

APPENDICES

Alameda County

AIDS Housing Needs Assessment



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Appendix 1: Glossary of Terms Used in This Report

ACA – Affordable Care Act

AHNA – Alameda County 2014 AIDS Housing Needs Assessment

AMI – Area Median Income – With reference to family income (a family may have only one member, of course) or, for individuals, those 15 years and older, the median income is the income in the middle of cases within a geographical area, with one-half of the cases falling below and one-half above the median income.

ART – See HAART

CCPC – Collaborative Community Planning Council

CDC – Formerly the U. S. Centers for Disease Control; now the U.S. Centers for Disease Control and Prevention

CoC - Alameda Countywide Homeless Continuum of Care Council – The planning body that coordinates comprehensive program funding and services for homeless people in Alameda County.

Development or housing development - New construction of buildings and rehabilitation of older buildings – in this context – to provide affordable housing for PLWHA and others. Development is made affordable through a variety of funding strategies, including donations and grants from local governments; funding from lenders, investors, and donors; and tax incentives.

EHA – Emergency Housing Assistance

EveryOne Home - EveryOne Home describes itself as Alameda County’s road map for ending homelessness. EveryOne Home functions by emphasizing a coordinated, efficient regional response to a regional problem, making use of the county’s resources, and building capacity to attract funding from federal, state and philanthropic sources.

Extremely low income – HUD defines this as 30 percent of the median family income for the area, subject to adjustments for areas with unusually high or low incomes or housing costs.

HAART - Highly Active Antiretroviral Therapy; HAART is also known as Anti-Retroviral Therapy or ART. HAART involves the use of multiple antiretroviral drugs that act on different viral targets in an attempt to control HIV infection. There are several classes of antiretroviral agents that act on different stages of the HIV life-cycle.

Health disparity – A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage.

HCD – Department of Housing & Community Development, Alameda County Community Development Agency

HOPWA – Housing Opportunities for People with AIDS

Housing Assistance – Non-financial support for securing a rental unit through services such as information and referral, submission of application materials, and other mechanisms.

Housing development – See Development

HRSA – The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the lead federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

HUD – U. S. Department of Housing & Urban Development

IDU – Intravenous Drug Use[r]

Low income – HUD defines this as 80 percent of the median family income for the area, subject to adjustments for areas with unusually high or low incomes or housing costs.

MAI – Minority AIDS Initiative

MOU – Memorandum of Understanding

MSM – Men who have sex with men

OAA – Office of AIDS Administration, Alameda County Public Health Department

Other jail history - Served a jail sentence but no report of a felony conviction.

Permanent Housing – A program that provides housing on a long-term basis.

Permanent Supportive Housing – A program that provides housing and supportive services on a long-term basis, for disabled homeless people.

PI – Project Independence, Alameda County shallow-rent subsidy program for low-income PLWHA

PLWHA – People Living with HIV/AIDS

Rental Subsidy – On-going, fixed (see Project Independence) or sliding-scale financial assistance to help make housing affordable. The subsidy makes up the difference between the "market price" for the housing and the amount of rent that the tenants pay.

Sequestration –The 2013 automatic spending cuts to federal government spending in particular categories of outlays beginning on March 1, 2013.

S+C – Shelter Plus Care, Alameda County housing and supportive services program for homeless people. To be eligible, an individual must have a diagnosis of HIV/AIDS and/or disabling serious mental illness and/or chronic alcohol or drug addiction.

Transitional Housing Program – Provides housing to homeless people on a short-term basis, usually no longer than two years, and helps them to pursue and enter permanent housing.

SDH - Social determinants of health are the complex, integrated, and overlapping social structures and economic systems that include the social environment, physical environment, and health services; structural and societal factors that are responsible for most health inequities. SDH are shaped by the distribution of money, power and resources at global, national, and local levels, which are themselves influenced by policy choices.

Very low income – HUD defines this as 50 percent of the median family income for the area, subject to specified adjustments for areas with unusually high or low incomes.

Appendix 2: Services and Resources

Services

AHIP (AIDS Housing and Information Project), a project of **Eden I&R (Information & Referral)**, maintains a centralized database of permanent AIDS-dedicated housing, transitional housing beds, housing subsidies, and other market rate and below market rate housing, as well as social and health related services for PLWHA and their families. The AHIP phone line is open Monday through Friday, 9:00 A.M. to 4:00 P.M.

(510) 537-2600

(877) 424-3746 (Toll-free)

Web: edenir.org/ahip.html

Project Independence provides partial rent subsidies, support service coordination, and accessibility improvements to people living with HIV/AIDS who are at risk of homelessness. . The Alameda County Department of Housing and Community Development serves as the Grantee/Lead Agency. Three community-based organizations are the “Hub” agencies that serve clients:

- **AIDS Project of the East Bay**, 1320 Webster St., Oakland, (510) 663-7979
- **Tri-City Health Center**, 39184 State St., Fremont, (510) 713-6690
- **Yvette A. Flunder Foundation** (formerly known as the Ark of Refuge), 8501 International Blvd., Oakland, (510) 382-9166

These agencies conduct outreach and determine client eligibility. They coordinate housing inspections and accessibility assessments and modifications. The hub agencies provide shallow rent subsidies as well as service coordination and refer clients to all appropriate services needed to maintain independent permanent housing.

Shelter Plus Care (S+C) is a government program designed to provide housing and supportive services on a long-term basis for homeless persons and their families residing in places not intended for human habitation, in emergency shelters or in transitional housing if they were on the streets or in an emergency shelter the night before they entered transitional housing.

Eligibility criteria also require a diagnosis of a disabling serious mental illness, and/or HIV and related disorders, and/or chronic alcohol or drug addiction. For more information, individuals or families who would like to apply to the S+C program should contact the:

Alameda County Dept. of Housing & Community Development, (510) 670-6486, or the **City of Berkeley Housing Department**, (510) 981-5418.

Housing Authorities provide access to affordable housing through the Section 8 Housing Choice Voucher, Project-Based Voucher, and Public Housing programs of the U.S. Department of Housing and Urban Development.

Five housing authorities operate within Alameda County.

Alameda City (510) 747-4300

Alameda County (510) 538-8876

Berkeley (510) 981-5470

Livermore (925) 447-3600 and (925) 447-0288

Oakland (510) 874-1500

East Bay Community Law Center's HIV/AIDS Law Project was created to address the complex needs of low-income PLWHA. Project attorneys work closely with a number of local HIV/AIDS medical clinics to improve client access to life-saving medical care. The project also provides legal services and advocacy in areas such as public benefits, housing, health care access, immigration, special education, and school discipline. EBCLC also has a **Clean Slate Practice** that provides assistance to people seeking to clean up their criminal records.

2921 Adeline Street

Berkeley 94703

(510) 548-4040

Homeless Action Center provides free legal assistance and advocacy with a range of public benefits for people who are homeless and mentally ill in Alameda County, in areas such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medi-Cal, CalWORKs, General Assistance (GA), Food Stamps, and Cash Assistance Programs for Immigrants (CAPI).

3126 Shattuck Ave

Berkeley 94705

(510) 540-0878 (Berkeley)

Resources

Housing Opportunities for People with AIDS (HOPWA)

Alameda County Department of Housing and Community Development

224 Winton Avenue, Room 108

Hayward, CA 94544

(510) 670-5941

Web: acgov.org/cda/hcd/rhd/hopwafunding.htm

The purpose of the Housing Opportunities for Persons with AIDS (HOPWA) Program is to provide affordable housing and associated programs for low-income persons with HIV/AIDS. In Alameda County the County operates the HOPWA program on behalf of the City of Oakland, the grantee for the Metropolitan Area HOPWA grant from HUD. In Alameda County, currently about half of the funding received from the grant is used for affordable housing development. HOPWA also funds support services associated with obtaining and retaining housing

Office of AIDS Administration (OAA)
Alameda County Public Health Department
1000 Broadway, Suite 310
Oakland, CA 94607
Phone: (510) 268-7630
Web: www.acphd.org/oaa

The OAA's mission is to reduce the rates of new HIV infections; increase the number of county residents who know their HIV status earlier through HIV testing; and linking individuals who are positive into care. The OAA provides leadership, resources, and guidance in collaboration with community members and organizations to coordinate the Alameda County Public Health Department's delivery of HIV/AIDS health services throughout the 17 cities which make up Alameda County.

National AIDS Housing Coalition
727 15th Street NW, 11th Floor
Washington, DC 20005
(202) 347-0333
E-mail: nahc@nationalaidshousing.org
Web: nationalaidshousing.org

The National AIDS Housing Coalition (NAHC) works to end the HIV/AIDS epidemic by ensuring that persons living with HIV/AIDS have quality, affordable and appropriate housing. NAHC accomplishes this through policy and resource advocacy, fostering, translating and disseminating research, and convening leaders to affect change at the local, national and international levels.

Appendix 3: Literature Review

July 1, 2013

Housing and HIV/AIDS

A Review of the
Literature

Melody Tulier

Introduction

Housing is a public health prevention and intervention tool for individuals with HIV/AIDS. Since housing promotes health, *subsidized* housing is designed to make safe, decent housing affordable to low-income individuals – among them persons living with HIV or AIDS (PLWHA) through government or other financial assistance.¹ In addition, *supportive* housing, which links housing with critical social services either on- or off-site, plays a key role in transforming subsidized housing into effective housing and health programming for PLWHA.² Research demonstrates that housing for PLWHA results in an increase in access to and utilization of health services, stronger supportive networks, and a reduction in HIV risk behaviors, thereby decreasing risk of HIV transmission to others.

Given this, in this section of the report we focus on the following:

1. Discussion of general research findings on the impact of housing and/or additional models of supportive services for low-income PLWHA and lessons from other general housing programs.
2. Identification of special populations, associated research, and examples of program models developed for working with these populations.

Summary of Key Findings

Resources consulted for this literature review include academic research, federal and city level documents, and research conducted by think tanks and consulting firms. A thorough

¹ Wolitski, R. (2012) Housing and Health: A CDC Perspective. International Housing Summit, Washington, DC.

² National Institutes of Health. 1996. The evolution of supportive housing. Available: <http://www.nhi.org/online/issues/88/suphousing.html> Accessed 4 June 2013.

review of research with sound methodology and strong applicability garners the following key points:

1. *Housing in addition to supportive services for PLWHA is fundamentally distinct from general modes of comprehensive supportive services for PLWHA.*

Housing and supportive services that comprise many programs for PLWHA are designed to incorporate both short- and long-term housing and positive health outcomes. However, in comparison, programs for general supportive services for the homeless, for example, do not explicitly incorporate health outcomes into their measures of success. Currently, outcome measures dictate the scope of services of programs. As such, while outcomes previously have been an afterthought for governmental programs, they are currently more central and are often the first step for program planning and strategy development.

2. *Housing has been proven to make a difference in increasing length of survival and enhancing self-rated health, healthcare utilization and housing stability in the long-term.^{3,4} However, the data have yet to show significant impact on medication utilization, adherence, CD4 count or HIV viral load.⁵*

Utilizing comprehensive statistical methods and randomization to ensure comparability between control and treatment groups, studies by Schwarz et al. and by Wolitski et al. showed housing has an impact on survival, self-rated health, healthcare utilization and housing stability.^{6,7} This is a step forward in understanding the causal link between housing and health.

³ Schwarz S, Hsu L, Vittinghoff E, Vu A, Bamberger J, Katz M (2009) Impact of housing on the survival of persons with AIDS. BMC Public Health 9:220.

⁴ Wolitski R, Kidder D, Pals S, Royal S, Aidala A, Stall R, Holtgrave D, Harre D, Courtenay-Quirk C. (2010) Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. Aids Behav 14(3): 493 – 503.

⁵ Ibid

⁶ Schwarz S, Hsu L, Vittinghoff E, Vu A, Bamberger J, Katz M (2009) Impact of housing on the survival of persons with AIDS. BMC Public Health 9:220.

⁷ Wolitski R, Kidder D, Pals S, Royal S, Aidala A, Stall R, Holtgrave D, Harre D, Courtenay-Quirk C. (2010) Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. Aids Behav 14(3): 493 – 503.

However, other clinical markers of health, such as CD4 count or HIV viral load measured in the Wolitiski et al. study have not been shown to improve as a result of long-term housing. At the same time, the Wolitiski et al. study had limitations regarding the power to detect differences between groups.

3. *A more intense case management system has long-term positive health outcomes. More intense case management was shown to increase the number of individuals with intact or undetectable viral loads and reductions.*

A randomized control trial, though of small size, found 26 individuals who received intensive case management services in Chicago had intact or undetectable viral loads, in comparison to only 16 individuals, who received standard case management services.⁸

4. *Housing stability is associated with decreased risky behavior.*

One study found that homeless individuals were more likely to exchange sex for money or drugs and were nearly twice as likely to have unprotected sex with an individual of an unknown serostatus in comparison to housed PLWHA.⁹ Moreover, one's perception of housing stability is important; a decline in subjective housing stability was associated with increased needle sharing and higher odds of sex exchange. Also, poor housing stability (indicated by moving two or more times within the past six months) was associated with higher odds of unprotected sex and with sex exchange.¹⁰

5. *Strong teams across all points of interaction and leveraging expertise (case managers at all the institutions involved, landlords, housing specialist), partnerships*

⁸ Buchanan D, Kee R, Sadowski L, Garcia D (2009) The health impact of supportive housing for HIV positive homeless patients: a randomized control trial.

⁹ Kidder D, Wolitiski R, Pals S, Campsmith M (2008) Housing status and HIV risk behavior among homeless and housed persons with HIV. *Acquir Immune Defic Syndr* 49: 451-455.

¹⁰ Ibid

across organizations, streamlining of procedure, and alignment of objectives with the target population are necessary components for a successful program.

Findings from the Chicago Housing for Health Partnership (CHHP) study in addition to research by Abt Associates on models for linking human services to housing assistance provided the above summarized recommendations. In both studies, collaboration, leveraging assets and partnership were emphasized through the process for keeping individuals housed.¹¹

6. *Special populations, such as those who are mentally ill, injection drug users, homeless youth, or those that were formerly incarcerated face difficult barriers to health and accessing and maintaining long-term housing that can propel health outcomes. These barriers include increased risky behavior, such as substance abuse, unprotected intercourse, and participation in the sex trade. These are compounded by environmental factors such as limited social supports, stigma, and exclusion in addition to other economic, social and ethnic/racial contextual influences that can increase their vulnerability.*

Multiple research studies enumerated below discuss specific risky behaviors and environmental contexts and challenges confronting special populations that also faced PLWHA. While numerous model programs exist and are outlined in this review, evaluation remains limited. Nevertheless, all programs emphasize strong case management systems and an emphasis on long-term housing.

Housing as a Platform

The Department of Housing and Urban Development's (HUD) 2010 - 2015 Strategic Plan declares that housing is "an ideal platform for delivering a wide variety of health and social

¹¹ George C, Figert A, Chernega J, Stawiski S (2009) Connecting fractured lives to a fractured system: a process evaluation of the Chicago housing for health partnership. Available <http://www.aidschicago.org/pdf/2009/hhrpn/CHHP/CHHPreportLoyola.pdf> Accessed 28 May 2013.

services to improve health, education, and economic outcomes.”¹² The research illustrates that affordable housing is a fundamental entry point to stabilize a household and is effective across special populations such as PLWHA, the homeless, individuals with a history of substance use and mental illness, and formerly incarcerated individuals.¹³

Indeed lack of housing access and poor quality are both manifestations of and key contributors to deepening inequality.¹⁴ Intervening with housing and supportive services acknowledges that health is shaped by fundamental causes; the distribution of poor health outcomes rests on differential access to knowledge, money, prestige and power.¹⁵ Supportive services and housing are particularly crucial given the transition of HIV from a lethal acute disease to a chronic one; in fact, for successfully treated patients that were asymptomatic at time of diagnosis, mortality rates are close to the mortality rates of individuals without HIV/AIDS.¹⁶

Impact of Housing on Health for Low-Income PLWHA

Specifically with regard to PLWHA, a plethora of vigorous research has deepened the evidence base to sustain the value of housing programs in combination with supportive

¹² Department of Housing and Urban Development. FY 2010 – 2015 Strategic Plan. Available: http://portal.hud.gov/hudportal/documents/huddoc?id=HUDStrategicPE_goal3.pdf Accessed 28 May 2013.

¹³ Office of HIV/AIDS Housing, Department of Housing and Urban Development (2012) HOPWA 20, housing innovations in HIV care. Available: <http://portal.hud.gov/hudportal/documents/huddoc?id=hopwa20.pdf> Accessed 28 May 2013.

¹⁴ Aidala A, Sumartojo E (2007) Why housing? AIDS Behav 11:S1-S6.

¹⁵ Phelan JC, Link BC (2005) Controlling disease and creating disparities: a fundamental cause concept perspective. J Gerontology 60B: 27-33.

¹⁶ van Sighem AI, Gras L, Reiss P, Brinkman K, de Wolf F (2010) ATHENA national observational cohort study. Life expectancy of recently diagnosed asymptomatic HIV-infected patients approaches that of uninfected individuals. AIDS.24:1527-1535.

services, including case management, behavioral health services, housing information, meals and nutrition, transportation, employment services, and benefits assistance.¹⁷ In particular, studies have focused on those with precarious or non-existent housing, a common occurrence among low-income PLWHA, which results in challenges to antiretroviral adherence and creates risk of poor health outcomes.

As such, one study using the San Francisco AIDS Registry found an increased risk of death among homeless individuals with AIDS in comparison to homeless individuals with AIDS that obtained supportive housing.¹⁸ Specifically, 67% of homeless individuals with AIDS survived past five years in comparison to 85% of individuals who were eventually housed. It is important to note that housing was provided by a San Francisco Department of Public Health's Direct Access to Housing (DAH) program, where sites have case managers and provide medical services that include an on-site full-time nurse or mid-level clinician such as a nurse practitioner. Moreover, in this study, individuals were identified as homeless if their medical chart noted they were homeless or if the address recorded was a homeless shelter, a healthcare clinic, or a free postal address not associated with a residence. Further supporting the validity of these findings is the fact that the characteristics of the two groups, those receiving supportive housing versus those that did not, were similar. The only difference was that individuals provided with housing were twice as likely to be over 50 years old, thereby

¹⁷ Office of HIV/AIDS Housing, Department of Housing and Urban Development (2012) HOPWA 20, housing innovations in HIV care. Available: <http://portal.hud.gov/hudportal/documents/huddoc?id=hopwa20.pdf> Accessed 28 May 2013.

¹⁸ Schwarz S, Hsu L, Vittinghoff E, Vu A, Bamberger J, Katz M (2009) Impact of housing on the survival of persons with AIDS. BMC Public Health 9:220.

increasing likelihood of a worse outcome. A sensitivity analysis concluded that it is unlikely that unmeasured confounding accounted for the results.¹⁹

While within the homeless population housing clearly has an impact, a randomized control trial in three cities, the gold standard in research, found housing increases long-term housing stability, enhances self-reported health, and decreases healthcare utilization. The study collected self-reported data, CD4 count, and viral load data at 6, 12 and 18 months and compared outcomes for those unstably housed or homeless individuals immediately receiving housing through the Housing Opportunities for Persons with AIDS (HOPWA) program to individuals with the usual care of customary housing conditions with case management.²⁰ After 16 months 82% of individuals receiving direct HOPWA assistance lived in their own home, while 51% of those in the control group did so. However, there were no changes observed in the study concerning Highly Active Antiretroviral Therapy (HAART) utilization, adherence, CD4, HIV viral load, number of sex partners and sex trading.²¹ It is important to note that the statistical power in detecting difference between the control and treatment group was limited given the high percentage of individuals in the control group obtaining housing.

Thus far, the impact of housing on the homeless population (as measured by length of survival) has been established. Furthermore, as discussed, studies established that housing for low income individuals with HIV/AIDS demonstrated an impact on housing stability, healthcare utilization, and perception of health but not other clinical differences. The next question is what combination and intensity of services are most critical to achieving the outcomes desired?

¹⁹ Ibid

²⁰ Wolitski R, Kidder D, Pals S, Royal S, Aidala A, Stall R, Holtgrave D, Harre D, Courtenay-Quirk C. (2010) *Aids Behav* 14(3): 493 – 503.

²¹ Ibid

A randomized control trial conducted in Chicago through the Chicago Housing for Health Partnership (CHHP), a consortium of eight service providers, aimed to establish the impact of permanent housing and intensive case management among homeless individuals who were hospitalized and with a chronic condition. The study compared those receiving standard discharge planning, which included referrals to overnight shelters or interim housing providers, to those within individuals with intensive case management and permanent housing.

Differences in these two groups were assessed based on rates of intact and undetectable viral loads (CD4 \geq 200 and viral load < 100,000). After year 1, 55% (26) of those with intensive case management in comparison to 34% (16) had intact and undetectable viral loads.²² The CHHP study was relatively small, and those in the usual care group that obtained housing were still identified as being in the control group. Hence, in contrast to the aforementioned studies, the impact of housing was not necessarily the key question. In fact, this study sought to focus on comparing the impact of standard hospital discharge policy to intensive case management and permanent housing, therefore assuming housing does have an impact.

To analyze the CHHP programmatic structure, a process evaluation found that the leadership of the central agency that provides coordination while incorporating input from partnering agencies and coordination on the ground was instrumental.²³ The process starting from case managers connecting with patients in the hospital setting at discharge, then to agencies with temporary housing working with individuals awaiting permanent housing, and finally to placement in housing placement among scatter-site, private apartments, and agency-

²² Buchanan D, Kee R, Sadowski L, Garcia D (2009) The health impact of supportive housing for HIV positive homeless patients: a randomized control trial.

²³ George C, Figert A, Chernega J, Stawiski S (2009) Connecting fractured lives to a fractured system: a process evaluation of the Chicago housing for health partnership.

Available <http://www.aidschicago.org/pdf/2009/hhrpn/CHHP/CHHPreportLoyola.pdf> Accessed 28 May 2013.

based housing symbolizes the complex but integral role of continued, intensive case management.

Weir et al. sought to understand the complex relationship between objective housing stability, subjective housing stability (an individual's sense of housing stability), supportive housing, number of residences in the last six months and housing services with four outcomes: hard drug use, needle sharing, sex exchange, and unprotected intercourse.²⁴ Findings are nuanced. While the odds of risky behavior were not significantly associated with objective housing stability except for higher odds of drug use for those in unstable housing, a decline in subjective housing stability was associated with increased needle sharing and higher odds of sex exchange. Also, not residing in supportive housing²⁵ was associated with a "fourfold increase in the odds of hard drug use, a fivefold increase in the odds of needle sharing, a twofold increase in the odds of sex exchange, and a nearly twofold increase in the odds of unprotected sex."²⁶ In addition, changing two residences in the last 6 months was associated with higher odds of unprotected sex and with sex exchange. This study is of particular importance given its acknowledgement of the temporal nature of housing and the suggested link between specific housing situations and specific risk behavior.

A study of 8,075 individuals recruited from 19 health departments in the United States aimed to compare incidence of risky behavior among homeless and housed PLWHA. Key findings include that homeless respondents had more sex partners, although housed PLWHA

²⁴ Weir B, Bard R, O'Brien K, Casciato C, Stark M (2007) Uncovering patterns of HIV risk through multiple housing measures. *AIDS Behav* 11:S31 – S44.

²⁵ Unfortunately with this study, it is impossible to assess the extent to which participants in supportive housing were in "housing first" or abstinence-contingent housing; nevertheless, the results shed light on the association between risky behaviors and supportive housing.

²⁶ Ibid

were more likely to be sexually active, and homeless respondents were more likely to exchange sex for money or drugs and were nearly twice as likely to have unprotected sex with an individual of an unknown serostatus.²⁷ Also, homeless respondents were more likely to have a lifetime history of alcohol abuse and both within the last 12 months and through their lifetime to have injected drugs. Even after controlling for confounders, housing was a significant predictor. It is important to take note that while the association between behavior and housing is apparent, this study did not establish causality.

Lessons from General Housing and Health Programs

Research described above supports the idea that PLWHA face distinct obstacles that require a more intense and broader array of services. For example, the Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing manages the Housing Opportunities for Persons with AIDS (HOPWA) program and has specifically outlined the following programmatic goals: (1) Increasing housing stability; (2) Reducing the risk of homelessness; and (3) Increasing access to care and support.²⁸ In contrast, for example HUD's Housing Choice Voucher program aims to help families, the elderly and the disabled afford safe, sanitary housing.²⁹

²⁷ Kidder D, Wolitski R, Pals S, Campsmith M (2008) Housing status and HIV risk behavior among homeless and housed persons with HIV. *Acquir Immune Defic Syndr* 49: 451-455.

²⁸ Office of HIV/AIDS Housing, Department of Housing and Urban Development (2012) HOPWA 20, housing innovations in HIV care. Available: <http://portal.hud.gov/hudportal/documents/huddoc?id=hopwa20.pdf> Accessed 28 May 2013.

²⁹ Department of Housing and Urban Development. Housing Choice Vouchers Fact Sheet. Available http://portal.hud.gov/hudportal/HUD?src=/topics/housing_choice_voucher_program_section_8 Accessed 28 May 2013.

Both programs include housing as a foundational element, but the measures of success are distinct, with HIV/AIDS housing specifically being accountable for more temporal outcomes such as housing stability, and a more targeted mandate on achieving short-term outcomes on the pathway to long-term positive health results. At the same time, lessons can be learned from programs working with homeless individuals.

At the direction of the Office of the Assistant Secretary for Planning and Evaluation in the US Department of Health and Human Services, Abt Associates studied models for linking human services to housing assistance. While organizations that explicitly include PLWHA were not included in the study, broad programmatic lessons for organizations that assist homeless families or those at risk of becoming homeless to achieve housing and improve their quality of life are described and can be useful for HIV/AIDS housing programs.³⁰ While somewhat intuitively obvious, the list of general lessons is helpful and includes the following:

1. Focus the program and align programmatic objectives to the target population, service interventions and partnerships arrangements;
2. Capitalize on relationships with a common mission and purposeful coordination;
3. Tap nontraditional organizations outside of the service network;
4. Forge strong relationships between case managers, housing specialists, and landlords;
5. Rely on case managers to play a central role in linking human and housing services, with deliberate planning through assessments and intensive case management;
6. Tap into a breadth of funding streams;
7. Standardize intake and assessment tools to streamline operations and delivery, using common measures to assess progress;
8. Develop a continuum of housing, using locally-funded housing programs as a gateway to a permanent, federally funded housing opportunity;

³⁰ Cortes A, Dunton L, Henry M, Rolston H, Khadduri J (2012) Linking human services and housing assistance for homeless families and families at risk of homelessness. Available: <http://aspe.hhs.gov/hsp/12/LinkingServices2HomelessFamilies> Accessed 29 May 2013.

9. Use program partners to expedite the lease-up process (such as advance application completion, case managers being able to document rehabilitation or public housing authorities identifying steps that can be completed simultaneously during the process).³¹

In essence, key to success are alignment of programs with populations, creative collaborations and partnerships across sectors (housing, supportive care, landlords) while implementing a continuum of housing options, and standardization of processes.

Special Populations and Summary of Program Interventions

In this section we identify key findings from the literature review concerning specific populations. Then for each population we outline the key components of celebrated programs.

Individuals with a severe mental illness (SMI) have disproportionately been affected with HIV/AIDS, with HIV infection rates ranging from 3% to 23%.³² Importantly, a systematic review of 52 studies found that risky behavior is associated with HIV transmission in particular individuals with a psychiatric illness (including schizophrenia, bipolar disorder, and major depression), substance use, childhood abuse, cognitive-behavioral factors, and social relationships. More broadly, individuals with a SMI participate in high rates of sexual and drug abuse, which include unprotected intercourse, sex trade and injection drug use.³³ Meade and Sikkema's systematic review found that over half of those with a SMI, who had been sexually active within the past year, had traded sex for money, and nearly half had never used

³¹ Ibid

³² Meade C Sikkema K (2005) HIV risk behavior among adults with severe mental illness: a systematic review. *Clinical Psychology Review* 433-457.

³³ Carey MP Carey KB Kalichman S (1997) Risk for human immunodeficiency virus (HIV) among persons with severe mental illness. *Clinical Psychology Review*:17 271-291.

condoms.³⁴ Given the multiple influences that contribute to risky behavior, the authors suggest interventions at the individual, group and community levels to promote sustained health behaviors.³⁵

Regarding injection drug users (IDUs), Kriusi et al. advocate for the use of a *risk environment framework*. This framework:

“ . . . conceptualizes drug-related harms as a product of the social situations and environments which individuals who use drugs operate . . . and allows room to think about how [these contexts] intersect with the economic, social, gender, and ethnic position of individuals and how these factors lead may lead to higher levels of vulnerability.”³⁶

Given this framework, the authors postulate that stigma and social exclusion, housing, health care systems, and drug policy are key levers for effective intervention. Of importance, while the authors acknowledge that a multidisciplinary approach integrating HIV care and treatment, substance abuse, and psychiatric support and case management has received a significant amount of attention in the literature, few evaluations of this model of care are available.³⁷

In addition, homeless or street youth are known to have higher rates of HIV, sexually transmitted infections (STIs) and other blood-borne diseases.³⁸ An at-risk youth study conducted by Marshall and colleagues in Vancouver, Canada, used three levels of housing, including stably housed (living in a house, apartment or SRO), unstably housed (living in a

³⁴ Meade C Sikkema K (2005) HIV risk behavior among adults with severe mental illness: a systematic review. *Clinical Psychology Review* 433-457.

³⁵ Ibid

³⁶ Kriusi A Wood E Montaner J Kerr T (2010) Social and structural determinants of HAART access and adherence among injection drug users. *International Journal of Drug Policy* 4-9.

³⁷ Ibid

³⁸ Marshall B Kerr T Shoveller J Patterson T Buxton J Wood E (2009) Homelessness and unstable housing associated with an increased risk of HIV and STI transmission among street involved youth. *Health Place* 15(3): 753 -760.

shelter or hostel), and homeless (living in the street or no address) to understand the relationship between housing and risky behavior. The study found that unstable housing, such as in a hostel or shelter, was positively associated with a greater number of sex partners.³⁹ Moreover, those without a stable address were twice as likely to report inconsistent condom use.

Formerly incarcerated PLWHA are disproportionately concentrated among those facing economic disadvantage and minorities.⁴⁰ Within the United States, every year 150,000 PLWHA are released from a correctional facility.⁴¹ Individuals who are formerly incarcerated face specific barriers, including stigma, restricted eligibility for public housing and income supports, and a lack of a strong social network. Project Bridge in Rhode Island co-located medical and social work staff to stabilize formerly incarcerated PLWHA to provide consistent care. Treatment plans provided housing first in addition to mental illness and substance abuse assessment and treatment, and referrals to community programs, as needed. As a result, 75% of program participants were linked with specialty care, 100% received care related to the HIV status, and 67% kept substance abuse appointments.⁴²

A review of case studies found the following programs being commended for their specialized work. While evaluation varies, this nevertheless provides an overview of structures of programs by population.

³⁹ Ibid

⁴⁰ Shubert G (2013). Mass incarceration, housing, instability and HIV/AIDS: research findings and policy implications. Available: http://nmac.org/wp-content/uploads/2013/02/Incarceration-Report-FINAL_2-6-13.pdf Accessed 4 June 2013.

⁴¹ Ibid

⁴² Rich, J.D Holmes L Sala C Macalino GDavis D Ryczeck J Flanigan T (2001) Successful linkage of medical care and community services for HIV-positive offenders being released from prison. J Urban Health 78(2): p. 279-89.

Chart A3.1. Case Studies of Programs for Special Populations

Program Name	HIV/AIDS Sub-population of Focus for the Program	Intervention	Illustrative Data on Outcomes
Chicago Housing for Health Partnership ⁴³	Chronically ill homeless individuals at hospitals	Move to permanent supportive housing with intensive care management	<ul style="list-style-type: none"> - After 1 year, 55% of HIV positive participants had relatively health immune systems in comparison to 34% in the usual care group - 40% in the intervention group had undetectable levels of HIV, in comparison to the 21% in the usual care group
AIDS Interfaith ⁴⁴ Residential Services	Low-income immigrant clients	Reduce homelessness, break barriers to care, promote self sufficiency	Data currently being tracked by Johns Hopkins School of Public Health
City of Dallas Project Reconnect ⁴⁵	Ex-offenders with low/moderate incomes, history of substance abuse, mental illness, and/or diagnosed with HIV	Comprehensive re-entry services for ex-offenders, providing both transitional and long-term housing in addition to supportive services for employment, access to medical care, and family support	Outcome data are not available
The Fortune Society	Formerly Incarcerated	Intensive case management pre and post-release and peer mentoring; Includes both emergency units for individuals just being released from prison in need of a short-term place and more permanent housing	Outcome data are not available

⁴³ Buchanan D, Kee R, Sadowski L, Garcia D (2009) The health impact of supportive housing for HIV positive homeless patients: a randomized control trial.

⁴⁴ Office of HIV/AIDS Housing, Department of Housing and Urban Development (2012) HOPWA 20, housing innovations in HIV care. Available: <http://portal.hud.gov/hudportal/documents/huddoc?id=hopwa20.pdf> Accessed 28 May 2013.

⁴⁵ Ibid

Program Name	HIV/AIDS Sub-Population of Focus for the Program	Intervention	Illustrative Outcomes
Harlem United Scatter Site ⁴⁶	Women with Children (emphasis on women from Sub-Saharan Africa)	Provision of scatter-site housing in addition to comprehensive supportive services (medical care, mental health, substance use services). Harlem United holds the lease and individuals sublease from Harlem United	Outcome data are not available
Bailey House – Supportive Housing Program ⁴⁷	Individuals and Families with HIV/AIDS, often with co-occurring mental illness and substance use	Scatter site and congregate supportive housing, case management, health care coordination, substance use pre-treatment, drop-in emergency services, and vocational training. Individuals sub-leases from Bailey house, which leases from landlord	Between 2001-2002, 94% of residents remained stably housed or moved to an independent living arrangement

⁴⁶ Shubert V Botein H Wagner S Poulin S Culhane D (2004) An assessment of the housing needs of persons with HIV/AIDS: new York city eligible metropolitan statistical area. Available: <http://www.nyc.gov/html/doh/downloads/pdf/ah/hiv-report-housing-needs.pdf> Accessed 28 May 2013

⁴⁷ Ibid

While each of these special populations is studied in isolation, as previously noted, programmatic interventions resemble one another. Across all programs, case management and intensive housing services that focus on stability play central roles. For example, even the practice of the organization leasing from the landlord and the organization sub-leasing to the individual or family is practiced by both Harlem United, which serves women and families, and Bailey House, which serves individual and families, often with co-occurring conditions such as mental illness or substance abuse.

Thus, it is important to ascertain through epidemiological data the target population and their needs within Alameda County to understand the very specific services most in need. For example employment services may be more urgent for those formerly incarcerated, and financial and language literacy may be more imperative for women with children new to the United States. Nevertheless, generally there is an emphasis across models for providing a combination of both housing and supportive services for low-income PLWHA. However, additional evaluation of these specific models is necessary, as well as a consistent outcome data gathered across programs and populations served.

Appendix 4: Work Group Membership

Sabrina Butler
Director of Assets Management
Resources for Community Development

Tazima Jenkins Barnes
Project Coordinator
Health Equity Institute
San Francisco State University

Kim Parrish
Program Director
East Oakland Community Project / Crossroads

Damon Powell, Ph.D.
Director of Client Services
AIDS Project of the East Bay

Gloria Preciado-Santana and Evelyn Guerrero
Client Services and Housing Case Manager
HIV / AIDS Program
Tri-City Health Center

Anthony Sillemmon, Psy.D., MSW
Social Worker
Alta Bates Summit Medical Center
East Bay AIDS Center

Hazel Weiss and Riley Wilkerson
Housing and Community Development Program Managers
Alameda County Housing & Community Development

Appendix 5: HOPWA Funded Units in Alameda County (3-8-13)

Developer-Project	City	Completed HOPWA Assisted	Other Affordable Units	Total Units in Project	Pipeline HOPWA Units
AHA - Peter Babcock House	Berkeley	5	-	5	
AHA - Sacramento Senior	Berkeley	2	38	40	
AHA - University Avenue Apartments (UNA)	Berkeley	2	27	29	
AHA-Fairmount	Oakland	4	27	31	
AHA-Merritt Crossings (Senior)	Oakland	3	66	70	
AHA-Jefferson-Oaks-in construction	Oakland	4	97	101	
Allen Temple Corporation-Allen Temple Arms	Oakland	4	22	26	
APC - Miramar Housing	Alameda	12	-	12	
APC - Spirit of Hope 1 & 2	Alameda	4	40	44	
Ark of Refuge - Walker House	Oakland	9	-	9	
BOSS - Rosa Parks Apartments	Oakland	13	-	13	
EBALDC - Swans Market	Oakland	4	30	34	
EBALDC-CA Hotel	Oakland	5	131	137	
EOCP - Emergency Shelter and Transitional Housing	Oakland	25	100	125	
Berkeley Food and Housing County Women's Transitional Housing	Berkeley	4	10	14	
OHA-Tassaforanga	Oakland	5	14	20	
RCD - Lorenzo Creek Apartments	Castro Valley	2	25	27	
RCD - Adeline Street Apartments	Berkeley	4	17	21	
RCD - Bay Bridge Apartments	Oakland	6	-	6	
RCD - Concord House	Hayward	8	-	8	

Developer-Project	City	Completed HOPWA Assisted	Other Affordable Units	Total Units in Project	Pipeline HOPWA Units
RCD - Dwight Way Apartments	Berkeley	2	-	2	
RCD - Eastmont Court	Oakland	4	25	29	
RCD - Harrison Hotel	Oakland	14	81	95	
RCD - International Boulevard	Oakland	2	24	26	
RCD - International Boulevard II	Oakland	2	27	29	
RCD Fox Courts Project	Oakland	4	88	92	
RCD-Oxford Plaza	Berkeley	4	93	97	
RCD-Erna P. Harris	Berkeley	5	30	35	
RCD - Clinton Commons	Oakland	3	52	55	
RCD-Park Alameda	Alameda	6	55	62	
RCD-Ambassador-in construction	Emeryville	0	63	69	5
RCD-William Rumford-predevelopment	Berkeley	0	38	43	5
EAH-Cathedral Gardens - in construction	Oakland	0	91	100	8
RCD - 1701 MLK - in construction	Oakland	0	10	22	12
Total unduplicated households/units		171	1,321	1,406	30

Appendix 6: On-line Survey Participants

We are grateful for the participation and invaluable insights of service providers who participated in the on-line service provider survey. Below is a partial list of survey participants, as some elected to remain anonymous.

Monica Arceneaux	Kim Parrish
Itta Aswad	Ron Pellum
Lizabeth Bates	Dorothy Peterson
Darice Bridges	Damon Powell
Han Bui	Amelia Recepcion
Percy Castellanos	Ann Rubinstein
Ron Chavez	Kathryn Ruiz
Louis Chicoine	Lea Sanchez
Roy Coleman	Georgia Schreiber
Barbara Cook	Anthony Sillemmon
Braunz Courtney	Joel Smith
Gloria Crowell	Melissa Struzzo
Michael D'Arata	Scott Taylor
Rosa Davis	Aaron Testard
Holvis Delgadillo	Daniela Torres
Joseph Delgado	Elizabeth Trujillo
Howard Edelstein	Alison Wakefield
Yvonne Escarsega	Siobhan Wallace
Monica Espiritu	Scottie Warren
Ashley Fairburn	Terry Washington
Jo Ferlatte	Charlie Wilson
Sharyn Grayson	Sophy Wong
Janet Halfin	Tiffany Woods
Delyn Hall	Carla Wright
Kenneth Hall	Tazima Jenkins Barnes
Michael Haritos	
Nikia Harris	
Franzetta Houston	
Yani Hyman	
Anthony Jones	
Sara Lamnin	
Anthony Lucas	
Loris Mattox	
Allison McManus	
Katharine Mechem	
David Modersbach	
Sarah Mohr	
Lauris Mosqueda	
Aung Ni	
Amy Orgain	

Appendix 7: On-line Survey of Housing and Other Service Providers

Welcome to the On-Line Survey of Housing and Other Service Providers

August 2, 2013

Dear colleague,

We invite you to take part in a survey as one part of Alameda County's AIDS Housing Needs Assessment (AHNA). This study is being funded by the Alameda County Housing and Community Development Department and is being led by Richard Speigman and Tom Mosmiller, with support from Jesse Brooks, Arly Flores-Medina and other outreach workers. We are conducting this internet-based survey to compile important information from service providers about the housing and service needs of low-income People Living with HIV/AIDS (PLWHA), the personal and program barriers to those needs being addressed, what systems are working, and what improvements and new approaches are needed. This survey is one of several methods we are using to assess current conditions on the ground and recommend policies and programs to address needs that become evident. Results of the needs assessment will help guide funding under the countywide Housing Opportunities for Persons with AIDS (HOPWA) program. The needs assessment will make use of your input as well as findings from client and provider focus groups, a client survey, and a focus group with and survey of housing developers and property managers.

The survey is divided into seven sections and asks questions about the agency for which you work, your own work in the field of AIDS housing and other services, and your observations and insights about client and community needs and resources.

In the survey, when we ask about "clients" we mean to refer also to "consumers" and "patients." Please respond inclusively, whatever term is appropriate for your work setting.

Instructions. This is an on-line survey. Please do not mail your response.

The survey will take about 20-30 minutes to complete. A bar will show your progress as you respond to the questions.

You do not have to complete the survey all at once. If you wish to take a break, click the "Save and continue later" button, located at the bottom of each page. You will then be given instructions on how to bookmark the page, save the link, email yourself the link, or simply return to the link in the original invitation email you received in order to resume where you left off. You can modify answers and go back to questions you skipped. To change or fill in your answer on a previous page, use the "Back" button at the bottom of each page. Please do not click the "Submit" button on the final page of the survey until you are finished.

Raffle prizes. To express our thanks for responding to the survey, we will hold a drawing among survey participants for three \$75 restaurant gift vouchers. Each prize-winner will be provided

with a gift certificate to the restaurant of her/his choice. To be eligible, surveys must be completed no later than close of business September 27th. Winners will be announced on October 3rd. This is a voluntary survey. You may skip any question that you do not wish to answer, but we believe that this study is an important part of county planning efforts, and we would greatly appreciate your completing the entire survey without skipping questions. Your participation is entirely voluntary and there will be no negative consequences if you do not participate.

If you choose to participate, all responses will be kept strictly confidential, with results displayed without identifiers. Nevertheless we ask for your name and contact information for four reasons. First, we want to keep a record of who has not (yet) responded, so we can encourage them to participate. Second, we may want to follow-up with you by asking for more information about a program activity that you describe or other answer you provide (if we do this you are, of course, free to respond or to ignore our inquiry). Third, we want your contact information so we can email a copy of the project's final report to you. Finally, if you give us permission, we would like to express our thanks for your participation in the report's acknowledgements section. One last thing. If you learn of a colleague experienced with serving HIV+ clients who has not received our invitation to complete the AHNA on-line survey, please ask them to contact us so that we may e-mail an invitation and survey link to them. Thank you. Please contact us with any question or comments you may have!

Sincerely,

Richard Speiglmán

Tom Mosmiller

rspeiglmán@sbcglobal.net
(510) 654-7148

tmosmiller@aol.com
(510) 290-6122

A few words about AHNA staff . . .

Following graduate work in sociology and criminology and postdoctoral work in public health, Richard Speiglmán helped design and implement Alameda County's Homeless Count and Survey. He has also evaluated the Shelter Plus Care and Project Independence programs in Alameda County and similar programs in other Bay Area counties and conducted longitudinal and point-in-time studies of participants in the Supplemental Security Income (SSI) and CalWORKs programs.

Tom Mosmiller served as the Alameda County Housing Opportunities for People With AIDS (HOPWA) Coordinator from 1998-2000 and then as a Contract Manager in the Alameda County Public Health Department's Office of AIDS Administration until September 2012.

Outreach Staff includes Jesse Brooks, a long-time spokesperson in the Alameda County HIV Community, and Spanish-speaking Outreach Workers to be named.

Participation

- I understand, and I am willing to participate in this survey
- I decline to participate

Information for our records:

First name _____

Last name _____

Agency _____

Email address _____

Phone _____

Acknowledgement

- You may acknowledge me in the report
- Please do not mention my name in the acknowledgements

Characteristics of agency for which you work

This section focuses on agency characteristics so we can describe the agencies active in Alameda County as well as display how respondent experiences and perspectives are associated with agency characteristics.

Which of these best describes your agency?

- County
- City
- Not-for-profit
- For-profit
- Other, please specify... _____

In what area(s) does your agency and do you personally provide service?

Select all that apply

	Your agency	You
Access to cash assistance and income benefits (CalWORKs, GA, SSI, SSDI, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Access to emergency financial assistance -- utilities	<input type="checkbox"/>	<input type="checkbox"/>
Access to emergency financial assistance -- food	<input type="checkbox"/>	<input type="checkbox"/>
Access to emergency housing assistance (first/last month's rent, eviction assistance)	<input type="checkbox"/>	<input type="checkbox"/>
Access to health care benefits	<input type="checkbox"/>	<input type="checkbox"/>
Access to housing subsidies	<input type="checkbox"/>	<input type="checkbox"/>
Food or food vouchers	<input type="checkbox"/>	<input type="checkbox"/>
HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
Housing referral	<input type="checkbox"/>	<input type="checkbox"/>
Immigration/refugee services	<input type="checkbox"/>	<input type="checkbox"/>
Landlord - tenant disputes	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange	<input type="checkbox"/>	<input type="checkbox"/>
Primary medical care	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Services for immigrants without documents	<input type="checkbox"/>	<input type="checkbox"/>
Transgender services	<input type="checkbox"/>	<input type="checkbox"/>
Transportation voucher	<input type="checkbox"/>	<input type="checkbox"/>
Women's services	<input type="checkbox"/>	<input type="checkbox"/>
Youth services	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below...	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other service area(s) that your agency provides: _____

Please specify other service area(s) that you personally provide: _____

How long has your agency delivered those services in Alameda County?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

Does your agency provide housing services to people living with HIV/AIDS?

- Yes
- No

Which housing services does your agency provide for your HIV/AIDS clients?

- Application for Project Independence shallow rent subsidy for PLWHA
- Application for Section 8 certificate
- Application for Shelter Plus Care
- Case management tied to long term rental assistance (such as Shelter Plus Care)
- Emergency financial assistance for housing, food, and/or utilities
- Housing advocacy to assist clients get a lease
- Housing information and referral, including assistance finding housing that accepts Section 8, Project Independence, and/or Shelter Plus Care
- Other HIV/AIDS specific housing program, please specify... _____
- Other housing program, please specify... _____

In what parts of Alameda County does your agency provide housing services for PLWHA?

Select all that apply

- County-wide
- North County (Albany, Berkeley)
- South County (Fremont, Newark, Union City)
- Central County (Hayward, San Leandro, Castro Valley, Ashland, Cherryland, San Lorenzo, Fairview)
- Tri-Valley (Dublin, Livermore, Pleasanton, Sunol)
- Oakland Area (Alameda, Emeryville, Oakland, Piedmont)
- Santa Rita Jail
- Not applicable

How many full time employees (FTEs) does your agency have?

- 1-5
- 6-10
- 11-20
- 21-40
- Over 40

How many PLWHA clients (unduplicated) did your agency serve in the last 12 months (or most recent 12-month period for which you have this information)?

- 0
- 1-10
- 11-20
- 21-40
- 41-60
- 61-100
- Over 100

What percent of your agency's total caseload do PLWHA clients comprise?

- 0%
- 1-9%
- 10-19%
- 20-39%
- 40-59%
- 60-79%
- 80-99%
- 100%
- Don't know

Does your agency participate in the Alameda County Community Development Department's countywide Homeless Management Information System (HMIS/InHouse)?

- Yes
- No
- Don't know

Survey participant characteristics

This section focuses on agency staff so we can describe characteristics like length of service as well as associate experiences or perspectives with particular staff positions and other factors. Please answer the following questions about yourself.

What is your job title?

Please select the one best answer.

- Administrator
- Case Manager
- Clinician/Therapist
- Community Worker
- Housing Specialist
- Intake Worker
- Medical Assistant
- Nurse
- Physician, Nurse Practitioner, or Physician Assistant
- Social Worker
- Other, please specify... _____

What is the total amount of time you have personally delivered one or more of those services throughout your entire career?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

What percent of clients you served in the last 12 months are PLWHA?

- 0%
- 1-9%
- 10-19%
- 20-39%
- 40-59%
- 60-79%
- 80-99%
- 100%
- Don't know

How many PLWHA clients (unduplicated) did you work with in the last 12 months?

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- Over 50
- Not applicable

How many unduplicated PLWHA clients did you help with housing referrals in the past 12 months?

Please note that this number should be less than or equal to the number you selected in the previous question

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- Over 50

Besides PLWHA clients that you helped with housing referrals, how many additional, unduplicated PLWHA clients did you help with other housing services such as access to subsidies, emergency financial assistance, or eviction prevention, in the past 12 months?

Please note that this number should be less than or equal to the number you selected in the question before last

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- Over 50

Agency Client Characteristics

This section is concerned with your clients and provides an introduction to clients' circumstances. Please respond to the following questions about the clients that your agency serves.

What percent of your PLWHA clients are...

Please provide your best estimates of percents that add up to 100%

- Homeless _____%
- Housed but in an unstable housing situation _____%
- Housed in a stable housing situation but in need of better housing _____%
- In stable housing in a long-term situation that meets their needs _____%
- Other, please specify below... _____%

Please expand if you selected "Other" above: _____

- Don't know

Thinking only about your homeless clients, where do they commonly live?

Please rate each housing situation using the scale provided

	Very common	Moderately common	Somewhat common	Not common at all
Live in a shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live on the street, in a car, under a bridge, in a structure not meant for habitation, or in a homeless camp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double-up or couch-surf with friends, family, or people they know without a lease (they might contribute something toward the rent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reside at Santa Rita Jail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live short-term in a hotel or motel, without tenancy rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live somewhere else, please specify below...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify where else: _____

- Don't know
- Please tick if this question is not applicable

Now thinking about your housed clients who are in unstable housing situations, where do they commonly live?

Please rate each housing situation using the scale provided

	Very common	Moderately common	Somewhat common	Not common at all
Live alone in an apartment or a house, paying rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in an apartment or a house with a partner, friend, or spouse and/or children, paying rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a shared apartment or house with people who are PLWHA, paying a share of the rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a shared house/apartment with people who are not PLWHA, paying a share of the rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a shared house/apartment with both other PLWHA and people who are not PLWHA, paying a share of the rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a housing program with supportive services on-site only for PLWHA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a housing program with supportive services on-site for all residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a skilled nursing facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live somewhere else, please specify below...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify where else: _____

- Don't know
- Please tick if this question is not applicable

What percent of your clients live in these situations?

Need not total 100%

Apartment/condo/house/mobile home that they (alone or with others) rent or own _____%

Half-way house or transitional housing program _____%

Public housing (funded by a county or city Housing Authority) _____%

Room in parents/relatives' house _____%

Other HIV/AIDS housing facility or building _____%

Housing rented with a Section 8 certificate _____%

- Don't know
- Please tick if this question is not applicable to you

Client needs

This section looks more deeply at the needs that your clients may have.

Please respond to the following questions, thinking about the needs of the clients you/your agency works with.

Not considering clients who may need emergency housing while applying for longer-term housing, what kinds of housing or housing support do your agency's clients most need?

Please rate each housing option using the scale provided

	Very much needed	Moderately needed	Somewhat needed	Not needed at all
Assistance locating housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary rental subsidy such as emergency/short-term financial assistance to move into market-rate or subsidized housing, after which clients have the resources to remain in the housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Halfway house or other housing for people re-entering the community following release from jail or prison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent supportive housing (long-term stable housing with a range of supportive services on-site or closely linked with the housing; could be shared or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

not-shared)

- Permanent, independent housing without supportive services
- Housing program that has a harm reduction policy and practice regarding drug/alcohol use on-premises
- Clean and sober housing program
- Skilled nursing facility
- Another option, please specify below...

Please specify if you selected "Another option": _____

Among your clients, what percent have or need a rental subsidy?

Please provide your best estimates of percents that add up to 100%

- Already have a subsidy or rental assistance (Section 8, Project Independence, or other) _____%
- Already have housing that meets their needs, but require a subsidy or other assistance with rent _____%
- Need a subsidized unit or rental assistance to secure good, affordable housing _____%
- Do not require a subsidy or other rental assistance _____%
- Don't know

From your experience, what personal barriers prevent clients from making progress toward gaining access to stable housing?

Please rate each barrier using the scale provided

	Extremely significant	Moderately significant	Somewhat significant	Not at all significant
Being single	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/partner/roommate problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of previous evictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient monthly income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of client motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of current employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lack of social resources (not economic resources) among immigrants <u>without</u> authorization/documents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of social resources (not economic resources) among other people newly arrived from outside Alameda County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Larger family size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor credit history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recently released from jail or prison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other criminal record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the greatest other barriers that clients who are homeless or reside in temporary, emergency, or short-term shelter or housing face in finding appropriate housing?

	Extremely significant	Moderately significant	Somewhat significant	Not at all significant
Application process that is too difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients' lack of information about what housing is available or how to gain access to it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing program limitations on overnight visitors (boyfriends, girlfriends, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of housing for those recently released from jail or prison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of housing in safe neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long waits for housing subsidies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental assistance isn't enough to pay for a decent place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service provider lack of information about available subsidies or affordable housing or how to gain access to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma because of HIV/AIDS status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For clients residing in permanent or long-term housing or housing programs, what are the greatest barriers your agency's clients face in staying stably housed?

	Extremely significant	Moderately significant	Somewhat significant	Not at all significant
Housing program limitations on overnight visitors (boyfriends, girlfriends, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of harm reduction policies related to use of alcohol or other drugs on the premises or clean and sober requirements that are too demanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of housing in safe neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language limitations among housing providers or property managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of medical and other services inconvenient in terms of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental costs not affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify below...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify other barriers: _____

The following is a two part question. First, for your agency's clients who reside in independent housing (client either pays all the rent or has an on-going subsidy), to stay housed, please rank the services they need by relative importance. Then, tick the box to indicate if these services are needed, but due to a shortage of services, are often not received.

Please use the ranking options provided to indicate the importance of each kind of service:

	Rank significance	Service needed but often not available
Alcohol/drug treatment/counseling	<input type="radio"/> Extremely important	
	<input type="radio"/> Moderately important	
	<input type="radio"/> Somewhat important	<input type="checkbox"/>
	<input type="radio"/> Not at all important	
Benefits counseling	<input type="radio"/> Extremely important	
	<input type="radio"/> Moderately important	
	<input type="radio"/> Somewhat important	<input type="checkbox"/>
	<input type="radio"/> Not at all important	
Childcare assistance	<input type="radio"/> Extremely important	
	<input type="radio"/> Moderately important	
	<input type="radio"/> Somewhat important	<input type="checkbox"/>
	<input type="radio"/> Not at all important	

Cleaning up/expunging criminal record	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Conflict resolution	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Emotional support/buddy	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Life/job skills	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Meals/nutrition counseling and/or food vouchers	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Medication treatment adherence trainings	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Adherence to other (core) medical services	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Mental health services	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
On-going case management	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important <input type="radio"/> Not at all important	<input type="checkbox"/>
Protective payee/money management	<input type="radio"/> Extremely important <input type="radio"/> Moderately important <input type="radio"/> Somewhat important	<input type="checkbox"/>

- Not at all important
 - Extremely important
 - Moderately important
 - Somewhat important
 - Not at all important
- Transportation assistance □

When you first meet them, what proportion of your clients reside in:

Your responses need not total 100%.

- Appropriate housing for them _____%
- A place they cannot afford _____%
- Substandard unit (lacking heat, appliances, etc.) _____%
- A place not meant or fit for human habitation for other reasons _____%
- Overly crowded unit _____%
- A building located in a neighborhood that is not safe _____%
- Don't know

What are the characteristics of your most difficult to house clients?

Select the five most challenging groups

- Mental health problems
- Drink a lot or too much
- Use of other drugs
- Younger than age 25
- Age 70 or older
- With children
- Lack of sufficient income
- Transgender
- Refugee
- Immigrant without documents
- Other, please specify... _____

System or structural barriers

This section takes a broader perspective, asking about institutional or system challenges to meeting the needs of your clients.

How significant is each of these system barriers in preventing clients from entering into and remaining in stable housing?

Please rate each barrier using the scale provided

	Extremely significant	Moderately significant	Somewhat significant	Not at all significant
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ageism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homophobia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of sufficient housing affordable to lower-income people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of services for people without documentation for legal residency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cumbersome referral structure or lack of such arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agencies' difficulty communicating with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify below...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please expand if you selected "Other" above: _____

What are the most serious gaps in the HIV/AIDS housing continuum in Alameda County: What is in most short supply compared to the need?

Please select the three most serious gaps

- Information and referral such as provided by AIDS Housing Information Project (AHIP) and the 2-1-1 program of Eden I & R
- Emergency shelter
- Transitional housing
- Emergency financial assistance for move-in and eviction-prevention
- Permanent supportive housing
- Section 8 housing subsidies
- Priority for Section 8 certificates for persons with disabilities
- Affordable housing in the community
- Shallow rental subsidy program such as Project Independence for PLWHA
- Tenant-based certificates for people with mental illness, substance abuse, and/or AIDS, such as those provided by Shelter Plus Care

- Site-specific, supportive housing such as provided by Shelter Plus Care at the U.A. Hotel in Berkeley and the Harrison Hotel in Oakland

Are there alternative approaches to referral for HOPWA units that -- if put in place -- would minimize the burden on clients in search of stable housing and/or maximize the likelihood of their success once in housing?

- Yes, please describe how this would work _____
- No
- Don't know

Resources

This section is concerned with resources that prove helpful to you and your clients. Some of the questions ask about particular programs funded by the Alameda County Housing and Community Development Department.

How do you find out about available housing for your clients?

Please rank each resource using the scale provided

	Frequently used	Often used	Rarely used	Never used
2-1-1 or Eden I & R	○	○	○	○
Bulletin boards	○	○	○	○
AC Housing Choice web site (http://achousingchoices.org/)	○	○	○	○
Other web sites, please specify below...	○	○	○	○
Colleague(s)	○	○	○	○
Email blasts from AIDS Housing Information Program (AHIP)	○	○	○	○
On-site visits with clients from AHIP staff	○	○	○	○
Googling	○	○	○	○
Regional HIV Case Managers' meeting	○	○	○	○
Snail mail notices	○	○	○	○
Trainings	○	○	○	○
Workshops	○	○	○	○
Other, please specify below...	○	○	○	○

Please expand on your above responses, where applicable:

Other web sites: _____

Other: _____

Do you know about the Project Independence program of shallow rent subsidies for PLWHA?

- Yes -- Please let us know what works well for you in using Project Independence (PI), and what could be improved to make PI more useful to you and your clients?

- No

Do you know about the Shelter Plus Care program?

- Yes -- Please let us know what works well for you in using Shelter Plus Care (S+C), and what could be improved to make S+C more useful to you and your clients?

- No

How available are resources for subpopulations of PLWHA who, in their current housing situation, are at risk of housing instability or homelessness because of the factors below?

	No available resources	Almost none	Some but not enough	Enough
Younger clients (ages 12-24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older clients (ages 60+)				
People lacking documentation to be in the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients with children residing with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Solutions

This final section moves on to solicit your ideas about program priorities and changes that would best support the clients with whom you work.

If you were to change or expand your agency's housing services for PLWHA, what would you do (if funding were no problem)? _____

How could existing programs at other agencies in the county be improved or expanded to serve PLWHA better? _____

Ignoring for the moment the matter of cost to clients, what is your understanding of clients' wishes regarding these housing options?

Please rank each statement using the scale provided

	Many clients want this	Some clients want this	Few clients want this
Preference for dedicated subsidized units for PLWHA integrated into larger complexes that include non-dedicated HIV/AIDS units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preference for smaller, stand-alone groups of dedicated subsidized units for PLWHA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preference for access to non-dedicated subsidized units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are interested in your thoughts about the prioritization and allocation of limited housing resources available to PLWHA. Who should be first in line?

- | | |
|--|---|
| The most disabled/medically fragile/seriously ill PLWHA | <ul style="list-style-type: none"> • 1st priority • 2nd priority • 3rd priority • 4th priority • 5th priority |
| PLWHA who work but don't make enough to cover their rent | <ul style="list-style-type: none"> • 1st priority • 2nd priority • 3rd priority • 4th priority • 5th priority |

- PLWHA having the lowest incomes regardless of the reason
 - 1st priority
 - 2nd priority
 - 3rd priority
 - 4th priority
 - 5th priority

- PLWHA who are engaged in school or employment training
 - 1st priority
 - 2nd priority
 - 3rd priority
 - 4th priority
 - 5th priority

- PLWHA with young children
 - 1st priority
 - 2nd priority
 - 3rd priority
 - 4th priority
 - 5th priority

Should the eligibility criteria for permanent supportive housing be modified in an era of longer life expectancy?

- Yes, please describe what should happen _____
- No
- Don't know

Should there be changes in the level of coordination or new or strengthened links among PLWHA housing and other service providers or systems?

- Yes, please describe what you would like to see: _____
- No

Would a centralized housing referral system be useful?

- Yes -- Why? How would it work? _____
- No

Is there anything else you would like to see happen in Alameda County to promote the housing of low-income PLWHA?

- Yes, please specify _____
- No

Appendix 8: Charts Associated with Chapter 5 (On-Line Survey of Housing and Other Service Providers) but Not Appearing in That Chapter

Chart A8.1. Responses from 52 of the 58 survey participants who responded “yes” to the question: Would a centralized housing referral system be useful? IF YES, How would it work? (Survey p. 21)

Category	# of Comments	Comment
Easy to access (user friendly, centralized wait list)	25	Easier access for clients/HOPWA participants (7 comments)
		Everyone can see it
		This would certainly cut down on duplication and confusion of services; Streamlined (2 comments)
		A well known resource
		It would save time. Person/s would be in one place, not all over the county.
		Quicker, more efficient knowledge of accessible and available housing
		Place to look for housing in specific price range
		Provide up to date information concerning programs available to all patients/clients/consumers from medical and service providers
		Single central location with all information and options available (4 comments)
		Resource with detailed accurate knowledge of all available places
		Single central housing pool that we apply to (2 comments)
		It would cut down on clients’ thinking if they went to several agencies they would get on a list quicker. It would also shorten wait time for available units/subsidies.
		Simplifies clients being able to remain current on the multiple wait lists
		All housing agencies inform specific centralized group of waiting list openings and shelter bed availabilities
Phone/hotline system	10	Phone hotline with dedicated staff that answer and follow-up with multilingual staff
		Single place to call; phone support (2 comments)
Database/ website/ computer system	9	Database – universal (2 comments)
		Database of available housing for different populations within PLWHA. Specifically needed for sex offenders
		Website; online support (2 comments); website for PLWHA resources; website with weekly updates
		Website/computerized system showing what is available for case managers to view no matter what agency they worked for. No duplication.
		Website/computerized system where people answer questions and based on answers are guided to housing opportunities they desire and are qualified for

Replicate existing model (211, AHIP, etc)	6	211 to screen and direct people to appropriate services. Follow up for quality assurance. See NY model.
		211 setup with focus on housing services for PLWHA. Providers can call that number to access what is available and how to connect patients to services.
		AHIP is doing a good job. We need more housing units.
		Single central office to provide all housing needs similar to Santa Clara County's "Health Trust"
		Like Eden I&R but it should be more effective
		People could get in the pipeline, as in SSI, and cases could move along, even if it was slow, by dedicated staff
Agency/office/ staff	4	Dedicated staff that focus, specialize, and communicate with outside agencies and healthcare providers
		Single agency that focuses only on housing and is like a housing hub where clients can go and receive information and direct assistance with filling out housing applications and assistance with copying and sending application in
		Single flagship agency with access to all properties, programs, applications and the means to actually place PLWHA
		Single office as point of contact for all other agencies
Inter-agency communication/c ollaboration	3	Communication between agencies (2 comments)
		Form collaborations with agencies to form a centralized housing referral system
Prioritization/ How it would function	2	System would prioritize need with resources; priority given to vulnerable folks (2 comments)
		There still needs to be some kind of ethnic allocation or the [race of the] majority [of PLWH] will always be provided, and the minority will be overlooked
Maybe/other	3	Maybe. Centralized system would have to have staff that is available, efficient and responsive.
		Other: To keep a count
		Other: People who have connections will get better services

Chart A8.2. Responses from 22 of the 26 survey participants who responded “yes” to the question: Should the eligibility criteria for permanent supportive housing be modified in an era of longer life expectancy? IF YES, Please describe what should happen. (Survey p. 21)

Category	# of comments	Comments
Increase and/or new form of housing/ subsidy	9	Add new form of housing subsidy (older age and/or longer term)
		Add long term and senior housing
		Increase funding/available housing to accommodate this reality
		Regardless of longer life expectancy they still need housing
		Since Social Security Retirement Ages are increasing beyond 65, then supportive housing should be made available for a longer time period
		Supportive housing should be available to clients as long as they need it.
		The benefits that are provided by the housing authorities should be extended to clients who are living longer life spans. These benefits should not be reduced or terminated due to other benefits that the client becomes eligible for.
		If there is going to be transitional housing make the certificates for a longer period of time.
		Safe neighborhoods
Changes needed	6	Changes to law (no details given)
		Change standards and eligibility requirements (no details given)
		Change to allow people in, but include five year review and assistance transitioning to non-subsidized housing, if health is stable or better.
		Change: Yes but I don't know old criteria
		There should be a personal contribution requirement for all housing and services. Contribution can be sweat equity if person has no income.
		The shorter the life span, the higher the priority
Prioritization suggestions	5	Award to HIV+ clients
		Award to HIV+/not disabling
		Award to most fragile and marginalized – do not base on HIV status
		Award appropriate housing based on whether client is fragile, ill, medically disabled, ability to work
		Change to prioritize housing for HOPWA participants
Research needed to determine appropriate changes	2	Review current statistics to inform cost and planning process
		Review/analyze real needs of PLWHA who are already receiving housing services and amend criteria. Many PLWHA are in good health and can be incorporated into the labor force or education.
Other	1	Other: I encounter patients who are still unable to cope well with their status/diagnoses. Many struggle to keep their jobs and work despite being ill. Many have spent their life-savings to maintain an apartment until they are displaced by homelessness. And there are still many others who are unaware that there is hope and help for them.

Chart A8.3. Responses from 24 of the 31 survey participants who know about the Project Independence program of shallow rent subsidies for PLWHA and commented on: What works well for you in using PI and what could be improved to make PI more useful to you and your clients? (Survey p. 19)

Category	Number of comments	Specific comments
Need organizational reforms	9	Need to limit time received
		Need to limit overcrowding
		Need to base subsidy on rent amount and income of clients
		Need less bureaucracy
		Need more program information and advertising
		Need more advertising to advise of openings
		Need to delete prerequisite of being housed for a year before application
		Despite submitting full paperwork, none of my patients have been approved
		Need more agencies as providers
Need more volume	8	(Funds, certificates, and/or subsidies)
Works well	4	(General statements of support)
Works well (certain populations)	4	Works well for women with children
		Works well for working poor
		Works well: income limit and prioritizing women
		Works well when able to access

Chart A8.4. Responses from 31 of the 58 survey participants who know about the Shelter Plus Care Program and commented on: What works well for you in using S+C and what could be improved to make S+C more useful to you and your clients? (Survey p. 19)

Category	# of comments	Specific comment
Need more volume (general)	9	Need more certificates/vouchers/resources (7 comments)
		Need more enrollment
		Need more units. Waiting 6-12 months to get into a place while homeless is sad.
Need more options/ services	4	Need more housing options e.g. SROs and TRAs etc.
		Need more safe neighborhood placements
		Need more service providers for those who have completed alcohol and/or drug treatment program
		Need on-site mental health services
Need easier access incl. homeless criteria	9	Need easier access for non- S+C agency clients
		Need easier eligibility requirements
		Need easier referrals/enrollment (2 comments)
		Need to change the requirement to remain homeless after being accepted for S+C waitlist; modify homeless requirement criteria; broader scope for homelessness (3 comments)
		Need to open enrollment to all communities and races not only to a specific sector
		Needs to be accessible to people without legal documents
Need organizational changes	5	Need non-county administration of program
		Need one-on-one meetings with OHA S+C staff
		Need regular e-mail updates from S+C
		Needs an overhaul: S+C has not worked well for any of my clients. The process between service coordinators and service providers needs to be strengthened; the requirement that clients must remain homeless to be eligible defeats the purpose. There are limited transitional units available to meet that criteria.
		Need more opportunities to turn project-based vouchers into tenant-based vouchers to increase housing opportunities
		Needs overhaul in program function and accountability
Works well	5	Works well: supportive services to ensure participants maintain housing
		Works when you finally get it
		Works, but [rest of comment elsewhere on this table]
		Works: all HIV clients are eligible if they meet the homeless criteria
		Works: great because it provides housing and an opportunity for one of the most at risk populations to improve
Need less wait time	4	
Other	3	Other: don't use permanent supportive housing provider
		Other: The voucher portion. Funding for case management staffing

Appendix 9: Developer and Property Manager Focus Group and Survey

Developer and Property Manager Focus Group Participants October 31, 2013

Alameda Point Collaborative (16 HOPWA Units through HCD)

Doug Biggs, Executive Director

Allen Temple Baptist Church (4 HOPWA Units through HCD)

Gloria Crowell, Director of Development

Kendra Roberts, Regional Property Supervisor, American Baptist Home of West

Building Opportunities for Self-Sufficiency (BOSS) (13 HOPWA Units through HCD)

Monica Chambers, Multi-Site Program Manager, Casa Maria and Rosa Parks

East Bay Asian Local Development Corporation (EBALDC) (9 HOPWA Units through HCD)

Judy Graboyes, Senior Assistant Asset Manager

Elaine Kam, Project Manager, Real Estate Development

East Bay Housing Organizations (EBHO)

Gloria Bruce, Deputy Director

East Oakland Community Project (25 HOPWA Units through HCD)

Wendy Jackson, Executive Director

Eden Housing

Jan Peters, Executive Vice President and Chief Operating Officer

Resources for Community Development (RCD) (75 HOPWA Units through HCD)

Sabrina Butler, Director of Asset Management

Lisa Motoyama, Director of Housing Development

Dirk Beszia, Assistant Regional Director, The John Stewart Co.

Cherry Pan, Property Manager of Clinton Commons, The John Stewart Co.

Satellite Affordable Housing Associates (SAHA) (20 HOPWA Units through HCD)

Angeli Cheng, Property Manager

Eve Stewart, Director of Housing Development

Housing and Community Development Department, Alameda County Community Development Agency

Michelle Starratt, Assistant Housing Director

Trina Walker, Community Development Specialist II

Speiglmán Associates

Tom Mosmiller, Consultant

Mollie Speiglmán, Consultant

Richard Speiglmán, Principal

**AIDS Housing Developers and Property Manager Focus Group
Alameda County
October 31, 2013**

Focus Group Guide

1. What is the demand for AIDS housing in Alameda County?
 - What are the numbers and types of applicants for housing?
 - Is there a demand for HOPWA units that are larger than 1 bedroom?
 - Do you have a sense of the family configuration if larger than 1 bedroom units are needed?
 - In your experience is there a need for HOPWA units outside of Berkeley and Oakland?
2. Referral process
 - How does your agency receive referrals of PLWHA? What role do HIV/AIDS service providers play in the referral process?
 - What kind of assessment has been conducted prior to these referrals?
3. How are applicants referred elsewhere when you have no space, or no appropriate space?
4. Assessment process for new residents; service plans and service linkages
 - In order to support quality of life and housing stability, to what extent do PLWHA require support services, case management, or property management involvement beyond services provided to other low-income persons?
 - How widespread are those services?
 - What additional services are most important? Do they need to be made available on-site?
 - Where and for what subgroups are services lacking?
 - What are the challenges to acquiring or incorporating needed additional services? How can these challenges best be addressed? What should HCD's role be?
 - HCD requires that service plans be in place for residents of HOPWA units.
 - What do those plans look like? How often are they updated?
 - How do they differ from plans that other residents may have?
 - Beyond the assessment process that the referring agency may utilize, what if any additional assessment takes place when a PLWHA seeks or obtains housing from your agency?
 - When does it take place?

- Is it repeated? How frequently?
 - What is done with the information?
 - What percent of HOPWA residents have case managers?
 - What kind of on-site services coordination takes place at HOPWA units?
 - Are any services available within your buildings?
 - What is the level of coordination among housing and HIV/AIDS service providers right now?
 - To what extent are links between property management and HIV support services adequate?
 - What changes are called for?
 - Are there recommendations you would make regarding how your tenants interact with HIV/AIDS services?
 - Do you have MOUs with any service providers? Please describe/evaluate.
 - What unmet services or lack of linkages affect the residential stability of your PLWHA residents?
 - Would more sober housing have a positive impact on PLWHA residents?
 - Would harm reduction or wet housing have a positive impact on PLWHA residents?
 - What about re-entry housing?
 - Are there other areas that should be developed for PLWHA?
 - What pilot or other arrangements have proven helpful?
5. What are common reasons for denying housing to applicants (or would-be applicants)? (Presumably HIV status not relevant here.) Possible prompts:
- | | |
|----------------------------------|---------------------------------|
| ○ Youth | ○ Criminal history |
| ○ Age over 50 | ○ Substance/alcohol/drug use |
| ○ Children living with applicant | ○ Mental health problems |
| ○ History of homelessness | ○ Mobility impairment |
| ○ Bad credit history | ○ Other physical health problem |
| ○ Low or no income | ○ Immigration status |
| ○ Income source | ○ Other characteristics |
6. Turn-over. How residentially stable are your HIV+ residents?
- What proportion resides in your permanent housing units for: less than 1 year; 1-2 years; 3-5 years; more than 5 years?
 - How do these retention rates compare with those of other tenants with similar incomes?

- What are the most common reasons that residents are evicted? Do you find any differences among PLWHA versus other (low-income) residents?
 - Non-payment of rent (low or no income, lack of an income stream)
 - Criminal activity
 - Alcohol/drug use
 - Mental health problems
 - Mobility impairment
 - Other physical health problem
 - Immigration status
 - Other behavior or characteristics

- 7. Financing the operation of HOPWA units
 - What is the cost of operating a unit?
 - What percent of HOPWA units are cash-flowing?
 - How are you covering that cost?
 - How many HOPWA units are tied to project-based subsidies?
 - Are these arrangements sustainable over time? How can we ensure the long-term affordability of units?
 - Can financial support of operations be extended to additional units?
 - In what ways do operating costs affect the flow of applicants for HOPWA housing?

- 8. Property management
 - From what property managers see, what assistance do PLWHA tenants need that they're not getting? Possible prompts:
 - Assisting residents make/get to doctor and other medical appointments
 - Assisting residents with cash benefits applications and paperwork
 - Assisting residents with other program applications and paperwork
 - Teaching life skills classes
 - Teaching or training resume-writing or similar classes
 - What else?
 - How is property management time invested in making tenants' lives work better?
 - Is much such time needed?

- 9. Funding: implications for building and for program; how relevant is HOPWA in the era of cuts?
 - Redevelopment gone; availability of other state and local resources
 - Effects of cuts: HOME, CDBG, Section 8 tenant-based
 - Multiple funding sources – heterogeneous programs and policies

- 10. In unlimited financial resources were available, what change in the current HOPWA development program would you propose?
 - First, what works well?
 - Second, what are the major gaps in the HIV/AIDS housing continuum in Alameda County?

- Now, if you had unlimited resources, what type of housing program would you develop for PLWHA?
- Have you heard of innovations that haven't been tried in Alameda County? Are there any new models on the horizon?
- Facilitator option: Does master leasing present an attractive arrangement to promote greater ease of access to housing among PLWHA and stability of housing retention?

**Alameda County AIDS Housing Needs Assessment
Survey of Developers and Property Managers
Focus Group, October 31, 2013**

Agency name:	Name of primary contact person:	Contact person phone:	Contact person email:
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Survey Questions	Yes	No	Comment
Screening applicants for housing			
Has your Agency adopted the EveryOne Home Property Management Guidelines (in some form or another?)			
Does your housing application process require a criminal record investigation? At what stage of the process?			
Do PLWHA receive special consideration regarding flexible credit histories, reduced application fees, or other matters? Please describe.			
Do your HOPWA properties have any written or unwritten policies or procedures regarding:			
Clean and sober requirements or limits on alcohol and drug use on premises? Please describe policies / procedures.			
Do these policies extend to medical marijuana? Please describe policies/procedures.			
Serving transgender applicants? Please describe policies/procedures.			
Serving applicants who recently have been homeless (for example, prioritizing a Housing First model)? Please describe policies/procedures.			

Survey Questions	Yes	No	Comment
Serving applicants who lack U.S. residency documents? Please describe policies/procedures.			
Serving re-entry PLWHA? Please describe policies/procedures.			
Turn-over; residential stability of HIV+ residents			
What proportion resides in your permanent housing units for: less than 1 year?	_____ %		
What proportion resides in your permanent housing units for: 1-2 years?	_____ %		
What proportion resides in your permanent housing units for: 3-5 years?	_____ %		
What proportion resides in your permanent housing units for: more than 5 years?	_____ %		
How do these retention rates compare with those of other tenants with similar incomes?			
What are the most common reasons that residents are evicted?			
Wait list			
Do you have a current waiting list for the HOPWA units in your development(s)/project(s), separate from or able to distinguish from non-HOPWA units?			
Are names added to the wait list before or after a preliminary review of applicant suitability for your housing?	before / after		
Does your wait list link with those of other developers / property managers? How is that structured?			

Survey Questions	Yes	No	Comment
How quickly does the wait list move? How long is the average wait on your wait list until an HIV+ person is informed there is a unit available?	_____ days/mos/yrs		
While HIV+ clients are on your waiting list, do you or others make referrals to other housing providers? Please describe.			
While HIV+ clients are on your waiting list, do you or others make referrals to HIV or other services? Please describe.			
How many people are on the waiting list now? Please indicate for each of your HOPWA properties or the total number of HOPWA units that you have.	_____ people		
Staffing			
What percent of your buildings with HOPWA units have property managers on-site?	_____ %		
What is the ratio of property managers to residents?	_____		
Do you have monolingual Spanish-speakers or bilingual Spanish-English speakers among staff who interact with applicants for housing and who serve residents?			
Do you have staff who speaking languages other than English and Spanish? Which languages?			
Do you provide printed materials (application, rules, etc.) in Spanish?			
Do you provide printed materials (application, rules, etc.) in any other languages? Please specify languages.			

Survey Questions	Yes	No	Comment
Costs			
What is the monthly cost of operating a HOPWA unit?	\$_____ / mo		
What percent of HOPWA units are cash-flowing?	_____ %		
How are you covering costs of operating HOPWA units?			
What percent of your HOPWA units are tied to project-based subsidies?	_____ %		
Studies of People Living With HIV/AIDS			
Has your agency conducted client satisfaction surveys, outcome, or other evaluation studies that include experiences of PLWHA?			
If yes, can you share those reports with Speigman Associates for the AIDS Housing Needs Assessment? Who should we contact? What is the person's contact info?			
Other comments or notes			

Appendix 10: Patient Survey (English)

Alameda County AIDS Housing Needs Assessment

September – October 2013

What is the AIDS Housing Needs Assessment? Richard Speigman, Jesse Brooks, Tom Mosmiller, Doris Quintanilla, and Rosendo Aguilar are conducting a short survey of about 250 people who use HIV clinics in Alameda County. The 20-minute survey is to help county planners address the housing needs of people living with HIV and AIDS in Alameda County.

What difference does any of this make? Results will help county officials decide how to use federal funds and think about policy and program adjustments. One specific question is whether funds should go more to provide services, to build additional units of housing, or be used in a different way.

How does it work? You may complete the survey on your own or ask a survey staff member to go over the questions with you and mark down your answers. You may stop the interview at any time, or skip any questions that make you uncomfortable. Your honest answers are very important to help planners fund housing and service needs for people with HIV/AIDS in Alameda County.

Is it confidential? Yes! We won't ask your name or other identifying information, and all of your answers are strictly confidential.

Is there any kind of payment for my time? People who complete the survey will receive a \$15 gift card.

Who funds the AIDS Housing Needs Assessment? Alameda County's Housing and Community Development Department has contracted with Speigman Associates for the Needs Assessment.

What if I have questions or comments after the survey? Contact Richard Speigman at (510) 654-7148.

ALAMEDA COUNTY AIDS HOUSING NEEDS ASSESSMENT CLIENT SURVEY

RESPONDENT # _____

SITE COORDINATOR OR INTERVIEWER INITIALS: _____

SURVEY DATE: _____ 2013

SITE ID #: _____

PROGRAM NAME: _____

SITE COORDINATOR OR INTERVIEWER READ TO RESPONDENT:

Hello, my name is _____. I'm working with the AIDS Housing Needs Assessment in Alameda County. We are conducting a short survey of about 250 people who use HIV clinics in Alameda County. We do this survey to help county planners address the housing needs of people living with HIV and AIDS. [Have you already completed this survey? If so, we thank you but can't have you complete it a second time.] People who complete the survey will receive a \$15 gift card. You may stop the interview at any time, or skip any questions that make you uncomfortable. May we have about 20 minutes of your time today?

We won't ask your name or other identifying information, and all of your answers are strictly confidential and anonymous. Your honest answers are very important to help planners fund housing and service needs for people with HIV/AIDS in Alameda County.

First, I need to ask you two questions to see if you are eligible for the survey. Is that all right?

1. Do you live in Alameda County?

- Yes..... **CONTINUE WITH Q2.**
- No**STOP INTERVIEW.** I'm sorry. We can't include you in the
- Don't know survey since we are only interviewing people from
- Refused..... Alameda County. Thank you for your time.

2. Are you currently... **SELECT 1 ANSWER**

- HIV+ not diagnosed with AIDS **CONTINUE ON NEXT PAGE**
- HIV+ diagnosed with AIDS **CONTINUE ON NEXT PAGE**
- HIV- **STOP INTERVIEW.** I'm sorry. We can't include you in
- DON'T KNOW the survey since this is a survey of people living with
- REFUSED HIV / AIDS. Thank you for your time..

You may complete the survey on your own or ask me or one of the survey staff here to go over the questions with you and mark down your answers. Which way would work best for you?

- Complete on own..... **IF ON OWN:** If you don't understand any of the survey questions, please ask me or my colleague for assistance! And if you decide you would rather have us read the survey to you, please ask. We will be happy to do that. **Let me show you how the skips work.**
- Staff read to me

FILL OUT THIS FORM FOR EVERYONE:

<p>COMPLETE BY OBSERVATION:</p> <p>GENDER:</p> <p>() Male</p> <p>() Female</p> <p>() Transgender</p> <p>() Other/Unknown</p> <p>INTERVIEW NOT STARTED:</p> <p>() Minor () Refused</p> <p>() Language barrier <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>() Respondent too disabled</p> <p>() Other: _____</p> <p>SITE COORDINATOR COMMENT (OPTIONAL):</p> <p>_____</p> <p>_____</p>	<p>RACE/ETHNICITY:</p> <p>() Latino/Hispanic</p> <p>() White</p> <p>() African Am/Black</p> <p>() Asian, Pacific Is</p> <p>() Other/Mixed</p>
---	---

POST-INTERVIEW OBSERVATIONS, IF INTERVIEWER-ADMINISTERED SURVEY	YES 1	NO 0
A. WERE ALL QUESTIONS UNDERSTOOD AND ANSWERED?		
B. RESPONDENT WAS IMPAIRED BY DRUGS OR ALCOHOL		
C. RESPONDENT WAS UNABLE TO UNDERSTAND QUESTIONS OR WAS MENTALLY DISABLED		
D. RESPONDENT BROKE OFF INTERVIEW ANY REASON GIVEN? _____ _____		
E. INTERVIEWER STOPPED INTERVIEW. WHY? _____		

ALAMEDA COUNTY AIDS HOUSING NEEDS ASSESSMENT CLIENT SURVEY

PROGRAM NAME _____

RESPONDENT # _____

QUESTIONS ABOUT WHO YOU ARE. Remember that everything you tell us is confidential.

1. First, how old are you?
____ Years old
 Don't know

2. Are you male, female, or transgender? **PLEASE SELECT 1 ANSWER.**
 Male
 Female
Transgender
 Male to Female
 Female to Male
 Don't know

3. Do you consider yourself... **PLEASE SELECT 1 ANSWER.**
 Gay Male (Homosexual)
 Bisexual
 Lesbian
 Heterosexual / Straight
 Other (Specify) _____

4. Are you Latino or Hispanic? **MARK ALL THAT APPLY**
 No
 Yes, Mexican, Mexican-American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin
 Don't know

5. What is your race? **MARK ALL THAT APPLY**
 White/Caucasian
 Black/African American
 Asian
 Pacific Islander
 American Indian/Alaskan Native
 Other: Please specify: _____
 Don't know

6. What languages do you speak at home? **MARK ALL THAT APPLY**
- English..... **IF YOU MARKED ONLY "ENGLISH," SKIP QUESTION 7**
 - Spanish **AND GO TO QUESTION 8**
 - Cantonese
 - Vietnamese
 - Tagalog
 - Mandarin
 - Korean
 - Asian Indian Language
 - Russian
 - Other 1: Please specify: _____
 - Other 2: Please specify: _____
7. If you speak any language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English... **SELECT 1 ANSWER**
- Very well
 - Well
 - Not well
 - Not at all
 - Don't know
8. What is your residency status in the United States? **SELECT 1 ANSWER.**
- US Citizen
 - Legal Resident (Green Card)
 - Have a student, work, travel, or other visa
 - Have legal refugee or asylum status
 - Undocumented (No papers)
 - Other (Specify) _____
 - Decline to state

YOUR HOUSEHOLD. These next questions are about your household. We mean the people who live with you now, some of the time or all of the time, so that if you moved to another residence, they would move with you. If some people in your household temporarily live someplace else, please count them here.

How many people are in your household?

ENTER A NUMBER ON EACH LINE. THEN ADD UP THEM UP.

	NUMBER OF PEOPLE	WHO ARE YOUR HOUSEHOLD MEMBERS?
Q9	1	Myself WE HAVE ALREADY INCLUDED A 1 FOR YOU
Q10	_____	My spouse or partner (please enter 0 or 1)
Q11	_____	Enter the number of children, ages 0 – 17, living in your household
Q12	_____	Enter the number of children and other people, ages 18 – 24, living in your household
Q13	_____	Enter the number of children, brothers, sisters, other relatives and other adults, ages 25 and older, living in your household
Q14	_____	What is the total number of people living in your household?

15. Including you, how many adults in your immediate family share money and share paying the household bills? **IF ONLY YOU, ENTER 1.**

___ People

Don't know

16. Not thinking about help you may get to pay the rent, do you have a group of family, friends and/or a support network that does other things to help you stay housed?

Yes

No

Don't know

HIV STATUS AND CLINIC VISITS

17. What year did you learn of your HIV status or AIDS diagnosis? **YOUR BEST ESTIMATE IS FINE.**

_____ Year

Don't know

18. Including today, how many times in the **last 3 months** did you visit a doctor, physician's assistant, nurse practitioner, or nurse at a medical clinic for HIV treatment or screening? **YOUR BEST ESTIMATE IS FINE.**

___ Times

Don't know

19. Using a scale from 1 to 10, where 1 is no medical problems and 10 is very severe medical problems, what is your health like now? **CIRCLE THE NUMBER THAT DESCRIBES YOUR HEALTH.**

No medical problem									Very severe medical problem
1	2	3	4	5	6	7	8	9	10

- Don't know

YOUR HEALTH AND DISABILITIES YOU MAY HAVE.

20. **MARK ALL THAT APPLY**

- Other than HIV/AIDS, I have another long-term and serious medical condition or health problem, like diabetes, heart disease, hepatitis or cancer that disables me.
- I have another long-term and serious medical condition or health problem, like diabetes, heart disease, hepatitis or cancer, that does not disable me.
- I am disabled by serious depression.
- I am disabled by other mental illness.
- I have Post-Traumatic Stress Disorder (PTSD).
- I have a learning disability.
- I am physically disabled by something else.
What is that disability? Please specify: _____
- None of the above
- Don't know

INCOME AND BENEFITS.

21. Do you currently have income over \$100 per month from any type of work?
- Yes
 - No
 - Don't know

22. Do you receive benefits or health insurance from any of the following programs? **MARK ALL THAT APPLY**
- CalFresh, SNAP, or Food Stamps
 - SSI or Supplemental Security Income
 - SDI or State Disability Income
 - SSDI or Social Security Disability Income
 - Private disability insurance
 - Social Security retirement income
 - Other retirement income
 - Unemployment insurance
 - GA or General Assistance
 - CalWORKs or TANF
 - Alimony and/or child support
 - Veteran's benefits
 - Medi-Cal
 - Medicare
 - Ryan White, HealthPAC or HPAC (Health Program of Alameda County)
 - None of the above
 - Another program: Please specify _____
 - Don't know
23. What is the total monthly income, including work, cash benefits, and other sources, for you and the adults in your immediate household who share money and share paying the bills? **SELECT 1 ANSWER**
- Monthly Income**
- \$
- 0 (0)
 - 1 - 350 (1)
 - 351 - 700 (2)
 - 701 - 1,050 (3)
 - 1,051 - 1,400 (4)
 - 1,401 - 1,750 (5)
 - 1,751 - 2,100 (6)
 - 2,101 - 3,000 (7)
 - 3,001 - 4,000 (8)
 - 4,001 - 5,000 (9)
 - over 5,000 (10)
 - Don't know

WHERE YOU CURRENTLY LIVE

24. What are the city and zip code, or city and neighborhood, where you live?

City _____ Zip Code _____

OR

City _____ Neighborhood _____

Don't live any one place

Don't know

HOMELESSNESS.

25. Did you live in any of these situations any time in the last 3 years? **MARK ALL THAT APPLY**

- Lived in a vehicle, an abandoned building, a bus/train/BART station, airport, anywhere outside, or other place not meant for human shelter
- Lived in a hotel or motel or campground paid for by an agency, church, or other service provider
- Lived in a garage, backyard, porch, shed, or driveway
- Lived in a shelter for single adults, youth, or families
- Lived in transitional housing for homeless persons
- Lived in a friend or family member's room, apartment, or house where I did not contribute to the rent/mortgage
- Lived in a hospital, nursing facility, mental health facility, jail, prison, or substance abuse treatment facility or detox center where I was homeless beforehand
- None of above.....**SKIP QUESTIONS 26 & 27 AND GO TO QUESTION 28**

26. How much of the last 12 months have you lived in a shelter? **CHECK OR ANSWER 1 BOX**

- None of the last 12 months
 ____ Days, or ____ Months
- All of it / entire time
- Don't know

27. How much of the last 12 months have you lived on the streets, in a car, or other places not meant for human shelter? **CHECK OR ANSWER 1 BOX**

- None of the last 12 months
 ____ Days, or ____ Months,
- All of it / entire time
- Don't know

CURRENT PLACE

28. In what kind of place do you currently stay? **PLEASE MARK ONE.**

- Private room, apartment, house, or mobile home that my household rents – our name is on the lease. (1)
- In a friend or family member's room, apartment, or house for which I pay rent (2)
- In a friend or family member's room, apartment, or house for which I do not pay rent (3)
- Temporarily double-up or couch-surf with friends, family, or people I know without paying rent (4)
- House, condo, or mobile home that we own (5)
- Subsidized permanent housing in an affordable housing complex such as the Harrison Hotel, UA Homes, Providence House, or Allen Temple (6)
- Hotel or motel I or a family member pay for (7)
- Hotel, motel, or campground paid for by an agency, church, or other service provider (8)
- Halfway house or transitional housing for adults, families or youth where I pay rent and can live up to two years (9)
- Board and care facility (10)
- Foster care home or foster care group home (11)
- Shelter for single adults or youth or families (12)
- A garage, backyard, porch, shed, or driveway (13)
- On the street, in a car, under a bridge, in an abandoned building, in a bus/train/BART station, in a homeless camp, anywhere else outside, or another place not meant for human shelter (14)
- Other kind of place; Please specify: _____ (15)
- Don't know

29. How long have you lived there?

____ Days, or ____ Months, or ____ Years

- Don't know

30. How long can you stay there?

____ Days, or ____ Months, or ____ Years

- Don't know
- Unlimited

IF YOU LIVE IN A SHELTER, CAR, GARAGE, OR OTHER PLACE NOT MEANT FOR HUMAN SHELTER, SKIP QUESTIONS 31 – 39 AND GO TO QUESTION 40

31. How many bedrooms do you and your household have at this place?
___ Bedrooms (FOR STUDIO INDICATE "0")
- Not applicable
 - Don't know
32. Does this place have any of the following problems?
MARK ALL THAT APPLY
- Incomplete kitchen (missing sink, refrigerator, and/or stove with oven)
 - No access to a kitchen
 - No heating system
 - No indoor bathroom
 - No hot and/or cold running water
 - Mold/mildew
 - Bedbugs, ants, cockroaches, or other pests
 - External doors that don't lock
 - Water leaks
 - No smoke detectors
 - Broken windows
 - None of the above
 - Don't know
33. Have you considered moving because of any of the following problems in your current neighborhood? **MARK ALL THAT APPLY**
- Drug activity
 - Violence
 - Prostitution
 - Gangs
 - Noise
 - Street harassment or many people hanging out
 - Stigma because of my HIV status
 - Physical harassment in my building
 - Other criminal activity
 - Other: Please specify: _____
 - None of the above
 - Don't know

HOUSING COSTS, MOVES, AND SUBSIDIES

34. What is the total monthly cost that you and your household pay for rent, utilities, and mortgage?
- \$ _____
- Don't know
35. Does a government program or another agency, non-profit, or other group also pay for your housing each month?
- Yes
- No.....**SKIP QUESTION 36 AND GO TO QUESTION 37**
- Don't know.....**SKIP QUESTION 36 AND GO TO QUESTION 37**
36. How much does that assistance pay each month?
- \$ _____
- Don't know
37. In the last 3 months, did you have any problem paying your rent or mortgage?
- Yes
- No
- Not applicable
- Don't know
38. Do you get the following assistance? **MARK ALL THAT APPLY**
- Housing Authority / Section 8
- Shelter Plus Care
- Project Independence
- Ryan White emergency housing assistance
- Other: Please specify: _____
- None of the above
- Don't know
39. Is your housing dedicated AIDS housing (only HIV+ people live there)?
- Yes
- No
- Don't know

40. Which of these programs that can provide a housing subsidy or assistance do you know about? **MARK ALL THAT APPLY**
- Housing Authority / Section 8
 - Shelter Plus Care
 - Project Independence
 - Ryan White emergency housing assistance
 - Other: Please specify: _____
 - None of the above
 - Don't know
41. Are you on any of the following waiting lists for subsidized housing? **MARK ALL THAT APPLY**
- Alameda County Housing Authority / Section 8
 - Oakland Housing Authority / Section 8
 - Other city housing authority in Alameda County / Section 8
 - Housing authority outside Alameda County / Section 8
 - Shelter Plus Care
 - Project Independence
 - AIDS housing such as Marlon Riggs Apartments or Allen Temple Arms IV
 - Particular development under construction
 - Other: Please specify: _____
 - None of the above
 - Don't know
42. How many times have you moved in the last 3 years? Your best estimate is fine.
- 0 times
 - 1 time
 - 2 times
 - 3 or more times
 - Don't know
43. In the last 3 years have you been evicted from an apartment or house rental because you couldn't afford to pay the rent?
- Yes
 - No
 - Don't know
44. In the last 3 years, have you been evicted because of another reason?
- Yes
 - No **SKIP QUESTION 45 AND GO TO QUESTION 46**
 - Don't know
45. **IF YES**, what was the reason for the eviction? _____

46. The last time you moved, what was your main reason for moving? **SELECT 1 ANSWER**
- Couldn't afford rent or mortgage (1)
 - Change in marital/relationship status (2)
 - To establish my own household (3)
 - To be closer to my medical care (4)
 - To be closer to other services (5)
 - To be closer to family or friends (6)
 - Work related (7)
 - Name came up on waiting list for better unit or a better location (8)
 - To move to a better neighborhood/less crime (9)
 - Other reason: Please specify: _____ (10)
 - Don't know
47. How many bedrooms does your household need? **SELECT 1 ANSWER**
- Studio
 - One bedroom
 - Two bedrooms
 - Three bedrooms
 - Four or more bedrooms
 - Don't know
48. What kind of housing do you prefer right now? Please rank your first three housing preferences. Put 1 next to your first preference, 2 next to your second, and 3 next to your third.
- ___ A house or duplex
 - ___ My own room in a house I share with others
 - ___ My own room in a hotel/motel with a bathroom down the hall
 - ___ My own room in a hotel/motel with my own bathroom
 - ___ My own apartment in a small building with only a few units
 - ___ My own apartment with cooking and bathroom facilities, in a larger building with many units
 - ___ A halfway house or other housing for people re-entering the community following release from jail or prison
 - ___ Permanent, supportive housing – long-term housing with a range of supportive services on-site or closely linked with the housing
 - ___ Someplace else: Please specify: _____
 - Don't know

49. What is your first choice of a city or area in Alameda County you would like in to live in? **SELECT 1 ANSWER**
- Oakland (1)
 - Albany, Berkeley (2)
 - Alameda, Emeryville, Piedmont (3)
 - Central County (Hayward, San Leandro, Castro Valley, Ashland, Cherryland, San Lorenzo, Fairview) (4)
 - Tri-Valley (Dublin, Livermore, Pleasanton, Sunol) (5)
 - South County (Fremont, Newark, Union City) (6)
 - Other, please specify: _____ [city name] (7)
 - Don't know
50. Here are some reasons that people might turn down a place to live. Which apply to you and would prevent you from choosing a particular place for housing? **MARK ALL THAT APPLY**
- House rule that you can't drink alcohol on premises
 - House rule that you can't use drugs
 - House rule that you can't have pets
 - House rule that you can't have overnight guests
 - House rule that you can't have a live-in partner
 - Sexual orientation of housemates (all Gay, all straight, transgender housemates)
 - Can't choose housemates
 - Cultural/language barriers among housemates
 - Housing that permits alcohol and other drugs
 - Housing that is only for people with HIV/AIDS
 - None of the above
 - Something else; Please specify: _____
 - Don't know
51. Think about where you currently live. Which of these housing services were helpful for you to get into your current place? **MARK ALL THAT APPLY**
- Help finding housing or referral services such as lists of apartments or houses that you might be able to afford
 - Help filling out housing applications and other forms
 - Assistance with moving, including 1st and last month's rent
 - Assistance with landlords or property managers
 - Other type of housing service: Please describe: _____
 - Not applicable
 - I got no help
 - Don't know

52. Thinking about where you currently live, which of these housing services did you need but not get? **MARK ALL THAT APPLY**
- Help finding housing or referral services such as lists of apartments or houses that you might be able to afford
 - Help filling out housing applications and other forms
 - Assistance with moving, including 1st and last month's rent
 - Assistance with landlords or property managers
 - Clean and sober housing
 - Harm reduction or "wet" housing
 - None of the above
 - Other type of housing service: Please describe: _____
 - Don't know
53. The last time you moved into housing, did any of these resources help you find housing? **MARK ALL THAT APPLY**
- 2-1-1 or Eden I&R (information and referral)
 - Housing Lists from Housing Authority
 - Bulletin boards
 - AC Housing Choice web site
 - Other web sites
 - Information or assistance from AHIP, the AIDS Housing Information Program (Darice Bridges is currently the coordinator there)
 - Other materials that my case manager provided
 - None helped me find housing
 - Other type of housing service: Please describe: _____
 - Don't know

GO ON TO THE NEXT PAGE

54. In the following list, what were the 3 most difficult problems you had in finding your current housing? **PLEASE MARK UP TO 3 ANSWERS**
- Large-sized family
 - Having young children
 - Being single
 - Cost of housing / Insufficient monthly income
 - Lack of current employment
 - Lack of childcare
 - Location of available housing
 - My poor credit history
 - My lack of immigration documents
 - My criminal record or recent release from jail or prison
 - My previous evictions
 - My mental health problems
 - My use of alcohol or other drugs
 - Transportation problems
 - Having pets
 - None of these was a problem
 - Other - specify: _____
 - Don't know
55. Have you been unfairly denied housing because of any of the following? **MARK ALL THAT APPLY**
- My HIV status
 - Another health condition or disability
 - Being male or female or transgender
 - Having children in my family
 - The language or languages I speak
 - My age
 - My race
 - My country of origin
 - My lack of money
 - My criminal justice background
 - Other: Please specify: _____
 - None of the above**SKIP QUESTION 56 AND GO TO QUESTION 57**
 - Don't know
56. If you have been unfairly denied housing, who was responsible for the unfair treatment you received? **MARK ALL THAT APPLY**
- A governmental agency
 - A non-profit or community agency
 - A property manager or landlord
 - Other: Please specify: _____
 - Don't know

BECOMING AND REMAINING STABLY HOUSED

<p>57. Which of these services do you currently receive? MARK ALL THAT APPLY.</p>	<p>58. Which 3 of these are <u>most important</u> to you to become or stay stably housed? MARK UP TO 3 CHOICES</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Medical care <input type="checkbox"/> Alternative health care <input type="checkbox"/> In-Home Supportive Services <input type="checkbox"/> Help managing medications <input type="checkbox"/> Case management <input type="checkbox"/> Mental health treatment or services <input type="checkbox"/> Counseling <input type="checkbox"/> Spiritual counseling <input type="checkbox"/> Support group <input type="checkbox"/> Assistance with my landlord / property manager <input type="checkbox"/> Credit counseling / financial assistance services <input type="checkbox"/> Help paying rent each month <input type="checkbox"/> Emergency Housing Assistance such as paying back rent that is due <input type="checkbox"/> Food Assistance <input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> Help clearing up my criminal record <input type="checkbox"/> Other legal services <input type="checkbox"/> Help with transportation <input type="checkbox"/> Job training or support <input type="checkbox"/> Needle exchange <input type="checkbox"/> None of the above <input type="checkbox"/> Something else: Please specify _____ <input type="checkbox"/> Don't know 	<ul style="list-style-type: none"> <input type="checkbox"/> Medical care <input type="checkbox"/> Alternative health care <input type="checkbox"/> In-Home Supportive Services <input type="checkbox"/> Help managing medications <input type="checkbox"/> Case management <input type="checkbox"/> Mental health treatment or services <input type="checkbox"/> Counseling <input type="checkbox"/> Spiritual counseling <input type="checkbox"/> Support group <input type="checkbox"/> Assistance with my landlord / property manager <input type="checkbox"/> Credit counseling / financial assistance services <input type="checkbox"/> Help paying rent each month <input type="checkbox"/> Emergency Housing Assistance such as paying back rent that is due <input type="checkbox"/> Food Assistance <input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> Help clearing up my criminal record <input type="checkbox"/> Other legal services <input type="checkbox"/> Help with transportation <input type="checkbox"/> Job training or support <input type="checkbox"/> Needle exchange <input type="checkbox"/> None of the above <input type="checkbox"/> Something else: Please specify _____ <input type="checkbox"/> Don't know

ALCOHOL AND DRUG USE. This series of questions is here to help understand alcohol- and drug-related problems in the community. Remember, your answers are confidential and anonymous.

59. Did you drink any alcoholic beverage during the last 12 months?
- Yes
 - No **SKIP QUESTIONS 60 – 63 AND GO TO QUESTION 64**
 - Don't know
60. During the last 12 months, did you ever feel bad or guilty about your drinking?
- Yes
 - No
 - Don't know
61. During the last 12 months, did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover?
- Yes
 - No
 - Don't know
62. During the last 12 months, did a friend or family member ever tell you about things you said or did while you were drinking that you could not remember?
- Yes
 - No
 - Don't know
63. During the last 12 months, did you fail to do what was normally expected of you because of drinking?
- Yes
 - No
 - Don't know
64. In the last 12 months, except for medical marijuana, have you used any drugs other than as prescribed by a medical doctor, nurse practitioner, or physician's assistant?
- Yes
 - No.....**SKIP QUESTIONS 65 – 71 AND GO TO QUESTION 72**
 - Don't know
65. In the last 12 months, did you ever fail to do what was normally expected of you because of your use of non-prescribed drugs?
- Yes
 - No
 - Don't know

66. In the last 12 months, were you ever under the influence of non-prescribed drugs in a situation where you could get hurt, like driving, using knives or machinery, or anything else?
- Yes
 - No
 - Don't know
67. In the past 12 months, because of non-prescribed drug use, did you have any emotional or psychological problems, like feeling depressed, suspicious of people, paranoid, or having strange ideas?
- Yes
 - No
 - Don't know
68. In the past 12 months, was there a month or more when you spent a lot of time using non-prescribed drugs or getting over the effects?
- Yes
 - No
 - Don't know
69. In the past 12 months, were there several times when you used a lot more non-prescribed drugs than you intended or used drugs for a longer time than you meant to?
- Yes
 - No
 - Don't know
70. In the past 12 months, did you ever have to use more non-prescribed drugs than you used to, to get the same effect?
- Yes
 - No
 - Don't know
71. In the past 12 months, did you ever use non-prescribed drugs to keep from feeling sick when you stopped or tried to stop?
- Yes
 - No
 - Don't know
72. In the last 12 months, did you ever spend money on alcohol or non-prescription drugs and then couldn't pay your rent or mortgage on time?
- Yes
 - No
 - Don't know

FAMILY VIOLENCE

73. Did you leave your last place because your spouse or partner or someone else in your family was hurting you or threatening to hurt you? Being hurt or threatened includes being kicked, hit, shoved, or beat up, or hurt with a knife or gun, or forced to have sex.
- Yes
 - No
 - Don't know

CRIMINAL JUSTICE

74. Have you ever been convicted of a felony?
- Yes
 - No.....**SKIP QUESTION 75 AND GO TO QUESTION 76**
 - Don't know
75. **IF YES:** Was it for a sex offense?
- Yes
 - No
 - Don't know
76. Since you turned 18, have you ever served a sentence in a county jail or state or federal prison
- Yes
 - No.....**SKIP QUESTION 77 AND GO TO THE END**
 - Don't know
77. Did you serve a sentence in jail or prison within the past 12 months?
- Yes
 - No
 - Don't know

THE END. Thank you very much. We're done with our questions. We really appreciate your help. Please return the completed questionnaire to the needs assessment staff person. She or he will give you a gift card as thanks for your participation.

Appendix 11: Patient Survey (Spanish)

Evaluación de las necesidades de vivienda para personas viviendo con VIH/SIDA del condado de Alameda

De septiembre a octubre de 2013

¿Qué cosa es la evaluación de las necesidades de vivienda para personas viviendo con VIH/SIDA? Richard Speigman, Jesse Brooks, Tom Mosmiller, Doris Quintanilla y Rosendo Aguilar están llevando a cabo una encuesta breve de aproximadamente 250 personas que utilizan las clínicas de VIH en el condado de Alameda. La encuesta de 20 minutos es para ayudar a los planificadores del condado a abordar las necesidades de vivienda de las personas que viven con VIH/SIDA en el condado de Alameda.

¿Qué diferencia hace todo esto? Los resultados ayudarán a los oficiales del condado a decidir cómo utilizar los fondos federales y a considerar ajustes a la política y a los programas. Una pregunta en particular es si los fondos deben ser destinados más a proveer servicios, a construir más edificios de vivienda, o ser utilizados en forma distinta.

¿Cómo funciona? Usted puede completar la encuesta por sí mismo/a o pedirle a un miembro del personal de la encuesta que revise las preguntas con usted y anote sus respuestas. Usted puede parar la entrevista en cualquier momento, o saltarse cualquier pregunta que lo vuelva incómodo/a. Sus respuestas honestas son muy importantes para ayudar a los planificadores a financiar necesidades de vivienda y prestaciones para las personas viviendo con VIH/SIDA en el condado de Alameda.

¿Es confidencial? ¡Sí! No le pediremos su nombre ni ningún otro tipo de información que lo/la pueda identificar, y todas sus respuestas son completamente confidenciales.

¿Hay algún tipo de pago por mi tiempo? Las personas que completen la encuesta recibirán una tarjeta de regalo por \$15.

¿Quién financia la evaluación de las necesidades de vivienda para SIDA? El Departamento de viviendas y desarrollo comunitario del condado de Alameda ha contratado a Speigman Associates para la evaluación de necesidades.

¿Qué pasa si tengo preguntas o comentarios después de la evaluación? Póngase en contacto con Doris Quintanilla al (510) 788-0218 o con Rosendo Aguilar al (510) 712-4653.

ENCUESTA EVALUATIVA DE CLIENTES SOBRE LAS NECESIDADES DE VIVIENDA PARA PERSONAS CON VIH/SIDA DEL CONDADO DE ALAMEDA

ENCUESTADO/A # _____

INICIALES DEL/DE LA COORDINADOR/A DEL SITIO O DEL/DE LA ENTREVISTADOR/A: _____

FECHA DE LA ENCUESTA: _____ DE 2013

DE ID DEL SITIO: _____

NOMBRE DEL PROGRAMA: _____

COORDINADOR/A DEL SITIO O ENTREVISTADOR/A LÉALE AL/A LA ENCUESTADO/A:

Hola, mi nombre es _____. Estoy trabajando con la evaluación de las necesidades de vivienda para SIDA en el condado de Alameda. Estamos llevando a cabo una breve encuesta de cerca de 250 personas que utilizan clínicas de VIH en el condado de Alameda. Hacemos esta encuesta para ayudar a los planificadores del condado a lidiar con las necesidades de vivienda de las personas que viven con VIH y SIDA. [Ha participado en este encuesta previamente? Si la respuesta es "sí," muchas gracias pero no puede hacerlo más que una vez.] Las personas que completan la encuesta recibirán una tarjeta de regalo por \$15. Usted puede parar la entrevista en cualquier momento, o saltarse cualquier pregunta que lo/la haga sentir incómodo/a. ¿Podemos contar con aproximadamente 20 minutos de su tiempo hoy?

No le pediremos su nombre ni ninguna otra información que lo/la identifique, y todas sus respuestas son completamente confidenciales y anónimas. Sus respuestas honestas son muy importantes para ayudar a los planificadores a financiar las necesidades de viviendas y servicios para las personas con VIH/SIDA en el condado de Alameda.

Primero tengo que hacerle dos preguntas para ver si es elegible para la encuesta. ¿Está bien?

1. ¿Vive en el condado de Alameda?

 Sí..... **SIGA CON LA P2.**
 No..... **PARE LA ENTREVISTA.** Lo siento. No podemos incluirlo/a en la encuesta ya que solamente estamos entrevistando a personas del condado de

 No sé Alameda. Gracias por su tiempo.

 Rehusó.....
2. ¿Tiene usted actualmente... **SELECCIONE 1 RESPUESTA**
 VIH+ no diagnosticado/a con SIDA **SIGA EN LA PRÓXIMA PÁGINA**
 VIH+ diagnosticado/a con SIDA **SIGA EN LA PRÓXIMA PÁGINA**
 VIH- **PARE LA ENTREVISTA.** Lo siento. No podemos incluirlo/a en la encuesta ya que ésta es una

 NO SÉ encuesta de personas que viven con

 REHUSÓ VIH / SIDA. Gracias por su tiempo.

Puede completar la encuesta por sí mismo/a, también puede pedirme a mí o a alguien del personal de la encuesta que está aquí que revise las preguntas con usted y marque sus respuestas. ¿De qué forma sería mejor para usted?

- Complete por sí mismo/a **SI ES POR SÍ MISMO/A** : Si usted no entiende alguna de las preguntas de la encuesta, ¡por favor pídame ayuda a mí o a mi colega! Y si decide que preferiría que nosotros le leamos la encuesta, por favor pídale. Nos dará mucho gusto hacerlo. **Déjeme mostrarle cómo funcionan las omisiones o saltos.**
- Leído por el personal

LLENE ESTE FORMULARIO PARA TODOS:

COMPLETE MEDIANTE OBSERVACIÓN:	
GÉNERO:	RAZA/ETNICIDAD:
() Hombre	() Latina/hispana
() Mujer	() Blanca
() Transgénero	() Afro am/negra
() Otro/desconocido	() Asiática, islas del pacífico
ENTREVISTA NO COMENZADA:	() Otra/mixta
() Menor de edad	() Rehusó
() Barrera de idioma	<input type="checkbox"/> Español
	<input type="checkbox"/> Asiático
	<input type="checkbox"/> Otro
	<input type="checkbox"/> Desconocido
() Encuestado/a demasiado discapacitado/a	
() Otro: _____	
COMENTARIO DEL/DE LA COORDINADOR/A DEL SITIO (OPCIONAL):	

OBSERVACIONES POSTERIORES A LA ENTREVISTA, SI LA ENCUESTA FUE ADMINISTRADA POR EL/LA ENTREVISTADOR/A	SÍ 1	NO 0
A. ¿FUERON TODAS LAS PREGUNTAS COMPRENDIDAS Y CONTESTADAS?		
B. EL/LA ENCUESTADO/A SE VIO IMPEDIDO POR DROGAS O ALCOHOL		
C. EL/LA ENCUESTADO/A NO PUDO COMPRENDER LAS PREGUNTAS O ESTABA DISCAPACITADO/A MENTALMENTE		
D. EL/LA ENCUESTADO/A TERMINÓ LA ENTREVISTA ¿DIO ALGUNA RAZÓN? _____ _____		
E. EL/LA ENTREVISTADOR/A PARÓ LA ENTREVISTA. ¿POR QUÉ? _____		

**ENCUESTA EVALUATIVA DE CLIENTES SOBRE LAS NECESIDADES DE VIVIENDA PARA
SIDA DEL CONDADO DE ALAMEDA**

NOMBRE DEL PROGRAMA _____

ENCUESTADO/A # _____

PREGUNTAS ACERCA DE QUIÉN ES USTED. Recuerde que todo lo que nos diga es confidencial.

1. Primero, ¿cuántos años tiene?
Tengo ____ años
 No sé

2. ¿Es hombre, mujer, o transgénero? **POR FAVOR SELECCIONE 1 RESPUESTA.**
 Hombre
 Mujer
Transgénero
 Hombre a mujer
 Mujer a hombre
 No sé

3. ¿Se considera... **POR FAVOR SELECCIONE 1 RESPUESTA.**
 Hombre gay (homosexual)
 Bisexual
 Lesbiana
 Heterosexual / hetero
 Otro (especifique) _____

4. ¿Es latino/a o hispano/a? **MARQUE TODAS LAS QUE CORRESPONDEN**
 No
 Sí, mexicano/a, mexicano/a-americano/a, chicano/a
 Sí, puertorriqueño/a
 Sí, cubano/a
 Sí, otro tipo de hispano/a, latino/a, de origen español
 No sé

5. ¿De qué raza es? **MARQUE TODAS LAS QUE CORRESPONDEN**
 Blanca/caucasiana
 Negra/afroamericana
 Asiática
 De las islas del pacífico
 Aborigen de América del norte/Nativo/a de Alaska
 Otro: Por favor especifique: _____
 No sé

6. ¿Qué idiomas habla en la casa? **MARQUE TODOS LOS QUE CORRESPONDEN**
- Inglés..... **SI MARCÓ “INGLÉS” SOLAMENTE, SÁLTESE LA PREGUNTA 7**
 - Español **Y VAYA A LA PREGUNTA 8**
 - Cantonés
 - Vietnamés
 - Tagalo
 - Mandarino
 - Coreano
 - Idioma indo asiático
 - Ruso
 - Otro 1: por favor especifique: _____
 - Otro 2: por favor especifique: _____
7. Si habla algún idioma aparte del inglés en la casa, queremos saber su propia opinión acerca de qué tanto habla bien el inglés. Diría usted que habla el inglés... **SELECCIONE 1 RESPUESTA**
- Muy bien
 - Bien
 - Nada bien
 - Para nada
 - No sé
8. ¿Cuál es su estatus de residencia en los Estados Unidos? **SELECCIONE 1 RESPUESTA.**
- Ciudadano/a de los EEUU
 - Residente legal (tarjeta verde)
 - Con visa de estudiante, de trabajo, de viaje, u otro tipo de visa
 - Con estatus de refugiado/a legal o de asilo político
 - Indocumentado/a (sin papeles)
 - Otro (especifique) _____
 - Se niega a declarar

SU HOGAR. Las siguientes preguntas se refieren a las personas que viven en su hogar, es decir las personas que viven con usted ahora, parte del tiempo o todo el tiempo de manera que si usted se mudara a otra residencia, ellos se mudarían con usted. Si algunas de las personas en su casa viven temporalmente en otro lugar, por favor inclúyalas aquí.

¿Cuántas personas hay en su casa?

INGRESE UN NÚMERO EN CADA LÍNEA. ENTONCES SÚMELOS.

	NÚMERO DE PERSONAS	¿QUIÉN SON LOS MIEMBROS DE SU CASA?
P9	1	YO YA HEMOS INCLUIDO UN 1 POR USTED
P10	_____	Mi cónyuge o pareja (por favor ingrese 0 o 1)
P11	_____	Ingrese el número de niños, entre las edades de 0 a 17, que viven en su casa.
P12	_____	Ingrese el número de niños y otras personas, entre las edades de 18 a 24, que viven en su casa
P13	_____	Ingrese el número de niños, hermanos, hermanas, otros parientes y otros adultos, de 25 años y mayores, que viven en su casa
P14	_____	¿Cuál es el número total de personas que viven en su casa?

15. ¿Incluyéndolo/la a usted, cuántos adultos en su familia inmediata comparten el dinero y comparten el pago de las cuentas de la casa? **SI SOLAMENTE ES USTED, INGRESE 1.**
 ___ personas
 No sé
16. Sin pensar en la ayuda que usted pueda obtener para pagar la renta o alquiler, ¿tiene usted un grupo familiar, de amigos y/o una red de apoyo que hace otras cosas para ayudarlo/la a mantenerse alojado/a?
 Sí
 No
 No sé

ESTATUS DE VIH Y VISITAS A CLÍNICAS

17. ¿En qué año se enteró usted sobre su estatus de VIH o su diagnóstico de SIDA? **LO MEJOR QUE PUEDE RECORDAR.**
 En el año _____
 No sé

18. Incluyendo el día de hoy, ¿cuántas veces en los **últimos 3 meses** visitó usted un/a doctor/a, asistente médico, enfermero/a titulado/a, o enfermero/a en una clínica médica para tratamiento o prueba de VIH? **LO MEJOR QUE PUEDE RECORDAR.**

___ veces

No sé

19. Utilizando una escala del 1 al 10, donde el 1 significa ningún problema médico y el 10 significa problemas médicos muy graves, ¿cómo está su salud ahora? **RODEAR CON UN CÍRCULO EL NÚMERO QUE DESCRIBE SU SALUD.**

Ningún problema médico									Problema médico muy grave
1	2	3	4	5	6	7	8	9	10

No sé

SU SALUD Y LAS DISCAPACIDADES QUE USTED PUEDA TENER.

20. **MARQUE TODAS LAS QUE CORRESPONDEN**

- Aparte del VIH/SIDA, tengo otra condición médica o problema de salud a largo plazo y grave, como la diabetes, la enfermedad cardíaca, la hepatitis o el cáncer que me discapacita.
- Tengo otra condición médica o problema de salud a largo plazo y grave, como la diabetes, la enfermedad cardíaca, la hepatitis o el cáncer, que no me discapacita.
- Estoy discapacitado/a por la depresión grave.
- Estoy discapacitado/a por otro trastorno mental.
- Tengo síndrome de estrés postraumático (PTSD por sus siglas en inglés).
- Tengo una discapacidad del aprendizaje.
- Estoy físicamente discapacitado/a por otra cosa.

¿Qué discapacidad es esa? Por favor especifique: _____

Nada de lo de arriba

No sé

INGRESOS Y BENEFICIOS.

21. ¿Tiene usted actualmente ingresos de más de \$100 al mes de algún tipo de trabajo?

Sí

No

No sé

22. ¿Recibe usted beneficios/prestaciones o seguro de salud de alguno de los siguientes programas? **MARQUE TODAS LAS QUE CORRESPONDEN**

- CalFresh, SNAP, o Food Stamps (cupones de alimentos)
- SSI o ingresos por seguridad suplementaria
- SDI o ingresos por discapacidad estatal
- SSDI o ingresos por discapacidad del seguro social
- Seguro privado de discapacidad
- Ingresos por jubilación del seguro social
- Otros ingresos por jubilación
- Seguro por desempleo
- GA o Asistencia general
- CalWORKs o TANF
- Pensión alimenticia y/o manutención
- Beneficios/prestaciones para veteranos
- Medi-Cal
- Medicare
- Ryan White, HealthPAC o HPAC (programa de salud del condado de Alameda)
- Nada de lo mencionado
- Otro programa: por favor especifique _____
- No sé

23. ¿Cuál es el total de sus ingresos mensuales, incluyendo el trabajo, los beneficios/prestaciones en efectivo, y otras fuentes, para usted y los adultos en su grupo familiar inmediato que comparten el dinero y comparten el pago de las cuentas?

SELECCIONE 1 RESPUESTA

Ingresos mensuales

\$

- 0 (0)
- 1 - 350 (1)
- 351 - 700 (2)
- 701 - 1,050 (3)
- 1,051 - 1,400 (4)
- 1,401 - 1,750 (5)
- 1,751 - 2,100 (6)
- 2,101 - 3,000 (7)
- 3,001 - 4,000 (8)
- 4,001 - 5,000 (9)
- más de 5,000 (10)

No sé

DONDE USTED VIVE ACTUALMENTE

24. ¿Cuál es la ciudad y el código postal, o la ciudad y el vecindario, donde usted vive?

Ciudad _____ código postal _____

o

Ciudad _____ vecindario _____

No vivo en un sitio en particular

No sé

EL ESTAR SIN HOGAR.

25. ¿Vivió usted en alguna de estas situaciones en algún momento en los últimos 3 años?

MARQUE TODAS LAS QUE CORRESPONDEN

- Viví en un vehículo, un edificio abandonado, una estación de autobuses/trenes/BART, aeropuerto, en cualquier sitio afuera, o en otro lugar no destinado como albergue para seres humanos
- Viví en un hotel o motel o campamento pagado por una agencia, iglesia, u otro proveedor de prestaciones
- Viví en un garaje, patio trasero, porche, cobertizo, o entrada para el auto
- Viví en un albergue para adultos solteros, jóvenes, o familias
- Viví en una vivienda transicional para personas sin hogar
- Viví en el cuarto, apartamento o casa de un/a amigo/a o miembro de mi familia, donde no contribuí al pago del alquiler/la hipoteca
- Viví en un hospital, centro de enfermería, instalación de salud mental, cárcel, prisión, o instalación para el tratamiento del abuso de sustancias adictivas o centro de desintoxicación donde yo ya estaba sin hogar de antemano
- Nada de lo de arriba.....**SÁLTESE LAS PREGUNTAS 26 & 27 Y VAYA A LA PREGUNTA 28**

26. ¿Cuánto tiempo en los últimos 12 meses ha vivido usted en un albergue? **MARQUE O CONTESTE 1 CUADRITO**

Ningún tiempo en los últimos 12 meses

____ días, o ____ meses

Todo el tiempo / el tiempo completo

No sé

27. ¿Cuánto tiempo en los últimos 12 meses ha vivido usted en las calles, en un carro, o en otros lugares no destinados como albergues para seres humanos? **MARQUE O CONTESTE 1 CUADRITO**

Ningún tiempo en los últimos 12 meses

____ días, o ____ meses

Todo el tiempo / el tiempo completo

No sé

EL LUGAR ACTUAL

28. ¿En qué tipo de lugar se queda usted actualmente? **POR FAVOR MARQUE UNO.**

- En un cuarto privado, apartamento, casa, o casa móvil o rodante que mi grupo familiar alquila – nuestro nombre está en el contrato de arrendamiento (1)
- En el cuarto, apartamento o casa de un/a amigo/a o miembro de mi familia por el cual pago alquiler (2)
- En el cuarto, apartamento o casa de un/a amigo/a o miembro de mi familia por el cual no pago alquiler (3)
- Temporalmente en cualquier sitio en la casa o en el sofá con amigos, familia, o personas que conozco sin pagar alquiler (4)
- En una casa, condominio, o casa móvil o rodante de la que somos propietarios (5)
- En vivienda subsidiada/subvencionada permanente en un complejo de viviendas asequibles tales como el Hotel Harrison, UA Homes, Providence Casa, o Allen Temple (6)
- En un hotel o motel por el cual yo o un miembro de mi familia paga (7)
- En un hotel, motel, o campamento pagado por una agencia, iglesia, u otro proveedor de servicios (8)
- En una residencia supervisada o vivienda transicional para adultos, familias o jóvenes donde pago alquiler y puedo vivir hasta dos años (9)
- En un centro de pensión y cuidado (10)
- En un hogar de cuidado tutelar o hogar de grupo de cuidado tutelar (11)
- En un albergue para adultos solteros o jóvenes o familias (12)
- En un garaje, patio trasero, porche, cobertizo, o entrada para el auto (13)
- En la calle, en un carro, bajo un puente, en un edificio abandonado, en una estación de autobuses/trenes/BART, en un campamento para las personas sin hogar, en cualquier otro sitio afuera, o en otro lugar no destinado como albergue para seres humanos (14)
- En otro tipo de lugar; por favor especifique: _____ (15)
- No sé

29. ¿Cuánto tiempo ha vivido usted ahí?

____ días, o ____ meses, o ____ años

- No sé

30. ¿Cuánto tiempo se puede quedar usted ahí?

____ días, o ____ meses, o ____ años

- No sé
- Sin límite de tiempo

SI USTED VIVE EN UN ALBERGUE, CARRO, GARAJE, U OTRO LUGAR NO DESTINADO COMO ALBERGUE PARA SERES HUMANOS, SÁLTESE LAS PREGUNTAS 31 – 39 Y VAYA A LA PREGUNTA 40

31. ¿Cuántos dormitorios o recámaras tienen usted y su grupo familiar en este lugar?
___ dormitorios o recámaras (**PARA ESTUDIO INDIQUE "0"**)
- No corresponde
 - No sé
32. ¿Tiene este lugar alguno de los siguientes problemas?
MARQUE TODAS LAS QUE CORRESPONDEN
- Cocina incompleta (falta el fregadero, el refrigerador, y/o una estufa o cocina con horno)
 - No hay acceso a una cocina
 - No hay sistema de calefacción
 - No hay baño interior
 - No hay agua corriente caliente y/o fría
 - Hay moho
 - Hay chinches, hormigas, cucarachas, u otras alimañas
 - Las puertas exteriores no cierran con llave
 - Hay goteras de agua
 - No hay detectores de humo
 - Hay ventanas rotas
 - Nada de lo mencionado
 - No sé
33. ¿Ha pensado en mudarse por algunos de los siguientes problemas en su vecindario actual?
MARQUE TODAS LAS QUE CORRESPONDEN
- La actividad de drogas
 - La violencia
 - La prostitución
 - Las pandillas
 - El ruido
 - El acoso en las calles o muchas personas juntas pasando el rato
 - El estigma a causa de mi estatus de VIH
 - El acoso físico en mi edificio
 - Otra actividad criminal
 - Otro: por favor especifique: _____
 - Nada de lo de arriba
 - No sé

COSTOS DE LA VIVIENDA, DE LAS MUDADAS, Y SUBSIDIOS/SUBVENCIONES

34. ¿Cuál es el costo total mensual que usted y su grupo familiar pagan por el alquiler, los servicios públicos, y la hipoteca?
- \$ _____
- No sé
35. ¿Paga también un programa gubernamental u otra agencia, ONG, u otro grupo por su vivienda cada mes?
- Sí
- No.....**SÁLTESE LA PREGUNTA 36 Y VAYA A LA PREGUNTA 37**
- No sé.....**SÁLTESE LA PREGUNTA 36 Y VAYA A LA PREGUNTA 37**
36. ¿Qué cantidad paga ese programa de ayuda cada mes?
- \$ _____
- No sé
37. ¿En los últimos 3 meses, tuvo usted algún problema para pagar su alquiler o hipoteca?
- Sí
- No
- No corresponde
- No sé
38. ¿Recibe usted la siguiente ayuda? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Housing Authority (Autoridad de Viviendas) / Sección 8
- Shelter Plus Care
- Project Independence
- Ayuda Ryan White para viviendas de urgencia
- Otro: por favor especifique: _____
- Nada de lo mencionado
- No sé
39. ¿Es su vivienda sólo para personas que viven con VIH?
- Sí
- No
- No sé

40. ¿Cuáles de estos programas conoce usted que pueden proveer un/a subsidio/subvención para la vivienda o ayuda? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Housing Authority (Autoridad de Viviendas) / Sección 8
 - Shelter Plus Care
 - Project Independence
 - Ayuda Ryan White para viviendas de urgencia
 - Otro: por favor especifique: _____
 - Nada de lo de arriba
 - No sé
41. ¿Está usted en algunas de las siguientes listas de espera para viviendas subsidiadas/subvencionadas? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Housing Authority (Autoridad de Viviendas) / Sección 8 del condado de Alameda
 - Housing Authority (Autoridad de Viviendas) / Sección 8 de Oakland
 - Otra autoridad de viviendas / Sección 8 en otra ciudad en el condado de Alameda
 - Una autoridad de viviendas / Sección 8 fuera del condado de Alameda
 - Shelter Plus Care
 - Project Independence
 - Viviendas para SIDA tales como los apartamentos Marlon Riggs o Allen Temple Arms IV
 - Un proyecto inmobiliario en particular bajo construcción
 - Otro: por favor especifique: _____
 - Nada de lo de arriba
 - No sé
42. ¿Cuántas veces se ha mudado en los últimos 3 años? Lo mejor que puede recordar
- 0 veces
 - 1 vez
 - 2 veces
 - 3 veces o más
 - No sé
43. ¿En los últimos 3 años ha sido usted desalojado/a o desahuciado/a de un apartamento o casa alquilada porque no podía pagar el alquiler?
- Sí
 - No
 - No sé
44. ¿En los últimos 3 años, ha sido usted desalojado/a o desahuciado/a por otra razón?
- Sí
 - No **SÁLTESE LA PREGUNTA 45 Y VAYA A LA PREGUNTA 46**
 - No sé
45. ¿**SI SU RESPUESTA ES QUE SÍ**, cuál fue la razón para el desalojo o desahucio?
- _____

46. ¿La última vez que usted se mudó, cuál fue su razón principal para mudarse? **SELECCIONE 1 RESPUESTA**
- No podía pagar el alquiler o la hipoteca (1)
 - Un cambio en mi estado civil o de relaciones (2)
 - Para establecer mi propia casa o grupo familiar (3)
 - Para estar más cerca a la atención medica (4)
 - Para estar más cerca a otros servicios (5)
 - Para estar más cerca de mi familia o amigos (6)
 - Relacionado con el trabajo (7)
 - Mi nombre salió en una lista de espera para una unidad mejor o una localidad mejor (8)
 - Para mudarme a un vecindario mejor/con menos crimen (9)
 - Otro razón: por favor especifique: _____ (10)
 - No sé
47. ¿Cuántos dormitorios o recámaras necesita su grupo familiar? **SELECCIONE 1 RESPUESTA**
- Estudio
 - Un dormitorio o recámara
 - Dos dormitorios o recámaras
 - Tres dormitorios o recámaras
 - Cuatro o más dormitorios o recámaras
 - No sé
48. ¿Qué tipo de vivienda prefiere usted ahora mismo? Por favor ordene las primeras tres preferencias en cuanto a vivienda. Ponga un 1 al lado de su primera preferencia, un 2 al lado de la segunda, y un 3 al lado de la tercera.
- ___ Una casa o dúplex
 - ___ Mi propio cuarto en una casa que comparto con otros
 - ___ Mi propio cuarto en un hotel/motel con un baño pasillo abajo
 - ___ Mi propio cuarto en un hotel/motel con mi propio baño
 - ___ Mi propio apartamento en un edificio pequeño que solamente tenga pocos apartamentos
 - ___ Mi propio apartamento con facilidades de cocina y baño, en un edificio más grande con muchos apartamentos
 - ___ Una residencia supervisada u otra vivienda para personas que vuelven a ingresar en la comunidad luego de ser liberadas de la cárcel o de la prisión
 - ___ Una vivienda permanente y servicial – una vivienda a largo plazo con una gama de servicios de apoyo in situ o que estén ligados estrechamente con la vivienda
 - ___ En otro lugar: por favor especifique: _____
 - No sé

49. ¿Cuál es su primera selección de una ciudad o área en el condado de Alameda en la que usted quisiera vivir? **SELECCIONE 1 RESPUESTA**
- Oakland (1)
 - Albany, Berkeley (2)
 - Alameda, Emeryville, Piedmont (3)
 - El centro del condado (Hayward, San Leandro, Castro Valley, Ashland, Cherryland, San Lorenzo, Fairview) (4)
 - Tri-Valley (Dublin, Livermore, Pleasanton, Sunol) (5)
 - El sur del condado (Fremont, Newark, Union City) (6)
 - Otro, por favor especifique: _____ [nombre de la ciudad] (7)
 - No sé
50. Aquí hay algunas razones por las que las personas pudieran rechazar un sitio para vivir. ¿Cuáles se aplican a usted y le impedirían seleccionar un sitio en particular para una vivienda? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Regla de la casa de que no se puede tomar alcohol en la propiedad
 - Regla de la casa de que no se puede usar drogas
 - Regla de la casa de que no se puede tener animales domésticos
 - Regla de la casa de que no se puede tener visitas que se queden toda la noche
 - Regla de la casa de que no se puede tener una pareja que vive con uno
 - La orientación sexual de los compañeros de casa (todos son compañeros de casa gay, todos son heteros, transgéneros)
 - No se pueden seleccionar los compañeros de casa
 - Barrera cultural o de idiomas entre los compañeros de casa
 - Una vivienda que permite el alcohol y otras drogas
 - Una vivienda que solamente es para personas con VIH/SIDA
 - Nada de lo mencionado
 - Otra cosa; por favor especifique: _____
 - No sé
51. Piense acerca de donde usted actualmente vive. ¿Cuáles de estos servicios para vivienda lo/la ayudaron a meterse en su sitio actual? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Ayuda para encontrar servicios de vivienda o referido tales como listas de apartamentos o casas que usted pudiera pagar
 - Ayuda para completar las solicitudes de vivienda y otros formularios
 - Ayuda con la mudanza, incluyendo el alquiler del primer y último mes
 - Ayuda con los caseros o gerentes de la propiedad
 - Otro tipo de servicio para vivienda : por favor describa: _____
 - No corresponde
 - No obtuve ayuda

- No sé
52. Si piensa acerca del lugar donde usted vive actualmente, ¿cuáles de estos servicios para vivienda usted necesitó pero no obtuvo? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Ayuda para encontrar servicios de vivienda o referencias tales como listas de apartamentos o casas que usted pudiera pagar
- Ayuda para completar las solicitudes de vivienda y otros formularios
- Ayuda con la mudanza, incluyendo el alquiler del primer y último mes
- Ayuda con los caseros o gerentes de la propiedad
- Una vivienda limpia y sobria
- Una vivienda para la reducción del daño o vivienda “mojada”
- Nada de lo de arriba
- Otro tipo de servicio para vivienda : por favor describa: _____
- No sé
53. La última vez usted se mudó a una vivienda, ¿algunos de estos recursos lo/la ayudaron a encontrar vivienda?
- MARQUE TODAS LAS QUE CORRESPONDEN**
- 2-1-1 o Eden I&R (información y referido)
- Listas de vivienda de la Autoridad para viviendas
- Tableros de anuncios
- El sitio en red de AC Housing Choice
- Otros sitios en red
- Información o ayuda de AHIP, el AIDS Housing Information Program (programa de información sobre vivienda para SIDA (Darice Bridges actualmente es la coordinadora)
- Otros materiales que mi gerente de caso me proporcionó
- Nadie me ayudó a encontrar una vivienda
- Otro tipo de servicio para vivienda : por favor describa: _____
- No sé

VAYA A LA PRÓXIMA PÁGINA

54. En la lista siguiente, ¿cuáles fueron los 3 problemas más difíciles que usted tuvo para encontrar su vivienda actual? **POR FAVOR MARQUE HASTA 3 RESPUESTAS**
- Una familia grande
 - Tener niños pequeños
 - Ser soltero/a
 - El costo de la vivienda / ingresos mensuales insuficientes
 - La falta de empleo actual
 - La falta de cuidado infantil
 - La ubicación de la vivienda disponible
 - Mi historial de crédito pobre
 - Mi falta de documentos de inmigración
 - Mi historial penal o mi liberación reciente de la cárcel o prisión
 - Mis desalojos previos
 - Mi trastorno de salud mental
 - Mi uso de alcohol u otras drogas
 - Problemas de transportación
 - Tener animales domésticos
 - Ninguna de éstas fue problema
 - Otro - especifique: _____
 - No sé
55. ¿Le han negado vivienda injustamente por alguna de las siguientes? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Mi estatus de VIH
 - Otra condición o discapacidad de salud
 - Ser hombre o mujer o transgénero
 - Tener niños en mi familia
 - El idioma o idiomas que hablo
 - Mi edad
 - Mi raza
 - Mi país de origen
 - Mi falta de dinero
 - Mis antecedentes penales
 - Otro: por favor especifique: _____
 - Nada de lo de arriba**SÁLTESE LA PREGUNTA 56 Y VAYA A LA PREGUNTA 57**
 - No sé
56. ¿Si a usted le han negado vivienda injustamente, quién fue responsable por el tratamiento injusto que usted recibió? **MARQUE TODAS LAS QUE CORRESPONDEN**
- Una agencia gubernamental
 - Una agencia sin lucro o comunitaria
 - Un gerente de la propiedad o casero
 - Otro: por favor especifique: _____
 - No sé

OBTENIENDO ALOJAMIENTO ESTABLE Y PERMANECIENDO ALOJADO/A

<p>57. ¿Cuáles de estos servicios recibe usted actualmente? MARQUE TODAS LAS QUE CORRESPONDEN.</p>	<p>58. ¿Cuáles de estos son los 3 más importantes para que usted obtenga alojamiento estable o permanezca alojado/a? MARQUE HASTA 3 OPCIONES</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Atención médica <input type="checkbox"/> Atención médica complementaria y alternativa <input type="checkbox"/> Servicios de apoyo en el hogar <input type="checkbox"/> Ayuda manejando los medicamentos <input type="checkbox"/> Manejo del caso <input type="checkbox"/> Tratamiento o servicios de salud mental <input type="checkbox"/> Consejería <input type="checkbox"/> Consejería espiritual <input type="checkbox"/> Grupo de apoyo <input type="checkbox"/> Ayuda con mi casero / gerente de la propiedad <input type="checkbox"/> Asesoramiento de crédito / servicios de asistencia financiera <input type="checkbox"/> Ayuda para pagar el alquiler todos los meses <input type="checkbox"/> Ayuda de urgencia para viviendas tal como pagar el alquiler atrasado que se debe <input type="checkbox"/> Ayuda con los alimentos <input type="checkbox"/> Tratamiento para el abuso de sustancias adictivas <input type="checkbox"/> Ayuda para limpiar mi historial penal <input type="checkbox"/> Otros servicios legales <input type="checkbox"/> Ayuda con la transportación <input type="checkbox"/> Capacitación o apoyo para el trabajo <input type="checkbox"/> Intercambio de agujas <input type="checkbox"/> Nada de lo mencionado <input type="checkbox"/> Otra cosa: por favor especifique <hr style="width: 25%; margin-left: 0;"/> <input type="checkbox"/> No sé 	<ul style="list-style-type: none"> <input type="checkbox"/> Atención médica <input type="checkbox"/> Atención médica complementaria y alternativa <input type="checkbox"/> Servicios de apoyo en el hogar <input type="checkbox"/> Ayuda manejando los medicamentos <input type="checkbox"/> Manejo del caso <input type="checkbox"/> Tratamiento o servicios de salud mental <input type="checkbox"/> Consejería <input type="checkbox"/> Consejería espiritual <input type="checkbox"/> Grupo de apoyo <input type="checkbox"/> Ayuda con mi casero / gerente de la propiedad <input type="checkbox"/> Asesoramiento de crédito / servicios de asistencia financiera <input type="checkbox"/> Ayuda para pagar el alquiler todos los meses <input type="checkbox"/> Ayuda de urgencia para viviendas tal como pagar el alquiler atrasado que se debe <input type="checkbox"/> Ayuda con los alimentos <input type="checkbox"/> Tratamiento para el abuso de sustancias adictivas <input type="checkbox"/> Ayuda para limpiar mi historial penal <input type="checkbox"/> Otros servicios legales <input type="checkbox"/> Ayuda con la transportación <input type="checkbox"/> Capacitación o apoyo para el trabajo <input type="checkbox"/> Intercambio de agujas <input type="checkbox"/> Nada de lo mencionado <input type="checkbox"/> Otra cosa: Por favor especifique <hr style="width: 25%; margin-left: 0;"/> <input type="checkbox"/> No sé

USO DE ALCOHOL Y DROGAS. Esta serie de preguntas es para ayudarnos a entender los problemas relacionados con el alcohol y las drogas en la comunidad. Recuerde, sus respuestas son confidenciales y anónimas.

59. ¿Tomó alguna bebida alcohólica durante los últimos 12 meses?
- Sí
- No **SÁLTESE LAS PREGUNTAS 60 – 63 Y VAYA A LA PREGUNTA 64**
- No sé
60. ¿Durante los últimos 12 meses, alguna vez se sintió mal o culpable por tomar?
- Sí
- No
- No sé
61. ¿Durante los últimos 12 meses, alguna vez se tomó un trago como primera cosa en la mañana para fortalecer sus nervios o deshacerse de una resaca?
- Sí
- No
- No sé
62. ¿Durante los últimos 12 meses, alguna vez un/a amigo/a o miembro de la familia le habló de cosas que usted había dicho o hecho mientras estaba bebiendo que usted no podía recordar?
- Sí
- No
- No sé
63. ¿Durante los últimos 12 meses, dejó de hacer lo que se esperaba de usted normalmente por tomar?
- Sí
- No
- No sé
64. ¿En los últimos 12 meses, con la excepción de la marihuana médica, ha utilizado usted alguna drogas aparte de las recetadas por un doctor en medicina, un/a enfermero/a titulado/a, o un/a asistente médico?
- Sí
- No.....**SÁLTESE LAS PREGUNTAS 65 – 71 Y VAYA A LA PREGUNTA 72**
- No sé
65. ¿En los últimos 12 meses, alguna vez dejó de hacer lo que se esperaba de usted normalmente por su uso de medicamentos no recetados?
- Sí
- No
- No sé

66. ¿En los últimos 12 meses, alguna vez estuvo bajo la influencia de medicamentos no recetados en una situación donde podía recibir lesiones, como manejar, utilizar cuchillos o maquinaria, o cualquier otra cosa?
- Sí
- No
- No sé
67. ¿En los pasados 12 meses, debido al uso de medicamentos no recetados, sufrió usted de problemas emocionales o psicológicos, como sentirse deprimido/a, sospechoso/a de otras personas, paranoico/a, o tener ideas raras?
- Sí
- No
- No sé
68. ¿En los pasados 12 meses, hubo un mes o más en que usted pasó mucho tiempo utilizando medicamentos no recetados o reponiéndose de los efectos?
- Sí
- No
- No sé
69. ¿En los pasados 12 meses, hubo varias veces en que usted usó más medicamentos no recetados de los que usted había pensado o usó drogas por un tiempo mayor del que usted había anticipado?
- Sí
- No
- No sé
70. ¿En los pasados 12 meses, alguna vez tuvo que usar más medicamentos no recetados de los que usted acostumbrara, para obtener el mismo efecto?
- Sí
- No
- No sé
71. ¿En los pasados 12 meses, alguna vez usó medicamentos no recetados para no sentirse mal cuando paró o trató de parar?
- Sí
- No
- No sé
72. ¿En los últimos 12 meses, alguna vez se gastó el dinero en alcohol o medicamentos no recetados y luego no pudo pagar el alquiler o hipoteca a tiempo?
- Sí
- No
- No sé

VIOLENCIA FAMILIAR

73. ¿Dejó el último sitio porque su cónyuge o pareja u otra persona en su familia lo/la estaba maltratando o amenazando maltratarlo/a? El ser herido/a o amenazado/a incluye recibir patadas, golpes, empujones o ser aporreado/a, o herido/a con un cuchillo o pistola, o ser obligado/a a tener relaciones sexuales.
- Sí
 - No
 - No sé

JUSTICIA PENAL

74. ¿Alguna vez fue condenado por un delito mayor?
- Sí
 - No.....**SÁLTESE LA PREGUNTA 75 Y VAYA A LA PREGUNTA 76**
 - No sé
75. **SI SU RESPUESTA ES SÍ:** ¿Fue por un delito sexual?
- Sí
 - No
 - No sé
76. ¿Desde que cumplió los 18, alguna vez sirvió una sentencia en una cárcel del condado o en una prisión estatal o federal?
- Sí
 - No.....**SÁLTESE PREGUNTA 77 Y VAYA AL FIN**
 - No sé
77. ¿Cumplió una sentencia en la cárcel o la prisión en los pasados 12 meses?
- Sí
 - No
 - No sé

EL FIN. Muchas gracias. Hemos terminado nuestras preguntas. Estamos realmente agradecidos por su ayuda. Por favor devuélvale el cuestionario completado a la persona de la plantilla que se encarga de la evaluación de necesidades. Él o ella le dará una tarjeta de regalo a modo de agradecimiento por su participación.

Appendix 12: Patient Survey Sites

AIDS Healthcare Foundation

400 30th Street, Suite #300, Oakland

AIDS Project East Bay

1320 Webster Street, Oakland

Alameda Health System, Highland

1411 E 31st Street, Oakland

Alameda Health System, Fairmont

15400 Foothill Blvd., San Leandro

East Bay AIDS Center Adult Clinic, Alta Bates Summit Medical Center

3100 Summit Street, 2nd Floor, Oakland

East Bay AIDS Center Downtown Youth Center, Alta Bates Summit Medical Center

3100 Summit Street, 2nd Floor, Oakland

La Clinica de la Raza

3451 East 12th Street, Oakland

Lifelong Medical Clinic, Berkeley Primary Care

2001 Dwight Way, Berkeley

Medical Office of Dr. Anthony Jones

400 29th Street, Suite #501, Oakland

Tri-City Health Center

39184 State Street, Fremont

Appendix 13: Analysis Weights¹

The sample of patients was drawn from all but one of the clinics serving the HIV/AIDS population in Alameda County, and it was intended to provide a snapshot of the whole population.²

The raw data from the sample were not representative of the patient population for a variety of reasons. Using a series of weighting steps, we attempt to adjust the sample data to represent better the patient population.

- HIV/AIDS patients use clinic services with differing frequency. Those who make more frequent clinic visits were more likely to be encountered on an interview day. The data from frequent clinic users need to be adjusted downward because each of their visits represents only a fraction of an (unduplicated) person.
- Younger patients, under age 30, were oversampled, and their data needed to be adjusted downward to bring their numbers back into the proper proportion of the whole population.
- The number of persons interviewed at each clinic was weighted up to represent the clinic population.
- Clinic users come from all the cities in Alameda County, but most of the interviewed persons reported living in Oakland. The data were adjusted so that cities of residence appear with the same relative frequency as reported in the clinic patient population.
- Lists of unduplicated users by clinic add up to about 25 percent more users than the unduplicated count of users for Alameda County. It appears that at least 25 percent of the patient population is seen in more than one clinic. Accordingly data needed to be adjusted downward to compensate.

These issues were dealt with in a series of weighting steps. At each step, a weighting factor was developed, as follows:

¹ From the perspective of a sampling statistician this is a stratified, pseudo-random sample of clinic patients.

² As we note in Chapter 3, one physical site of a second clinic was also not included.

1. Introduce a weight to control for number of visits. Most patients reported fewer than three visits in the past three months, with a handful of patients reporting more than three visits, up to a maximum of 15 visits. For weighting, we capped the number of visits at 3, and multiplied the data for each surveyed individual by $1 / \text{visits}$. The visit weight factor ranged from 1, for persons who reported only one visit, to .33, for persons who reported 3 or more visits.

2. Weight up/down to control for the distribution of clinic size as noted in the OAA data on where the population HIV/AIDS clients receive care.

a. For this purpose the under-age-30 group was treated as a separate clinic.

b. Data from one clinic, not part of the county system, was weighted up to the unduplicated number of patients reported by that site, and those were simply added to the County data.

Site weight factors ranged from 10.08 to 75.40.

3. The “city” weight factor. The sample remained disproportionate relative to the county-wide population with respect to city of residence, so a city-weight factor was developed to adjust for city of residence.

Cities were grouped into 6 categories, Oakland, Oakland area, North County, Central County, South County, and Tri-Valley. A city weight factor was created using the ratio of the proportion of persons in the unduplicated County data to the proportion of persons from each city in the survey data. For example, County-wide data reports the proportion of the unduplicated patient population from Oakland as 57.6 percent, while the proportion of survey respondents from Oakland was 72.3 percent. The city weight factor for Oakland is thus $57.6 / 72.3 = .80$. City weight factors range from .80 to 2.24, and these were applied to patients from county clinics. Data from the non-county clinic and two cases with missing city values from the county population were assigned a city-weight factor of 1.

4. Trimming excessive weights. After combining the weight factors from steps 1, 2, and 3, the highest weight for a single respondent was 104.23, which could have been excessively influential in tables. That high weight was trimmed to a value slightly above the next lowest weight, to a value of 55.

5. Unduplication. Tables produced by the County report unduplicated clinic users summing to 3,173, more than the unduplicated annual number of patients served by the County, 2,491. Thus some of the patients reported as unduplicated from each clinic appear to be using some other county clinic during the course of a year. This study is intended to report on housing characteristics of unduplicated total users, so an adjustment to account for duplication in county clinic reports was needed.

Duplication of patients across county clinics was dealt with by weighting down to countywide data, using a constant proportion for all county clinics. After applying the weight factors in steps 1 through 3, and trimming the lone high weight, the apparent number of persons in county clinics accounted for by the sample was 3,064. Patients in County clinics were adjusted downward by a factor of $2,491 / 3,064$. The non-county clinic population was readjusted to the number reported by the clinic using a factor of $140/128$.

6. Individual weights. The final analysis weight for each individual survey respondent is the product of the four weighting factors. Individual weights range from 2.18 to 44.71. The apparent number of patients from county clinics in the weighted sample is 2,491, precisely the number intended. After adding the 140 (weighted) patients from the non-county clinic the study sample accounts for 2,631 unduplicated individuals.

7. Race/ethnicity. Race-ethnicity proportions differ between the County data and the survey data, even after weighting, and this may be a result of how race-ethnicity was asked and differences in how the data were compiled. Latinos appear to be over-represented in the survey data, and whites appear to be under-represented. Patients who self-identified as Latino in the survey did not respond to the race question. It is likely that some of those coded as Latino in the survey would be categorized as Caucasian in the County data.

Appendix 14: Patient Survey Youth Tables

Chart A14.1. Gender by Age

		Age		
		Under 30	30+	Total
Gender		N = 346 100.0%	N = 2,284 100.0%	N = 2,630 100.0%
Male	Count, weighted	291	1,593	1,884
	% within Age	84.1%	69.7%	71.6%
Female	Count, weighted	55	553	608
	% within Age	15.9%	24.2%	23.1%
Transgender: M to F	Count, weighted	0	138	138
	% within Age	0.0%	6.0%	5.2%

Chart A14.2. Gender and sexual orientation by Age

		Age		
		Under 30	30+	Total
Gender and sexual orientation		N=333 100.0%	N=2,251 100.0%	N=2,584 100.0%
Gay men	Count, weighted	246	748	994
	% within Age	73.9%	33.2%	38.5%
Bisexual men	Count, weighted	12	383	395
	% within Age	3.6%	17.0%	15.3%
Heterosexual men	Count, weighted	29	451	480
	% within Age	8.7%	20.0%	18.6%
Heterosexual women	Count, weighted	46	531	577
	% within Age	13.8%	23.6%	22.3%
Transgender	Count, weighted	0	138	138
	% within Age	0.0%	6.1%	5.3%

Chart A14.3. Race by Age

		Age		
		Under 30	30+	Total
Race		N = 346 100.0%	N = 2,284 100.0%	N = 2,630 100.0%
Black	Count, weighted	169	1,333	1,502
	% within Age	48.8%	58.4%	57.1%
White	Count, weighted	46	362	408
	% within Age	13.3%	15.8%	15.5%
Other, combination	Count, weighted	131	589	720
	% within Age	37.9%	25.8%	27.4%

Chart A14.4. Latino Ethnicity by Age

		Age		
		Under 30	30+	Total
Latino		N=343 100.0%	N=2,220 100.0%	N=2,563 100.0%
No	Count, weighted	191	1,627	1,818
	% within Age	55.7%	73.3%	70.9%
Yes	Count, weighted	152	593	745
	% within Age	44.3%	26.7%	29.1%

Chart A14.5. HIV/AIDS Diagnosis by Age

		Age		
		Under 30	30+	Total
Diagnosed with AIDS		N=346 100.0%	N=2,220 100.0%	N=2,566 100.0%
HIV+	Count, weighted	290	1,294	1,584
	% within Age	83.8%	58.3%	61.7%
AIDS	Count, weighted	56	926	982
	% within Age	16.2%	41.7%	38.3%

Chart A14.6a. Severity of Medical Problems by Age

		Age		
		Under 30	30+	Total
Severity of medical problems		N=340 100.0%	N=2,271 100.0%	N=2,611 100.0%
1	Count, weighted	100	367	467
	% within Age	29.4%	16.2%	17.9%
1.5	Count, weighted	20	0	20
	% within Age	5.9%	.0%	.8%
2	Count, weighted	58	208	266
	% within Age	17.1%	9.2%	10.2%
3	Count, weighted	84	232	316
	% within Age	24.7%	10.2%	12.1%
4	Count, weighted	8	196	204
	% within Age	2.4%	8.6%	7.8%
5	Count, weighted	48	461	509
	% within Age	14.1%	20.3%	19.5%
6	Count, weighted	11	192	203
	% within Age	3.2%	8.5%	7.8%
7+	Count, weighted	11	615	625
	% within Age	3.3%	27.1%	23.9%

Chart A14.6b. Age by Severity of Medical Problems (mean)

Age	Mean	N
Under 30	2.7	340
30+	4.7	2,273
Total	4.5	2,613

Chart A14.7. Alcohol Abuse or Drug Dependence by Age

		Age		
		Under 30	30+	Total
Alcohol abuse or drug dependence		N=346 100.0%	N=2,285 100.0%	N=2,631 100.0%
No or not scored	Count, weighted % within Age	271 78.3%	1,662 72.7%	1,933 73.5%
Yes	Count, weighted % within Age	75 21.7%	623 27.3%	698 26.5%

Chart A14.8. Any Report of Mental Health Disability by Age

		Age		
		Under 30	30+	Total
Any report of mental health disability		N=346 100.0%	N=2,285 100.0%	N=2,631 100.0%
No	Count, weighted % within Age	320 92.5%	1,599 70.0%	1,919 72.9%
Yes	Count, weighted % within Age	26 7.5%	686 30.0%	712 27.1%

Chart A14.9. Household Type by Age

		Age		
		Under 30	30+	Total
Household type		N=346 100.0%	N=2,285 100.0%	N=2,631 100.0%
Alone	Count, weighted % within Age	116 33.5%	1,307 57.2%	1,423 54.1%
With spouse only	Count, weighted % within Age	75 21.7%	520 22.8%	595 22.6%
With minor children (with and without spouse)	Count, weighted % within Age	80 23.1%	254 11.1%	334 12.7%
With adult kid or other adult	Count, weighted % within Age	75 21.7%	204 8.9%	279 10.6%

Chart A14.10. Current Housing by Age

		Age		
		Under 30	30+	Total
Current housing		N = 346 100.0%	N = 2,241 100.0%	N = 2,587 100.0%
Stably housed	Count, weighted	319	1,843	2,162
	% within Age	92.2%	82.2%	83.6%
Unstably housed	Count, weighted	23	216	239
	% within Age	6.6%	9.6%	9.2%
Homeless	Count, weighted	4	182	186
	% within Age	1.2%	8.1%	7.2%

Chart A14.11. Rental Assistance by Age

		Age		
		Under 30	30+	Total
Rental Assistance		N=341 100.0%	N=2,194 100.0%	N=2,535 100.0%
No	Count, weighted	286	1,455	1,741
	% within Age	83.9%	66.3%	68.7%
Yes	Count, weighted	55	739	794
	% within Age	16.1%	33.7%	31.3%

Chart A14.12. Eviction Past 3 Years by Age

		Age		
		Under 30	30+	Total
Eviction for any reason, past 3 years		N=346 100.0%	N=2,268 100.0%	N=2,614 100.0%
No	Count, weighted	279	1,972	2,251
	% within Age	80.6%	86.9%	86.1%
Yes	Count, weighted	67	296	363
	% within Age	19.4%	13.1%	13.9%

Chart A14.13. Moved 3+ Times in Last 3 Years by Age

		Age		
		Under 30	30+	Total
Moved 3+ times in last 3 years		N=343 100.0%	N=2,229 100.0%	N=2,572 100.0%
No	Count, weighted	249	1,815	2,064
	% within Age	72.6%	81.4%	80.2%
Yes	Count, weighted	94	414	508
	% within Age	27.4%	18.6%	19.8%

Chart A14.14. Problem Paying Rent or Mortgage Last 3 Months by Age

		Age		
		Under 30	30+	Total
Problem paying rent or mortgage last 3 months		N = 331 100.0%	N = 2,147 100.0%	N = 2,478 100.0%
No	Count, weighted	139	1,362	1,501
	% within Age	42.0%	63.4%	60.6%
Yes	Count, weighted	172	635	807
	% within Age	52.0%	29.6%	32.6%
Not applicable	Count, weighted	20	150	170
	% within Age	6.0%	7.0%	6.9%

Chart A14.15. Any Homeless/Unstably Housed Situation, Past 3 Years by Age

		Age		
		Under 30	30+	Total
Any homeless/unstably housed situation, past 3 years		N=346 100.0%	N=2,285 100.0%	N=2,631 100.0%
None	Count, weighted	170	1,368	1,538
	% within Age	49.1%	59.9%	58.5%
1 or more	Count, weighted	176	917	1093
	% within Age	50.9%	40.1%	41.5%

Chart A14.16. Any Days on Street, Past Year by Age

		Age		
		Under 30	30+	Total
Any days on street, past year		N=346 100.0%	N=2,228 100.0%	N=2,574 100.0%
None	Count, weighted	298	2,034	2,332
	% within Age	86.1%	91.3%	90.6%
1 or more	Count, weighted	48	194	242
	% within Age	13.9%	8.7%	9.4%

Chart A14.17. Any Days in Shelter Last 12 Months by Age

		Age		
		Under 30	30+	Total
Any days in shelter last 12 months		N=346 100.0%	N=2,285 100.0%	N=2,631 100.0%
No	Count, weighted	294	1,949	2,243
	% within Age	85.0%	85.3%	85.3%
Yes	Count, weighted	52	336	388
	% within Age	15.0%	14.7%	14.7%

Chart A14.18. Number of Housing Problems by Age

		Age		
		Under 30	30+	Total
Number of housing problems		N = 337 100.0%	N = 2,100 100.0%	N = 2,437 100.0%
None	Count, weighted	185	1,466	1,651
	% within Age	54.9%	69.8%	67.7%
One	Count, weighted	112	226	338
	% within Age	33.2%	10.8%	13.9%
Two or more	Count, weighted	40	408	448
	% within Age	11.9%	19.4%	18.4%

Chart A14.19a. Number of Neighborhood Problems by Age

		Age		
		Under 30	30+	Total
Number of neighborhood problems		N=322 100.0%	N=2,019 100.0%	N=2,341 100.0%
0	Count, weighted	215	1,238	1,453
	% within Age	66.8%	61.3%	62.1%
1	Count, weighted	22	370	392
	% within Age	6.8%	18.3%	16.7%
2	Count, weighted	11	137	148
	% within Age	3.4%	6.8%	6.3%
3	Count, weighted	38	54	92
	% within Age	11.8%	2.7%	3.9%
4	Count, weighted	21	59	80
	% within Age	6.5%	2.9%	3.4%
5+	Count, weighted	15	161	176
	% within Age	4.7%	8.0%	7.5%

Chart A14.19b. Age by Number of Neighborhood Problems (mean)

Age	Mean	N
Under 30	1.0	322
30+	1.0	2020
Total	1.0	2342

Appendix 15: Focus Group Discussion Guides

Speigman Associates

Alameda County AIDS Housing Needs Assessment (AHNA)
Provider Focus Group Guide
May 14, 2013

Client needs

1. What percent of your PLWHA clients are homeless, in unstable housing situations, or in need of better housing?
2. Are particular services needed to make stable housing possible (or likely)?

Personal barriers

3. What personal barriers prevent clients from making progress toward entering into and remaining in stable housing?

System barriers

4. What system barriers prevent clients from making progress toward entering into and remaining in stable housing?
 - a. What are the most serious gaps in the HIV/AIDS housing continuum: Which are in most short supply compared to the need?
 - b. Which other agencies – besides yours – provide a significant source of housing assistance for PLWHA?
 - c. What are the barriers to movement within the housing continuum?
 - d. More specifically, are there referral structures or lack of such arrangements, or administrative concerns that put a burden on clients in search of stable housing?

Resources

5. What resources are available for attending to the needs of persons who, in their current housing situation, are at risk of housing instability or homelessness because of substance abuse relapse or other factors?
6. What about resources for people at risk of housing instability due to mental health problems?
7. For youth?
8. For undocumented persons?
9. For other subpopulations?
10. Which current programs are most successful, somewhat successful, or not helpful in assisting PLWHA in Alameda County in getting into and remaining in appropriate housing?

11. What is the level of coordination among housing and service providers right now?

Solutions

12. How could current programs be improved? What would you like to see happen in Alameda County?

- a. What programs need to be created and/or or implemented?
- b. What kinds of (new or strengthened) links are needed between HIV/AIDS housing and other housing systems (mental health housing, programs for homeless people, etc.)?
- c. What should be the level of coordination among housing and service providers?

13. Are there referral or other structures that would minimize the burden on clients in search of stable housing?

Other points, concerns, etc. as time permits

14. Are there specific questions you would suggest we ask of housing and other service providers in the on-line survey?

15. What about questions for clients in focus groups and/or the client survey?

16. How do you see you or your organization's role in addressing the needs of persons living with HIV/AIDS?

17. How would you rate your/your organization's/the county's progress? Why?

Speigman Associates

Alameda County AIDS Housing Needs Assessment (AHNA)

PLWHA Focus Group (FG) Guide

FG 1: June 18, 2013

FG 2: July 12, 2013

FG 3: August 8, 2013

1. Self-introductions
 - a. If you wish, please share your first name, tell us what city you currently live in, whether you have children under age 15 living with you, and say something about why you agreed to participate. Do you have comments about what happens with the focus group findings?
2. Background, current place
 - a. In what kind of place do you live now?
 - b. How is the place?
 - c. How many times have you moved in the last 3 years?
 - d. Why did you move the most recent time?
 - e. How many times have you been homeless in the last 3 years?
 - f. Why did you become homeless?
 - g. [Added for FG 2 & FG 3] So, in the past 3 years, have you needed housing because you were homeless? For other reasons?
 - h. How did you find your current place? What helps to find housing?
3. Which of these have helped your ability to find a good housing situation for yourself?
Which of these have hurt your ability to find a good housing situation for yourself?
 - i. Your age
 - ii. The composition of your household; [added for FG 2 & FG 3] having children with you
 - iii. Your location in the county
 - iv. Your veteran status
 - v. Having a felony, another conviction, or legal issue
 - vi. A recent release from jail/prison
 - vii. [Added for FG 2 & FG 3] Your health and disabilities
 - viii. Your income and credit history
 - ix. Your immigration status
 - x. [Added for FG 3] Something else? What?
 - xi. Follow up: Which are the most important?
4. Place and daily life
 - a. How does your current place affect . . .
 - i. Contact with friends, family, or other support group?

- ii. Keeping care and treatment appointments, and access to your other support services? (Probe for transportation issues)
 - iii. Your ability to keep up with HIV or other medication schedules?
 - iv. Your use of alcohol or other drugs?
 - v. Your mental health?
 - vi. Anything else
 - b. What kinds of housing or housing situations do or do not work for you?
 - i. Are there safety or other problems?
- 5. Housing subsidies and housing assistance
 - a. Do you have a housing subsidy? How difficult was that to obtain? Did it limit your options finding housing? Have you ever had trouble moving because of an existing subsidy?
 - b. What kind of help finding housing have you gotten from a case manager, AHIP (AIDS Housing and Information Project), 211, or other service provider? Did you have any problems getting the help you needed?
 - c. Once housed, where have you gotten help to keep you in housing? What assistance helped you to avoid becoming homeless?
 - d. [Added for FG 2 and FG 3] *Emergency housing assistance* is help with rent to get into an apartment or to keep from being evicted if you're behind on your rent. Please raise your hand if you needed emergency housing assistance in the last 5 years. Keep your hand up if you ever made use of that kind of assistance. For those of you who have needed emergency housing assistance but did not make use of it, did you know there was such a form of assistance? Did you try – but fail – to get it?
 - e. Have you been on housing wait lists? How hard is it to keep track of where you are on a housing wait list?
 - f. Have you heard of . . .
 - i. Project Independence housing?
 - ii. Shelter Plus Care housing?
 - iii. Housing Authority Section 8 housing?
 - iv. Housing Authority Section 8 “mainstream vouchers” set-aside for disabled persons?
 - v. HOPWA (Housing Opportunities for People with AIDS) housing?
 - vi. Follow up for FG 2: As a woman, or as a parent with young children, were there any issues making use of those programs?
 - vii. Follow up for FG 3: As a person who speaks Spanish, were there any problems making use of those programs? Any other problems in using them?
 - g. Have you used or been housed by . . .
 - i. Project Independence housing?

- ii. Shelter Plus Care housing?
 - iii. Housing Authority Section 8 housing?
 - iv. Housing Authority Section 8 “mainstream vouchers” set-aside for disabled persons?
 - v. HOPWA (Housing Opportunities for People with AIDS) housing?
 - vi. Follow up: Was it a positive or negative experience?
 - vii. Have you used inpatient residential treatment facilities for temporary housing needs?
6. Preferred housing
- a. For you, what would perfect housing look like?
 - i. What kind of place?
 - ii. Where do you prefer to live?
 - iii. What kind of housing do you prefer: shared living, several apartments in one building, or scattered site?
7. Experiences of discrimination
- a. Thinking about housing and other service providers, landlords, and property managers, in the past 5 years, have you felt discriminated against because of :
 - i. Your HIV status?
 - ii. Other health problems or disability?
 - iii. Your gender?
 - iv. Your age?
 - v. Your race?
 - vi. Your ethnicity?
 - vii. The language you speak?
 - viii. Household composition? [For FG 2 & FG 3 this was changed to: Having children with you or other household composition issues?]
 - ix. For any other reason?
8. [Added for FG 2 & FG 3]: Is there anything else you would like to talk about?

Appendix 16: AIDS Housing Needs Assessments and/or Plans from Other Jurisdictions

2011 Houston Area HIV/AIDS Needs Assessment (2011)

An Assessment of the Housing Needs of Persons with HIV/AIDS: New York City Eligible Metropolitan Statistical Area, Final Report (2004)

City of Boston HIV/AIDS Housing Needs Assessment (2012)

City of Tampa EMSA HIV/AIDS Housing Plan (2005)

HIV/AIDS Housing Plan for the Phoenix Eligible Metropolitan Statistical Area (EMSA) (2011)

Memphis TGA 2011 Housing Needs Assessment (2011)

Miami-Dade County 2011 – 2012 HIV/AIDS Housing Needs Findings & Recommendations to Miami-Dade County HIV/AIDS Partnership (2011-2012)

San Diego County HIV/AIDS Housing Plan Update 2009

San Diego Countywide Strategic HIV/AIDS Housing Plan (1999)

Santa Cruz County HIV/AIDS Housing Needs Assessment (2006)

Ventura County HIV/AIDS Housing Plan (2005)

The Virginia Beach-Norfolk-Newport News MSA Housing Needs Assessment & Plan for People Living With HIV/AIDS (PLWHA) (2011)

Worcester County HOPWA Needs Analysis (2011)

Appendix 17: Chart Associated with Chapter 6 (Patient Survey Data) but Not Appearing in That Chapter

Chart A17.1. Gender and Sexual Orientation by Current Housing Status (weighted)

		Current housing status		
		Stably housed	Homeless or unstably housed	Total
Gender and sexual orientation		N=2,120 83.3%	N=424 16.7%	N=2,544 100.0%
Gay men	Count, weighted	845	150	995
	% within Gender and sexual orientation	84.9%	15.1%	100.0%
Bisexual men	Count, weighted	280	100	380
	% within Gender and sexual orientation	73.7%	26.3%	100.0%
Heterosexual men	Count, weighted	409	71	480
	% within Gender and sexual orientation	85.2%	14.8%	100.0%
Heterosexual women	Count, weighted	523	54	577
	% within Gender and sexual orientation	90.6%	9.4%	100.0%
Transgender	Count, weighted	63	49	112
	% within Gender and sexual orientation	56.3%	43.8%	100.0%