

Community Needs Assessment MSM Crystal Meth Users Living with HIV in San Francisco

SUMMARY REPORT

BACKGROUND AND METHODOLOGY

This needs assessment is a united effort by service providers working with crystal meth users, members of the recovery community, and the SF HIV Health Services Planning Council. The content of this document offers context and factors to consider regarding the needs of MSM crystal meth users living with HIV in San Francisco.

According to the most recent HIV Epidemiological Report, “*Status of the HIV/AIDS Epidemic in San Francisco*”, MSM PLWHA make up 74% of San Francisco’s PLWHA population (N=15,901). This report also noted that MSM IDU make up 15% of total PLWH, and that drug overdose made up 3.5% of the underlying cause of death among PLWH.

Crystal methamphetamine use is an ongoing concern when considering the MSM and PLWH demographics. In 2003, *The San Francisco Chronicle* reported that close to one-third of new HIV seroconversions occurred in men who had used the drug in the recent past. A 2003 article in *AIDS Care* noted that current methamphetamine use decreases adherence to HIV treatment and medical follow-up, while a 2007 study (Colfax et al) concluded that frequent crystal methamphetamine use has also been associated with increased risk for antiretroviral resistance. A 2006 study using data collected by the Stop AIDS Project (published in the *Journal of Drug and Alcohol Dependence*) found 19.9% of HIV-positive MSM used crystal methamphetamine.

MSM users of crystal meth are currently considered a targeted demographic within the San Francisco EMA HIV Health Services Planning Council’s “Severe Need” Definition:

Severe Need

The following is to define severe need and special populations for the purposes of prioritizing and targeting Ryan White Funded services.

To be in the “Severe Need” category, an individual must meet all of the following criteria:

- 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 2014 is \$17,505 for one person or \$23,595 for two people.

In 2013, the Consumer & Community Affairs (CCA) Committee of the San Francisco EMA HIV Health Services Planning Council (HHSPC) discussed potential target populations for the 2013-2014 Needs Assessment. Factors for choosing a target population included target populations noted within the HHSPC's 2012-2014 Three-Year Comprehensive Plan, HIV disease burden within targeted populations, and the amount of time since a targeted population has received a needs assessment. After deliberating on the topic over the course of two meetings, CCA determined that the 2014 HHSPC Needs Assessment would target the MSM crystal meth using population.

In May 2014, HHSPC Staff initiated the formation of the MSM Crystal Meth Users Needs Assessment Work Group by inviting a range of stakeholders, including providers and consumers of services.

At its first meeting, the group elected two Co-Chairs: Ron Hernandez (HHSPC Council Member) and David Jordan (HHSPC Staff). The group decided to operate by consensus, and to avoid the use of formal parliamentary procedure in order to better encourage participation by all of its members. The membership of this work group consisted of:

- Celinda Cantu (HHS)
- Timothy Foster (SFAF)
- CM Ron Hernandez
- CM Kenneth Hornby
- CM T.J. Lee
- CM Gabriel Ortega
- CM Ken Pearce
- CM Charles Siron
- CM Chip Supanich
- David Jordan

During subsequent meetings it was determined that the Needs Assessment Work Group would implement a series of focus groups.

The group also determined:

- Focus groups would take place in HIV service locations familiar to clients in order to better outreach to and recruit participants.
- A series of questions designed to gain a demographic "snapshot" of the participants, as well as other questions that would provide insight as to their service utilization and potential barriers to care; these questions became a survey tool for focus group participants.
- Structure of focus groups (described below)
- Members of the Needs Assessment Work Group will also function as facilitators and note-takers for the focus groups.
- Attendance at focus groups would be incentivized through \$25 gift certificates to Safeway; lunch or dinner would also be provided.

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 RWPA HIV service categories.
- 6) Service prioritization “dot exercise”.
- 7) Facilitated Discussion regarding utilization of service categories and challenges with HIV service utilization.

The CCA Committee reviewed and approved the Needs Assessment recruitment plan, focus group structure, facilitator scripts, and focus group dates and locations.

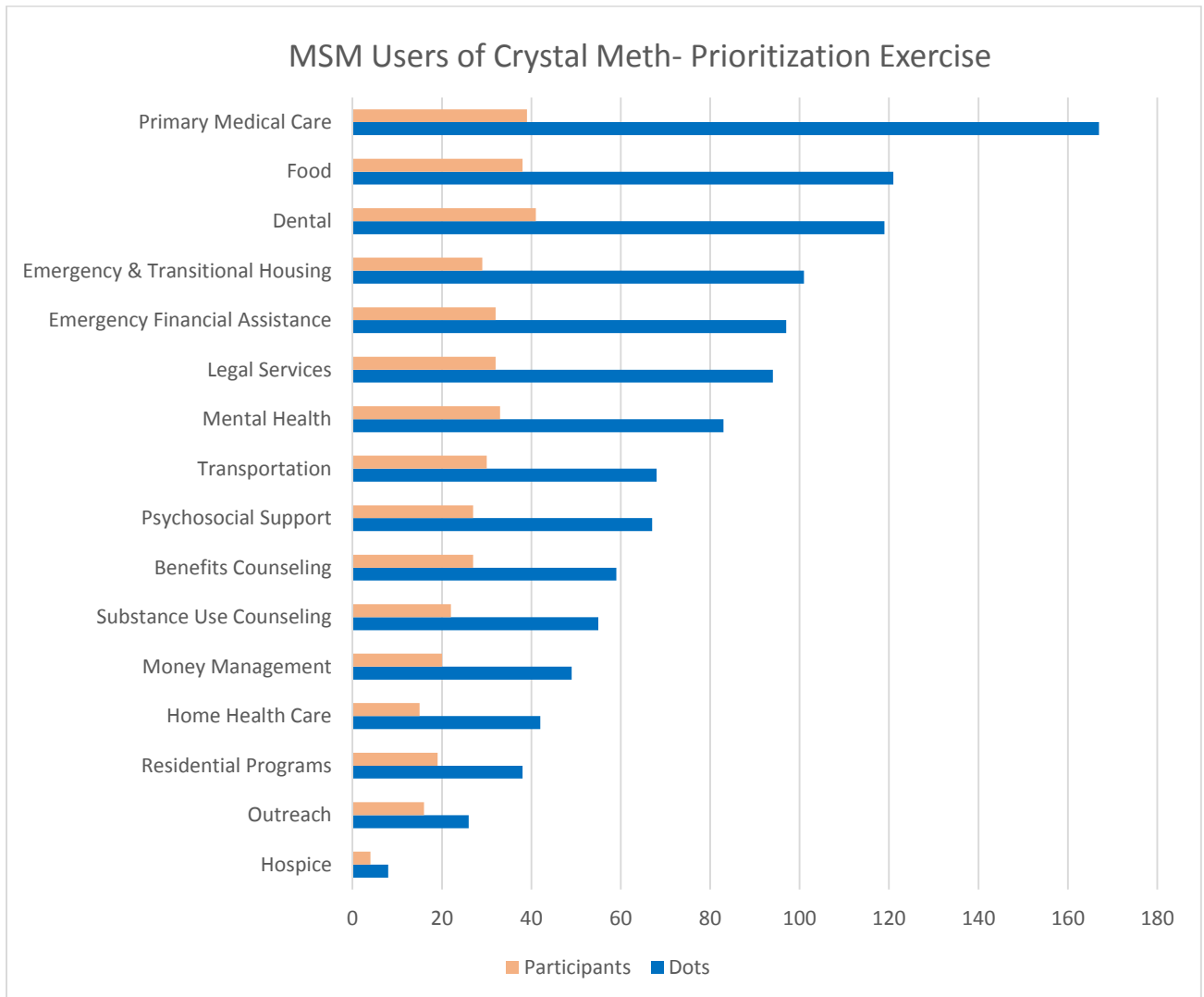
Focus Groups

Council Staff implemented a facilitator training, which included an overview of information collection methodology, an overview of the prioritization exercise, a review of relevant HRSA service categories, and a facilitation practice session.

- 54 attendees participated in seven focus groups.
- The focus groups were held at the following venues:
 - Shanti Project, facilitated by CM Eric Sutter and David Jordan (x2)
 - The SF AIDS Foundation, facilitated by Timothy Foster and David Jordan (x2)
 - St. Mary’s Medical Center, facilitated by Talia Roven and David Jordan
 - Tenderloin Area Center of Excellence, facilitated by CM Wade Flores, CM Charles Siron, Mark Molnar, and David Jordan.
 - The Castro Country Club, facilitated by CM Chip Supanich and David Jordan.

FINDINGS

Prioritization Exercise Results



1. Primary 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.

2. 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.

3. 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.

4. 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.

5. 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 that 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.

6. 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.

7. 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.

8. 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.

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.”

“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.
 - a. 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.
 - b. 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.