UNDERSTANDING NEEDS AND OUTCOMES: EXAMINING A TRANSITIONAL HOUSING PROGRAM FOR WOMEN LIVING WITH HIV

Ken Robinson
*Housing Works*

Samira Ali

Toorjo Ghose, PhD, Megan Stanton
*University of Pennsylvania*

Virginia Shubert
*Shubert Botein Policy associates*
Presentation Overview

• Background

• Housing Works
  – Women’s Transitional Housing Program (WTHP)
  – Low threshold and use tolerant housing programs

• Research Design

• Evaluation Process & Outcomes

• Discussion
Incarcerated women are 7 times more likely to have HIV compared to the general population.

Structural hurdles upon community reentry:
- Housing
- Street violence
- Barriers to service
- Legal issues
We know that...

• Housing *is* Healthcare
  – Increases access to and adherence to HAART
  – Improves medical care
  – Decreases substance use
  – Improves mental health
  – Reduces HIV-risk behaviors

• Behavioral interventions, such as harm reduction and medication adherence, are less effective if the participant lacks housing
Examine the effectiveness of a low-threshold, use-tolerant transitional housing program (THP) that is specifically tailored to support previously homeless or unstably housed women who are living with HIV and have been recently released from jail or prison.
Housing Works: Who We Are

• Founded in 1990 – spun off of ACT-UP – and is now one of the US’s largest providers of housing and other lifesaving services for homeless people living with HIV/AIDS.

• Our Mission: Housing Works is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts.
Women’s Transitional Housing Program

- Initiated in 2000; City of New York contract.
- Women living with HIV and recently released from a correctional setting.
- Housing consists of 20 units of congregate and 10 units of scatter-site housing in Central Brooklyn.
- Average length of stay is just greater than one year.
- Approximately 70% of residents transition to independent, permanent housing.
- Follow-up initiatives indicate that about 50% remain in PH for at least 18 months.
Program Components

- Low threshold
- Harm reduction
- 24 hour security in congregate facilities
- Case management
- Life skills training
- Home visits
- Referrals to primary care, adult day healthcare, psychiatric services, substance use programs, etc.
- Behavioral contracts and case conference
- Eviction
Examination of Housing Program

- CBPR Partnership – Housing Works & Penn
- Quantitative Evaluation
  - Implementation of standardized tools
  - Women living in WTHP
- Qualitative Evaluation
  - 30 interviews
• CM implement assessments
  – Mental health
  – Medication Adherence
  – Sexual Violence History
  – Substance use
  – Sexual risk behavior

• CM- When I first implemented the tools, I was kind of skeptical because I look at it as another phase or extra work. But eventually it allowed us to dig in deep and find out exactly what was going on with the client. It allowed us to get involved with our client because now we start asking them in depth questions pertaining to their social status, their mental status, substance abuse, and allows case management to flow a lot smoother.
## Descriptive Characteristics at Baseline (N=76)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>WTHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>43.65</td>
</tr>
<tr>
<td>One night in shelter</td>
<td>35(46.1%)</td>
</tr>
<tr>
<td>HAART</td>
<td>37(72.5%)</td>
</tr>
<tr>
<td>Missed HAART in prior week</td>
<td>15(19.7%)</td>
</tr>
<tr>
<td>Condom use at last sexual intercourse</td>
<td>35(45.5%)</td>
</tr>
<tr>
<td>Experience of Sexual Violence</td>
<td>35(46.1%)</td>
</tr>
</tbody>
</table>
Material Support

- Access to medical and mental health care
- Presence and support of case managers

Now, I got a regular doctor that I see on the regular and everything. Its funny, you know, because 5 years ago I would have never seen myself sitting down and harassing my doctor about medication and, you know, asking them if they could do blood work to check my CD4 and stuff like that, cuz I didn ’t care about that stuff. You know.. years ago. You know, being in Housing Works and stuff, I have seen a lot of people come and go, you know? It kinda inspires me. It encourages me. It gave me a lot of strength. Probably if it wasn ’t for Housing Works, I would probably be dead. (30)
Ownership of Space

The girls in the building.. like I said this is harm reduction... you understand? And I am completely abstinent! So, I learned myself. I Drive on the bus with them. I associate with them. If they need something, I help them.. like a cigarette. I do that. But as far as hang around with them, I can’t do that.. I don’t want to Put myself out there. I just stay in my room. I have a key and can lock it up! (17)
Triangulation of evaluation methods helped us to better understand women’s needs.

Baseline findings indicate that homeless women with HIV/AIDS residing in a low-threshold THP upon release from incarceration have experienced high rates of prior housing instability and sexual violence and have a number of pressing housing and supportive service needs.

Challenges and Action Strategies
- Establish CBPR partnerships with consumers, case managers, researchers,
- Gather evidence – quantitative and qualitative
  - Use of standardized tools

Conclusion