San Francisco DPH HIV Health Services

2023 SAN FRANCISCO HIV MENTAL HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

Introduction:

In April 2023, SF DPH HIV Health Services (HHS) commissioned a small-scale HIV Mental Health Services Needs Assessment to:

- Map HIV-dedicated and other accessible mental health services in SF

- Identify service gaps and opportunities to improve service coordination and/or enrichment

- Identify potential new models of HIV mental health service delivery that could be augmented and/or adopted locally

Introduction:

- Robert Whirry, a long-time consultant to HIV Health Services, was commissioned to conduct the needs assessment and produce a report to HIV Health Services summarizing the findings of the process.

- In addition to identifying gaps and needs within the system, the consultant was tasked with identifying potential approaches to addressing these issues given available or potential future funding

San Francisco DPH HIV Health Services

SUMMARY OF THE NEEDS ASSESSMENT PROCESS

Process:

- Overall, the consultant interviewed a total of **40** representatives of HIV and non-HIV-specific public and private agencies and organizations offering mental health services in San Francisco. These interviews took place in the context of one-on-one and group interviews between March and September 2023, with participants representing a broad range of providers, community members, and HIV service specialists.

Process:

- In addition to interviews, a total of **9** focus groups comprised of persons living with HIV were convened between August and September 2023, involving **48** total participants. The groups asked clients about mental health utilization and access issues, along with suggestions on how to improve or enhance the system. Focus groups were held in both in-person and Zoom-based sessions, and participants were provided with incentives for their participation.

- **Three community-based agencies provided significant support by working with the consultant to organize and conduct these focus groups: San Francisco AIDS Foundation (SFAF), San Francisco Community Health Center (SFCHC), and Shanti Project.**

Process:

- **San Francisco AIDS Foundation** organized and conducted **5** focus groups for: a) Mixed Serostatus MSM; b) MSM Long-Term HIV Survivors; c) Transgender and Non-Conforming (TGNC) Persons; d) Black / African American Men and Women; and e) Cisgender Women. **Vince Crisostomo** and **Paul Aguilar** were instrumental in organizing and convening these groups, with Vince serving as an expert facilitator of each group session. SFAF also generously donated the client incentives for these groups.

Process:

- **San Francisco Community Health Center** organized 2 focus groups consisting of: a) Transgender and Non-Conforming (TGNC) Persons and b) Current and Former Injection Drug Users. **Mark Heringer** led the effort to organize these groups, with support from **Martina Travis** and **Mackie Bella.**

Process:

- **Shanti Project** sponsored **2** additional focus groups - one comprised of existing Shanti Peer Volunteers, and the other a Spanish Language focus group attended by 27 total participants. The Peer Volunteer group was organized by **Nick Picciani**, while the Spanish language group was co-organized by **Liliana Talero** of the Shanti Project and **Maricruz Moreno** of the San Francisco AIDS Foundation, with the latter focus group being held in person at SFAF.

San Francisco DPH HIV Health Services

ISSUES & CHALLENGES IN THE CURRENT SAN FRANCISCO HIV MENTAL HEALTH SYSTEM

Issues and Challenges:

■ **The San Francisco Ryan White HIV mental health system delivers a broad range of highly effective psychological and psychiatric support services to meet the needs of low-income persons living with HIV. These services are critical for preserving health and well-being and play an essential role in helping individuals achieve and maintain HIV medication adherence and viral suppression.** Ryan White-funded mental health programs serve well over **1,300** unduplicated, low-income clients each year. Additional public and private agencies and programs provide mental health services for **thousands more** persons with HIV through public and private insurance programs and in association with a wide range of non-HIV-specific health and social services.

Issues and Challenges:

- **Despite the success of mental programs, the needs assessment revealed a range of challenges facing the system.** This is in part because the assessment focused on **issues, barriers, and service gaps** within the system, as opposed to those aspects of the system which are working well and are effectively meeting the needs of low-income persons with HIV.

- The list of issues and barriers in the report is divided into **two sections**. The first section focuses on input received from key informant interviews. The second section summarizes client input and comments received through the focus group process.

Systemic and Agency Service Issues:

- There is a widely perceived shortage of mental health and substance use disorder treatment services for persons with HIV in San Francisco, including psychiatric services.

- There is a dichotomy in the HIV mental health system between services that are focused on persons who are <u>not</u> virally suppressed - including newly diagnosed persons and persons not in treatment - and services focused on meeting the needs of persons who <u>are</u> virally suppressed and stably engaged in care.

- While many clients are able to access emergency services when they are not virally suppressed, are unhoused, or are unlinked to medical services, it can sometimes become more difficult to access these services once their lives are stabilized and they are fully engaged in HIV treatment.

Systemic and Agency Service Issues:

- There is a shortage of qualified and licensed mental health providers who are based in or willing to relocate to San Francisco, which often results in long-term vacancies for already-funded mental health positions in the city.

- At the same time, there is a shortage of mental health professionals who are members of historically marginalized groups such as persons of color, persons who speak a language other than English, and transgender / non-binary populations.

- Many experienced HIV mental health professionals are aging out of the system and entering retirement, resulting in a declining number of HIV-specialist mental health providers who are experienced in working with persons with HIV, including providers who understand the needs of older persons living with HIV from a personal perspective.

Systemic and Agency Service Issues:

- The current HIV mental health system does not have the resources to efficiently and effectively address the needs of individuals with severe mental illness who appear at community-based HIV agencies seeking services while in crisis.

- The task of assessing, diagnosing, and treating persons with HIV who are affected by mental health disorders is often complicated by the effects of substance use and polydrug use, which can magnify or contribute to behavioral health symptoms.

- Many older adults with HIV who present with mental health issues may have cognitive difficulties related to age that are currently not being recognized by the system.

Systemic and Agency Service Issues:

- **While many providers express frustration with the way the current HIV mental health system remains "siloed" from the larger mental health and social service system in San Francisco, the realities of HIV funding at times implicitly encourage agencies and programs to segregate services for persons with HIV from the overall mental health system.** A less segregated system could potentially allow for greater integration of services and expanded resource-sharing among behavioral health service providers.

Issues for Persons with HIV:

- Persons living with HIV in San Francisco are often frustrated by the difficulty involved in finding out what mental health services are available to them.

- Persons attempting to access mental health services often confront a complex and frustrating system that can require frequent callbacks, conflicting messages, and long waiting periods to simply learn about services or to participate in an initial assessment.

- Persons with HIV who do identify an appropriate provider – particularly those seeking one-on-one mental health care and psychiatric services - must often wait for long periods of time before being able to see a mental health therapist.

Issues for Persons with HIV:

- As a result of funding and staffing limitations, mental health agencies providing free or low-cost one-on-one counseling usually must place limits on the number of consecutive sessions in which an individual can participate.

- Not every patient / therapist match is a perfect one, and the current system can make it difficult for clients to be rapidly linked to a new therapist when they are dissatisfied with their initially assigned counselor.

- Many clients express a desire to receive counseling services from a therapist who at least in some ways mirrors their own backgrounds and characteristics.

Issues for Persons with HIV:

- **Spanish-speaking clients report that there are fewer counseling options available with Spanish-speaking therapists, which means they must speak in English to access therapy**. Because English is not their primary language, these clients feel they are not able to express their issues and needs as clearly and fully as they would be able to do if they were speaking to a counselor in their native language. There is also a lack of understanding of the cultural and linguistic differences that exist between different Spanish-speaking countries. For individuals who exclusively speak Spanish, the lack of Spanish-speaking therapists serves as an even greater barrier to accessing mental health services.

Issues for Persons with HIV:

■ **Older persons living with HIV - including long-term survivors who have lived with HIV for 30 years or more - have special and urgent mental health service needs which must continue to be a key part of the HIV mental health service continuum**. As of the end of 2021, **72%** of all persons living with HIV in San Francisco were age 50 and older (n=11,295) while fully **one-third** were age 65 and older (n=3,563). Many of these individuals are long-term survivors who were initially told that they had only 1 or 2 years to live, and who endured devastating trauma and loss which continues to impact the quality of their lives and mental health today. Many older persons with HIV face issues of loneliness, isolation, anxiety, poverty, depression, and substance use, many of which were triggered or exacerbated by the COVID-19 pandemic.

Issues for Persons with HIV:

■ **Older persons living with HIV (continued):** Some mental health providers stated that many older people living with HIV may have minimized their own mental health needs because of the difficulty in letting feelings in without the support of someone to process them with – a condition that in turn amplifies isolation and alienation. Despite the rapid growth of the older HIV population, some interviewees stated that the HIV mental health system has not significantly evolved and has not produced new models to either meet the growing demand for support or to ensure the availability of specialized, tailored mental health services specifically for an aging population. **The issue of evolving the HIV care system to better serve older persons with HIV now and in the future may be an issue meriting further study.**

Issues for Persons with HIV:

- **When asked whether their individual case manager was helpful in locating needed mental health or substance use treatment services, a significant percentage of clients stated that they did not currently have a case manager, had never had a case manager, or were no longer in contact with their case manager because of a lack of adequate support or a dissatisfaction with the level of services received.** While having a case manager provides no guarantee that a client will access or receive HIV mental health services, it has been an unintended finding that so many clients are unaware of the support a case manager might provide in helping pinpoint their needs and access services. Many clients stated that they were not aware of what a case manager was, or how a qualified case manager could help them receive HIV treatment or be linked to needed services. **This is also an issue area that may merit additional exploration.**

San Francisco DPH HIV Health Services

POTENTIAL APPROACHES & STRATEGIES TO ADDRESS ISSUES IN THE SAN FRANCISCO HIV MENTAL HEALTH SYSTEM

Training & Capacity Building Strategies:

- **Develop and provide training to HIV medical and psychosocial case managers and behavioral health and client navigation staff on HIV mental health conditions and available services in San Francisco.** This training would include information on: a) basic mental health symptoms and conditions that affect HIV subpopulations; b) the intersection of mental health and substance use issues and conditions; c) the structure and approach of various types of mental health services; and d) the specific mental health services available to persons with HIV in the city. The goal of the training would be to increase the capacity of case managers and client service staff to support persons with HIV in locating and securing appropriate mental health and substance use treatment services.

Training & Capacity Building Strategies:

- **Develop a training program for non-HIV-specific mental health providers in San Francisco that broadens knowledge, understanding, and clinical competency to serve HIV populations and sub-populations such as long-term survivors, persons with co-occurring disorders, members of ethnic and linguistic minority groups, and transgender and gender-diverse populations.** This training could be developed to fulfill Continuing Education Unit (CEU) requirements and provided as a multi-part series designed to increase the ability of non-HIV-specific behavioral health providers to better serve and address the needs of persons living with HIV from a wide range of backgrounds, in turn potentially reducing burdens on the HIV-specific mental health system.

Training & Capacity Building Strategies:

- **Develop and provide training to staff of agencies that provide HIV mental health services for persons with HIV who have severe and persistent mental illness as it affects persons with HIV, including identification of resources available to address the needs of this population.** This training would include information on conditions and symptomology of severe mental illness, including information on the intersection of mental health and substance use issues. The training would also provide an overview of the local system of care for persons with severe mental illness; information on emergency resources to address the needs of these clients; and practical advice on effectively and sensitively supporting persons with severe mental illness in the context of existing agency procedures and systems.

Training & Capacity Building Strategies:

- **Explore the expanded use of neuropsychological testing to assess issues around memory and cognition among older persons with HIV.** Some older adults with HIV - particularly those who report mental health conditions - may have age-related cognitive difficulties that are currently not being recognized by the system. An increased incorporation of testing designed to pinpoint age-related neuropsychological issues - including orientation and training in the use of these scales - could enhance the quality and effectiveness of services being delivered by the providers.

Training & Capacity Building Strategies:

■ **Develop a set of best practices to enable peers and consumers with HIV to make the transition to becoming behavioral health professionals.** Many HIV service agencies employ full-time, part-time, or stipended Peer Specialists or volunteers who support clients in a variety of areas and come from a broad range of backgrounds. Some agencies have had success in supporting Peer Specialists with strong communication skills to participate in training to fill behavioral health roles such as Alcohol and Drug Abuse Counselors, Licensed Mental Health Counselors, and Clinical Social Workers. Building the capacity of local agencies to identify and support peers in becoming behavioral health professionals could help fill some gaps in regard to mental health providers who better represent the full range of ethnic, linguistic, gender, age, and other characteristics of persons living with HIV in the city.

Training & Capacity Building Strategies:

- **Develop and disseminate a set of best practices for supporting peers and consumers with HIV to make the transition to becoming behavioral health professionals.** Many HIV service agencies employ full-time, part-time, or stipended Peer Specialists or volunteers who provide support to clients in a variety of areas and come from a broad range of backgrounds. Some agencies have had success in supporting Peer Specialists with strong communication skills to participate in training to fill a variety of behavioral health roles such as Alcohol and Drug Abuse Counselors, Licensed Mental Health Counselors, and Clinical Social Workers. Building the capacity of HIV mental health agencies to identify and support peers to become behavioral health professionals could help fill some of the gaps that currently exist in regard to mental health providers who better represent the full range of ethnic, linguistic, gender, age, and other characteristics of persons living with HIV in the city.

Training & Capacity Building Strategies:

■ **Convene a meeting with representatives of the San Francisco Behavioral Health Access Line to ensure the quality, effectiveness, and appropriateness of information and support provided by the Line to persons with HIV, and extensively publicize the Line to HIV providers in the city.** Through its Treatment Access Program (TAP), the Behavioral Health Services Division of the SF Department of Public Health provides a toll-free access line for persons seeking mental health and substance use treatment services. While it is unclear how frequently this line is used by persons with HIV, it could serve as a potentially valuable resource. By ensuring that the line provides high-quality and sensitive support to persons with HIV and then broadly publicizing it throughout the HIV service community, the system could take advantage of a pre-existing resource to expand access to behavioral health service referral and linkage.

Training & Capacity Building Strategies:

- **Publicize the availability of the California Mental Health Peer-Run Warm Line to HIV providers in San Francisco.** The California Mental Health Peer-Run Warm Line is a non-emergency resource for anyone in California seeking mental and emotional support. The Warm Line provides assistance via phone and web chat on a nondiscriminatory basis to anyone in need to address mental health issues such as challenges with interpersonal relationships, anxiety, pain, depression, finances, or alcohol/drug use. The Warm Line has the potential to serve as a valuable resource for persons with HIV seeking support from peers to address non-emergency behavioral health issues.

Strategies Involving New or Expanded Service Approaches:

■ **Explore the expansion of peer support services as a strategy for increasing social support resources for persons with HIV while providing new avenues of community engagement for persons who provide peer services.** Consumer-based peer services are a well-established approach to providing support through trained peers who are reflective of clients' backgrounds, life experiences, and personal perspectives. **While peer support services cannot replace mental health services provided by trained professionals, they could serve as a valuable source of support for persons with HIV that in some cases could lessen the need for mental health services or reduce mental health symptoms or pressures.** These services could be particularly impactful while persons are awaiting placement in mental health services or to augment or reinforce traditional therapeutic relationships. Peer support programs also benefit the individuals delivering services, by providing social contact, an opportunity to contribute to their communities, and in some cases, augmented income.

Strategies Involving New or Expanded Service Approaches:

■ **Peer Support Services (continued): One approach to expanding peer services could be through a pilot program in which persons living with HIV who are members of underserved subpopulations such as older individuals, transgender persons, and/or Spanish-speaking communities are recruited and trained to provide peer support to other persons with HIV, receiving stipends that augment their income without jeopardizing their public benefits status.** These peers could be paired with one or more persons with HIV to provide regular, one-on-one support through check-in phone calls, texting, meeting for coffee, attending a movie or social event, or accompanying clients to medical appointments. This program would ideally be coordinated with and linked to existing mental health service programs to maximize the value of peer services as an enhancement of the overall HIV mental health system and to ensure that peer support providers receive adequate ongoing supervision and support.

Training & Capacity Building Strategies:

- **Conduct a survey among HIV mental health providers assessing the need for expanded psychiatric services, including the specific gaps and degree of need that exist within each organization.** Such a survey would identify how many clients have unmet or under-addressed psychiatric service needs at each agency and what specific kinds of psychiatric services could best address those needs (e.g., crisis psychiatric intervention, ongoing medication monitoring, clinical supervision, etc.).

Training & Capacity Building Strategies:

- **Explore the possibility of supporting a full-time Psychiatric Nurse Practitioner who travels between HIV agencies on a rotating basis, or who serves clients from a central location on a designated day or days each month, to respond to psychiatric service gaps and needs at specific organizations.** Psychiatric Nurse Practitioners (PNPs) are advanced practice registered nurses who are trained to provide care to patients struggling with serious mental health and psychiatric conditions. Although not medical doctors, PNPs take on a role similar to a psychiatrist, and are able to diagnose conditions and to prescribe and monitor psychotropic medications at a lower salary level. Having a shared Psychiatric Nurse Practitioner whose time is divided among mental health service sites in need of psychiatric support could be a cost-effective approach to expanding access to psychiatric services for persons with HIV.

Training & Capacity Building Strategies:

■ **Explore the possibility of developing an HIV-specific mental health drop-in center program that provides multidisciplinary, co-located behavioral health assessment, linkage, navigation, and treatment services, along with psychiatric assessment services, in one location during designated times each week.** Having a range of mental health services available on a drop-in basis in a single location – or in several rotating locations – would allow persons with HIV to receive assessment and treatment from multiple providers while receiving support to access needed mental health services from on-site behavioral health navigation staff. If operated by a licensed agency, this model could incorporate extensive Medi-Cal billing to help support the costs of operating the center. The center could also incorporate on-site counselors or peers to provide an opportunity for clients to simply talk to someone about how they are feeling and to receive the support needed to go forward with sustaining and improving their lives.

Training & Capacity Building Strategies:

- **Explore the development of a freestanding HIV Peer Wellness Center similar to that operated by RAMS for non-HIV-specific populations in which volunteers with HIV plan and lead a variety of education, enrichment, and support programs that in part address the mental health needs of persons with HIV.** The RAMS Peer Wellness Center offers a wide range of learning and socialization opportunities led by trained peers who offer a broad range of programs and services such as drop-in support groups for men, women, and trans persons; classes in gardening, music appreciation, and writing; and an impressive array of recreation and socialization opportunities. A similar program tailored to the needs of people with HIV – or specific sub-populations of persons with HIV – could prove a valuable addition to the spectrum of HIV mental health services in the city specifically addressing isolation, loneliness, stigma, and depression.

Training & Capacity Building Strategies:

- **Explore the development of a new quality of life metric that evaluates the importance of factors such as personal fitness, mobility, social support, anxiety and depression, physical pain, and personal outlook in addition to viral suppression.** Dr. Meredith Greene participated in the CDC / HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment (CHAC) which worked to develop a new metric that gives **equal weight** to quality of life as a goal and outcome of HIV services in addition to viral suppression. Applying such an approach within not only the HIV mental health system but the entire system could help address some of the gaps between services directed to non-virally suppressed populations and services that provide long-term support to more stable, virally suppressed persons.

Training & Capacity Building Strategies:

- **For HIV clients whose depression and other mental health conditions have begun to be alleviated through counseling or therapy and who have achieved a degree of mental health stability, explore a model in which clients could scale back their engagement in mental health services from ongoing weekly sessions to shorter or less frequent sessions, such as monthly therapy sessions or 10-15-minute check-in sessions every 2 weeks.** Such a model might help ensure some level of continuity and support for clients who have developed effective therapeutic relationships with their treatment provider and have achieved some measure of mental health stability. This could reduce the cost associated with weekly therapy sessions without ending the patient-counselor relationship. Ideally, for clients who relapse or encounter new crises or challenges, the option of restarting more regular sessions would be available.

Potential Areas for Future Exploration:

- As the population of persons living with HIV expands, older persons with HIV will make up a greater and greater proportion of the San Francisco HIV population, including a greater proportion of persons 65 and older who have progressively greater medical and psychosocial needs. **It could be valuable to explore how the entire Ryan White system will need to change over the coming years to respond to the growing older HIV population, including developing new models for providing specialized care to these populations, such as multidisciplinary collaborative programs, expanded psychiatric services specifically for geriatric populations (geropsychiatry), or an HIV and Aging Center of Excellence.**

Potential Areas for Future Exploration:

- As noted previously, many clients with HIV stated that they either did not currently have a case manager, had never had a case manager, or felt that their existing case manager had little or no impact on their ability to access and remain in care and treatment. One obvious effect of this was that clients felt compelled to do their own research to locate and secure mental health services. **It could be impactful to examine the extent to which Ryan White clients actually have a medical or psychosocial case manager and the extent to which those who have a case manager are unsatisfied with the quality or impact of the case management services they receive.**