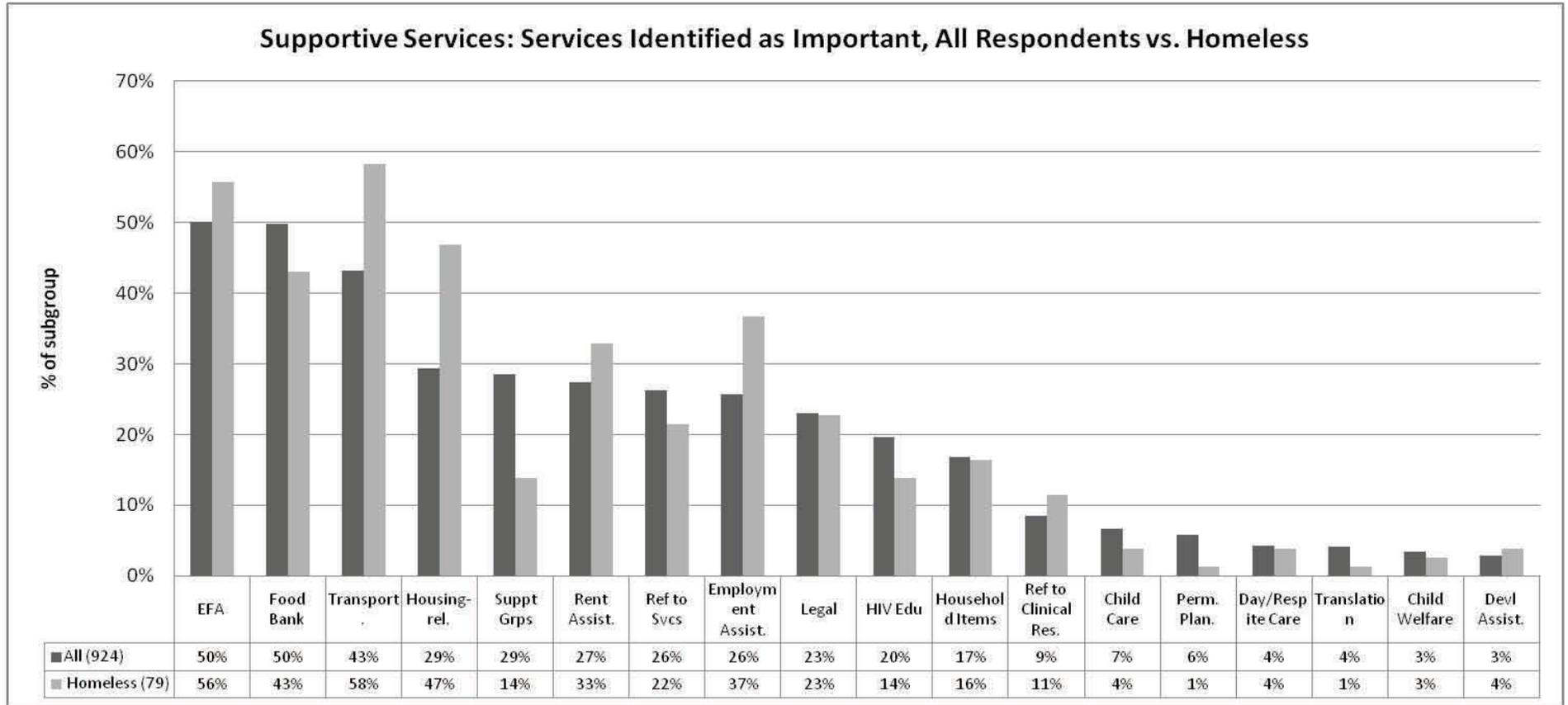


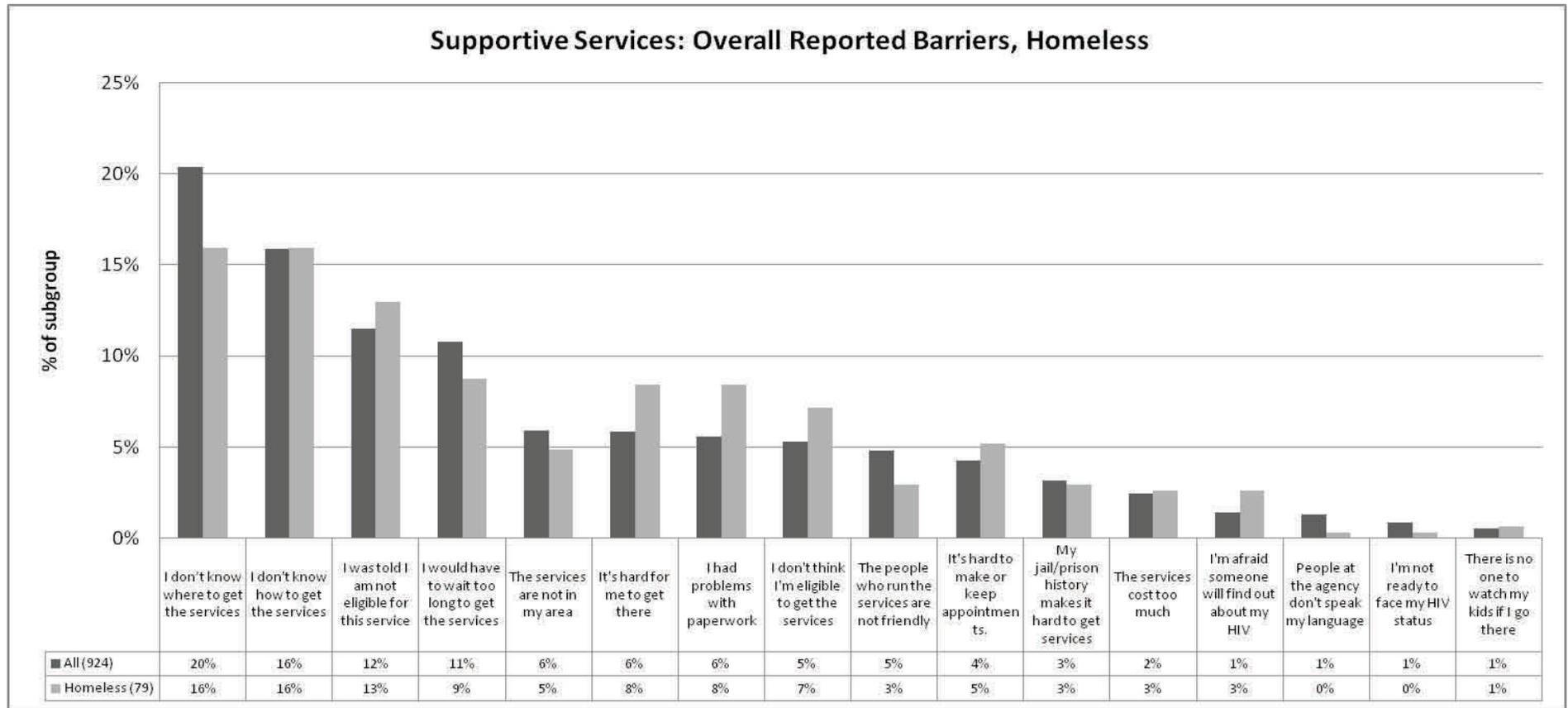
Access to Supportive Services



The chart above shows the supportive services reported as useful or helpful by Homeless respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, transportation, housing-related services, rental assistance, employment assistance and referral to clinical research as important supportive services.

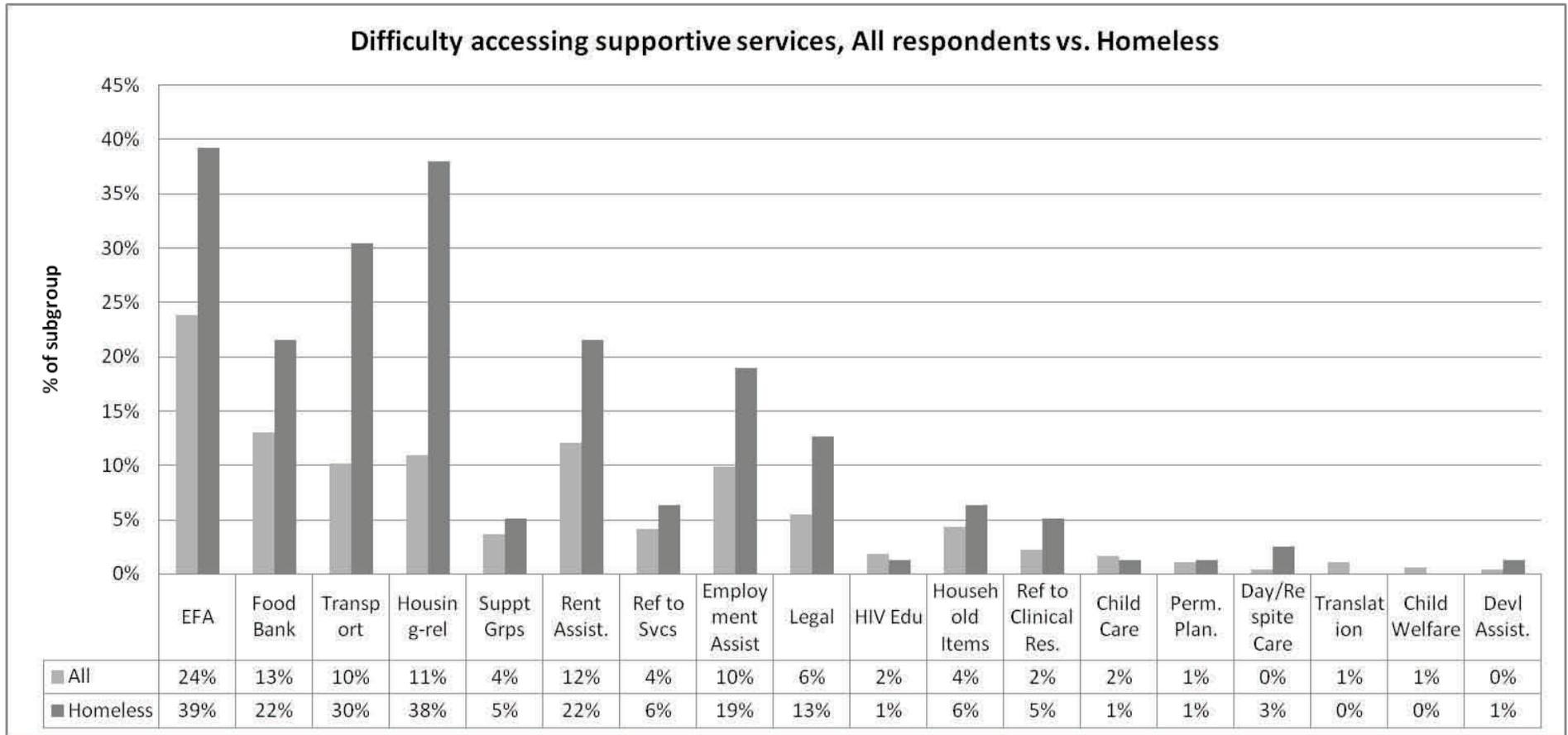
Barriers to Supportive Services



The chart above shows the proportion of barriers reported by Homeless respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup was more likely to report being ineligible for services, difficulty getting to services, having problems with paperwork, being unsure about eligibility, difficulty making or keeping appointments and fearing HIV disclosure as barriers to supportive services.

Difficulty Accessing Supportive Services



The chart above shows the proportion of Homeless respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, other difficult to access services were transportation and housing-related services.

Falkenberg: Bureaucracy keeps homeless from getting state ID cards

Updated 01:55 p.m., Tuesday, January 17, 2012

A picture on Houston police Sgt. **Stephen Wick**'s iPhone, taken in August, shows a smiling stick of a man, hugging his knees on a dingy pile of blankets under a downtown bridge along the bayou.

For nearly two years, this was **Richard Stickle**'s "camp." His home. The only place, it seemed, for a 59-year-old ex-con to go when his steady work - a low-paying, off-the-books gig delivering fliers and fixing flats at a tire shop - dried up.

He'd decided around age 40 that he wanted an honest life, to leave behind a past marred by car theft convictions and prison that began when he was a troubled high school dropout coming up in Houston. His record always stood in the way of a decent-paying job.

As he sat under the bridge, he says all he wanted was honest work, a fair chance at survival. But he soon came up against another obstacle, seemingly even more insurmountable than his record.

Stickle didn't have an ID. Not a driver's license, not a **Social Security** card, not a shred of laminated proof that he existed. Every time he tried to obtain one document, he needed another to get it.

"It's a Catch-22," says Stickle. "You've got no way of getting anything."

HPD tries to help

It's a common problem among people who live on the streets, say officers with HPD's Homeless Outreach Team. The unit, which started a over a year ago as a pilot program, practices a kinder, gentler form of policing. Officers learn people's stories and work with other agencies to try to help them. Last year alone, officers say, they helped get 85 people off the streets.

But again and again, Sgt. Wick, and his colleagues, and Senior Police Officers **Jaime Giraldo** and J.L. Terry, keep running into the ID issue.

"You can't get a job, can't get an apartment. You can't get anything without an ID," says Wick.

For weeks, Officer Giraldo escorted Stickle to government offices, trying to help him gather documents for an official Texas identification card issued by the **Department of Public Safety**.

With Giraldo and jail records vouching for Stickle's identity, the city's Vital Statistics office agreed to release a birth certificate. That helped Stickle get a printout from the Social Security office verifying his number.

But when they got to a local DPS office, they were told they needed one more piece of supporting identification, and HPD's records weren't enough. Giraldo didn't have a picture, but he had a police profile, complete with fingerprints, from when Stickle was arrested 20 years ago. It describes everything from Stickle's light build to his fair skin.

Giraldo says he requested the supervisor, who was nice, but wouldn't budge, saying Austin had taken away her

discretion. She asked about school records. Giraldo explained that Aldine didn't keep records that far back.

Finally, Giraldo says, the supervisor agreed to accept a faxed letter from Aldine ISD saying Stickle "may or may not have" attended school there. The officer couldn't believe such a note would be worth more than his extensive investigation: "I'll probably retire still holding that grudge," he chuckles now.

Aldine agreed to fax the letter, and Stickle eventually got his ID. With it, he was able to obtain housing at the De George at Union Station, a facility for homeless veterans that occasionally accepts non-veterans like Stickle.

'Sense of being'

Giraldo says his team has helped several others obtain IDs and that the smiles on their faces have made the effort worthwhile: "It's something the rest of us take for granted. But it gives them a sense of being," the officer says.

He just wishes DPS could make things a easier by accepting official police mug shot profiles and fingerprint evidence. He's hopeful about a pilot program the Harris County Sheriff's Office is considering to issue IDs to jail inmates who lack them. A sheriff's spokesman says DPS officials in Austin have agreed to accept such cards as supporting documentation. The downside is you'd have to get arrested to get one.

As for Stickle, he has again landed a small job handing out fliers, but he's still trying to find a "paycheck job" to make ends meet and qualify for Social Security in two years.

Sitting in the nicely furnished De George lobby, I ask where he'd be today without the officers' help. His eyes wander back to his time under the bridge.

"That picture they showed you," he says. "That's where I'd be."

lisa.falkenberg@chron.com

CHRON.COM	City Brights Traffic	NEIGHBORHOODS	Kingwood Lake Houston	MARKETPLACE	LOCAL SERVICES	SERVICES
Home	TOPICS	Aldine	Magnolia	Jobs	Air Conditioning Contractors in Houston	Help/Contact us
Houston & Texas	Small Business	Alief	Memorial	Homes	Car Dealerships in Houston	Business directory
Nation & World	MomHouston.com	Baytown	Montrose	Cars	Cleaning Services in Houston	Legal notices
Business	HoustonBelief.com	Bellaire	Pasadena	Coupons	Family Doctors in Houston	Privacy policy
Sports	29-95.com	Clear Lake	Pearland	Classifieds	Furniture Stores in Houston	Terms & Conditions
Entertainment		Conroe	Spring	Place a classified ad	Injury Attorneys in Houston	Employment opportunities
Life		Cy-Fair	Tomball	Place a retail ad	New Car Dealer in Houston	Advertise with us
Corrections		East End	West U	OTHER EDITIONS	Real Estate Agents in Houston	Buy a banner ad
Blogs		Fort Bend	The	Home Delivery	Real Estate Attorneys in Houston	
Weather		Heights	Woodlands	iPad	Restaurants in Houston	
		Katy		iPhone		
				Android		
				Mobile		
				RSS Feeds		
				e-Edition		



A TANGLED WEB

Homeless Family Subpopulations and Their Overlapping Needs

NOVEMBER 2011

a National Survey policy brief from ICPH

Homeless families often face additional challenges to attaining and maintaining housing due to mental illness, substance abuse, HIV/AIDS, domestic violence, and veteran status. Data and research on these families are lacking; the U.S. Department of Housing and Urban Development's (HUD) *2010 Annual Homeless Assessment Report to Congress* marked the first year that any separate data on family subpopulations were publicly released (figure 1). As this report only provides national data on adults in families residing in permanent supportive housing, it paints a limited picture. For years, local data have been collected in point-

in-time counts and Homeless Management Information Systems on all persons accessing emergency shelter and transitional housing; however, homeless singles and adults in families were always reported by HUD together (figures 2 and 4) complicating research on effective housing and service options. Additionally, the unique needs of children and the family unit have been continuously left out of the discussion. Without proper data and a thorough understanding of the inherent interconnectedness between subgroups, it is impossible to effectively determine and meet the needs of these homeless families and their collective members.

Figure 1

PERCENT OF HOMELESS ADULTS IN PERMANENT SUPPORTIVE HOUSING IN SUBPOPULATIONS (2010)

(by household composition)

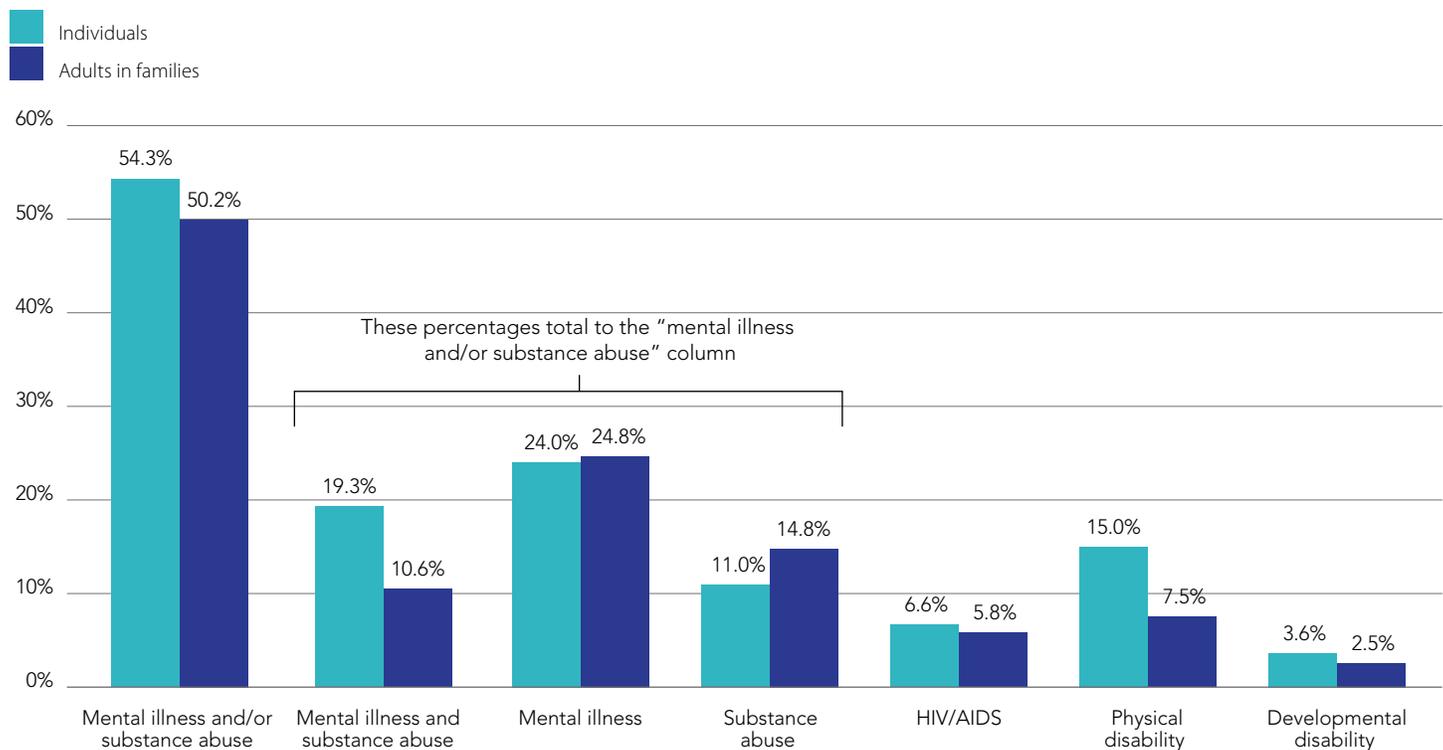
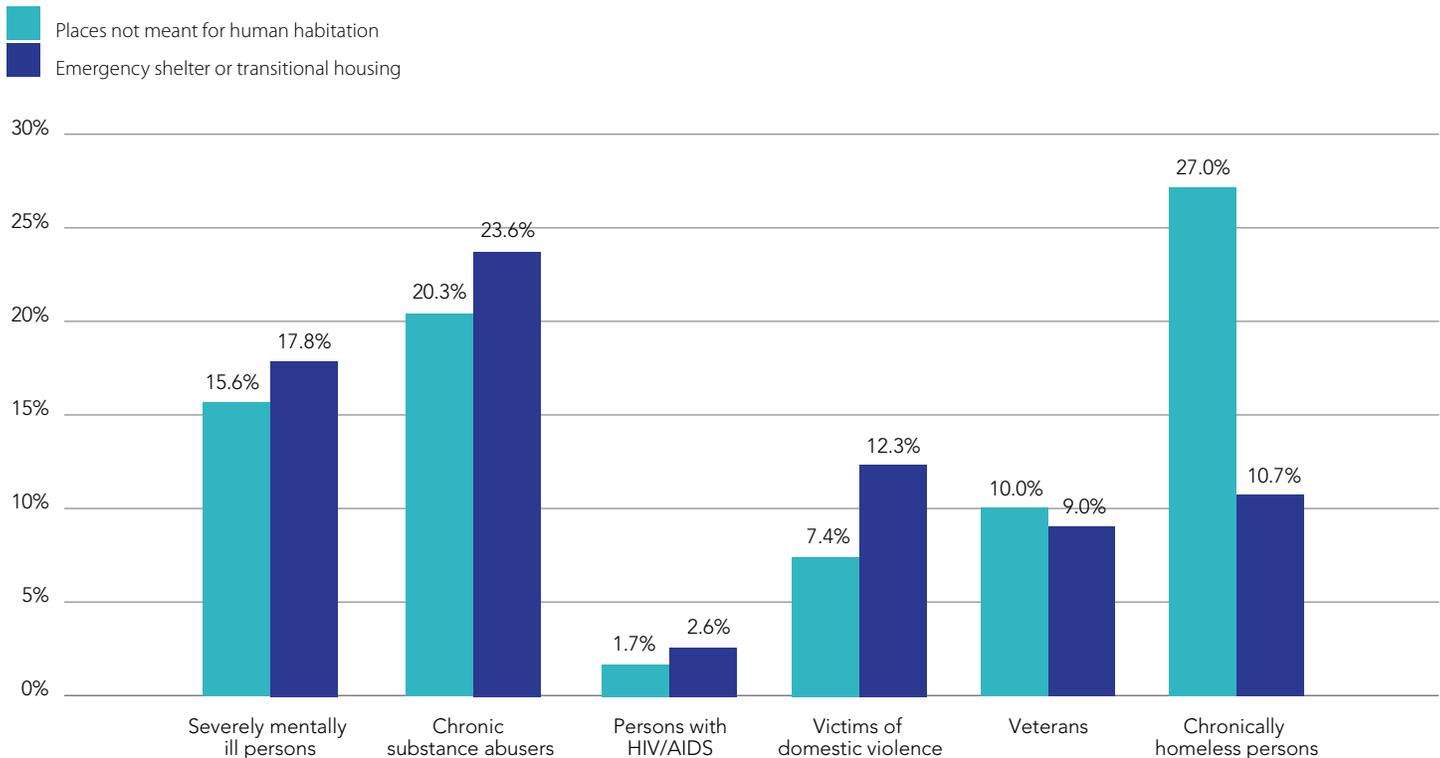


Figure 2
PERCENT OF HOMELESS ADULTS IN SUBPOPULATIONS (2010)
(by housing status)



Source: U.S. Department of Housing and Urban Development, *HUD's 2010 CoC Homeless Assistance Programs — Homeless Populations and Subpopulations*.

Mental Illness

One-quarter (24.8%) of adults in families residing in permanent supportive housing, roughly the same rate as individuals (24.0%), have a mental illness (figure 1).¹ For mothers of children under the age of four, socioeconomic status is strongly associated with mental health; one-third (33.4%) of mothers in the lowest household income distribution experience depressive symptoms, compared to 9.2% of mothers in the highest fifth.² Homelessness is further correlated with mental illness. Among homeless mothers in a Massachusetts study, the rate of psychiatric disability was almost three times higher than that of their housed counterparts.³ Maternal psychological distress is negatively related with homeless children's emotional and behavioral health, although more research on long-term outcomes is necessary. Homeless families with mental illness experience more long-term homelessness than non-mentally ill families, as well as greater risk of separation from their children. Mental illness also increases vulnerability to physical health problems by impairing families' ability to maintain self-care and practice risk reduction.⁴

Substance Abuse

Adults in families living in permanent supportive housing have higher rates of substance abuse than individuals (14.8% and 11.0%, respectively) and yet there is a shortage of comprehensive residential treatment facilities for mothers with children (figure 1).⁵ Homeless mothers have a higher lifetime rate of substance abuse than that of housed low-income mothers (41.1% versus 34.7%), which is twice that of women in the general population (20.3%).⁶ Families living in poverty often use drugs and alcohol as coping mechanisms, with negative consequences for their children. Parental substance abuse is a contributing factor for between one and two-thirds of children in the child welfare system.⁷ Babies born to mothers who abuse drugs and alcohol have a heightened risk of low birth weight and serious medical and neurobehavioral problems.⁸ Substance abuse is also associated with violence; a Los Angeles County study revealed that homeless women who experienced either physical or sexual violence were three times more likely (24.3%) to abuse drugs and alcohol than women who were not victimized (7.9%).⁹

HIV/AIDS

HIV/AIDS affects roughly six percent of adults in families and individuals living in permanent supportive housing (5.8% and 6.6%, respectively [figure 1]). The rate of infection for homeless families is nearly twelve times higher than for persons nationwide (0.5%).¹⁰ Homeless mothers, with their limited access to screenings and preventative care, have a higher risk of infection than their housed peers.¹¹ The effects of the disease (exorbitant health care costs and job loss from discrimination or extended absence) can increase the risk of homelessness for low-income families; up to 70% of persons living with HIV/AIDS report one or more episodes of housing instability.¹² Conversely, homelessness is associated with HIV-risk behaviors, including substance abuse; a Florida study reported that almost one-third (30.5%) of HIV-positive homeless clinic clients were injection drug users, nearly three times the national rate (11.7%).¹³

Domestic Violence

Over nine in ten (91.6%) homeless mothers experience severe physical and/or sexual abuse during their lifetimes, nearly four times the rate of women in the general population (25.5%).¹⁴ A Minnesota study revealed that one in three (31.0%) women listed domestic violence as a primary reason for their homelessness.¹⁵ Despite federal laws prohibiting discrimination, women are often evicted for violent activity in their unit or landlords refuse to rent to persons with histories of abuse. Poor credit history and lack of financial resources stemming from their abuse also prevent women from obtaining housing. Faced with a lack of economic resources, many mothers remain with their abusers, leaving themselves and their children at risk of further violence. Between 3.3 million and 10 million children in the country witness violence in their homes each year, which can lead to developmental delays.¹⁶ Domestic violence is often a multigenerational problem for homeless families; the odds that women who are abused as children will experience adult victimization are three times those of women without histories of childhood abuse.¹⁷ Women facing domestic violence often suffer from high rates of depression (47.6%) and posttraumatic stress disorder (PTSD; 63.8%) and are 15 times more likely to abuse alcohol.¹⁸

Veterans

Although the majority of homeless veterans are single adults (13.6% of total sheltered individuals), 3.1% (4,425) are members of a family (representing 1.9% of sheltered families nationwide).¹⁹ Homeless veteran families are undercounted since many veterans live and request shelter separately from their children. Female veterans have two to four times the risk of becoming homeless as the general female population and are most at risk when they are heading families with young children.²⁰ Compared to their nonveteran counterparts, homeless veteran families are more than twice as likely to have a male adult present (21.6% and 53.5%, respectively).²¹ Although the federal government targets many services

towards homeless single veterans, the needs of families—particularly those headed by single women—have been largely neglected. Over half (53%) of homeless female veterans have at least one major mental disorder, which certain studies blame on their high rate (20%–48%) of military sexual trauma.²² Almost three-quarters (74.2%) of homeless female veterans suffer from PTSD, which has been linked to social and behavioral problems in their children.²³ Domestic violence rates are also high (19%) among all female veterans and close to two-thirds (62.1%) of Health Care for Homeless Veterans clients have a substance use disorder.²⁴

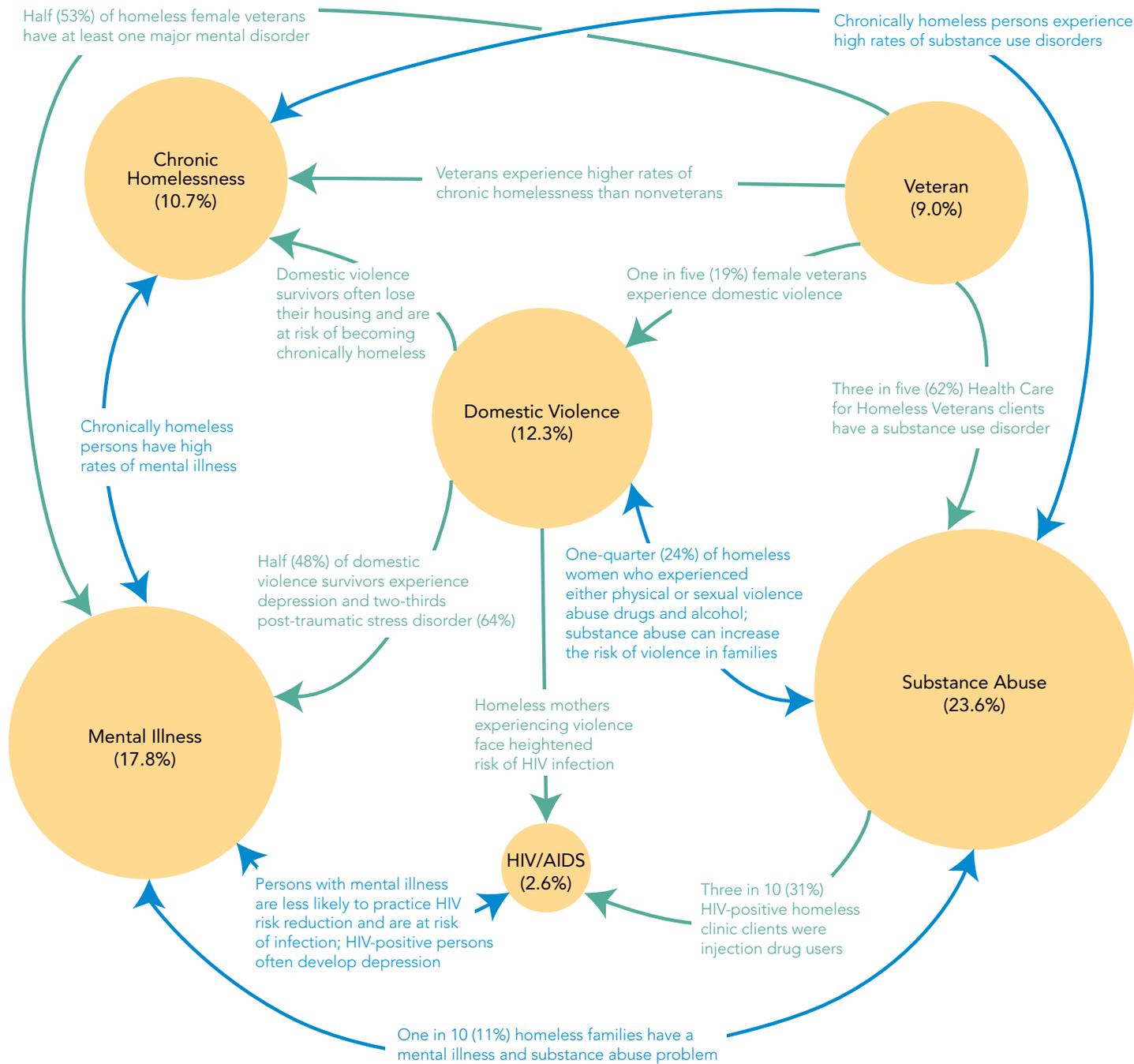
Chronic Homelessness

One in ten (10.7%) sheltered adults is chronically homeless (figure 2) with no separate data for adults in families.²⁵ The federal Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 expanded the definition of “chronically homeless” to include families with children.²⁶ Because this family subpopulation has only recently been singled out for observation, little research exists on its characteristics and needs. What is apparent is families’ extreme vulnerability due to co-occurring disabilities (serious mental illness, substance abuse, or developmental or physical impairment) and long-term homelessness conditions. Studies on family supportive housing programs—whose clients share characteristics with chronically homeless individuals—reveal mothers who are typically older and better educated (but with similarly poor employment patterns), with longer histories of homelessness and more disabilities than those served by the emergency shelter system.²⁷

Conclusion: Need for Better Data

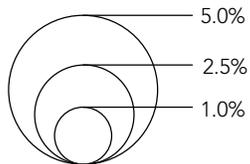
As the number of homeless families increases, recognizing family variability and the overlap between subgroups (figure 3) becomes even more important. Current lack of data on unique and co-occurring service needs poses a challenge for the planning and evaluation of programs serving families, as well as for the development of broad-scale, collaborative service networks. Homeless families headed by a single mother dealing with domestic violence and severe depression differ from those with HIV-positive fathers. Families with one substance abusing parent have different needs than those where both parents abuse drugs and alcohol. The importance of homeless households with co-occurring disorders, such as a veteran mother with military sexual trauma and her physically disabled child, should also be regarded. Assessing subpopulation rates for families in permanent supportive housing (figure 1) versus emergency shelter and transitional housing (figure 2) would also be useful in order to target services to the highest needs. However, due to conflicting definitions of mental illness and substance abuse between these sources, the data are impossible to compare. Without comprehensive and consistent data, the long-term effectiveness of any housing program and its applicability for all homeless families cannot be determined.

Figure 3
INTERCONNECTEDNESS OF HOMELESS SUBPOPULATIONS



Percent of Sheltered Homeless Adults in Subpopulations

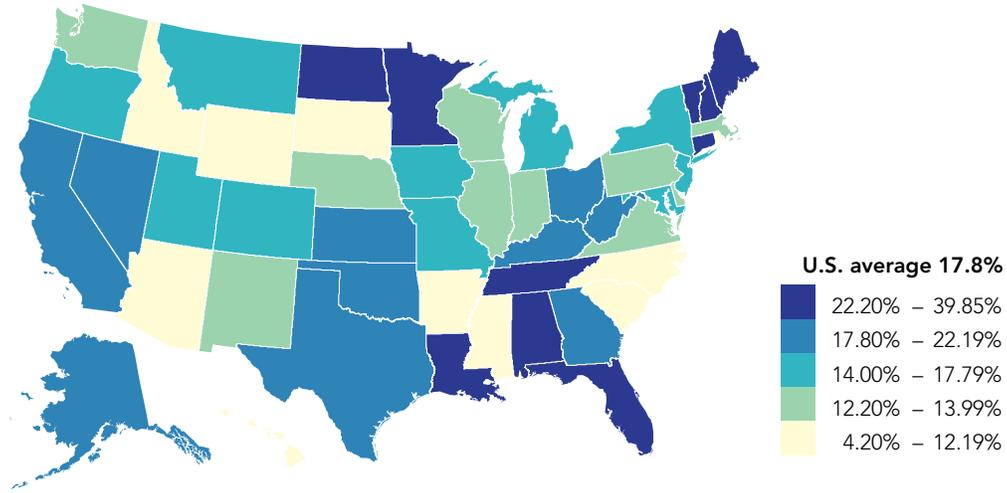
Darker colors refer to bidirectional connections.



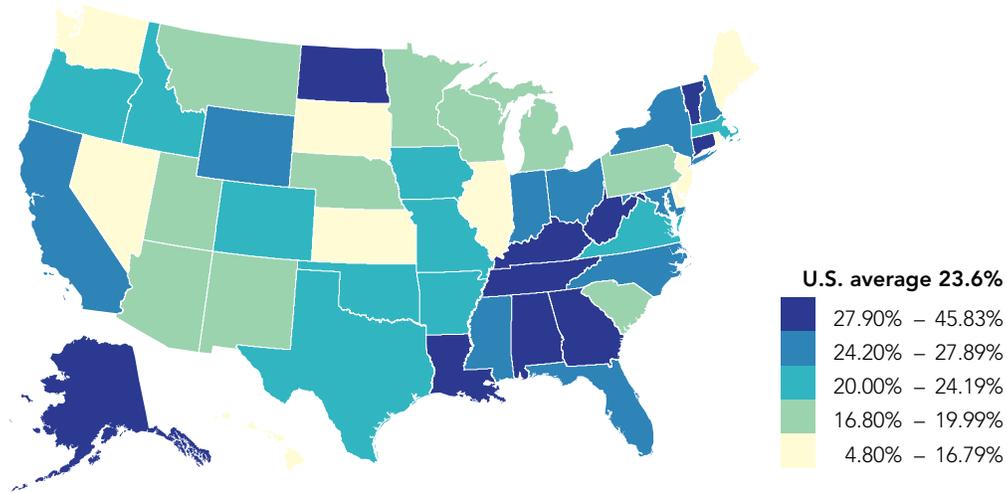
Note: Circles are proportional to the percent of sheltered persons in each subpopulation on a single night in January 2010. Darker colors refer to bidirectional connections.
 Source: U.S. Department of Housing and Urban Development, *HUD's 2010 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations*; Congressional Research Service, *Veterans and Homelessness*, July 2011; National Health Care for the Homeless Council, *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, February 2000; U.S. Department of Housing and Urban Development, *The 2010 Annual Homeless Assessment Report to Congress*; U.S. Department of Labor, Women's Bureau, *Trauma-informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*, 2011; John C. Buckner, et al., "Mental Health Issues Affecting Homeless Women: Implications for Intervention," *American Journal of Orthopsychiatry* 63, no. 3 (1993): 385–399; Jacqueline Golding, "Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-analysis," *Journal of Family Violence* 14, no. 2 (1999): 99–132; James Shultz, et al., "HIV Seroprevalence and Risk Behaviors Among Clients Attending a Clinic for the Homeless in Miami/Dade County, Florida, 1990–1996," *Population Research and Policy Review* 18 (1999): 357–372; Susan Wenzel, et al., "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men," *American Journal of Community Psychology* 28, no. 3 (2000): 367–390.

Figure 4
PERCENT OF SHELTERED HOMELESS ADULTS IN SUBPOPULATIONS (2010)

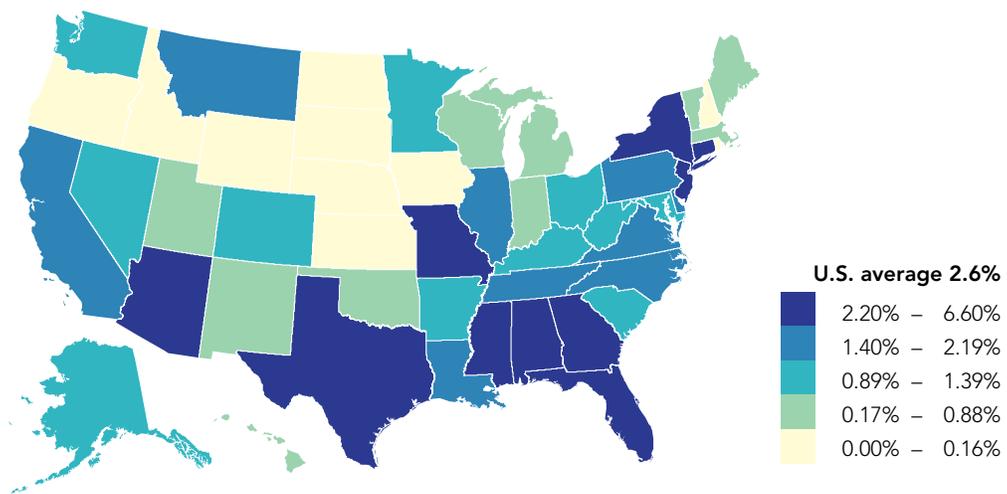
Severely Mentally Ill Persons



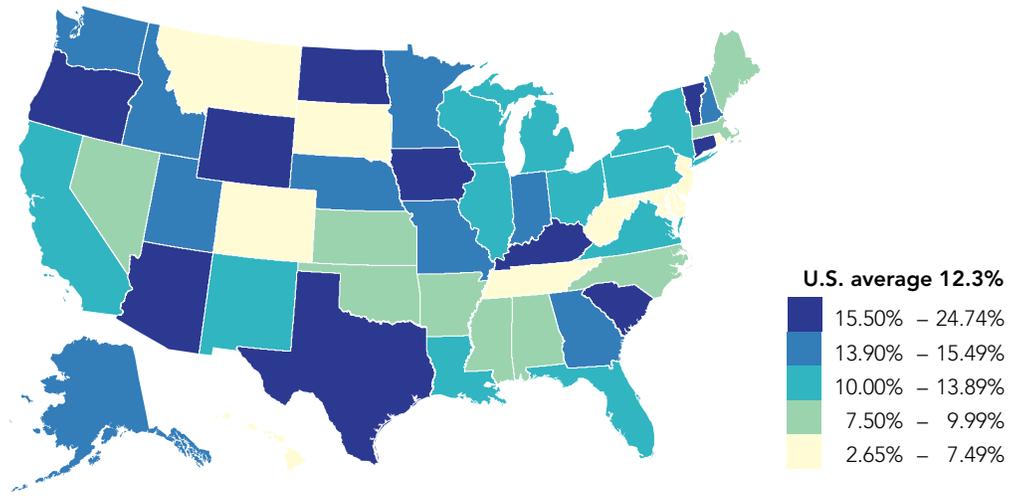
Chronic Substance Abusers



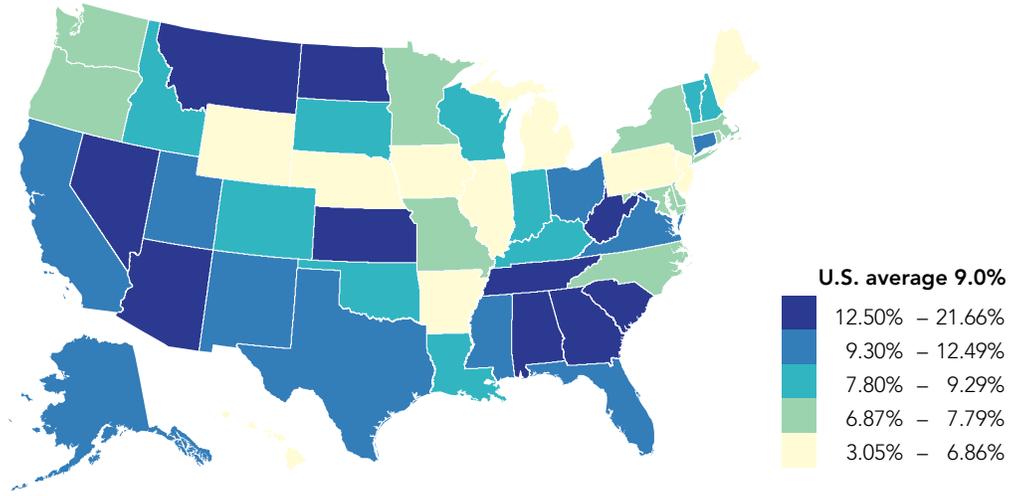
Persons with HIV/AIDS



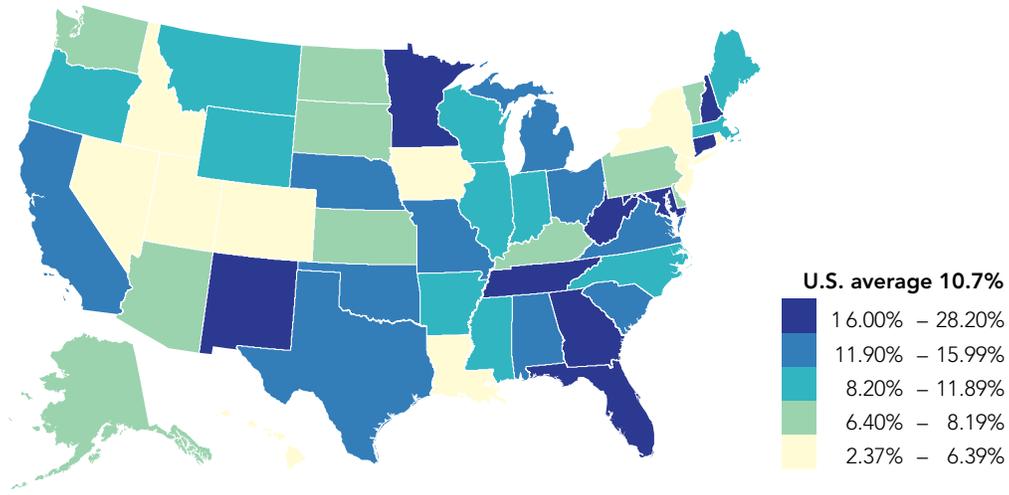
Victims of Domestic Violence



Veterans



Chronically Homeless Persons



Data are classified using quintiles.

Source: U.S. Department of Housing and Urban Development, HUD's 2010 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations.

Endnotes

- ¹ U.S. Department of Housing and Urban Development, *The 2010 Annual Homeless Assessment Report to Congress*.
- ² Robert Kahn, et al., "State Income Inequality, Housing Income, and Maternal Mental and Physical Health: Cross Sectional National Survey," *British Medicine Journal* 321, no. 7,272 (2000): 1,311–1,315.
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- ⁴ National Health Care for the Homeless Council, *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, February 2000.
- ⁵ U.S. Department of Housing and Urban Development, *The 2010 Annual Homeless Assessment Report to Congress*.
- ⁶ Ellen Bassuk, et al., "Prevalence of Mental Health and Substance Use Disorders Among Homeless and Low-income Housed Mothers," *American Journal of Psychiatry* 155, no. 11 (1998): 1,561–1,564.
- ⁷ U.S. Department of Health and Human Services, *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*, April 1999.
- ⁸ Linda Weinreb, "Substance Abuse: A Growing Problem Among Homeless Families," *Family Community Health* 13, no. 1 (1990): 55–64.
- ⁹ Susan Wenzel, et al., "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men," *American Journal of Community Psychology* 28, no. 3 (2000): 367–390.
- ¹⁰ U.S. Department of Housing and Urban Development, *The 2010 Annual Homeless Assessment Report to Congress*; U.S. Census Bureau, *2010 American Community Survey 1-year Estimates*; U.S. Centers for Disease Control and Prevention, "HIV Surveillance—United States, 1981–2008," *Morbidity and Mortality Weekly Report* 60, no. 21 (2011): 689–693.
- ¹¹ National Health Care for the Homeless Council, *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, February 2000.
- ¹² Angela Aidala, et al., "Housing Need, Housing Assistance, and Connection to HIV Medical Care," *AIDS Behavior* 11 (2007): 101–115.
- ¹³ James Shultz, et al., "HIV Seroprevalence and Risk Behaviors Among Clients Attending a Clinic for the Homeless in Miami/Dade County, Florida, 1990–1996," *Population Research and Policy Review* 18 (1999): 357–372; Irene Hall, et al., "Estimation of HIV Incidence in the United States," *Journal of the American Medical Association* 300, no. 5 (2008): 520–529.
- ¹⁴ Ellen Bassuk, et al., "The Characteristics and Needs of Sheltered Homeless and Low-income Housed Mothers," *The Journal of the American Medical Association* 276, no. 8 (1996): 640–646; U.S. Department of Justice, *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*, November 2000.
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- ¹⁷ Susan Wenzel, et al., "Risk Factors for Major Violence Among Homeless Women," *Journal of Interpersonal Violence* 16, no. 8 (2001): 739–752.
- ¹⁸ Jacqueline Golding, "Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-analysis," *Journal of Family Violence* 14, no. 2 (1999): 99–132; National Coalition Against Domestic Violence, *Domestic Violence and Substance Abuse*.
- ¹⁹ U.S. Department of Housing and Urban Development and U.S. Department of Veterans Affairs, *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*.
- ²⁰ Gail Gamache, et al., "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* 93, no. 7 (2003): 1,132–1,136; National Center on Homelessness Among Veterans, *Prevalence and Risk of Homelessness among U.S. Veterans: A Multisite Investigation*, August 2011.
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- ²² John C. Buckner, et al., "Mental Health Issues Affecting Homeless Women: Implications for Intervention," *American Journal of Orthopsychiatry* 63, no. 3 (1993): 385–399; U.S. Department of Labor, Women's Bureau, *Trauma-informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*, 2011.
- ²³ Donna Washington, et al., "Risk Factors for Homelessness Among Women Veterans," *Journal of Health Care for the Poor and Underserved* 21, (2010): 81–91.
- ²⁴ U.S. Department of Labor, Women's Bureau, *Trauma-informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*, 2011; Congressional Research Service, *Veterans and Homelessness*, July 2011.
- ²⁵ U.S. Department of Housing and Urban Development, *HUD's 2010 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations*.
- ²⁶ Chronically homeless families are those with at least one adult member who have a disabling condition and have been continuously homeless for at least a year or have had at least four episodes of homelessness in the past three years; *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009*, S 896, 111th Cong., 1st sess.
- ²⁷ Corporation for Supportive Housing, *Family Permanent Supportive Housing: Preliminary Research of Family Characteristics, Program Models, and Outcomes*, February 2006.

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The Institute for Children, Poverty, and Homelessness (ICPH) is an independent nonprofit research organization based in New York City. ICPH studies the impact of poverty on family and child well-being

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and generates research that will enhance public policies and programs affecting poor or homeless children and their families. Specifically, ICPH examines the condition of extreme poverty in the United States and its effect on educational attainment, housing, employment, child welfare, domestic violence, and family wellness. Please visit our Web site for more information: www.ICPHusa.org.

The *National Survey of Programs and Services for Homeless Families* is an online resource for service providers, advocates, researchers, and public policy makers working in the field of family homelessness. The Web site provides a state-by-state snapshot of the interconnections between governmental and nonprofit work to end family homelessness. www.icprwb.org.



Red, White,
and Blue Book

**NATIONAL SURVEY
OF PROGRAMS AND SERVICES
FOR HOMELESS FAMILIES**

Human Rights **Update****HIV/AIDS AND HOMELESSNESS**

Evelyn P. Tomaszewski, MSW • Senior Policy Associate



**NASW HIV/AIDS
SPECTRUM PROJECT**

Convergent sources suggest that as many as 600,000 families are homeless annually in the United States. Approximately 1.6 million persons used an emergency shelter or a transitional housing program during the 12-month period, with cities reporting an average of 12 percent increase of homelessness since 2007. (HUD, 2009; SAMHSA, 2005). A number of factors place people at risk for homelessness, including alcohol and drug abuse; low education; sexual exploitation; mental illness or developmental disabilities; and HIV/AIDS (NASW, 2009b).

Many domiciled individuals and families are faced with the threat of homelessness once they or someone in their family becomes infected with HIV/AIDS. This leads to an inability to meet basic needs such as food, clothing, and shelter places a burden on individuals who are living with HIV/AIDS, especially in regard to health care access, health maintenance, and adherence to medication regimens. Studies indicate that the prevalence of HIV among homeless people is as high as 20%, with some 'subgroups' having much higher burdens of disease (National Coalition for the Homeless, 2007).

Additionally, the socially and culturally based stigma and discrimination experienced by persons living with HIV/AIDS is exacerbated by co-factors of substance abuse, mental illness, and homelessness. This stigma can create barriers to prevention, education, client disclosure, and the ability to access medical and mental health services (NCH, 2010). **For more information on stigma visit: www.socialworkers.org/practice/hiv_aids/siteInfo/facts.asp.**

HIV/AIDS disease progression is affected by both medical and psycho-social factors. Many persons who are homeless are perceived to lack access to resources and supports needed to ensure adherence to antiretroviral therapy. Adherence success includes working with each client to develop strategies to help the client define a personalized medication regimen that will fit his or her ability to access and schedule medications. Adherence can be facilitated through collaboration with other health and mental health care providers, non-clinical service providers, and community members who are in regular contact with clients and family members (Tomaszewski, 2009).

Housing and Persons Living With HIV/AIDS

In general, people who are homeless have higher rates of chronic diseases than people who are housed, due in part to the effects of lifestyle factors (such as drug, alcohol, or tobacco use), exposure to extreme weather, nutritional deficiencies, and being victimized by violence (NCH, 2007).

Compelling research findings demonstrate the significance of housing as an intervention to address public and individual health priorities, including disease prevention, health care access and effectiveness, and cost containment. This is especially true of HIV and related conditions. Models of care that include housing status as a key component offer great power, enabling new and more effective approaches to HIV prevention and treatment (The National AIDS Housing Coalition 2005).

Social workers need to be actively involved side by side with people who are homeless in national, state, and local coalitions to network with and create advocacy groups; and to encourage state and local communities to use mainstream programs in building a continuum of care that integrates housing, income maintenance, and supportive services. (NASW, 2009).

There is a shortage of both short-term and long-term affordable housing available throughout the United States. Of the more than one million people who are currently living with HIV in the United States, approximately one-third to one-half are either homeless, unable to afford their housing, or at imminent risk of homelessness (National Coalition for the Homeless, 2009). HIV/AIDS and homelessness are intricately related. The costs of health care and medications for people living with HIV/AIDS (PLWHA) are often too high for people to keep up with. In addition, PLWHA are in danger of losing their jobs due to discrimination or as a result of frequent health-related absences.

Factors That Increase the Risk of Homelessness for Persons Living with HIV/AIDS

- Job loss due to discrimination or fatigue
- History of mental illness
- Periodic hospitalization
- Costs of health care
- Substance abuse and addictions
- Domestic violence
- Lack of affordable housing

There are other risk factors that are generally understood to be associated with HIV/AIDS transmission; for example, many people who are homeless are at risk because of the prevalence of high risk behaviors including injection drug use, unsafe sex, and ‘survival sex’ (i.e., the exchange of sex for food, shelter, or money) (St. Lawrence, J., Brasfield, T., 1995).

Adolescents and Young Adults

HIV prevalence studies performed in four cities found a median HIV-positive rate of 2.3 percent for homeless persons under age 25. Adolescents and young adults who are homeless are increasingly at risk for HIV/AIDS and substance use. One study of adolescents who are homeless found that 75 to 85 percent abuse substances. This same study found a high incidence of unsafe sex, a history of sexual abuse, and current sexual abuse. Additionally, adolescents and young adults without homes are at risk of HIV/AIDS and other STDs due to engaging in survival

sex, which can also lead to prostitution (AIDS Housing of Washington, 2003). In a recent study of at-risk youth, 13 percent identified as a sexual minority and 11.3 percent reported survival sex work in the past six months. Sexual minority youth (gay, lesbian, bisexual, and transgender youth) were at significantly greater risk for survival sex work, and were more likely to report inconsistent condom use with clients and reported a greater number of clients in the past 6 months. The study concluded that in addition to increase in sex, sexual minority youth demonstrate elevated HIV risk behavior, and that harm reduction and HIV prevention programs for sexual minority youth who have ‘survival sex’ are urgently required (Marshall, B., et. al., 2010). For more information on adolescents and young adults and HIV/AIDS, visit: www.socialworkers.org/practice/hiv_aids/hiv_factsheet.asp.

Persons Living With HIV/AIDS and Access to Health Care

Individuals who are homeless experience inadequate transportation; lack of comprehensive and/or culturally appropriate services; lack of awareness of services and resources; and poor provider attitudes. For example, a Health Care for the Homeless survey found that many individuals are excluded from primary care, specialty care, respite care, and case management because they are homeless (AIDS Housing of Washington, 2003).

Additionally, lack of basic needs such as food, clothing and shelter—necessary to care for a person living with HIV/AIDS—can be major barriers to care. A third of people living with HIV in the United States went without medical care, or postponed it at least once in a six-month period due to the need to pay for food, clothing, or housing. Most individuals who are without housing also lack health care insurance (AIDS Housing of Washington, 2003). Women who are homeless have unique barriers to health care, particularly mothers who have been found to subordinate their own health care needs to the needs of their children. Increasingly, this pattern affects families and people who have never before experienced extreme poverty (NHCHC, 2010).

Overall, a Boston study found that people living with AIDS who are homeless had three times more difficulty accessing care than those with stable housing (AIDS Housing of Washington, 2003). Stable housing increases access to health care, promotes successful adherence to complex HIV medications, and must be viewed as a cornerstone to HIV/AIDS treatments. Receipt of housing assistance also has a direct impact on improved medical care, regardless of demographics, drug use, health and mental health status, or receipt of other services (ONAP, 2010).

WHAT CAN SOCIAL WORKERS DO TO HELP?

Social workers must be aware of the challenges created by the dual issues of homelessness and living with HIV/AIDS. While these service needs are complex, here are a few suggestions for social work practitioners:

Linking clients to community resources, agencies and organizations, and funding sources that work with and on behalf of individuals who are homeless and their families, including persons living with HIV/AIDS.

Emergency, short-term, and long-term housing options

- The Housing Opportunities for Persons Living with AIDS Program (HOPWA) provides housing assistance and supportive services for low-income persons with HIV/AIDS and their families. This assistance is designed to help eligible persons retain or gain access to appropriate housing where they can maintain complex medication regimens and address HIV/AIDS related problems. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services (HUD, 2010).
- Local domestic violence programs, AIDS services organizations, shelters, and programs that serve runaway youth are partners to helping persons living with HIV/AIDS who are homeless or at-risk for homelessness.

AIDS Drug Assistance Programs (ADAPs)

The Ryan White Program works with cities, states, and local community-based organizations to provide HIV-related services to more than half a million people

each year. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Ryan White fills gaps in care not covered by these other sources. (Health Resource and Services Administration, 2010).

- ADAPs, funded through the Ryan White Care Act, Part B, provide a formula for grants to states and other eligible areas to improve the quality, availability, and organization of HIV health care and support services. (Health Resource and Services Administration, 2003)
- ADAPs provide HIV/AIDS specific medications to low income individuals with HIV who have limited or no coverage from private insurance or Medicaid, in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, the Northern Mariana Islands, the Marshall Islands, and Guam.

Continuum of Care programs

- Continuum of Care (CoC) funding was initiated by the U.S. Department of Housing and Urban Development to encourage communities to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and prevent a return to homelessness. Components of a CoC process include outreach and assessment, emergency shelter, transitional housing with supportive services, and permanent housing (Community Connections, 2010).
- Social workers are key informants in defining the range of services required by clients at-risk or currently homeless. Ensure that your client population is represented and counted by knowing how your community documents needs and gaps in services. For example, learn the annual date of the required “point in time” survey or meeting that is used to tally the total number of people who are homeless in a specific community.

Other federal programs and resources

Many programs available to assist older adults and families living in poverty are available for a person without a permanent home. Resources include:

- The Centers for Disease Control and Prevention (CDC) operates a National Prevention Information Network (NPIN). This CDC database includes prevention, treatment, and housing resources for the persons living with HIV/AIDS: www.cdcnpin.org/
- The Social Security Administration oversees Social

Security Disability Insurance (SSDI) and Social Security Insurance (SSI). Find out if your clients are qualified: www.socialworkers.org/practice/hiv_aids/aids_ss.asp

Client and consumer assessment, education, and intervention

Work with clients to educate them about their risk for HIV/AIDS, including assessing all clients for substance abuse histories and mental health status. In addition to helping clients find safe shelter and affordable housing, it is important to educate clients about the increased health risks (e.g., exposure to infectious diseases) associated with living with HIV/AIDS. For risk-assessment information, please go to:

www.socialworkers.org/practice/hiv_aids/transmission%20and%20early%20intervention%20overview.pdf

- Review general harm reduction strategies with clients, including substance abuse treatment, needle exchange programs, safe injection education, reducing substance abuse, and the provision of condoms (NASW, 2009a).

Promote multi-component HIV efforts

Discuss the process of needle or syringe exchange or the cleaning and sterilizing of needles, as well as safer sex practices.

- This intervention combines needle and syringe exchange with any one or more of the following services: outreach, health education in risk reduction, condom distribution, bleach distribution coupled with education on needle disinfection, and referrals to substance abuse treatment and other health and social services (National Academy of Sciences, 2006).
- Help clients and consumers understand the co-occurrence of HIV/AIDS and other STIs (including Hepatitis C).
- Learn about HIV disease progression and medication options, and help clients to understand the importance of adhering to medication regimens.

ADVOCACY

Social workers are key players in ensuring access to services, including adequate and accessible funding for these services.

The following federal programs specifically address HIV/AIDS and/or homelessness: Health Resource Services Administration (HRSA) administers the Ryan White Care

Act; the Department of Housing and Urban Development (HUD) administers Housing Opportunities for People Living With AIDS (HOPWA) and the McKinney-Vento Homelessness Assistance Grants Programs. The Substance Abuse, Mental Health Services Administration (SAMHSA) administers a range of programs addressing the mental health and addiction issues of person living with and affected by HIV/AIDS.

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The North American
Housing & HIV/AIDS
Research Summit Series

Since 2005, the Summit Series has provided an innovative forum to present research on the relationship between housing and HIV prevention and care, and to discuss the policy implications of the research findings. Researchers, policy makers, providers and consumers work together to develop evidence-based public policy goals and strategies.

The Summit Series is convened by U.S. National AIDS Housing Coalition (NAHC) and the Ontario HIV Treatment Network (OHTN), working in collaboration with and Johns Hopkins Bloomberg School of Public Health. Summit VI will be held September 21-23, 2011 in New Orleans, Louisiana.

For updates and to read Summit materials, visit

www.hivhousingsummit.org

Breaking the Link Between Homelessness and HIV

Homelessness is both a cause and an effect of HIV infection.

People coping with homelessness are at greater risk of becoming infected with HIV and people living with HIV/AIDS experience high rates of housing loss and instability.

Homelessness increases the risk of HIV infection:

- The pressure of daily survival needs, exposure to violence, substance use as a way to cope with stress or mental health issues, and other conditions of homelessness make homeless and unstably housed persons extremely vulnerable to HIV infection.¹
- The people most at risk of HIV – men who have sex with men, persons of color, homeless youth, IV drug users, and impoverished women – are significantly more likely to become HIV infected over time if they lack stable housing.²
- People who are homeless or unstably housed have HIV infection rates as much as 16 times higher than people who have a stable place to live.³

HIV infection increases the risk of homelessness:

- At least half of all people living with HIV/AIDS experience homelessness or housing instability.⁴
- Housing is the greatest unmet need of people living with HIV.⁵
- For many people with HIV, problems finding and keeping stable housing are exacerbated by discrimination related to HIV, sexual orientation, race, culture, mental health issues, substance use and/or involvement with the criminal justice system.⁶

For people with HIV/AIDS, housing is a matter of life or death:

- People with HIV/AIDS who are homeless or unstably housed have worse overall physical and mental health. Their CD4 counts are lower and their viral loads are higher. They are less likely to receive and adhere to antiretroviral therapy, and they are more likely to die prematurely.⁷
- Low-income people with HIV/AIDS who receive housing assistance have better access to health care services, their physical and mental health improves, and they live longer.⁸
- Over time, stable housing can significantly reduce avoidable emergency and hospital care. The savings in health care costs can offset the cost of housing interventions.⁹

HOUSING IS THE GREATEST UNMET NEED OF AMERICANS LIVING WITH HIV/AIDS

*"The available research makes it readily apparent that access to adequate housing profoundly affects the health of Americans who are at-risk for or living with HIV."*¹⁰

1.1 MILLION The number of persons currently living with HIV/AIDS in the United States, with 56,000 newly infected each year.¹¹

The number of households currently served by the federal Housing Opportunities for Persons with AIDS (HOPWA) program. **Less than 60,000**

500,000 The number of Americans living with HIV who will need some form of housing assistance during the course of their illness.

More than 140,000 The number of households with HIV in the U.S. that currently lack stable housing and have an unmet need for housing assistance.¹²

What's needed: Evidence-based HIV/AIDS housing policy



- Make safe, affordable housing available to all people living with HIV
- Make housing assistance a top HIV prevention priority
- Include housing as a key component of HIV health care
- Continue to collect the data needed to inform HIV housing policy



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Website: www.ohtn.on.ca

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