CONFRONTING THE AIDS CRISIS IN THE NYC SHELTER SYSTEM

Recommendations from the AIDS Housing Community to the NYC Department of Homeless Services

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NYCAHN is a membership organization comprised and led by low-income people living with HIV/AIDS working in a unique coalition with nonprofit housing providers and AIDS service organizations. Given that housing is a human right, it is our mission to empower low-income people living with HIV/AIDS to organize our community, including the nonprofits that provide lifesaving services, to advocate for more housing, better housing and sound public polices for all New Yorkers living with HIV/AIDS.

BACKGROUND

There are currently 3400 homeless people living with AIDS struggling to survive the emergency housing system[1]. The City's HIV/AIDS Services Administration (HASA) currently provides housing related assistance to over 25,000 HIV+ New Yorkers[2]. While these numbers are daunting enough, we currently have no accurate estimates of the number of HIV+ individuals who are homeless either living on the streets, or in the New York City shelter system.

On September 25, 2002, a group of nonprofit housing providers, AIDS service organizations, and AIDS advocates convened a one day conference to examine the Department of Homeless Services' 2002 strategic plan titled, The Second Decade of Reform. The group broke down into working groups to create recommendations to improve coordination between the Department of Homeless Services and the Human Resources Administration which is currently responsible for providing housing related assistance to homeless New Yorkers living with AIDS.

Over the past year and a half, members of the AIDS housing community: providers, tenants, clients, participants, members and consumers have met to develop the following simple recommendations for consideration and incorporation into the New York City Department of Homeless Services policies and practices. We believe that these recommendations are opportunities for improved services to homeless New Yorkers and will actually provide cost savings to the New York City Department of Homeless Services. We welcome comments, additional suggestions, and opportunities to discuss the implementation possibility of these recommendations:

Recommendation #1

The NYC Department of Homeless Services should inform all shelter recipients about the benefits offered by the HIV/AIDS Services Administration.

Recommendation #2

The NYC Department of Homeless Services should allow AIDS service organizations to do regular outreach in NYC homeless shelters and intake centers.

Recommendation #3

The NYC Department of Homeless Services should enhance staff training about HIV prevention and services.

Recommendation #4

The NYC Department of Homeless Services should allow transgender homeless individuals to choose whether they would like to go to a men's shelter, a

[1] HIV/AIDS Services Administration, *September, 2002 AIDS Fact Sheet*.
[2] Ibid.

women's shelter or a separate transgender shelter. A separate shelter for transgender individuals should be created. Funding for this shelter could come from the cost savings of identifying shelter users who are eligible for services from the NYC HIV/AIDS Services Administration.

Recommendation #5

All level of employees of the NYC Department of Homeless Services must be provided with mandatory sensitivity trainings regarding the transgender population.

Recommendation #6

The NYC Department of Homeless Services should include HRA/HASA, DOH, HPD, OMB, DHS, MOC, Corp. Counsel, the Deputy Mayor for Policy, the Mayor's Office of AIDS Policy and members of the community, including homeless individuals living with HIV/AIDS and nonprofit AIDS housing providers on any task force relating to homelessness and/or housing. The meetings of this task force should be open to the public to ensure that no voice is left unheard.

Recommendation #7

The NYC Department of Homeless Services should eliminate the substance abuse treatment requirement for access to services and housing. Nonprofits and for-profits who provide both permanent and emergency access housing for homeless New Yorkers living with HIV/AIDS have always operated without the ability to refuse access based on substance use.

Recommendation #8

The NYC Department of Homeless Services should implement non-punitive harm reduction services for substance users within the shelter system.

Recommendation #9

The NYC Department of Homeless Services should develop and implement explicit and specialized harm reduction-based shelter and housing for substance users.

Recommendation #10

The NYC Department of Homeless Services should be committed to furthering the goal of creating new housing, including advocating with other government agencies for increased revenue for housing production and rental assistance. The creation of new housing should be it's number one goal.

Part I

CONFRONTING THE AIDS EPIDEMIC IN THE SHELTER SYSTEM

I. The NYC Department of Homeless Services should inform all shelter recipients about the benefits offered by the HIV/AIDS Services Administration

> I was in a shelter for four months when I found out I was HIV+. I wanted to move but I couldn't get into housing. I didn't find out about DAS for some time. Now, I'm in an SRO. The shelter was killing me.
>
> *-Interview from NYCAHN Oral History Project (DMJ 2-29-99)*

First and foremost, the strategic plan makes no mention of homeless people living with HIV/AIDS. This omission provides further illustration of the lack of coordination between the Department of Homeless Services and the Human Resources Administration. Anecdotally, AIDS service organizations state that there have been a significant number of individuals who were homeless and residing in the shelter system for a time before they learned about their AIDS diagnosis and/or about the City's HIV/AIDS Services Administration.

By not informing shelter users upon intake about the benefits of the City's HIV/AIDS Services Administration, the Department of Homeless Services losing the opportunity to have some shelter recipients "shift" to the Human Resources Administration. Most shelter recipients would chose the medically appropriate services offered by HRA over those offered by DHS if they were aware that they existed.

II. Allow AIDS service organizations to do regular outreach in NYC homeless shelters and intake centers.

Regular outreach by AIDS service organizations in shelters and intake centers might help to move homeless people living with AIDS into the HIV/AIDS Services Administration. Funding for these outreach programs would be low in comparison to the cost of providing shelter to individuals who could be moved into the Human Resources Administration. Regular outreach would allow shelter recipients the opportunity to receive information about HIV prevention. Homeless individuals have always been a high risk group for the spread of HIV.

III. Enhance staff training about HIV prevention and services.

Staff at New York City shelters are often unfamiliar with the other services that are accessible for HIV+ homeless New Yorkers. All staff, including peace officers, should receive sensitivity training about the needs of HIV+ New Yorkers (many of whom do not qualify for the HIV/AIDS Services Administration) and training about the resources that are available to them. This sensitivity training should include training about the needs of HIV+ transgender shelter recipients and include detailed information about the harm reduction approach.

Part II.

DEPARTMENT OF HOMELESS SERVICES SHOULD MAKE THE FOLLOWING ACCOMMODATIONS FOR THE TRANSGENDER HOMELESS POPULATION

Profile: Christina V.

I recently interviewed a homeless transgender woman named Christina V. Christina who is currently in the New York City shelter system. She used to stay out on the streets, prostituting and soliciting for money and places to stay. Recently, she was brutally raped on the street and was forced to go into the shelter system, which she stated she had been avoiding. Christina says that the staff at the shelter will only place her in the men's shelter, not the women's shelter even though she had identified as a woman for years. Christina also says that the staff at the shelters are very inconsiderate, and even refuse to call her by her name, Christina, and force her to use the male name that she had abandoned years before. Once in the shelter, she was forced into a violent relationship with a man, because he protects her from violence (harassment, humiliation, assault, and rape) that many other men in the shelter would inflict upon her. She has applied to get into a domestic violence shelter to escape this situation, but Christina said she was denied because of the nature of her relationship in the homeless shelter. Christina thinks that the people at the domestic violence shelters are just discriminating against her because she is transgender, but she can't prove it. She now has to make a choice, whether to continue in this violent relationship in the shelter, or risk further violence out on the street. She also states that she is not receiving any assistance from the shelter employees to get out of this situation.

--Matthew Carmody, Housing Works Staff Attorney

I. Transgender Homeless Population Should Have the Choice of Which Gender's Shelter to Be Placed or Separate Shelter Accommodations.

The transgender community has been the subject of violence and harassment in the general population and shelter system. The NYC Anti-Violence Project documented a 21% increase in anti-transgender bias incidents from 2000, rising to 13% of the total bias-related incidents recorded in 2001[3]. In Colorado, one study states as many as 60% of transgender people experience violence and harassment.[4] In a Washington D.C. needs assessment survey for of the transgender population, 43% of participants reported being the victim of violence or crime, with 75% attributing a motive for the violence or crime as being either transphobia or homophobia. *The Washington Needs Assessment Survey, http://www.gender.org/vaults/wtnas.html*.[5] Both male to female and female to male transgender persons have been raped, beaten and harassed in the New York City men's shelters.[6] Because of this increase danger for the transgender population, this population should be given the choice of whether to be placed in the men's or women's shelters when seeking shelter.

The better policy would be to give transgender population separate accommodations altogether. Transitional housing for homeless transgender persons could easily be developed by private non-profit organization. For example, Community Awareness for Transgender Support (CATS) established the first shelter in the nation for homeless transgender individuals in Galveston, Texas, enabling the transgender persons enrolled with CATS to receive shelter

[3] *Anti-Lesbian, Gay, Bisexual and Transgender Violence in 2001: A Report of the National Coalition of Anti-Violence Programs.*
[4] *Crossing to Safety: Transgender Health and Homelessness*, Healing Hands, Vol. 6, No. 4, P. 1(June 2002)
[5] *Crossing to Safety: Transgender Health and Homelessness*, Healing Hands, Vol. 6, No. 4, P. 1(June 2002)
[6] *Interview, Jay O'Toole, Coalition for the Homeless, New York. October 11, 2002*.

and trans-specific supportive services in one place. If the N.Y.C. Department of Homeless Services developed similar transitional housing, it would not only stop the harassment, violence and ridicule inflicted upon the transgender homeless population in the shelter system, but it would also provide a central place for to provide legally mandated case management services targeted to the homeless transgender population. Furthermore, fostering a safe environment through separate housing for the transgender homeless population would reduce the transgender homeless population choosing to live on the street, since they would have at lease one non-violent shelter option to choose from.

Until transitional housing for homeless transgender persons can be developed, transgender persons MUST have the choice to enter into the gender shelter placement that he or she identifies with, or be place in SRO-type housing that is provided for homeless people with symptomatic HIV and AIDS, to ensure the physical safety of homeless transgender persons. As shown above, the regular shelter system is extremely dangerous for transgender people, and abating the violence and harassment for this sensitive and vulnerable homeless population must be first priority for the Department of Homeless Services.

II. **Employees Of The New York City Department Of Homeless Services Must Be Given Sensitivity Trainings Regarding The Transgender Population**

"The worst part of getting a shelter placement is dealing with the front line.", said, Jay O'Toole, Coalition for the Homeless. Harassment and ridicule from employees of the Department of Homeless Services experienced by the transgender population to get into the New York City shelter system often lead to people in this population to forgo placement in the shelter system and try their luck on the streets. This systematic harassment violates the New York City Human Rights Laws and should be abated immediately.

The Boston Emergency Shelter Commission and Boston Public Health Commission recently had a full day training on the treatment of Boston's homeless transgender population for homeless services providers. John Auerback, Executive Director of the Boston Public Health Commission stated, "(t)he enormous stress in the lives of those who are homeless is magnified greatly in transgender individuals. Fear of discrimination and violence among the population, and a general lack of knowledge about transgenderism among service providers, sometimes leads to obstacles to critical services for transgender men and women." Samuel Lurie leads sensitivity trainings for the NYC Department of Health and could be approached to give these similar trainings to your Department. If unavailable, there are many other groups transgender advocacy groups that would be glad to give the Department of Homeless Services sensitivity trainings regarding the transgender community. It is important that these trainings be organized as soon as possible since it would get transgender homeless people off the streets, decreasing the number of

homeless persons on the street, which is a stated goal of the Department of Homeless Services.[7]

III. New York City Department Of Homeless Services Should Comply With Existing Regulations In Providing Case Management Services Tailored To Transgender Homeless Persons Entering The Shelter System.

Pursuant to Section 21-314 of the Administrative Code of the City of New York, the Commissioner of the Department of Homeless Services shall provide case management services to all persons assigned to stay at the department's facilities or the facilities of organizations contracting with the department … Such case management services shall include, but not be limited to, assistance obtaining (a) medical treatment, (b) federal, state and local documents including, but not limited to, birth certificates, marriage licenses, and housing records, and (c) food, medicine and other necessary supplies, and shall address issues such as domestic violence, child abuse and mental illness, when needed.

For the Department to successfully serve the transgender population, it should provide case management services with the appropriate referrals tailored to transgender persons. The following is a list of services that transgender persons need:

- Medical care, including access to transgender friendly clinics that offer hormone therapy.
- HIV prevention and care services (including access to free hormone therapy clinics, thereby preventing transgender persons from buying and injecting hormones on the street.
- Mental health services that are knowledgeable of transgender issues.
- Legal Services, including assistance with legal name changes and obtaining other documents in the persons preferred name;
- Access to job training and placement programs that are equipped to accommodate transgender persons, as economic discrimination is one of the leading factors facing transgender persons trying to obtain and sustain employment.
- Access to information about transgender community support and advocacy groups.

Proper case management may greatly assist homeless transgender persons to recover the economic stability necessary to gain and sustain permanent housing. Transgender people frequently need such assistance because they face severe discrimination in the workplace, which makes it extremely difficult to secure the kind of employment necessary to maintain permanent housing. Housing specialist, job training programs and career counselors, as well as more individually tailored case management services, are necessary to the transgender homeless community to obtain and maintain safe, permanent homes.

[7] *The Second Decade of Reform: A Strategic Plan for New York City's Homeless Services. The Department of Homeless Services, pp 13-15, June 2002.*

Part III.

INCORPORATION OF HARM REDUCTION SERVICES, MEASURES AND MODELS FOR SUBSTANCE USERS IN THE DEPARTMENT OF HOMELESS SERVICES.

I. Department of Homeless Services should eliminate the substance abuse treatment requirement for access to services and housing.

Current policy and practices at shelters and for permanent housing funded by the Department of Homeless Services (DHS) utilize a traditional 'continuum' model for single adults with presenting mental illness and/or substance use histories. This model utilizes housing as leverage for compliance with treatment (psychiatric and/or substance abuse), creating barriers to permanent housing and often, to shelter alone. In effect, this model contributes to the cycle of homelessness by mandating treatment for a population often described as 'hard-to-reach.'

We advocate the adoption of a new DHS policy to eliminate this 'treatment' barrier. We argue that by providing immediate access to shelter and permanent housing for individuals with histories of chronic mental illness and/or substance use, regardless of treatment status, positive system- and client-level outcomes will be achieved. This approach is utilized effectively by the HIV/AIDS Services Administration (HASA) of the NYC HRA. HASA data demonstrates significant retention for services and housing among active substance users, indicating the effectiveness of prioritizing concrete needs over existing substance use status for homeless populations.

In addition to a reduction in homelessness and increase in stable housing, the elimination of drug treatment as a prerequisite to services and housing for DHS clients will result in a longer-term reduction of the harms related to substance use and psychiatric symptoms among this population for both themselves and the broader community of New York City residents. By proxy, shelter re-entries will reduce and permanent housing placement and stability will increase.

II. Department of Homeless Services should implement non-punitive harm reduction services for substance users within the shelter system.

The June 2002 DHS Strategic Plan describes agency principles and identifies priorities and methods to address, reduce and prevent homelessness in New York City. The document describes a portion of its clientele as "the single adult population, often struggling with mental illness and substance abuse" (10), and calls for increased coordination with other public agencies to prevent and reduce homelessness for these individuals. The document identifies these public agencies as OMH, DOHMH, HHC and OASAS, and describes the need "to develop adequate discharge and reentry plans and access to program shelters

where appropriate" (12). Further, the document states that a "needs analysis to evaluate client need groups and service strategies in the homeless services system" (17) will be undertaken, and that "an enhanced program design to address the needs of [the hardest to engage] clients must be created" (19).

Currently, initial sobriety and a documented commitment to remaining sober (or abstinent) are primary requirements for qualifying homeless MICA (mentally ill chemical abusers) individuals to obtain entry into systems of permanent housing. As we are aware that achieving abstinence from substance use is often not an option for individuals with a history of chronic use, evidently the 'sober' requirement presents an insurmountable obstacle for this population, contributing to further homelessness and system burdens.

We recommend the existing continuum model be altered to provide non-punitive harm reduction services within the shelter system for active substance users. As an alternative to mandatory treatment, the harm reduction model promotes honest discussion and responsiveness to active substance use among individuals, providing a gateway for positive behavior change and a process that can include self-selection for drug treatment. The non-punitive nature and approach of the harm reduction model supports the ready identification of substance use-related barriers and promotes the development of user-centered responses to needs where service and housing retention is maximized. DHS should work with OASAS, as above, to ensure that such non-punitive harm reduction services are available as alternatives to mandatory treatment, to support individuals in the shelter system.

III. Department of Homeless Services should develop and implement explicit and specialized harm reduction-based shelter and housing for substance users.

Existing systems of shelter and permanent housing do not provide adequate or realistic options to the population of homeless chronic substance users. Currently, no option other than 'substance abuse treatment' is available to a homeless individual without a mental illness diagnosis, because the vast majority of existing beds in permanent housing are designated for individuals with a qualifying mental illness only. This requirement presents a barrier to housing, and results in many individuals avoiding or declining shelter options altogether, because they are unable to achieve immediate behavior change with regards to their substance use. We recommend that DHS resolve this gap in housing by collaborating with OASAS to develop low-threshold alternatives for this population, such as those described below.

Over the past decade, a number of innovative models based in the harm reduction approach have been developed to house this population, and each has demonstrated success in providing housing stability for forensic populations. The work of Shinn, Tsemberis et al provides a comparative prospective analysis of

housing stability in New York City for homeless individuals with psychiatric symptoms and histories of substance use.[8] In examining one-year indicators for those in the traditional continuum model (control) versus those in the 'housing first' immediate permanent housing model (experimental), the study has found increased stability among the experimental group. Although the continuum model perceives treatment compliance as a prerequisite to housing stability, the study found that the opposite was true, and that substance use actually *decreased* housing stability for individuals in the continuum model. By contrast, substance use and psychiatric symptoms among individuals in the 'housing first' model decreased more than among those in the continuum model. By removing the barrier of mandated treatment, this population achieved housing stability above and beyond the typical continuum model currently utilized by DHS.

An innovative program has developed out of the Toronto public shelter system to provide housing stability for homeless men with chronic alcohol use and psychiatric symptoms. The Harm Reduction Program at Seaton House, the oldest men's shelter in Canada, allows monitored alcohol use within the shelter environment and combined with on-site basic primary and psychiatric care. At its current level of 40 beds within the broader 600-bed shelter at Seaton House, the Program has demonstrated enormous success in reducing violence in the shelter system by creating a harm reduction environment of safety and support for this population. A five-year study of the Program (in press) documents the effectiveness of providing immediate shelter specifically designed for this population: reducing shelter re-entries and street homelessness, and increasing retention in psychiatric and medical care. As DHS seeks to coordinate discharge planning and care among public agencies for the forensic population, new program designs such as this Program should be considered for these populations described as 'hardest to engage' in the DHS system.

The urgent need for effective solutions to the rising crisis of homelessness in New York City is apparent. Rather than adopting reactive policies to cope with existing, over-burdened traditional systems of shelter and housing, DHS should seek to replicate successful harm reduction models developed in similar urban contexts.

[8] Marybeth Shinn, NYU. "Housing First and Continuum of Care Programs for Homeless Individuals with Psychiatric Disabilities." Presentation at the International Conference on Inner-City Health. Toronto, Canada; October, 2002.