

HIV Community Planning Council  
NEEDS ASSESSMENT WORK GROUP  
Thursday, August 15<sup>th</sup> 2017  
25 Van Ness, 8<sup>th</sup> Floor Conference Room  
11:00 am -12:30 pm

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**Committee Members Present:** Jen Cust (Shanti), John Paul Soto (Lutheran Social Services/ Co-Chair)

**Support Staff Present:** Ali Cone, Dave Jordan (Co-Chair), Liz Stumm

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## *Minutes*

### **1. Introductions**

The meeting was called to order at 11:18 pm by CM Soto. Everyone introduced themselves.

### **2. Review/Approve August 15, 2017 DRAFT Agenda – VOTE**

The August 15<sup>th</sup>, 2017 DRAFT Agenda was reviewed and approved by consensus.

### **3. Review/Approve May 8, 2017 DRAFT Minutes – VOTE**

The May 8<sup>th</sup>, 2017 DRAFT Minutes were reviewed and approved by consensus.

### **4. Announcements**

- None.

### **5. Public Comment**

- None.

### **6. Review Data**

- The work group reviewed the data from the survey, exercise, focus groups and interviews.
- Co-Chair Jordan reported:
- The SF EMA prioritization exercise was pretty standard compared to former needs assessments. The top categories were Primary Care, Food and Case Management. Emergency housing was higher than usual and Mental Health and Psychosocial Support was surprisingly low based on the conversations that were had.
- Jen Cust noted that she was surprised that housing was not higher priority for this population. She noted that Dental was pretty high compared to previous years.
  - Co-Chair Jordan noted that dental was brought up frequently in the qualitative data.
- San Mateo and Marin had low numbers of participation, which skewed the data. Co-Chair Jordan noted that San Mateo and Marin don't have some of these services that are provided in SF.
  - In San Mateo, Legal services was the most important possibly due to immigration issues. San Mateo has a higher percentage of Latino consumers.
- The group reviewed the results from the survey:
- There were more heterosexual participants than usual. There was high engagement in medical care and a high usage of HIV meds. There was a larger percentage of participants who did not know if they were virally undetectable which may be due to challenges with med adherence and not having current labs. Participants had higher rates of Hepatitis than former survey results.
- The group discussed the where do you receive medical insurance question.

- Co-chair Jordan noted that he feels participants may have been confused when checking Medicare. He will include Medical instead of Covered CA in the future.
- Co-Chair Jordan noted that not feeling you receive adequate support in accessing medical insurance/health coverage was higher than usual.
- Those receiving General assistance as their primary source of income was a higher percentage.
  - Co-Chair Jordan commented that a higher number of those who reported being homeless receive GA. He noted that there is a correlation between having a chaotic lifestyle and only accessing GA. He stated that people who are undocumented access GA as well.
- The survey indicated that 32% of participants identify as homeless and 22% are in emergency housing. If participants stated they were homeless, the majority are sleeping outdoors or couch surfing, followed closely by living in a structure not meant for inhabitation. Co-Chair Jordan noted that participants may have answered this if they were living in an SRO with subpar amenities (running water, electricity).
- The group discussed their surprise in the high number of participants who have exchanged sex for shelter
- The survey indicated that the majority of those who stated that they are homeless, have been homeless for more than a year.
  - Co-Chair Jordan noted that participants in the Forensic housing program may include incarceration as periods of homelessness.
- The group discussed that 40% of participants do not have access to a kitchen.
  - Co-Chair Soto inquired about if participants who lives in the Kinney responded that they have access to a kitchen. The kitchen is accessible M-F.
  - Co-Chair Jordan responded that there is no way to tell because the surveys are anonymous.
  - Jen Cust noted that many clients do not like using common areas to cook food, and there is a lack of places to store food.
  - Co-Chair Jordan noted that many clients can't keep frozen food because they don't have access to a freezer and there are limited spaces to prepare dried food.
- There was a significantly higher rate of incarceration for this population. Most stated that their incarceration was more than 5 years ago.
- The survey showed that 30% of participants have accessed in-patient treatment services to obtain housing. There was also a high number of self-medicating in place of psych meds in this population.
- The group discussed that this population had a higher than usual percentage of people who did not have a support system. Support groups was higher than usual for this question.
  - Co-Chair Jordan noted that psychosocial support was low in the prioritization exercise, he feels that it is a hard category for people to grasp.
- Jen Cust requested a cross tabulation of who is chronically homeless.

**Quantitative data/trends:**

- Most people reside in the Tenderloin, the geographic density of supportive housing and support services targets people for victimization by police, drug dealers and community members. This feeling was extenuated by women and youth, who do not feel safe living or accessing services in the TL. Participants feel they are triggered by their location and feel isolated which can also lead to drug use.
- Participants stated that they experience stigma due to their housing status. Substances use, mental health and homelessness are all interconnected.
- There is a lack of harm reduction, cultural humility and stigma training by non-service staff (front desk, admin).

- There is a connection between self-reliance and altruism. People felt that volunteering at service agencies or attending support groups where they were providing support was motivating them to be more self-reliant, and stabilize their own situation. However, participants also felt that they were being vetted for services whether they could maintain behavioral standards or not. Some of that was filtered through admin staff who they viewed as gatekeepers. They felt that they had to prove their worth to receive services.
- Support groups are important to this population due to providing important sources of information and emotional peer support.
- Participants stated that money management was a tool for stabilization.
- There was a lack of awareness of the DAHLIA housing portal which provides housing opportunities from HHS.
- People we spoke to that are dealing with homelessness had a deep sense of hopelessness. Participants struggled with maintaining med adherence and using substances.
- San Francisco has become untenable. Some participants stated that they wanted to leave as soon as there was an opportunity. Though the services are good, but they are somewhat impacted. The cost benefit of living here is feeling less desirable.
  - The group discussed that people are feeling unwanted and that the border of the Tenderloin is becoming more prominent and tighter.
- Jen Cust noted that in regards to non-service staff training, security guards are not trained in harm reduction and de-escalation. The first layer to service agencies is often unwelcoming. She noted that clients are often banned from buildings and can't access services based on security guards decisions.
  - Co-Chair Soto noted security guards are often outside contractors where training is not required.
- There is a connection between medical, housing, mental health, and substance use in regards to stability. They are all linked and fall apart without each other.

## 7. Develop Recommendations- VOTE

- The work group developed recommendations for the Council based on the results of the needs assessment.
- Jen Cust noted that the lack of access to kitchen facilities and food to eat without having to cook and store is a big issue for her clients.
  - Co-Chair Jordan noted that there is new low-income housing that could have more kitchen facilities, food storage and mini fridges in rooms. The food services provider can also give more shelf stable food.
  - Jen noted that there are clients who will never cook fresh produce and won't eat if it's not easy to prepare.
  - The group discussed that Ensure is a great way for people to be able to drink a meal.
- Co-Chair Soto noted that stabilization and emergency housing needs to be more substantial than it is now. He suggested increasing the timeline because temporary housing has not been cutting it. There is nowhere for people to move on after temporary housing.
- The group discussed the need for trainings for contracted staff (reception, security).
  - Jen noted that if hiring outside companies, the bid can include harm reduction trainings for security guards.
  - Co-Chair Jordan noted that this something that the Council can be more interactive with GTZ about. If this is a barrier to accessing services we can work with the stigma committee.
- The group discussed the high level of people who stated that their primary source of income was GA. This could be a navigation issue, due to not getting Social Security.
  - CS Jordan noted that half of the youth reported that their only income is FAFSA which is troubling because they could qualify for other programs.

- CS Jordan noted that he is planning to send a follow-up survey to service providers. He inquired if the group had any specific questions for providers.
  - Asking providers about staff trainings and their ability to train frontline workers and non-contract workers.
  - Do they perceive that the clients have access to the resources they need and the support to receive services.
  - Inquire about the housing portal and if staff feel they are trained to access that resource.
  - How effective is your communication with other service providers?
- Co-Chair Jordan noted that many clients also did not know about being able to receive a disabled bus pass. He noted that the navigation process can be difficult doing on one's own.

**8. Adjournment**

- The meeting was adjourned at 12:39 pm by Co-Chair Jordan.

<b>Date: August 15, 2017</b>	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
1. Jen Cust	P								
2. Dave Jordan (Co-Chair)	P								
3. John Paul Soto (Co-Chair)	P								
Ayes									
Nays									
Abstain									
Recusal									
Total									