APPENDICES

Alameda County
AIDS Housing Needs Assessment

CONDUCTED BY
Richard Speiglman
Tom Mosmiller
Speiglman Associates

SUBMITTED TO
Housing and Community Development Department
Alameda County Community Development Agency

FEBRUARY 26, 2014
List of Appendices

Appendix 1: Glossary of Terms Used in this Report
Appendix 2: Services and Resources
Appendix 3: Literature Review
Appendix 4: Work Group Membership
Appendix 5: HOPWA Funded Units in Alameda County (3-8-13)
Appendix 6: On-line Survey Participants
Appendix 7: On-line Survey of Housing and Other Service Providers
Appendix 8: Charts Associated with Chapter 5 (On-Line Survey of Housing and Other Service Providers) but Not Appearing in That Chapter
Appendix 9: Developer and Property Manager Focus Group and Survey
  Developer and Property Manager Focus Group Participants ......1
  Developer and Property Manager Focus Group Guide .................2
  Survey of Developers and Property Managers .......................6
Appendix 10: Patient Survey (English)
  Patient Info Handout..........................................................2
  Screening Questions............................................................3
  Survey Questions ..............................................................5
Appendix 11: Patient Survey (Spanish)
  Patient Info Handout (Spanish)-------------------------------2
  Screening Questions (Spanish)-------------------------------3
  Survey Questions (Spanish)-------------------------------5
Appendix 12: Patient Survey Sites
Appendix 13: Analysis Weights
Appendix 14: Patient Survey Youth Tables
Appendix 15: Focus Group Discussion Guides
  Provider Focus Group Guide.................................2
  PLWHA Focus Group Guide.................................4
Appendix 16: AIDS Housing Needs Assessments and/or Plans from Other Jurisdictions
Appendix 17: Chart Associated with Chapter 6 (Patient Survey Data) but Not Appearing in That Chapter
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.
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.
Housing and HIV/AIDS

A Review of the Literature

Melody Tulier

July 1, 2013
Introduction

Housing is a public health prevention and intervention tool for individuals with HV/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

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.*

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. This is a step forward in understanding the causal link between housing and health.

---

5 Ibid
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.  

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. 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.

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

---


10 Ibid

Appendix 3 – page 4
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

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

services, including case management, behavioral health services, housing information, meals and nutrition, transportation, employment services, and benefits assistance.\textsuperscript{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.\textsuperscript{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


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

\footnotesize{\textsuperscript{19} Ibid \\
\textsuperscript{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 ≥ 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-

---

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.\textsuperscript{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 housing\textsuperscript{25} 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.”\textsuperscript{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

\begin{footnotesize}
\begin{itemize}
  \item \textsuperscript{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.
  \item \textsuperscript{26} Ibid
\end{itemize}
\end{footnotesize}
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.\textsuperscript{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.\textsuperscript{28} In contrast, for example HUD’s Housing Choice
Voucher program aims to help families, the elderly and the disabled afford safe, sanitary
housing.\textsuperscript{29}

\textsuperscript{27} Kidder D, Wolitski R, Pals S, Campsmith M (2008) Housing status and HIV risk behavior among homeless and
\textsuperscript{28} Office of HIV/AIDS Housing, Department of Housing and Urban Development (2012) HOPWA 20, housing
\textsuperscript{29} Department of Housing and Urban Development. Housing Choice Vouchers Fact Sheet.
Available \url{http://portal.hud.gov/hudportal/HUD?src=/topics/housing_choice_voucher_program_section_8}
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. 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;

---

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). 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%. 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. Meade and Sikkema’s systematic review found that over half of those with a SMI, who had been sexually actively within the past year, had traded sex for money, and nearly half had never used...
condoms. 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.

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.”

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.

In addition, homeless or street youth are known to have higher rates of HIV, sexually transmitted infections (STIs) and other blood-borne diseases. 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

---

37 Ibid
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.  

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.  Within the United States, every year 150,000 PLWHA are released from a correctional facility. 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.

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  
41 Ibid  
### Chart A3.1. Case Studies of Programs for Special Populations

<table>
<thead>
<tr>
<th>Program Name</th>
<th>HIV/AIDS Sub-population of Focus for the Program</th>
<th>Intervention</th>
<th>Illustrative Data on Outcomes</th>
</tr>
</thead>
</table>
| Chicago Housing for Health Partnership⁴³  | Chronically ill homeless individuals at hospitals                                      | Move to permanent supportive housing with intensive care management                                      | - 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 Interfaith⁴⁴ Residential Services    | Low-income immigrant clients                                                          | Reduce homelessness, break barriers to care, promote self suffiency                                    | Data currently being tracked by Johns Hopkins School of Public Health                              |
| City of Dallas Project Reconnect⁴⁵       | 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                                                                      |

⁴⁵ Ibid
<table>
<thead>
<tr>
<th>Program Name</th>
<th>HIV/AIDS Sub-Population of Focus for the Program</th>
<th>Intervention</th>
<th>Illustrative Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harlem United Scatter Site (^{46})</td>
<td>Women with Children (emphasis on women from Sub-Saharan Africa)</td>
<td>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</td>
<td>Outcome data are not available</td>
</tr>
<tr>
<td>Bailey House – Supportive Housing Program (^{47})</td>
<td>Individuals and Families with HIV/AIDS, often with co-occurring mental illness and substance use</td>
<td>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</td>
<td>Between 2001-2002, 94% of residents remained stably housed or moved to an independent living arrangement</td>
</tr>
</tbody>
</table>


\(^{47}\) 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 Sillemon, 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)

<table>
<thead>
<tr>
<th>Developer-Project</th>
<th>City</th>
<th>Completed HOPWA Assisted</th>
<th>Other Affordable Units</th>
<th>Total Units in Project</th>
<th>Pipeline HOPWA Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHA - Peter Babcock House</td>
<td>Berkeley</td>
<td>5</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>AHA - Sacramento Senior</td>
<td>Berkeley</td>
<td>2</td>
<td>38</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>AHA - University Avenue Apartments (UNA)</td>
<td>Berkeley</td>
<td>2</td>
<td>27</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>AHA-Fairmount</td>
<td>Oakland</td>
<td>4</td>
<td>27</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>AHA-Merritt Crossings (Senior)</td>
<td>Oakland</td>
<td>3</td>
<td>66</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>AHA-Jefferson-Oaks-in construction</td>
<td>Oakland</td>
<td>4</td>
<td>97</td>
<td>101</td>
<td></td>
</tr>
<tr>
<td>Allen Temple Corporation-Allen Temple Arms</td>
<td>Oakland</td>
<td>4</td>
<td>22</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>APC - Miramar Housing</td>
<td>Alameda</td>
<td>12</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>APC - Spirit of Hope 1 &amp; 2</td>
<td>Alameda</td>
<td>4</td>
<td>40</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Ark of Refuge - Walker House</td>
<td>Oakland</td>
<td>9</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>BOSS - Rosa Parks Apartments</td>
<td>Oakland</td>
<td>13</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>EBALDC - Swans Market</td>
<td>Oakland</td>
<td>4</td>
<td>30</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>EBALDC-CA Hotel</td>
<td>Oakland</td>
<td>5</td>
<td>131</td>
<td>137</td>
<td></td>
</tr>
<tr>
<td>EOCP - Emergency Shelter and Transitional Housing</td>
<td>Oakland</td>
<td>25</td>
<td>100</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Berkeley Food and Housing County Women's Transitional Housing</td>
<td>Berkeley</td>
<td>4</td>
<td>10</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>OHA-Tassaforanga</td>
<td>Oakland</td>
<td>5</td>
<td>14</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>RCD - Lorenzo Creek Apartments</td>
<td>Castro Valley</td>
<td>2</td>
<td>25</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>RCD - Adeline Street Apartments</td>
<td>Berkeley</td>
<td>4</td>
<td>17</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>RCD - Bay Bridge Apartments</td>
<td>Oakland</td>
<td>6</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>RCD - Concord House</td>
<td>Hayward</td>
<td>8</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Developer-Project</td>
<td>City</td>
<td>Completed HOPWA Assisted</td>
<td>Other Affordable Units</td>
<td>Total Units in Project</td>
<td>Pipeline HOPWA Units</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------</td>
<td>--------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>RCD - Dwight Way Apartments</td>
<td>Berkeley</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>RCD - Eastmont Court</td>
<td>Oakland</td>
<td>4</td>
<td>25</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>RCD - Harrison Hotel</td>
<td>Oakland</td>
<td>14</td>
<td>81</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>RCD - International Boulevard</td>
<td>Oakland</td>
<td>2</td>
<td>24</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>RCD - International Boulevard II</td>
<td>Oakland</td>
<td>2</td>
<td>27</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>RCD Fox Courts Project</td>
<td>Oakland</td>
<td>4</td>
<td>88</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>RCD-Oxford Plaza</td>
<td>Berkeley</td>
<td>4</td>
<td>93</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>RCD-Erna P. Harris</td>
<td>Berkeley</td>
<td>5</td>
<td>30</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>RCD - Clinton Commons</td>
<td>Oakland</td>
<td>3</td>
<td>52</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>RCD-Park Alameda</td>
<td>Alameda</td>
<td>6</td>
<td>55</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>RCD-Ambassador-in construction</td>
<td>Emeryville</td>
<td>0</td>
<td>63</td>
<td>69</td>
<td>5</td>
</tr>
<tr>
<td>RCD-William Rumford-predevelopment</td>
<td>Berkeley</td>
<td>0</td>
<td>38</td>
<td>43</td>
<td>5</td>
</tr>
<tr>
<td>EAH-Cathedral Gardens - in construction</td>
<td>Oakland</td>
<td>0</td>
<td>91</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>RCD - 1701 MLK - in construction</td>
<td>Oakland</td>
<td>0</td>
<td>10</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total unduplicated households/units</strong></td>
<td></td>
<td>171</td>
<td>1,321</td>
<td>1,406</td>
<td>30</td>
</tr>
</tbody>
</table>
# 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.

<table>
<thead>
<tr>
<th>Monica Arceneaux</th>
<th>Kim Parrish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itta Aswad</td>
<td>Ron Pellum</td>
</tr>
<tr>
<td>Lizabeth Bates</td>
<td>Dorothy Peterson</td>
</tr>
<tr>
<td>Darice Bridges</td>
<td>Damon Powell</td>
</tr>
<tr>
<td>Han Bui</td>
<td>Amelia Recepcion</td>
</tr>
<tr>
<td>Percy Castellanos</td>
<td>Ann Rubinstein</td>
</tr>
<tr>
<td>Ron Chavez</td>
<td>Kathryn Ruiz</td>
</tr>
<tr>
<td>Louis Chicoine</td>
<td>Lea Sanchez</td>
</tr>
<tr>
<td>Roy Coleman</td>
<td>Georgia Schreiber</td>
</tr>
<tr>
<td>Barbara Cook</td>
<td>Anthony Sillemon</td>
</tr>
<tr>
<td>Braunz Courtney</td>
<td>Joel Smith</td>
</tr>
<tr>
<td>Gloria Crowell</td>
<td>Melissa Struzzo</td>
</tr>
<tr>
<td>Michael D'Arata</td>
<td>Scott Taylor</td>
</tr>
<tr>
<td>Rosa Davis</td>
<td>Aaron Testard</td>
</tr>
<tr>
<td>Holvis Delgadillo</td>
<td>Daniela Torres</td>
</tr>
<tr>
<td>Joseph Delgado</td>
<td>Elizabeth Trujillo</td>
</tr>
<tr>
<td>Howard Edelstein</td>
<td>Alison Wakefield</td>
</tr>
<tr>
<td>Yvonne Escarsega</td>
<td>Siobhan Wallace</td>
</tr>
<tr>
<td>Monica Espiritu</td>
<td>Scottie Warren</td>
</tr>
<tr>
<td>Ashley Fairburn</td>
<td>Terry Washington</td>
</tr>
<tr>
<td>Jo Ferlatte</td>
<td>Charlie Wilson</td>
</tr>
<tr>
<td>Sharyn Grayson</td>
<td>Sophy Wong</td>
</tr>
<tr>
<td>Janet Halfin</td>
<td>Tiffany Woods</td>
</tr>
<tr>
<td>Delyn Hall</td>
<td>Carla Wright</td>
</tr>
<tr>
<td>Kenneth Hall</td>
<td>Tazima Jenkins Barnes</td>
</tr>
<tr>
<td>Michael Haritos</td>
<td></td>
</tr>
<tr>
<td>Nikia Harris</td>
<td></td>
</tr>
<tr>
<td>Franzetta Houston</td>
<td></td>
</tr>
<tr>
<td>Yani Hyman</td>
<td></td>
</tr>
<tr>
<td>Anthony Jones</td>
<td></td>
</tr>
<tr>
<td>Sara Lamnin</td>
<td></td>
</tr>
<tr>
<td>Anthony Lucas</td>
<td></td>
</tr>
<tr>
<td>Loris Mattox</td>
<td></td>
</tr>
<tr>
<td>Allison McManus</td>
<td></td>
</tr>
<tr>
<td>Katharine Mechem</td>
<td></td>
</tr>
<tr>
<td>David Modersbach</td>
<td></td>
</tr>
<tr>
<td>Sarah Mohr</td>
<td></td>
</tr>
<tr>
<td>Lauris Mosqueda</td>
<td></td>
</tr>
<tr>
<td>Aung Ni</td>
<td></td>
</tr>
<tr>
<td>Amy Orgain</td>
<td></td>
</tr>
</tbody>
</table>
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 Speiglman 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 Speiglman                         Tom Mosmiller
rspeiglman@sbcglobal.net                   tmosmiller@aol.com
(510) 654-7148                             (510) 290-6122

A few words about AHNA staff . . .

Following graduate work in sociology and criminology and postdoctoral work in public health, Richard Speiglman 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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Housing Option</th>
<th>Very much needed</th>
<th>Moderately needed</th>
<th>Somewhat needed</th>
<th>Not needed at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance locating housing</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>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</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Halfway house or other housing for people re-entering the community following release from jail or prison</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>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</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

Appendix 7 – page 11
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

<table>
<thead>
<tr>
<th>barriers</th>
<th>Extremely significant</th>
<th>Moderately significant</th>
<th>Somewhat significant</th>
<th>Not at all significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being single</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Family/partner/roommate problems</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Having young children</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>History of previous evictions</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Insufficient monthly income</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Lack of client motivation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Lack of current employment</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
Lack of social resources (not economic resources) among immigrants without authorization/documents

Lack of social resources (not economic resources) among other people newly arrived from outside Alameda County

Larger family size

Mental health problem

Physical disability

Poor credit history

Recently released from jail or prison

Other criminal record

Use of alcohol

Use of other drugs

---

**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?**

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

<table>
<thead>
<tr>
<th>Housing program limitations on overnight visitors (boyfriends, girlfriends, children)</th>
<th>Extremely significant</th>
<th>Moderately significant</th>
<th>Somewhat significant</th>
<th>Not at all significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Lack of housing in safe neighborhoods</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Language limitations among housing providers or property managers</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Location of medical and other services inconvenient in terms of transportation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Rental costs not affordable</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Other, please specify below...</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Rank significance</th>
<th>Service needed but often not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/drug treatment/counseling</td>
<td>o Extremely important</td>
</tr>
<tr>
<td>Benefits counseling</td>
<td>o Extremely important</td>
</tr>
<tr>
<td>Childcare assistance</td>
<td>o Extremely important</td>
</tr>
<tr>
<td>Service</td>
<td>Extremely important</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Cleaning up/expunging criminal record</td>
<td>□</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>□</td>
</tr>
<tr>
<td>Emotional support/buddy</td>
<td>□</td>
</tr>
<tr>
<td>Life/job skills</td>
<td>□</td>
</tr>
<tr>
<td>Meals/nutrition counseling and/or food vouchers</td>
<td>□</td>
</tr>
<tr>
<td>Medication treatment adherence trainings</td>
<td>□</td>
</tr>
<tr>
<td>Adherence to other (core) medical services</td>
<td>□</td>
</tr>
<tr>
<td>Mental health services</td>
<td>□</td>
</tr>
<tr>
<td>On-going case management</td>
<td>□</td>
</tr>
<tr>
<td>Protective payee/money management</td>
<td>□</td>
</tr>
</tbody>
</table>

Appendix 7 – page 15
Transportation assistance

○ Not at all important
○ Extremely important
○ Moderately important
○ Somewhat important
○ Not at all important

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

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

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

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

Please expand on your above responses, where applicable:

Other web sites: __________________
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?

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>No available resources</th>
<th>Almost none</th>
<th>Some but not enough</th>
<th>Enough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger clients (ages 12-24)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Older clients (ages 60+)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>People lacking documentation to be in the US</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Transgender people</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Clients with children residing with them</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Preference for dedicated subsidized units for PLWHA integrated into larger complexes that include non-dedicated HIV/AIDS units</th>
<th>Many clients want this</th>
<th>Some clients want this</th>
<th>Few clients want this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preference for smaller, stand-alone groups of dedicated subsidized units for PLWHA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preference for access to non-dedicated subsidized units</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
- 1st priority
- 2nd priority
- 3rd priority
- 4th priority
- 5th priority

PLWHA who work but don't make enough to cover their rent
- 1st priority
- 2nd priority
- 3rd priority
- 4th priority
- 5th priority

Appendix 7 – page 20
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)

<table>
<thead>
<tr>
<th>Category</th>
<th># of Comments</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to access (user friendly, centralized wait list)</td>
<td>25</td>
<td>Easier access for clients/HOPWA participants (7 comments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Everyone can see it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This would certainly cut down on duplication and confusion of services; Streamlined (2 comments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A well known resource</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It would save time. Person/s would be in one place, not all over the county.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quicker, more efficient knowledge of accessible and available housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place to look for housing in specific price range</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide up to date information concerning programs available to all patients/clients/consumers from medical and service providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single central location with all information and options available (4 comments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resource with detailed accurate knowledge of all available places</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single central housing pool that we apply to (2 comments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Simplifies clients being able to remain current on the multiple wait lists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All housing agencies inform specific centralized group of waiting list openings and shelter bed availabilities</td>
</tr>
<tr>
<td>Phone/hotline system</td>
<td>10</td>
<td>Phone hotline with dedicated staff that answer and follow-up with multilingual staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single place to call; phone support (2 comments)</td>
</tr>
<tr>
<td>Database/website/computer system</td>
<td>9</td>
<td>Database – universal (2 comments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Database of available housing for different populations within PLWHA. Specifically needed for sex offenders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Website; online support (2 comments); website for PLWHA resources; website with weekly updates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Website/computerized system showing what is available for case managers to view no matter what agency they worked for. No duplication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Website/computerized system where people answer questions and based on answers are guided to housing opportunities they desire and are qualified for</td>
</tr>
<tr>
<td>Topic</td>
<td>Rating</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Replicate existing model (211, AHIP, etc)</td>
<td>6</td>
<td>211 to screen and direct people to appropriate services. Follow up for quality assurance. See NY model.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AHIP is doing a good job. We need more housing units.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single central office to provide all housing needs similar to Santa Clara County’s “Health Trust”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Like Eden I&amp;R but it should be more effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People could get in the pipeline, as in SSI, and cases could move along, even if it was slow, by dedicated staff</td>
</tr>
<tr>
<td>Agency/office/staff</td>
<td>4</td>
<td>Dedicated staff that focus, specialize, and communicate with outside agencies and healthcare providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single flagship agency with access to all properties, programs, applications and the means to actually place PLWHA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single office as point of contact for all other agencies</td>
</tr>
<tr>
<td>Inter-agency communication/collaboration</td>
<td>3</td>
<td>Communication between agencies (2 comments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Form collaborations with agencies to form a centralized housing referral system</td>
</tr>
<tr>
<td>Prioritization/How it would function</td>
<td>2</td>
<td>System would prioritize need with resources; priority given to vulnerable folks (2 comments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Maybe/other</td>
<td>3</td>
<td>Maybe. Centralized system would have to have staff that is available, efficient and responsive.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: To keep a count</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: People who have connections will get better services</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Category</th>
<th># of comments</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase and/or new form of housing/subsidy</td>
<td>9</td>
<td>Add new form of housing subsidy (older age and/or longer term)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Add long term and senior housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase funding/available housing to accommodate this reality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regardless of longer life expectancy they still need housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Since Social Security Retirement Ages are increasing beyond 65, then supportive housing should be made available for a longer time period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supportive housing should be available to clients as long as they need it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If there is going to be transitional housing make the certificates for a longer period of time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safe neighborhoods</td>
</tr>
<tr>
<td>Changes needed</td>
<td>6</td>
<td>Changes to law (no details given)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change standards and eligibility requirements (no details given)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change to allow people in, but include five year review and assistance transitioning to non-subsidized housing, if health is stable or better.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change: Yes but I don't know old criteria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There should be a personal contribution requirement for all housing and services. Contribution can be sweat equity if person has no income.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The shorter the life span, the higher the priority</td>
</tr>
<tr>
<td>Prioritization suggestions</td>
<td>5</td>
<td>Award to HIV+ clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Award to HIV+/not disabling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Award to most fragile and marginalized – do not base on HIV status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Award appropriate housing based on whether client is fragile, ill, medically disabled, ability to work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change to prioritize housing for HOPWA participants</td>
</tr>
<tr>
<td>Research needed to determine appropriate changes</td>
<td>2</td>
<td>Review current statistics to inform cost and planning process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>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.</td>
</tr>
</tbody>
</table>
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)

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

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

Speiglman Associates
   Tom Mosmiller, Consultant
   Mollie Speiglman, Consultant
   Richard Speiglman, 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
  - Age over 50
  - Children living with applicant
  - History of homelessness
  - Bad credit history
  - Low or no income
  - Income source
  - Criminal history
  - Substance/alcohol/drug use
  - Mental health problems
  - Mobility impairment
  - Other physical health problem
  - Immigration status
  - 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?
## Survey Questions

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening applicants for housing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your Agency adopted the EveryOne Home Property Management Guidelines (in some form or another?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your housing application process require a criminal record investigation? At what stage of the process?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do PLWHA receive special consideration regarding flexible credit histories, reduced application fees, or other matters? Please describe.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do your HOPWA properties have any written or unwritten policies or procedures regarding:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and sober requirements or limits on alcohol and drug use on premises? Please describe policies / procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do these policies extend to medical marijuana? Please describe policies/procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serving transgender applicants? Please describe policies/procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serving applicants who recently have been homeless (for example, prioritizing a Housing First model)? Please describe policies/procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey Questions</td>
<td>Yes</td>
<td>No</td>
<td>Comment</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>---------</td>
</tr>
<tr>
<td>Serving applicants who lack U.S. residency documents? Please describe policies/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serving re-entry PLWHA? Please describe policies/procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Turn-over; residential stability of HIV+ residents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What proportion resides in your permanent housing units for: less than 1 year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What proportion resides in your permanent housing units for: 1-2 years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What proportion resides in your permanent housing units for: 3-5 years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What proportion resides in your permanent housing units for: more than 5 years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do these retention rates compare with those of other tenants with similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>incomes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the most common reasons that residents are evicted?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wait list</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a current waiting list for the HOPWA units in your development(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/project(s), separate from or able to distinguish from non-HOPWA units?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are names added to the wait list before or after a preliminary review of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>applicant suitability for your housing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your wait list link with those of other developers / property managers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is that structured?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey Questions</td>
<td>Yes</td>
<td>No</td>
<td>Comment</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>---------</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td>_______ days/mos/yrs</td>
</tr>
<tr>
<td>While HIV+ clients are on your waiting list, do you or others make referrals to other housing providers? Please describe.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>While HIV+ clients are on your waiting list, do you or others make referrals to HIV or other services? Please describe.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td>_______ people</td>
</tr>
</tbody>
</table>

**Staffing**

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>What percent of your buildings with HOPWA units have property managers on-site?</td>
<td></td>
<td></td>
<td>______%</td>
</tr>
<tr>
<td>What is the ratio of property managers to residents?</td>
<td></td>
<td></td>
<td>______</td>
</tr>
<tr>
<td>Do you have monolingual Spanish-speakers or bilingual Spanish-English speakers among staff who interact with applicants for housing and who serve residents?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have staff who speaking languages other than English and Spanish? Which languages?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide printed materials (application, rules, etc.) in Spanish?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide printed materials (application, rules, etc.) in any other languages? Please specify languages.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey Questions</td>
<td>Yes</td>
<td>No</td>
<td>Comment</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>----</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the monthly cost of operating a HOPWA unit?</td>
<td>$____ / mo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What percent of HOPWA units are cash-flowing?</td>
<td>_____ %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are you covering costs of operating HOPWA units?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What percent of your HOPWA units are tied to project-based subsidies?</td>
<td>_____ %</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Studies of People Living With HIV/AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your agency conducted client satisfaction surveys, outcome, or other evaluation studies that include experiences of PLWHA?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, can you share those reports with Speiglman Associates for the AIDS Housing Needs Assessment? Who should we contact? What is the person’s contact info?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other comments or notes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 10: Patient Survey (English)
What is the AIDS Housing Needs Assessment? Richard Speiglman, 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 Speiglman Associates for the Needs Assessment.

What if I have questions or comments after the survey? Contact Richard Speiglman at (510) 654-7148.
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 survey since we are only interviewing people from Alameda County. Thank you for your time.
   - Don’t know ............................... CONTINUE ON NEXT PAGE
   - Refused .............................. STOP INTERVIEW. I’m sorry. We can’t include you in the survey since this is a survey of people living with HIV / AIDS. 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 the survey since this is a survey of people living with 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
- Staff read to me

**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.**

**FILL OUT THIS FORM FOR EVERYONE:**

<table>
<thead>
<tr>
<th>COMPLETE BY OBSERVATION:</th>
<th>RACE/ETHNICITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER:</td>
<td></td>
</tr>
<tr>
<td>( ) Male</td>
<td>( ) Latino/Hispanic</td>
</tr>
<tr>
<td>( ) Female</td>
<td>( ) White</td>
</tr>
<tr>
<td>( ) Transgender</td>
<td>( ) African Am/Black</td>
</tr>
<tr>
<td>( ) Other/Unknown</td>
<td>( ) Asian, Pacific Is</td>
</tr>
</tbody>
</table>

**INTERVIEW NOT STARTED:**

- ( ) Minor
- ( ) Refused
- ( ) Language barrier
- Spanish
- Asian
- Other
- Unknown
- ( ) Respondent too disabled
- ( ) Other: _______________________

**SITE COORDINATOR COMMENT (OPTIONAL):**

________________________________________________________________________
________________________________________________________________________

**POST-INTERVIEW OBSERVATIONS, IF INTERVIEWER-ADMINISTERED SURVEY**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

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

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

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>(0)</td>
</tr>
<tr>
<td>1 - 350</td>
<td>(1)</td>
</tr>
<tr>
<td>351 - 700</td>
<td>(2)</td>
</tr>
<tr>
<td>701 - 1,050</td>
<td>(3)</td>
</tr>
<tr>
<td>1,051 - 1,400</td>
<td>(4)</td>
</tr>
<tr>
<td>1,401 - 1,750</td>
<td>(5)</td>
</tr>
<tr>
<td>1,751 - 2,100</td>
<td>(6)</td>
</tr>
<tr>
<td>2,101 - 3,000</td>
<td>(7)</td>
</tr>
<tr>
<td>3,001 - 4,000</td>
<td>(8)</td>
</tr>
<tr>
<td>4,001 - 5,000</td>
<td>(9)</td>
</tr>
<tr>
<td>over 5,000</td>
<td>(10)</td>
</tr>
</tbody>
</table>

- 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

57. Which of these services do you currently receive? **Mark all that apply.**

- ☐ Medical care
- ☐ Alternative health care
- ☐ In-Home Supportive Services
- ☐ Help managing medications
- ☐ Case management
- ☐ Mental health treatment or services
- ☐ Counseling
- ☐ Spiritual counseling
- ☐ Support group
- ☐ Assistance with my landlord / property manager
- ☐ Credit counseling / financial assistance services
- ☐ Help paying rent each month
- ☐ Emergency Housing Assistance such as paying back rent that is due
- ☐ Food Assistance
- ☐ Substance abuse treatment
- ☐ Help clearing up my criminal record
- ☐ Other legal services
- ☐ Help with transportation
- ☐ Job training or support
- ☐ Needle exchange
- ☐ None of the above
- ☐ Something else: Please specify
- ☐ Don’t know

58. Which **3** of these are **most important** to you to become or stay stably housed? **Mark up to 3 choices**

- ☐ Medical care
- ☐ Alternative health care
- ☐ In-Home Supportive Services
- ☐ Help managing medications
- ☐ Case management
- ☐ Mental health treatment or services
- ☐ Counseling
- ☐ Spiritual counseling
- ☐ Support group
- ☐ Assistance with my landlord / property manager
- ☐ Credit counseling / financial assistance services
- ☐ Help paying rent each month
- ☐ Emergency Housing Assistance such as paying back rent that is due
- ☐ Food Assistance
- ☐ Substance abuse treatment
- ☐ Help clearing up my criminal record
- ☐ Other legal services
- ☐ Help with transportation
- ☐ Job training or support
- ☐ Needle exchange
- ☐ None of the above
- ☐ Something else: Please specify
- ☐ 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
   □ Don’t know
   □ No…………………SKIP QUESTION 75 AND GO TO QUESTION 76

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
   □ Don’t know
   □ No…………………SKIP QUESTION 77 AND GO TO THE END

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.
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 Speiglman, 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 Speiglman 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 “si,” muchas gracias pero no puede hacerlo más que una vez.] Las personas que completen 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 Alameda.
   - No sé ……………………………….. Alameda. Gracias por su tiempo.
   - Rehusó…………………………………

2. ¿Tiene usted actualmente…
   - 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 encuesta de personas que viven con 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 pídale 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:

<table>
<thead>
<tr>
<th>GÉNERO:</th>
<th>RAZA/ETNICIDAD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Hombre</td>
<td>( ) Latina/hispana</td>
</tr>
<tr>
<td>( ) Mujer</td>
<td>( ) Blanca</td>
</tr>
<tr>
<td>( ) Transgénero</td>
<td>( ) Afro am/negra</td>
</tr>
<tr>
<td>( ) Otro/desconocido</td>
<td>( ) Asiática, islas del pacífico</td>
</tr>
</tbody>
</table>

ENTREVISTA NO COMENZADA:

| ( ) Menor de edad | ( ) Rehusó |
| ( ) Barrera de idioma | ☐ Español | ☐ Asiático | ☐ Otro | ☐ 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

<table>
<thead>
<tr>
<th></th>
<th>SÍ</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. ¿FUERON TODAS LAS PREGUNTAS COMPRENDIDAS Y CONTESTADAS?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. EL/LA ENCUESTADO/A SE VIO IMPEDIDO POR DROGAS O ALCOHOL</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. EL/LA ENCUESTADO/A NO PUDO COMPRENDER LAS PREGUNTAS O ESTABA DISCAPACITADO/A MENTALMENTE</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. EL/LA ENCUESTADO/A TERMINÓ LA ENTREVISTA  ¿DIO ALGUNA RAZÓN?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>________________________________________________________________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>E. EL/LA ENTREVISTADOR/A PARÓ LA ENTREVISTA. ¿POR QUÉ?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>________________________________________________________________</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
ENCUESTA EVALUATIVA DE CLIENTES SOBRE LAS NECESIDADES DE VIVIENDA PARA PERSONAS CON VIH/SIDA 2013

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/caucásiana
   □ 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
☐ 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.

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

15. ¿Incluyéndol/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.**

<table>
<thead>
<tr>
<th>Ningún problema médico</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Problema médico muy grave</th>
</tr>
</thead>
</table>

☐ 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. ¿Vivi 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…………………….. SÁLETE 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 mocho
   □ 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? _______________________

Appendix 11 – page 14
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 médica (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
- [ ] Albay, Berkeley
- [ ] Alameda, Emeryville, Piedmont
- [ ] El centro del condado (Hayward, San Leandro, Castro Valley, Ashland, Cherryland, San Lorenzo, Fairview)
- [ ] Tri-Valley (Dublin, Livermore, Pleasanton, Sunol)
- [ ] El sur del condado (Fremont, Newark, Union City)
- [ ] Otro, por favor especifique: ______________________ [nombre de la ciudad]
- [ ] 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
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 transporte
- 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
<table>
<thead>
<tr>
<th>57. ¿Cuáles de estos servicios recibe usted actualmente? <strong>MARQUE TODAS LAS QUE CORRESPONDEN.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐  Atención médica</td>
</tr>
<tr>
<td>☐  Atención médica complementaria y alternativa</td>
</tr>
<tr>
<td>☐  Servicios de apoyo en el hogar</td>
</tr>
<tr>
<td>☐  Ayuda manejando los medicamentos</td>
</tr>
<tr>
<td>☐  Manejo del caso</td>
</tr>
<tr>
<td>☐  Tratamiento o servicios de salud mental</td>
</tr>
<tr>
<td>☐  Consejería</td>
</tr>
<tr>
<td>☐  Consejería espiritual</td>
</tr>
<tr>
<td>☐  Grupo de apoyo</td>
</tr>
<tr>
<td>☐  Ayuda con mi casero / gerente de la propiedad</td>
</tr>
<tr>
<td>☐  Asesoramiento de crédito / servicios de asistencia financiera</td>
</tr>
<tr>
<td>☐  Ayuda para pagar el alquiler todos los meses</td>
</tr>
<tr>
<td>☐  Ayuda de urgencia para viviendas tal como pagar el alquiler atrasado que se debe</td>
</tr>
<tr>
<td>☐  Ayuda con los alimentos</td>
</tr>
<tr>
<td>☐  Tratamiento para el abuso de sustancias adictivas</td>
</tr>
<tr>
<td>☐  Ayuda para limpiar mi historial penal</td>
</tr>
<tr>
<td>☐  Otros servicios legales</td>
</tr>
<tr>
<td>☐  Ayuda con la transportación</td>
</tr>
<tr>
<td>☐  Capacitación o apoyo para el trabajo</td>
</tr>
<tr>
<td>☐  Intercambio de agujas</td>
</tr>
<tr>
<td>☐  Nada de lo mencionado</td>
</tr>
<tr>
<td>☐  Otra cosa: por favor especifique</td>
</tr>
<tr>
<td>☐  No sé</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>58. ¿Cuáles de estos son los 3 más importantes para que usted obtenga alojamiento estable o permanezca alojado/a? <strong>MARQUE HASTA 3 OPCIONES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐  Atención médica</td>
</tr>
<tr>
<td>☐  Atención médica complementaria y alternativa</td>
</tr>
<tr>
<td>☐  Servicios de apoyo en el hogar</td>
</tr>
<tr>
<td>☐  Ayuda manejando los medicamentos</td>
</tr>
<tr>
<td>☐  Manejo del caso</td>
</tr>
<tr>
<td>☐  Tratamiento o servicios de salud mental</td>
</tr>
<tr>
<td>☐  Consejería</td>
</tr>
<tr>
<td>☐  Consejería espiritual</td>
</tr>
<tr>
<td>☐  Grupo de apoyo</td>
</tr>
<tr>
<td>☐  Ayuda con mi casero / gerente de la propiedad</td>
</tr>
<tr>
<td>☐  Asesoramiento de crédito / servicios de asistencia financiera</td>
</tr>
<tr>
<td>☐  Ayuda para pagar el alquiler todos los meses</td>
</tr>
<tr>
<td>☐  Ayuda de urgencia para viviendas tal como pagar el alquiler atrasado que se debe</td>
</tr>
<tr>
<td>☐  Ayuda con los alimentos</td>
</tr>
<tr>
<td>☐  Tratamiento para el abuso de sustancias adictivas</td>
</tr>
<tr>
<td>☐  Ayuda para limpiar mi historial penal</td>
</tr>
<tr>
<td>☐  Otros servicios legales</td>
</tr>
<tr>
<td>☐  Ayuda con la transportación</td>
</tr>
<tr>
<td>☐  Capacitación o apoyo para el trabajo</td>
</tr>
<tr>
<td>☐  Intercambio de agujas</td>
</tr>
<tr>
<td>☐  Nada de lo mencionado</td>
</tr>
<tr>
<td>☐  Otra cosa: Por favor especifique</td>
</tr>
<tr>
<td>☐  No sé</td>
</tr>
</tbody>
</table>
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 mariguana médica, ha utilizado usted alguna droga 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
   □ No sé
   † SÁLTESE LA PREGUNTA 75 Y VAYA A LA PREGUNTA 76

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
   □ No sé
   † SÁLTESE PREGUNTA 77 Y VAYA AL FIN

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 devuélvame 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 Weights

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.\(^1\)

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 \( \frac{1}{\text{visits}} \). 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 \( \frac{57.6}{72.3} = .80 \). 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 in 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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count, weighted</th>
<th>Age</th>
<th>% within Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Under 30</td>
<td>N = 346</td>
<td>N = 2,630</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>291</td>
<td>1,593</td>
<td>1,884</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>84.1%</td>
<td>69.7%</td>
<td>71.6%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>55</td>
<td>553</td>
<td>608</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>15.9%</td>
<td>24.2%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Transgender: M to F</td>
<td></td>
<td>0</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>0.0%</td>
<td>6.0%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

### Chart A14.2. Gender and sexual orientation by Age

<table>
<thead>
<tr>
<th>Gender and sexual orientation</th>
<th>Count, weighted</th>
<th>Age</th>
<th>% within Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Under 30</td>
<td>N = 333</td>
<td>N = 2,584</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Gay men</td>
<td></td>
<td>246</td>
<td>748</td>
<td>994</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>73.9%</td>
<td>33.2%</td>
<td>38.5%</td>
</tr>
<tr>
<td>Bisexual men</td>
<td></td>
<td>12</td>
<td>383</td>
<td>395</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>3.6%</td>
<td>17.0%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Heterosexual men</td>
<td></td>
<td>29</td>
<td>451</td>
<td>480</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>8.7%</td>
<td>20.0%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Heterosexual women</td>
<td></td>
<td>46</td>
<td>531</td>
<td>577</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>13.8%</td>
<td>23.6%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td>0</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>0.0%</td>
<td>6.1%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
### Chart A14.3. Race by Age

<table>
<thead>
<tr>
<th>Race</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 346</td>
<td>N = 2,284</td>
<td>N = 2,630</td>
</tr>
<tr>
<td>Black</td>
<td>169</td>
<td>1,333</td>
<td>1,502</td>
</tr>
<tr>
<td>% within Age</td>
<td>48.8%</td>
<td>58.4%</td>
<td>57.1%</td>
</tr>
<tr>
<td>White</td>
<td>46</td>
<td>362</td>
<td>408</td>
</tr>
<tr>
<td>% within Age</td>
<td>13.3%</td>
<td>15.8%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Other, combination</td>
<td>131</td>
<td>589</td>
<td>720</td>
</tr>
<tr>
<td>% within Age</td>
<td>37.9%</td>
<td>25.8%</td>
<td>27.4%</td>
</tr>
</tbody>
</table>

### Chart A14.4. Latino Ethnicity by Age

<table>
<thead>
<tr>
<th>Latino</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=343</td>
<td>N=2,220</td>
<td>N=2,563</td>
</tr>
<tr>
<td>No</td>
<td>191</td>
<td>1,627</td>
<td>1,818</td>
</tr>
<tr>
<td>% within Age</td>
<td>55.7%</td>
<td>73.3%</td>
<td>70.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>152</td>
<td>593</td>
<td>745</td>
</tr>
<tr>
<td>% within Age</td>
<td>44.3%</td>
<td>26.7%</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

### Chart A14.5. HIV/AIDS Diagnosis by Age

<table>
<thead>
<tr>
<th>Diagnosed with AIDS</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=346</td>
<td>N=2,220</td>
<td>N=2,566</td>
</tr>
<tr>
<td>HIV+</td>
<td>290</td>
<td>1,294</td>
<td>1,584</td>
</tr>
<tr>
<td>% within Age</td>
<td>83.8%</td>
<td>58.3%</td>
<td>61.7%</td>
</tr>
<tr>
<td>AIDS</td>
<td>56</td>
<td>926</td>
<td>982</td>
</tr>
<tr>
<td>% within Age</td>
<td>16.2%</td>
<td>41.7%</td>
<td>38.3%</td>
</tr>
</tbody>
</table>
### Chart A14.6a. Severity of Medical Problems by Age

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

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>2.7</td>
<td>340</td>
</tr>
<tr>
<td>30+</td>
<td>4.7</td>
<td>2,273</td>
</tr>
<tr>
<td>Total</td>
<td>4.5</td>
<td>2,613</td>
</tr>
</tbody>
</table>
### Chart A14.7. Alcohol Abuse or Drug Dependence by Age

<table>
<thead>
<tr>
<th>Alcohol abuse or drug dependence</th>
<th>Age</th>
<th>Under 30 N=346</th>
<th>30+ N=2,285</th>
<th>Total N=2,631</th>
</tr>
</thead>
<tbody>
<tr>
<td>No or not scored</td>
<td>% within Age</td>
<td>78.3%</td>
<td>72.7%</td>
<td>73.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>Count, weighted</td>
<td>271</td>
<td>1,662</td>
<td>1,933</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>21.7%</td>
<td>27.3%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Any report of mental health disability</th>
<th>Age</th>
<th>Under 30 N=346</th>
<th>30+ N=2,285</th>
<th>Total N=2,631</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>% within Age</td>
<td>92.5%</td>
<td>70.0%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>Count, weighted</td>
<td>320</td>
<td>1,599</td>
<td>1,919</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>7.5%</td>
<td>30.0%</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

### Chart A14.9. Household Type by Age

<table>
<thead>
<tr>
<th>Household type</th>
<th>Age</th>
<th>Under 30 N=346</th>
<th>30+ N=2,285</th>
<th>Total N=2,631</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>% within Age</td>
<td>33.5%</td>
<td>57.2%</td>
<td>54.1%</td>
</tr>
<tr>
<td>With spouse only</td>
<td>Count, weighted</td>
<td>75</td>
<td>520</td>
<td>595</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>21.7%</td>
<td>22.8%</td>
<td>22.6%</td>
</tr>
<tr>
<td>With minor children (with and without spouse)</td>
<td>Count, weighted</td>
<td>80</td>
<td>254</td>
<td>334</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>23.1%</td>
<td>11.1%</td>
<td>12.7%</td>
</tr>
<tr>
<td>With adult kid or other adult</td>
<td>Count, weighted</td>
<td>75</td>
<td>204</td>
<td>279</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>21.7%</td>
<td>8.9%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>
### Chart A14.10. Current Housing by Age

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

### Chart A14.11. Rental Assistance by Age

<table>
<thead>
<tr>
<th>Rental Assistance</th>
<th>Age</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=341</td>
<td>N=2,194</td>
<td>N=2,535</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Count, weighted</td>
<td>286</td>
<td>1,455</td>
<td>1,741</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>83.9%</td>
<td>66.3%</td>
<td>68.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>Count, weighted</td>
<td>55</td>
<td>739</td>
<td>794</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>16.1%</td>
<td>33.7%</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

### Chart A14.12. Eviction Past 3 Years by Age

<table>
<thead>
<tr>
<th>Eviction for any reason, past 3 years</th>
<th>Age</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=346</td>
<td>N=2,268</td>
<td>N=2,614</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Count, weighted</td>
<td>279</td>
<td>1,972</td>
<td>2,251</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>80.6%</td>
<td>86.9%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Yes</td>
<td>Count, weighted</td>
<td>67</td>
<td>296</td>
<td>363</td>
</tr>
<tr>
<td></td>
<td>% within Age</td>
<td>19.4%</td>
<td>13.1%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Appendix 14 – page 5
### Chart A14.13. Moved 3+ Times in Last 3 Years by Age

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

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

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

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

<table>
<thead>
<tr>
<th>Any homeless/unstably housed situation, past 3 years</th>
<th>Age</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N=346</td>
<td>N=2,285</td>
<td>N=2,631</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>None</td>
<td>Count, weighted</td>
<td>170</td>
<td>1,368</td>
<td>1,538</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>49.1%</td>
<td>59.9%</td>
<td>58.5%</td>
</tr>
<tr>
<td>1 or more</td>
<td>Count, weighted</td>
<td>176</td>
<td>917</td>
<td>1093</td>
</tr>
<tr>
<td>% within Age</td>
<td></td>
<td>50.9%</td>
<td>40.1%</td>
<td>41.5%</td>
</tr>
</tbody>
</table>
### Chart A14.16. Any Days on Street, Past Year by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=346</td>
<td>100.0%</td>
<td>N=2,228</td>
<td>100.0%</td>
</tr>
<tr>
<td>N=2,574</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any days on street, past year</th>
<th>Count, weighted</th>
<th>% within Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>298</td>
<td>86.1%</td>
</tr>
<tr>
<td>1 or more</td>
<td>48</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=346</td>
<td>100.0%</td>
<td>N=2,285</td>
<td>100.0%</td>
</tr>
<tr>
<td>N=2,631</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any days in shelter last 12 months</th>
<th>Count, weighted</th>
<th>% within Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>294</td>
<td>85.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>52</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

### Chart A14.18. Number of Housing Problems by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 30</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 337</td>
<td>100.0%</td>
<td>N = 2,100</td>
<td>100.0%</td>
</tr>
<tr>
<td>N = 2,437</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of housing problems</th>
<th>Count, weighted</th>
<th>% within Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>185</td>
<td>54.9%</td>
</tr>
<tr>
<td>One</td>
<td>112</td>
<td>33.2%</td>
</tr>
<tr>
<td>Two or more</td>
<td>40</td>
<td>11.9%</td>
</tr>
</tbody>
</table>
### Chart A14.19a. Number of Neighborhood Problems by Age

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

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>1.0</td>
<td>322</td>
</tr>
<tr>
<td>30+</td>
<td>1.0</td>
<td>2020</td>
</tr>
<tr>
<td>Total</td>
<td>1.0</td>
<td>2342</td>
</tr>
</tbody>
</table>
Appendix 15: Focus Group Discussion Guides
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 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?
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


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

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


Memphis TGA 2011 Housing Needs Assessment (2011)


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)

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