Community Needs Assessment of the HIV+ Homeless and Unstably Housed

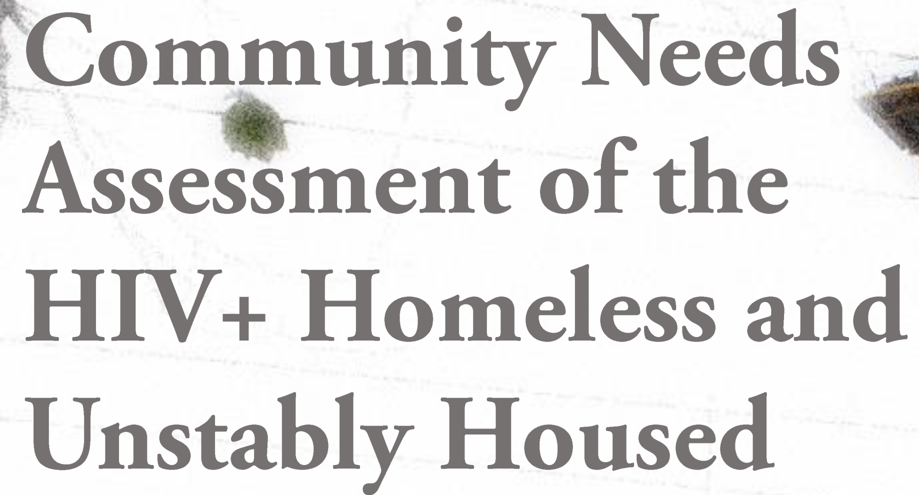


Photo by TheTensSF.com

SF EMA HIV Community Planning Council

Homeless and unstably housed individuals are currently considered a targeted demographic within the San Francisco EMA HIV Community Planning Council's "Special Populations" Definition.

The Council recognizes special populations which have unique or disproportionate barriers to care. The following populations were identified based on the data that has been presented to the Council:

- Populations with the lowest rates of use of ART (Antiretroviral Therapy).
- Communities with linguistic or cultural barriers to care. The Council included undocumented individuals in this category, as well as monolingual Spanish speakers.
- Individuals who are being released from incarceration in jails or prisons, or who have a recent criminal justice history.
- Homeless Individuals
- Persons living with HIV age 60 years or older.

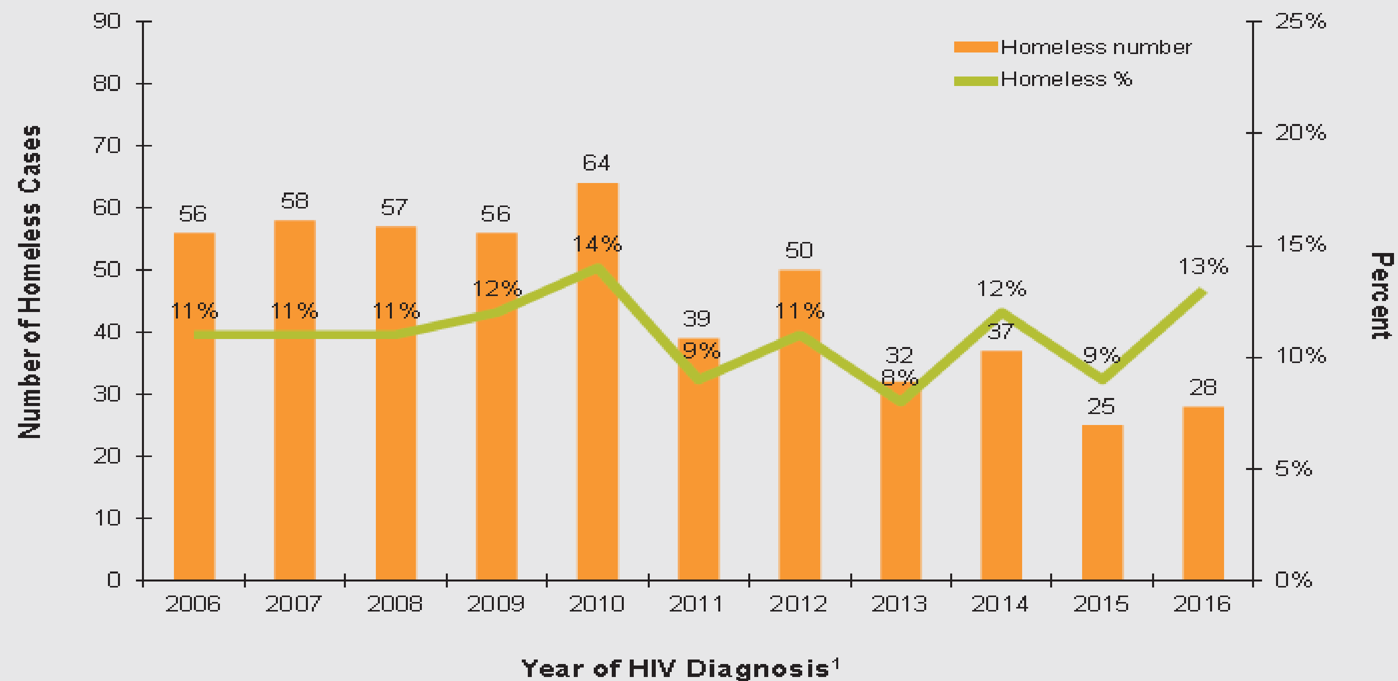
"Our health is determined by resources and supports available in our homes, neighborhoods, and communities."
-Healthy People 2020

"Housing links 'upstream' economic, social, and cultural determinants to the more immediate physical and social environments in which we carry out our day-to-day lives. Housing is where our economic, social, and personal, lives come together."
-National Center for Innovation in HIV care.

"A review of research from 1996-2014 shows 35 papers examined access to HIV medical care and medications, service utilization. 33 (94%) found worse HIV medical care outcomes among those who were homeless/ unstable/ inadequately housed compared to PLWH 'better' housing. 29 (83%) reported statistically significant differences comparing homeless/ unstable/ inadequate housed PLW and those with stable, appropriate housing."
-National Center for Innovation in HIV care.

"In 2014, 13.5% of SF Medical Monitoring Project participants reported being homeless at any time in the previous 12 months, with 8.6% that reported living in a single room occupancy (SRO) hotel, 4.5% reported living on the street, 2.9% reported living in a shelter, and 1.6% reported living in a car."
- San Francisco Department of Public Health, HIV Epidemiology Section

Among homeless persons newly diagnosed with HIV from 2006 through 2016, the number of cases peaked at 64 in 2010 and then dropped to 28 in 2016 (Figure 14.1). The proportion of persons who were homeless at diagnosis was highest (14%) in 2010. Although the proportions fluctuated, data from 2011-2016 suggests that the annual proportion of homeless persons newly diagnosed with HIV has been increasing.
-San Francisco Department of Public Health, HIV Epidemiology Section



Compared to all persons diagnosed with HIV in 2006 to 2016, persons who were homeless at time of HIV diagnosis were more likely to be female or trans female, African American, PWID, and MSM-PWID. The age distribution for all persons diagnosed with HIV and those among the homeless was similar.
-San Francisco Department of Public Health, HIV Epidemiology Section

Needs Assessment Work Group

In February 2017, HCPC Community Engagement Committee initiated the formation of the Homeless and Unstably Housed Needs Assessment Work Group by inviting a range of stakeholders, including providers and consumers of services. Members included:

- John Paul Soto, Lutheran Social Services/HCPC
- Eric Brown, Catholic Charities
- Jen Cust, Shanti
- Enrique Guzman Van Dyken, Department of Homelessness and Supportive Housing
- Becca Schwartz, Ward 86
- Nyisha Underwood, CHEP
- HIV Community Planning Council Staff

Background and Methodology

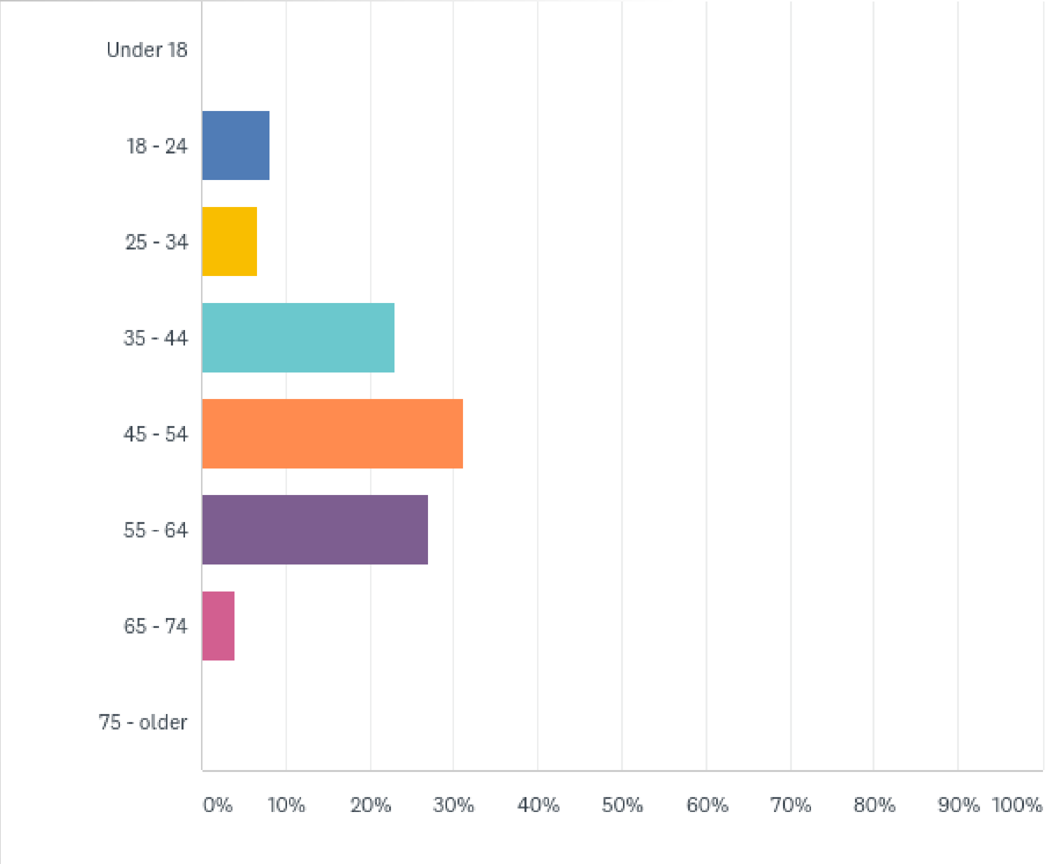
- This needs assessment is a product of service providers working with HIV + individuals, community members, and SF HIV Community Planning Council members and staff.
- In an effort to gain greater qualitative data, and in response to challenges with stigma and public disclosure of personal concerns, the needs assessment would be comprised of both one-on-one interviews to be performed by Council Community Services Manager David Jordan and Council Support Intern Nandi Robinson, as well as focus groups held on on-site with collaborating agencies.
- The Work Group developed an interview guide, tailored survey instrument and an outreach strategy.
- Consumer participation would be incentivized through $25 gift certificates to Safeway.
- Individual interviews were conducted at both the Shanti Project and Lutheran Social Services by Nandi Robinson and David Jordan.

Additionally, Five focus groups took place:

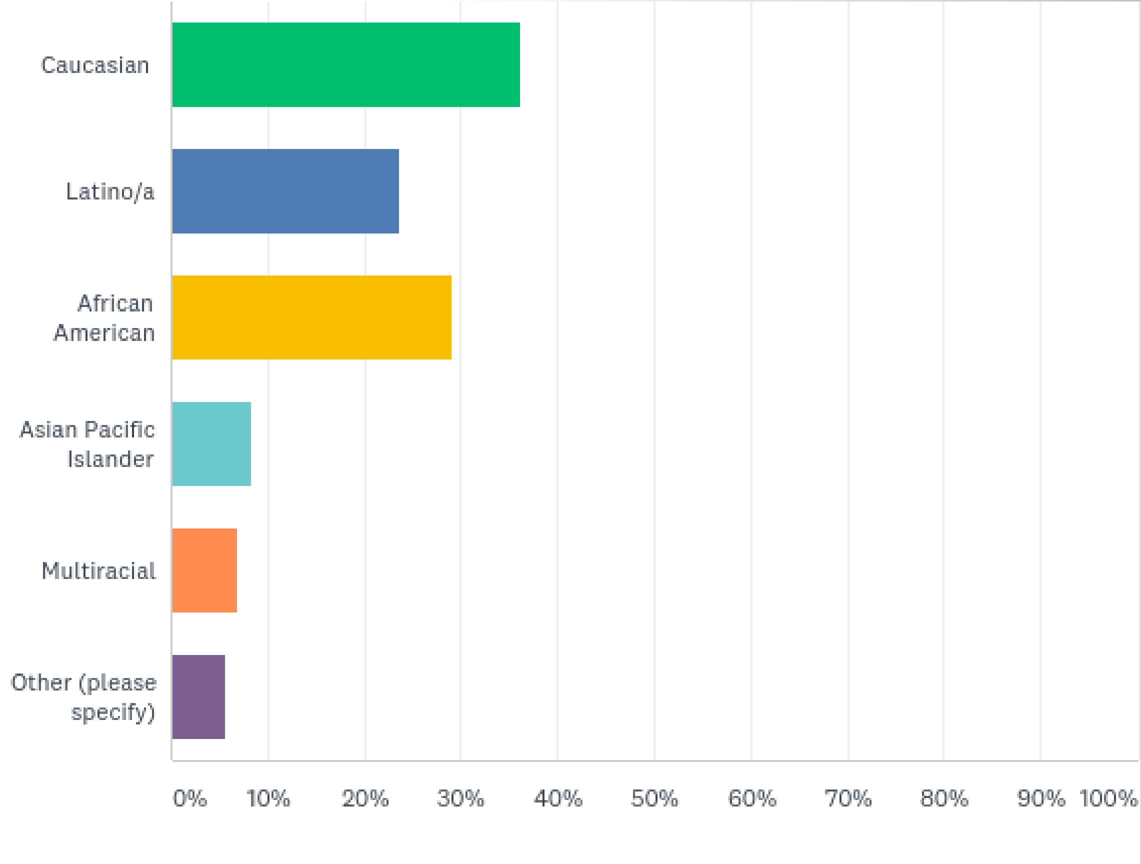
- July 19th in collaboration with Steven Foster of the Forensic Housing Program at the Kinney Hotel, facilitated by Ali Cone and David Jordan.
- July 27th in collaboration with Susan Platte at the Mental Health Association of San Mateo County, Facilitated by Liz Stumm and David Jordan.
- July 31st in collaboration with Jashswill Ukagumaoha of the Emergency Housing Program at the Kinney Hotel, facilitated by Nandi Robinson and David Jordan.
- August 10th in collaboration with Sarah Mohr at Larking Youth Services, facilitated by David Jordan.
- August 11th in collaboration with Maria Camacho at the Spahr Center, facilitated by Liz Stumm and David Jordan.
- There were a total of 74 participants - 31 individuals in focus groups and 43 individuals in one on one interviews.

Participant Demographics

Age

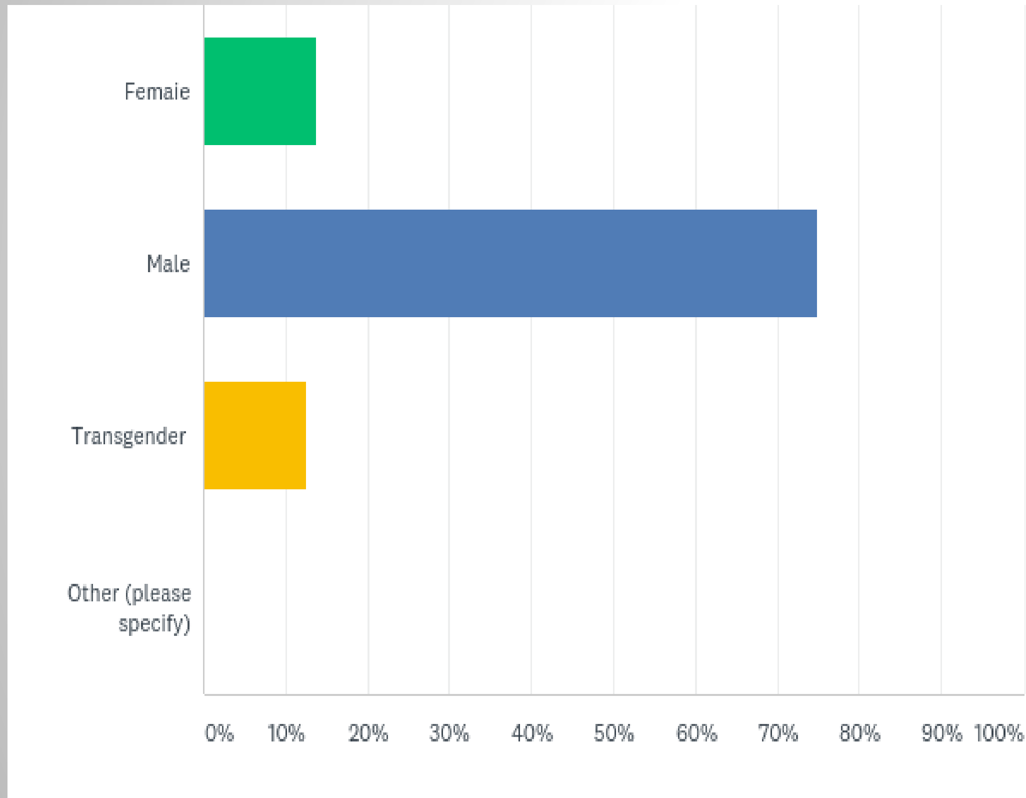


Race

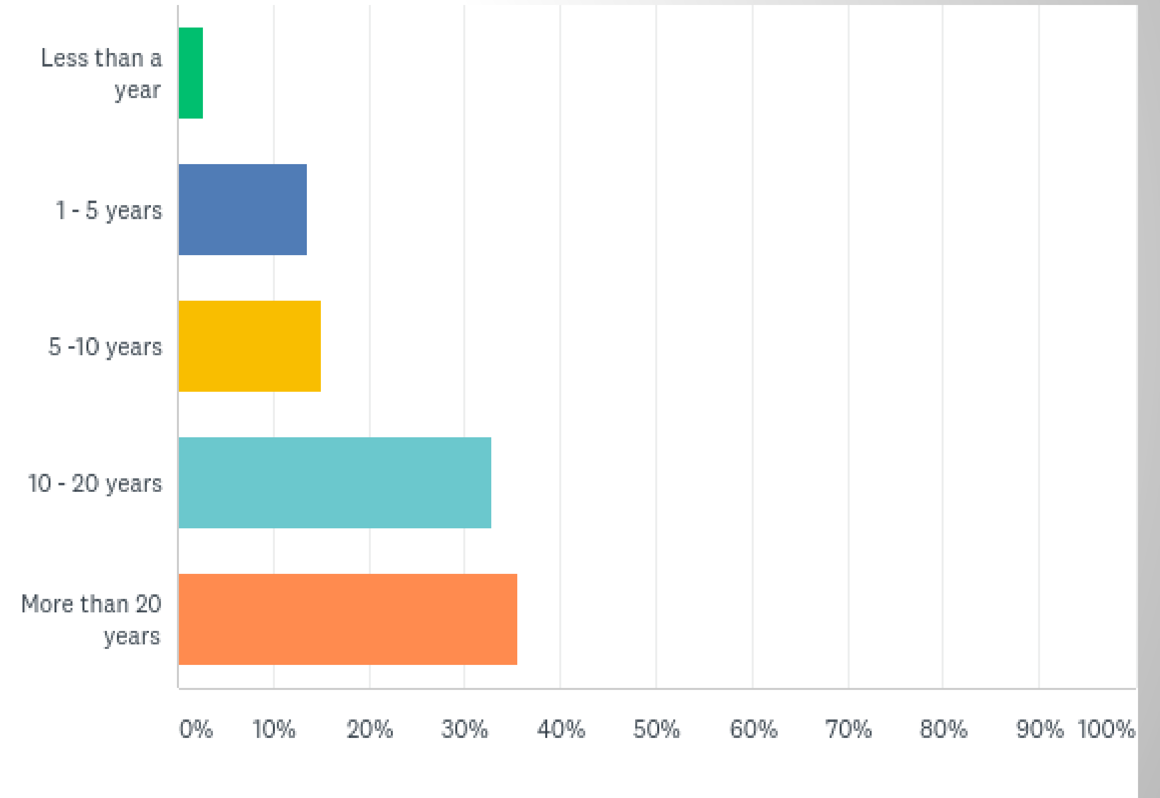


Participant Demographics

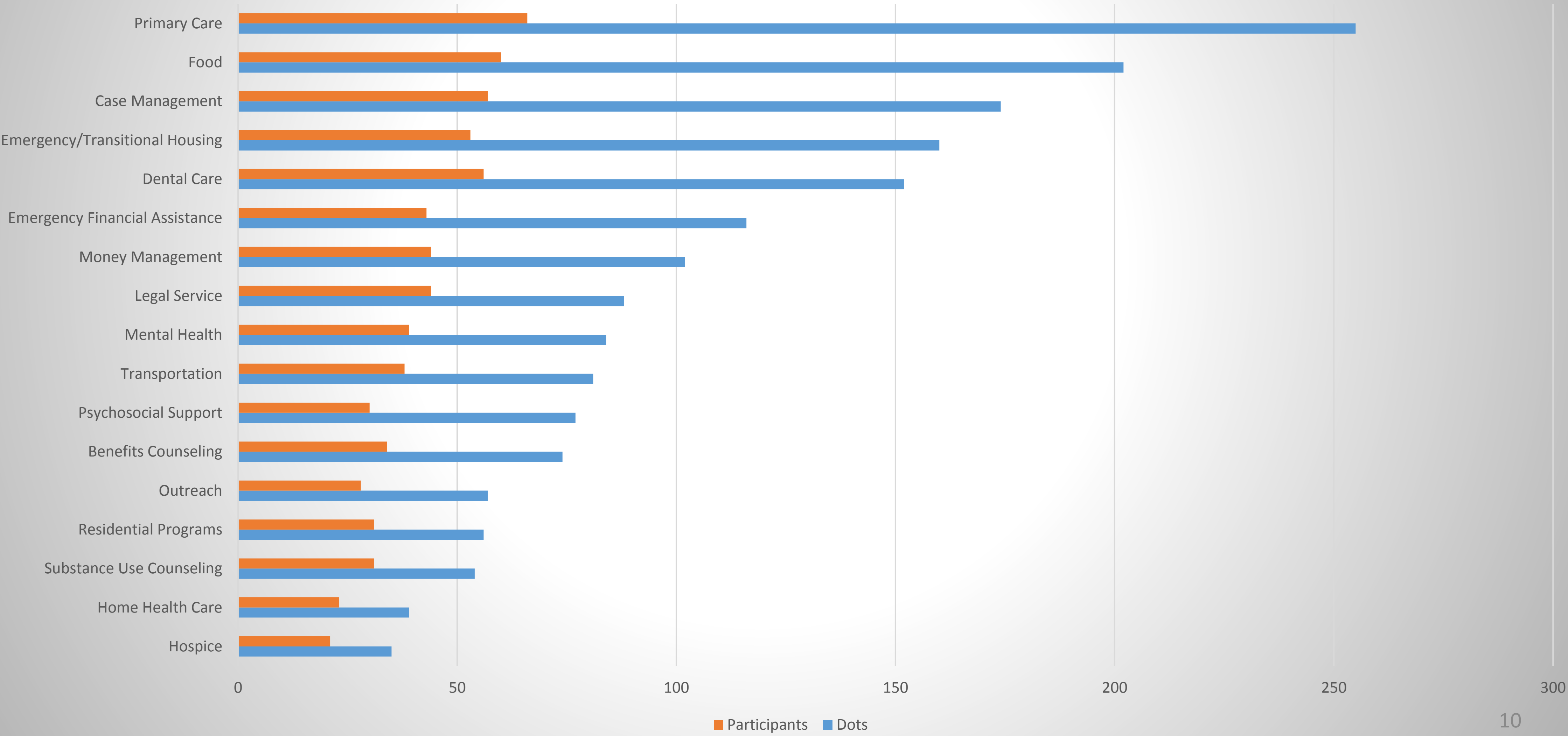
Gender Identity



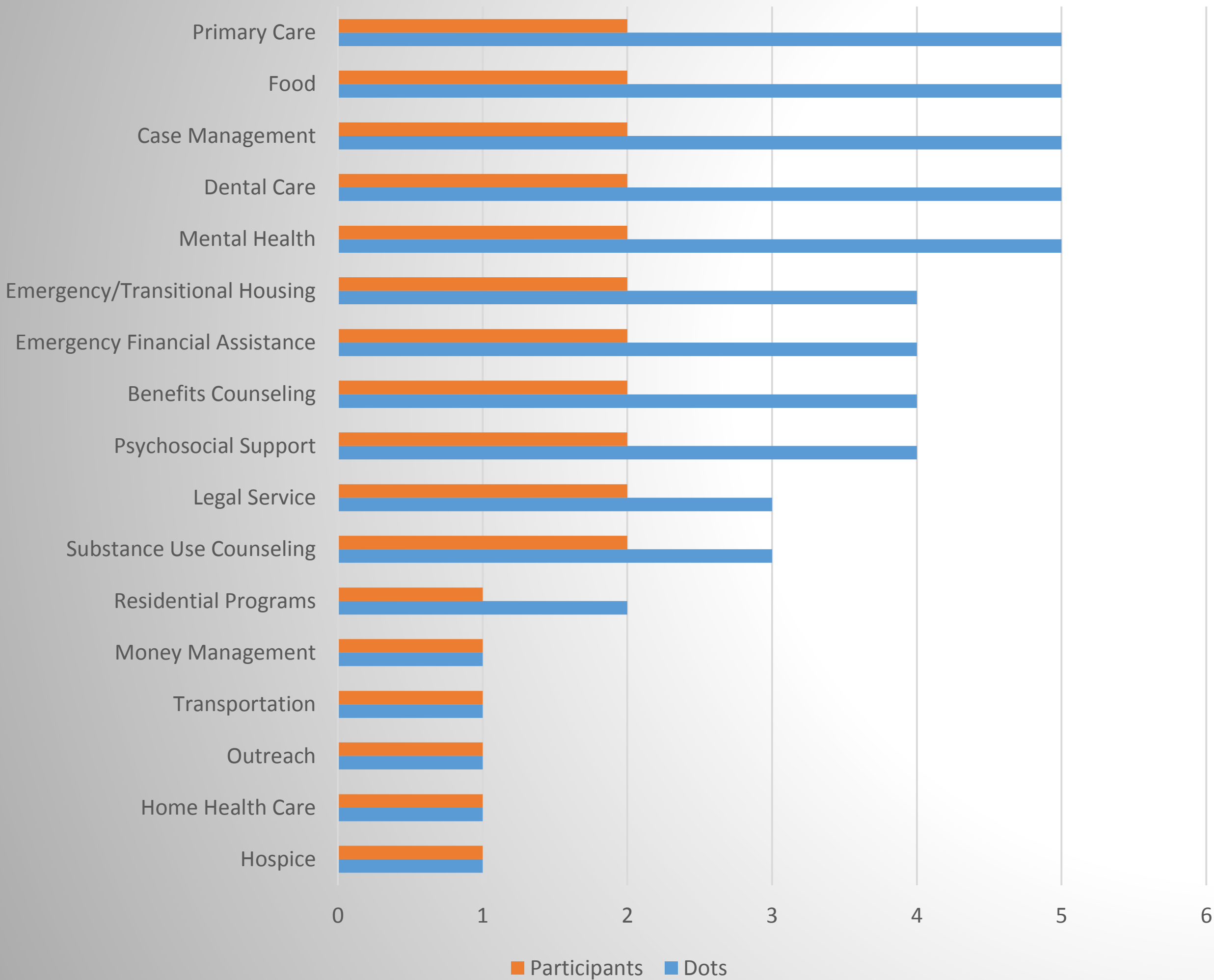
Length of HIV Diagnosis

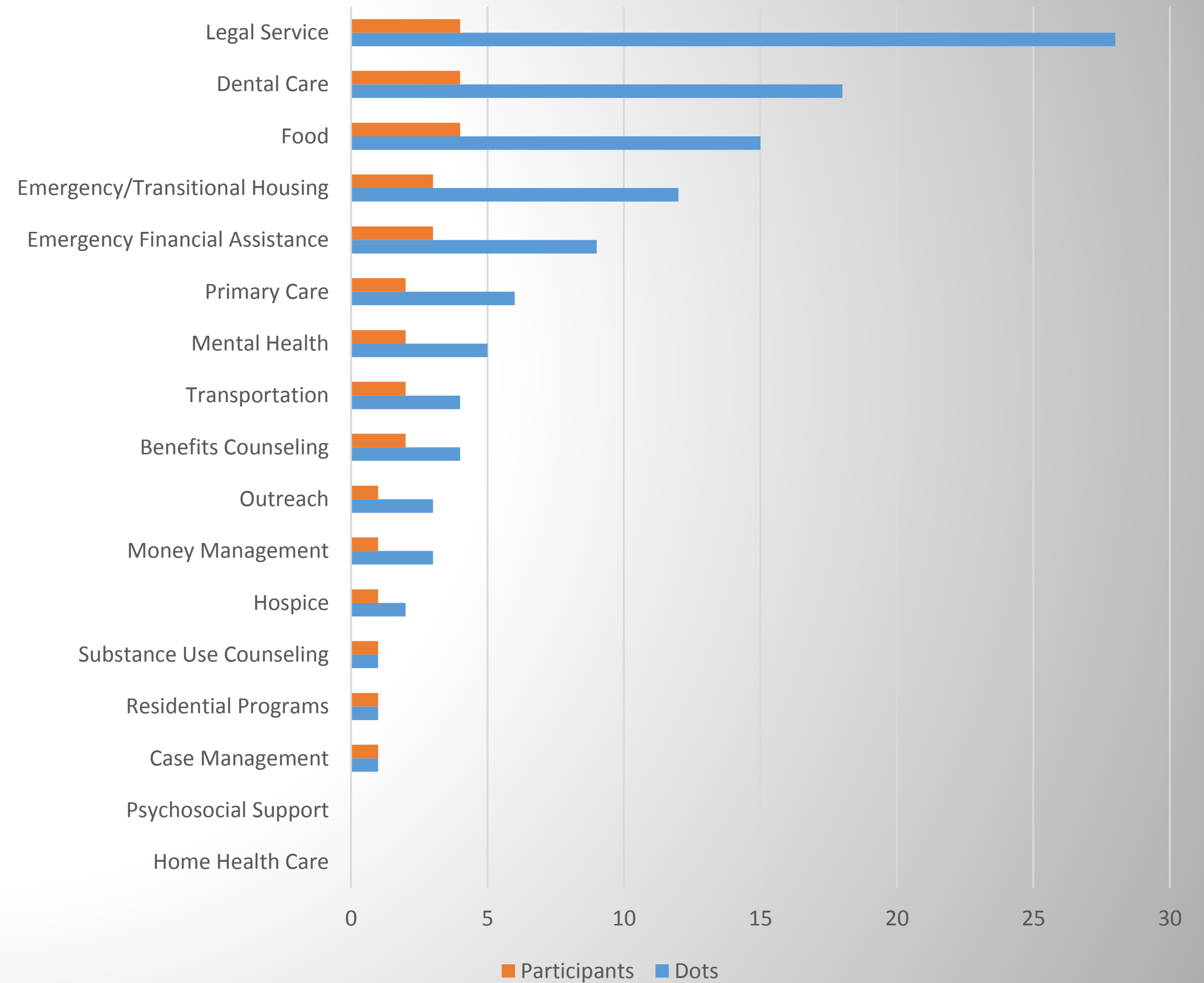


Participant Prioritization Total



Participant Prioritization Total





Participant Prioritization Total

Participant Ranking

	# of Dots	# of respondents
Primary Care	255	66
Food	202	60
Case Management	174	57
Emergency/Transitional Housing	160	53
Dental Care	152	56
Emergency Financial Assistance	116	43
Money Management	102	44
Legal Service	88	44
Mental Health	84	39
Transportation	81	38
Psychosocial Support	77	30
Benefits Counseling	74	34
Outreach	57	28
Residential Programs	56	31
Substance Use Counseling	54	31
Home Health Care	39	23
Hospice	35	21

Council Ranking

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

Stigma

- Participants reported experiencing stigma in a variety of circumstances related to their homelessness, substance use, mental health, and even hygiene.
- Many reported that they often experienced "gate keeping" behavior from reception and security staff base primarily on appearance.
- Participants express a diminishing quality of life and feeling unwanted, due to the changing demographics of San Francisco.
- Participants felt that a geographic segregation of services and housing has led to greater police harassment, predatory behavior, and risk of violence.

"I understand that sometimes staff are tired or frustrated but if they just talk nicely to people, it would be less stressful for everyone."

"Some of the places put people at front desk so they can turn people away. It's all about how you present yourself."

"I'm facing lots of arrogance, and a lack of compassion."

"It's hard to understand something unless you've been through it. People running programs need more empathy."

"They call us homeless, and they forget about us."

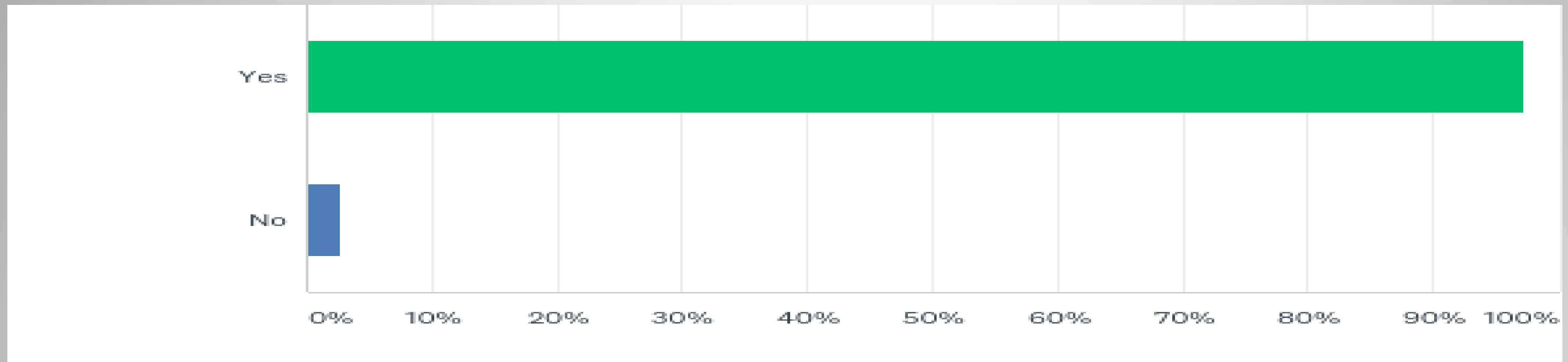
Primary Medical Care

- Participants reported that their medical care has been highly effective. This is reflected in our quantitative data showing high rates of engagement in medical care and antiretroviral use. Though we did note reduced viral suppression numbers from previously surveyed populations.

- Some participants described challenges maintaining relationships with medical providers, due to what seemed to be stigma related issues. While others reported having very strong relationships with medical providers and expressed appreciation for both the availability and quality of services.

- Many participants stated that their housing challenges made it very difficult to maintain focus on health and medical adherence.

Engaged in Care



Last Medical Visit

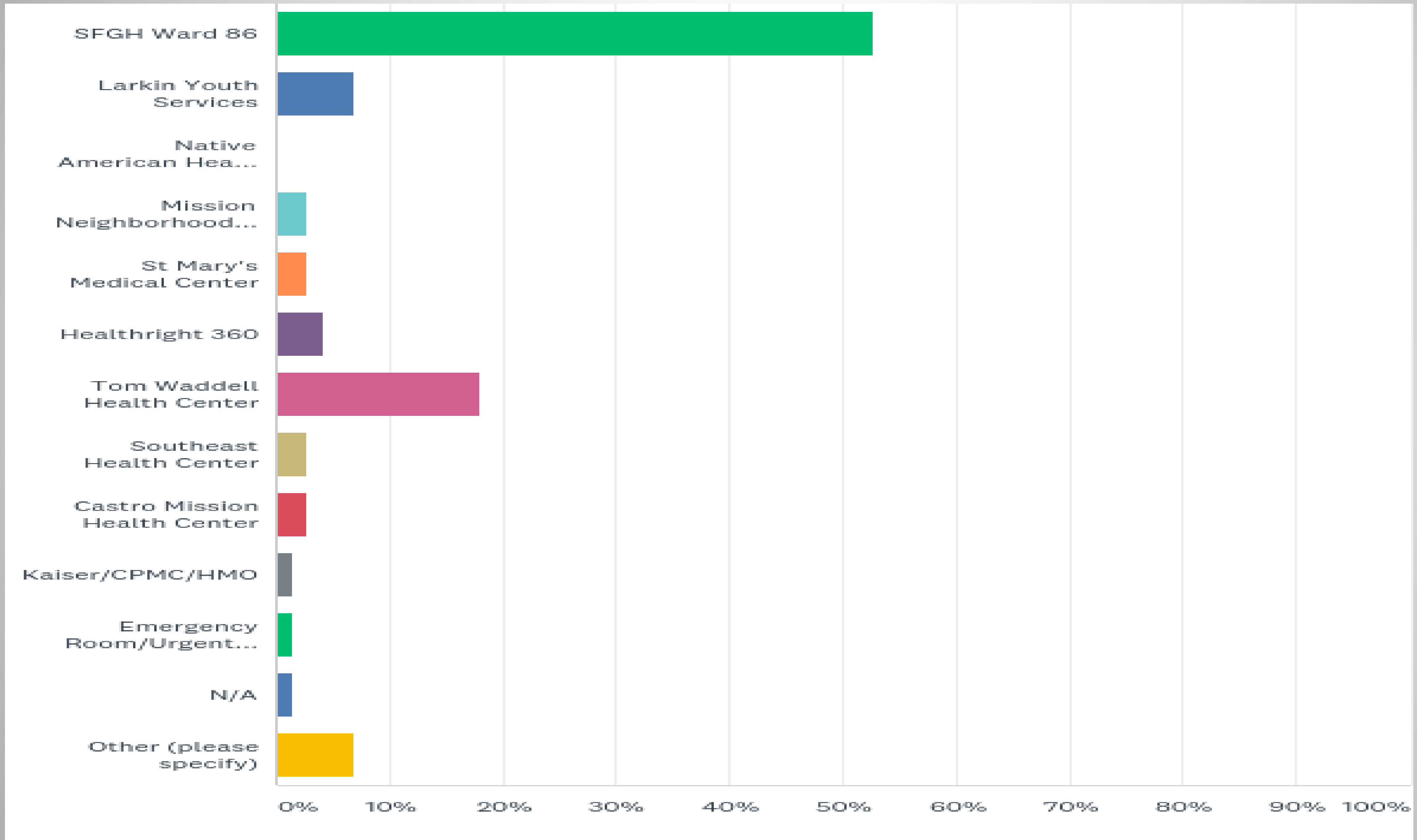
Within the last 6 months

Within the last year

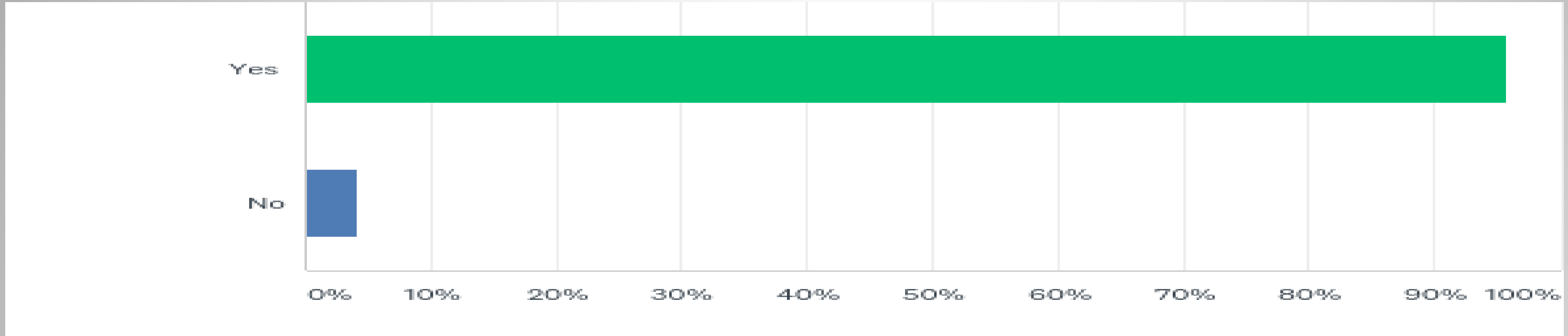
More than a year

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

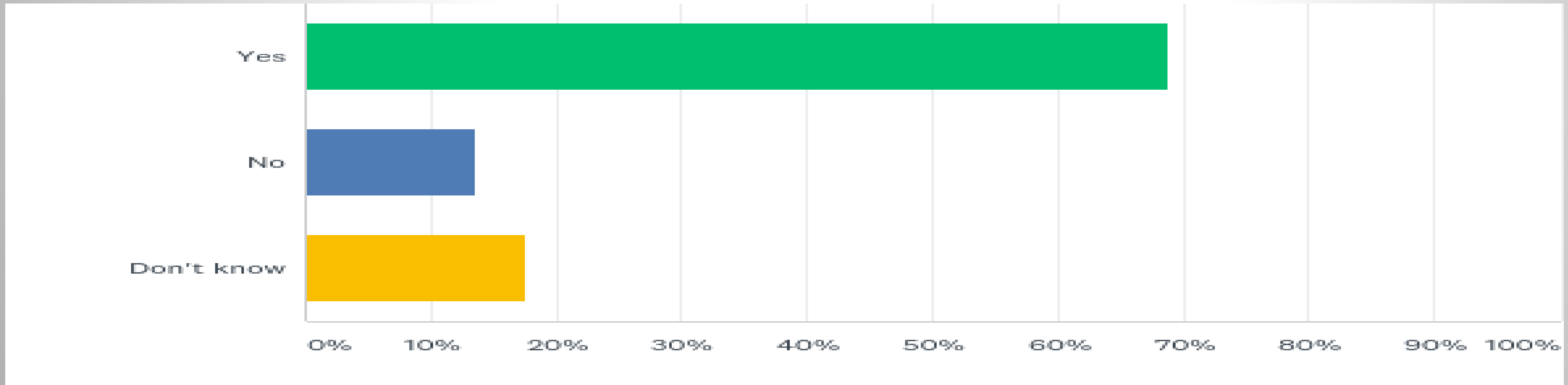
Location of Medical Provider



Antiretroviral Usage

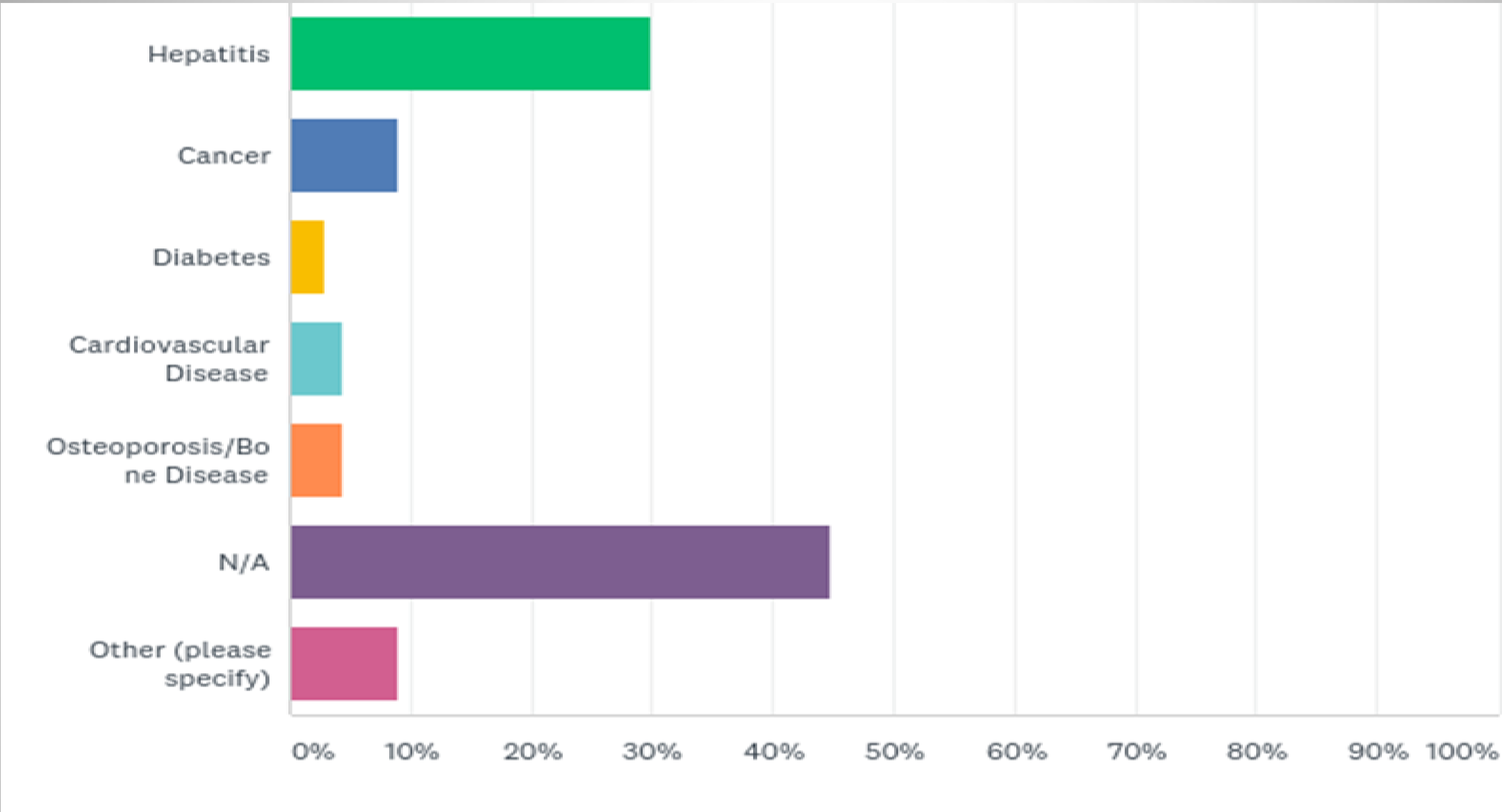


Viral Suppression



"My nurses bend over backwards for me. They made me feel like a human being."

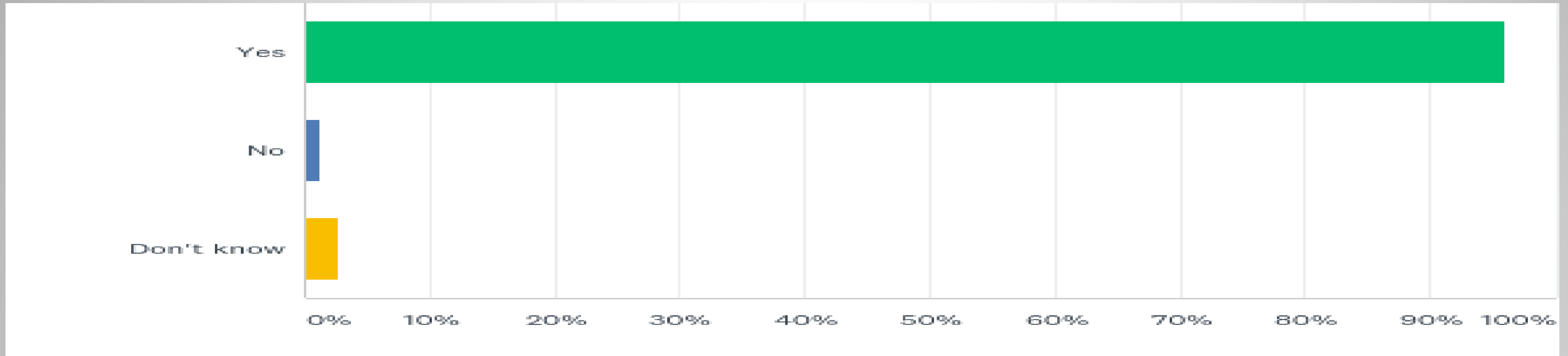
Co-Morbidities



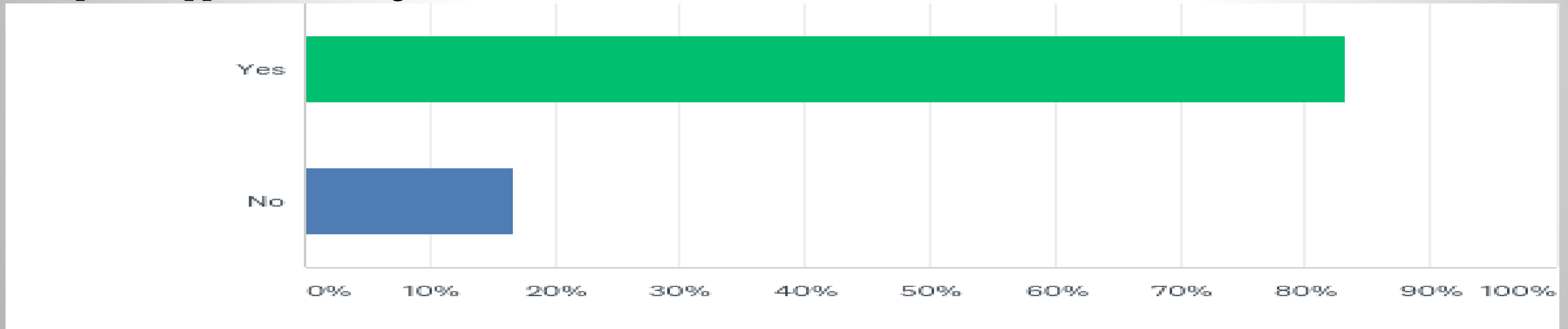
Benefits & Navigation

- Many participants described Money Management services as a avaluable and stabilizing factor in their lives, though a smaller portion felt that it was invasive and viewed it with suspicion.
- It was noted that some participants were not accessing the greatest level of financial benefits available to them. Some described the process of accessing financial benefits as exceptionally challenging.
- Participants continue express a need for a unified source of information and referral services.

Receiving Insurance Benefits

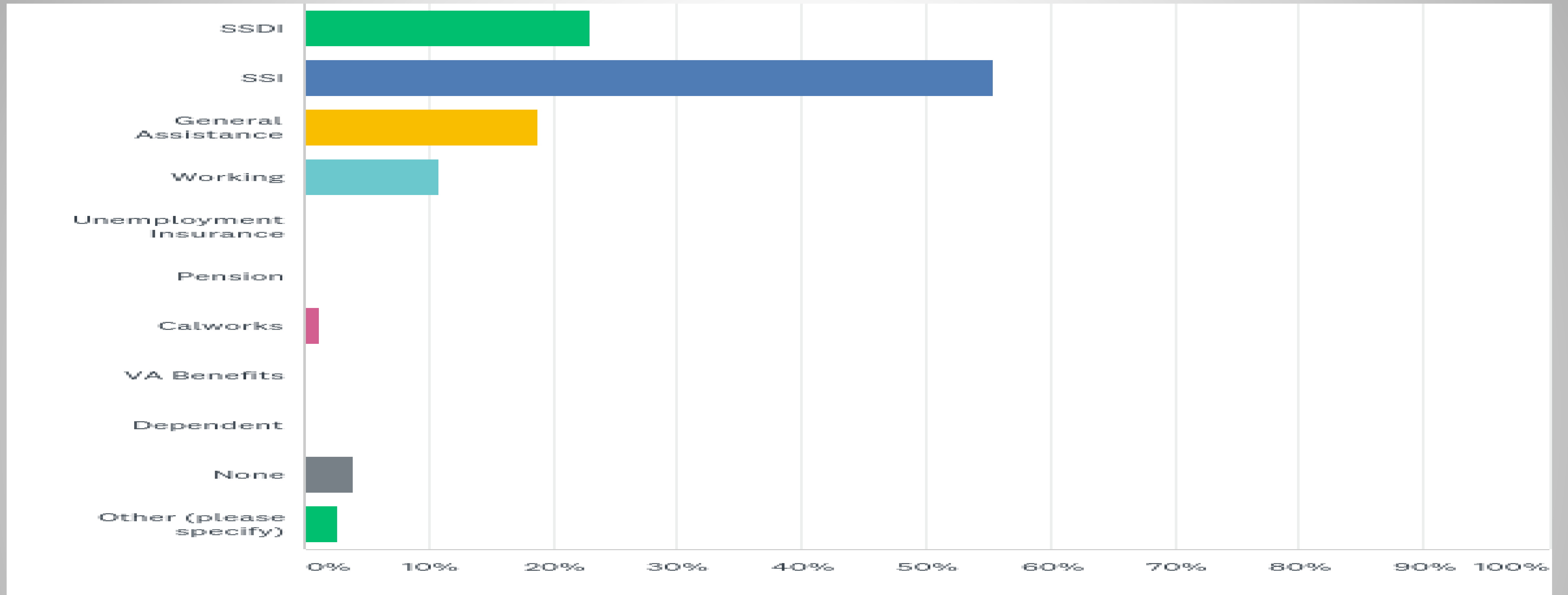


Adequate Support and Navigation



"How do I get from A to B as a homeless person? Maybe the system works, but how would people know."

Primary Source of Income



"Rent is sky high. Living in SF gets played out. Sf- get what you need, then bounce. Best to go somewhere else where rent is cheaper. Lots of resources here though."

"It's difficult and takes initiative to access benefits."

"Getting SSI benefits can be overwhelming and it sometimes feels punitive."

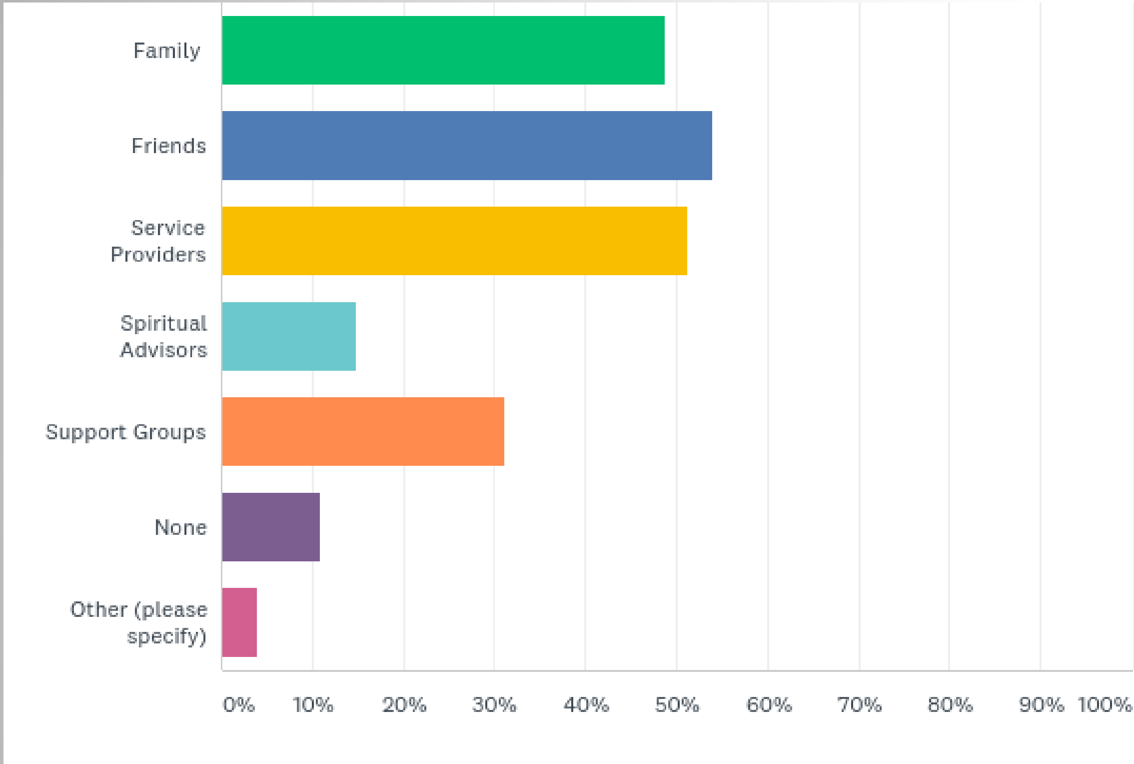
Case Management & Psychosocial Support

- Many participants described Case Management as vital and as the starting point for stabilization.

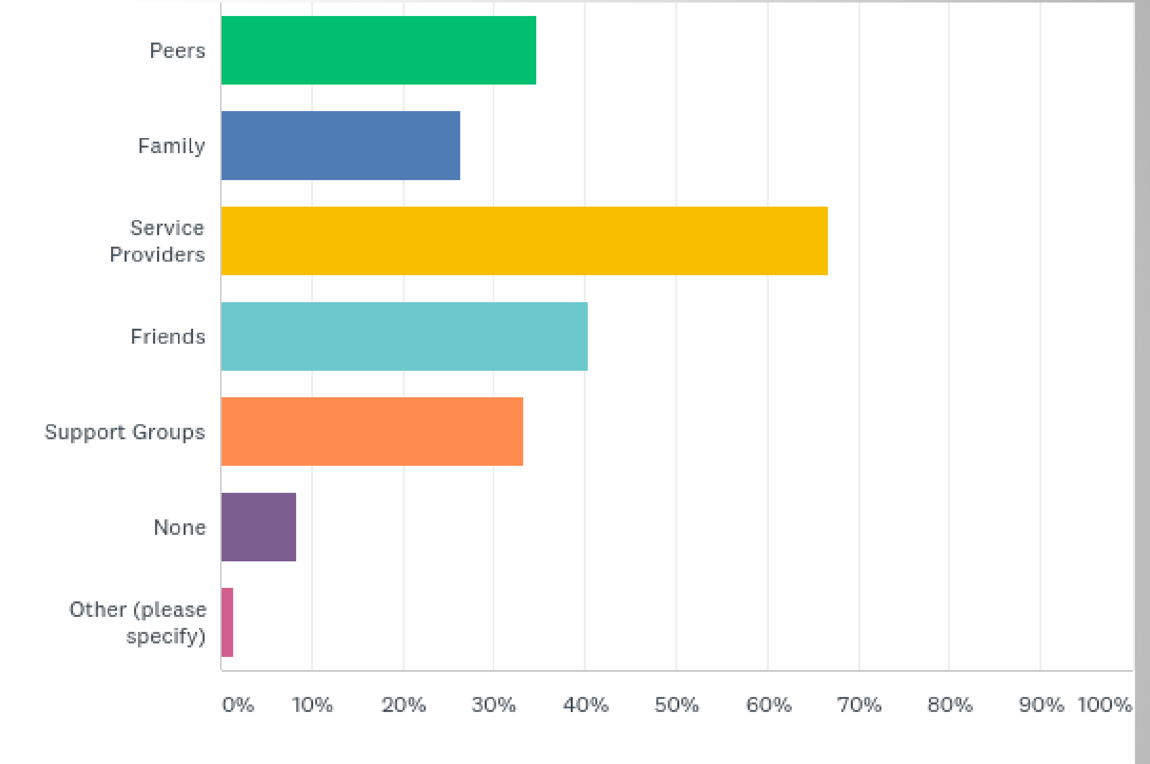
- Many participants described an inability to maintain vital services due to the chaotic nature of their lives. This seems to indicate a need for more intensive case management.

- Participant continue to report that support groups are of help in alleviating isolation and depression by providing a sense of inclusive community. Additionally, groups function as a trusted source of information.

Trusted Support



Sources of information



"My case manager is my trusted source of information. I didn't know what I was doing at first."

"Overall I feel that my case manager has too many clients and cases."

"Participating in support groups have made me feel less isolated."

Housing

- 32% of the participants interviewed were currently homeless, with another 27% living in shelters and emergency/transitional housing.
- Housed participants voiced deep concerns about loss of housing, and many express this as an inevitability.
- Participants reported that their housing was dangerous with substance use and sales taking place in and around the building; this led to isolation in order to avoid being triggered, which often led in turn to loss of community and depression.
- Additionally, many participants stated that their housing failed to meet basic needs such as heating, lighting, and kitchen facilities.
- There appears to be very little community awareness of the DALIAH housing portal, which seems due to a confusing lack of publicity.

Description of Housing Situation

Circumstance of Homelessness

Length of Current Homelessness

Less than one week
One month or less
Three months or less
Six months or less
One year or less
More than a year
Other (please specify)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Interval since Last Period of Homelessness

Less than a week
Less than a month
Less than three months
Less than six months
Less than a year
More than a year
Other (please specify)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

County of Residence

San Francisco
San Mateo
Marin
Alameda
Contra Costa
Other (please specify)

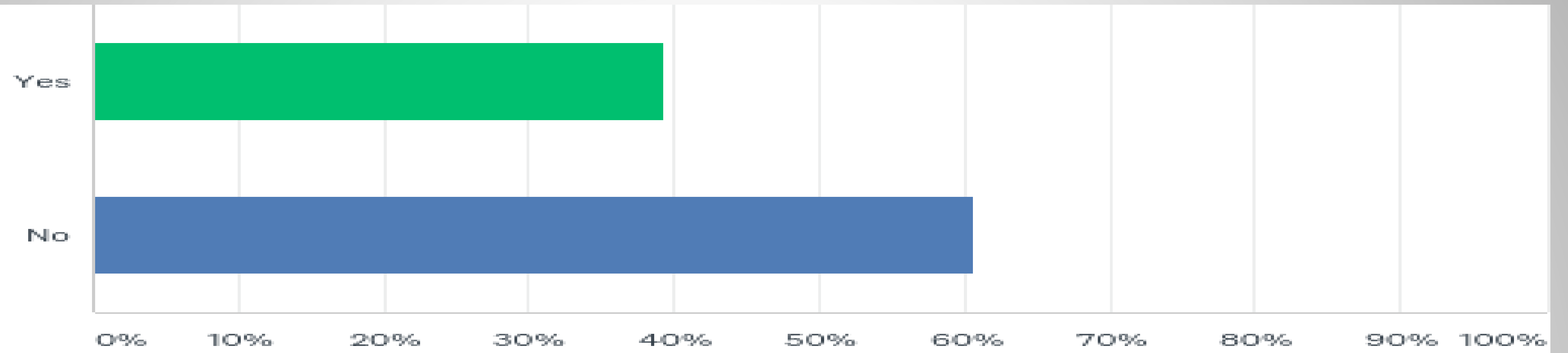
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Neighborhood of Residence

South of Market
Mission
Outer Mission
Potrero/Dogpatch
Excelsior
Bayview/Hunters Point
Portola/Visitacion Valley
Tenderloin
Sunset/Outer Sunset
Richmond/Outer Richmond
Golden Gate Park
Western Addition
North Beach/Chinatown
Pacific Heights/Marina
Other (please specify)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

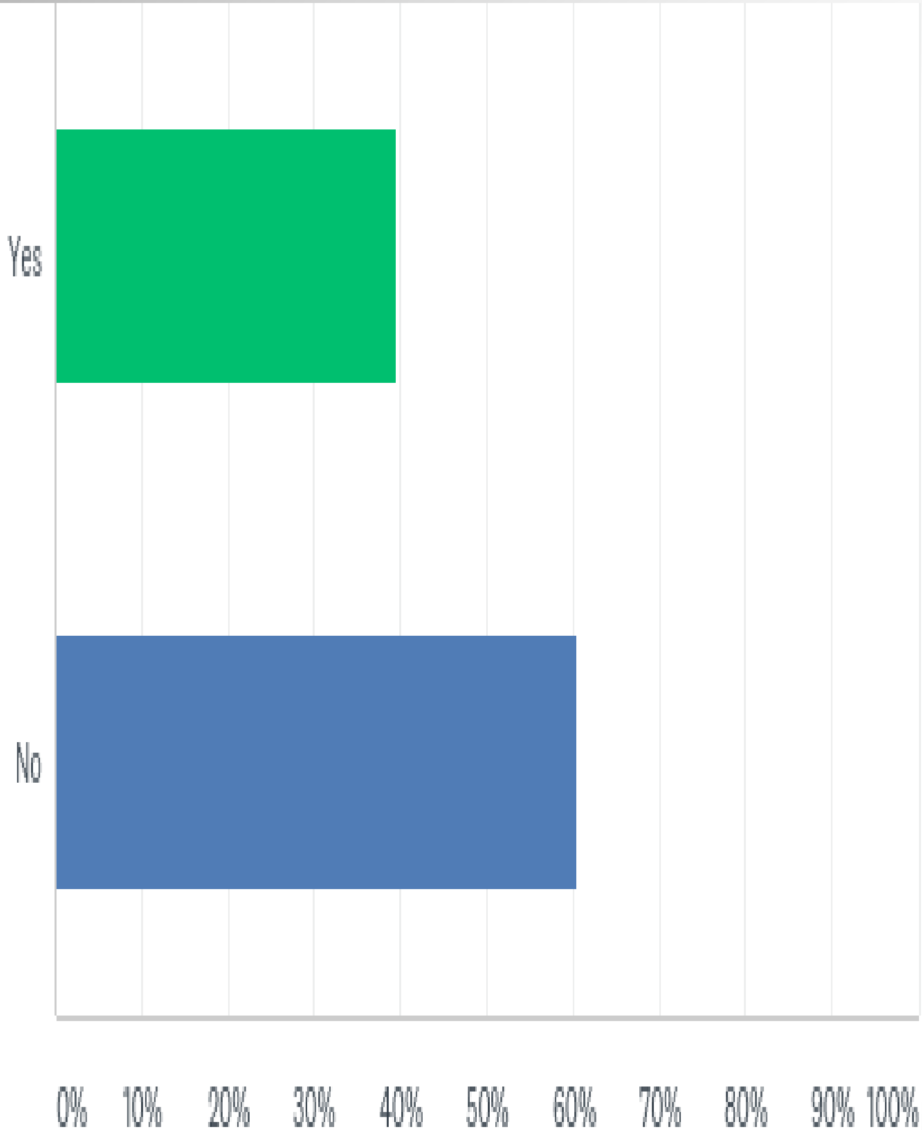
Living in Shelter or Transitional Housing



Length of Overall Housing Instability

Less than 6 months
Less than a year
More than a year
More than three years
More than five years
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

Reported Exchanging Sex for Shelter



"It's unacceptable for someone who made it inside from outside, to go back outside."

"Getting better, but at one time I was not taking meds and stuff based on things I was going through. Lost housing and material things. Now that I'm in this program (Forensic Housing), its better."

"I'd rather be in jail or dead that sleeping on the street."

"Moving from shelter to shelter drastically diminished my health. I've felt unsafe living in an SRO as a woman."

"The unknown of what happens after 28 days. It's too much to bear."

"It's hard to address my problems when I don't have a home. There is no time for rest."

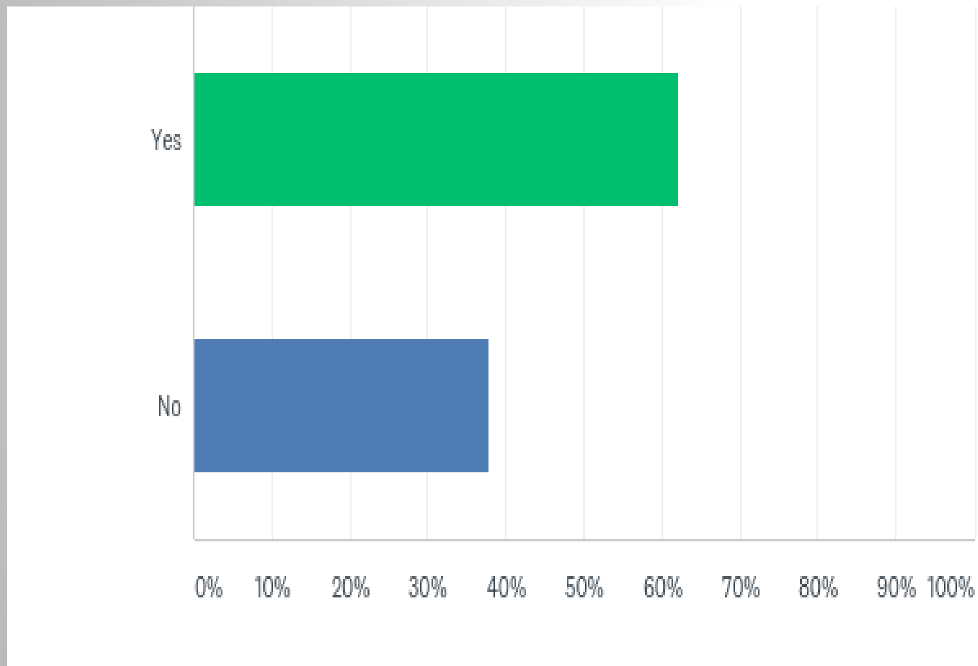
"Feels like I'm leaving here (Forensic Housing) more equipped."

"I'm not going to move from the TL to the TL. I might leave California, just waiting to get off probation."

"The streets are hard."

Food

If Housed, do you have facilities to prepare and store food?



- Some participants describe food service provider as very valuable, though many people interviewed have no ability to store and prepare food, and thus rely upon pre-prepared and shelve stable foods.

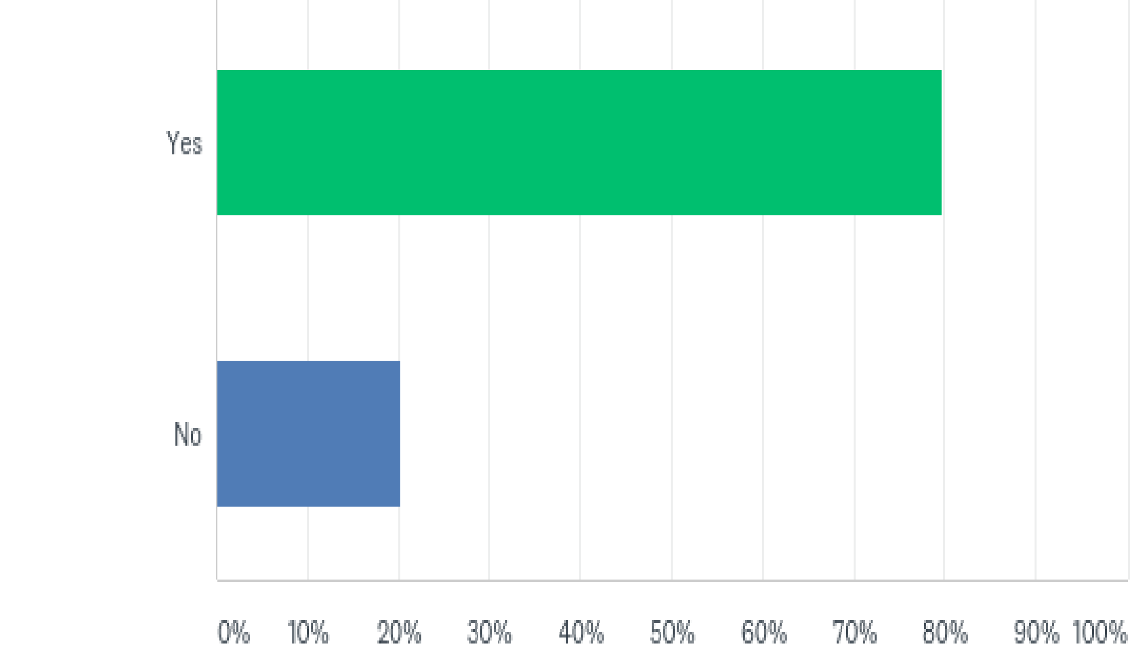
"There's no reason people should be starving"

"I need to find a place with a kitchen, I have to eat fast food every day."

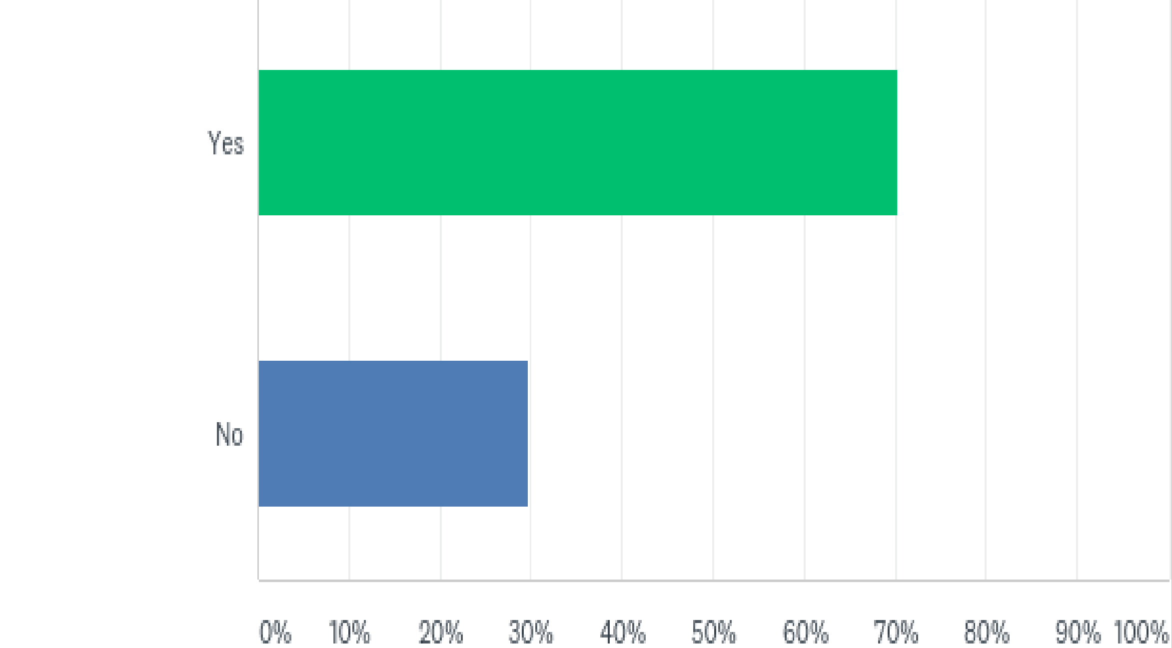
Mental Health, Substance Use, and Incarceration

- Most of the participants reported experiencing mental health challenges as well accessing mental health services. Similarly, most reported substance use concerns and had accessed treatment.
- Many expressed a strong correlation between the stresses of homelessness and challenges in maintaining their mental health and sobriety.
- Many participants reported self-medicating in lieu of or in addition too mental health services. Some described their substance use as stemming from or as a coping mechanism for their homelessness.
- Nearly 80% of participants reported having been incarcerated.

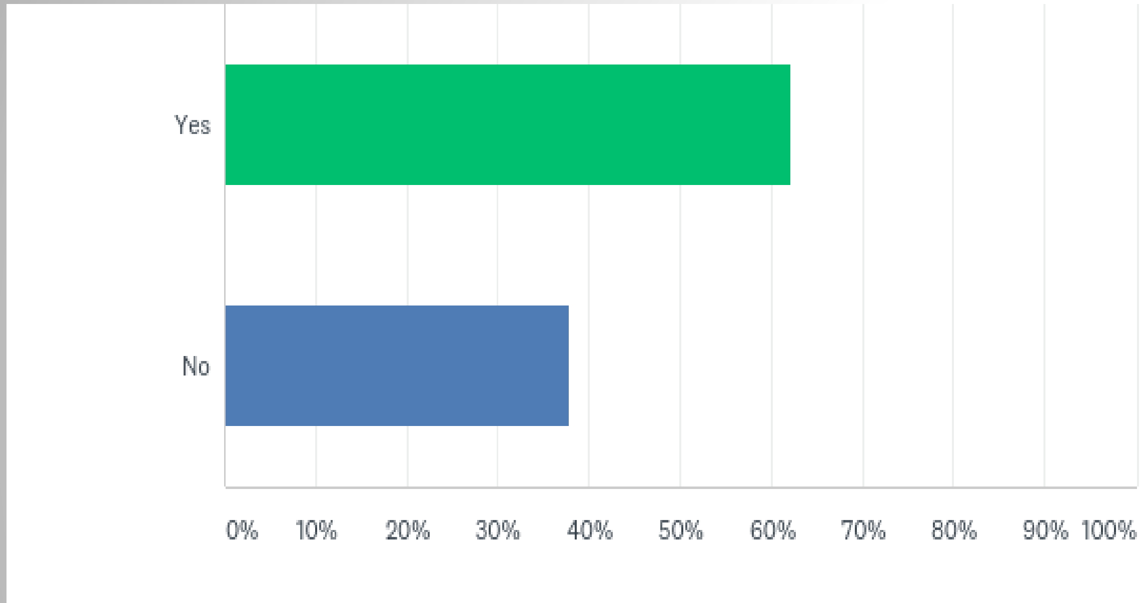
Experienced Mental Health Challenges



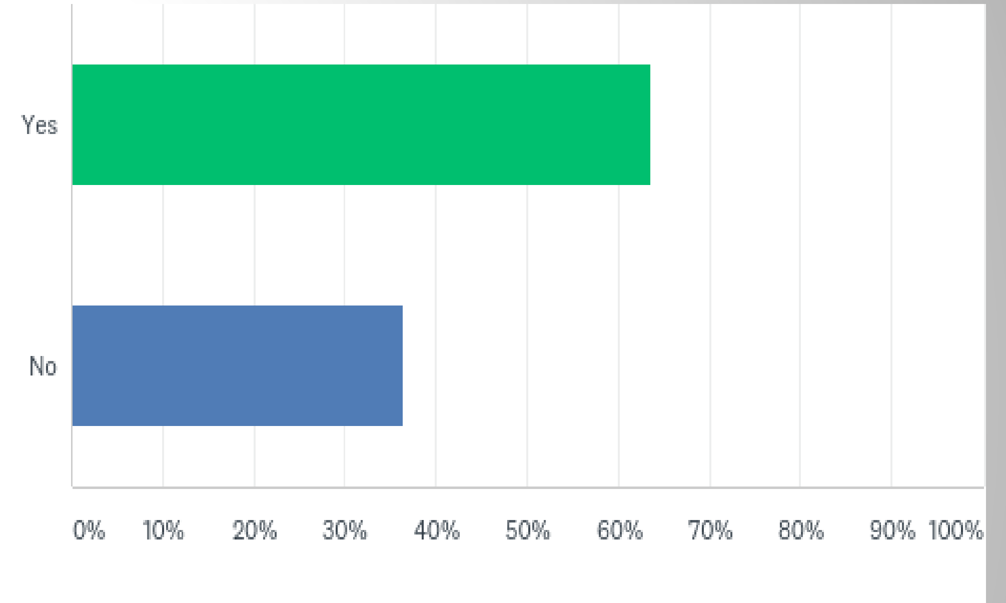
Accessed Mental Health Care



Self Reported Substance Use Problems

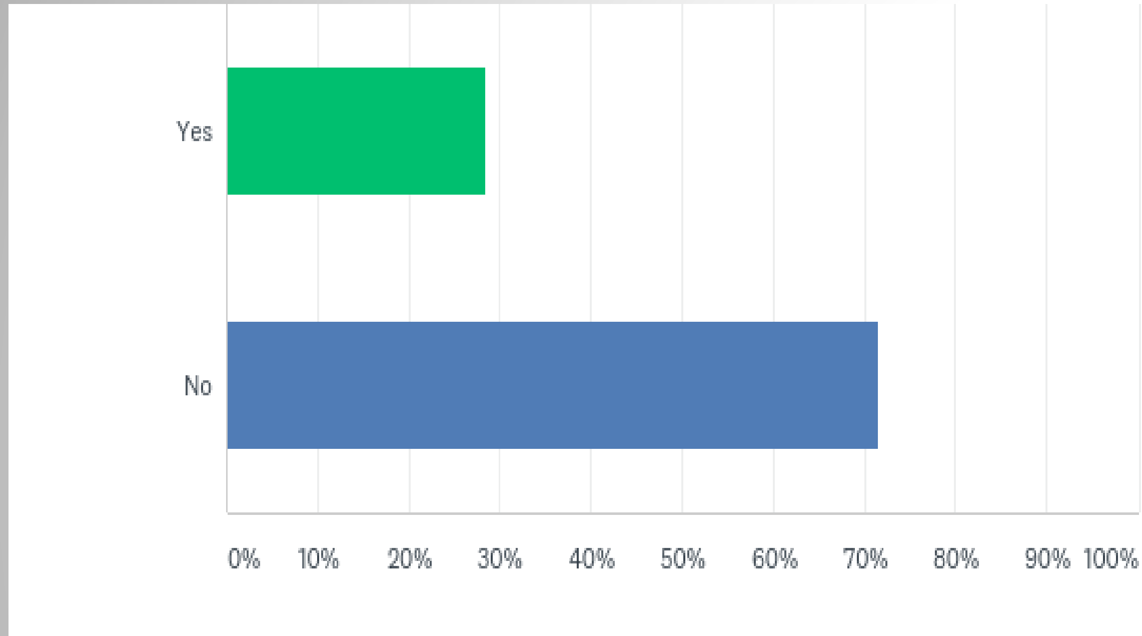


Accessed Substance Use Services

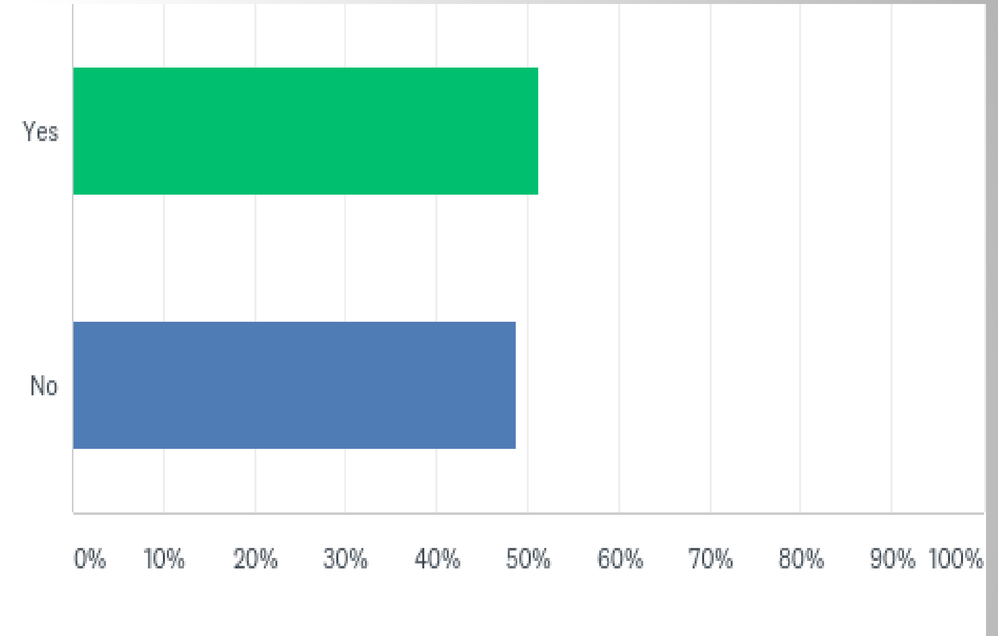


"Without housing it gets depressing. I'm outside again, I might as well get high."

Accessed In-Patient Treatment Primarily for Housing

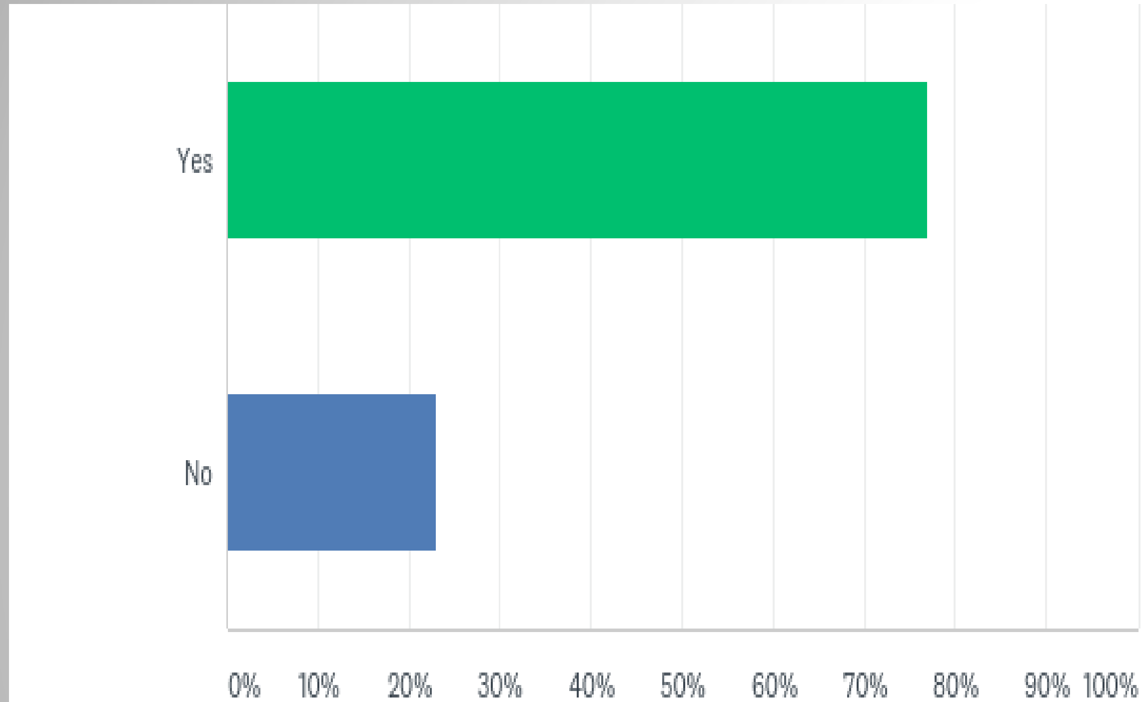


Reported Self-Medicating

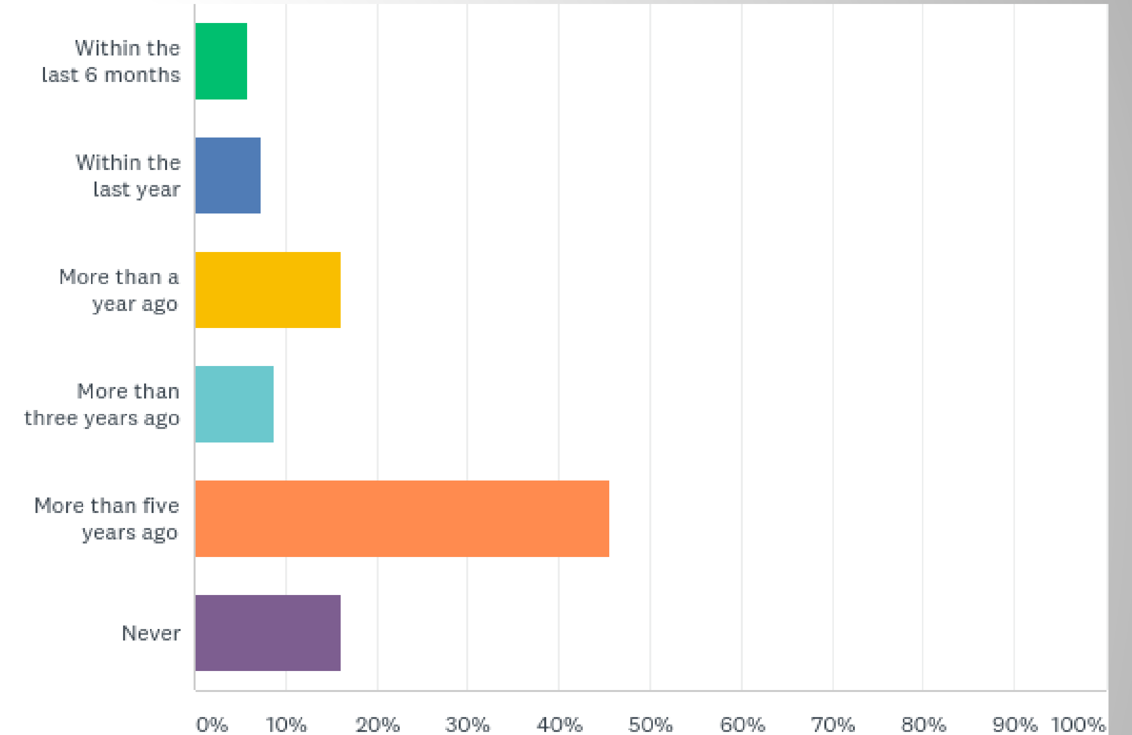


"Wouldn't be using dope if I had a place to stay."

Reported Incarceration



Interval Since Last Incarceration



"For 16-17 years, I just waited to get sick. In the middle of prison sentence, they tell me I'm not going to die."

Conclusions

- Participants expressed that they faced a high degree of stigma due to their homelessness, mental health, substance use, and hygiene.

- Many participants expressed that San Francisco was becoming unlivable. The cost/benefit of the available services failed to outweigh the difficulty of remaining in a city that is unaffordable and increasingly unwelcoming.

- Those currently experiencing homelessness often described a deep sense of hopelessness, and a lack of motivation in maintaining med adherence and sobriety. Those in shelters, and emergency housing, expressed a great deal of anxiety around their prospects for finding stable housing and a fear of returning to homelessness. It is felt that though emergency housing is a valued resource, 28 days is rarely enough time to find stable housing.

- Participants also noted that the first point of contact when accessing services (including governmental [GA office, Social Security, Housing Authority], Medical, and other Community Based Organizations) were often security, front desk, or administrative staff who acted as "gate keepers". There was a perceived lack of training among these staff members.

- A large percentage of participants reported being unable to prepare food, including those that were housed. While food services were seen as desirable, many could not use the food provided. In these situations shelf stable food, food vouchers, and liquid nutritional supplements were seen to be preferable.

- Nearly 19% of the participants reported that General Assistance was their only source of income, in some cases this was due to legal issues, but in many others it seemed to be a lack of navigation support to offset a chaotic lifestyle. Additionally, half of the youth interviewed reported Federal Student Aid as their only income.

Recommendations

- To address participant's inability to prepare food, it is recommended that future low income housing include in-unit refrigerators and microwaves or at minimum, shared kitchen facilities that are readily available. Further, it is recommended that in the future, additional carry forward funds be provided for pre-prepared or shelf stable foods including liquid nutritional supplements.

- To address training concerns among non-service staff that interface with clients, we would work with DPH to explore extending quality improvement training opportunities to these individuals.

- To address the concerns that participants are not accessing financial benefits available to them, we would follow-up with benefits counseling service providers to insure that service provider are trained to recognize when clients are in this circumstance, and how to address it.

- To address concerns around emergency housing services, it is recommended that we explore ways in which to bolster navigation and placement into stable housing to those transitioning out of this program.

- To address navigation concerns it is felt that intensive and mobile case management would aid in navigating the above processes for consumers. Additionally, we would recommend exploring the development of consistent metrics and thresholds among ICM providers.

Questions?