

Needs Assessment of HIV+ Homeless and Unstably Housed Provider Follow-up

As an addendum to the HIV Community Planning Council's annual needs assessment, all collaborating agencies were sent a seven question survey that had been developed from the conclusions of the Needs Assessment Work Group. The following is a summary of the responses to this survey.

- **Providers were asked to describe challenges that they felt were specific to their homeless and unstably housed clients. Responses included:**
 - Lack of safe, sustainable, and affordable housing.
 - Suffering violence, crime, and police harassment.
 - Mental Health concerns, substance use, and basic sleep deprivation.
 - Challenges around food storage and preparation.
 - Lack of resources that exacerbate an unstable lifestyle, including lack of documentation, inconsistent phone service, lack of safe storage of belongings
- **Providers were asked about the availability and utilization of information resources. Responses included:**
 - Most felt that these resources were sufficient but that a lack of one on one support, and high turnover among providers hampered client's ability to use the information provided.
 - Others felt that these resources were somewhat inaccessible to clients due to lack of training of providers, and lack of outreach among clients. They also called for a unified and comprehensive source of information.
- **Providers were asked what they considered necessities for client's health and wellbeing beyond housing and medical care. Responses included:**
 - Mental health care, emotional support, self-care, support groups, and activities.
 - Greater access to food.
 - Safe storage services.
 - Sense of community, and a reduction of stigma and fear.
- **Providers were asked about the efficacy of their communication with other service providers. Responses included:**
 - All providers felt this was a priority in that it aided coordination of care and reduced duplication of services.
 - Some felt that communication was at times suboptimal due to high turnover among staff, lack of follow-through, and varying modes of service provision or guiding model.

- The FOG provider group was highlighted as source of improvement in interagency communication.
- **Providers were asked about training standards, specifically around harm reduction, stigma, de-escalation, and cultural competency/humility. Responses included:**
 - Many felt that the training standards were sufficient.
 - Some felt that there was a lack of consistency in the way these skill were being applied.
 - Additionally, some felt that the cultural competency/humility component needed improvement, specifically in relation to transgender and gender non-conforming clients.
- **Providers were asked about training standards for non-service staff (reception, security, administrative). Responses included:**
 - Most highlighted the security staff as a concern, and felt that were they undertrained. Additionally, their agency had no control over this as they are contracted from an outside source or provide by a landlord.
 - Some cited examples in which staff displayed a lack of ability or understanding of de-escalation and harm reduction.
 - In some cases, these staff were required to receive training on the previously stated topics.
- **Providers were asked to provide any additional comments or insights. Responses included:**
 - More housing dollars.
 - Stable or permanent housing should be prioritized to target those who need it.
 - Our clients are vulnerable to bad landlords, over-priced rents, capricious employers, and stigma from all levels of society. Many are on the edge of deportation to countries that are dangerous and don't have adequate HIV/AIDS care. Our clients have multiple stressors for which there are no easy fixes and which can (and do) worsen their health.