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THE CHALLENGES HOMELESS MEN WITH HIV/AIDS FACE WHEN SEEKING HOUSING

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THE CHALLENGES HOMELESS MEN WITH HIV/AIDS FACE WHEN SEEKING
HOUSING

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Rosey Martinez

May 2023

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ABSTRACT

This study sought to understand the challenges homeless men with HIV/AIDS face when seeking housing. The research used a post-positivist paradigm. The study included interviews with housing specialist who work with homeless men with HIV/AIDS. The housing specialist work at a non-profit agency serving a large urban county in Southern California. Information obtained from this research allowed the agency to provide better support and services to homeless HIV/AIDS men in the future.

The study uncovered the following challenges homeless men with HIV/AIDS face when seeking housing: affordable housing in safe areas, substance abuse in the homeless population, individuals with mental health and mental health services, HIV/AIDS discrimination, and wraparound services, including transportation. The findings from the study will help agencies, cities, and the government to determine what areas and resources are needed for homeless individuals with HIV/AIDS. The study presented that the government should lower the cost of living or provide more low-income housing then deliver more wraparound services.

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one starts with the research focus and the paradigm that will be used throughout the study. This is followed by the literature review which focuses on the challenges homeless men with HIV/AIDS face when seeking housing. Next, the study's theoretical orientation is discussed, as are the potential contributions to micro and macro social work practices. Lastly, a summary of the material is presented at the end of chapter one.

Research Focus

This research focused on the challenges homeless men with HIV/AIDS experience when seeking housing. Homelessness is when an individual has no permanent address and needs a place to live, and includes people couch surfing, people residing in shelters, and people living in their cars. According to the Roye et al., (2020), an estimated 82,955 people became homeless during 2019. Between 10% and 20% of homeless individuals have HIV/AIDS (Milloy et al., 2012). Given the double vulnerability of this population, it is important to identify the barriers they face in securing housing so that those barriers can be addressed.

The study consisted of interviews with housing specialists who work with homeless males with HIV/AIDS to provide more understanding of the challenges

they face. The housing specialists work at a non-profit agency serving a large urban county in Southern California. The case managers work closely with men with HIV/AIDS to find housing, meaning they will have ideas of the challenges these men experience. The researched identified specific factors that HIV/AIDS homeless males considered when looking for housing, such as access to transportation, shelters, transitional housing, health care agencies, and proximity to service providers. The research highlighted the additional barriers the vulnerable population faces. Identifying the challenges this population faces in securing housing is the first step in addressing those challenges. As such, the findings from this study will help social service agencies provide better support and services for homeless HIV/AIDS males in the future.

Paradigm and Rational for Chosen Paradigm

The research study was conducted by using the post-positivist paradigm, which uses qualitative measurements. According to post-positivism, collecting qualitative data in a naturalistic setting is the only way to apprehend the complication of human experiences (Morris, 2013). Reality is objective, and the researchers can never really separate themselves, but they should try to be subjective to the information. This perspective gathered information about the study from personal experiences, observations, literature, and main participants of the study. The post-positivist paradigm is the best approach because the research data provided a better comprehension of the importance of factors and resources for homeless men with HIV/AIDS experience when seeking housing.

Post-positivist model uses inductive approach themes to emerge naturally from the data and will capture workers' thoughts and experiences in their own words. Additionally, post-positivist paradigm allowed the researcher to identify and represent multiple potentially different perspectives.

Literature Review

Human immunodeficiency virus (HIV) is a virus that invades the human immune system, and acquired immunodeficiency syndrome (AIDS) develops when HIV has not been treated. Once an individual contracts HIV, they will have the virus their entire life until there is a cure. Even though there is no cure, HIV can be controlled with effective medications and many doctor visits. HIV/AIDS and homelessness are entirely related. Homeless people with HIV/AIDS experience many challenges in finding housing. This literature review will present the prevalence of HIV/AIDS among homeless individuals and the contributions that increase the rates of HIV/AIDS. Then, the literature review will explain the difficult circumstances that HIV/AIDS homeless people experience and interventions that assist HIV/AIDS homeless to find safe, permanent, and affordable housing.

Prevalence of HIV/AIDS Among Homeless Individuals

In 2001, an estimated 36 million people worldwide were living with HIV, and about 20 million people died from AIDS (Piot et al., 2001). According to Centers for Disease Control and Prevention (2014-2018), approximately 36,400 new HIV infections occurred in the United States in 2018. HIV/AIDS affects every

age, gender, and ethnicity, but there is greater likelihood of homeless individuals transmitting HIV to each other. According to Milloy et al., (2012), the level of HIV in homeless/ marginally housed populations is calculated from 10 to 20% times higher than those who are housed. According to the Los Angeles Homeless Services Authority, an estimated 82,955 people in Los Angeles County became homeless during 2019. The National Alliance to End Homelessness estimates that 3.4% of homeless individuals were HIV/AIDS positive (Centers for Disease Control and Prevention, 2008). Homeless people with HIV/AIDS experience many challenges in finding housing.

Contributions to Increase Rates of HIV/AIDS Among Homelessness

A lack of stable and affordable housing contributes to increased rates of HIV/AIDS among homeless individuals. According to Robertson (1996), many homeless people find that exchanging sex for food and shelter is their only chance of living in the streets. Exchanging sex unprotected carries an increased risk of HIV infection compared to protected sex.

Many homeless individuals also lack access to HIV testing and treatment. Without these, homeless adults with HIV/AIDS can pass along the virus to others by engaging in behaviors that are related to HIV risk, such as substance use, injection drug use, multiple sex partners, and unprotected sex with casual partners (Wolitski et al., 2007). According to the Substance Abuse and Mental Health Administration (2020), around 38% of homeless individuals relied on alcohol, and 26% abused other drugs. Homeless individuals have a

higher chance of sharing needles, which increases the risk of HIV transmission. The CDC (2021) states about 1 in 10 new HIV diagnoses in the United States are attributed to injection drug use because needles can contain blood in them, and blood can carry HIV. In a study by Susser et al., (1996), most of the injection drug users reported having unprotected sex with people of any gender.

Challenges Associated with Having HIV/AIDS and Being Homelessness

According to National Coalition for the Homeless (2012), the greatest need of individuals undergoing HIV/AIDS treatment after medication is stable housing. Finding housing is difficult in general, but it is especially difficult for individuals with HIV/AIDS, as they have additional challenges they must address. For example, housing has to be close to the clinics where they receive treatment or have access to public transportation. Without housing, many individuals with HIV/AIDS cannot obtain medicine and healthcare. The costs of health care and medications for people living with HIV/AIDS are often too high for people to keep up with. In addition, individuals can be at risk of losing their jobs due to discrimination or as a result of health-related leave (National Coalition for the homeless, 2012).

Interventions

Although finding affordable housing in Southern California is difficult, multiple programs and legislation are designed to assist individuals with HIV/AIDS in finding housing. The federal Housing Opportunities for Persons with AIDS (HOPWA) program provides housing needs for individuals living with

HIV/AIDS and their families who are experiencing homelessness or housing instability. According to Housing for Persons Living with HIV/AIDS (2009), the AIDS Housing Opportunity Act of 1992 funds short-term rent, utility payments, permanent housing placement to prevent homelessness and provide safe, permanent, and affordable housing. While securing or maintaining affordable, stable housing is the primary need for which individuals use the HOPWA program for assistance, people often present with a variety of other needs, such as those related to medical care, mental health care, substance use treatment, legal aid, access to benefits, and so forth. HOWPA will be able to assist clients with these needs. A similar program is the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program. According to the CDC (2008), Ryan White provides multiple resources like HIV medical care, medications for low-income people with HIV/AIDS, and essential supportive services throughout states.

Conclusion

There were about 36,400 new HIV infections in 2018 and 3.4% of homeless individuals had HIV/AIDS. Those who have HIV/AIDS can experience many challenges with looking for housing. For example, housing needs to be close to their treatment center or patients need the ability to commute to the doctor. In addition, factors like needle sharing and the lack of affordable housing increase rates of HIV/AIDS homelessness. Interventions such as HOPWA programs aim to decrease HIV/ AIDS and homelessness by providing safe,

permanent, and affordable housing. The literature has examined services for homeless men, but it has not looked at specialized services for men with HIV AID who are homeless. The proposed research sought to fill this gap by exploring the unique challenges homeless men with HIV/AIDS face when finding housing.

Theoretical Orientation

Conflict theory was the theoretical orientation for the study. The theory focuses on the variation of different groups in society and provides the struggle perspective of social and economic institutions between groups to maintain inequality (Pratto et al., 2006). This theory proposes that people are in constant competition for limited resources and explains why it might be difficult to find housing, a resource that is considered to be limited. The theory showed how each participant and researcher understand the system that HIV/AIDS homeless males go through when seeking housing.

To be able to use the conflict approach, the researcher needed to know the challenging social issues that caseworkers experience when trying to find suitable resources. The researcher needed to also know who HIV/AIDS is affecting with their housing search process. This theory drew attention to low-income communities and create change for that specific segment of society. Conflict theory helped others understand homelessness and poverty, as well as other social issues in the communities.

Potential Contributions

The findings from this study helped contributed to micro and macro social work practices. The perspectives of the agency's housing specialists was beneficial in understanding the specific challenges facing homeless men with HIV/AIDS in finding housing. At the micro level, the insights into challenges this community faces helped workers begin to address those challenges. The findings from the research can help workers to redirect limited resources into services that have fewer barriers. The study findings can also inform agency level interventions. This can improve communication within the public health agencies, clients' medical care, and housing options like shelters and transitional housing. Better communication will lead to a more comprehensive approach for the individual's housing and health plan.

At the macro-level, the government will be able to make adjustments to housing policies and construct a more assertive approach to providing housing for the male homeless HIV/AIDS community. Policies and resources can be developed from the feedback clients provide to the housing specialist. Many organizations will be able to make changes to their services to provide better care for the HIV/AIDS community. At the macro-level, many events, like the AIDS memorial walk in West Hollywood, will provide the new findings that organizations can use to increase funds.

Summary

Chapter one introduced the research topic and the research questions about HIV/AIDS homelessness males. The chapter provided reason why the post-positivist paradigm is used to conduct the study. The literature review covered statistics, causes, challenges, and interventions for individuals with HIV/AIDS who are also experiencing homelessness. Conflict theory, which will be the theoretical orientation for the study, was described. The chapter concluded with the study's potential contributions to micro and macro social work practices.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two explains the engagement stage of the research study. It begins with the selection of the study site and engagement for gatekeepers and participants. This is followed by the self-preparation needed for data collection. This chapter also discusses the diversity, ethical, and political issues of the study. In addition, the role of technology is addressed in the study. Lastly, chapter two comes to an end with a summary indicating the entire material that was covered.

Study Site

For the purpose of this study, the research site is a non-profit agency serving a large urban county in Southern California. The agency serves clients with HIV/AIDS and helps them find housing or housing stability. The agency first screens clients in order to see what services they will need. After screening, the client is assigned to a caseworker to assess their situation. Depending on the assessment and the client's needs, they will be referred to other services or programs. The agency does referrals for shelters, transitional housing, group homes and helps with the client's needs, as in employment, health care, and others. The agency has an internal transitional housing for men who get referred

from other agencies. The agency's staff with bachelor's degrees has caseloads with high acuity clients, which will help the study when gathering data.

Engagement Strategies for Gatekeepers at Research Site

The gatekeepers that were engaged were the caseworkers and the supervisor at the research site. An introduction was made to provide them a better sense of who they will be working with. Then, a request was made through an email to all gatekeepers. The email described the focus of the research and informed them of their role. In the video call, the researcher asked if the gatekeepers had any questions about the study or if they need any more information. If the gatekeepers felt a video call would take too much of their time, the researcher proposed communicating through email or text message. After the gatekeepers agreed to participate in the study, the researcher made them aware that the study will be helpful to see what resources are most needed in their community. Depending on which caseworkers would like to be part of the study, the researcher will build rapport individually.

Self-Preparation

In order to prepare for the research study, the researcher reviewed the literature on homeless males with HIV/AIDS. The literature provided a better understanding of the study focus and informed the approach used in engaging the gatekeepers. The researcher spoke to the gatekeepers before data collection started to be familiar with the agency's work and programs. By speaking with the

gatekeepers, the researcher created a stronger rapport for the participants to feel at ease when starting the study. Additionally, the researcher prepared open-ended and close-ended questions to stay on track with the interviews. Practice interviews were conducted with a colleague, friend, or family member that acted as an interviewee to practice asking the questions. This helped the researcher work out the flow of the interview and identified changes that were needed to the question order, as well provided feedback on non-verbal behaviors during the interview. The prepared questions were sent to gatekeepers before the meeting and were made aware that a voice recording will occur. The voice recording helped the researcher revise the answers provided, and the researcher remind the gatekeepers that everything would remain confidential.

Diversity Issues

One diversity concern for the research study was the researcher's lack of knowledge racial/ethnic differences among the homeless population with HIV/AIDS. The researcher obtained information through a more in-depth review of the immense homeless HIV/AIDS population literature. The researcher had to do a great deal of self-preparation to provide a great study. Racial and ethnic differences were also a diversity concern. Clients in the non-profit agency serving a large urban county in Southern California are predominately White, while the researcher was a young Hispanic woman. The researcher had an open mind on the challenges of men with HIV/AIDS who are experiencing homelessness face

when seeking housing. The researcher used a reflective journal on regular basis to think about what biases the researcher was bringing to the study.

Ethical Issues

Ethical issues were arising during the research study. One ethical concern was ensuring that client self-determination is protected. The researcher provided informed consent forms to each gatekeeper. While providing the documentations, the researcher explained confidentiality. Everyone involved in the research study followed the rules to keep everyone's personal information protected. Although information was not shared, the researcher informed that confidentiality does not apply when trying to prevent harm to oneself or other individuals. The researcher was made aware that suicidal attempts could happen in the study and was prepared to report incase.

Political Issues

A political issue that arises from the study was around the agency's funding. The agency is funded by the United States Department of Housing and Urban Development (HUD). The research findings might reflect negatively on the agency, which could impact whether they continue to get funding because government funders may be reluctant to fund agencies that are not meeting their stated goals. One way to address this is to allow the agency to review the findings before submitting the research paper, giving the agency the opportunity to provide input and context for the findings.

The Role of Technology

Since the interviews were conducted over a video call, the researcher and the participants used Zoom. A computer was used for emails to schedule appointments, meetings, and conversations. Before the email, the researcher contacted the agency through a phone call.

Summary

Chapter two discussed the engagement stage of the study. First, it started with the study site and the engagement strategies for gatekeepers at the site. This is followed by the section describing the researcher's self-preparation for data collection. Next, any diversity, ethical, and political issues that can arise from the study were discussed. Lastly, the role that technology would come to play in the engagement process was described.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discusses the implementation stage. It discusses the study participants and how they were selected. Next, the method of gathering data that was used and the phases of the data collection process are discussed. The chapter also discusses the data recording and the data analysis procedures. Then, it discusses termination and follow-up procedures. Lastly, chapter three comes to an end with a summary reviewing the material that was covered.

Study Participants

Study participants included housing specialists from a housing support agency in Southern California who work with homeless men with HIV/AIDS. The participants were workers who have a Bachelor's degree related to Social Work working in the agency at the time of the research study. Six participants were recruited.

Selection of Participants

Purposive sampling method was utilized in this study. Purposive sampling is identifying a very specific population that meets the selection criteria for the research study. Purposive sampling was implemented because housing specialist who work in the agency met the criteria. When the proposed study was

approved, the researcher emailed a flyer to the supervisor and the director for them to email to the housing specialist. The housing specialist who wanted to participate contact the student researcher via email within two weeks to answer any questions they might had and to schedule an interview. If the minimum number of participants had not been reached (i.e., six), within two weeks, the researcher requested the supervisor and director to send reminders to the housing specialists.

Data Gathering

Data was gathered primarily through individual interviews. While conducting the interview, the researcher prepared questions based on discussions during video calls with housing specialists. The researcher spoke with the agency gatekeepers and research advisor to approve the prepared questions. Questions were asked with the purpose of identifying themes and resources to stay related to the research topic. Throw away questions were purposely used at the beginning of the interview to build rapport with the interviewee.

Phase of Data Collection

Data collection consisted of two phases. Information about the challenges facing the population of interest were gathered through a literature review. In phase two, participants were interviewed, and notes were taken while recording their thoughts and experiences. Interviews were conducted in Zoom. To ensure

that no identifiable information was collected, the video cameras were turned off and the researcher requested all respondents use a pseudonym in lieu of their real names. Before voice recording, the participant was asked if they are comfortable with the voice recording. To begin the interview, the researcher shared the study purpose and secure the verbal consent of the interviewee. Once consent was provided, the researcher collected demographic data from the respondents, which included age, gender, ethnicity, and other related demographic data. Then, the researcher began the interview, which lasted approximately 30-60 minutes. At the end of the interview, the researcher thanked the participants for their time and would be following up on the findings.

Data Recording

As stated before, each participant was audio recorded during their interview. The recording helped the researcher not miss data when interviewing. The researcher was also taking notes on initial thoughts and experiences of each participant. Good notes captured the questions asked and gave a better description of what happened during their interview. The notes were written in a research journal instead of on a laptop to make the participants more comfortable. If participants did not voice recorded, the researcher was only taking notes.

Data Analysis

The exploratory research study was conducted by using the post-positivist paradigm, which uses qualitative data collection. According to post-positivism, collecting qualitative data in a naturalistic setting is the at most apprehend way to explain the human experiences (Morris, 2013, p.751). The post-positivist paradigm uses an inductive approach such that themes emerge naturally from the data and will capture workers' thoughts and experiences in their own words. Additionally, the post-positivist paradigm allowed the researcher to identify and represent multiple potentially different perspectives.

A thematic analysis of the interviews was conducted. Once the interviews were done, transcriptions were produced in Word. These transcriptions were meticulously coded by identifying themes and subthemes provided by the respondents. A qualitative "bottom-up" approach was used to analyze the data gathered through interviews and literature review. According to Morris (2013), the bottom-up approach to qualitative data is inductive and open-ended such that the theory emerges from the data. This approach was useful when using exploratory questions about what is occurring in the situation (Morris, 2013). There are three phases of coding which were open coding, axial coding, and selective coding. During the open coding process, conceptual labeling occurred while categorizing the information given. The following coding stage was axial coding. Axial coding was grouping codes into categories. The third coding stage was selective coding. Selective coding was used to identify the themes present in the data. The final

stage of the bottom-up approach was the conditional matrix, an analysis of how the themes fit into the larger social context.

Termination and Follow Up

As the research came to an end, the researcher reminded the agency partner and interviewees of the approaching end of the study. Everyone involved in the study was notified when the results of the research will be anticipated, and the participants were thanked for their participation. The follow-up will be the researcher providing the findings required for new resources for the organization or the community to change for homeless HIV/AIDS individuals looking for housing. The finding will be shared with the agency involved in the research and their partners. The researcher will provide the information in a presentation that uses layman's terms to make it easier to understand the research findings.

Summary

Chapter three started with a description of the study participants and the process for selecting participants. Then, data gathering was explained as were the phases of the data collection process. Additionally, how the data was recorded and analyzed was outlined. This chapter ends with discussion of termination and follow-up procedures.

CHAPTER FOUR

RESULTS

Introduction

Chapter four discusses the description of the study's participant demographics. The study's findings during the open coding process of the data analysis is presented. Then the themes developed during the axial coding stage are provided, followed by the data interpretations. The chapter ends by discussing the impact of the study's findings.

Sample Description

The study included six participants through purpose sampling. The six participants ranged in age from 30 to 44 years old. There were four female participants and two male participants in the study. The interviews were conducted in July 2022 and August 2022 via zoom during the COVID-19 epidemic. The six interviewees had completed a bachelor's degree related to Social Work by the time there were interviewed, and two interviewees had master's degrees. 50% of the participants self-identified as Hispanic, 33.3% self-identified as White, and 16.7% self-identified as White. The participants have worked at the homeless housing agency for two and a half years to five years.

Qualitative Results

Housing Specialist Perspective

Several themes were presented from the housing specialist interviews, which are described in this section. The themes that were identified from the housing specialist's perspective on the challenges homeless men with HIV/AIDS face when seeking housing were: affordable housing in safe areas, substance abuse in the homeless population, individuals with mental health and mental health services, HIV/AIDS discrimination, and wrap-around services including transportation.

Affordable Housing in Safe Areas

Housing specialists were asked to explain, if they woke up the next day, what would be different in the housing situation or housing availability in this county. All the participants stated there needs to be more low-income housing, subsidized housing, and rent control across the entire LA county area. The following quote from one of the participants provides a better understanding of why low-income housing in safe neighborhoods is needed:

“...It would be to freeze the market rate of a typical market rate unit and apply rent control across the entire LA county area. Just because I think that LA county is a capital of homelessness. Unfortunately, it's very prevalent and it's on the rise versus decline. On the flip side we're seeing a rise in inflation gas prices are higher. Food is getting more expensive. I guess. Basically, the standard living. The cost of living is more expensive

in this state, and specifically in this county. So, it's difficult for someone who does not have the social economic ability to sustain that lifestyle and with limited housing resources coupled together. It's just going to lead to even more homelessness or at risk homeless. So there's so many folks who are employed who are doing the best that they can, but they're living paycheck to paycheck. So, I think it's important to always have that humility and acknowledgement that, although you are employed, and you do have a home today, you are living paycheck to paycheck”.

The following quote from another participant made very similar statements during their interview regarding affordable housing:

“if this is going to be your income, moving forward or if you're on social security disability, and your income is less than a \$1,000 like unfortunately finding project based, and also income based housing in safer areas is pretty much non-existent at this point. Anything that does exist, if they even have a wait list, Waitlist can be years long. So if they want housing now, even then it's not gonna be now. they're still gonna have to wait. It's going to be in South LA it's gonna be in East LA! It's gonna be in downtown those are the only communities that I guess, depending on your perspective, are either developer friendly enough, meaning they're lower costs, relatively speaking, to build or the base less they face less hostility from those communities”

All six participants made very similar statements during their interviews regarding affordable housing. They all mentioned that market rate is near impossible for a lot of people, especially coming out of homelessness or to be able to afford anything that is currently available.

Substance Abuse in the Homeless Population

Housing Specialists were asked what some challenges homeless individuals face in finding housing. Each six housing specialists stated substance abuse is a big challenge for clients. A housing specialist responded:

“...it's definitely a challenge, because many programs are federally funded, and so they definitely require for clients to be sober. And, as you know, substance abuse is a lifelong treatment it's not cured right away. It's a journey individually for each person who's experiencing it. So there's folks who are sober for some time and then they may experience something traumatic that triggers them along like you mentioned mental health, and they may go back into that habit that is driving that substance abuse. so it's definitely a contributing factor”.

The following quote from one of the participants truly embodies how substance abuse is a challenge when it comes to finding housing:

“It can put a lot of barriers trying to get someone housed because if they're heavily into drug use. It can really set the motivation and the ability for anyone to progress with any sort of applications. Many homeless turn to

substance use, and so sometimes it makes it a little hard for them to keep track of our meetings...”.

Many housing specialists stated that there are many homeless individuals in the Skid Row area with a high prevalence of drug use. Homeless individuals begin to use but do not know how to stop using drugs most of the time. When homeless individuals come into the agency asking for housing support, it is difficult because they need to address substance use to achieve any stability with housing.

Mental Health

Housing specialists were asked to provide services are needed that not provided to the homeless population with those who HIV/AIDS. All the six-housing specialists stated their clients have severe mental health issues where it becomes difficult to find housing. One housing specialist said:

“...lot of times with people with HIV and stuff. It's really depending on how they are feeling through that day, you know if they are motivated.

Sometimes they're not depending on how long they've been on their medication. What kind of medications they have. They have a lot of clients that are more senior citizens. And they had taken a lot more medication than the one that they take now, and sometimes they forget a lot of things. And they don't feel well that day because their medication has affected all the other. You know stuff in their body. and so it's really hard. There are days where they don't want to get up there are days where they are

motivated. It's just it's really hard. I also have clients calling me because they lost their medication. their medication gets stolen. That's also a really big you know, Barrier that they have”.

Two housing specialists expressed their need to be more mental health services. The following statement is from a male specialist:

“More mental health services are definitely something we need. There is a lot of services around, but I don’t think there are enough services for the demand right now”.

The following quote from one of the female specialists:

“More agencies should have their clients connect to at least a mental health specialist. Something like we can refer our clients to be connected to. Also a substance abuse agency that we can refer our clients, too.

Because most of our clients those are the challenged that they face. I feel that in order to be housed they need to be connected to a mental health specialist.”

Many housings specialist state that mental health is increasing in the homeless population and that most clients who have mental health do not want to get help. Some individuals don’t like to discuss obtaining mental health services because they came in for supportive housing. Sometimes clients have no motivation to come into appointments or even look for units if the individual is suffering from depression, anxiety, paranoia, historical trauma, and trauma regarding their HIV/AIDS.

HIV/AIDS Discrimination

Throughout the interview, Housing specialists mentioned that stigma and discrimination continue against homeless men with HIV/AIDS. They said clients fear asking for help by disclosing their status when needed. A housing specialist provided an example of one of the client's stories:

"I came out to my family, and they told me, you're not welcome here anymore. so you know like I said, its very very diverse with a lot of trans women specifically trans women that are black and latina, you know, and they make up a disproportionate number of individuals living with HIV AIDS right now. So, and they have a an entirely unique set of barriers".

Followed by another client's story provided from a housing specialist:

"discrimination resulting from not only being positive, but being a male. That is positive, including the loss of employment due to their status, or maybe the loss of a home. They were living in, whether that's with a family or friend due to their status. I can't tell you how many times I worked in the past with a HIV Positive males, who would go into tears during my sessions with them. When I was going over an application, and they said, You know, I really hope I get it this time, because I can just feel that my sister feels uncomfortable every time I go into the bathroom. She follows me with Lysol wipes or a disinfectant spray, and I can't tell you how greatly that has affected me to stay there. Just because I do feel that there's this negative stigma about how to contract HIV. And that's my family so I can't

imagine How it would feel to go into shared living with a stranger. So I think it's definitely the stigma, discrimination and social isolation that these men are our experiencing”

The following quote from one of the housing specialists stating individuals with HIV/AIDS face discrimination in regards to their status:

“stigma. People still you know when they hear Oh, you have HIV AIDS, even though we know it's like it can't be transmitted through a handshake. You can breathe the same air, you know you can share cups. You know all that stuff. There's still a huge amount of stigma. You know. there's still, people that look down on you, for example, like we're able to use this organization. So we're not able to disclose people's status because there's a lot of stigma with it, you know. People still want to blame the person who got it as opposed to seeing like, Yeah, you know, there's a lot of structures in terms of access to healthcare and contraceptives.. sorry no their not trying to get pregnant but they're the same they provide that barrier of protection against disease as well, and you know it leads us to the situation that we're in today that we still have new cases of HIV AIDS like I said, and they, you know our disproportionately impact. You know gay black men and gay black Latinos, and trans Latinos and black Latinas. Those are your main population increases right now. They make up a disproportionate amount of new cases. So. Yeah, there's that whole intersection of it as well that a lot of HIV AIDS people face that people

without who are homeless don't face those same barriers of access to the care that they need, and the social stigma that comes along with it along with. You know, I said, intersections of gender and race that are impacting that community”.

The next quote from a housing specialist explains the discrimination in federally funded programs regarding homeless men with HIV/AIDS finding housing:

“So the Los Angeles housing service authority, which is LHASA, is the biggest resource to enter clients into a coordinate entry system once they're in this system they're given a score and based on their score They're then matched to a resource, and by resource it's a program. It's a program that's going to give them a unit whether that's permanent supportive housing intensive case management or homeless section 8. Ideally they're going to be given a unit a case manager is going to help them through that journey and get them into stable housing. Now as male diagnosed with HIV unfortunately there isn't a score within that designed spat within CIS system that scores HIV at a higher rate and the other questions. so it does put these males at a disadvantage because there could be a family or a woman with a child who will score higher, and there more likely to get matched to a housing resource. Then a single male diagnosed with HIV.”

Housing Specialists also mentioned that there is discrimination within the homeless community. They also stated that even though some places welcome the LGBTQ community, like West Hollywood, clients cannot afford those apartments. Others report that many homeless programs are designed to cater to families and women with children, and so often, the resources are limited and specialized for single men.

Wraparound Services

The participants were asked if they could tell the researcher about the lack of support when a client is housed. Unfortunately, when homeless individuals become housed, they can go back to step one, being homeless. All six participants expressed their need to be wraparound services for clients. Wraparound services are collaborative, team-based, approved services, and support planning for the client. A housing specialist stated:

“...program that I work for which is HOWPA, it's designed with the assumption that clients are ready for self-sufficiency which means if given the opportunity, to move into a unit with the resources it is under the assumption that they'll sustain that themselves. Yes, the housing specialists follow them for up to a year, but majority of the work will be done by the client. So if we're talking about clients who are chronically homeless for years, living in the streets on tents, and that's what's familiar to them that's what they call home for years. It is such a change for them to go and live into a unit, be responsible for bills clean after themselves,

and so forth. It's definitely a shift so I would say Yes, I think the most important thing that needs to happen is across ...2 teams coming together, for instance, intensive case management teams to work with a HOWPA housing specialist side by side, so that we want to equip and provide these lifelong skills to the client, so that once they do graduate our program, they're able to keep that going and they're don't become chronically homeless again, or, you know, end up exiting our program, losing their housing, getting evicted, not making their rent payments, and again returning to that cycle of homelessness. So I think that there needs to be coupled with a mental health therapist. Intensive case management team HOWPA a housing specialist. I know that's a lot of people, but I think that if we really take an assessment of who we're serving that's really what needs to drive the team”.

The following statement from the housing specialist embodies why wrap around services are needed:

“I was gonna say wraparound services on site. That they have social worker or case manager, there that can help, instead of evicting them like kind of just work with them, because at the end of the day, they're trying to assimilate...just as long as there's the attempt to try and help them in that way. Because what wouldn't help is a property manager giving a client an eviction? What does that even do for them again. it puts them back into that cycle of becoming homeless again. And wrap around on site case

management or supportive support service on site, I think, would be tremendous for them, because at least they'd be able to access mental health directly. You will have someone that will help them access budgeting like resources, or If they miss a repayment, then someone will catch it and it'll stop the eviction process, because then that person can help them apply for rental assistance or see what programs are there to help them with their right utility assistance and give them those resources, because sometimes they don't remember the resources that we give them initially. And then that person can remind them”.

Housing specialists state that wraparound services will benefit clients and create fewer homeless individuals. Clients can have their medical care, mental health services, housing, etc., in place.

Data Interpretation

This study focused on the challenges homeless men with HIV/AIDS face when seeking housing with the help of housing specialists. The study presented several challenges clients have expressed to housing specialists, or housing specialists have noticed while working at a homeless HIV/AIDS agency. The study found insufficient affordable housing, especially in safe areas. The cost of living is increasing, and so is the housing market. There needs to be more low-income housing since most clients are living paycheck to paycheck or do not have enough income to pay for a unit. If there were more low-income housing in

safe neighborhoods, clients would be able to sustain their life and have a higher chance of staying away from using drugs.

The study found that substance abuse and mental health are the main challenges when homeless men with HIV/AIDS seek housing. Housing specialists stated that many homeless individuals suffer from substance abuse and mental health issues. When individuals are using, many do not have the motivation to look for housing. Sometimes for clients to enter transitional housing or emergency, they must be sober, and many can relapse. Regarding mental health, medication can be stolen, and start to lose motivation.

The study also found that homeless individuals with HIV/AIDS are discriminated against due to their status. When landlords find out they are HIV positive, many do not want to rent the apartment to them since they might get infected. Many are homeless because their family does not want them in their home, which increases the chances of mental health, drug use, and lack of motivation to look for a unit. There is discrimination in federal funding programs where males are disadvantaged since they are women with a child. Communities can also discriminate against and not welcome the LGBTQ community.

Lastly, the study found a lack of wrap-around services for homeless men with HIV/AIDS. If there were wrap-around services, the cycle of homelessness would decrease since all services would be in one place or area. Many clients lose their apartments because they are unaware of programs or referrals that can

be made, but there would be a collaborative team-based approval to services and support planning for the client.

CHAPTER FIVE

DISCUSSION

Introduction

The following section discusses the findings that were presented in chapter four. This chapter will then provide the limitations of this study and the implications for the social work practice issues on which the study was focused.

Discussion

This study aimed to find the challenges homeless men with HIV/AIDS face when seeking housing. Based on the qualitative responses of the six participants in this study, their interviews were: affordable housing in safe areas, substance abuse in the homeless population, individuals with mental health and mental health services, HIV/AIDS discrimination, and wrap-around services, including transportation. The responses of each housing specialist were similar to each other.

Limitations

Although this study contributes to the social work practice, it is essential to consider the limitations of this study. A limitation of this study is a small sample size of six, which may not represent the entire homeless men with HIV/AIDS community. The small size may not best reflect the same opinions and responses of those who are homeless with HIV/AIDS. Another limitation is the

participants of the study are housing specialists. They are not the ones who are experiencing the challenges homeless men with HIV/AIDS face when seeking housing. Additionally, this is only one housing agency in West Hollywood, whereas other agencies can be experiencing different types of clients or challenges.

Recommendations for Social Work Practice, Policy, and Research

The findings of the present study have several implications for the field of social work, which creates barriers to the housing specialist's role. The results suggest that the government should lower the cost of living or provide more low-income housing apartments. It also suggests that there need to be wraparound services for homeless HIV/AIDS individuals because many have been chronically homeless for years and don't know basic life skills. Sometimes having someone help a client regarding basic activities will be beneficial to the client if there would be housing that states that clients need to be in mental health and substance abuse treatment for them to be housed. It is vital for housing specialists since there will be available and not many barriers. The housing specialist and client will have the mindset that they all will be working together if the client is ready for housing. If a team would work together and create a plan for the client, there would be less homelessness in the area.

Conclusion

This research was conducted to understand the challenges homeless men with HIV/AIDS face when seeking housing with the help of housing specialists who work with homeless men with HIV/AIDS to find accommodation. The housing specialist was asked several questions via zoom regarding their experiences and challenges working with homeless HIV/AIDS men. The study resulted in the perspective of the challenges homeless men with HIV/AIDS face when seeking housing which were: affordable housing in safe areas, substance abuse in the homeless population, individuals with mental health and mental health services, HIV/AIDS discrimination, and wrap-around services, including transportation.

APPENDIX A
DATA COLLECTION INSTRUMENT

THE CHALLENGES HOMELESS MEN WITH HIV/AIDS FACE WHEN SEEKING HOUSING**Demographic's**

Age: Gender: Education: Ethnicity: Religion:

How many years have you been working in this agency?

Interview Questions

1. Can you tell me about yourself? what do you do for a living?
2. What are the day-to-day responsibilities of the position?
3. Tell me about your experience working with homeless men with HIV/AIDS?
4. If you woke up tomorrow, what would be different in the housing situation or housing availability in this county?
5. What are some challenges that clients have expressed regarding being a homeless man with HIV/AIDS when looking for housing?
6. What differences do you see in the challenges homeless men with HIV/AIDS face then those who are only homeless?

Follow up Questions

1. Can you tell me more about why transportation is a challenge?
2. What services are needed that are not provided?
3. Tell me more about the lack of support when a client is housed?
4. Is there enough food resources for the client?

5. What credit score do you normally see on homeless clients, and do you think the score affects finding housing?

Follow up questions will be added throughout the interview.

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the challenges homeless men with HIV/AIDS face when seeking housing with the help of housing specialist in West Hollywood, CA. The study is being conducted by Rosey Martinez, a graduate student under the supervision of Dr. Armando Barragán, Associate Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the challenges homeless men with HIV/AIDS face when seeking housing.

DESCRIPTION: Participants will be asked a few questions about their work experience with homeless men with HIV/AIDS, their responsibilities, challenges that clients have, housing availability, and some demographics.

PARTIPACTION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in a zoom meeting.

DURATION: It will take 30-60 minutes to complete the interview via zoom.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Rosey Martinez at (323)599-0663 or 007377065@coyote.csusb.edu and Dr. Armando Barragán at (909)537-3501 or abarragan@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database

(<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2023.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

I agree to have this interview be audio recorded in zoom. (Verbal Consent will be provided on interview.)

APPENDIX C
APPROVAL LETTER



March 6, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-183

Armando Barragan Jr. Rosey Martinez
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Armando Barragan Jr. Rosey Martinez:

Your application to use human subjects, titled "The challenges homeless men with HIV/AIDS face when seeking housing" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillespi@csusb.edu. Please include your application approval number IRB-FY2022-183 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

APPENDIX D

PARTICIPANT RECRUITMENT FLYER

Participants Needed for Social Work Research Project

A Graduate Social Work student from California State University, San Bernardino is conducting a research project to understand the challenges homeless men with HIV./AIDS face when seeking housing

Participant Requirements

Housing Specialist

Bachelor's Degree related to Social Work

Participation in this study is voluntary and confidentiality will be maintained

Interviews may take from 30-60 min.

The flexibility of dates and times for participation will be offered.

Due to COVID-19, communication and participation will be conducted virtually through zoom, for your safety.



INTERESTED IN PARTICIPATING?

Please contact Rosey Martinez for more information

007377065@coyote.csusb.edu

The study has been approved by the California State University, San Bernardino Institutional Review Board. The study is being conducted under the supervision of Dr. Armando Barragan. atabarragan@csusb.edu

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