

Trends in HIV+ Community Challenges and Boundaries to Care

Objective

This is an examination of trends in the challenges faced by Ryan White Part A consumers interviewed during the Council's COLAs and Needs Assessments between the years 2013 -2016. Our intention is to provide context for the Council's upcoming community engagement efforts, as well as provide a comparison to the Council's recent service category prioritizations.

Recent Community Outreach Targets

Needs Assessment Targets (2016-2014)

- Mental Health (75)
- Asian & Pacific Islanders (41)
- African Americans (65)
- Crystal Meth Users (54)

COLA Targets (2015-2013)

- Marin (23)
- San Mateo (17)
- Women & Families (14)
- Formerly Incarcerated (22)
- Living in SRO's (8)

Housing

- Housing continues to be of great concern among participants. Many participants described stable housing as vital in maintaining medical adherence, addressing mental health and substance use challenges, and even maintaining healthy nutrition.
- Participants often call out the paradox, that though the HIV related services in San Francisco are above average, the cost of living and specifically housing, has made their lives very challenging. For many this cost benefit equation is becoming increasingly untenable.

Housing

- Due to a dearth of affordable permanent housing, many participants reside in privately run SROs which are often described dangerous, unsanitary, and replete with the open sale and use of substances. Many participants living in this situation have ongoing challenges with substance use, and have described a need to isolate themselves in order to avoid triggering.
 - Women, especially women with children, voiced additional challenges with affordable housing, saying “I feel angry because there’s no housing for HIV+ women with children” or “there’s another layer of isolation for HIV+ women with children” and “there’s no place for my children to play, women with children are stuck in inappropriate housing”.
- Among our participants, the sense that most housing intended for low income individuals is segregated to small portions of the city is pervasive, as is the feeling that this increases their risk of being a victim of crime or police harassment.
- The concerns around housing appear to have increased during our sampled timeline.

Primary Medical

- Primary medical care is widely considered highly effective, and consistently highly prioritized.
- Anecdotally, participants report general satisfaction with the quality of care, expressing medical care's vital role in their lives, as well as the importance of proactive behavior in maintaining wellness.
 - This idea is often heard loudest among the fast growing senior population who are often dealing with multiple co-morbidities. Some expressed anxiety around balancing their HIV treatment with these co-morbidities.
 - Some of the Transgender participants described concerns that their medical providers focused too heavily on Transgender issues rather than their HIV or overall health.
- Qualitatively, we've seen continued improvement in engagement in care and viral suppression. These numbers track with the cascade numbers we're seeing from DPH's surveillance section.

Primary Medical

- Some participants have reported issues with recent changes to pain management policies. These issues seem to be primarily around lack of clarity or transparency in regard to the policy itself, as well as a sense of stigma around a perception of drug seeking. It appears as though medical providers are working to improve in this area, or that our participants have acclimated to the situation, because this complaint has somewhat diminished over our sampled timeline.
- During and preceding the Affordable Care Act rollout, many participants reported challenges around being forced to change medical providers, loss of benefits, changes to ADAP, and a general lack of information. These issues have largely been addressed, though some issues with ADAP and pharmaceutical benefits persist.

Mental Health

- A concern about mental health is pervasive among participants. Most often reported are depression and anxiety although issues vary across the spectrum of mental health.
- Participants have expressed serious challenges in remaining proactive in maintaining their health and staying engaged in services due to their mental health. Specifically, they have expressed difficulty in navigating the bureaucracy inherent in maintaining eligibility for services.
- Some have also reported challenges with what they perceive as stigma related to psychologically based behavior issues.

Mental Health

- Mental health is strongly linked to substance use. Some felt addressing mental health issues to be a necessary precursor to the substance recovery process. Many have described self-medicating in lieu of or in addition to mental health services.
 - Participants in the crystal meth users needs assessment reported much higher rates of suicidal thoughts and behavior than other demographic groups interviewed.
- 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.
- Some participants described therapy services as inconsistent, and voiced a strong desire for longer term therapy in order to maintain relationships with providers.
- Concerns around mental health care seem to have remained consistent during the sampled timeline.

Food

- Food services continue to be highly prioritized, and those that are eligible to access these services generally consider them very effective.
- Some participants have had voiced some challenges with type or variety of food provided, largely these are related to dietary restrictions or personal preference. Additionally, some participants who lack housing or kitchen facilities requested a greater amount of non-perishable items.
 - A significant number of individuals from the crystal meth users needs assessment reported challenges eating solid food and lamented the loss of liquid dietary supplements that had previously been covered under Medicare. At that time, the council explored the idea of funding the purchase of the supplements with carry forward dollars. These supplements are once again covered by Medicare under ACA.

Food

- Towards the beginning of the sampled timeline, the main food service provider increased the standard of eligibility to access services and therefore some participants were no longer receiving food from this provider. Initially this was a focus of conversation during our community outreach efforts, though this has diminished recently; it is unclear if this is due to fewer people being removed from the provider's roles, or whether our participants have adapted to a new status quo.

Advocacy, Case Management and Navigation

- Participants have regularly expressed the importance of these services in maintaining stability. Some have even described finding effective case management as the first step attaining health and well-being.
- Participants have expressed that during transitional periods such as hospitalizations or incarceration, case management and advocacy are of increased importance, specifically, there seems to be a need for greater cross agency communication and increased follow through during these periods of instability.

Advocacy, Case Management and Navigation

- Participants voiced a desire for increased consistency in staffing in order to facilitate trust and a greater understanding of a client's specific needs.
 - Participants from the African American needs assessment expressed challenges around communication with service providers, saying "I trust health care providers, but communicating with them is hard. We need more peer support, so we can speak more freely".
 - Participants from the Mental Health needs assessment stated that their mental health challenges made the complexity of accessing services very difficult, and that greater advocacy was needed to navigate the system of care.
- During the rollout of the Affordable Care Act, great emphasis was placed on benefits navigation, and as the benefits landscape seems to have stabilized so too it seems participant's anxiety has diminished, though there continues to be a call for a centralized information source, specifically around housing, PrEP, and ADAP related issues.

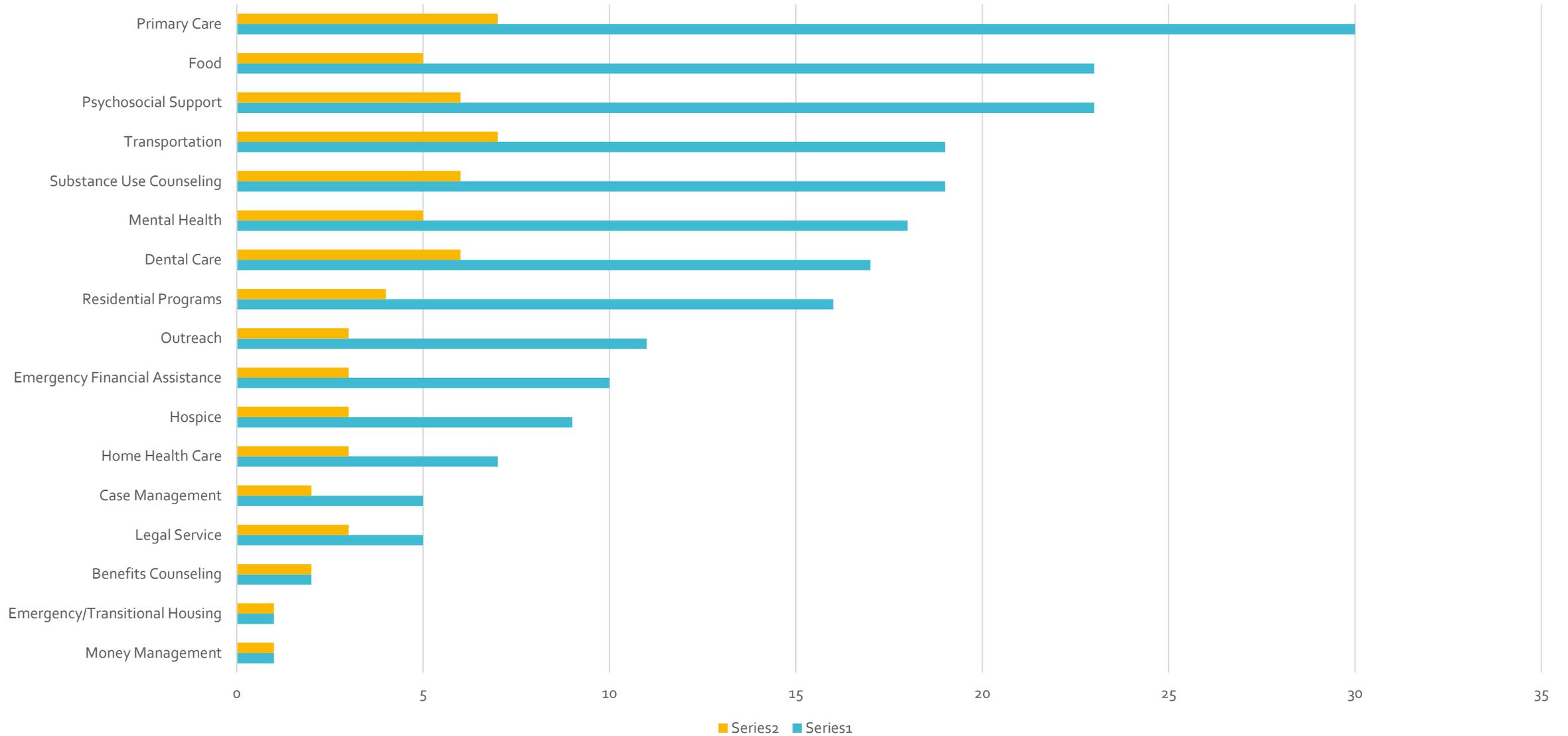
Substance Use and Treatment

- A large segment of our participants reported having some concerns around substance use or had previously access substance treatment services. Some expressed a need for increase outpatient treatment programs.
- Many were aware of the harm reduction model, understanding the models goals and identified it as an integral part of the San Francisco system of care.
- Throughout the sample timeline the link between substance use and mental health was highlighted repeatedly, as well as their combined effect upon overall health and wellness.

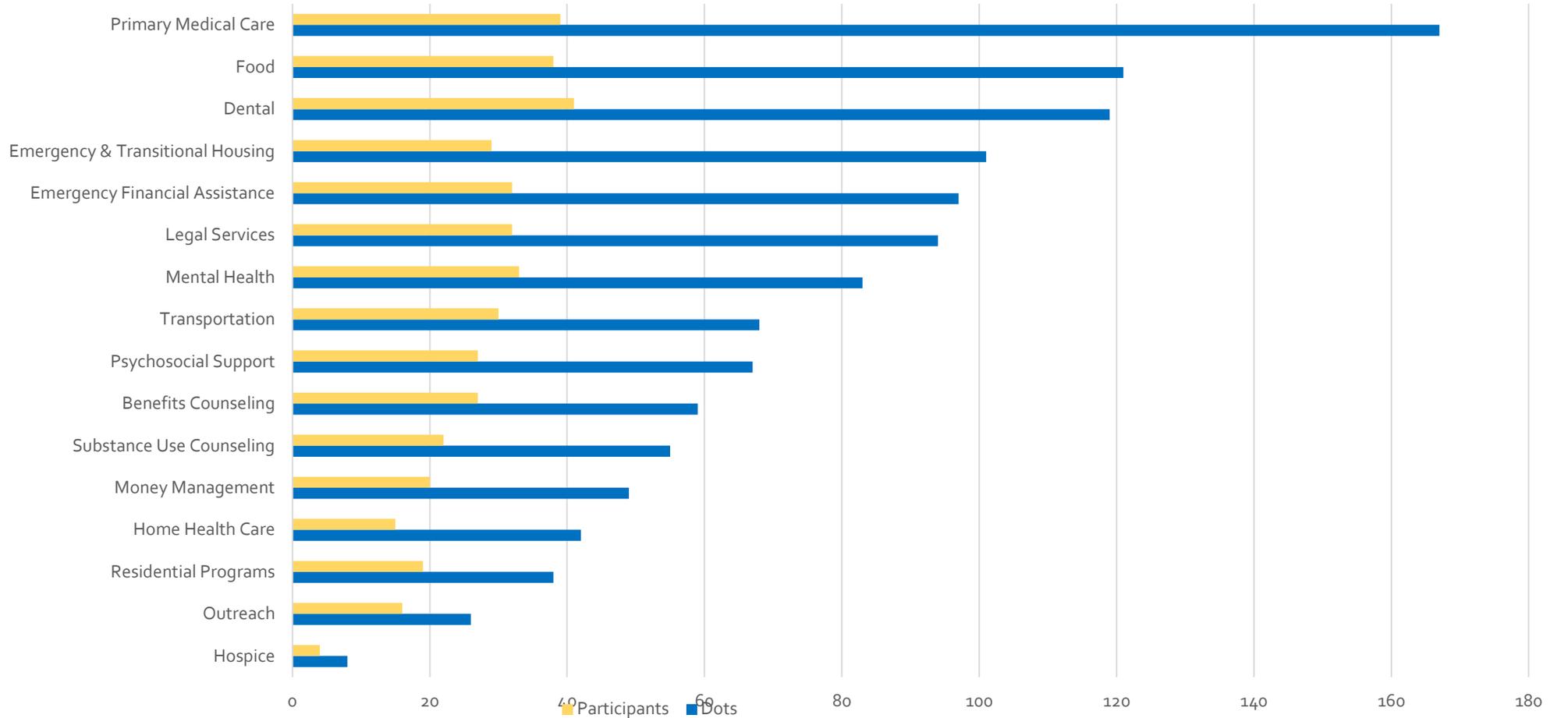
Psychosocial

- Throughout the sample timeline participants reported that support groups were effective in helping ameliorate their sense of social isolation and provided an increased sense of community.
- Support groups also functioned as an info exchange, encouraged self-reflection as well as enabled proactive behavior.
- It was felt that culturally targeted support group encouraged openness and a sense shared experience, this is accentuated among those populations that felt themselves to be outside the larger HIV+ community, including Women, Seniors, African Americans, Latino/as, Asian & Pacific Islanders, Youth, Heterosexual Men, and Transgender Women.
 - Beginning in 2013 the council funded the creation of additional psychosocial support interventions for Seniors using carry forward funds, in 2015 this program was moved to the base budget as an ongoing intervention.

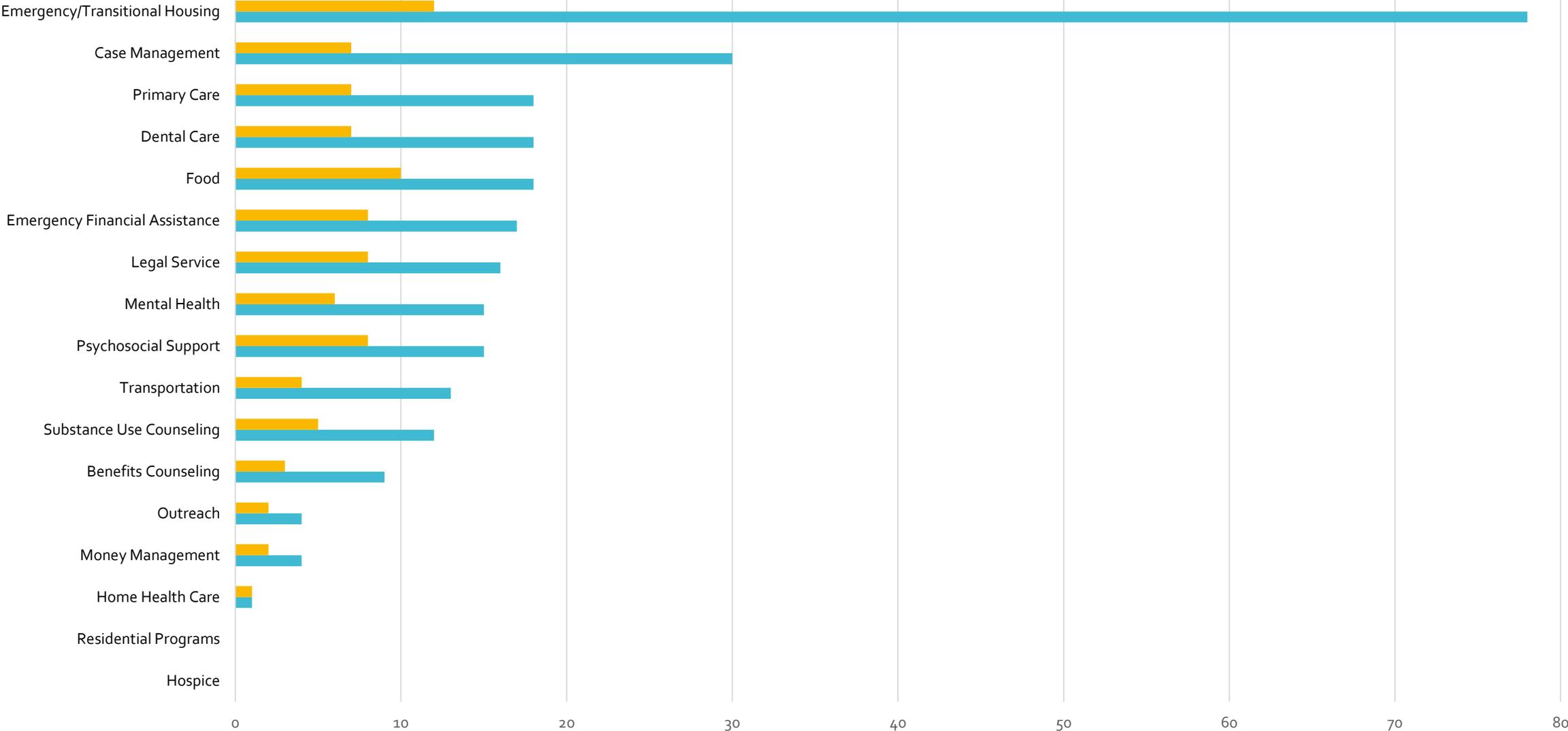
Individuals Living in SROs



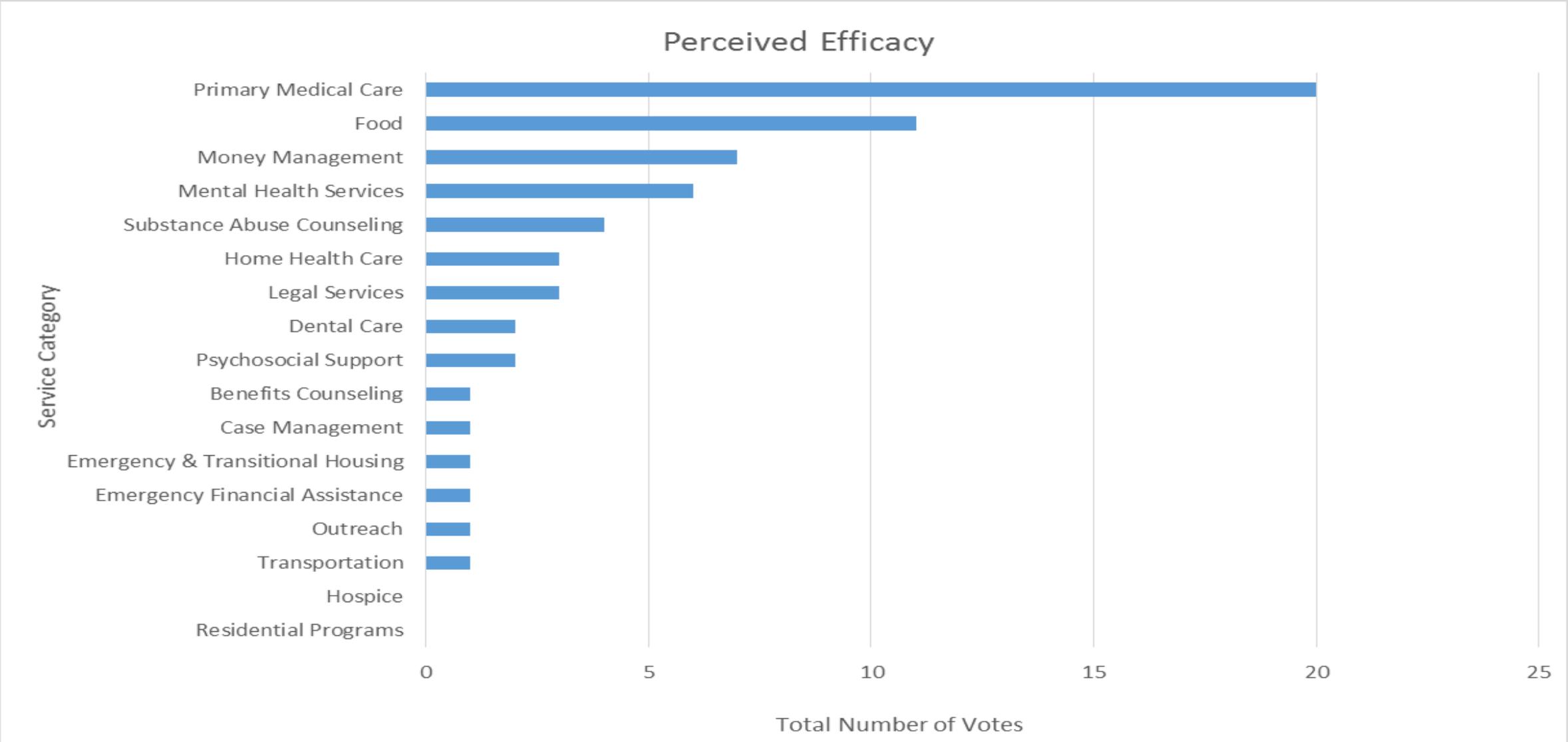
MSM Users of Crystal Meth- Aggregate Prioritization Exercise



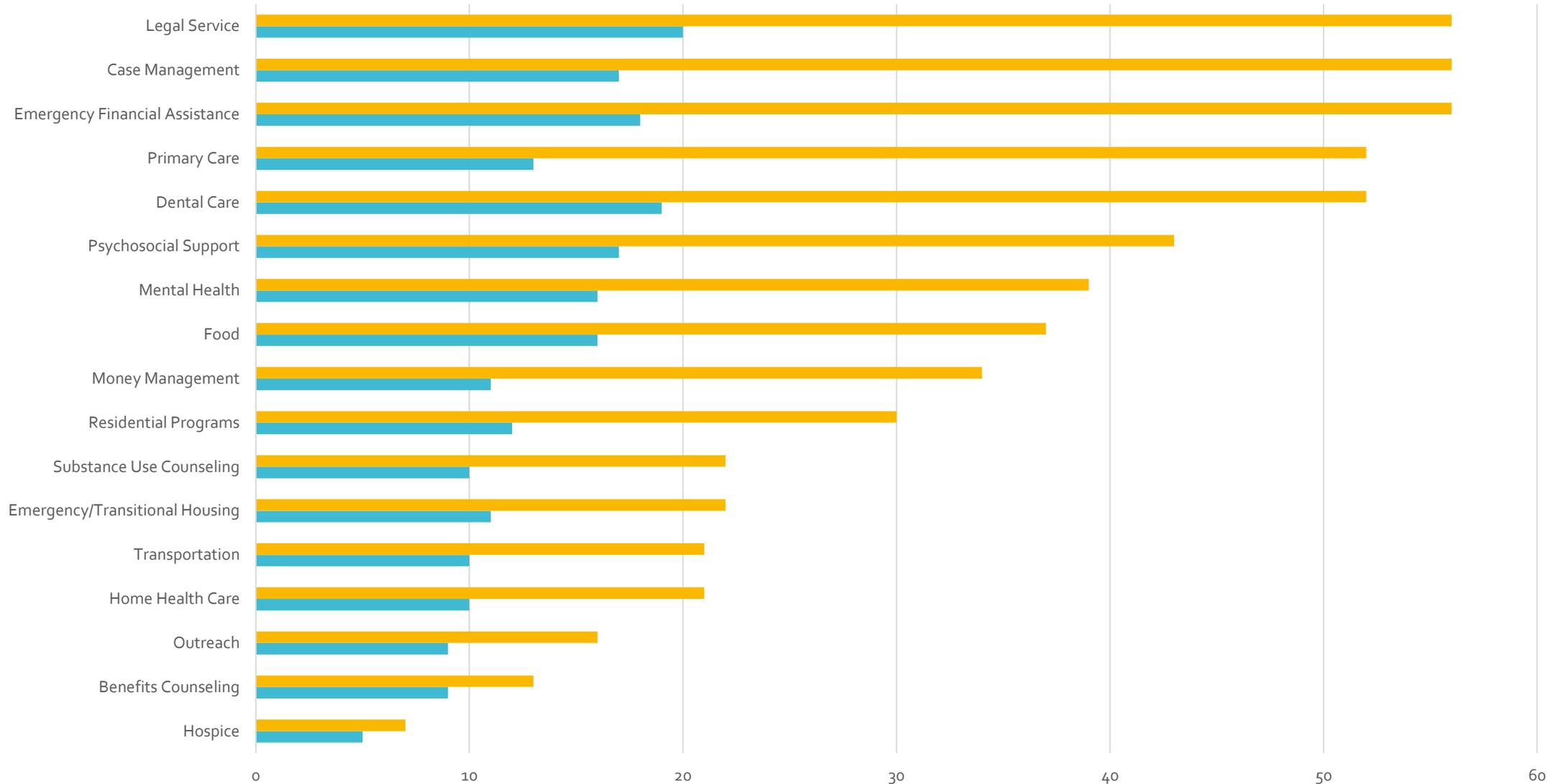
Formerly Incarcerated COLA-Client Prioritization Exercise



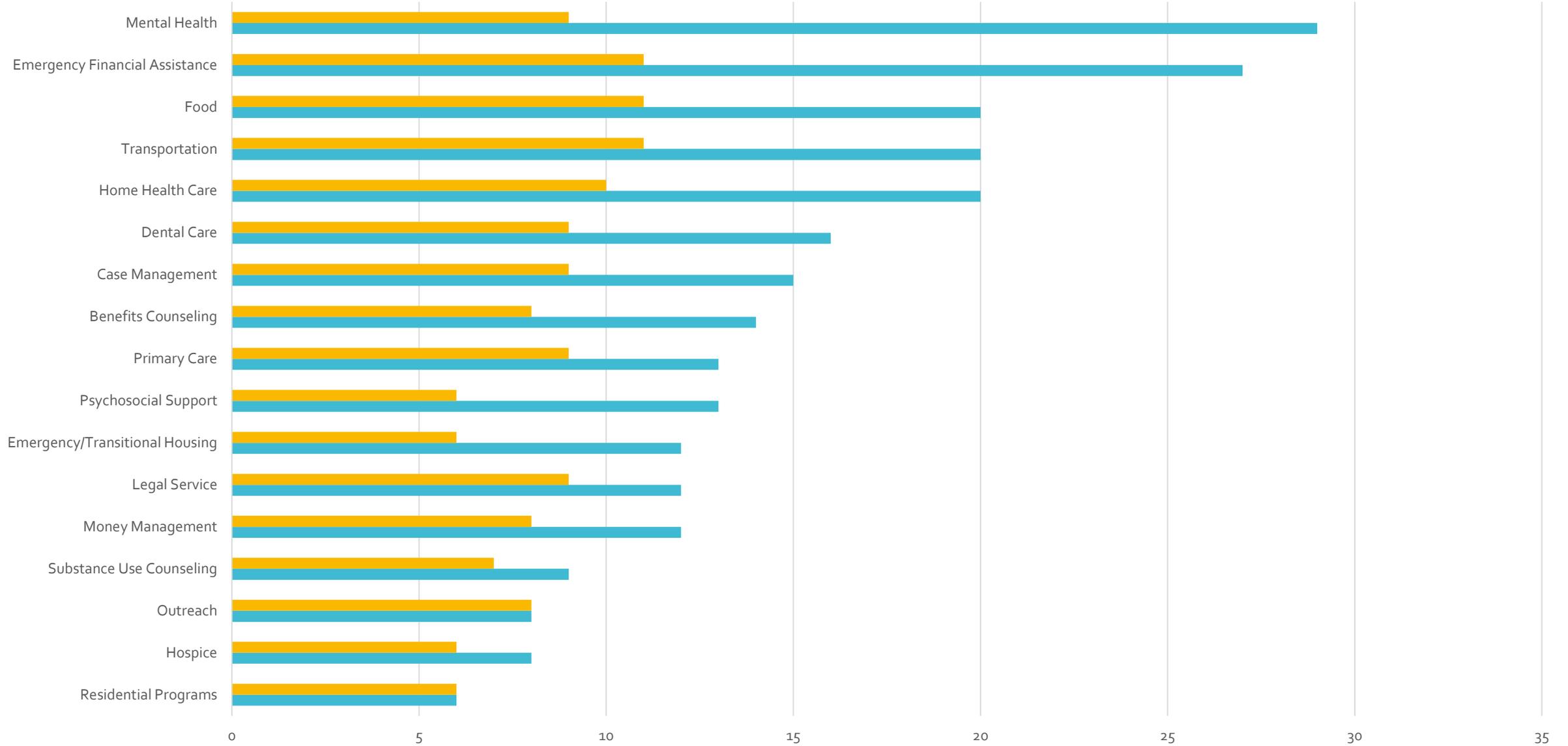
African American Prioritization Exercise



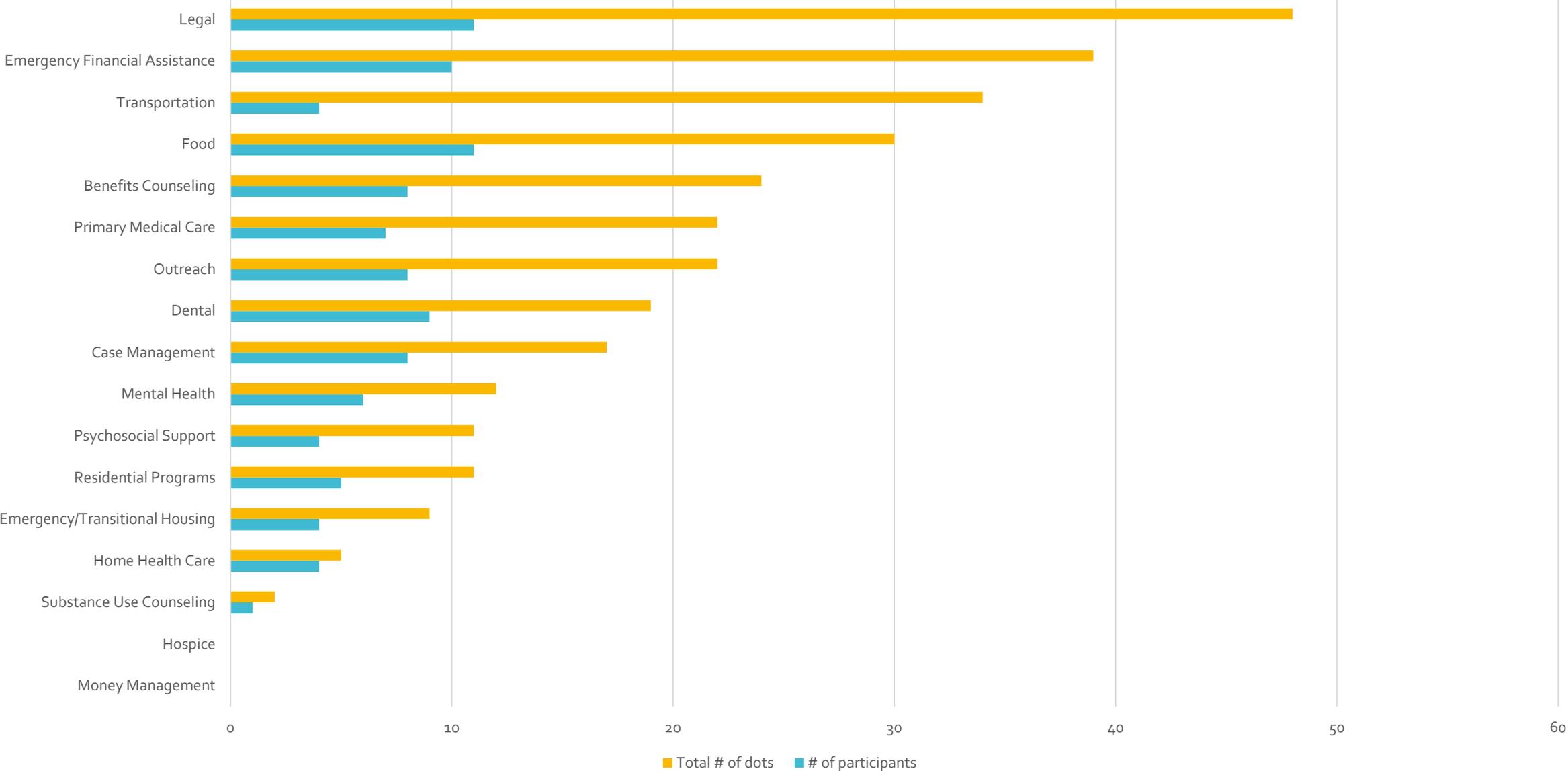
API Needs Assessment



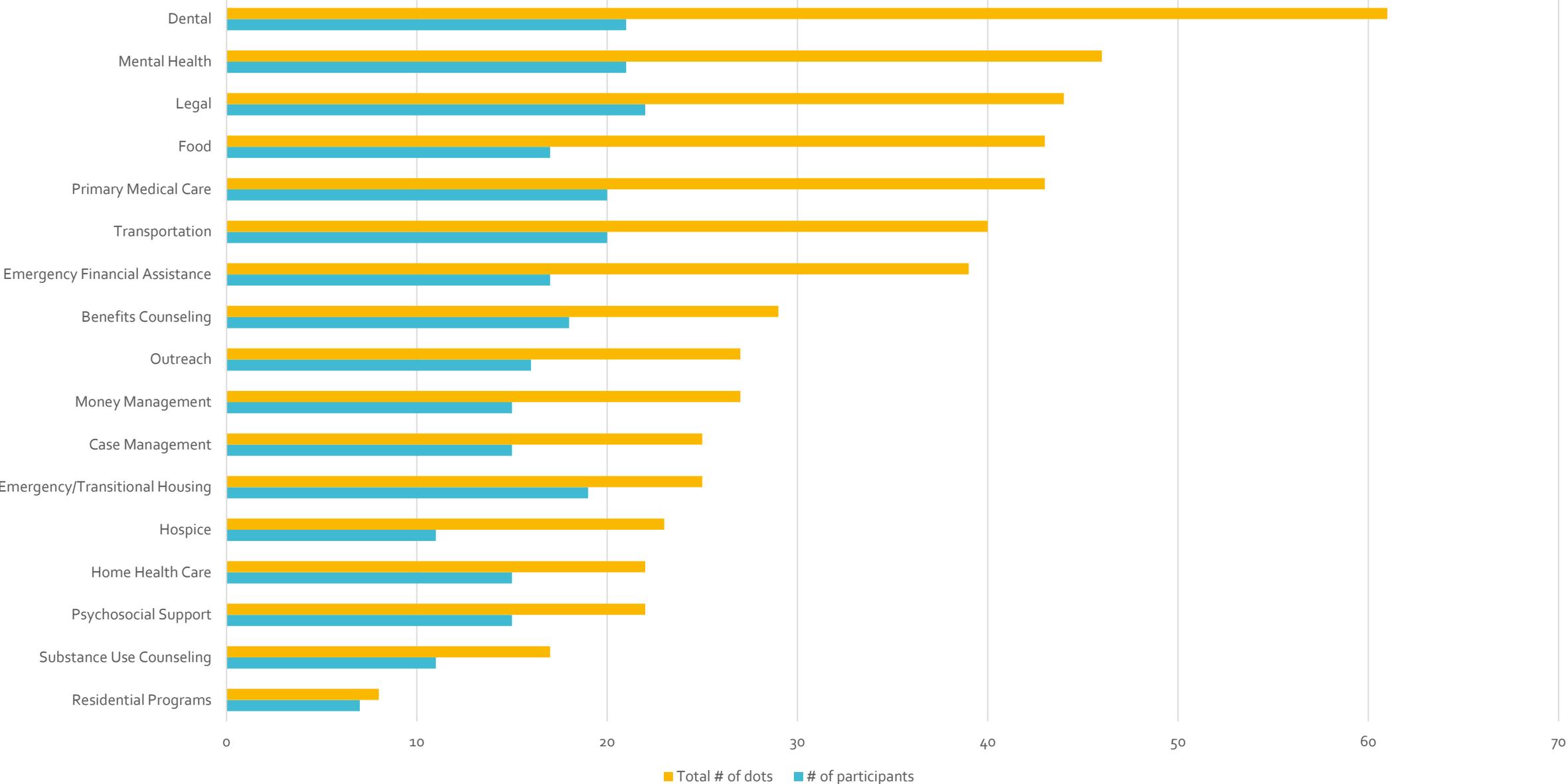
COLA - Women & Families



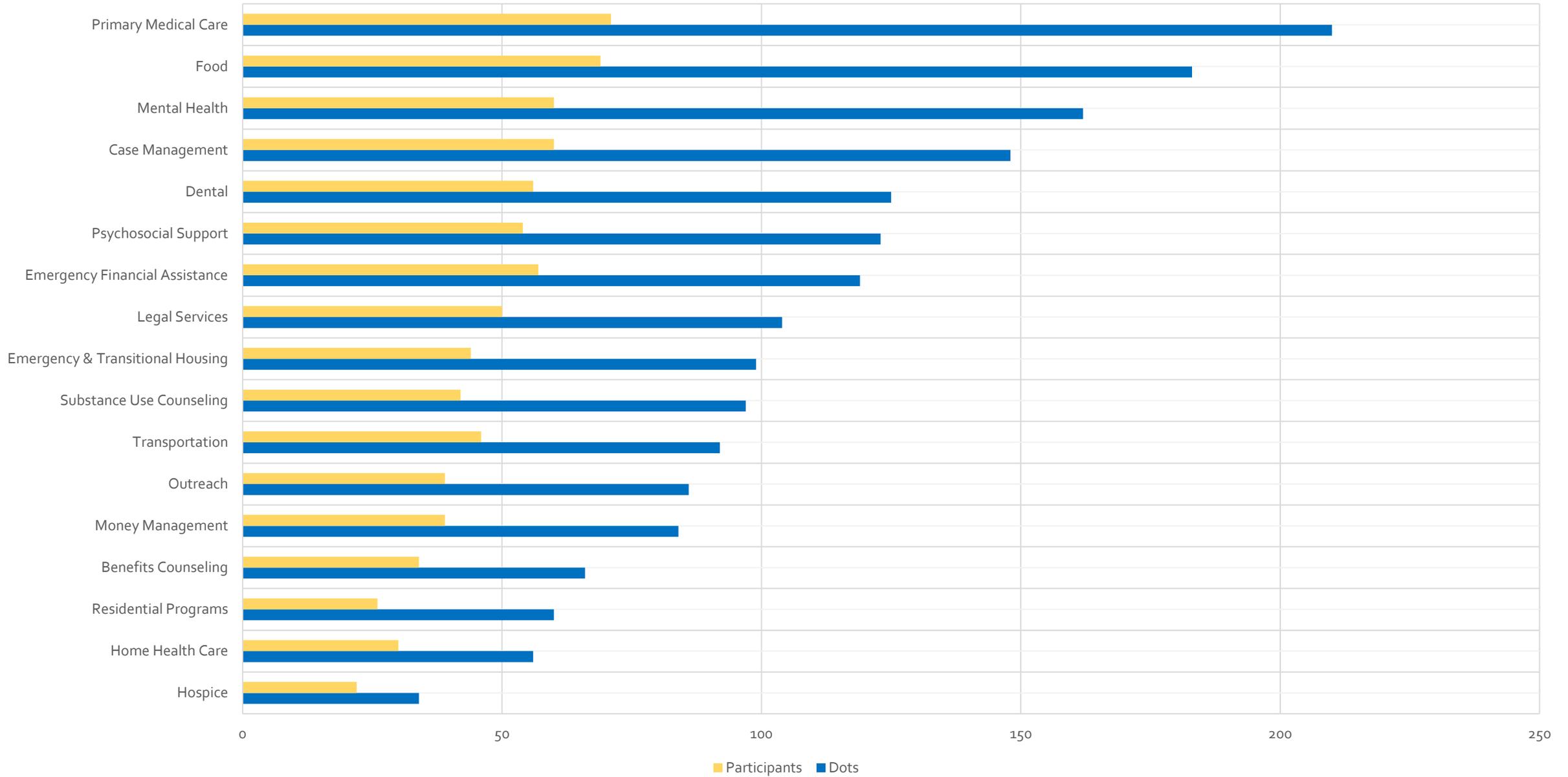
San Mateo



Marin



Mental Health- Aggregate Prioritization Exercise



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