

Homelessness and HIV Position Paper

AIDS Network of Western New York Women, Children and
Young People's Committee

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About the AIDS Network of Western New York

The AIDS Network of Western New York, Inc. began as a small group of committed service providers discussing a relatively new disease and related care services in the 1980's. The unified group incorporated in 1991 as a not-for-profit 501 (c)(3) corporation within the State of New York. Funding has been received since 1990 from the New York State Department of Health, AIDS Institute through Title II of the Ryan White CARE Act legislation; and through private donations. At the present time, funding comes solely from private donations and the AIDS Plus Fund.

The AIDS Network is here to help our community respond to AIDS and HIV infection. We do this not by providing service ourselves, but by coordinating and communicating with those who do. On our Board of Directors and working committees are persons infected with HIV/AIDS, the loved ones and caregivers who are affected by this disease, representatives of state and local governments, business partners and interested community members. Through this critical exchange of information our community learns about emerging needs, plans the resources to meet them and mutually supports our constituents.

Our mission is to actively develop, promote and advocate a community-based coordinated response to HIV/AIDS through a partnership of all people dedicated to HIV/AIDS issues. Our vision is to be a Network of representative membership and informed leaders who will prioritize regional needs, work at raising community awareness and collaborate to acquire resources to meet the needs of our community in response to HIV/AIDS.

Membership in the AIDS Network is open to any interested individual or agency.

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Glossary of Terms

AIDS	-	Acquired Immune deficiency Syndrome
CDC	-	Center for Disease Control
E.C.D.O.H	-	Erie County Department of Mental Health
E.C.D.S.S	-	Erie County Department of Social Services
HAWNY	-	Homeless Alliance of Western New York
HIPAA	-	Health Insurance Portability and Accountability Act
HIV	-	Human Immunodeficiency Virus
HOPWA	-	Housing Opportunities for Persons with AIDS
HUD	-	Housing and Urban Development
RHY	-	Runaway Homeless Youth
PLWA	-	People Living With AIDS
WCYP	-	Women, Children and Young People

Facts about HIV and Homelessness in Erie County

In 2011, the number of people in Erie County living with HIV or AIDS was 2321.¹ This is a conservative number as the Center for Disease Control (CDC) estimates that one in five (or 20%)of those living with HIV in the United States are not aware of their diagnosis.²

HIV RELATIONSHIP TO HOMELESSNESS:

- Homelessness increases high risk behaviors and/or the likelihood of unsafe situations that can put people at higher risk for HIV infection. These risks include having sexual relations in exchange for shelter, money, alcohol and/or drugs, as well as the use of these substances that could increase the chances of unsafe sex or physical/sexual assault.
- People living with HIV/AIDS face many challenges that could put them at higher risk for homelessness.³ These challenges include lack of affordable housing, a sufficient , living wage income, and/or family support due to their illness; as well as for many, an additional struggle with mental health issues, drug and/or alcohol addiction.

YOUTH, HOMELESSNESS AND HIV:

- 1 in 3 homeless teens are lured into prostitution within the first 48 hours on the streets.⁴
- Homeless youth are 18 times more likely to use crack cocaine than non-homeless youth.⁵
- They are 16 times more likely to be diagnosed with HIV – 7 times more likely to die of HIV.⁶

POVERTY: A KEY FACTOR IN HOMELESSNESS AND HIV/AIDS:

- ***“Where poverty is the highest, poor health outcomes are the greatest”.*** (E.C.D.O.H Community Health Assessment 2010).
- In 2010, local HIV medical clinics reported approximately 78% of HIV+ women in medical care were living below the poverty line.
- In 2010, those same clinics reported that 34% of HIV+ female patients were caring for children
- HIV positive women have a higher mortality rate than HIV positive men, “based primarily in the social context of poverty”.⁷

¹ NYS AIDS Institute 2011 HIV/AIDS Surveillance Report

² Center for Disease and Control

³ NCH 2009 fact sheet number 9

⁴ National Network for Youth Unaccompanied fast facts from www.nn4youth.org/.../factsheet

⁵ National Network for Youth Unaccompanied fast facts from www.nn4youth.org/.../factsheet

⁶ National Network for Youth Unaccompanied fast facts from www.nn4youth.org/.../factsheet

⁷ National Healthcare for the Homeless National Conference and Policy Symposium- May, 2012

Introduction

At any one point in time, there are 643,067⁸ people who are homeless in the United States, 62,601⁹ in New York State and 5,754¹⁰ in Erie County. In 2010 there were 872,990 people living with diagnosed Human Immunodeficiency Virus (HIV)/ Acquire Immune Deficiency Syndrome (AIDS) in the United States. Of these, 132,523 people lived in New York State and 2,263 of them lived in our eight county Western New York region¹¹. The AIDS Network of Western New York's Women's, Children's and Young People's Work Group (WCYP), the Homeless Alliance of Western New York (HAWNY) and the Western New York Coalition for the Homeless have come together to find the links between HIV and Homelessness.

Through our collaborative research, we have found that homelessness increases high risk behaviors and/or the likelihood of unsafe situations that can put people at higher risk for HIV infection. These risks include having sexual relations in exchange for shelter, money, alcohol/drugs, as well as the use of alcohol and/or illegal drugs that could increase the chances of unsafe sex or physical/sexual assault.

We have also found that people living with HIV/AIDS face many challenges that could put them at higher risk for homelessness. These challenges include: lack of affordable housing; sufficient income, employment and/or family support due to their illness; domestic violence; and for many, an additional struggle with mental health issues, and drug and/or alcohol addiction.

According to the AIDS Network of Western New York's 2011 Consumer Survey of 206 people living with HIV/AIDS in eight counties, 28.6 percent had spent time on the streets or in an emergency shelter since testing HIV positive, 14 percent within that month, and 4 percent at the time of the survey.¹²

The City of Buffalo's Housing and Urban Development (H.U.D.) funded Housing Opportunities for Persons with AIDS (H.O.P.W.A.) program assisted 143 individuals living with HIV/AIDS in its May 2011 to April 2012 grant year. Of those assisted, seven were living in emergency shelters, six with family and friends, two in places not mean for human habitation. 133 (93 percent) of them existed on 0-30 percent of the area medium income, the highest poverty level.¹³

⁸ http://www.endhomelessness.org/pages/snapshot_of_homelessness

⁹ <http://www.endhomelessness.org/content/article/detail/2797>

¹⁰ 2013 Annual Report on the State of Homelessness in Erie County

¹¹ Centers for Disease Control NCHHSTP Atlas, <http://www.cdc.gov/nchhstp/atlas>

¹² AIDS Network of Western New York 2011 Consumer Survey

¹³ 2011-2012 City of Buffalo HOPWA Consolidated Annual Performance Evaluation Report

Purpose of this Paper

The goals of our collaborative effort are to: establish the connections between HIV and Homelessness; identify gaps in service; provide policy recommendations to address those gaps; educate the community, human service providers and policy makers on our findings; and promote enhanced communication and collaboration between the two fields (HIV and Homelessness). Because the WCYP work group focuses on women, children and young people, we will limit our discussion in this paper to the impact that HIV/AIDS and Homelessness has on these groups.

Homelessness in the United States, New York State and Erie County

According to H.U.D.'s point-in-time count between 2012 and 2013, the nation's homeless population decreased 4 percent, or by about 23,740 people from 633,782 in 2011 to 610,042 in 2013.¹⁴ There were a decreased number of people experiencing homelessness in most of the subpopulations examined: families, individuals in families, chronic, single individuals and the unsheltered homeless people. **While these rates are going in the right direction, the number of people living in homeless shelters has increased by 1 percent (or 3,297 people).**¹⁵

The majority of homeless people counted in the U.S. were in emergency shelters or transitional housing programs (65 percent or 394,698), but more than one-third of the homeless people (35%) were unsheltered, living on the streets, in cars, abandoned buildings, under bridges, in homeless camps or other places not intended for human habitation.¹⁶ The number of individuals in homeless families decreased by 1 percent nationally, but increased by 20 percent or more in 11 states. **While the homeless population decreased nationally, it increased in 20 states and the District of Columbia, our nation's capital.**¹⁷

In 2013, New York State homeless population increased 24% from 62,601 in 2011 to 77,430 between 2012 and 2013, the largest increase by far in the United States since 2007.¹⁸ Of those individuals 34,431 are families. Ten percent are chronically homeless and 9 percent are unsheltered.¹⁹ In 2012, there were an estimated 5,681 people who experienced homelessness in Erie County, 9.5 percent chronically. Families account for an estimated 1,746 people; 75 percent of the families are led by single mothers and almost 40 percent of homeless children are under age 5 in Erie County. More than 22 percent of the homeless in Erie County are children under the age of 18.²⁰

¹⁴ HUD 2013 National Point-in-Time Annual Homeless Assessment Report

¹⁵ HUD 2013 National Point in Time Count Estimate of Homelessness; Supplement to the Annual Homeless Assessment Report

¹⁶ HUD 2013 National Point in Time Count Annual Homeless Assessment Report

¹⁷ HUD 2011 National Point in Time Count Estimate of Homelessness; Supplement to the Annual Homeless Assessment Report

¹⁸ Hud 2013 national Point-in-Time Count

¹⁹ <http://www.endhomelessness.org/content/article/detail/2797>

²⁰ 2012 Annual Homeless Report in Erie County – Homeless Alliance of WNY

In Erie County 492 people spent at least part of 2010 sleeping in places not meant for human habitation. Forty percent were homeless for the first time and another 30 percent were homeless once or twice in the past.²¹ The number of unsheltered homeless during our annual point-in-time count has dropped dramatically from 201 in January 2010 to 106 in January 2012 due to added beds for the chronically homeless, Code Blue and the coordinated efforts of Street Outreach Workers.²²

Code Blue is the City of Buffalo's cold weather emergency plan for homeless individuals and individuals unable to sufficiently heat their homes. A Code Blue is activated between November 15th and March 15th when temperatures go below 15° F. When activated the Buffalo City Mission and St. Luke's Mission of Mercy open as warming centers from 8:00pm-8:00am. Individuals receive a hot meal, cot, and a safe, warm place to stay for the night. The City Mission opens a separate area away from the general shelter population to all in need, banned or not, intoxicated or not.

Permanent supportive housing ends chronic homelessness.

Homelessness is basically caused by the inability of people to pay for housing; thus it is impacted by both income and housing affordability. Households paying over 30% for rent are defined by HUD as households that are "severely housing cost burdened." The number of poor households in the U.S. that spent more than 50 percent of their incomes on rent increased by 6 percent from 5.9 million in 2009 to 6.2 million in 2010. Three-quarters of all poor renter households had severe housing cost burdens.²³

In Buffalo 58 percent of renters and 52 percent in Erie County are paying more than 30 percent of their incomes for rent, putting people at the brink of homelessness. More affordable rental units are needed in Buffalo and Erie County.²⁴

The number of unemployed people in the U.S has dropped over the last year to a December 2012 rate of 6.7 percent. However the unemployment rate in New York State remains above the national rate, at 7.1 percent.²⁵ The average real income of the working poor increased by less than one percent, from about \$9,300 in 2009 to about \$9,400 in 2010. In 2011, 59.2 percent of the respondent to a regional survey of PLWA's had a total annual household income of less than \$10,000, and only 16.4 percent of the respondents had an annual income in excess of \$20,000.²⁶ ***There was not a single county in the nation where a family with an average annual income of \$9,400 could afford fair market rent for a one-bedroom unit.***²⁷ ***In the last years, prices have been increasing; wages are not keeping up with inflation and one income is no longer enough to support a family.***

The "doubled up" population (people who live with friends, family or other nonrelatives for economic reasons) increased by 13 percent from 6 million in 2009 to 6.8 million in 2010. It increased by more than

²¹ 2011 Annual Report on the State of Homelessness in Erie County – Homeless Alliance of WNY

²² 2011 Annual Report on the State of Homelessness in Erie County – Homeless Alliance of WNY

²³ HUD 2011 National Point in Time Count Estimate of Homelessness; Supplement to the Annual Homeless Assessment Report

²⁴ 2011 Annual Report on the State of Homelessness in Erie County – Homeless Alliance of WNY

²⁵ US Department of Labor, Bureau of Labor Statistics, <https://www.bls.gov>

²⁶ AIDS Network of Western New York 2011 Consumer Survey

²⁷ HUD 2011 National Point in Time Count Estimate of Homelessness; Supplement to the Annual Homeless Assessment Report

50 percent from 2005 to 2010. In addition to people living doubled up, people recently released from prison and young adults who have recently been emancipated from the foster care system (aged out) are also at increased risk of homelessness. The odds for a person in the general U.S. population of experiencing homelessness in the course of a year are 1 in 194. For an individual living doubled up the odds are 1 in 12. For a released prisoner they are 1 in 13. For a young adult who have aged out of foster care they are 1 in 11.²⁸

Although the subject of Domestic Violence is beyond the scope of this paper, it is important to point out its strong connection with homelessness. The United States Interagency Council on Homelessness reports national figures consistent with those in Erie County. “Among those families currently experiencing homelessness, more than 80 percent had previously experienced domestic violence. Domestic violence often includes exertion of financial control, which leaves women with reduced resources and poor credit. When fleeing violence and abuse, victims are unable to find safe affordable housing because of their lack of resources”²⁹

HIV in the United States, New York State and Western New York Region

While the homeless data tracking system has statistics as recent as 2011, New York State and its counties most recent figures regarding HIV/AIDS infection rates are available based on reporting criteria adjusted through December, 2010. These figures will be compared throughout the course of this Summary.³⁰

HIV is the Human Immunodeficiency Virus that causes Acquired Immune deficiency Syndrome (AIDS), a condition that causes progressive failure of the immune system and allows life threatening opportunistic infections (including some cancers) to thrive.

While there have been great strides in the prevention and treatment of HIV and AIDS, the Centers for Disease Control and Prevention estimates that 1,144,500 persons aged 13 years and older are living with HIV infection, including 180,900 (15.8%) who are unaware of their infection. In 2010, there were 872,990 people who had actually been diagnosed and living with HIV/AIDS.³¹ Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable. Still, the pace of new infections continues at far too high a level— particularly among certain groups.³²

In 2010, women accounted for 40.1 percent of those living with HIV/AIDS in the United States. During this same year in New York State, there were 872,990 individuals living with HIV/AIDS. 33.2 percent of

²⁸ HUD 2011 National Point in Time Count Estimate of Homelessness; Supplement to the Annual Homeless Assessment Report

²⁹ United States Interagency Council on Homelessness. http://www.usich.gov/issue/domestic_violence

³⁰ 2013 data collection survey, AIDS Network of Western New York

³¹ Centers for Disease Control, <http://www.cdc.gov/hiv/statistics/basics/ataglance.html>

³² <http://www.cdc.gov/hiv/statistics/basics/ataglance.html>

them were women,³³ the majority of whom were also living in poverty and had childcare responsibilities.
³⁴ New York State has the country's largest population of women living with AIDS.³⁵

In 2012, 2,872 people were living with diagnosed HIV/AIDS in the Western New York Region which is comprised of eight counties, including Erie. Of these cases, 605 or 34 percent were women, which is higher than the New York State rate³⁶. Of all of the patients treated that year at the Erie County Medical Center Immuno-Deficiency Clinic, Designated AIDS Center (DAC), 29 percent were female. Evergreen Health Services, the Medical Home, reported that 29% percent of patients were female. Youth Link Women and Children's Hospital Kaleida Health (DAC) reported 39% of their consumers are female age 13-24 years. In 2014, Benedict House, the only homeless shelter in Buffalo for people living with HIV/AIDS, reports that for that same year, 63 percent of their residents were female and 100 percent of all their residents were living below the federal poverty line.

Aside from high prevalence of poverty, people living with HIV/AIDS in Erie County experience the same challenges as those around the country as well as additional stressors that increase their chances of being homeless. While the stigma associated with HIV has reduced over the years, discrimination still occurs in ways that challenge housing stability. These challenges range from discrimination on the job from employers or coworkers speculating about their illness, to being fired for missing too many days of work due to medical appointments or calling off sick. Many have faced discrimination in homeless shelters or at their rental properties due to illness and/or sexual orientation/gender identity and expression.

According to the National AIDS Housing Coalition; the "HIV infection- rate among homeless persons is ten times the rate of infection for the general population." In addition, "at least 70 percent of people living with HIV/AIDS across the country report a lifetime experience of homelessness or housing instability".³⁷ The AIDS Network of WNY's 2011 Consumer Survey showed that 28.6 percent of respondents had spent time on the streets or in emergency shelters; 26.8 percent reported substance use that interfered with daily life or health; and 74.5 percent reported depression, excessive worrying or attempted suicide.³⁸ Mental health stressors and substance abuse can also impair one's ability to access and maintain benefits or lead to spending rent money on drugs.

The Link between HIV and Homelessness: Poverty

Census Bureau data for 2010 showed that the poverty rate in America remained steady at 15 percent. In New York State, the poverty rate is 15.1 percent³⁹. 37.6% of female-headed households with children live in poverty in New York State. Child poverty rates in upstate cities continue to climb - approximately

³³ CDC HIV Surveillance Supplemental Report, Vol. 18, No. 8, p 14. NYS Department of Health Surveillance Report Through December 2010: pg. 17 <http://www.health.ny.gov/diseases/aids/stat>

³⁴ NYS Department of Health Surveillance Report Through December 2010, pg.

¹⁷http://www.health.ny.gov/diseases/aids/statistics/annual/2010/2010-12_annual_surveillance_report.pdf

³⁵ <http://www.kff.org/hiv/aids/upload/6092-09.pdf>

³⁶ CDC NCHSTP Atlas, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>

³⁷ NAHC Housing and HIV/AIDS Research Summit Series

³⁸ AIDS Network of WNY's 2011 Consumer Survey

³⁹ New York State Poverty Report,

http://ams.nyscommunityaction.org/Resources/Documents/News/NYSCAAs_2013_Poverty_Report.pdf

half of children living in Buffalo (46.6%) are below the poverty line.⁴⁰The official poverty line for 2014 is an income of just \$19,790 for a family of 3, or an income of \$23,850 for a family of four.⁴¹

“...too many of our residents are living paycheck to paycheck and even day-to-day in order to survive. One unexpected crisis such as being laid off from work or even having hours reduced; one unexpected bill such as a high utility bill or car repair, can thrust a person to the brink and into homelessness.”⁴²

Poverty is the Root Cause of Homelessness

- 29 percent of Buffalo residents, the third poorest large city in the country, and 14 percent of Erie County residents live below the poverty level.⁴³
- “Contrary to public opinion, the majority, 59.6 percent, who live in poverty, *are employed*.” The high cost of child care for low income workers eats up most of their income.⁴⁴
- 43 percent (11,110) of female head of households in Buffalo live below the poverty level, 30 percent (15,344) in Erie County.⁴⁵
- 45 percent of people living with HIV are unemployed. HIV often has a negative impact on socioeconomic status by constraining an individual’s ability to work and earn income.⁴⁶
- 32 percent of the housing in Erie County and 63.9 percent of the housing in Buffalo was built before 1939 and 83.9 percent before 1960. The older units tend to be less energy efficient, which increases the overall housing costs. This is especially true in the winter months when high utility bills will often be paid in lieu of rent, increasing the likelihood of eviction and homelessness. According to the Homeless Prevention and Rapid Re-housing Program, utility payment assistance was the second largest need for the prevention of homelessness.⁴⁷

“When low income residents are paying a disproportionate amount of their income on housing costs, there is no safety net to account for unexpected expenses and certainly no ability to save money for a rainy day.”⁴⁸

A number of factors place individuals and families at risk of homelessness such as poverty, loss of job, family conflicts, mental/physical illness, lack of education, income etc. For people living with HIV, the risks are even more overwhelming. The extreme costs of health care associated with managing the disease oftentimes leads to housing instability added to the danger of losing jobs due to frequent health related absence from work. This leads to inability to meet basic needs such as food, clothing and shelter which places a burden on individuals and families who are living with HIV/AIDS.⁴⁹

⁴⁰ New York State Poverty Report,

http://ams.nyscommunityaction.org/Resources/Documents/News/NYSCAAs_2013_Poverty_Report.pdf

⁴¹ <http://aspe.hhs.gov/poverty/14poverty.cfm>

⁴² Opening Doors: Buffalo and Erie County Community Plan to End Homelessness, Homeless Alliance of WNY 2012

⁴³ Opening Doors: Buffalo and Erie County Community Plan to End Homelessness, Homeless Alliance of WNY 2012

⁴⁴ Opening Doors: Buffalo and Erie County Community Plan to End Homelessness, Homeless Alliance of WNY 2012

⁴⁵ Opening Doors: Buffalo and Erie County Community Plan to End Homelessness, Homeless Alliance of WNY 2012

⁴⁶ Rabkin, J., McElhiney, M., Ferrando, S. J., Van Gorp, W., & Lin, S. H. (2004). Predictors of employment of men with HIV/AIDS: A longitudinal study. *Psychosomatic Medicine*, 66, 72–78

⁴⁷ 2011 Annual Report on the State of Homelessness in Erie County – Homeless Alliance of WNY

⁴⁸ 2011 Annual Report on the State of Homelessness in Erie County – Homeless Alliance of WNY

⁴⁹ NASW, 2011

HIV positive consumers who are unemployed find it challenging to access benefits, especially ones that require them to disclose their HIV status. They are frequently denied Social Security Insurance (SSI) unless they have a coexisting diagnosis. Many find the application processes for SSI and Public Assistance overwhelming, including waiting for hours to be seen, standing in long lines, filling out long/confusing forms, obtaining all the required documentation, having to come back several times if they are missing documentation, keeping up with recertification and required appointments and lastly, being treated in a way that some describe as degrading and dehumanizing.

The Western New York Coalition for the Homeless has facilitated a monthly dialogue meeting between their member providers, Neighborhood Legal Services and the Erie County Department of Social Services (ECDSS) to address these and other barriers that Consumers face in accessing benefits. The ECDSS supervisors who participate have indicated that they understand that the process can be improved. They are willing to participate in these monthly meetings to hear concerns and implement changes, but have also stated that operating at such a high capacity with a reduced staff may slow the rate of change that is being requested.

“Where poverty is the highest, poor health outcomes are the greatest.”⁵⁰

According to the Center for Disease Control 2.1 percent of heterosexuals living in high-poverty urban areas in the United States are infected with HIV. This analysis suggests that **many low-income cities across the United States now have generalized HIV epidemics** as defined by the United Nations Joint Program on HIV/AIDS (UNAIDS).⁵¹ UNAIDS’ definition of a “generalized epidemic” requires that the disease be ‘firmly established’, affecting over 1 percent of the general population.

***“The absence of race-based differences in this analysis is likely due to existing high prevalence of HIV in poor urban areas, which – regardless of race or ethnicity – places individuals living in these areas at greater risk for exposure to HIV with each sexual encounter”.*⁵¹**

A person living with HIV who has also lost their housing is less likely to keep their medical appointments, fill their prescriptions and take their medicine regularly. “A recent study found that hunger was associated with poor viral suppression among homeless and marginally housed HIV-positive adults taking antiretroviral therapy”.⁵²

HIV/AIDS is a chronic disease which requires specialized medical treatment including regular doctor visits, strict medication adherence and a healthy lifestyle to address their medical condition effectively. When an HIV positive person is put on medication they must take them consistently. If they stop taking their medications for any reason their virus can mutate and become resistant to that medication. With a limited number of available HIV medications, the issue of drug adherence is taken very seriously as a patient can find themselves in a position where there is no medication they can take to treat their virus. The issues of poverty (including inadequate housing, transportation, access to fresh food and support systems) present significant barriers to treatment and healthy living.

⁵⁰ Erie County Department of Health Community Health Assessment 2010-2013

⁵¹ CDC July 10, 2010 press release, “*Poverty and HIV in Urban Areas*,”
<http://www.cdc.gov/nchstp/newsroom/povertyandhivpressrelease.html>

⁵² White House National HIV/AIDS Strategy for the United States July 2010

Family Homelessness and HIV

In 2009, Women accounted for 24 percent of those living with HIV/AIDS in the United States, 31 percent in New York State and 34 percent in Erie County.⁵³ Sixty four percent of HIV positive women both in the US and in NYS are living in poverty. Seventy-six percent of women being treated for HIV/AIDS nationally and 60 percent in NYS are caring for children.⁵⁴

HIV positive women have a higher mortality rate than HIV positive men, due to the social context of poverty. *“Women with unstable housing conditions reported higher levels of IV drug and sex related HIV risk behavior.”*⁵⁵

HIV exposure/infection has been linked with domestic violence and reduced ability to negotiate safe sex.⁵⁶ Locally, a high number of HIV positive women receiving care report incidences of childhood or adult sexual violence which puts them at high risk for homelessness.

An HIV positive mother in Buffalo reported to her counselor that she and her son secretly left her boyfriend and their home in Albany to escape his escalating rampages which culminated in a severe beating and death threat. She was fortunate to have family in Buffalo to stay with until she could connect with HIV service agencies that ultimately linked her with income and housing support. She, like many other local women living with HIV, disclosed that she had been sexually abused as a child and later contracted HIV from her boyfriend.

“Childhood sexual abuse and traumas have been strongly linked with a broad spectrum of mental health disorders, risk-taking behaviors, adult intimate partner violence, negative health and disease outcomes, and even early death. For many mothers experiencing homelessness, trauma is something they experienced both as a child and as an adult.”⁵⁷

New York State recommends that Domestic Violence screenings occur during the privacy of an HIV testing session.⁵⁸ Locally, these screenings are occurring.

Families account for 29 percent (1,746) of the homeless populations in Erie County. 22.15 percent of children in these families are under age 18 and 38 percent are under age 5. Female single parent households represent the overwhelming majority at 75 percent⁵⁹. They, along with households with histories of domestic violence, are at highest risk for homelessness.

⁵³ Kaiser Family foundation Woman and HIV/AIDS in the United States Fact Sheet accessed 2014.

⁵⁴ Woman and HIV some NYS facts, www.hivlawandpolicy.org.

⁵⁵ *National Healthcare for the Homeless National Conference and Policy Symposium- May, 2012*

⁵⁶ Family Violence, Prevention and Health Practice: The Intersection of HIV and Intimate Partner Violence: Considerations, Concerns, and Policy Implications. http://endabuse.org/health/ejournal/archive/1-7/hiv_ipv.php

⁵⁷ US Interagency Council on Homelessness- http://www.usich.gov/issue/trauma_informed_care/

⁵⁸ NYS AIDS Institute <http://www.health.ny.gov/nysdoh/rfa/hiv/guide.htm>

⁵⁹ 2011 Annual Report on the State of Homelessness in Erie County , Homeless Alliance ⁵⁹ NYS AIDS Institute <http://www.health.ny.gov/nysdoh/rfa/hiv/guide.htm>

Many of these families struggle to cover the basic costs of living, nurture their children, and cope with temporary setbacks like loss of a job or medical emergency⁶⁰.

When confronted by homelessness, thirty three percent of families find themselves having to “double up” with relatives or friends to avoid living in shelters, on the street, or being separated. Two parent families represent 20 percent of the homeless population and are seriously affected by shelters that do not allow adult males, causing fathers and/or older sons to be separated from their family unit.⁶¹

This story has played out time and again for families, many of whom are also impacted by HIV/AIDS. One mom recently reported losing her apartment when she thought she had secured another in a nicer neighborhood. When she was told that Section-8 would not pass the new apartment’s inspection, she and her 18 yr. old son had nowhere to turn except a shelter. She reported being amazed when she was told that she could stay at the shelter but her son had to make other arrangements. Not wanting to be separated from her son, she chose to stay with an old friend; only to find that she and her son were being verbally abused and threatened physically by this man. As a last resort, this Mom made the decision to stay in the shelter and have her son stay with an acquaintance. They spoke daily and she reported increasing concern for her son as he witnessed numerous acts of physical violence in that home. This mom reported high anxiety for her son’s well-being for several weeks (despite there being a safety plan in place) until she was able to save enough money to re-locate out of the region.

The issue of family separation has been addressed in HUD’s Continuum of Care and Emergency Solutions Grant funded projects under Fair Housing Section 578.93 which prohibits against involuntary family separation. The age and gender of a child under age 18 must not be used as a basis for denying any family’s admission into a funded project.⁶² However, the lack of family shelters in Buffalo makes it difficult to house them once they are homeless. It is even more challenging for families living with HIV as many are not willing to live in housing specifically for HIV positive people due to stigma.

Youth, Homelessness and HIV

- ***1 in 45 children are homeless in the United States (1.6 million)***⁶³
- ***1 in 3 homeless teens are lured into prostitution within the first 48 hours on the streets***⁶⁴
- ***About 75% of homeless youth use drugs as a means to self-medicate to deal with traumatic experiences***⁶⁵

⁶⁰ Margery Austin Turner and Karina Fortuny, 2009, Residential segregation and low income working families, The Urban Institute

⁶¹ 2011 Annual Report on the State of Homelessness in Erie County , Homeless Alliance of WNY

⁶² Department of Housing and Urban Development 24 CFR Part 578 [Docket No. FR-5476-I-01] RIN 2506-AC29 Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program - 2012

⁶³ <https://www.dosomething.org/facts/11-facts-about-homeless-teens>

⁶⁴ National Network for Youth Unaccompanied fast facts from www.nn4youth.org/.../factsheet

⁶⁵ “Understanding the Health Care Needs of Homeless Youth.” Health Resources and Services Administration Accessed August 7,2014 <http://bphc.hrsa.gov/policiesregulations/pal200110.html>

- ***About 5,000 homeless youth die every year because of physical assault, illness, or suicide while on the street.***⁶⁶
- ***They are 16 times more likely to be diagnosed with HIV – 7 times more likely to DIE of HIV***⁶⁷

In the United States

Homeless youth are among the population of young people at highest risk for contracting HIV in the United States.⁶⁸ They are 16 times more likely to be diagnosed with HIV than the general public and seven times more likely to die from AIDS.⁶⁹

The U.S. Department of Health and Human Services Centers for Disease Control and Prevention reports that young people ages 13-29 accounted for 27.63 percent of all new HIV infections in 2011⁷⁰. This research goes on to report that a large proportion of young people are not concerned about becoming infected with HIV. This lack of awareness can translate into not taking measures that can protect their health.⁷¹ Adolescents between the ages of 13 and 24 represented 23.24 percent of all of those identified as living with HIV/AIDS in NYS.⁷²

Factors that place youth at risk for homelessness and also at risk of HIV/AIDS are complex, ranging from poverty/economic problems (40 percent of youth in Buffalo live beneath the national poverty level⁷³), residential instability (lack of affordable housing), family instability, parental mental health/substance abuse issues, and often serious abuse and neglect. Many of these youth become homeless with their families, but are later separated from them by homeless shelters or child welfare policies.⁷⁴

⁶⁶ "Streetwork: Homeless youth facts." Safe Horizon. Accessed August 7, 2014.<http://www.safehorizon.org/page/streetwork-homeless-youth-facts-69.html>

⁶⁷ "Streetwork: Homeless youth facts." Safe Horizon. Accessed August 7, 2014.<http://www.safehorizon.org/page/streetwork-homeless-youth-facts-69.html>

⁶⁸ Eddin JP, et al., 2011, Tucker JS, et al, 2011, Kipke, et al, 1995. The New York City Association of Homeless and Street-Involved Youth Organizations' 2011 State of the City's Homeless Youth Report, Empire State Coalition of Youth and Family Services

⁶⁹ National Alliance to End Homelessness – America's Homeless Youth

⁷⁰ <http://www.cdc.gov/hiv/statistics/basics/>

⁷¹ Eddin JP, et al., 2011, Tucker JS, et al, 2011, Kipke, et al, 1995. The New York City Association of Homeless and Street-Involved Youth Organizations' 2011 State of the City's Homeless Youth Report, Empire State Coalition of Youth and Family Services

⁷² CDC NCHHSTO Atlas, <http://gis.cdc.gov/GRASP/NCHHSTAtlas/main.html>

⁷³ 2011 Annual Report on the State of Homelessness in Erie County, Homeless Alliance of WNY

⁷⁴ "Homeless Youth." National Coalition for the Homeless accessed August 7, 2014 <http://www.nationalhomeless.org/factsheets/youth.html>

Homeless adolescents are at high HIV risk due to higher rates of sexual abuse and exploitation. It has also been estimated that 70 to 85 percent of homeless adolescents abuse substances.⁷⁵ Many find that exchanging sex for food, clothing and shelter is their only means of survival on the streets,⁷⁶ a perception which puts them at greater risk of contracting HIV or related illnesses.

The National Coalition for the Homeless estimates the percentage of homeless youth infected with HIV is generally around 5 percent nationally.⁷⁷ It has been suggested that HIV prevalence for homeless youth may be as much as 2 to 10 times higher than reported for other adolescents in the United States.⁷⁸ In Erie County, the figure for HIV positive youth who are currently homeless or have been homeless in the past 2-3 years is currently 19%.

Youth at Risk of HIV/AIDS in Erie County

Those at highest risk include young men who have sex with men; lesbian, bisexual, questioning or transgender youth; youth involved in “street economy; substance users; homeless; adolescents/young adults who have experienced physical, mental, and/or sexual abuse; gang-involved youth; and/or those with a history with the criminal justice.”⁷⁹

“Anecdotally, we have been seeing a shift in who is coming into the clinic from 30 + age group to a much younger crowd. The numbers seem to verify this. Although these numbers do not reflect the actual number of STD’s treated or HIV cases, there is an assumption that the people showing up at the STD clinic are at a perceived risk of HIV infection.” ~Michael Chase, Erie County Department of Health Jesse Nash Clinic

Due to different age ranges utilized for data collection by the three main HIV medical providers, it has not been possible to access the numbers of homeless At-Risk and HIV positive youth being served by all of the main HIV medical facilities in Erie County.

The Youth Link program of Women and Children’s Hospital Kaleida Health currently follows 73 At Risk Youth between the ages of 13 and 24 for six months. Two of these youth are currently homeless. Four are known to be homeless. However, many reported couch surfing in the last year. Compass House, a Runaway and Homeless Youth (RHY) program, reported serving over 200 homeless youth in 2014, 6 of the 200 homeless youth are considered high risk.

Although, Runaway Homeless Youth (RHY) programs are there to serve homeless youth, there are still upsurge barriers to mainstream services for at-risk youth. About 51.1% of Buffalo students reported having sexual intercourse. 11.8% had sexual intercourse before age 13 years. 37.9% admitted they did not use condoms. To date condoms have not been made available to students.⁸⁰ Adolescents may be more vulnerable to HIV/AIDS than older people. Their social, emotional and psychological development

⁷⁵ Adams, Michael. HIV and Homeless Shelters: Policy and Practice, American Civil Liberties Union AIDS Project. Available online: archive.aclu.org/issues/gay/hiv_homeless.html (Accessed: June 20, 2003)

⁷⁶ “Homeless Youth.” National Coalition for the Homeless accessed August 7, 2014

<http://www.nationalhomeless.org/factsheets/youth.html>

⁷⁷ www.nationalhomeless.org/publications/fact/youth.pdf

⁷⁸ National Coalition for the Homeless -<http://www.nationalhomeless.org/factsheets/youth.html>

⁷⁹ NYS Department of Health AIDS Institute <https://www.health.ny.gov/diseases/aids/general/about/hlthcare.htm>

⁸⁰ Buffalo Public School CDC Youth Risk Behavior Report, 2011.

is not complete resulting in a tendency to experiment with risky behavior.⁸¹ The Buffalo Public school just recently adopted a middle school sexual health curriculum. However, this type of curriculum needs to be extended to high schools and colleges.

The American Red Cross Community Health and Wellness Initiative, provides prevention and sexual health education services to females who are at high risk for HIV infection, but agencies that provide this type of services in Erie County are faced with flat funding. These leave many programs confronted with having to operate on a small budget and with less staff to educate our youth on issues of safe sex.

Below is a story of an unstably housed at-risk youth. Unfortunately, this is a common scenario where the risk for HIV infection is only one of many physical/mental health and safety concerns.

One 17 year old at-risk youth was sexually abused by a family member who took custody of her after her mother died of HIV-related complications when the teen was 10 years old. After years of abuse she set fire to her home and was institutionalized as a result. She was released to an aunt whose boyfriend began sexually abusing her. When she told her aunt, the aunt didn't believe her and forced the teen to leave. She began "couch-surfing" before moving in with an ex-boyfriend whose mother said she could stay there. She met an outreach worker who navigated her into chlamydia and gonorrhea treatment. She told the worker that although they were no longer in a relationship she was sharing a bed with her ex-boyfriend. She said, "He stays on his side and I stay on mine...most of the time."

This client could not register for school because her aunt had her identification. The outreach worker worked with clinic staff to obtain copies of her identification and help her apply for school, Medicaid and food stamps. She reported that her new boyfriend was purposely trying to get her pregnant. They lived in an apartment with no heat or stove for over a year. She started suffering from fainting spells and admitted that she was only eating one meal a day because the other occupants of the apartment were eating all the food she would bring into the house while she was at school every day. The outreach worker tried to get her into a youth shelter but she refused because she said her boyfriend would leave her and that it reminded her of being in an institution. This client applied for subsidized housing but remains on a waiting list because she isn't pregnant or parenting. She is currently still living with the boyfriend who is becoming increasingly controlling and providers suspect the possibility of domestic violence. She has also been treated for chlamydia and gonorrhea several times in the past two years which alone doubles her HIV risk. However, considering her lack of income, education level, unstable housing and history of sexual abuse, she is at the highest risk.

HIV/AIDS Defined Youth in Erie County

The Youth Link program currently treats 36 HIV/AIDS Defined Youth ages 13-24. The oldest is age 24. Women and Children's Hospital's Towne Gardens Pediatrics Center currently provides primary and HIV care to eight children with HIV between the ages of 3 and 12 years. Although no children born in Western New York has eliminated maternal to child transmission of HIV for the past six years because of proactive testing, monitoring, and prophylactic treatment. There are at least two recent immigrant children age 3 and 6 years being treated for HIV at Towne Gardens.

⁸¹ HIV/AIDS and Adolescents, AIDS Network of Western New York Care Coordination Committee, March 2009

Of this population six of the youth between ages 16 to 23 are currently homeless, three others in that age range have been homeless in the past three years and no children between ages 2 to 12 are homeless.

Youth Findings

Homeless youth living with HIV/ AIDS encounter many challenges to their health. Even when they are linked to care, youth who are homeless or who are "couch-surfing" between two and three separate places, are difficult to reach. It becomes nearly impossible for caregivers to engage them in regular or standard care because they simply cannot be found. Due to factors such as poor hygiene, malnutrition, and exposure to cold, homeless people are three to six times more likely than housed people to become ill.⁸²

Service providers at hospitals in Erie County report that it is difficult to encourage homeless HIV/AIDS defined youth who are attached to care to seek housing in a shelter or transitional home. Shelters and transitional homes require youth to keep medications and cell phones with staff in locked areas of the residences for security reasons. HIV/AIDS defined youth are reluctant to share their diagnosis and are often unwilling to move into a shelter or transitional residence for fear of being ostracized. The stigma of an HIV/AIDS diagnosis, combined with the stigma of homelessness can bring despair to youth in the form of mental health problems, substance use, victimization, unsafe sexual practices, and barriers to education and employment. These problems further complicate the work being done by the service providers at the HIV/AIDS clinics and the homeless shelters. If these youth are not helped, they will likely become an addition to the population of the chronic homeless adults who are five times more likely to die than those living with HIV who have stable housing.⁸³

One youth who was born HIV+ was in his grandmother and aunt's custody after his mom died of HIV related complications. He was diagnosed with lymphoma before his 18th birthday. While going thru treatment neither relative wanted him to live with them due to behavioral issues so they kicked him out as soon as he turned 18. During his lymphoma treatment he spent time at Ronald McDonald House and Roswell Park's Kevin Guest House but was evicted due to his behavioral issues. His medical providers helped him get into a subsidized apartment across the street from Roswell Park, but it was near a corner store where drugs were sold. His lack of financial literacy and life skills left him unable to sustain himself and he reported that he was evicted for associating with the drug dealers who took advantage of him. He became very depressed.

With nowhere to go, he and his brother began squatting in an abandoned house in a bad neighborhood in the middle of winter. After several months his grandmother helped him get an apartment next door to her. He met a girl who became pregnant but left him in her 8th month to live with her family out of town. He lost that apartment and fell into deeper depression. His providers worked with the Director of the City Mission to place him but he didn't want to stay, and lost his spot. He began "couch-surfing" with drug dealers and finally moved in with a female friend who was had been homeless, HIV positive and living with mental health issues. They lived together for a year and began a relationship. She threatened to leave him which led him to be admitted to Buffalo General Hospital for threatening suicide. He was released with outpatient referrals but never followed up on

⁸² National Health Care for the Homeless Council, 2008

⁸³ National AIDS Housing Council

them. A few months later she again threatened to leave and did not come home. That was the night he hung himself.

Since HIV targets the immune system, people living with it have a reduced ability to fight off disease, and their risk of illness is much higher. Unstable housing, shelters and transitional homes can endanger people with HIV/AIDS by exposing them to infections such as hepatitis A, pneumonia, tuberculosis, and skin infections. One study shows that people who sleep in a shelter are twice as likely to have tuberculosis if they are HIV-positive.⁸⁴

As with adults, homelessness makes it more difficult for youth to obtain and use anti-retroviral treatments, the medication for HIV/AIDS. These medications have complex regimens and adherence is difficult for youth who do not have access to stable housing, clean water, bathrooms, and food. Because of this, health providers often have a difficult time weighing the best options for care. Homeless youth who contract HIV experience significant barriers to treatment benefits. They require consistent medical care including case management, secondary prevention, and mental health care. A typical routine of anti-retroviral therapy consists of two to three doses a day of multiple medications. Some must be kept refrigerated and/or taken with food. Side effects, especially in the beginning, can be debilitating. A youth without a stable place to live, no means of preparing appropriate meals, and no comfortable place to rest when side effects are serious will have significant barriers to compliance.

According to a New York Study, formerly homeless people were four times more likely to get medical care once they had been placed in supportive housing than when they were in case management alone.⁸⁵ Housing also increases the likelihood of receiving and adhering to antiretroviral treatments.

Service Gaps

Housing and income are the greatest gaps in service and unmet needs for families and youth living with HIV/AIDS.

Housing

- **Housing instability/homelessness increases** high risk behaviors and unsafe situations that can put people at higher **risk for HIV infection**.
- There is a **lack of affordable housing options** for Erie County residents, especially for those with low incomes including those living with HIV. Fifty-eight percent of Buffalo households spend more than 30 percent of their income on housing. The widening gap between median rental cost and fluctuation in income poses challenges to stable housing.
- Lack of **employment opportunities** prevents long term financial and therefore housing stability.
- A large portion of Erie County residents are living in very old, non-energy efficient homes and are therefore paying **overwhelming utility costs** (\$200-300 a month in the winter). The Home Energy Assistance Program (HEAP) that provides utility assistance to low income residents has experienced considerable budget cuts in recent years. Many residents are forced to use their rent money to pay utility bills which puts them at risk of homelessness. **Increased temporary**

⁸⁴ National Alliance to End Homelessness, 2006

⁸⁵ www.nationalhomeless.org/factsheets/hiv.html

rental, mortgage and utility assistance are needed to stabilize HIV positive individuals and keep them in their homes. Many need housing services multiple times a year and/or every year due to lack of adequate income and affordable housing options.

- There is a lack of shelters and permanent supportive housing **for families including single mothers with children** (the highest demographic impacted by homelessness). Cornerstone Manor and the Salvation Army shelters are usually full while Gerard Place supportive living facility has a waiting list. Single fathered families have even less options.
- There is a lack of shelters and permanent supportive housing tailored to the needs of **families with children who are affected by chronic illness including HIV**. Currently Benedict House is the only shelter in Buffalo that provides permanent supportive housing but only to adults or couples living with HIV/AIDS.
- There is a lack of **funding for the existing youth shelters in Erie County**. In the past 4 years, the budgets for all youth service agencies in New York State have been cut 69%. Compass House youth emergency shelter has gone from 8 cases managers to 3 ½ which has affected the number of youth served and the quality of services. Shelters are only able to address immediate needs instead of providing the comprehensive services necessary to stabilize their homeless youth. In 2011 all the Erie County youth shelters together were only able to service 709 of the 1500 homeless youth in Erie County.
- There are an insufficient number of permanent supportive housing units with age appropriate services for **high risk homeless youth under the age of 21 and especially for young adults in the 21-25 age range**. Most Permanent Supportive Housing placements currently available require some other co-occurring issue example, mental health, substance abuse, pregnancy. This population needs a lot of support as they generally lack higher education, employment training, job experience, life skills and money management skills.
- There is no medical home model (Supportive housing with medical services on-site) with age appropriate services for unaccompanied **youth under the age of 25 with chronic illnesses including HIV**. Benedict House can assist youth over 18 years of age, but only those who are HIV positive.

Service Provision

- HIV Service providers are confronted with the need to meet the demand for housing for their Consumer with limited staff, supportive service programs and affordable housing availability (e.g. Limited HOPWA funding. Landlords are not accepting DSS security agreements in lieu of security deposits; affordable apartments are extremely scarce and highly competitive.)
- Poor coordination of service referral networks. Many service providers are focused on a specific issue (ex. homelessness, HIV.) and are not communicating or collaborating with providers outside of their sector. Some service providers do not know where to refer HIV positive Consumer for housing. A committee survey of WNY homeless providers indicated that 40% of homeless service providers who responded did not know where to refer Consumer for HIV services.
- Some private physicians are not offering HIV testing as a part of routine medical visits as per NYS testing law due to discomfort discussing sexual health issues and/or assumptions made regarding their patient's HIV risk.

- There is a gap in service for youth aging out of foster care (in which LGBTQ youth are disproportionately represented) and mental health services. Although these youth are encouraged to stay in services until age 21, those who have either had bad experiences with these institutions or want to be independent will often opt out of staying in services.
- There are significant challenges for unaccompanied homeless youth in obtaining health insurance which leads to risk for poor health outcomes.
- There is a substantial link between the effects of trauma on an individual's ability to maintain housing stability. These effects include depression, Post Traumatic Stress Disorder (PTSD), lowered self-esteem, lack of education, unemployment, drug/alcohol use and psychiatric hospitalization.⁸⁶
- Many LGBTQ youth report hesitancy to stay at local youth shelters due to fear of rejection and discrimination. Therefore many end up "couch-surfing" or on the streets. The goal of emergency shelters is to reunite youth with their family, which may not be possible for a majority of these youth if their family disowned them due to their sexual orientation/gender identity and expression or if the home environment is emotionally or spiritually abusive.

Data Collection

- Lack of local research and data conducive to informing HIV and housing in Erie County. Some of this is due to different reporting requirements by either the State or Federal funding sources. The housing section of the AIDS Institute Reporting System (AIRS) intake form currently asks if client is "Homeless on the street, Homeless in a shelter, living with relatives/friends". Many homeless individuals may be staying with relatives or friends temporarily or "couch-surfing." The numbers of these individual is frequently being counted in the same data as minors living with their families. A new option should be added stating "Homeless staying with relatives/friends." Planned Parenthood of Western New York's Mobile Outreach Unit provides informal service referrals to homeless Consumer but does not collect housing information other than client's address. Their staff instructs homeless Consumer to provide someone's address or they cannot assist them because they would have nowhere to reach to them to deliver their test results.

Education/Outreach

- Lack of outreach programs that target homeless youth and adults at risk for HIV, especially for those with chronic conditions. The majorities of these populations are not easily accessible, disconnected to care and suffering from a serious lack of trust, especially towards systems and institutions. Transportation and child care are reported as barriers for accessing services, especially for those in rural Erie County and surrounding counties.
- Lack of comprehensive sexual education for youth and adults. For example, Buffalo Public Schools (BPS) adopted a Student Wellness Policy which included comprehensive sexual education in all of their schools for the first time. However, the program has only been implemented for seniors to date and only 47 percent of Buffalo high school student who started high school in 2007 actually graduated by June 2011.⁸⁷ A Risk Behavior Survey was conducted

⁸⁶ Service and Housing Interventions for Families in Transition, 2012

⁸⁷ <http://www.oms.nysed.gov/press/GraduationRates2012OverallImproveSlightlyButStillTooLow.html>

for all Buffalo Public School District students in 2011, and the results showed: over half of the Buffalo Public School students reported having had sexual intercourse (20 percent higher than the rate of all NYS students); over 10 percent of Buffalo Public School were sexually active by age 13 (64 percent higher than the rate for all NYS students); and one out of every five Buffalo Public School students had already had four or more sexual partners (41 percent higher than the state level.)⁸⁸

Recommendations

The federal government released its “first strategic plan to prevent and end homelessness” in 2010. This plan, entitled *Opening Doors*” is locally aligned by the Homeless Alliance and in collaboration with Erie County, The City of Buffalo, several town governments in Erie County and dozens of non-profit organizations.

Also in 2010, the White House released the National HIV/AIDS Strategy for the United States. The following recommendations have therefore been presented in a way that aligns with the national and local goals to end HIV/AIDS and homelessness.

Housing

1. Incorporate stable housing as a critical element of HIV prevention and health care. (NAHC Housing Summit Policy Paper.) Stable housing is the cornerstone of HIV treatment.
2. Provide more long term subsidized and affordable housing for youth, adults and families in Erie County to create stable housing outcomes and reduce the risks of homelessness/HIV. (ex. Expand scattered sites housing first model, subsidized based on income). Increase funding for HOPWA’s long term subsidized housing to increase the likelihood of HIV positive individuals adhering to medication regimens and keeping medical appointments. *National HIV Strategy: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing. Opening Doors: Provide permanent supportive housing to prevent and end chronic homelessness. Governor Cuomo’s 2020 three-point plan to end the AIDS epidemic in New York State: added a “30% cap of the proportion of an HIV patient’s income that can be spent on rent, keeping persons with HIV stably housed, which improves their ability to stay on their medication.*
3. Create sustainable housing and employment options (ex. Urban Community Corporation Model: Training and employing public assistance recipients to rehab vacant city owned properties as a means of fulfilling their workfare requirement would create sustainable housing and employment options while providing these individuals with valuable skills and work experience. This group of people could also provide maintenance and landscaping to these homes on an ongoing basis.)
4. Increase funding for HEAP utility assistance, HOPWA’s short term rental, utility and mortgage (STRUM) assistance and Weatherization Assistance Program. Utility assistance will stabilize individuals and families temporarily, while weatherization significantly decreases their long term utility cost.
5. Increase shelter placements for families, including single mothers with children (ex. Salvation Army Shelter/Gerard Place Models). *National HIV Strategy: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing. Opening Doors: “Improve health and stability”*

⁸⁸ High School Risk Behavior Survey Report 2011,

<http://www.buffaloschools.org/files/83214/bps%20district%20high%20school%20yrbs%20report%202011.pdf>

6. Increase transitional and permanent supportive housing for chronically homeless adults including those living with HIV. Benedict house is the only one in Erie County for individuals living with HIV. In 2014, the Lt. Col. Matt Urban Human Services of WNY opened “Hope Gardens”, a residence for homeless women that include 15 studio apartments, a shared kitchen, dining room, art studio, community living room, laundry room, computer lab/library and a conference room. [National HIV Strategy and Opening Doors: Provide permanent supportive housing to prevent and end chronic homelessness.](#)
7. Restore funding to youth shelters in Erie County
8. Provide permanent supportive housing with age appropriate services for homeless youth under age 25 especially youth without children and also including youth living with HIV once stabilized (ex. Gerard Place Model). [Opening Doors: Provide permanent supportive housing to prevent and end chronic homelessness.](#) [National HIV Strategy: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.](#)
9. Create a medical home for unaccompanied youth (age 18-25) with chronic illnesses including HIV/AIDS. There is a need for 40 more units in our community for this population. Once medically, emotionally and finally stabilized they can be transitioned to permanent housing (ex. Teaching and Restoring Youth Model). [Opening Doors: Integrate primary and behavioral healthcare services with homeless assistance programs and housing to reduce people’s vulnerability to and the impact of homelessness.](#) [National HIV Strategy: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.](#) *In addition, the Ryan White HIV/AIDS Program has supported the development of medical homes for people living with HIV and has experience to share, which can be valuable to other providers including community health centers and private physicians in their provision of HIV care.*

Service Provision

10. The HOPWA program needs additional funding for staff to administer funds and provide support to stabilize Consumer.
11. Service providers and institutions (Department of Social Services, Public Schools) in Erie County must engage in a cross sector multifaceted effort to prevent homelessness, the transmission of HIV and their consequences by addressing the socioeconomic issues that put youth and adults at risk for becoming homeless including family violence, sexual abuse, substance use, mental health, inadequate housing, poverty, employment, education and stigma regarding sexual orientation/gender identity and expression. This effort should include outreach, education, data collection, advocacy and mutual service referrals. [Opening Doors: Integrate primary and behavioral healthcare services with homeless assistance programs and housing to reduce people’s vulnerability to and the impact of homelessness.](#)

Erie County’s consolidated plan:

(iv) Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are:

(A) being discharged from publicly funded institutions and systems of care, such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions; or

(B) Receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs.

In addition: the County will work with publicly funded institutions and systems of care, such as health-care facilities, mental health facilities, foster care and other youth facilities and corrections programs and institutions to insure that low-income individuals and families being discharged have housing and services required to avoid homelessness. If discharged services including housing is not provided by the publicly funded institution the County shall as needed provide housing relocation, stabilization services and rental assistance to low-income and extremely low income individuals and families in order to prevent the individuals or families from becoming homeless.

12. Develop coordinated entry/assessments that can quickly and easily link individuals living with HIV to the services they need. (E.g. HAWNY created a steering committee to develop a single-point of entry to assist Consumer residing in Emergency Shelter to move to Permanent

Supportive Housing using the same common assessment.) Addressing issues of addiction, lack of adequate income, education, employment, life skills and money management skills are essential to their stabilization. Strengthen partnerships and networks that provide services such as subsidized housing and health care. (E.g. Use the Domestic Violence housing model of putting these Consumers at the top of the list for programs like Belmont, Section-8, Rental Assistance Corporation, and Buffalo Municipal Housing Authority.) *Opening Doors: "Promote collaborative efforts"*.

13. Continue providing education and develop an incentive campaign to encourage medical providers to incorporate HIV counseling and testing as part of routine medical care and linkage to follow up care as per CDC recommendations and NYS testing law. *National HIV Strategy: Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV. Governor Cuomo's 2020 three-point plan to end the AIDS epidemic in New York State: "Improve HIV testing, preventing the spread of the disease, and better treatment for people who have it."*
14. Reach out to the foster care and mental health systems serving youth to formulate a communication plan between shelters, service providers and other institutions for when youth identify as previously involved. Offer Foster Care and Mental Health in-services for service providers and thru various coalitions. *Opening Doors: "Advancing health and housing stability for unaccompanied youth experiencing homelessness and youth aging out of systems such as foster care and juvenile justice." And, "Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness"*.
15. Provide insurance options for unaccompanied homeless youth and support to help them obtain required documentation necessary to apply for Public Assistance. *Opening Doors: "Advancing health and housing stability for unaccompanied youth experiencing homelessness and youth aging out of systems such as foster care and juvenile justice."*
16. Institutions and providers will be trained in Trauma Informed Care and other evidence-based methods of servicing those who have survived trauma including domestic violence, physical and/or sexual abuse to avoid re-traumatization and thereby losing them to the system. *Opening Doors: "Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness."*
17. Increased training for shelter staff about servicing the LGBTQ community. *Opening Doors: "Improve access to emergency assistance, housing, and supports for historically underserved groups of youth, including those with histories in the child welfare system, LGBTQ youth, pregnant or parenting youth, and youth with mental health needs."*
18. HIV/Homelessness education and cultural competency will be promoted as ongoing programming for all service providers and educators in the field. Service Providers will be trained to identify unaccompanied homeless youth, youth at high risk for HIV and those living with HIV, link them to medical care, HIV testing, risk reduction and other supportive services.⁸⁹ Service providers that serve unaccompanied youth population will recommend HIV testing and education as part of building relationships with them. *National HIV Strategy: "Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches." Opening Doors: "Obtain more comprehensive information on the scope of youth homelessness with improvements in counting methods, coordination and dissemination of information, and new research that expands understanding of the problem". Governor Cuomo's 2020 three-point plan to end the AIDS epidemic in New York State: "Improve HIV testing, preventing the spread of the disease, and better treatment for people who have it."*

⁸⁹ Robertson, Marjorie. *Homeless Youth on Their Own*, 1996. Alcohol Research Group, 2000 Hearst Avenue, Berkeley, CA 94709; 510-642-5208. Available from author.

Data Collection

19. Collect data in a way that is conducive to informing HIV, housing and health care policy. The various definitions/age ranges of youth, the inconstancy of the type of information collected and the way questions are asked to solicit that information make it challenging to gather accurate pertinent information across sector. [National HIV Strategy: "Develop improved mechanisms to monitor and report on progress toward achieving national goals."](#)
20. Add HIV and Homeless to Erie County Statistics. The Women, Children and Young People's Committee of the AIDS Network of WNY will approach the Erie County health Commissioner, Gail Burstein, to add HIV and Homelessness to the Erie County Community Health Assessment. [Opening Doors: "Provide and promote collaborative leadership at all levels of government across all sectors."](#)

Education and Outreach

21. Increase funding for Outreach Workers (Community Health Workers) to find those who are experiencing or are at highest risk for HIV/Homelessness, build relationships with them, navigate and advocate for them to receive the services, resources and benefits they need. Outreach workers that could go out and find hard to reach population including those in rural areas, assess their needs, and provide transportation and navigation to care. Youth Outreach workers, both adult and peers, will work to meet homeless youth on the street and address risk reduction with them, provide information and support, condoms and referrals. Ideally, outreach workers will bring youth off the street and back to host agencies for more comprehensive services, including HIV/STD testing. [Opening Doors: "Integrate primary and behavioral healthcare services with homeless assistance programs and housing to reduce people's vulnerability to and the impact of homelessness. \(See Seattle Model, single point of entry, collaborate with medical school\)."](#)
22. Promote and enhance HIV/STD prevention interventions that support youth development and capacity building. These interventions should include components that provide HIV/STD information, life skill building, provide social support, and address environmental barriers. They should be diverse and flexible in their parameters for delivery so they can be used to educate the general population rather than specific targeted demographic groups. [National HIV/AIDS Strategy : "Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches"](#).
23. Provide the homeless with a mobile clinic. Restore funding to increase mobile van services. A mobile van serving as a traveling clinic should be a goal for our homeless population as a whole with an outreach component for homeless youth. [National HIV Strategy: "Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV."](#)
24. Provide education and training on HIV/AIDS confidentiality and HIPPA to homeless service providers.

Summary: Policy Recommendations

	Youth	Women	Families
Housing			
1. Incorporate stable housing as a critical element of HIV prevention and health care.	X	X	X
2. Provide more long term subsidized and affordable housing for youth, adults and families in Erie County.	X	X	X
3. Create sustainable housing and employment options.		X	X
4. Increase funding for utility and weatherization assistance programs.	X	X	X
5. Increase shelter placements for families, including single mothers with children.			X
6. Increase transitional and permanent supportive housing for chronically homeless adults including those living with HIV.		X	
7. Restore funding to youth shelters in Erie County.	X		
8. Provide permanent supportive housing for homeless youth under 25 especially youth without children and HIV+.	X		
9. Create a medical home for unaccompanied youth (age 18-25) with chronic illnesses including HIV/AIDS.	X		
Service Provision			
10. Increase HOPWA program funding for staff to administer funds and provide support to stabilize Consumer.		X	X
11. Engage providers and institutions in Erie County in a cross sector to prevent homelessness/HIV by addressing the socioeconomic issues that put youth and adults at risk.	X	X	X
12. Develop coordinated entry systems and common assessments tools linking individuals living with HIV to the services they need.	X	X	X
13. Identify Focal Point of Contact at DSS for the HIV Enhanced Housing program that serves HIV Consumers			
14. Continue providing education and develop an incentive campaign to encourage medical providers to incorporate HIV counseling and testing as part of routine medical care.	X	X	X
15. Formulate a communication plan between foster care and mental health providers and shelters, service providers and institutions for when youth identify as previously involved.	X		
16. Provide insurance options for unaccompanied homeless youth and support to help them obtain required documentation necessary to apply.	X		
17. Institutions and providers will be trained in Trauma Informed Care and other methods of servicing trauma survivors.	X	X	X
18. Increased training for shelter staff about servicing the LGBTQ community.	X	X	X
19. HIV/Homelessness education and cultural competency will be	X	X	X

promoted as ongoing programming for all service providers and educators in the field.			
Data Collection			
20. Collect data in a way that is conducive to informing HIV, housing and health care policy. Integrate local HIV, STD, STI and teen pregnancy data collection methods into HMIS.	X	X	X
21. Add HIV and Homelessness to the Erie County Community Health Assessment.	X	X	X
Education and Outreach			
22. Increase funding for Outreach Workers (Community Health Workers) to find youth/adults that are experiencing or are at highest risk for HIV/ homelessness, build relationships with them, navigate and advocate for them to receive services.	X	X	X
23. Promote and enhance HIV/STD prevention interventions that support youth development and capacity building.	X		
24. Collaborate with schools (middle & high) and colleges to develop a comprehensive sex health education program.	x	x	x
25. A mobile van serving as a traveling clinic for homeless population with outreach component for homeless youth.	X	X	X

Conclusion

In order to successfully address the health issues of the homeless population, attention needs to be given first and foremost to their unmet basic needs; housing and food. With the announcement of Governor Cuomo's 2020 plan – "Bending the Curve"- to end AIDS in New York State, it is imperative that our community collaborate and commits to ending HIV/AIDS and homelessness in the Western New York Region. Ending HIV transmission and homelessness is plausible. However, in order to accomplish this, mainstream services needs to be coordinated and made easily accessible to those in need of them. It goes without saying - Prevention is better than cure.