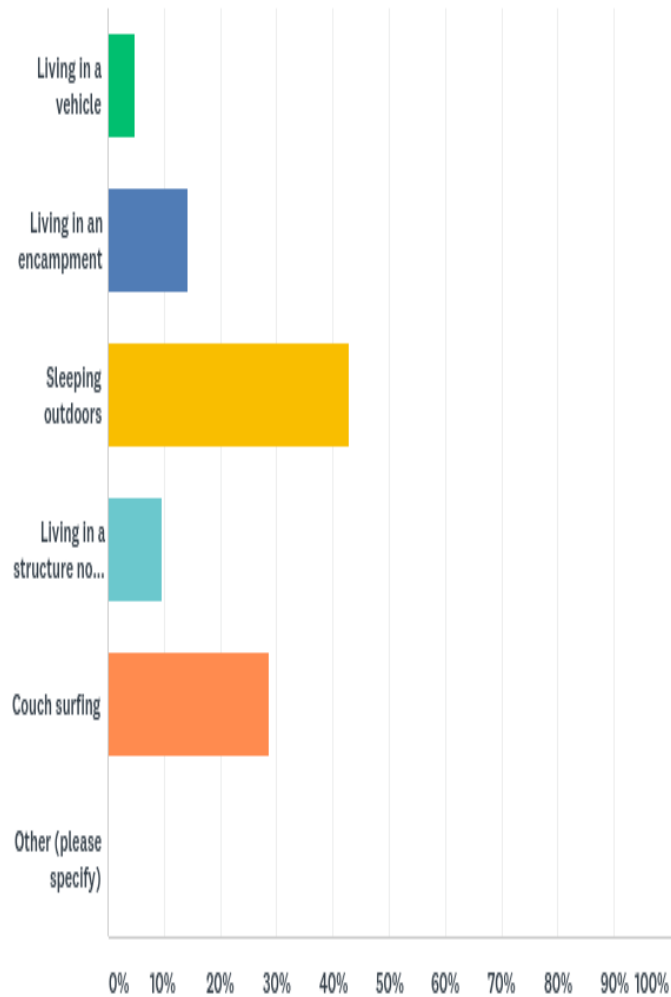
# Housing

- **23% of participants reported being homeless, 43% of those had been homeless for a year or more. Many reported fear of accessing the shelter system, describing its adverse effects on their mental and physical health. A number of participants reported difficulty accessing transitional housing. One participant reported being homeless for over a year, though he had a section 8 voucher.**
- **Nearly all participants reported that housing had the greatest impact on their health and wellbeing, and was a strong determiner of their sobriety, mental health and engagement in medical care.**
- **Many participants reported feeling triggered by the open drug use and sales in and around SRO's and supportive housing buildings.**
- **Some participants reported moving to San Francisco knowing that they would likely face homelessness, though they felt this was a reasonable trade-off for the quality of services and community.**
- **Many of those living in transitional housing reported a great deal of anxiety around returning to homelessness, and felt that 28 or even 90 days was not sufficient to achieve true stabilization.**

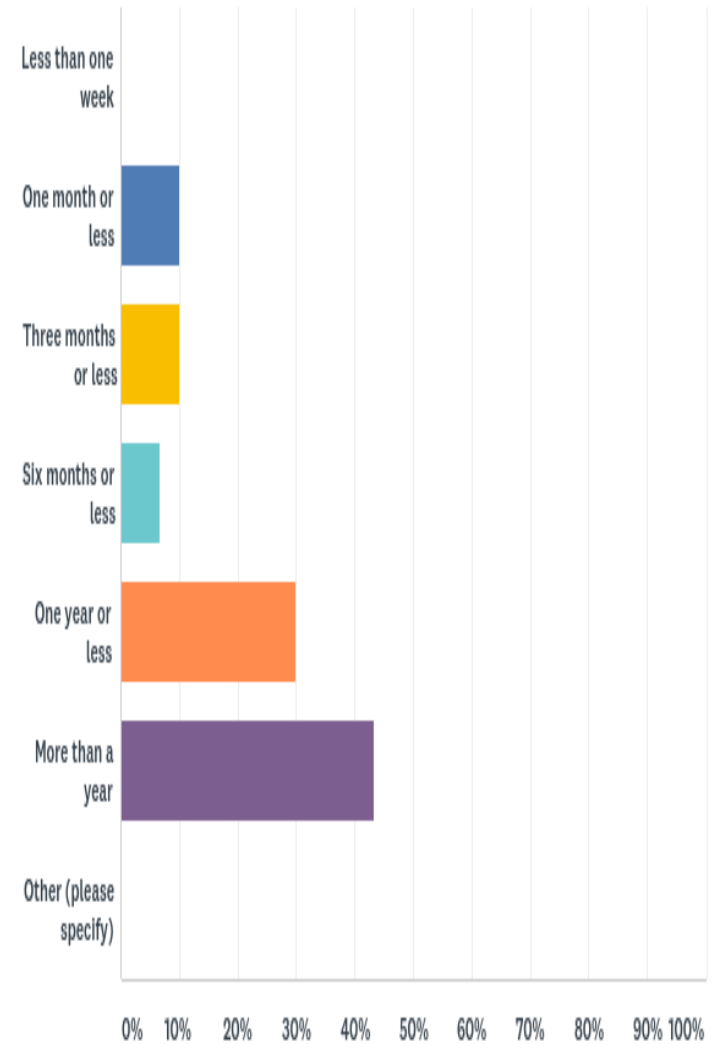
## Q21 What best describes your living situation?



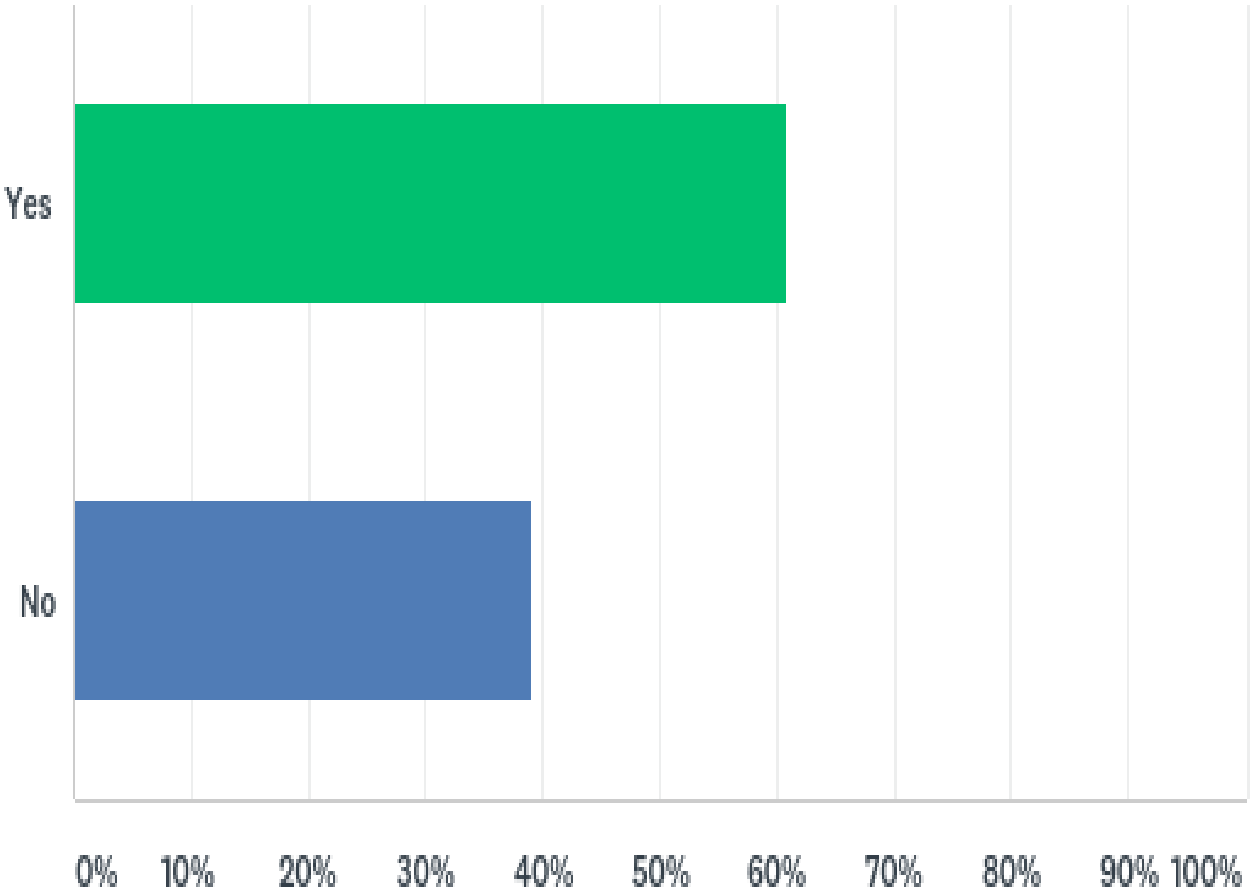
Q22 If you checked homeless in the previous question, what best describes your circumstance?



Q23 If you are currently homeless, for how long have you been homeless?



# Q24 Do you have access to a kitchen or the ability to store and prepare food?



## Quotes

“Most people are doing well other than housing.”

“If I wasn’t inside, I wouldn’t have gotten treatment. I’d be running around with no idea where to start.”

“When you’re waiting to die, time is irrelevant. That’s what homelessness is, waiting to die.”

“It’s impossible for me to stay clean when I’m homeless.”

“I believe that my life expectancy is much improved as a HIV positive person, compared to my life as an HIV negative person sleeping outside. Getting into transitional housing after testing positive in jail, was the beginning of a slow improvement in my life.”

“If you could see a time lapse photo of me, you would see what homelessness robs me of!”

“Housing is the most important thing for adherence.”

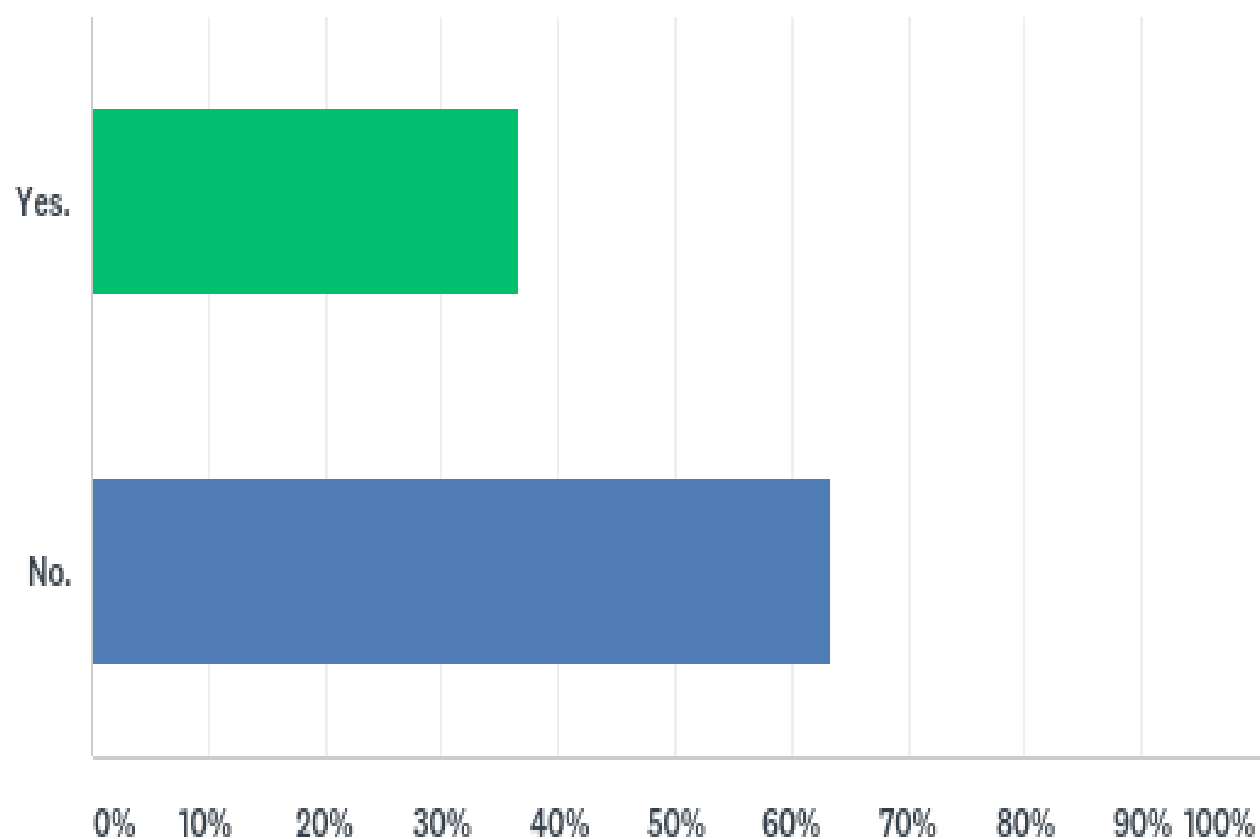
# Stigma & Quality of Life

- **Most participants stated that the services they received were respectful and compassionate, though 36% of participants reported having had a stigmatizing experience with a service provider within the last 12 months. Transgender participants seemed to have the greatest reported challenges around stigma.**
- **A number of participants expressed feeling trapped or segregated within low income areas of the city, most notably the Tenderloin and South of Market. Though most seemed to understand that this was largely due to long standing city zoning laws that protected low income housing and services, many participants despaired the growing gentrification and the feeling of being penned in with the drug dealers and those that might prey upon them.**

# Stigma & Quality of Life – con't

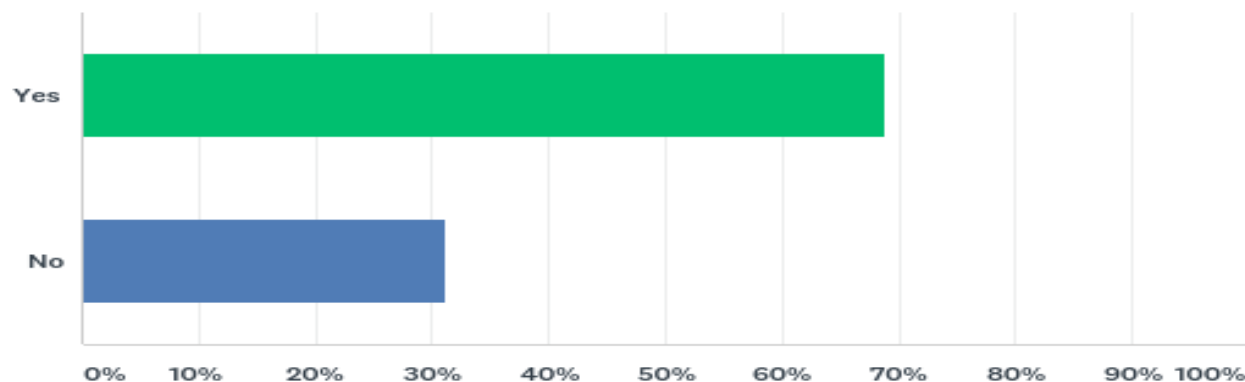
- **We noted multiple cases of multi-generational HIV infection with either a parent or a child of a participant being HIV+. We also noted multiple cases of multi-generational incarceration.**
- **Most Participants reported having an average to above average quality of life, despite their numerous challenges. For those reporting a below average quality of life there seemed often to be a specific and acute catalyst to their unhappiness rather than an overall state of affairs. This may point toward a general adaptivity in our participants - as long as they felt they were making positive progress or at least hope of positive progress, then they seemed able to manage from day to day, regardless of how dire it might appear from an outside perspective.**

Q47 In the last 12 months, have you had a negative or stigmatizing experience with a service provider?

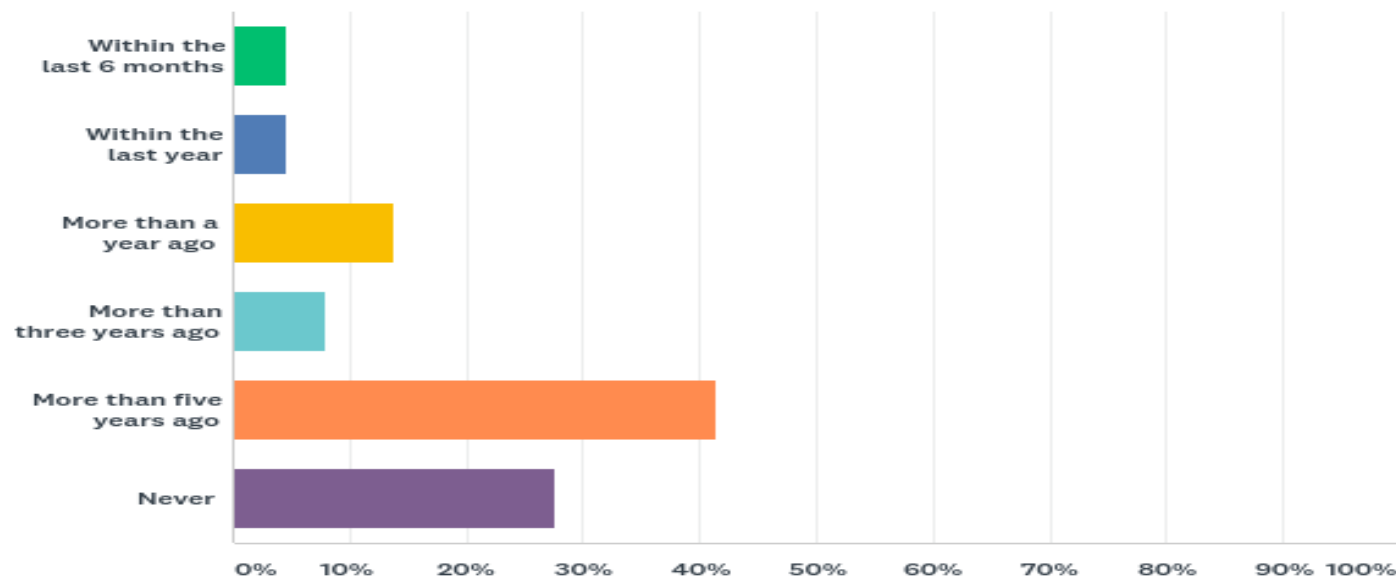




## Q26 Have you ever been incarcerated?



## Q27 When was the last time you were incarcerated?



## Quotes

“Even in supportive housing, it seems like the coroner's van is here every week. And the drug dealers just stay out here in front of the building.”

“I feel like people have written me off as a lost cause, like I should stop being a burden and just die.”

“Many of my peers struggle to access services because they're too negative.”

“My mother shouldn't have had me. I came sewage, but I'm here, and today I'm not in jail.”

“I feel like people avoid working with me because I'm homeless, I need a place to get clean and to store my stuff.”

## Quotes

“I feel like the weight of the world has been lifted, being able to share my concerns.”

“I want to feel like I did something in this world. Just because I have some challenges doesn't mean I shouldn't have a worthwhile life.”

“I want to own up to my past.”

“I never felt stigma from programs I go to, but for me, it's like I'm projecting onto other people... I'm worthless.' It's an internal stigma.”

# Conclusions

- **The San Francisco system of care appears to be largely effective, though those who are experiencing the greatest amount of chaos and external challenges still have barriers to accessing and maintaining care.**
- **Mental health and substance use appear to be closely associated, and continue to represent some of the largest challenges for individuals in maintaining health and wellbeing. This is often exacerbated by housing instability.**
- **Gentrification and lack of housing continue to be a source of anxiety among our participants. For some experiencing homelessness, this represents an acute and substantial barrier to health and wellbeing as well as a correlative factor to many of their other reported challenges.**
- **Though the basic philosophies of compassion, harm reduction, trauma informed care and cultural humility are well represented in the San Francisco system of care, our participants continue to deal with stigma, structural class and educational issues, over policing, and lack of resources that fall outside of our purview, but still are important as context in how they affect their health, wellbeing, and quality of life.**

# Recommendations

- **Continue to develop more responsive, adaptive and individualized substance use treatment programs.**
- **Explore options for laundry/hygiene resources, and afterhours services, possibly linked with syringe services, outreach, STI testing, or safe injection sites.**
- **Continue to explore adaptive, individualized, and mobile case management/linkage to care for those for whom current system is less effective in maintaining engagement.**
- **Explore options for providing additional logistical and financial support for those in need of identification cards and birth certificates.**
- **Continue with trainings designed to reduce stigma and improve cultural humility, harm reduction, and trauma informed care.**
- **Continue to place increased focus on overdose prevention.**

# Questions?

