

Department of Public Health



Homeless Women and Families

Demographics and Services

Board of Supervisors
Budget and Finance Committee
May 14, 2014

Department of Public Health Annual Data

	Homeless Count	DAH Population
Female	27%	31%
Transgender	3%	3%
Male	70%	66%
No data/Other	N/A	N/A

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Gender and Age

- Gender
 - ❖ 23% women
 - ❖ $\leq 1\%$ TG women
 - ❖ 72% men
- Age
 - ❖ Total Average Age = 45.4 y.o.
 - ❖ Women = 44.4 y.o.
 - ❖ TG = 40.4 y.o.
 - ❖ Men = 45.9
- Homelessness
 - ❖ TG women are homeless longer than men or women
 - ❖ Men are homeless slightly longer than women

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Ethnicity

Ethnicity	All	Men	Women	Transgender
African American	33.1%	34.2%	34.8%	33.8%
Asian/Pacific Islander	2%	1.9%	2.6%	1.4%
Filipino/a	1.7%	1.8%	1.8%	0%
Latino/a	12.7%	14.1%	10%	23%
White	36.5%	37.9%	37.6%	29.7%

* Does not add up to 100%. DPH ethnicity data include 11 categories.

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History of Serious Health Conditions*	All	Men	Women	Transgender
Serious Medical Conditions	57.4%	57%	60.2%	71.6%
Serious Psych Conditions	59.3%	56.7%	69.3%	82.4%
Substance Abuse Conditions	66.4%	68.6%	62%	81.1%
All Three	34.9%	34.3%	38.5%	60.8%

*Serious health conditions fall under the Elixhauser diagnoses that contribute to early mortality (Quan et al, Med Care 2005).

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Women and Family Programs

- Community Behavioral Health Services funds several programs specifically designed for homeless women and/or homeless families (~600 slots).
Examples include:
 - ❖ CATS – A Women’s Place
 - ❖ Homeless Prenatal Program
 - ❖ HR360 Women’s Hope Residential Treatment
 - ❖ Jelani House
- Maternal, Child, Adolescent Health serves homeless women and families in a variety of settings.
Examples include:
 - ❖ Women, Infants, and Children Supplemental Nutrition Program
 - ❖ Calworks Referrals to Homeless Prenatal Program

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Women and Family Programs

- Primary Care programs may be gender and/or diagnosis specific.
- Examples include:
 - ❖ TWUHC – Transgender Clinic
 - ❖ Centers of Excellence for Women living with HIV/AIDS
 - ❖ TWUHC – Homeless Families Team
 - RN and NP Clinics at Hamilton Family Shelter and at Connecting Point
 - RN advice to shelter staff on difficult cases
 - medical consult services at Homeless Family Consortium
 - Stabilization unit placement and oversight for mom's in their last month of pregnancy (PATH program)
 - Ongoing support at all city funded family shelters

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Women and Family Programs

- Housing
 - ❖ 1,707 DAH units in 36 buildings
 - ❖ LHH Scattered Site program
 - ❖ Medical Respite (women's floor)
 - ❖ Sobering Center (women's wing)
 - ❖ Permanent Housing for Women living with HIV/AIDS and families with one member living with HIV/AIDS.
 - Hazel Betsey Program (supportive; project-based)
 - Rita de Cascia (scattered site)

Department of Public Health Services in Supportive Housing

- Support Services staff actively engage residents to help individuals make choices that reduce their physical, psychiatric, and social harm.
- Tailored on-site support
 - Gender specific groups
 - Case management and care planning
 - Access to and maintenance of benefits
 - Access to and maintenance of medical and behavioral health services
 - Substance abuse, mental health, life skills counseling
 - Nurse management and medication management
 - Community groups and community building social activities
 - Secure food and clothing
 - Educational/vocational connections
 - Assistance with housing stability

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Stories of Women in DAH #1

AB is a 35 y/o African American woman now living at one of the most service-enriched DAH sites

- She has a long history of sexual and physical trauma and amphetamine use. She has been HIV+ for approximately 5 years. Two years ago she became pregnant. She was unable to reduce her amphetamine use during her pregnancy and was not adherent to her HIV medications. For the last trimester of her pregnancy with the help of BAPAC, she was admitted to LHH where she resided getting directly observed therapy for her HIV. She delivered a healthy baby who was not infected with HIV. The baby is in foster care.
- AB moved into Direct Access to Housing. She has cut herself off from most of the support systems that were in place during her pregnancy as she is convinced that they are responsible for her losing custody of her child.
- She continues to be unwavering in her speed use despite stable housing. She rarely if ever takes her HIV medications.
- The on-site staff together with the Community Living Fund continue to engage her daily and encourage her to reduce harm from her drug use or to enter a treatment program. She speaks daily with the on-site nurse and is regularly offered HIV meds.

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Stories of Women in DAH #2

CD is a 54 y/o White woman living at one of the smaller DAH sites.

- For the first 2 years of her residency she was regularly at risk for losing her housing due to flooding her apartment, general destruction of her unit and threatening on-site staff predominantly because her paranoid delusions which were exacerbated by on-going alcohol and stimulant use.
- After repeated outreach by on-site staff and the staff of the SF FIRST, she finally agreed to take a every other week injection of an antipsychotic medication administered by the on-site nurse.
- Over the past 3 years she has steadily improved her mental health condition and has recently been able to gain employment in the retail industry.