



Santa Cruz County HIV/AIDS Housing Needs Assessment 2006

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HIV/AIDS Housing Needs Assessment for Santa Cruz County

I. Introduction

People with HIV/AIDS face serious challenges in finding and maintaining housing. Many have low incomes and require a variety of support services in order to cope with the effects of their illness. In addition to their physical health care needs, people with HIV/AIDS often experience difficulties such as homelessness, mental illness, chemical dependency, incarceration, or lack of documentation. Many feel stigmatized by their illness and worry about discrimination when seeking housing or other services. These difficulties are compounded in Santa Cruz County, where the housing market is relatively tight and housing costs are among the highest in the nation.

Local government agencies, developers and service providers in the county have had limited information on which to base plans to improve the availability of affordable housing to persons with HIV/AIDS. In Santa Cruz County, housing specifically targeted for people with HIV/AIDS has consisted primarily of shared housing—individual rooms rented in 4- to 6-bedroom homes. Over time, it has become clear that this type of housing may not be meeting the needs of the population. However, until now there has been no systematic effort to assess the housing needs and preferences of people who have HIV/AIDS. This report aims to provide a comprehensive assessment of the housing and service needs of people with HIV/AIDS in Santa Cruz County that will help guide the development of affordable housing options for this population.

II. Background

Santa Cruz County's ability to develop affordable housing units has been limited by a dearth of development organizations that have the capacity to serve people with extremely low incomes—particularly those with challenges such as HIV/AIDS. These housing projects are always difficult to develop, but because they require very deep subsidy from diverse sources, they are complex and require specialized expertise. Further, Santa Cruz County is substantially built out in its urbanized areas, and major portions of land are protected for either agricultural or public land uses.

Because of these difficulties, in 2004 the Santa Cruz County Health Services Agency's HIV Prevention Program applied for funding from the State of California Housing Opportunities for Persons with AIDS (HOPWA) program to simultaneously assess housing and service needs of people with HIV/AIDS and foster this type of local affordable housing development capacity in Santa Cruz County. The Health Services Agency was funded to conduct a housing needs assessment and to partner with a nonprofit housing development agency that would make organizational changes to improve its ability to develop housing for people with multiple service needs, including people with HIV/AIDS, and to complete one housing development project. Through a County Request for Qualifications (RFQ) process, the Santa Cruz Community Counseling Center was selected and has developed the Freedom Cottages, a project that

has resulted in 11 units for persons with very low incomes and disabling conditions, at least 4 of which are prioritized for persons with HIV/AIDS. The Santa Cruz Community Counseling Center now has formal representation of people with HIV/AIDS on its Board of Directors and has adopted housing development for people with HIV/AIDS as a core part of the agency mission.

The Housing Needs Assessment was produced by the County Health Services Agency, working in conjunction with the Santa Cruz AIDS Project (SCAP) and the HIV Services Task Force, a local planning and advisory body. The assessment is based on information derived from existing reports, needs assessments and housing plans; consumer and housing/service provider focus groups; a housing survey; and site visits to local HIV/AIDS housing programs.

The HIV Services Task Force reviewed the draft Needs Assessment and assisted in the development of the report's recommendations. Formerly the Ryan White HIV Services Consortium, the HIV Services Task Force comprises AIDS service providers (SCAP, County CARE Team, County HIV Prevention Program), community-based agencies (Community Action Board, Community Bridges), HIV-positive individuals and community members who have been involved in assessing and meeting the needs of people with HIV/AIDS for many years.

III. Overview of Population, Housing, and Homelessness in Santa Cruz County

According to the County's General Plan Housing Element, between 1960 – 2000, Santa Cruz County's population more than doubled (from 100,000 to 255,602).¹ However, more recently the rate of growth has been declining.² The State of California Department of Finance estimates that in 2005 there were 260,240 people living in the five political jurisdictions of Santa Cruz County (Table 1). The population is predominantly white (Table 2); however, this proportion of the population has declined from almost 84% in 1990³ to 63% in 2005.⁴ The Latino population has increased from almost 26% in 1990 to 29% in 2005. The proportions of the other ethnic groups have remained relatively stable.

Most of the county's Latino population lives in South County in the City of Watsonville, where 75% of the population is of Latino origin, and almost 71% speak a language other than English at home.⁵ In the City of Santa Cruz (North County), the primary site of most services for persons with HIV/AIDS, almost 79% of the population is white, and approximately 17% are Latino.

¹ *County of Santa Cruz General Plan Housing Element*, 2005.

² *Ibid.*

³ U.S. Census 2000.

⁴ State of California Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2005, with 2000 DRU Benchmark, Sacramento, California, May 2005.

⁵ U.S. Census 2000. QuickFacts from the U.S. Census Bureau.

<http://quickfacts.census.gov/qfd/states/06/0683668.html>

Table 1
Santa Cruz County Population by Jurisdiction, 2005

Jurisdiction	Population	Percent of Total Population
Capitola	9,924	4%
Santa Cruz	56,451	22%
Scotts Valley	11,571	4%
Watsonville	49,601	19%
Unincorporated	132,693	51%
TOTAL	260,240	100%

Source: State of California Department of Finance, *E-4 Population Estimates for Cities, Counties and the State, 2001-2005, with 2000 DRU Benchmark*, Sacramento, California, May 2005.

Table 2
Santa Cruz County Population by Race/Ethnicity, 2005

Race/Ethnicity	Percent
White/Caucasian	63%
Latino/Hispanic	29%
Asian/Pacific Islander	4%
Black/African American	1%
American Indian	1%
Multi-Race	2%

Source: State of California Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2005*, Sacramento, California, May 2005.

Income and Poverty

Santa Cruz County’s population has a median income (Area Median Income, or AMI) of \$75,300—well above the state median of \$62,500 and the national median of \$58,000.⁶ However, many residents live in poverty. According to the 2000 Census, the county has an overall poverty rate of almost 12%. Rates of poverty are highest among the county’s Hispanic/Latino and African-American populations (Table 3).⁷

Table 3
Poverty and Ethnicity, 2000

Population	Percent at Poverty Level
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⁶ Applied Survey Research. *Santa Cruz County Community Assessment Project, Year 11, 2005*.

⁷ U.S. Census Bureau, Census 2000 Summary File 3.

White/Caucasian	8.7
African American	19.3
American Indian/Alaska Native	13.8
Asian/Pacific Islander	11.3
Hispanic/Latino	19.5
Other	19.5
All	11.9

Source: Applied Survey Research. Santa Cruz County Community Assessment Project, Year 11, 2005.

Housing Affordability

Although the median income in Santa Cruz County is high compared to other areas of the country, housing nonetheless remains unaffordable to many in the community. In 2004, only 15% of households in Santa Cruz County could afford to buy a median-priced home, according to the California Association of Realtors.⁸ This represented a decline of 13.8% from 1998, when 28.8% of households could afford a median-priced home. The situation was similar in other counties in the area, including San Francisco (11%), Marin (16%) and San Mateo (16%), although Santa Clara had an estimate of 23%.

The home sale price has steadily risen in the past ten years (Figure 1), making Santa Cruz County one of the ten least affordable areas in the nation, according to the *Housing Opportunity Index*.⁹ In this index calculated by the National Association of Home Builders, communities are scored by comparing the median family income against the median sale price of homes. In 2005, the median price of a home in Santa Cruz County was \$625,000. That year, the median price nationwide was \$225,000. In March, 2006, the median price of a home in Santa Cruz County reached \$730,000.¹⁰

Like the cost of purchasing, the cost of renting in California is high. Renters who make the estimated average wage of \$14.61 per hour must work 60 hours per week, 52 weeks per year, to earn enough to make a two-bedroom apartment priced at the Fair Market Rent (FMR) affordable (paying no more than 30% of income in rent)—or there must be 1.5 workers in the household earning the mean renter wage.¹¹ A person making California’s minimum wage of \$6.75 must work 131 hours per week, 52 weeks per year, or the household must include 3.3 persons working 40 hours per week year-round in order to make the two-bedroom apartment affordable. A person receiving Social Security Income (SSI) income of \$812 in California can afford only \$244 in monthly rent, using the federal standard of affordability (no more than 30% of income); however, the FMR for a one-bedroom apartment is \$942.

In Santa Cruz as well as nationwide, persons with extremely low income (equal to or lower than 30% of the local AMI) have almost no housing options in the private market.¹² In 2005, there were only 10 counties in the country in which the two-bedroom FMR rent was affordable to extremely low income renters. Further, one-quarter of all renter

⁸ California Association of Realtors, Annual Housing Affordability Index, 2005.

⁹ National Association of Home Builders, *Housing Opportunity Index*, 4th Quarter, 2005.

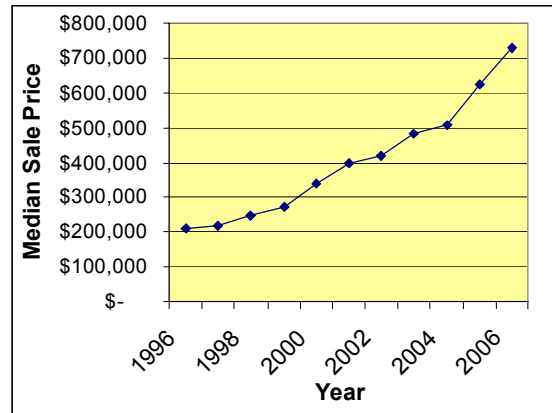
¹⁰ *Santa Cruz Sentinel*, April 8, 2006.

¹¹ National Low Income Housing Coalition. *Out of Reach 2005*. Accessed at <http://www.nlihc.org>

¹² *Ibid.*

households are in counties where an extremely low income household cannot pay even *half* the FMR rent for a two-bedroom unit.

Figure 1
**Median Sale Price of Homes, Santa Cruz County
1996-2006**



Source: National Association of Home Builders, NAHB-Wells Fargo Housing Opportunity Index, 1st Quarter, 2005. Note: 2003 data are from Quarter 4, and 2006 data are from March, 2006, as reported in the *Santa Cruz Sentinel*, April 8, 2006.

Most housing units in Santa Cruz County are single family homes (63% of the housing stock in 2000).¹³ There is a shortage of rental units, particularly those at affordable levels. Santa Cruz County has extremely high monthly rents, even by California standards. The county also has a low vacancy rate, averaging 2.5%, which drives up the cost of rental housing.¹⁴ As a result, many people must pay more than 30% of their income for rent or share housing in order to make the rent in order to remain in the area.

Each year and for every area of the country, the National Low Income Housing Coalition has calculated a “housing wage”—the hourly wage a worker must earn to afford the FMR for a two-bedroom home. A unit is considered affordable if it costs no more than 30% of a renter’s income. In 2005, the housing wage for the nation, overall, was \$15.78; California’s was \$22.09; and for Santa Cruz County the wage needed rose to \$25.83. In this analysis, the state of California ranked third from last in states’ affordability (ahead of Hawaii and the District of Columbia), and Santa Cruz County was rated the sixth least affordable jurisdiction in the nation.¹⁵

Another indication of the lack of affordability of housing in our community is the high proportion of people who pay more than 30% of their income for housing. In 2005, the annual Community Assessment Project found that nearly 42% of survey respondents spent at least half of their net income on housing, and 21% spent three-quarters or more.¹⁶

¹³ County of Santa Cruz. *General Plan Housing Element*. 2005.

¹⁴ *Ibid.*

¹⁵ National Low Income Housing Coalition, *op. cit.*

¹⁶ Applied Survey Research. *Santa Cruz County Community Assessment Project*, Year 11, 2005.

Among Latinos, 74% spent at least half of their income on their housing, and 57% spent at least three-quarters of their income on housing.

People with disabilities, including people with HIV/AIDS, are at an extreme disadvantage in this housing market. With an income of \$812 per month on SSI, it is impossible to get into housing without a subsidy. As a result, people with disabilities may become homeless or be at high risk of becoming homeless. According to the 2000 Census, 16% of the people in Santa Cruz County have physical, mental or emotional disabilities.¹⁷

Homelessness

Homelessness is a significant problem in Santa Cruz County. However, obtaining an exact count of the number of homeless people is difficult, for a variety of reasons. Many homeless people—such as those with children, homeless youth, undocumented immigrants—stay “under the radar.” Some sleep in unfit structures or double up with family or friends.

The federal Department of Housing and Urban Development (HUD) requires that each community that receives funding for housing conduct a bi-annual homeless census. In 2005, the point-in-time census found that there were an estimated 3,371 people who were homeless in Santa Cruz County.¹⁸ Over three-quarters were living on the streets, in cars, camping, or were otherwise unsheltered. About 43% were chronically homeless,¹⁹ and 60% had a disabling condition. Almost 19% had a mental illness; 55% experienced depression. Approximately 3% had HIV/AIDS. Most (62%) had been living in the county at the time they became homeless.

Reasons people cited for their current homelessness included:

- Unemployment (23%)
- Alcohol or drug use (14%)
- Inability to pay rent/mortgage (14%)
- Argument with family or friends (7%)
- Recent release from jail/prison (6%)
- Landlord raised rent (5%)
- Illness or medical problem (5%)
- Mental health issues (5%)

¹⁷ County of Santa Cruz. *General Plan Housing Element*. 2005.

¹⁸ Applied Survey Research. *2005 Santa Cruz County Homeless Census and Survey*.

¹⁹ According to the HUD definition, a chronically homeless person is an unaccompanied individual with a disabling condition who has been continuously homeless for at least a year, or has experienced 4 or more episodes of homelessness within the past 3 years.

IV. HIV/AIDS in Santa Cruz County

HIV

Reporting of HIV non-AIDS cases in Santa Cruz County began only recently, in July, 2002. Previously, county (and state) surveillance efforts focused only on AIDS. According to the County Health Services Agency, between 571 and 672 individuals in Santa Cruz County are HIV positive, with 100 or more persons unaware of their serostatus (HSA 2004, *HIV/AIDS in SC Co.*) (Table 3). In 2004, the most current reporting year, 6 new cases were reported, although an estimated 25 new infections per year may actually occur in the county when people who are undiagnosed are taken into account.

Most of the people who were newly diagnosed with HIV in 2004 (four of six) were between the ages of 30-39 years. One was between 20-29 years of age; and one was 40-49 years old. All were white, and the predominant method of transmission was sexual contact between men (MSM) (five of the six cases). One person became HIV-positive through injection drug use (IDU).

AIDS

Since 1983, a total of 554 persons ages 13 and older have been diagnosed with AIDS in Santa Cruz County. In 2004, 236 people were living with AIDS locally. That year, there were 5 deaths due to AIDS and 8 new cases diagnosed.

Overall, there has been a steady decline in the number of new cases diagnosed each year, which may be due to the early initiation of therapies that delay the onset of AIDS. In all years reported, the number of new cases among men exceeded the number of new cases in women. However, in 2004 women accounted for a larger share (37%) of total new cases than they had in any prior year.

As is true statewide, the most common mode of transmission is sexual contact between men. However, heterosexual exposure without injection drug use is increasing as a mode of transmission, and in 2004 accounted for 3 of 8 local cases.

In Santa Cruz and throughout the state, an increasingly larger share of the non-white population has been diagnosed with AIDS. In 2004, whites accounted for only 3 of the 8 cases (37%), although they comprise nearly 75% of the county's population. Latinos accounted for about 27% of the population overall but comprised 63% of new AIDS cases. African Americans have had a disproportionate share of AIDS cases over the years: the total of 22 ever-reported African-American cases represent nearly 4% of all cases, although African Americans comprise only about 1% of the Santa Cruz County population, overall. There have been no new AIDS cases reported for African Americans in our county since 2000.

Table 4
AIDS and HIV/Non-AIDS Cases in Santa Cruz County

Demographics	Cumulative AIDS Cases, 1983-2004		HIV/Non-AIDS Cases, July 1, 2002-Dec. 31, 2004	
	Number	Percentage	Number	Percentage
<u>Race/Ethnicity</u>				
White/Caucasian	425	77%	113	74%
Latino/a	91	16%	26	17%
African American	22	4%	7	5%
Asian Pacific Islander	7	1%	3	2%
American Indian/Alaska Native	7	1%	1	1%
Other/Unknown	2	<1%	2	1%
Total	554	100%	152	100%
<u>Gender</u>				
Male	504	91%	129	85%
Female	50	9%	23	15%
Total	554	100%	152	100%
<u>Age at Diagnosis</u>				
13-19	1	<1%	3	2%
20-29	90	16%	21	14%
30-39	251	45%	47	31%
40-49	150	27%	51	34%
Over 49	62	11%	30	20%
Total	554	100%	152	101%*
<u>Mode of Transmission</u>				
Men Who Have Sex with Men (MSM)	373	67%	100	66%
Injection Drug Users (IDU)	69	12%	14	9%
MSM/IDU	47	8%	8	5%
Heterosexual Exposure	44	8%	19	13%
Transfusion Recipient	4	1%	4	3%
Coagulation Disorder	4	1%	1	<1%
Risk Not Reported/Other	13	2%	6	4%
Total	554	99%*	152	100%

Source: County of Santa Cruz Health Services Agency, Public Health Division. *HIV/AIDS in Santa Cruz County*. May, 2005.

V. Housing Resources for People with HIV/AIDS

Persons living with HIV/AIDS have a variety of housing and service needs. Those who have low incomes can access mainstream resources that are available to everyone in the community, including Housing Authority housing assistance programs²⁰ and service systems addressing homelessness,²¹ mental illness,²² and substance abuse. The community-wide housing continuum includes emergency shelter, transitional housing, permanent housing and specialized care.

Santa Cruz County receives funds from two federal programs specifically dedicated to serving people living with HIV/AIDS: the U.S. Department of Housing and Urban Development's Housing Opportunities for People with AIDS (HOPWA) and the U.S. Department of Health and Human Services' Ryan White Comprehensive AIDS Resources Emergency (CARE) Act program. Both sources can be used to fund housing activities. The State allocates funds to the County; these are distributed to consumers through programs operated by two local nonprofit organizations, the Santa Cruz AIDS Project (SCAP) and the Community Action Board of Santa Cruz County, Inc.

While funding is limited, HIV/AIDS-dedicated housing programs available in Santa Cruz County include eviction prevention, emergency shelter, and permanent housing.

Homelessness Prevention

Because of the high cost of housing in Santa Cruz County, many people with low incomes have difficulty making their rent or mortgage and/or utility bill payments each month and are at serious risk of eviction. Emergency financial assistance can help to keep people with HIV/AIDS from losing their housing and becoming homeless. With both HOPWA and Ryan White Title II funds, SCAP provides emergency assistance with rent or mortgage payments and utilities. Requests are limited to \$500 each and can be made up to four times a year.

Emergency Shelter

CAB, Inc.'s Housing for Medical Emergencies Program provides motel vouchers for homeless persons with HIV/AIDS who have spent at least one inpatient night in a hospital. Vouchers are issued for one week at a time. Referrals must be made by the County Health Services Agency (CARE Team or Homeless Persons' Health Project) or by SCAP.

Permanent Housing

²⁰ See Housing Authority website at www.hacosantacruz.org

²¹ For information about programs serving homeless people, see the Santa Cruz County *Ten-Year Plan to End Homelessness, 2003-2010*, available on the HRA website at www.hra.co.santa-cruz.ca.us

²² *The Community Mental Health Housing Plan 2001-2004* provides information on the County Mental Health system of care.

Santa Cruz County has eight subsidized permanent housing beds dedicated to people with HIV/AIDS. In South County, Santa Cruz Community Counseling Center (SCCCC) purchased the Freedom Cottages in Spring 2006. The property has 11 beds for people with multiple service needs; four are HIV/AIDS-prioritized beds with supportive services to be provided by SCAP.

In North County, Perlman House, owned and operated by SCAP since 2000, houses four people in individual bedrooms along with a resident manager who also is a client of the agency. Each room rents for \$400 - \$450 per month; SCAP pays all utilities and basic telephone service. SCAP provides case management services to residents, including psychosocial support, referral and advocacy services to other service agencies, emergency financial assistance, among other services. In addition, SCAP may arrange for additional services, such as nurse visits and drug and alcohol services through collaboration with other organizations. Regular, mandatory house meetings are held to provide a forum for residents to air concerns and discuss house-related issues.

Previously, a second five-bedroom house in Santa Cruz was leased by SCAP from Mercy Housing for clients with HIV/AIDS. Because it was difficult to keep the property fully leased, in 2006 it was sold to another local housing provider, Front St. Housing, Inc., for use in the Mental Health housing system.

In addition to services for residents of Perlman House, SCAP provides assistance to its clients who are seeking housing, including helping to enroll or manage people's participation in Housing Authority programs such as the Housing Choice (Section 8) program. People who receive case management services from the County's CARE Team, which provides medical case management for any person with HIV/AIDS, may be enrolled in the team's AIDS Medi-Cal Waiver Program if they have low income and high acuity of need. Persons in this program are able to apply for waiver Section 8 housing vouchers through referral to SCAP, which assists with the application to Housing Authority.

SCAP also assists with housing search and can provide payments of up to \$500 for help with security deposits for those who qualify. For clients who have other housing issues, SCAP may provide other services—for instance, mediating with landlords—to help avert a crisis that might result in homelessness. Overall, based on the need, SCAP provides more assistance to help people *remain* in their housing than to help them search for new housing.

Both SCAP and the CARE Team assist those who are undocumented. However, persons who are undocumented are unable to qualify for housing subsidies from HUD-funded programs. One service the CARE Team is able to provide is to help undocumented residents who are able to prove that if they returned to their country of origin they would be unable to receive medical treatments necessary keep them alive to apply through Medi-Cal for permission to remain in the country.

While services are offered in both English and Spanish by the CARE Team and by SCAP, their offices are located in Santa Cruz, with limited outreach to South County.

VI. Perspectives of Persons Living with HIV/AIDS

People living with HIV/AIDS contributed their experience, insights, and recommendations to this report in several ways: through responding to a detailed housing survey; by participating in a Spanish-speakers' focus group; and as part of the HIV Services Task Force, overseeing the development of the report. This section summarizes results from the housing survey and focus group, and includes other relevant local sources of data.²³

Of a total of 175 questionnaires distributed by SCAP, 70 surveys (40%) were completed and returned. Respondents received a \$20 incentive payment for completed questionnaires. In addition, a focus group of seven Spanish speakers was conducted in Watsonville by staff of SCAP and the County Health Services Agency's HIV Prevention Program. All participants were paid an honorarium of \$50 for their contributions.

Characteristics of the Population

The median age of survey respondents was 44 years. Most were male (Figure 2) and white (Figure 3). African Americans were over-represented at 8% compared to their proportion of the general population (1%). Only 4% were Spanish speakers; two individuals were transgender (male to female).

Figure 2

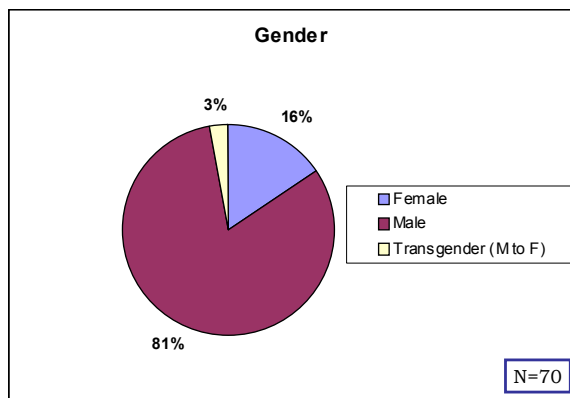
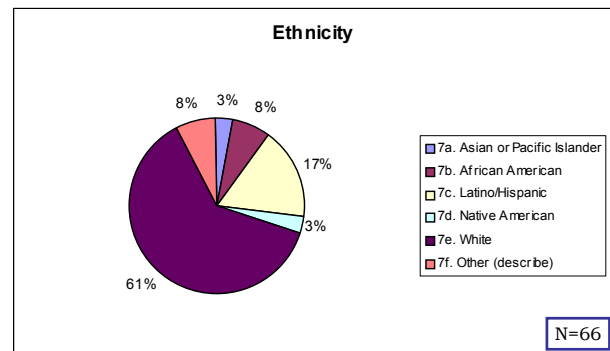


Figure 3



Forty percent of those who responded to the survey had been told by their doctor that they had AIDS; 31% were HIV positive with symptoms; and 29% were HIV positive with no symptoms (Figure 4). These proportions are similar to those found by the most current survey conducted by the County Health Services Agency²⁴ (*Needs Assessment*

²³ Guidelines and models for the survey and focus groups were obtained from AIDS Housing of Washington at <http://www.aidshousing.org>.

²⁴ County of Santa Cruz Health Services Agency. *Needs Assessment Results for Persons with HIV/AIDS for 2002*.

Results for Persons with HIV/AIDS for 2002)--54% of persons with HIV and 46% with AIDS—and to the proportions reported by the County’s surveillance reports (approximately 59% with HIV only and 41% with AIDS). Many people surveyed have been living with HIV for a long time (Figure 5).

Figure 4

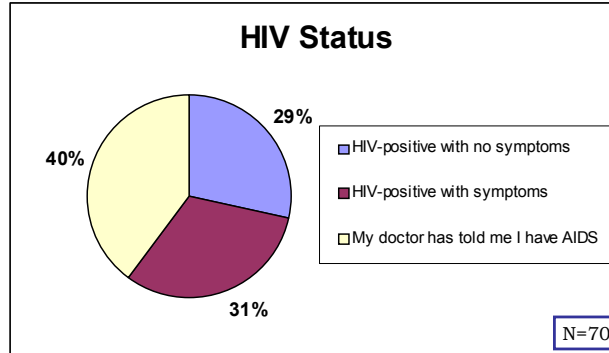
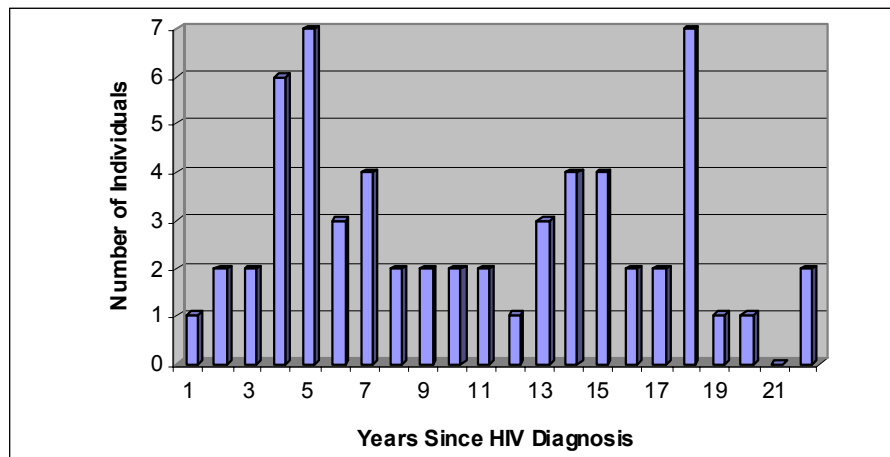
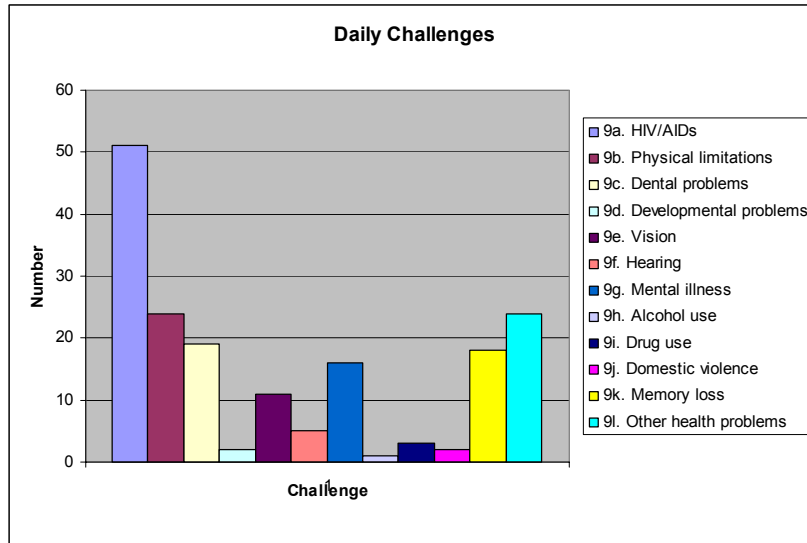


Figure 5
Length of Time Since HIV Diagnosis



People with HIV/AIDS face numerous challenges in their day-to-day lives, including the illness itself as well as problems with vision, physical limitations, mental illness, and substance use (Figure 6).

Figure 6



Only 11% of those surveyed were born in Santa Cruz County, but the average length of time spent in the county was almost 14 years.

Current Housing

Although most of those surveyed (68%) live in Santa Cruz, people with HIV/AIDS are spread throughout the county (Figure 7). They have lived in their current homes an average of seven (and median of four) years. Most are living in their own apartment, house, condominium or mobile home (Figure 8).

Figure 7

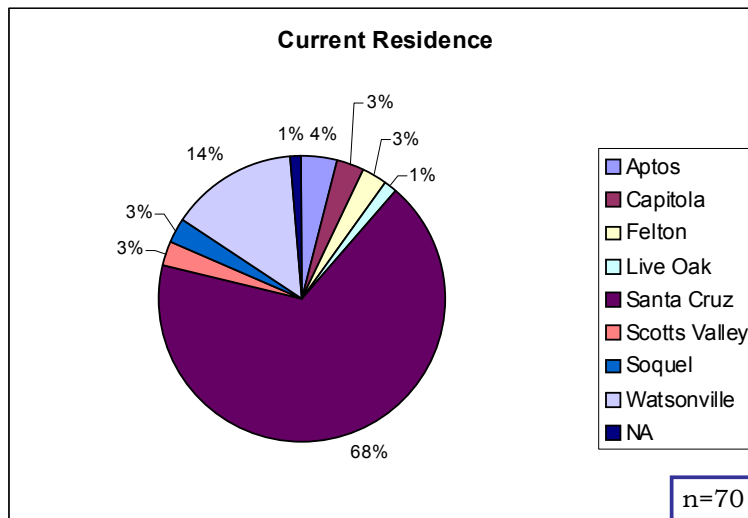
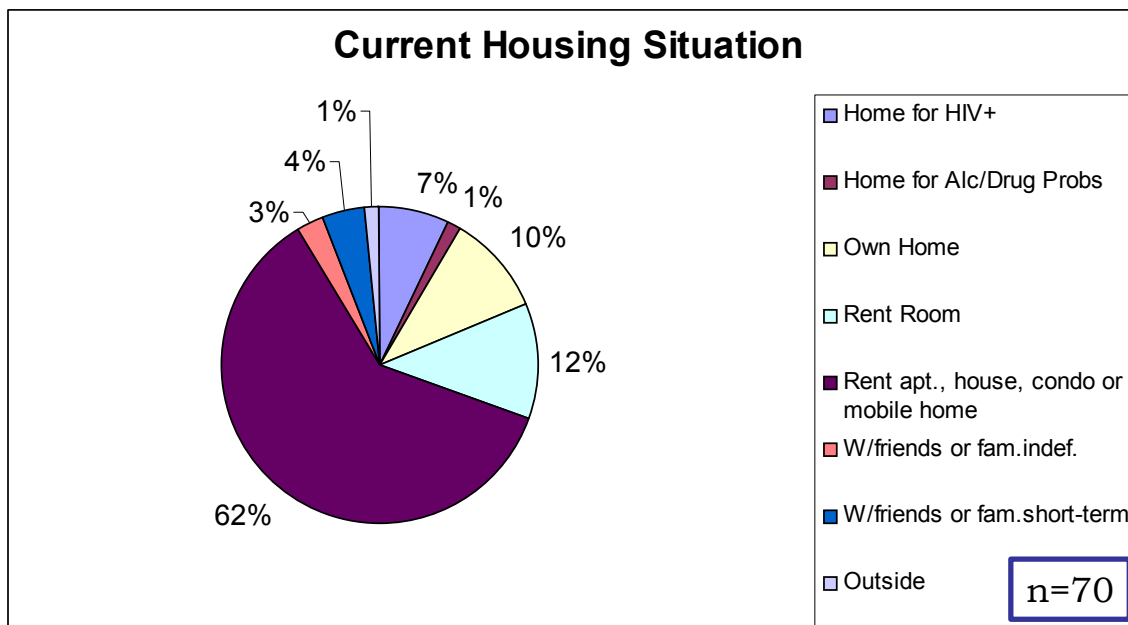
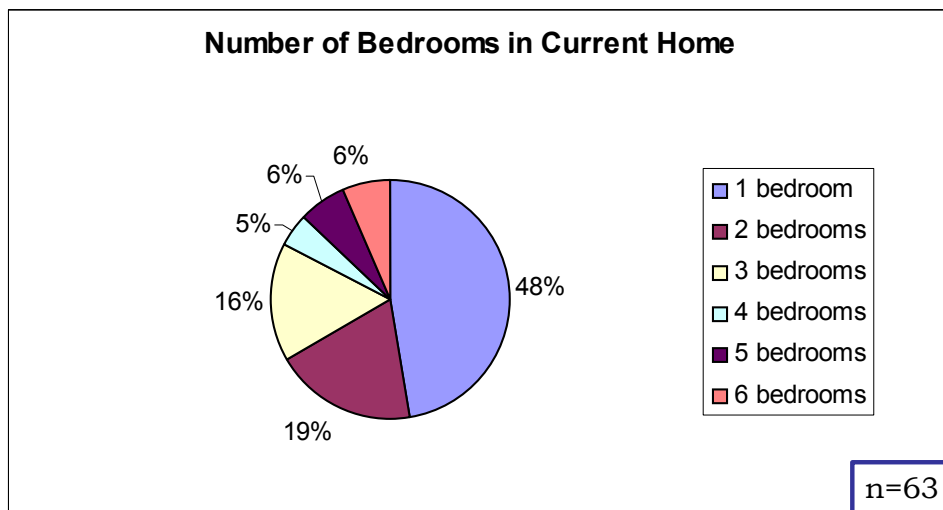


Figure 8



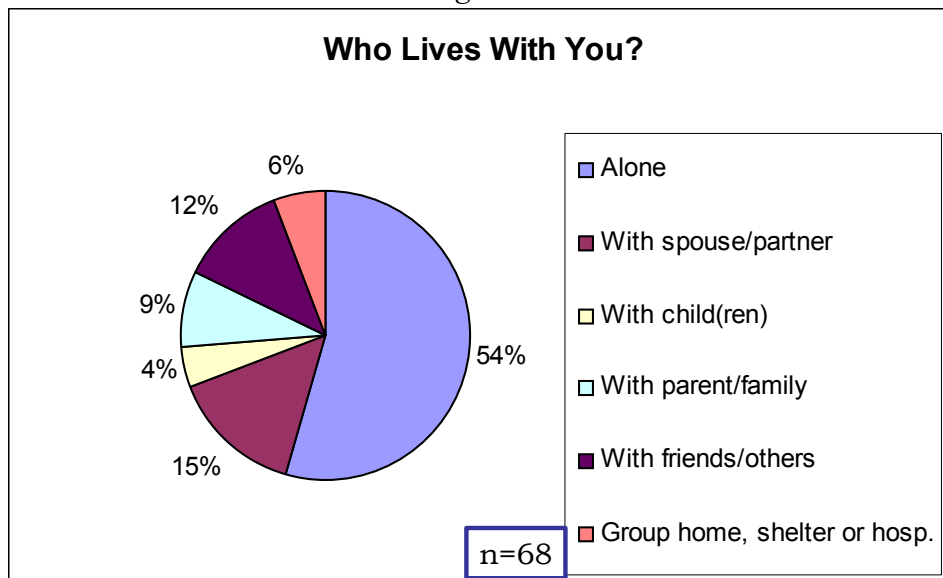
Most people (48%) live in a one-bedroom apartment, and almost one-fifth are in a two-bedroom home (Figure 9).

Figure 9



Over half of the respondents live alone (Figure 10); only 15% live with a spouse or partner. The median number of children or adults living with the individuals who responded is 1. Most (65%) do not live with others who have HIV or AIDS.

Figure 10



Most of those surveyed get some financial help with housing each month (Figure 11), predominantly from Housing Authority through Section 8 vouchers and from the Santa Cruz AIDS Project (Figure 12).

Figure 11

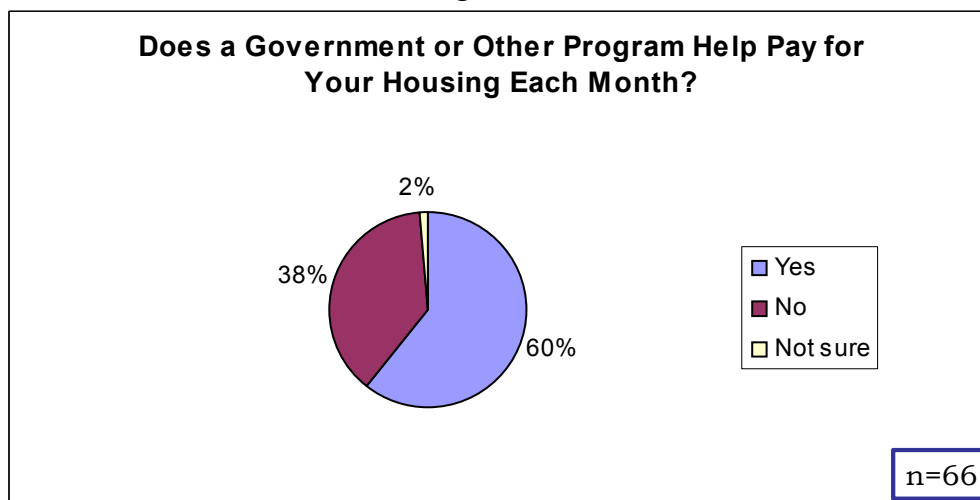
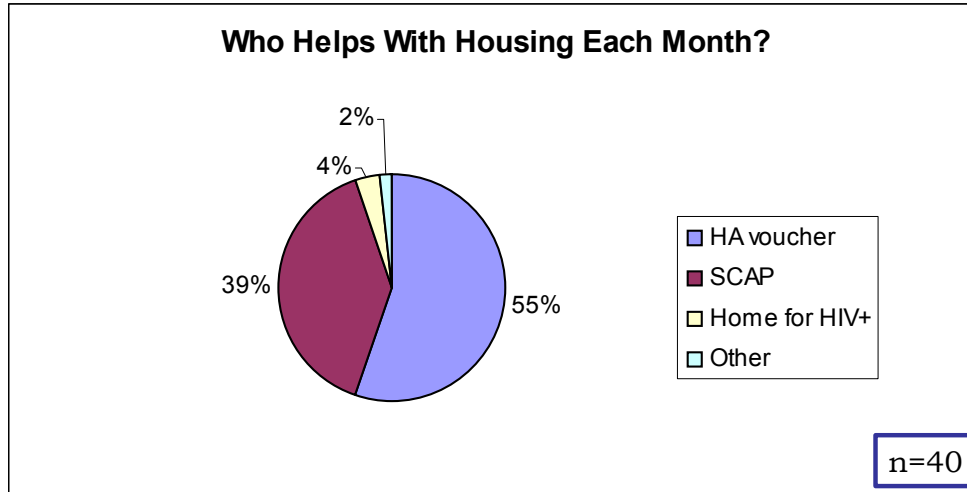
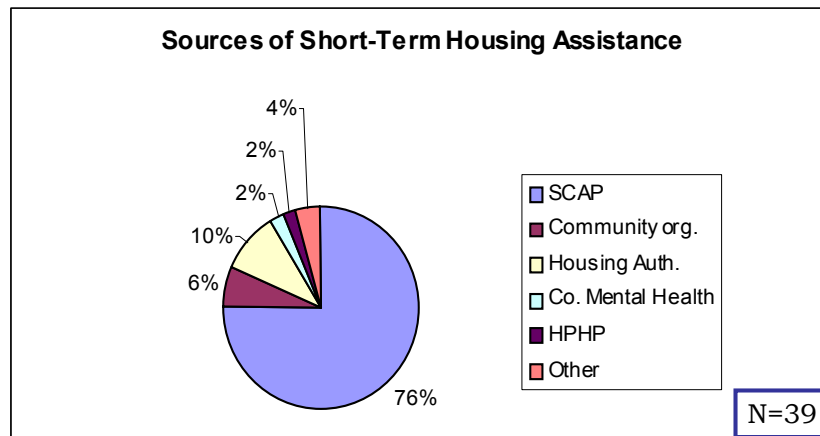


Figure 12



Many people (58%) also have received short-term help with housing or related expenses (Fig. 13). Of these, most received help from SCAP, 10% with Housing Authority, community organizations such as the Community Action Board, County Mental Health and the Health Services Agency's Homeless Persons' Health Project (HPHP) also playing a role.

Figure 13



Almost one-quarter (23%) are on a waiting list for financial help with their housing. Most of those (12/16, or 75%) are waiting for a Section 8 voucher from the Housing Authority and have been on the list an average of 26 months.

Overcrowded housing is a major problem for some of the Spanish speakers who were interviewed in the focus group. For example, one person lives in a studio apartment with his wife and two teenage daughters in the Beach Flats area of Santa Cruz; another shares a one-bedroom apartment with his sister, his sister's friend and a cousin in Watsonville. Only one of the seven Spanish speakers receives housing assistance with a Section 8 voucher.

Problems with Housing

The survey asked several questions about concerns people have with their current homes and neighborhoods. Relatively few people had problems with the condition of their housing (Fig. 14) with the exception of mold and mildew—not surprising in a seaside community. The condition of the housing may be related to the rental assistance that many are receiving. Over half of those surveyed have a Section 8 voucher, which requires that their units be inspected by the Housing Authority each year in order to ensure that they are safe (e.g., have smoke alarms that work, doors that lock, etc.) and in good condition.

Problems encountered in respondents' neighborhoods that had led them to consider moving included drug activity and noise (Fig. 15). However, most had not experienced difficulties that had made them want to leave their neighborhoods.

Figure 14

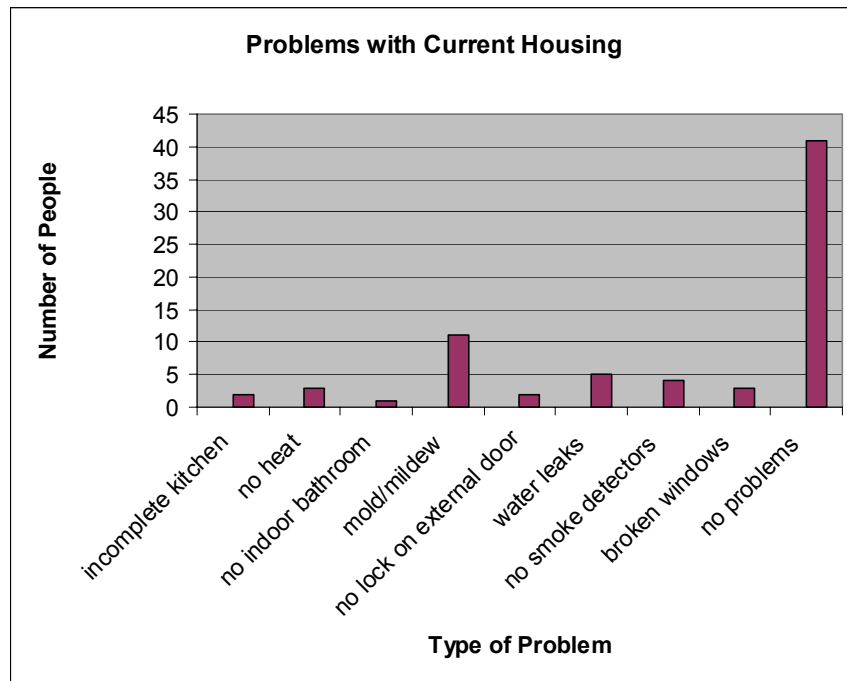
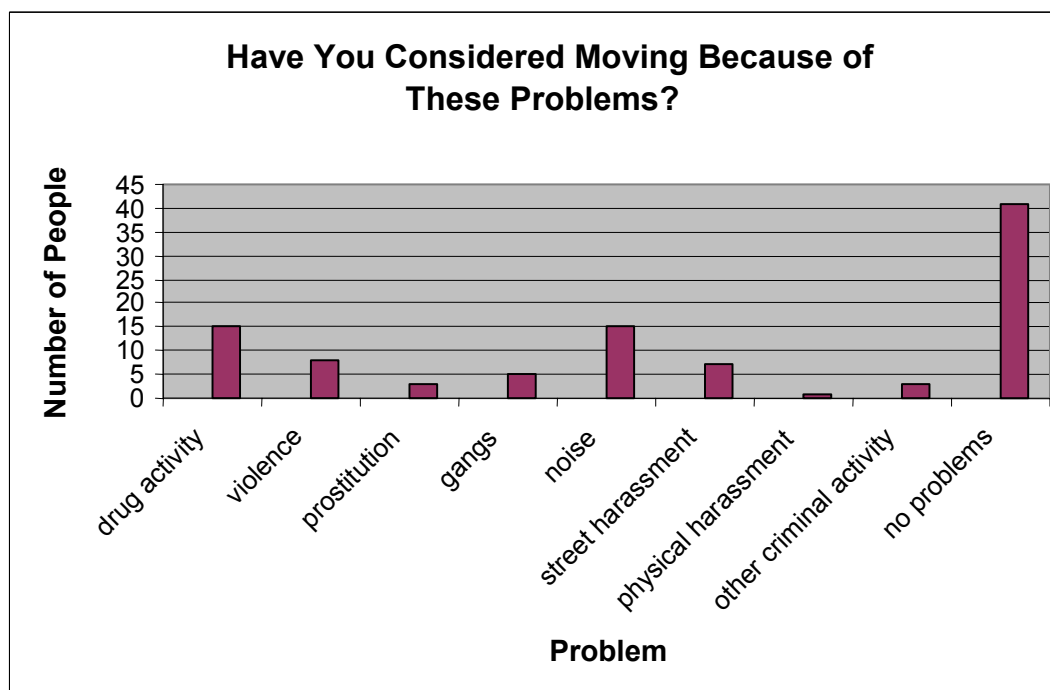


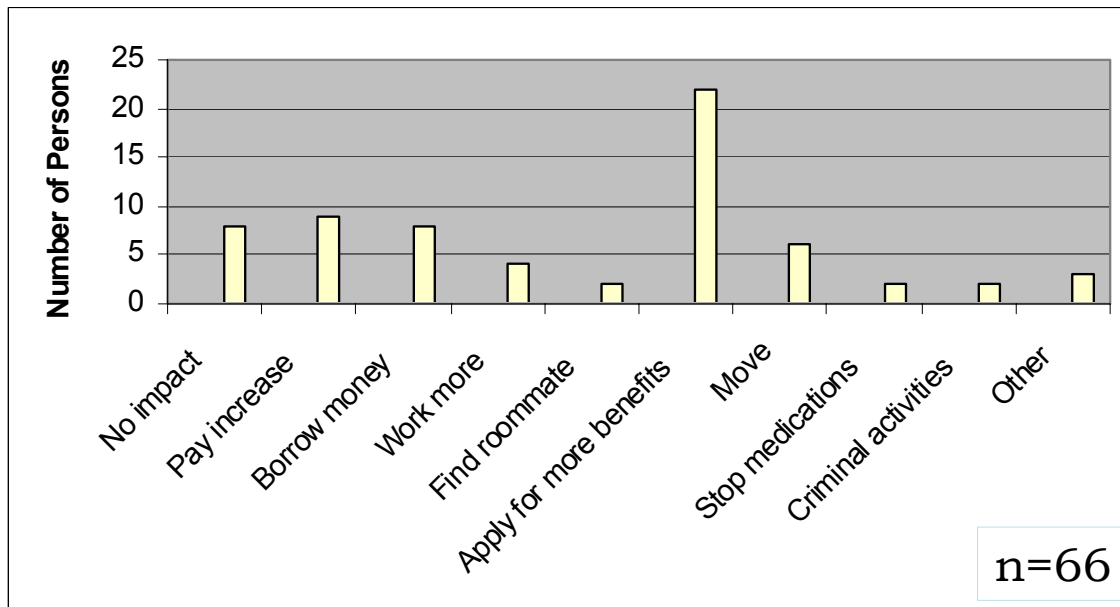
Figure 15



For Spanish speakers, the most significant issues include overcrowding and the associated lack of privacy; difficulty paying rent; and fear of drugs and violence in their neighborhoods. One man said, “It’s very uncomfortable because I have no privacy. I share the only bedroom with my sister and her child. It is an extremely old apartment and the lighting is bad. It has poor ventilation.” All participants noted that paying rent is a hardship. One pays \$800 per month for a studio he shares with his two teenage daughters and his wife in the Beach Flats area of Santa Cruz, where he is worried about the family’s safety. All of the Spanish speakers in the group expressed a need for more privacy within their housing and a desire for additional space.

People who responded to the survey also expressed concerns about the high cost of housing. While most (60%) said that they are not behind on any household bills, almost one-quarter (24%) are behind on a utility bill and 10% are behind on their rent or mortgage payments. If housing costs were to increase by even \$50 per month, this would cause serious enough hardship that most people would apply for increased benefits (Figure 16).

Figure 16
Impact of \$50 Per Month Increase in Housing Costs



Income, Benefits & Expenses

Survey participants had a median income of \$839 (Table 5). Most received income from either Social Security (SSI) or disability payments (SSDI). Ten respondents received income from employment. Table 6 shows the median income received from each type of income source. The median monthly housing cost, including rent/mortgage and utilities, is \$457.

Figure 17

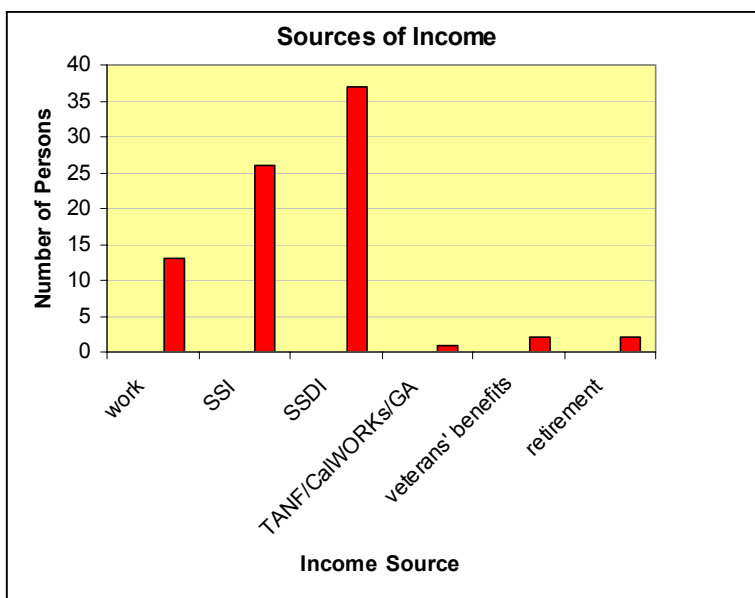


Table 5

Monthly Income	
<u>Type of Income</u>	<u>Amount (Median)</u>
Work (13)	\$ 690
SSI (26)	\$ 799
SSDI (37)	\$ 800
TANF, CalWORKs, or GA (1)	\$ 398
Veterans' Benefits (2)	\$1,050
Retirement (2)	\$ 797
Other (4)	\$ 578
Total Monthly Income	\$ 839

Table 6

Monthly Housing Costs			
	<u>Rent/Mortgage</u>	<u>Utilities</u>	<u>Total</u>
<u>Mean</u>	\$424	\$94	\$481
<u>Median</u>	\$400	\$79	\$430

Table 7

Monthly Housing Costs		
	<u>Income</u>	<u>Housing as % of Income*</u>
<u>Mean</u>	\$934	42%
<u>Median</u>	\$839	38%

*Calculated by determining each individual's percent of income spent on housing, and then taking the mean and the median of the percentages.

Medical Care

Most people obtain medical care at a County clinic, although a large number also use private physicians (Fig. 18). Medi-Cal and Medicare pay for most people's medical care (Fig. 19). About 20 people also receive help with medical care costs from the State AIDS Drug Assistance Program (ADAP), which serves people with incomes below \$50,000 per year who lack insurance that covers their medications or do not qualify for no-cost Medi-Cal. Other government and private sources play a more minor role.

Figure 18

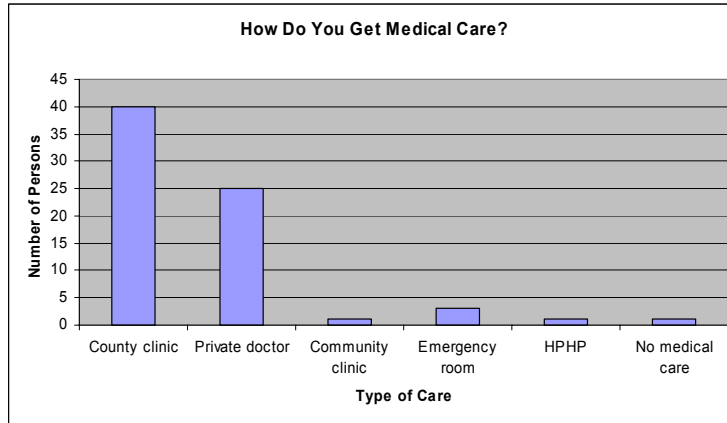
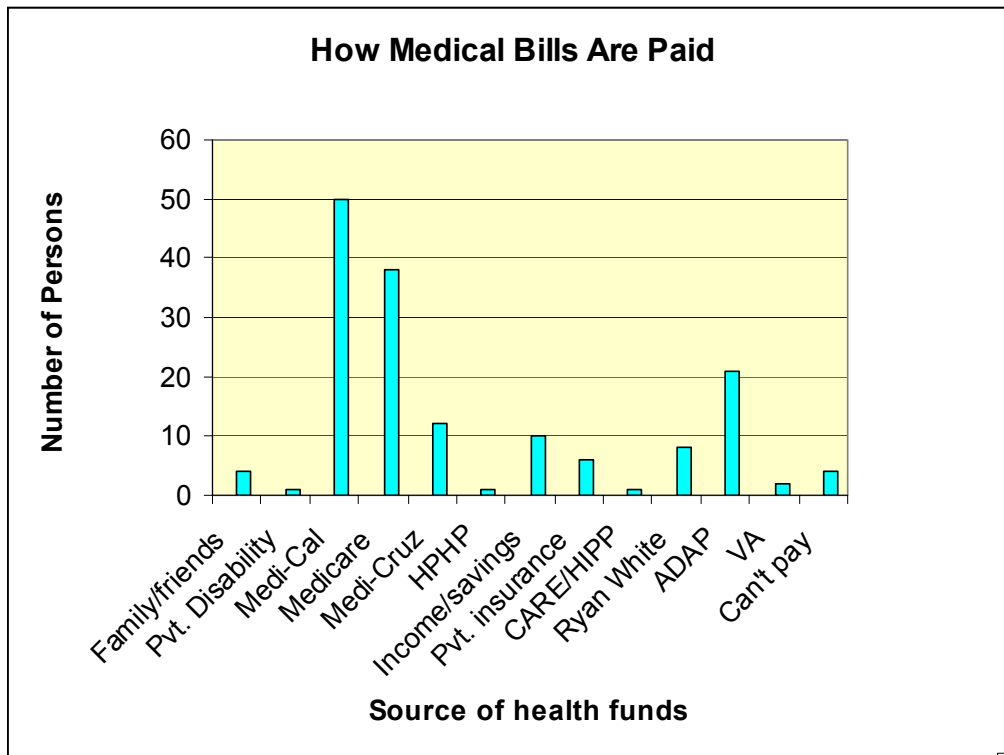


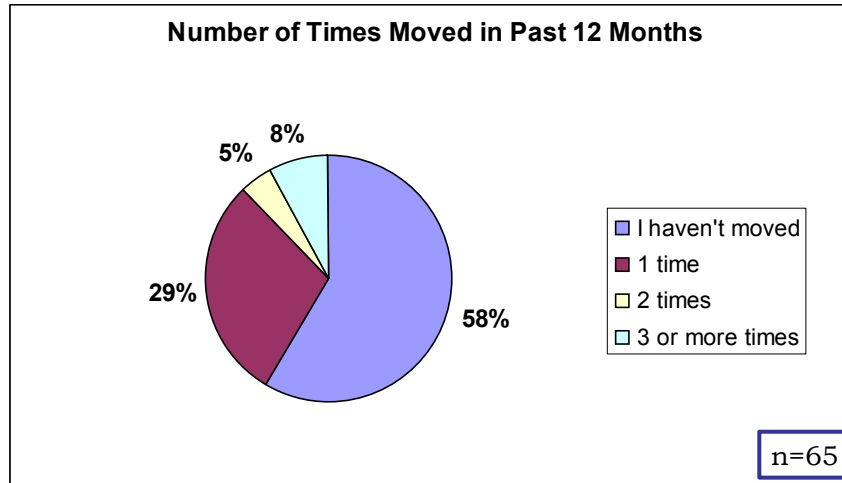
Figure 19



Homelessness and Housing History

The majority of people have had stable housing over the past year (Figure 20). Most (58%) have not moved in the past year; 29% have moved once, However, 8% have moved three or more times during that period.

Figure 20



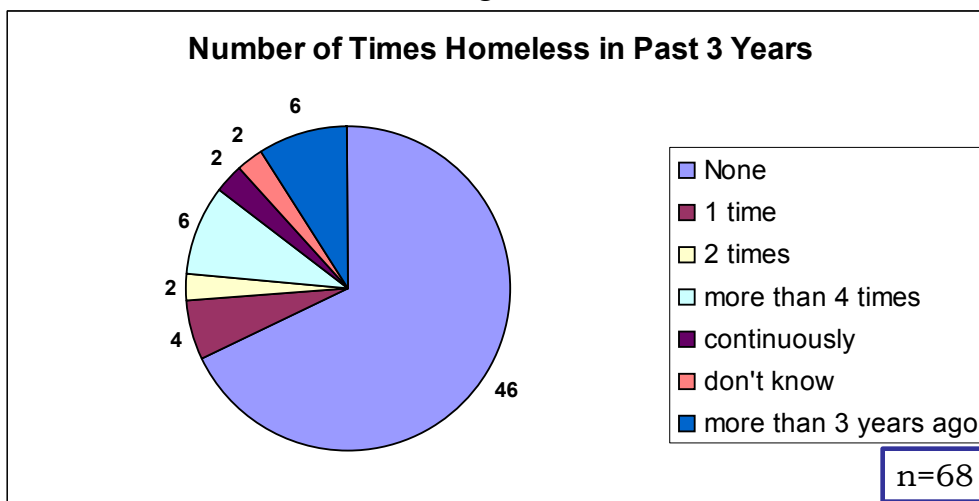
Homelessness

Homelessness is a significant problem for this population. When asked if they had been homeless during the *previous year*, 13% of those surveyed (8 people) said they had spent a night in a shelter or received a motel voucher; 13% had stayed at least one night with family or friends; and 11% (7 people) slept outside at least once.²⁵

When asked about the *past three years*, one-third (22 people) stated that they had been without housing or stayed in an emergency shelter (Figure 21). Eight people were chronically homeless. Six of these had been homeless more than four times in the previous three years, and two had been homeless continuously during that time. Six had experienced homelessness more than 3 years ago.

²⁵ These are duplicated counts, as some people chose more than one response.

Figure 21



Difficulties that prevented people from obtaining housing included lack of money for move-in costs, bad credit, and method of payment (e.g., Section 8 voucher), among other issues (Table 8). These are difficulties many people who have low incomes face when seeking housing, particularly in a high-cost rental market. Many landlords do not want to rent to people with these types of housing and credit histories and may reject applicants who have Section 8 vouchers. In addition, persons surveyed felt that their HIV status was a further barrier to obtaining housing.

Table 8
Problems Preventing People from Obtaining Housing

Problem	Number of People
• Lack of money for move-in costs	20
• Bad credit	18
• HIV/AIDS	12
• The way rent would be paid (e.g., Section 8 voucher)	10
• Pets	8
• Sexuality	6
• Criminal history or prison record	5
• Disability	4
• Drug or alcohol use	4
• No transportation to search for housing	4
• Rental history/past evictions	3
• Race or ethnicity	2
• Mental illness	2
• Partner or children	1
• No phone to call or get messages	1
• Housing Authority change of voucher to studio apartment	1
• None of these problems has prevented me from getting housing	27

Among Spanish speakers, the high cost of housing, fluctuations in income from seasonal employment, and the lack of documentation all contribute to difficulties with finding housing. Three of the Spanish speakers had been homeless due to lack of work, use of alcohol and drugs, or family disagreements resulting in loss of housing. Spanish speakers' difficulties with housing may be somewhat hidden from public view, as they are more likely to double up with family members than to be living on the streets.

Incarceration

Many of those surveyed had been in jail or prison for over 72 hours at some time in the past (Figure 22). Upon release from jail or prison, most (11/29, or 38%) had gone to live with family or friends (Figure 23). However, almost one-quarter (7/29, or 24%) had become homeless.

Figure 22

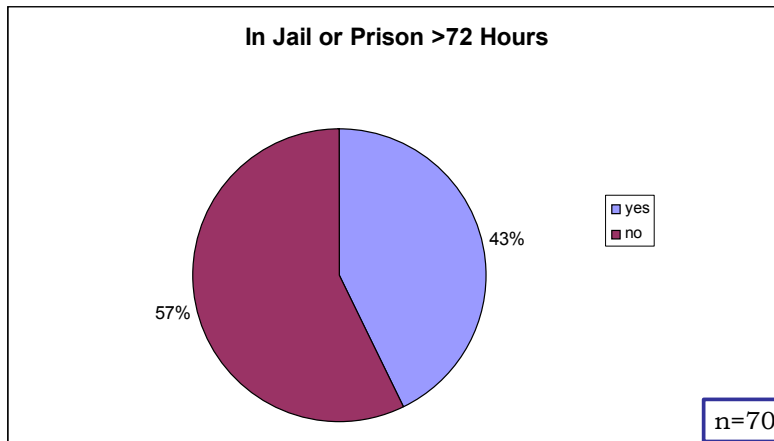
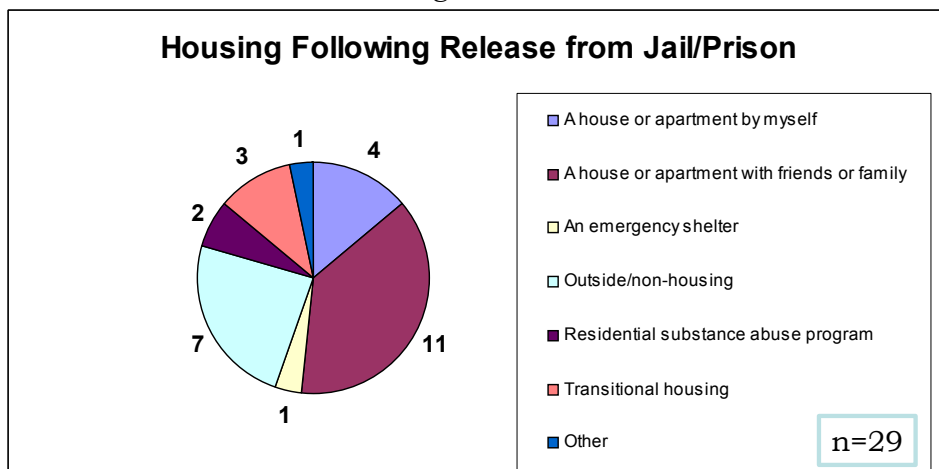


Figure 23



Only eleven of those who had been incarcerated (37%) had received some help finding housing when they were released (Fig. 24), primarily from family and the nonprofit organization Friends Outside (Fig. 25).

Figure 24

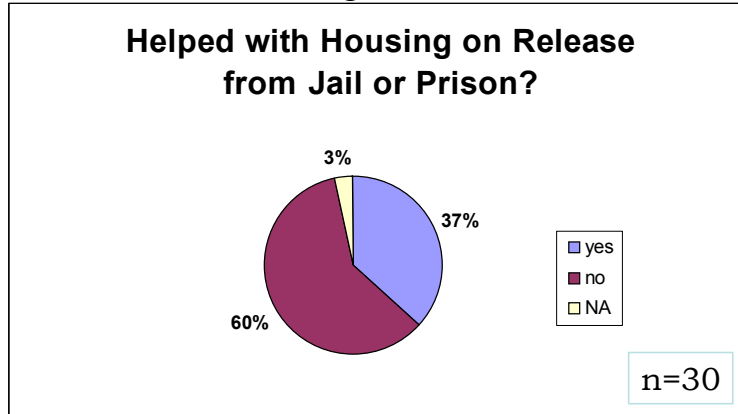
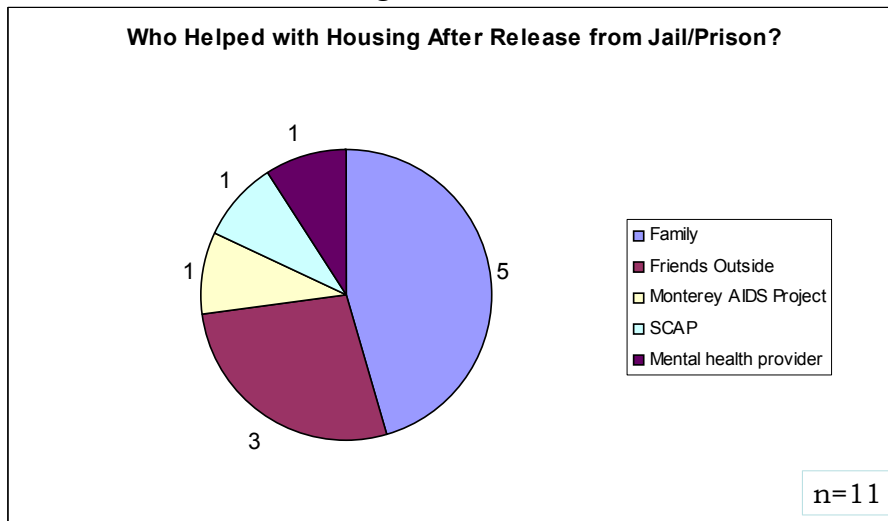


Figure 25



Housing Preferences

Overall, most of the people surveyed expressed satisfaction with their current housing. Asked if they would prefer to stay in their current homes or move to another place, most of the people surveyed (63%) said that they want to remain in their housing.

Housing Type

When asked to rank their preferred *type* of housing, the top choices were an apartment in a small building, a mobile home, and an apartment in a larger apartment building (Table 9).

Table 9
Ranked Housing Preferences

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
Room in house	8	1	2	10	7	11
Hotel/motel w/shared bath	1	2	0	0	11	23
Hotel/motel w/own bath	0	0	4	17	15	0
Apt. in apt. bldg.	10	9	19	4	0	0
Apt. in small bldg.	19	22	1	4	2	0
Mobile home	15	6	12	5	1	3

(1=First Choice; 6=Last Choice)

Most (64%) would like to live alone where different kinds of people live, rather than in housing for only people with HIV/AIDS (Figure 26). Only 22% prefer to live in housing with services provided on-site (Figure 27).

Figure 26

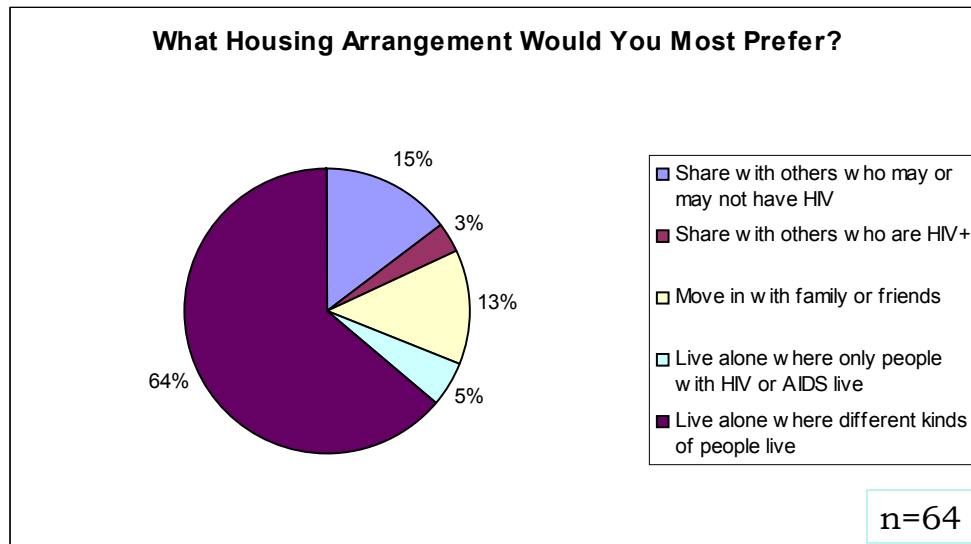
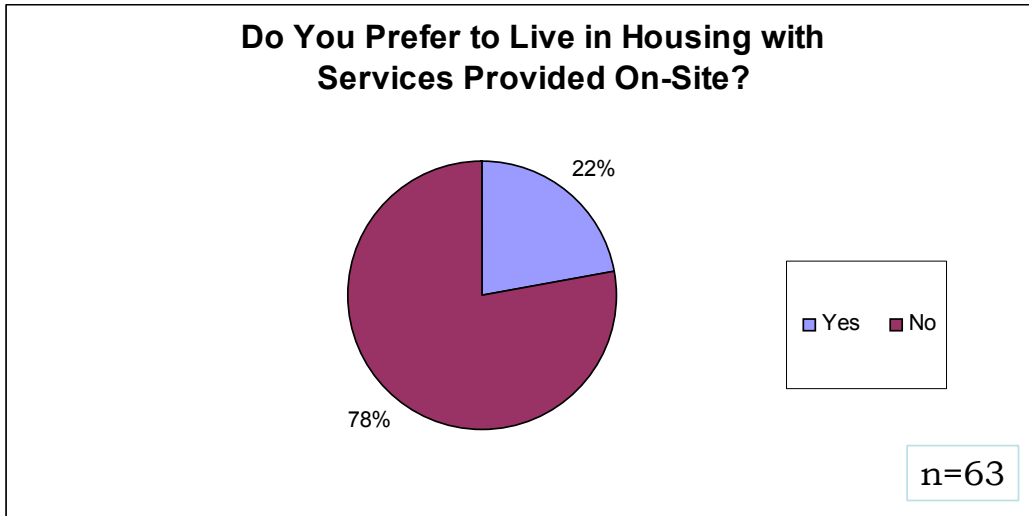


Figure 27



For Spanish speakers, a primary issue was the preference for more space: larger apartments/homes with opportunities for privacy, in a quiet area. One person preferred to share housing; but most wanted a place of their own.

Because of concerns about confidentiality, most prefer low-cost housing opportunities for those living with HIV/AIDS that are dispersed throughout the county. The biggest reason for not wanting services provided on site was fear of being identified as HIV-positive. Transportation was another major issue for Spanish speakers. Proximity to services and to public transportation is an important dimension of housing for this population.

Housing Specifically for People with HIV/AIDS

The survey attempted to discover what characteristics would make housing specifically for persons with HIV/AIDS more or less attractive. Characteristics of housing that would be most likely to prevent people from choosing housing specifically for HIV/AIDS include:

- a house rule preventing overnight guests
- mental illness of housemates
- housing that is not clean and sober
- housing in which they could not choose their housemates
- housing that does not allow pets

Table 10 provides a complete list of housing characteristics and the number of people selecting them.

Table 10

What Would Prevent You From Choosing Housing Specifically for People With HIV/AIDS?

- House rule preventing overnight guests (n=35)
- Mental illness of housemates (n=33)
- Don't want to live in housing only for people with HIV/AIDS (n=28)
- Housing that is not clean and sober (n=25)
- Can't choose housemates (n=25)
- No pets allowed (n=25)
- House rule preventing any alcohol use (n=16)
- No live-in partner allowed (n=15)
- Failing health of housemates (n=14)
- House rule preventing alcohol use on premises (n=13)
- House rule preventing smoking indoors (n=12)
- Afraid people would find out I'm HIV+ (n=11)
- Sexual orientation (all queer or all straight) (n=10)
- Cultural/language barriers among housemates (n=9)
- House rule preventing use of drugs (n=7)

Geographic Preferences

While most people prefer to live in the City of Santa Cruz, many other areas of the county also are places that would be considered (Table 11). When asked to choose one area, Santa Cruz is the most preferred, followed by Watsonville (Table 12).

Table 11

In Which Areas of the County Would You Consider Living?

- Santa Cruz (59)
- Capitola (37)
- Soquel (35)
- Boulder Creek (7)
- Live Oak (32)
- Aptos (26)
- Scotts Valley (16)
- Corralitos (16)
- Felton (13)
- Watsonville (13)
- Ben Lomond (10)
- Seabright (1)
- La Selva Beach (1)

Table 12

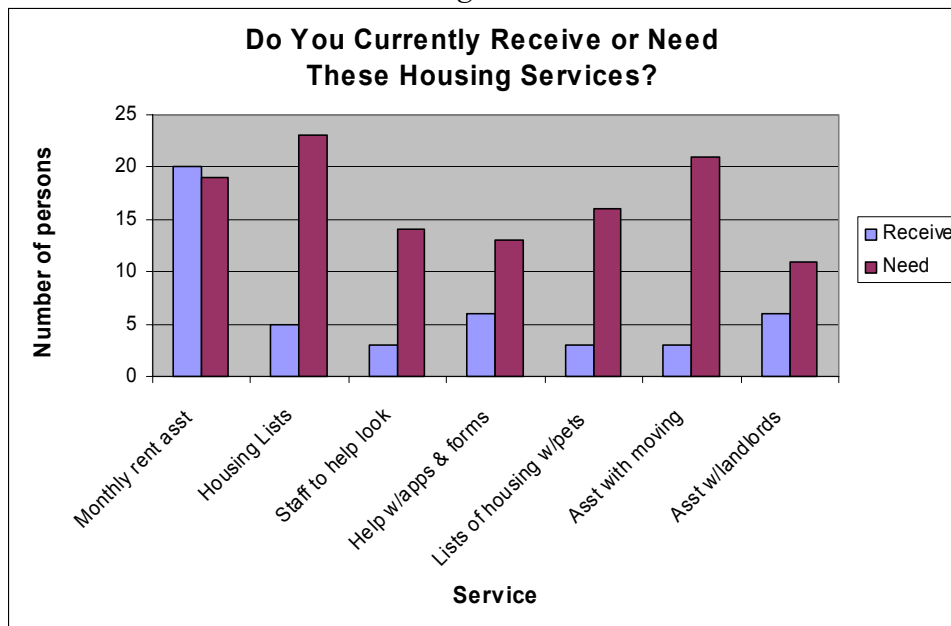
In Which One Area of the County Would You Prefer to Live?	
#1:	Santa Cruz (35)
#2 :	Watsonville (6)
#3 :	Aptos (2), Felton (2), Live Oak (2)
#4:	Scotts Valley (1), Soquel (1), Capitola (1), Corralitos (1)

Services

Housing Services

Few people reported receiving housing-related services beyond monthly rental assistance (Figure 27). However, people expressed a need for services such as lists of housing that they might be able to afford, including housing that will accept pets; help with moving; and help looking and applying for housing. Spanish-speaking consumers found financial assistance with utility bills and co-payments to be most helpful in the past, and most needed currently.

Figure 27



Other Services

Many people surveyed were receiving medical care, mental health care, home health care, case management and counseling and did not report these as unmet needs (Figures 28 and 29). The services most needed include:

- alternative health care
- financial services
- legal services
- recreation
- medical marijuana
- employment training and support

Figure 28

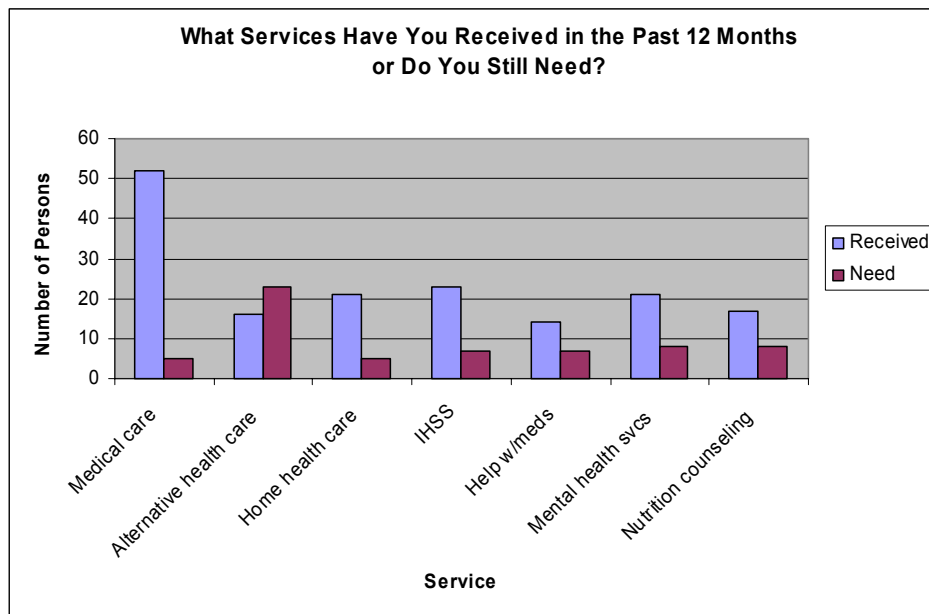
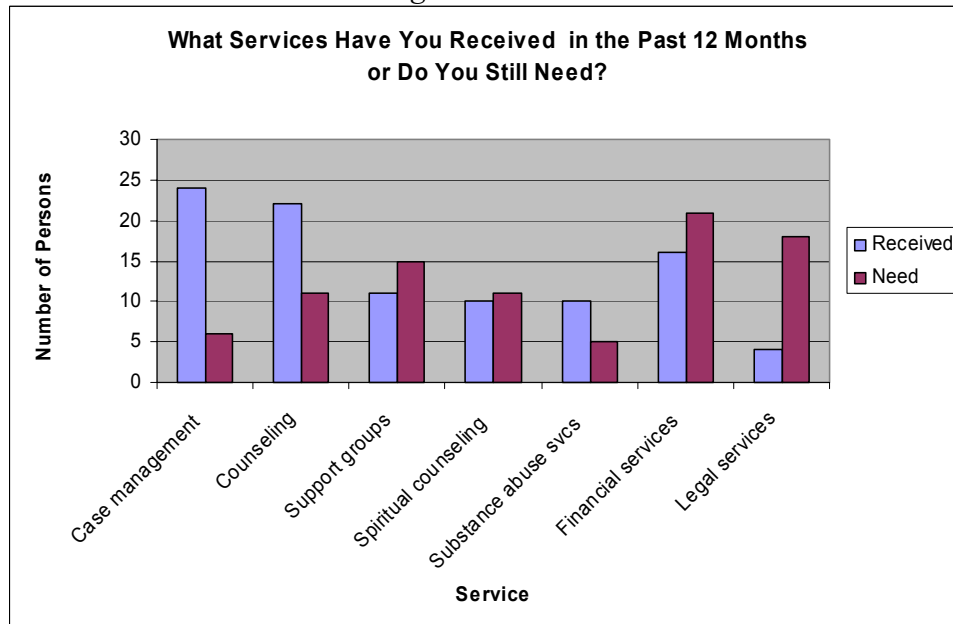


Figure 29



For Spanish speakers, difficulties getting needed services are related to lack of documentation, language barriers, and perceived discrimination/cultural insensitivity of service providers. Some people expressed concern that organizations' staff or service providers may lack HIV sensitivity or fail to keep their information confidential.

Services Spanish speakers have received that have been helpful include:

- HOPWA financial assistance for medications
- Bus passes and movie tickets
- Food from SCAP
- Social worker and nurse support from the CARE Team

Additional services desired by Spanish speakers include:

- More tickets for family outings
- Assistance with transportation, including funds for gasoline costs for driving to medical appointments
- Assistance with car maintenance costs
- Assistance with job search (e.g., a job board)
- Support groups
- Lists of services available to people who are HIV positive, with descriptions of programs and deadlines (e.g., a calendar noting deadlines for assistance programs)

VII. Perspectives of Housing and Service Providers

Barriers to Accessing and Maintaining Housing

Housing and service providers identified a number of obstacles that people living with HIV and AIDS face in obtaining stable housing:

- **Affordability of housing:** Limited availability of housing, especially affordable housing, in Santa Cruz County makes it extremely difficult for people with low incomes to find and maintain adequate housing. Many people can afford the monthly rent but do not have the resources to pay move-in costs such as first and last months' rent and security deposit.
- **Shared housing:** Sharing housing is one way for people with low incomes to make their rent affordable. However, group living poses several challenges that often are difficult to overcome, including the lack of privacy (especially, keeping HIV status private) and issues relating to sexuality, homophobia, mental health, and substance use.
- **Stigma:** Another barrier to shared housing is the perceived stigma of having HIV/AIDS and the fear of disclosure to housemates who are not HIV-positive. There may also be a fear of housemates' judgment if the person is sexually active. For persons who feel they have been stigmatized for having HIV, living independently in their own apartment is often more comfortable than sharing housing with others.

- **Ability to present to landlords:** Many people with HIV/AIDS have poor credit and rental histories, making landlords reluctant to rent to them. Poor hygiene, low literacy, and minimal interview skills also may make interviews with landlords less successful.
- **Case management:** Many people with HIV/AIDS have complex service needs. Both service and housing providers believe there is a lack of sufficient case management resources to help people maintain their housing.
- **Illness:** Persons with HIV/AIDS may lack the physical stamina to conduct the type of organized, systematic housing search that often is necessary in order to find housing. In addition, some who are intermittently disabled, often with periods of dementia, may be too ill to work but not ill enough to qualify for services or other benefits. People who are intermittently disabled may feel that they can live independently and decline caregiver support, and then experience periods of unsafe and unsanitary living conditions when their health deteriorates.
- **Behavioral issues:** Mental health issues affecting behavior may make it difficult for persons to access and maintain their housing.
- **Medical marijuana:** Although the use of medical marijuana is legal in the county, many landlords do not allow it in their properties. In particular, Sober Living Environments (SLEs) do not have protocols for maintaining housing there while using medical marijuana. Using medical marijuana to manage symptoms may make it difficult to get into a skilled nursing facility or to live in other communal settings, where any smoking must be done outdoors.
- **Criminal history:** Many people with HIV/AIDS have criminal records that limit their ability to receive services and to find housing. For instance, a person with a felony conviction cannot receive housing assistance from the federal Housing and Urban Development (HUD), which provides Section 8 vouchers among other forms of support.
- **Documentation:** Undocumented persons with HIV/AIDS are unable to qualify for housing assistance programs such as Section 8 or security deposit assistance programs, as well as other programs such as Supplemental Security Income (SSI) or food stamps. Many undocumented people with HIV/AIDS are living in severely overcrowded conditions in order to be able to afford the rent.
- **Information about housing:** There is no single clearinghouse that people with HIV/AIDS can access to find affordable housing in the community.

Providers have found that people with HIV/AIDS are more likely to maintain stable housing when:

- The person is well-matched to the environment.
- There is intensive support provided by a case management team for maintaining sobriety.
- There are adequate mental health services and access to a prescribing psychiatrist.
- There is strong management of shared housing, including an on-site manager, ongoing case management, property management, and good relationships built with landlords.
- Landlords should have a “security system” available for dealing with problems and damages caused by tenants, such as a 24/7 on-call plan.

- Case managers have some knowledge about housing.

Gaps in the Housing Continuum

Service and housing providers have found that some significant gaps exist in the housing available to persons with HIV/AIDS in Santa Cruz County. These include:

- A lack of in-patient hospice programs. There is one hospice bed at Tara Home, at the Land of Medicine Buddha in Soquel. Some people use hospice at nursing homes.
- There are very few board and care facilities in the county—no type of residence that is in between home and nursing home.
- There is a lack of respite care available to caregivers.
- There is a need for a wider range of housing to be available to people with HIV/AIDS, from wet to damp to dry.
- There is a great need for more housing assistance—such as more Section 8 vouchers—and for housing assistance for people who have felonies on their records and therefore cannot obtain Section 8 rental assistance.
- There is a need for more linkages between HIV/AIDS housing and other housing systems, such as mental health housing and programs for homeless people.

Housing-HIV/AIDS Service Partnerships

Housing providers believe that consistent and responsive case management is crucial to making permanent supportive housing successful. Property managers want to know that case managers are there to respond quickly when needed. Individual tenants may fail in their housing if case management is insufficient. Housing providers are concerned that people know how to function in a neighborhood as well as in an apartment or house, and they may need intensive case management in order to do so.

According to housing providers, in order for them to successfully partner with the HIV/AIDS community in housing people living with HIV/AIDS, there would need to be full funding for “true” case management. In their experience, often the case management fall short of what has been promised. In addition, case managers should understand fair housing laws so that they can function more effectively in assisting consumers with housing.

Master leasing units is often viewed positively by housing providers. The advantage to landlords is that rent is consistently provided whether or not the unit is occupied. Programs such as Rent Plus, a rent subsidy and deposit/guarantee fund developed for HSA programs Puentes and Project Connect, also can provide more assurance to landlords.

Additional Needs

- **Cross-training:** Housing providers should know more about issues for people with HIV/AIDS relating to housing; service providers need more education about housing.
- **Resources:** Programs should do more sharing of resources with one another.
- **Housekeeping:** Many people with HIV/AIDS need help keeping their homes clean and could benefit from assistance. If they qualify, they may use the County's In-Home Supportive Services program. For those who do not qualify, other options should be developed—for instance, utilizing services such as the Puentes work crew for cleaning services.
- **Computer access:** People need access to phones and computers with printers for use in conducting housing searches and completing housing applications and applications for other housing-related assistance.
- **Information:** There is a need for a user-friendly housing website linking people to information such as: housing resources (such as Community Action Board, emergency shelters, Housing Authority, or the Credit Bureau of Santa Cruz); information on disclosing HIV status to housemates or landlords; listings of available housing; advertisements for housemates; and information for persons who live with someone with HIV.
- **Choice:** The housing system should include a wider range of options in order to adequately address the needs of people with HIV/AIDS. In particular, there are not enough board and care facilities or hospice programs available for people with HIV/AIDS.

VIII. Summary & Recommendations

In summary, the needs assessment identified these critical issues:

Lack of Affordable Housing

There is a severe lack of affordable housing in Santa Cruz County that affects people with HIV/AIDS and others with low income. For example:

- Most consumers surveyed needed help to pay for their housing each month.
- One in four was on a waiting list for Section 8 or other housing assistance.
- One in three had been homeless within the past three years.
- Spanish speakers were likely to be doubled up in housing in order to be able to pay the rent, resulting in serious overcrowding.
- Many consumers were behind on utility bills or rent.

Developing affordable housing, especially for people with special needs, is extremely problematic in Santa Cruz County. Affordable property is in short supply; the county is substantially built out in its urbanized areas. An added difficulty is obtaining the deep subsidy required for these projects to operate. For all these reasons, the county has few

housing development organizations with the capacity to serve people with very low incomes.

Barriers to Obtaining Housing

People living with HIV/AIDS encounter many barriers to accessing housing. These include:

- Difficulty finding affordable units, or landlords who are willing to accept a housing subsidy such as Section 8 vouchers
- Criminal histories or poor credit and housing histories that may limit their ability to be successful in applying for housing
- Inability to pay move-in costs, including security deposits
- Stigma and perceived discrimination associated with HIV/AIDS
- Lack of documentation
- Illness that limits a person's ability to search for housing
- Lack of information about affordable housing in the community

Services Needed to Maintain Housing

There is insufficient funding for services to help people successfully maintain their housing once they have obtained it. Particularly needed are:

- Intensive services addressing substance use, mental health, and medical care needs
- Cross-training of housing providers on issues for people with HIV/AIDS and of service providers on issues related to housing
- Continued assistance with utility bills
- Financial and legal services
- Assistance with transportation costs, including gasoline, car maintenance, and bus passes, particularly for Spanish speakers
- Help with job search

Gaps in the Housing Continuum

Identified gaps in the HIV/AIDS housing continuum include:

- A need for a wider range of housing available to people with HIV/AIDS, from wet to damp to dry.
- A lack of in-patient hospice programs
- Too few board and care-type facilities for people with HIV/AIDS
- A lack of respite care available to caregivers
- Few housing assistance options for people who cannot gain access to Section 8 vouchers, including those with felony records and people who are undocumented

- Weak linkages between HIV/AIDS housing and other housing systems, such as mental health housing and programs for homeless people

Recommendations

These recommendations grew from information gathered in the consumer survey, Spanish speakers' focus group, housing and service providers' focus group, and other data gathered during the project. Proposed strategies to address the needs and preferences of consumers, and the gaps identified by housing and service providers, include:

Increase Affordable Housing Options for People with HIV/AIDS

- Explore collaborations with affordable housing providers—e.g., to advocate for and seek options such as set-asides for people living with HIV/AIDS in upcoming development projects.
- Apply for funds for tenant-based rental assistance through HOPWA or other programs, particularly those that allow for local discretion regarding serving undocumented immigrants and people with criminal histories.
- Maximize existing resources by finding ways to establish formal linkages between HIV/AIDS, mental health housing, and homeless housing programs.
- Educate relevant county and city staff and members of the community about the housing needs of people with HIV/AIDS by:
 - Distributing the 2006 Santa Cruz HIV/AIDS Housing Needs Assessment to housing departments of each jurisdiction in the county, local redevelopment agencies, and other housing-related agencies and advocates.
 - Ensuring that the local housing elements are informed by the findings of this plan.
- Work in partnership with the Housing Authority of the County of Santa Cruz to maximize the usage of available Housing Choice (Section 8) vouchers.

Expand Access to Housing and Housing Services

- Establish a housing coordinator position on the CARE Team that would assist consumers with locating housing, advocate and mediate with landlords on their behalf, collaborate with Mental Health housing coordinators to maximize use of resources, and develop new housing options through grant writing and other efforts. The special housing issues for Spanish speakers and for people who are transitioning from jail or prison also should be addressed through collaborative efforts with relevant agencies and service providers.

- Create opportunities to educate housing providers about issues for tenants with HIV/AIDS and to ensure that service providers are familiar with fair housing and landlord/tenant law, as well as issues that are important to landlords.
- Develop a third-party payment and deposit/rent guarantee program such as the Mental Health Puentes Team’s Rent Plus Program, to help provide assurances to landlords and incentives to rent to persons who do not fit the typical renter profile (e.g., have criminal records, poor credit, etc.).
- Seek funding for and create a user-friendly housing website for persons living with HIV/AIDS that includes information such as:
 - Internet links to housing resources, including Community Action Board, shelters, Housing Authority, Credit Bureau of Santa Cruz, etc.
 - Information on disclosing of HIV status to housemates or landlord
 - Page for posting “housemate wanted” advertisements
 - Page for person residing with persons living with HIV that includes HIV education and testing links, confidentiality information, and specific information on transmission for housemates
 - Page for posted feedback managed by a consumer
- Develop creative strategies to meet the housing needs of people who are undocumented.

Increase Housing Stability

- Ensure that case management staff have sufficient knowledge about mental illness, substance use, and homelessness, and the resources available to address these issues.
- Ensure that people housed and/or seeking housing have the services and skills necessary to maintain housing. Provide access to workshops and training on topics such as credit counseling, budgeting, and financial planning issues; tenant responsibilities and landlord-tenant law; and understanding entitlement programs and the impact of employment on financial and medical benefits.
- Increase transportation options for people living with HIV/AIDS, especially those linked to housing.

Appendices

Appendix A: HIV/AIDS Housing Needs Assessment Questionnaire

Appendix B: Spanish Speakers' Focus Group Guidelines

Appendix C: Housing and Service Providers' Focus Group Guidelines

Santa Cruz County
HIV/AIDS Housing Needs Assessment

This is a survey for people who have HIV/AIDS and live in Santa Cruz County. The information you provide will be used to assess the housing needs of people with HIV/AIDS and help us plan the development of new housing options. **Your answers are completely anonymous.** Please fill out only one survey, and do not write your name on it. If you need help filling out this form, please talk with the person who gave it to you or call Laura Manley at 427-3900. Thank you for your participation!

Section 1: Personal Information

1. Do you have HIV or AIDS?

- Yes
- No, I do not have HIV or AIDS. **Please stop here! The questionnaire is only for people with HIV or AIDS.**

2. What is the status of your health?

- HIV-positive with symptoms
- HIV-positive with no symptoms
- My doctor has told me I have AIDS.

3. In what year were you diagnosed with HIV? _____ AIDS? _____

4. Were you born in Santa Cruz County?

- Yes
- No → In what year did you move here? _____ Reason for moving to Santa Cruz County

5. What is your gender?

- Female
- Male
- Transgender: _____ male to female _____ female to male

6. What is your age? _____

7. Which best describes you? Please check all that apply:

- Asian or Pacific Islander
- African American
- Latino/Hispanic
- Native American, American Indian, or Alaskan Native
- White
- Other _____
- Decline to state

8. What is your primary language?

- English
- Spanish
- Other: _____

9. Which of these things currently make your day-to-day life difficult?

- HIV/AIDS
- Physical limitations
- Dental problems
- Developmental problems
- Vision
- Hearing
- Mental illness
- Alcohol use
- Drug use
- Domestic violence
- Memory loss
- Other health problems
- Something else: _____

10. Have you ever been in jail or prison for longer than 72 hours?

Yes → When were you released?

- Within the last year
- More than a year ago

No → *Skip to # 13*

11. Did someone help you find a place to live when you were released?

Yes → Who helped you?

- Jail discharge planner
- Friends Outside
- Family
- Friends
- Other: _____

No one helped me.

12. Where did you stay after you were released?

- An emergency shelter (such as River Street Shelter or the armory)
- Transitional housing (such as Page Smith or Pajaro Valley Shelter Services)
- Residential substance abuse program
- Mental health program or housing
- A house or apartment with friends or family
- A house or apartment by myself
- Outside/non-housing (street, car, camping)
- Other kind of place: _____

Section 2: Current Housing Situation

13. What city or town do you live in now? _____ Zip code _____

14. How long have you lived there? _____

15. Please pick the one kind of place that best describes where you are living today:

- A house, condo, or mobile home that I own
- An apartment, house, condo, or mobile home that I rent
- A room that I rent
- A hotel/motel that I rent by the week or month
- A house, apartment, condo or other home established to provide residents with help for HIV or AIDS
- A house, apartment, condo or other home where I get help for alcohol or drug problems
- Living with friends or relatives, but I can stay for only a short time
- Living with friends or family, and I can stay as long as I need to
- A shelter
- The streets, in parks, or in a car
- In jail or prison
- Treatment facility
- Other: _____

16. Who lives with you? Please check the answers that are true for you.

- I live alone → *Skip to #20.*
- I live with my husband, wife, or partner
- I live with my child or children
- I live with my mother, father, or other family members
- I live with one or more friends or other adults
- I live with other people in a group home, shelter, or hospital
- Other: _____

17. How many people live with you?

- Number of children age 17 or younger: _____
- Number of people age 18 and older: _____

18. Do any of the adults or children who live with you also have HIV infection or AIDS?

- Yes
- No

19. If you answered yes to the last question, what is your relationship to each person with HIV infection or AIDS?

20. How many bedrooms does your current apartment or home have? _____

21. Does a government program or another organization pay or help pay for your housing **each month**?

- No, I don't get any help with my housing costs
- I'm not sure if I'm getting help with my housing costs
- Yes → Check all that are true for you:
 - I have a Housing Authority voucher
 - I get rental assistance from SCAP
 - I live in a home for people with HIV infection or AIDS
 - I have a rent subsidy through the Homeless Persons' Health Project (HHP)
 - I get help but don't know which organization helps me
 - Other _____

22. Over the past 12 months, has the government or any other organization helped you with a **short-term or one-time** payment for your housing or related expenses (such as security deposit) at any time?

- Yes → If so, please check all the places you got assistance from:
 - SCAP
 - Other community organization (such as Community Action Board)
 - Housing Authority
 - County Mental Health
 - HPHP
 - Other: Please explain: _____
- No, I did not get any short-term help with my housing during the past 12 months.
- I'm not sure if I got any short-term help paying for my housing during the past 12 months.

23. Are you on any waiting lists for government or other help to pay for your housing?

- No, I'm not on any waiting lists for help with housing.
- I'm not sure if I am on any waiting lists for help with housing.
- Yes → Check all that are true for you:
 - I'm waiting for a Housing Authority voucher. I have been waiting _____ months/____ years.
 - I'm waiting to get help from SCAP. I have been waiting for _____ months.
 - I have been waiting for other help: _____, and I have been waiting for _____ months.

24. Does the place where you currently live have any of the following problems? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Incomplete kitchen (missing sink, refrigerator, and/or stove with oven) | <input type="checkbox"/> Water leaks |
| <input type="checkbox"/> No heating system | <input type="checkbox"/> No smoke detectors |
| <input type="checkbox"/> No indoor bathroom | <input type="checkbox"/> Broken windows |
| <input type="checkbox"/> No hot and/or cold running water | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mold/mildew | <input type="checkbox"/> I don't have any of these problems |
| <input type="checkbox"/> External doors that don't lock | |

25. Have you ever considered moving because of any of the following problems in your current building or neighborhood? Please check all that apply.

- Drug activity
- Violence
- Prostitution
- Gangs
- Noise
- Street harassment or many people hanging out
- Physical harassment in my building
- Other criminal activity
- I don't have any of these problems.

26. Are you currently behind on any housing or utility bill payments?

- Yes, I am currently behind on paying a utility bill.
- Yes, I am currently behind on paying my rent or mortgage.
- No, I am not behind on any housing or utility bill.
- I am currently not responsible for paying any housing or utility bills.

27. What would be the impact on your life if your monthly housing costs (rent or mortgage and utilities) went up about \$50?

- It would not have an impact on my life.
- I would pay the increase without making other changes.
- I would borrow money from friends or family.
- I would look for more employment.
- I would look for another person to share my housing.
- I would apply for more benefits or emergency assistance.
- I would move.
- I would stop buying and taking medications.
- I would resort to criminal activities.
- I would do something else. → Please explain: _____

Section 3: Income, Benefits, and Expenses

Please answer the following questions to help us understand your financial situation.

28. What kind of income and benefits do you currently receive? Please check all the answers that apply.

Type of Income	Monthly Amount
Total monthly income	\$
Check or cash for work I do	\$
Supplemental Security Income (SSI)	\$
Social Security Disability Insurance (SSDI)	\$
TANF, CalWORKs, or GA	\$
Alimony and/or child support	\$
Food Stamps	\$
Veterans' Benefits	\$
Retirement Check	\$
Unemployment Check	\$
Other:	\$

29. What is your portion of the monthly rent/mortgage payment? \$ _____

30. What is your portion of the monthly gas, electric, water and phone bill (total)? \$ _____

31. Please tell us how your medical care costs have been paid in the past year. Please check all that apply.

- Family or friends' assistance
- Private disability insurance
- Medi-Cal
- Medicare
- Medi-Cruz
- HPHP (Homeless Persons' Health Project) coverage
- Personal income or savings
- Private health insurance
- CARE/HIPP
- Ryan White CARE Act
- State AIDS Drug Assistance Program (ADAP)
- Medically Indigent Adult (MIA) Program
- Veterans' Administration (VA) benefits
- Have not had any medical care costs
- Have had bills, but haven't been able to pay them
- Other (please describe): _____

Section 4: Housing History

32. In the past year, did you ever:

a. Spend at least one night in a shelter or receive a motel voucher?

Yes

No

b. Spend at least one night with family or friends because you didn't have a place of your own?

Yes

No

c. Sleep outside at least one night because you didn't have anywhere else to sleep?

Yes

No

33. How many times within the past 3 years have you been without housing or stayed in an emergency shelter?

None

1 time

2 times

3 times

4 times

More than 4 times: _____

Continuously during the past 3 years

Don't know how many times

I experienced homelessness more than 3 years ago (_____ times)

34. In your opinion, have any of the following problems **prevented** you from getting housing? Please check all that apply.

Race or ethnic background

Sexuality (gay, lesbian, bisexual or transgender)

Health: HIV infection or AIDS

Disability (other than HIV)

Criminal history or prison record

The way rent would be paid (such as Housing Authority certificate or voucher)

My drug or alcohol use

My mental illness

My immigration status

My bad credit

My rental history and/or past evictions

I didn't have enough money for security deposit, first and/or last months' rent

I had no transportation to search for housing.

Pets

Partner or children

No phone to make calls or get messages

Other reason (please explain): _____

No, none of these has prevented me from getting housing.

35. How many times have you moved in the past 12 months?

I haven't moved in the past 12 months.

1 time

2 times

3 or more times

Section 5: Housing Preferences

36. Right now, would you rather:

- Stay where you are
- OR
- Move to another place?

37. We would like to know about your preferences for different types of housing. Please put the following six types of housing in rank order from 1 to 6, with 1 being your first choice and 6 being your last choice:

- ___ 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 with cooking and bathroom facilities, in an apartment building
- ___ My own apartment in a small building with only a few units
- ___ A freestanding mobile home

38. If you had to move next month, what type of housing situation would you most prefer? Please check only one response.

- Share a place with other people who may or may not have HIV
- Move into shared housing with other people who are living with HIV
- Move in with family or friends
- Live in an apartment building where only people with HIV or AIDS live
- Live in an apartment building where different kinds of people live together, whether they have HIV or not
- Live in a place where there are services (for example, counseling, case management, AA meetings) available throughout the day

39. Which of the following would prevent you from choosing housing specifically for people with HIV/AIDS? Please check all that apply.

- House rule that you can't smoke indoors
- House rule that you can't drink alcohol on premises
- House rule that you can't drink alcohol at all
- 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
- Failing health of housemates
- Mental illness of housemates
- Sexual orientation (all queer or all straight)
- Can't choose housemates
- Cultural/language barriers among housemates
- Housing that is not clean and sober
- Don't want to live in housing only for people with HIV/AIDS
- Afraid people would find out I'm HIV positive

40. Which areas of the county would you consider living in? Please check all that you would consider:

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Felton | <input type="checkbox"/> Aptos |
| <input type="checkbox"/> Live Oak | <input type="checkbox"/> Ben Lomond | <input type="checkbox"/> Corralitos |
| <input type="checkbox"/> Capitola | <input type="checkbox"/> Boulder Creek | <input type="checkbox"/> Watsonville |
| <input type="checkbox"/> Soquel | <input type="checkbox"/> Scotts Valley | <input type="checkbox"/> Other: _____ |

41. Which **one** of the above areas would you prefer? _____

Section 6: Services

42. How do you get medical care?

- County clinic
- Private doctor
- Community clinic (such as Salud Para La Gente or Planned Parenthood)
- Emergency room
- Homeless Persons' Health Project (HHPH).
- I do not get any medical care.

43. Do you currently receive or need these **housing** services? Please check RECEIVE or NEED for each.

- | RECEIVE | NEED | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance paying your rent each month |
| <input type="checkbox"/> | <input type="checkbox"/> | Lists of apartments or houses that you might be able to afford |
| <input type="checkbox"/> | <input type="checkbox"/> | A staff member to take you around to look at housing |
| <input type="checkbox"/> | <input type="checkbox"/> | Help filling out housing applications and other forms |
| <input type="checkbox"/> | <input type="checkbox"/> | A list of housing that will accept pets |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance with moving |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance with landlords |
| <input type="checkbox"/> | <input type="checkbox"/> | Other type of housing service (please explain): |
-

44. We would like to know about the services you have received in the past 12 months and those you haven't gotten but feel you need. Please check RECEIVED and/or NEED for each of the services listed below.

- | <u>RECEIVED</u> | <u>NEED</u> | |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical care |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative health care |
| <input type="checkbox"/> | <input type="checkbox"/> | Home health care |
| <input type="checkbox"/> | <input type="checkbox"/> | In-Home Supportive Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Help managing medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health treatment/services |
| <input type="checkbox"/> | <input type="checkbox"/> | Nutrition counseling or education |
| <input type="checkbox"/> | <input type="checkbox"/> | Case management |
| <input type="checkbox"/> | <input type="checkbox"/> | Counseling |
| <input type="checkbox"/> | <input type="checkbox"/> | Support groups |
| <input type="checkbox"/> | <input type="checkbox"/> | Spiritual counseling |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse treatment/services |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial assistance services |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal services |
| <input type="checkbox"/> | <input type="checkbox"/> | Help with transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | Meal delivery |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical marijuana |
| <input type="checkbox"/> | <input type="checkbox"/> | Needle exchange |
| <input type="checkbox"/> | <input type="checkbox"/> | Recreation |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment training or support |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Section 7: Other Comments

Please add anything you think is important for us to know.

Thank you! Please return the survey to the person who gave it to you or to any of the following :

- SCAP office
- SCAP or HSA outreach workers
- CARE Team
- Drop-In Center
- Mobile Testing Van
- Del Sol HIV Testing Van Site
- Equinox
- Homeless Persons' Health Project

Appendix B

Spanish-Speaking Focus Group

Group

- 10 Spanish-speaking HIV-positive individuals
- Group will reflect the diversity within Spanish-speaking HIV-positive community (e.g., MSM, IDU, etc.) and include homeless/persons at risk of homelessness
- Two discussion leaders plus one note-taker
- \$50 per person incentive payment

Timeline

- Conduct group during February
- Transcript/report to HSA by end of March?

Content

- Brief overview of project
- How information provided will be used
- Statement of confidentiality
- Ground rules
- Introductions
- Themes
 - Finding/keeping housing; housing preferences
 - Cultural issues, including language, documentation, perceived discrimination
 - Services that have been helpful; services needed; barriers

Questions & Probes

Finding and Keeping Housing/Housing Preferences

- What is your current housing situation (type of housing, geographic location, shared/not shared, etc.)?
 - What about it do you like? Not like?
 - Where would you prefer to live (housing type, location, etc.)? Why?
- What has been your experience in looking for housing?
 - What has worked? What hasn't worked?
 - What kinds of problems have you encountered looking for housing?
- What has been your experience in keeping housing, once you've gotten in?
 - Have you ever been evicted or asked to leave? Why? How did things turn out?
 - Have you ever been homeless (without a regular indoor place to spend the night)?

Cultural Issues/Discrimination/Documentation/Language

- Do you feel that Spanish speakers living with HIV/AIDS in this community have a different experience than English speakers? In what ways?

Services

- What services have you had that have been helpful to you?
- What other services would be helpful to you?
- Would you prefer to live in housing with these services provided on site? Why or why not?
- Has it been difficult for you to get the services you need? What are the difficulties you've experienced?

Santa Cruz County HIV/AIDS Housing Needs Assessment

Provider Focus Group

1. What are the barriers people living with HIV/AIDS face in getting access to stable housing?
2. What helps a person living with HIV/AIDS to maintain stable housing?
3. What are the gaps in the HIV/AIDS housing continuum?
4. Who are your most difficult to house consumers?
5. What kinds of linkages exist between HIV/AIDS housing and other housing systems (mental health housing, programs for homeless people, etc.)? How formal or informal are they?
6. How do you think existing affordable housing providers could be more engaged in housing people living with HIV/AIDS?
7. What would need to be in place for housing providers to partner with the HIV/AIDS community in housing people living with HIV/AIDS?
8. What is the level of coordination among housing and service providers right now? What should it be?
9. If you are already partnering with others, how do you think services or access to services in your system might be improved for people living with HIV/AIDS? What would need to be in place for those improvements to happen?
10. If you had unlimited resources, what type of housing program would you develop? What type of housing system should there be?

3/25/05