Trends in HIV+ Community Challenges and Boundaries to Care
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.
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 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.
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.
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 express 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 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 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.
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 though 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.
A large segment of our participants reported having some concerns around substance use or had previously accessed substance treatment services. Some expressed a need for increased outpatient treatment programs.

Many were aware of the harm reduction model, understanding the model’s goals and identifying 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.
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

- Primary Care
- Food
- Psychosocial Support
- Transportation
- Substance Use Counseling
- Mental Health
- Dental Care
- Residential Programs
- Outreach
- Emergency Financial Assistance
- Hospice
- Home Health Care
- Case Management
- Legal Service
- Benefits Counseling
- Emergency/Transitional Housing
- Money Management

Series 1

Series 2
MSM Users of Crystal Meth - Aggregate Prioritization Exercise

- Primary Medical Care
- Food
- Dental
- Emergency & Transitional Housing
- Emergency Financial Assistance
- Legal Services
- Mental Health
- Transportation
- Psychosocial Support
- Benefits Counseling
- Substance Use Counseling
- Money Management
- Home Health Care
- Residential Programs
- Outreach
- Hospice

0 20 40 60 80 100 120 140 160 180

Participants Dots
API Needs Assessment

- Hospice
- Case Management
- Emergency Financial Assistance
- Primary Care
- Dental Care
- Psychosocial Support
- Mental Health
- Food
- Money Management
- Residential Programs
- Substance Use Counseling
- Emergency/Transitional Housing
- Transportation
- Home Health Care
- Outreach
- Benefits Counseling
- Hospice

Legal Service | 0
Case Management | 20
Emergency Financial Assistance | 30
Primary Care | 40
Dental Care | 50
Psychosocial Support | 60
Mental Health | 70
Food | 80
Money Management | 90
Residential Programs | 100
Substance Use Counseling | 110
Emergency/Transitional Housing | 120
Transportation | 130
Home Health Care | 140
Outreach | 150
Benefits Counseling | 160
Hospice | 170
COLA - Women & Families

- Mental Health
- Emergency Financial Assistance
- Food
- Transportation
- Home Health Care
- Dental Care
- Case Management
- Benefits Counseling
- Primary Care
- Psychosocial Support
- Emergency/Transitional Housing
- Legal Service
- Money Management
- Substance Use Counseling
- Outreach
- Hospice
- Residential Programs
Hospice
Home Health Care
Residential Programs
Benefits Counseling
Money Management
Outreach
Transportation
Substance Use Counseling
Emergency & Transitional Housing
Legal Services
Primary Medical Care
Food
Mental Health
Case Management
Dental
Psychosocial Support
Emergency Financial Assistance
Aggregate Prioritization Exercise
Participants
Dots
Mental Health
Food
Dental
Mental Health
Primary Medical Care
Emergency & Transitional Housing
Emergency Financial Assistance
Substance Use Counseling
Mental Health
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Emergency Financial Assistance
Legal Services
Emergency & Transitional Housing
Substance Use Counseling
Mental Health
Transportation
Outreach
Benefits Counseling
Residential Programs
Home Health Care
Hospice
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<tr>
<th>Your Ranking</th>
<th>Last Year</th>
<th>HRSA Service Category</th>
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<td>CORE SERVICES</td>
<td>1</td>
<td>Primary Medical Care</td>
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<td>Mental Health Services</td>
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<td>Early Intervention Services [TMP - Therapeutic Monitoring Programs]</td>
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<td>Home &amp; Community-based Health Services [CMP - AIDS Case Management]</td>
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