

Sacramento Transitional Grant Area

HOUSING

2010 MINI NEEDS ASSESSMENT REPORT



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Acknowledgements

The 2010 Sacramento Transitional Grant Area (TGA) Part A Needs Assessment was a collaborative effort among government agencies, service providers, consumers of services, and community members across three counties in the Sacramento Region. The collaborative effort that made the needs assessment process successful is a testament to the dedication of all corners of Sacramento's HIV/AIDS community to work together to provide the best possible system of care to address the unique challenges present within the local HIV/AIDS epidemic.

The Sacramento TGA HIV Health Services Planning Council would like to recognize the following individuals for their dedication to undertaking a community driven assessment process:

Members of the Needs Assessment Committee
All Sacramento-area Ryan White service providers
Raven Hoopes, Harm Reduction Services
Angelita Hogg-Rivera, Angelita's Room and Board
Kane Ortega, Sacramento TGA HIV Health Services Planning Council Chair
Paula Gammell, Sacramento County Ryan White CARE Program

Finally, the individuals who participated by completing the surveys are the unsung heroes. Respondents welcomed surveyors into their homes and into their service agencies to embrace the opportunity to improve the system for the entire community. We thank all participants for their openness to the process and their truthful responses to difficult questions.

What follows is their collective assessment of need in the Sacramento region's HIV/AIDS community.

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Introduction

The intent of the 2010 Needs Assessment survey was to target individuals utilizing housing services during the past two years to identify the service needs and gaps as reported by people living with HIV/AIDS with housing issues throughout the Sacramento Region. The data identifies that a gap or service need exists, not why the gap or service need exists, nor what steps could be taken to address those needs or gaps. The data collected through this survey process is the starting point to a comprehensive approach to providing a continuum of services for HIV/AIDS in the Sacramento Transitional Grant Area.

The Sacramento Transitional Grant Area (TGA) HIV Health Services Planning Council is responsible for the prioritization and allocation of federal funding under the Ryan White Treatment Modernization Act of 2006, formerly the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. A unique characteristic of the CARE Act is its inclusion of local control of funding decisions and, very importantly, community input into those decisions.

A major source of community input comes from scores of local individuals living with HIV/AIDS participating in a comprehensive assessment of community need every three years. This Needs Assessment survey project was completed in the early months of 2010 with 64 individuals taking part in group and individual survey sessions. The data compiled from the hour long sessions was analyzed by the Needs Assessment Committee of the Planning Council and presented to the HIV Health Services Planning Council. The same survey tool used in the comprehensive assessment was used in the 2010 assessment with modifications made to target specific housing needs.

The Needs Assessment Committee chose to undertake the project as part of a data collection model that will see an ongoing process for obtaining data to provide more updated information to the Council. In 2009, the committee chose to pursue a course toward a user-friendly report that will act as an accessible tool for both the Planning Council and the community at large, which too often is mined for information and left wondering what became of their efforts.

In producing a highly visual report from the thousands of lines of data collected, the Needs Assessment Committee hopes that this report on community need will act as a reference for future funding decisions, as well as a basis of discussion within the community. While the project sought to include input from all facets of the HIV/AIDS affected community, resource limitations, geographic challenges and numerous other factors prevent surveying every possible constituency. Therefore, when the report is reviewed in the diverse communities throughout the region, each community is challenged to offer its view of its own needs, both in agreement and opposition to the findings laid out here.

The Needs Assessment Committee stands behind the data collected through this project as a true reflection of the reported needs, gaps in services, and barriers to care facing people living with HIV/AIDS in the Sacramento region. Above all, the Needs Assessment Committee seeks information that will provide the Sacramento HIV Health Services Planning Council with the best overall sketch of the needs of the HIV/AIDS affected community in order for Ryan White funding to serve the greatest need of the greatest number.

Executive Summary

The 2010 Needs Assessment report was written to document the current needs of the HIV/AIDS communities utilizing housing services within the Sacramento TGA. The last comprehensive survey was conducted in 2009 and yielded data that proved useful in service priority and resource allocation. Data collected from the 2010 survey will provide information for the planning process in 2011.

Housing:

- **64 surveys were completed by individuals living with HIV/AIDS and met the criteria of having utilized housing services in the past two years**
- **75% of respondents currently rent housing**
- **73% feel their housing is safe, habitable, and stable**
- **75% of respondents reported that they had been on a waiting list for housing; of those, 69% reported being placed in housing**
- **33% reported that they had no other adults living in the household**

Organization

The report is organized through a series of charts and tables that provide detail on survey questions related to health and supportive services fundable under the Ryan White Treatment Modernization Act of 2006. Charts are grouped by the general service categories as outlined in the survey to include Demographics, Responses to Survey Questions, Barriers to Care, and Substance Use and Abuse Data. Within each service category chart, the data reported is for all respondents and the response to each question is broken down by client need, asked, and received.

Service Needs

The top ten reported needs of those surveyed in 2009, compared with 2010 are listed below. The comparison is helpful in understanding the reported relationship of the need for support services in conjunction with medically-related services. It is important to note that while rankings may have changed, the comparison includes on two years of data. and should not be viewed as a trend.

Reported Services Need of All Respondents		
Rank	2009 Comprehensive Assessment	2010 Targeted Housing Assessment
1	HIV Outpatient Medical Care	Dental Visits
2	Doctor Prescribed Medications	Prescriptions
3	Medical Case Management Sessions	HIV Outpatient Medical Care
4	Dental Visits	a) Medical Case Management Session; b) Food Bank; c) Rental Assistance
5	Food Vouchers	Visit with doctor, nurse or assistant for non-HIV health condition
6	a) Non-HIV Medical Conditions b) Food Bank	Utility Assistance
7	Utilities Assistance	Mental Health One-On-One Counseling
8	a) Benefits Counseling, b) Visit to Medical Specialist, c) Housing/Rental Assistance for Permanent Housing	a) Intake Session; b) Medical specialist referral from your doctor; c) Bus/light rail passes
9	One-on-one Counseling	Food Voucher
10	Bus, Light Rail Pass	a) Benefit Sessions; b) Client Advocate

Service Gaps

Among the most informative pieces of data to be collected through the needs assessments comes in the form of the “Need/Receive Gap”. This measurement reveals disconnects between the reported need and the actual accessibility of a particular service. Reviewing the service gaps allows for the identification of those services that are greatly needed, but are for some reason inaccessible to a percentage of the community.

The assessment data showed that Food Vouchers presented the greatest gap between the services needed and those received. Bus or Light Rail passes ranked as the second largest gap, followed by Buddy/Companion Services as the third most unmet service need. The top ten Need/Receive Gaps are presented below with the 4th, 5th and 6th ranks having equal gaps in need and receipt of services. As there are multiple responses for the 4th, 5th and 6th ranks, we have chosen not to include additional services in ranks 7-10 to avoid a misrepresentation of the top needs in 2010. The rankings are a side-by-side comparison to the findings from the 2009 assessment. Specific information on all Need/Receive Gaps can be found in Appendix A and among the service category charts found later in this report.

Need/Receive Gaps		
Rank	2009	2010
1	Food Vouchers	Food Vouchers
2	Utilities Assistance	Bus or Light Rail Passes
3	Housing/Rental Assistance for Permanent Housing	Buddy/Companion Services
4	Benefits Counseling Sessions	<ul style="list-style-type: none"> ➤ Non HIV Medical ➤ Medical Case management ➤ Housing Information ➤ Taxi Service
5	Housing Information Services	<ul style="list-style-type: none"> ➤ Dental Services ➤ Client Advocate ➤ Utility Assistance ➤ Rental Information ➤ Non-HIV Medical Home Care
6	Bus, Light Rail Passes	<ul style="list-style-type: none"> ➤ Prescription Medications ➤ Recreational Activities ➤ Legal Services
7	Supportive Services for Recreational Activities	See above
8	Legal Services	See above
9	Client Advocacy with Counselor	See above
10	Volunteer Drivers	See above

Service Needs Reported by Race/Ethnicity

The following table represents the top five reported service needs by race/ethnicity. Service needs reported by African American, Latino, and White respondents are included in the table; only five respondents self-identified as Asian Pacific Islander, Native American, Multiracial or Other so they were not included in this analysis. Transportation and Food related services are among the top five needs reported despite race/ethnicity and vary only slightly in ranking across each demographic.

Top Five Reported Needs by Race/Ethnicity			
Rank	African American	Latino	White
1	Food Vouchers	Dental Visits	Medical Case Management Sessions
2	➤ Taxi Services ➤ Utility Assistance	Buddy/Companion Services	➤ Food Vouchers ➤ Client Advocate
3	➤ Prescription medications ➤ Complementary Therapy ➤ Housing Information	➤ Bus Passes ➤ Legal Services ➤ Non-Medical Home Care ➤ Rental Assistance for Permanent Housing ➤ Health Insurance Assistance ➤ Medical specialist ➤ Outpatient Medical ➤ Food Voucher ➤ Intake Sessions	➤ Bus/Light Rail Passes ➤ Taxi Service ➤ Legal Services ➤ Buddy/Companion Services
4			
5	Bus, Light Rail Passes		

Barriers to Care

Respondents were provided a list of problems (barriers) and asked to agree or disagree whether or not it was a problem/barrier for them. The top five highest rated barriers, based on respondents indicating that they agree the listed problem is a barrier for them, are identified below.

Top Five Barriers to Services for All Respondents, 2010		
Rank	Barrier	Percent of All Respondents
1	Not knowing that a service or treatment was available to me	57.8%
2	Not knowing the location of the service	46.9%
3	➤ Not knowing who to ask for help ➤ My ability for find my way through the system ➤ No childcare	42.2%
4	Experience or expertise of the person providing services to me	39.1%
5	My state of mind or mental ability to deal with the treatment.	35.9%

In ranking number three above, there were three separate problems/barriers identified by the respondents, which presented the same rate of difficulty for the respondents. Two of the responses, not knowing who to ask for help and the respondent’s ability to work through the system, are systematic/programmatic issues. However, the lack of childcare is a social issue.

Methodology and Limitations

- Respondents were eligible to participate in the survey based on having an HIV/AIDS diagnosis and having received or been in need of housing services within the past two years.
- Data were collected from four survey sessions and some additional surveys collected by staff at Colonia San Martin in individual sessions with clients. Of the survey sessions, two were conducted at CARES and were specifically held sessions for the Needs Assessment survey itself. A third survey session was the women's group facilitated by Sunburst Projects, held at the CARES. The fourth survey session was conducted at Colonia San Martin.
- A total of 65 surveys were completed with the aid of a survey administrator, between January and February 2010. One of the 65 survey respondents indicated they were HIV negative and not included in the analysis of responses.
- Council staff, service agencies, and volunteers conducted surveys, both in groups and in one-on-one settings. The survey instrument was created in English, but was administered in Spanish for those who were Spanish speaking only. Surveys were administered in one-on-one setting for those with limited comprehension, or reading skills.
- 64 anonymous completed surveys were entered and analyzed by the HIV Health Services Planning Council staff, using Microsoft Excel.
- While every effort was made to ensure that individuals completing the surveys fully understood the intent of the questions, responses are ultimately based on each respondent's individual understanding and interpretation of each question.
- Data were collected from two transgender/intersex individuals as well as individuals who stated their race as Asian Pacific Islander, Native American, or More Than One Race. The sample for these groups was too small to be statistically reliable, and in many cases analysis was not conducted for these groups.
- 76.6% of survey respondents earned \$11,600 or less per year. As such, the data reported here reflect the needs of very low-income HIV/AIDS clients in the TGA.
- Data for all survey respondents is highlighted in the Service Need charts. It is important to note that the responses provided in the Service Need charts regarding the need for a service, whether a client requested a service and whether a client received the service do not correlate to one another. In other words, the client who stated they needed the service may not be the same as the client who said they asked for the service or the client who received the service. The survey asks three distinct questions in this section:
 1. Did you *need* this service in this past year?
 2. Did you *ask* for this service in this past year?
 3. Did you *receive* this service this past year?

The response to each question is independent of the other and the reader cannot make any assumptions about the receipt of services based on reported need or request.

Basic Demographic Data

The table below shows the demographic breakdown of survey responders, as well as demographics for the general population of the Sacramento TGA (Sacramento, El Dorado, and Placer Counties), people living with HIV/AIDS within the TGA, and Ryan White Clients. The most significant finding to note when comparing the demographics of the TGA to that of the people living with HIV/AIDS is the disproportionate impact on African Americans. African Americans represent 7.0% of the general population of the TGA, but comprise 22.1% of the people living with HIV/AIDS. It should also be noted that the demographics of survey participants do not align with the demographics of the region's HIV/AIDS population.

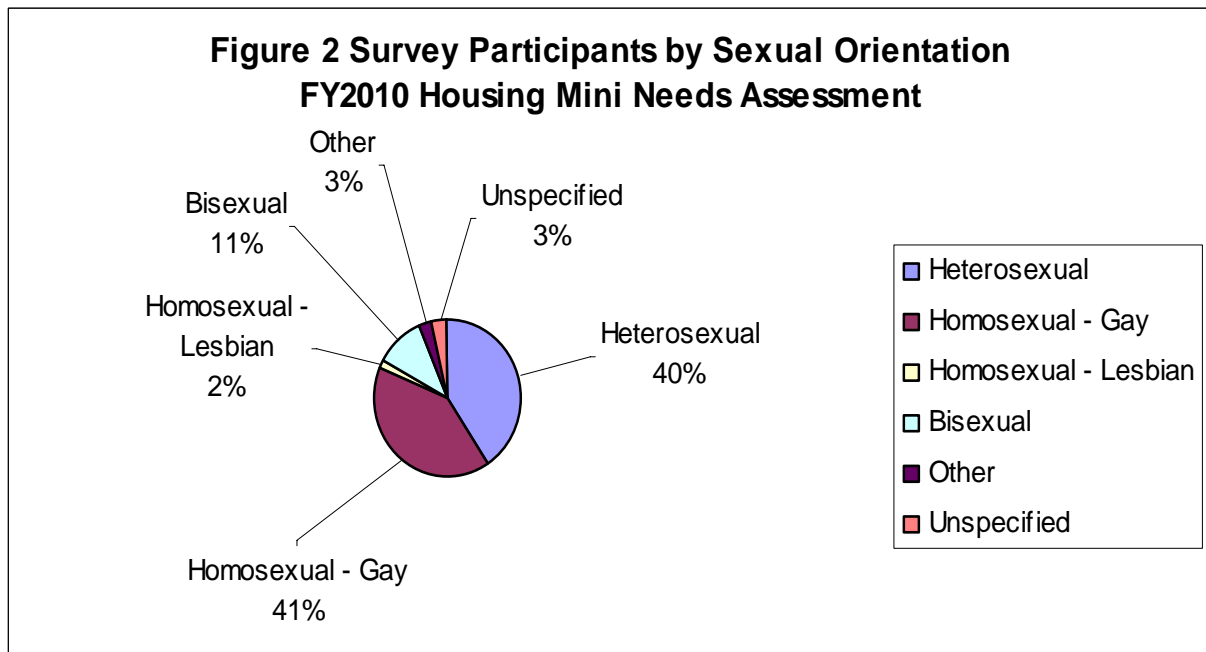
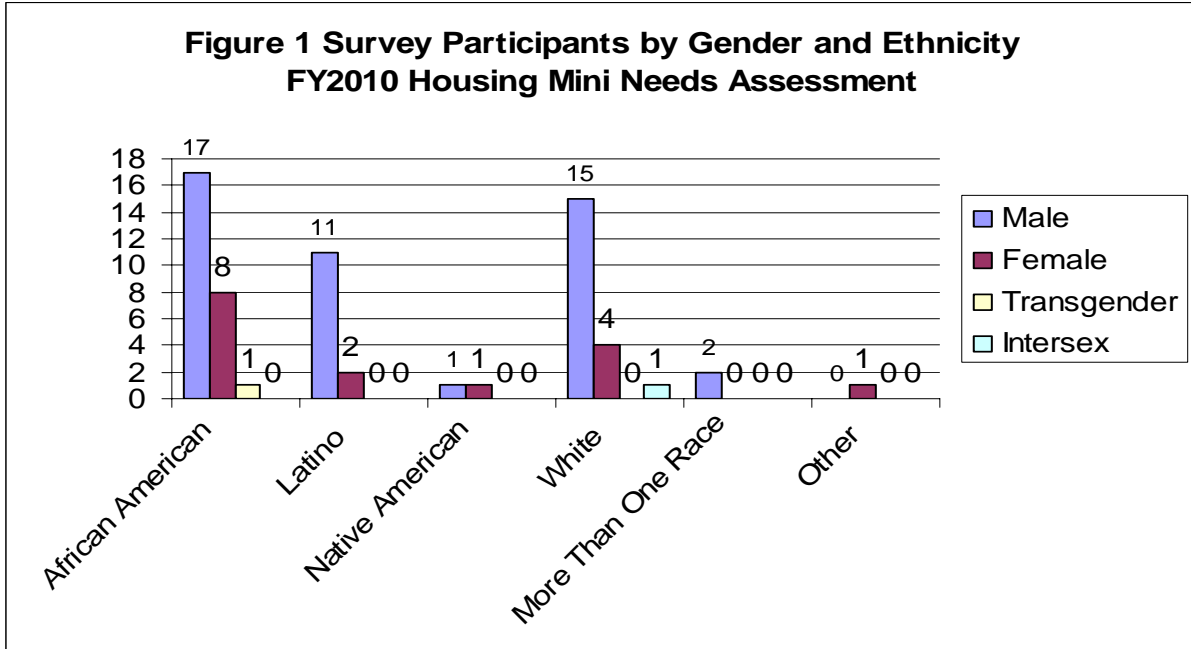
Population		TGA, General Population ¹ n=1,964,352	TGA, PLWH/A ² n=3,223	Ryan White Clients ³ n=1,806	Survey Participants n=64
Gender	Male	49.1%	82.6%	79.51%	64%
	Female	50.9%	17.4%	19.99%	71.39%
	Transgender	NA	NA	0.5%	25%
	Transgender – MTF	NA	NA	NA	N/A
	Transgender – FTM	NA	NA	NA	N/A
	Intersex	NA	NA	NA	1.6%
Race	African American	7.0%	22.1%	24%	40.6%
	Asian/Pacific Islander	11.8%	2.8%	2.0%	N/A
	Native American	0.7%	0.8%	1.0%	3.1%
	Latino	18.2%	13.5%	17.0%	20.3%
	White	59.6%	59.9%	52.0%	31.3%
	More than one	3.7%	0.02%	1.0%	3.1%
	Other	NA	0.7	1.0%	1.6%
Risk Group	MSM	NA	55.3%	46.73%	42.29%
	MSM/IDU	NA	9.5%	6.26%	0%
	IDU	NA	11.6%	12.02%	10.9%
	Heterosexual	NA	20.5%	22.09%	34.4%
	Unknown		1.7%	8.53%	10.9%
	Adult Hemophiliac/Blood Products		1.4% listed for Other/Adult	0.11%	1.6%

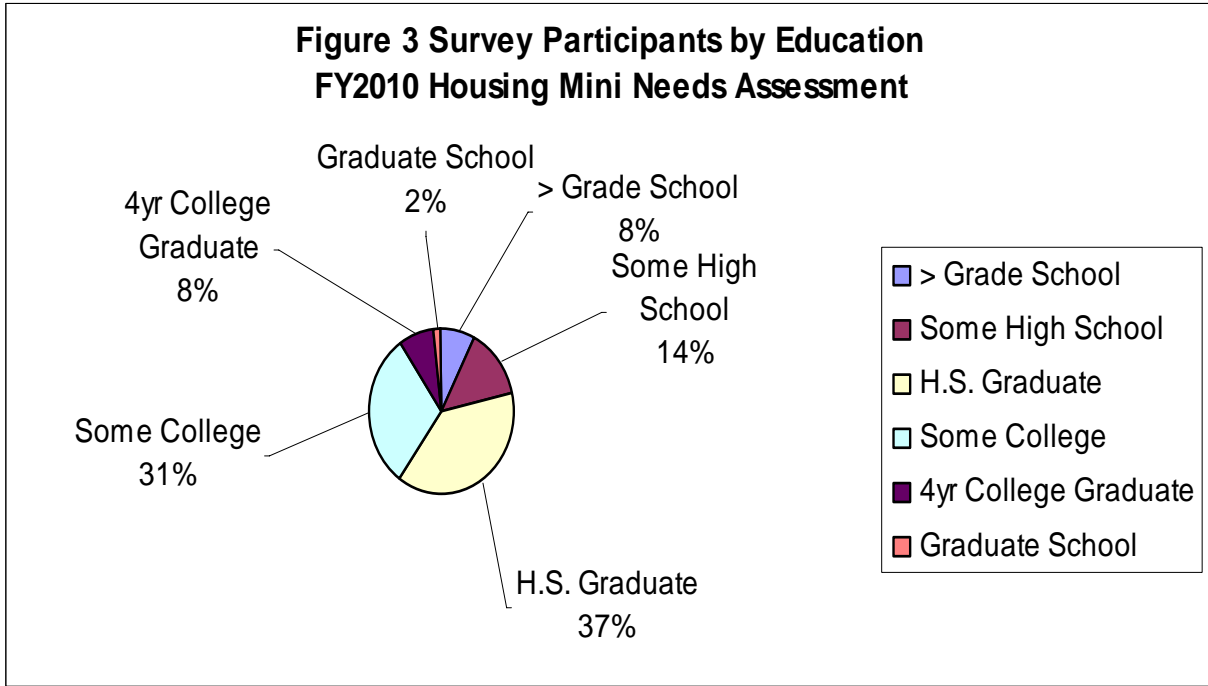
¹ California Department of Finance, 2009

² Ryan White CARE Act Sacramento Region Part A Application, 2010-2011

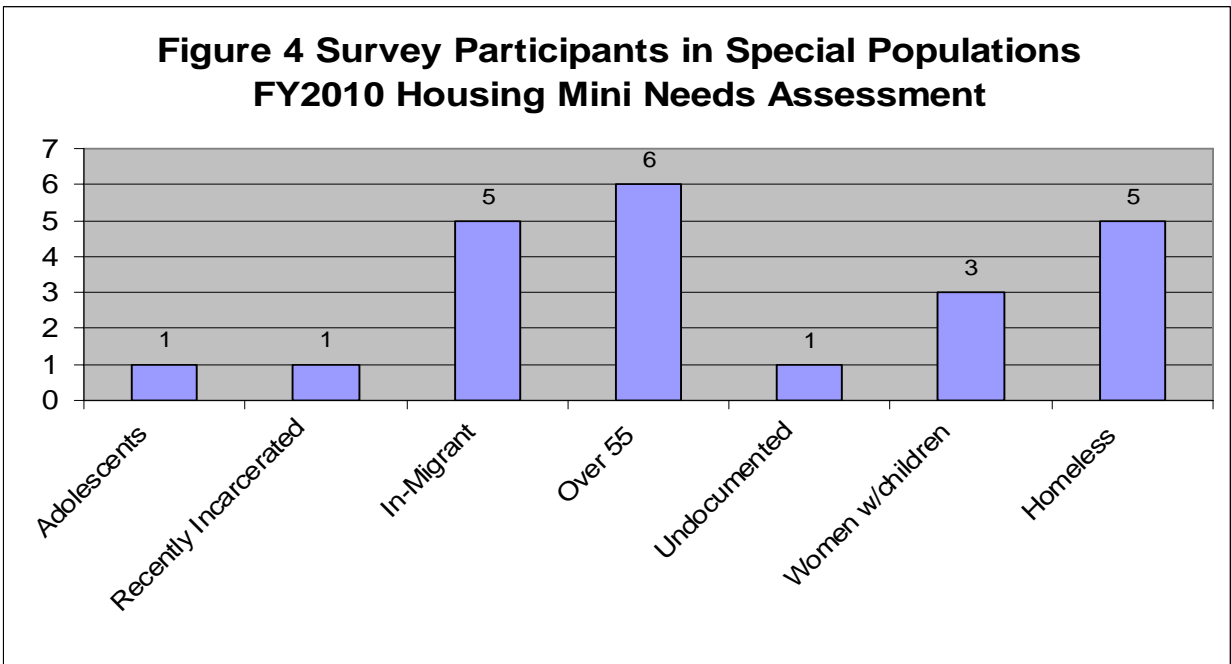
³ Ryan White FY98 3rd Quarter Fiscal Report

Figure 1 shows the gender/ethnicity breakdown of survey responders for the FY2010 Targeted Housing Needs Assessment. Of the 26 African American respondents, 17 were male, eight female and one was transgendered. Of the Latino respondents, 11 were male and two were female. There was one female and one male Native American. Of the Caucasians, there were 15 male, four female and one intersexed respondents. Survey responders were 71.9% male, 25% female and 1.6% for each transgender and intersex respondents. Forty-one percent of responders self identified as homosexual/gay (Figure 2). Only 41% of responders had an education above high school graduation (Figure 3)

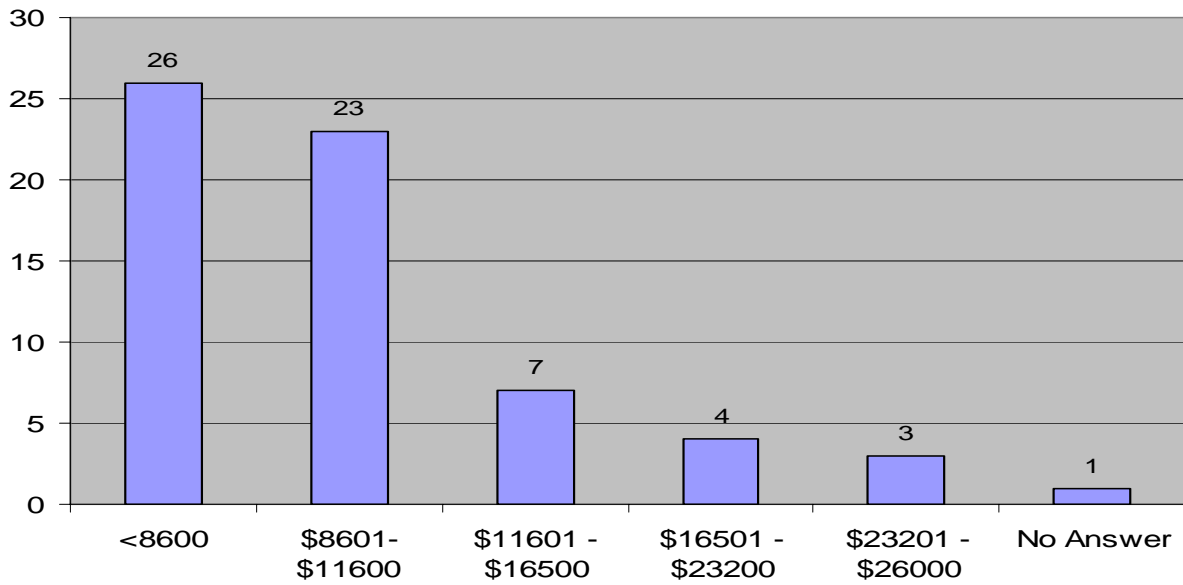




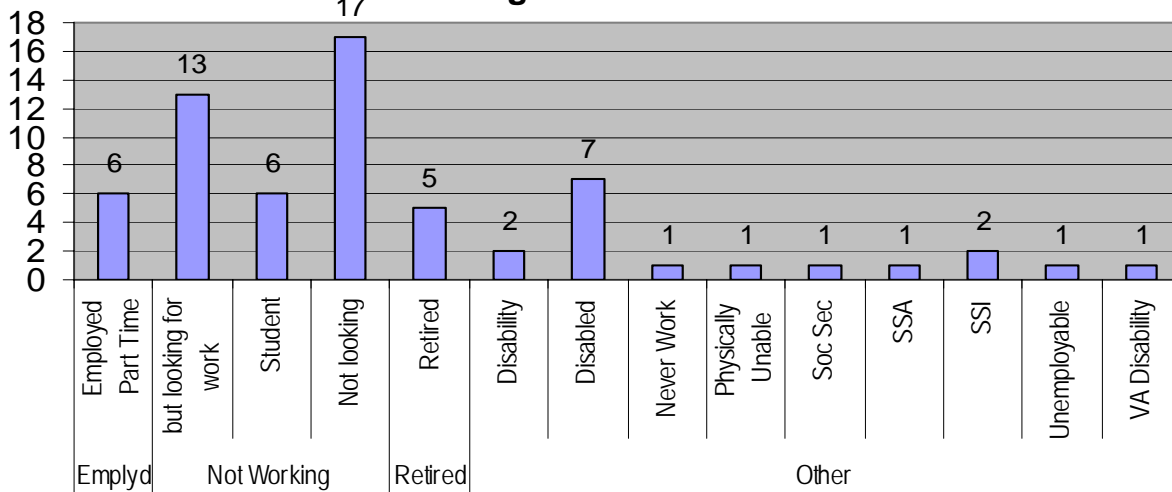
Five participants indicated they were currently homeless (Figure 4) with 49 (76%) earning less than \$11,600 annually. Thirty-six (56%) of the participants reported that they were not working, however 13 of those did report that they were looking for work (Figures 5 and 6). Of those receiving benefit, most, 28, received supplemental security income and food stamps, 23 (Figure 7)



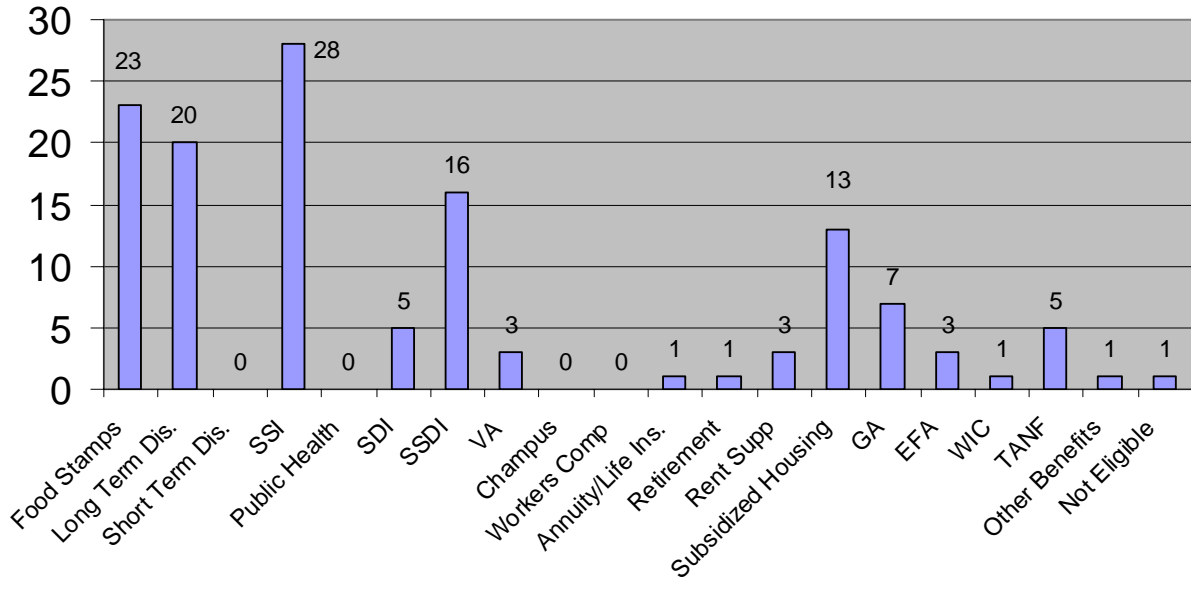
**Figure 5 Survey Participants by Income
FY2010 Housing Mini Needs Assessment**



**Figure 6 Survey Participants by Employment Status
FY2010 Housing Mini Needs Assessment**



**Figure 7 Survey Participants by Received Benefits
FY2010 Housing Mini Needs Assessment**

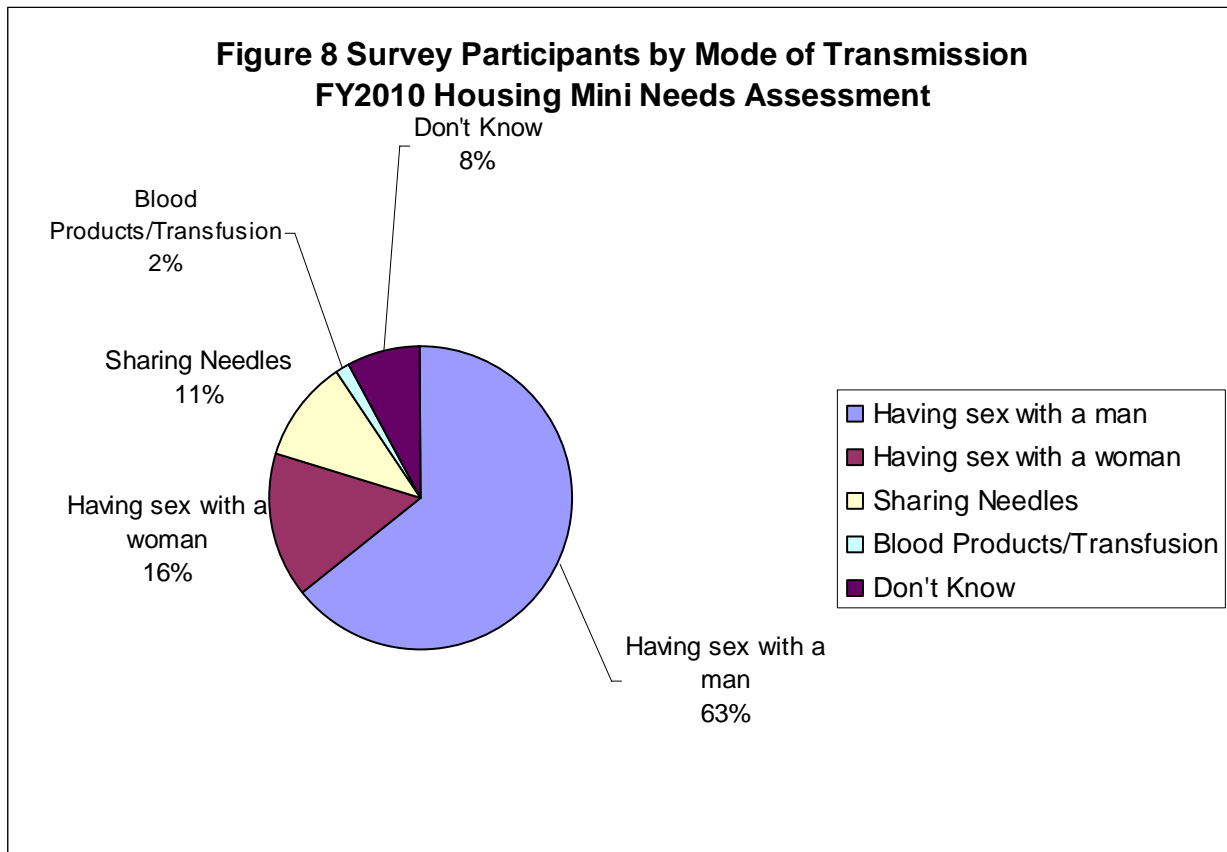


Medical Health Related information

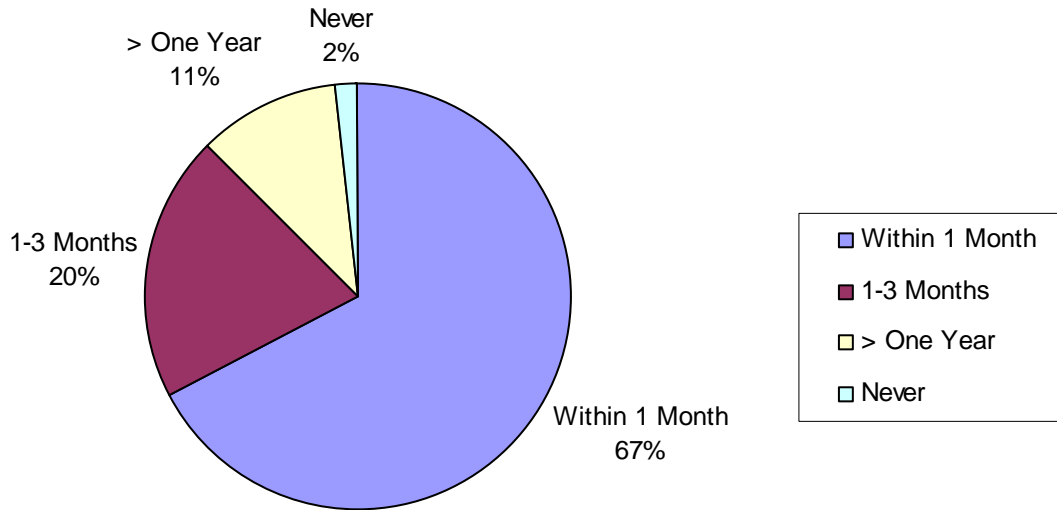
When asked how they were most likely infected, 63% of the respondents indicated they were infected by a man. However, when considering their sexual orientation, only 42% (27 out of 64) were infected by having sex with a man (Figure 8). Homosexual gay males predominantly self-reported being infected by having sex with another man. Upon learning of their diagnosis, question 21 asks how long after their diagnosis before they sought medical care. 67% of the respondents indicated they had their first doctor visit within one month of learning of their diagnosis (Figure 9).

However, from time to time, clients may stop visiting their doctor. Question 30 is a two part question inquiring if a client has stopped seeing the doctor for more than six months *or* for more than one year. Question 30b, then inquires, if the client did report stopping medical care, have they since gone back. Overall, 29 respondents self-reported that they stopped medical care at some point and of those 29, 21 returned back care (Figure 10). Figure 11 shows the two primary reasons cited for returning to care was stabling housing and/or the respondent got sicker. Overall, clients report their health being better now (Figure 12).

The primary opportunistic infection cited by respondents was pneumonia, followed by shingles. Question 39 inquires as to which types of medications the participants are currently taking. Fifty-nine percent of the participants report taking anti-retroviral medications and 42% report also taking anti-depressants. Overall, 53% of responders reported having stopped taking their medications at some point. The most frequently reported reason for stopping medications was that the responder forgot (Figures 13-16).



**Figure 9 Survey Participants by Date of First Doctor Visit
FY2010 Housing Mini Needs Assessment**



**Figure 10 Survey Participants by Health Care Visits
FY2010 Housing Mini Needs Assessment**

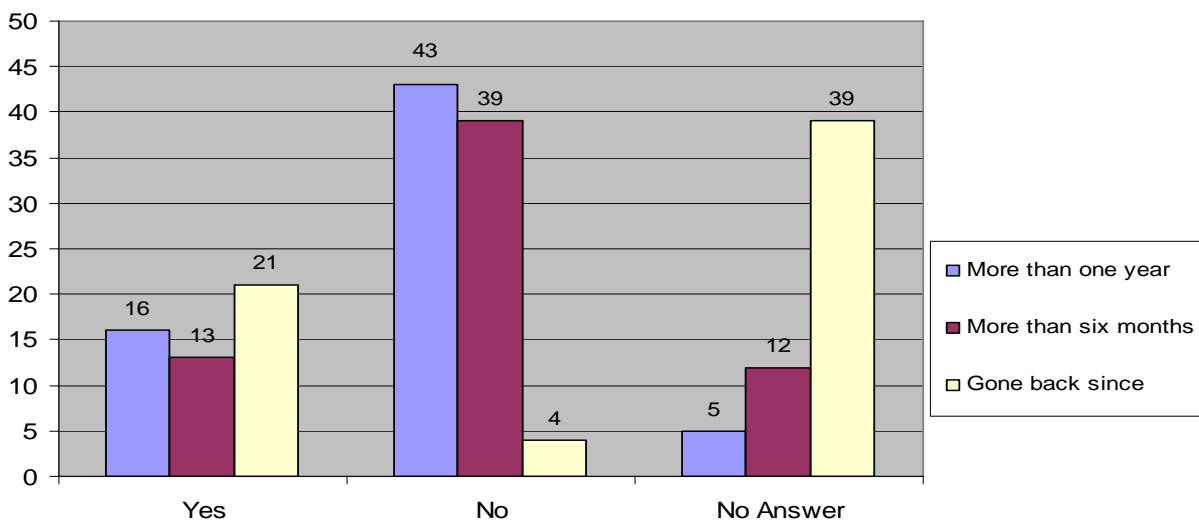


Figure 11 Survey Participants Reasons for Seeking Health Care After Not Receiving Health Care in Six Months

FY2010 Housing Mini Needs Assessment

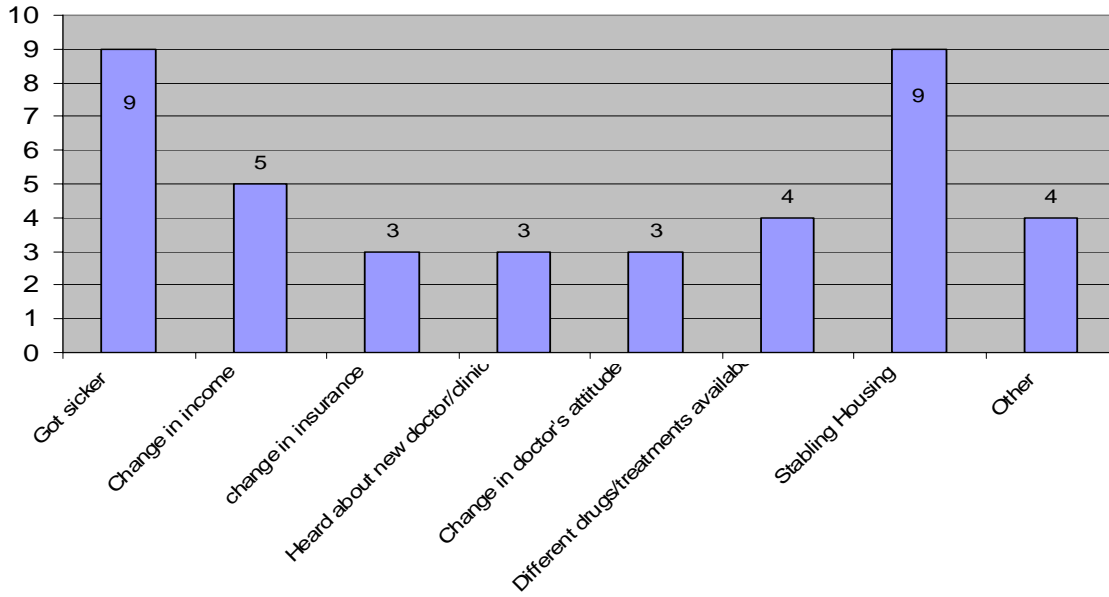
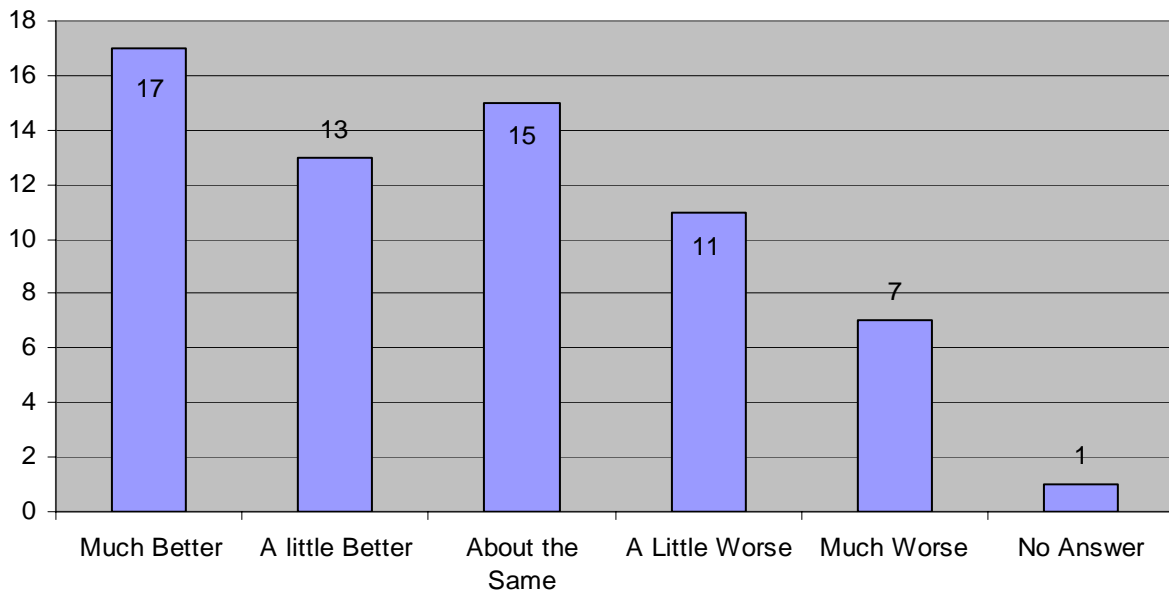
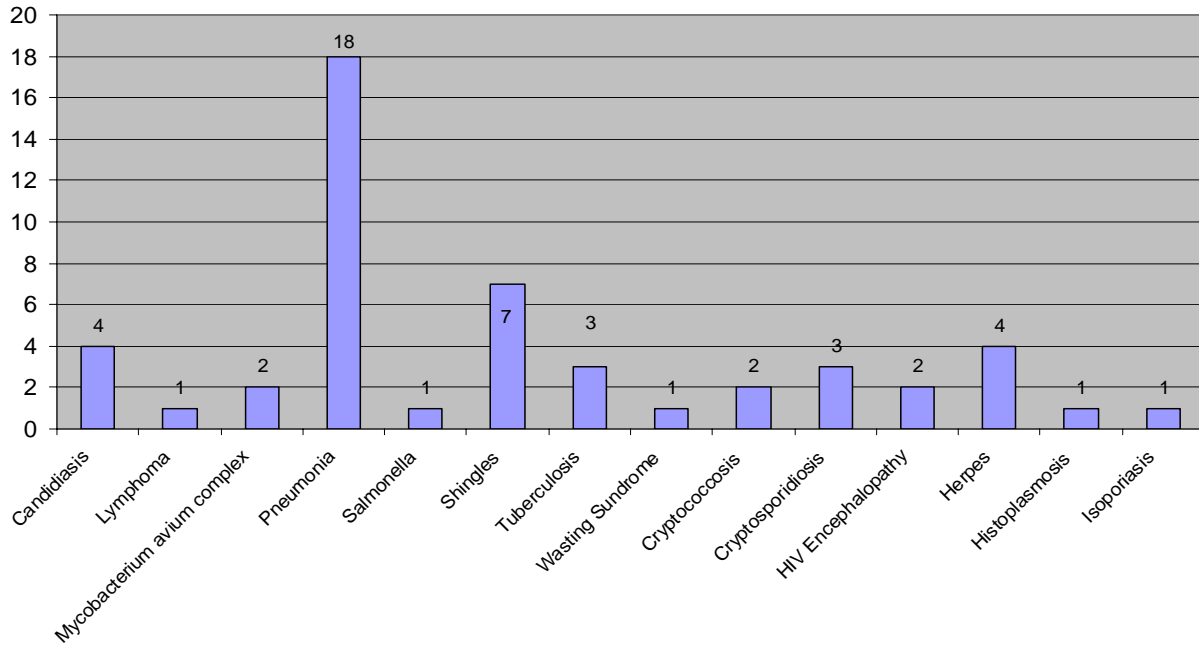


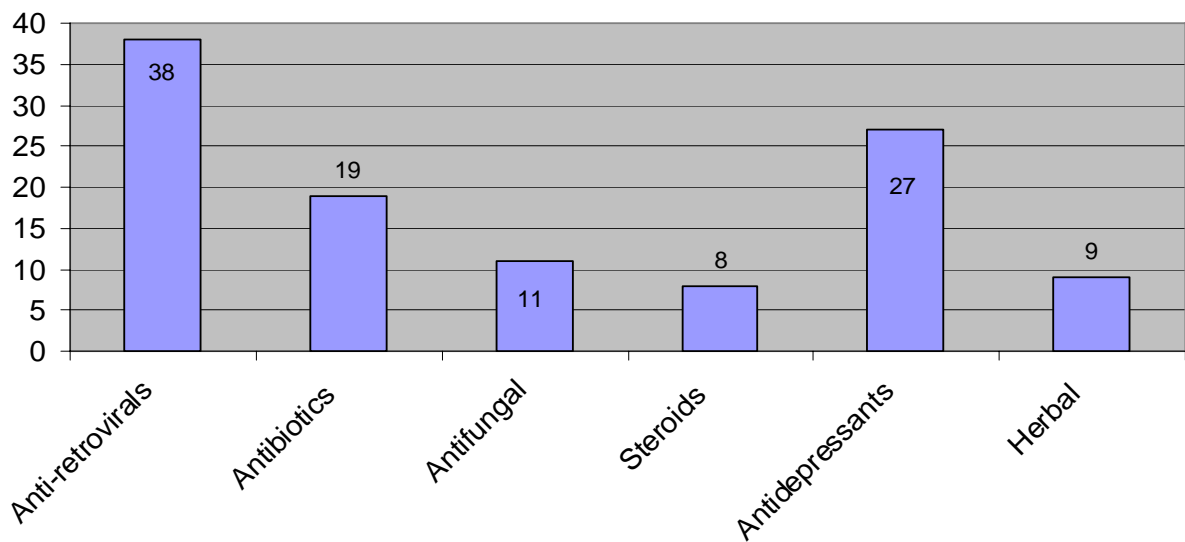
Figure 12 Survey Participants by Current Health Status
FY2010 Housing Mini Needs Assessment

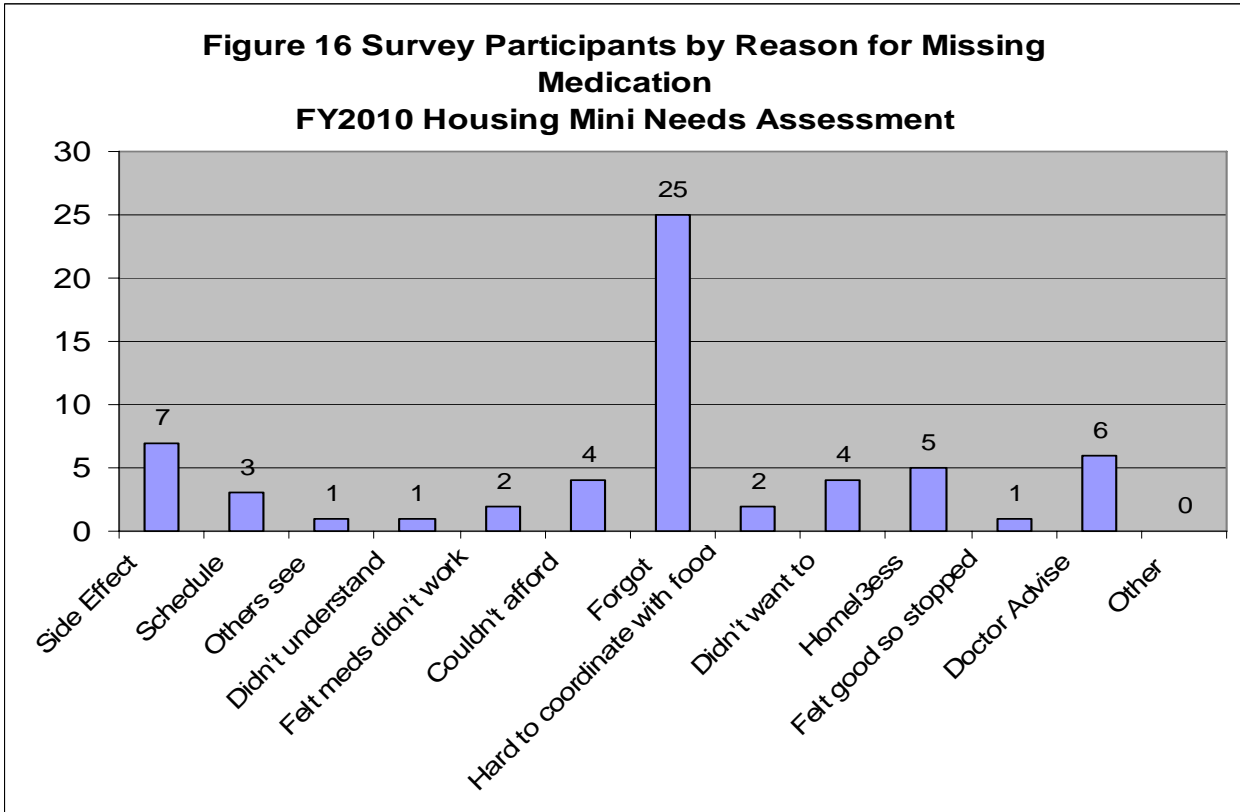
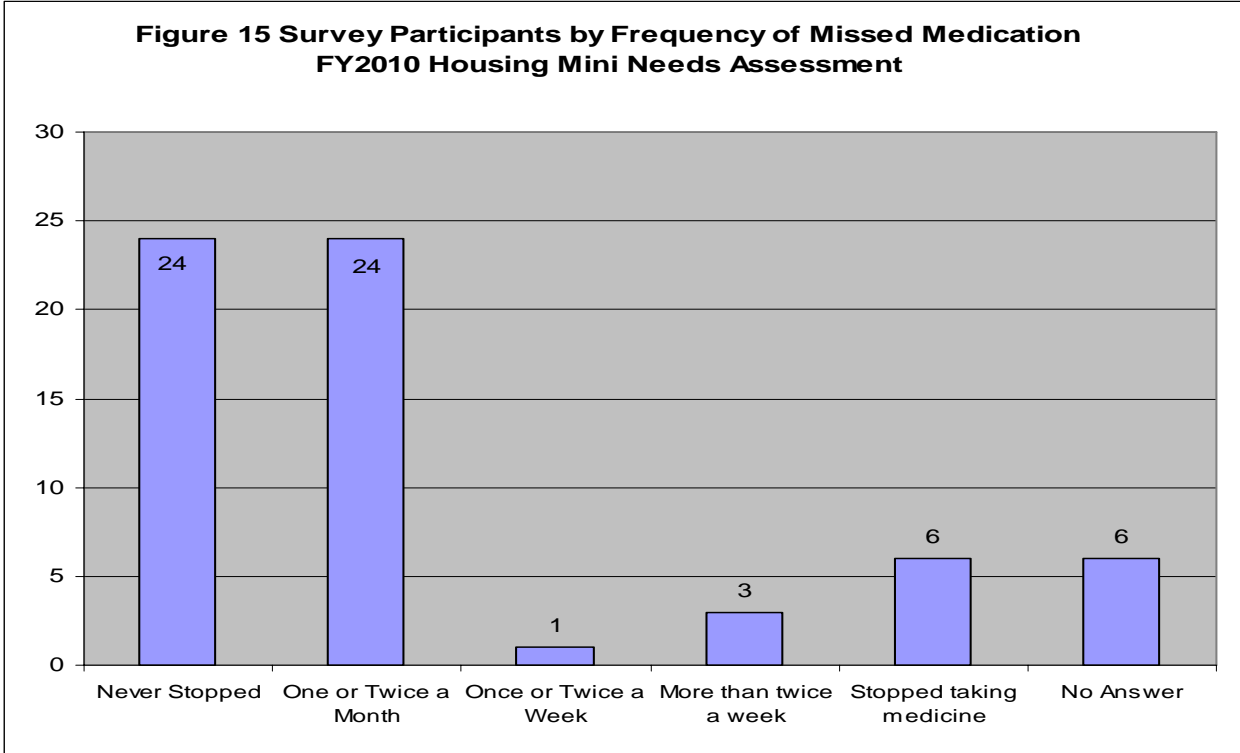


**Figure 13 Survey Participants by Opportunistic Infections
FY2010 Housing Mini Needs Assessment**



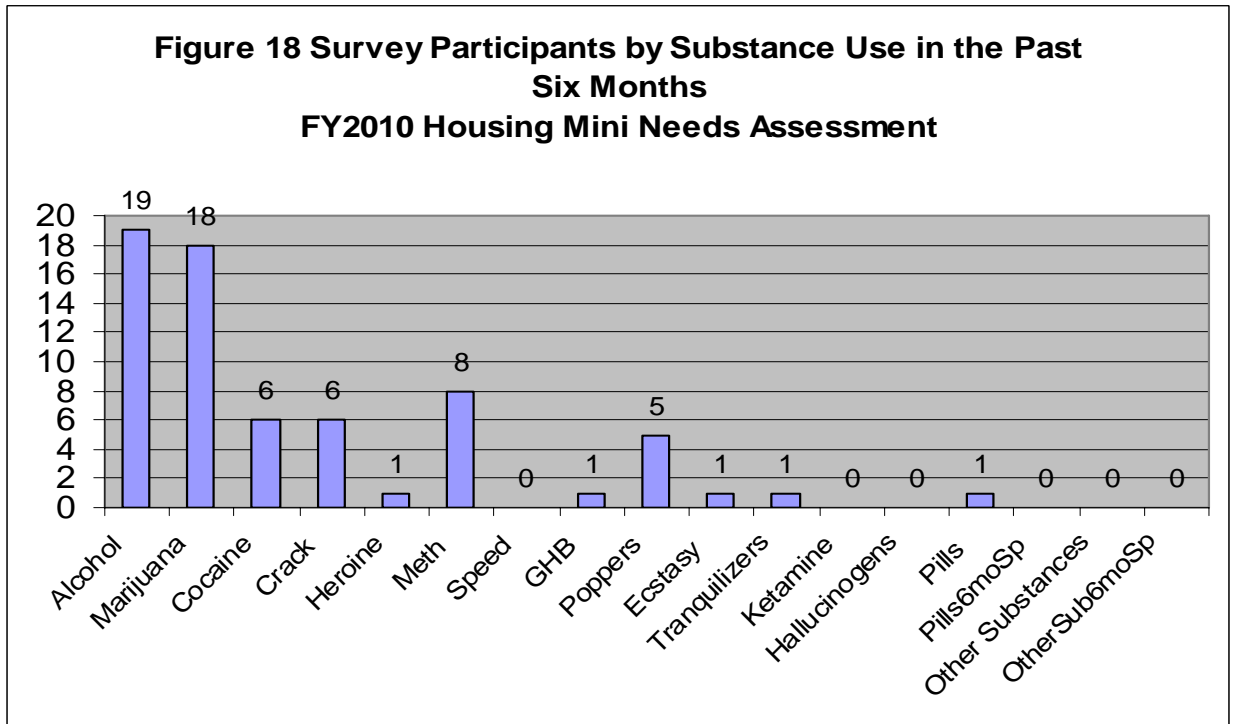
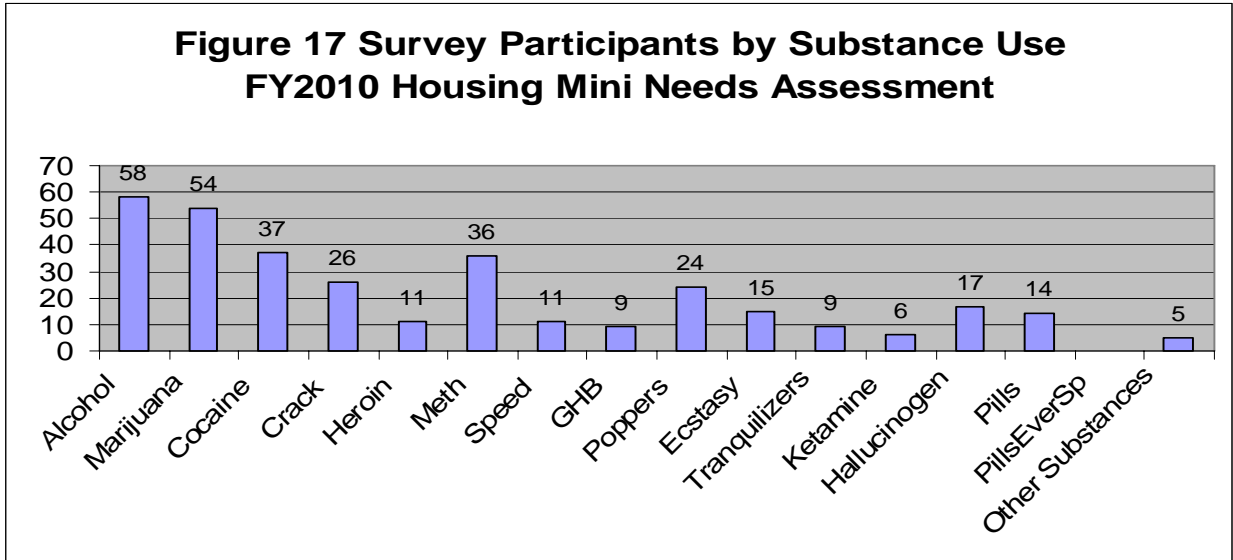
**Figure 14 Survey Participants by Type of Medication
FY2010 Housing Mini Needs Assessment**





Substance Use Information:

Alcohol and Marijuana are the primary substances used in both the past six months or at any point during the respondent’s history of alcohol or drug use. The majority of respondents, 67%, indicated that they have not injected controlled substances. Of the seven respondents self-reporting that they have injected drugs, one reported having only shared needles with one other individual; another reported sharing needles with two other people; another individual reported sharing needles with three other people; two respondents reported sharing needles with four other individuals; one reported sharing with 15 others; and one person in particular, reported having shared needles with 20 other individuals.



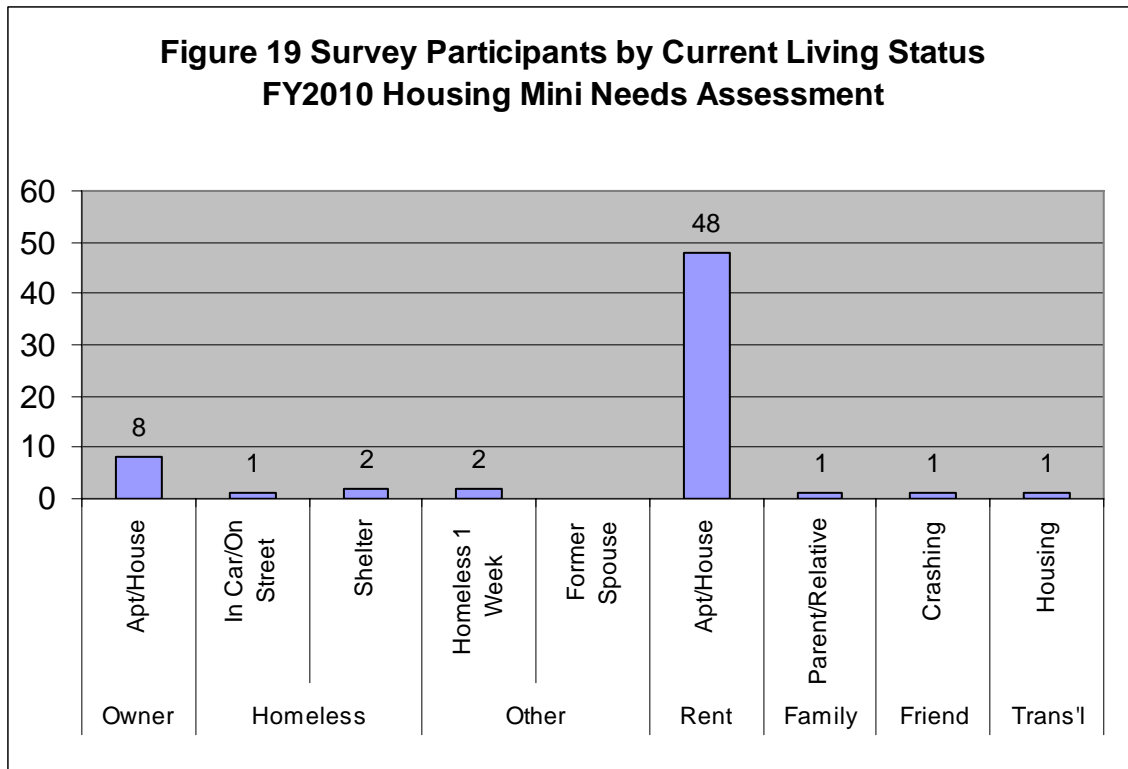
Housing Specific Information

In order to participate in the 2010 Needs Assessment participants must have utilized housing services within the past two years. Those services could have been obtained through the Ryan White Program, HOPWA program, or other federal, state and local housing services.

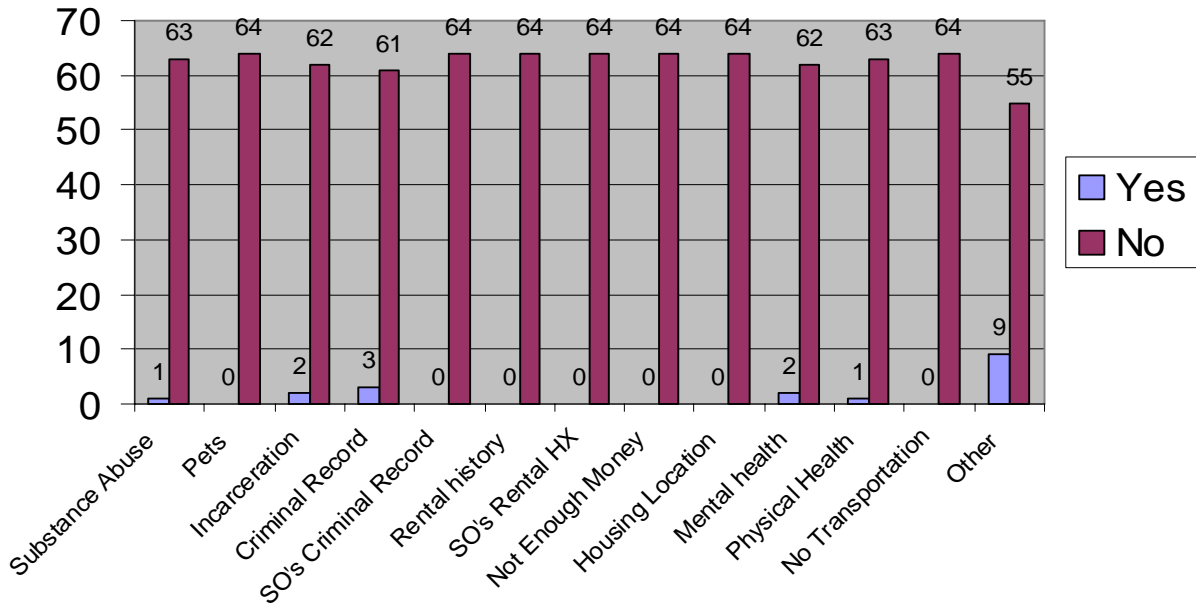
Of the 64 respondents, 48 reported they were currently renting an apartment/home while 8 reported owning an apartment/home (Figure 19). Only 13 of the 64 participants currently reported being on a waiting list for housing services, while forty-eight respondents reported “yes” to having ever been on a housing waiting list; 33 of the 48 who had been on a waiting list were placed. The majority of participants (73%) felt their living situation was safe, habitable, and stable. Of the 18 respondents who stated they did not receiving a housing placement, the primary self-reported reason was “other”. The written responses specifying the “other” included lack of a housing specialist, Section 8 was discontinued, still on the waiting list, dropped from the waiting list and being new on the list.

Ten of the respondents reported living in transitional housing while nine reporting being homeless during the past two years. The 10 indicating “other” included individuals reporting to have lived with relatives, hospice, paying rent on an apartment, or with a former spouse (Figure 21).

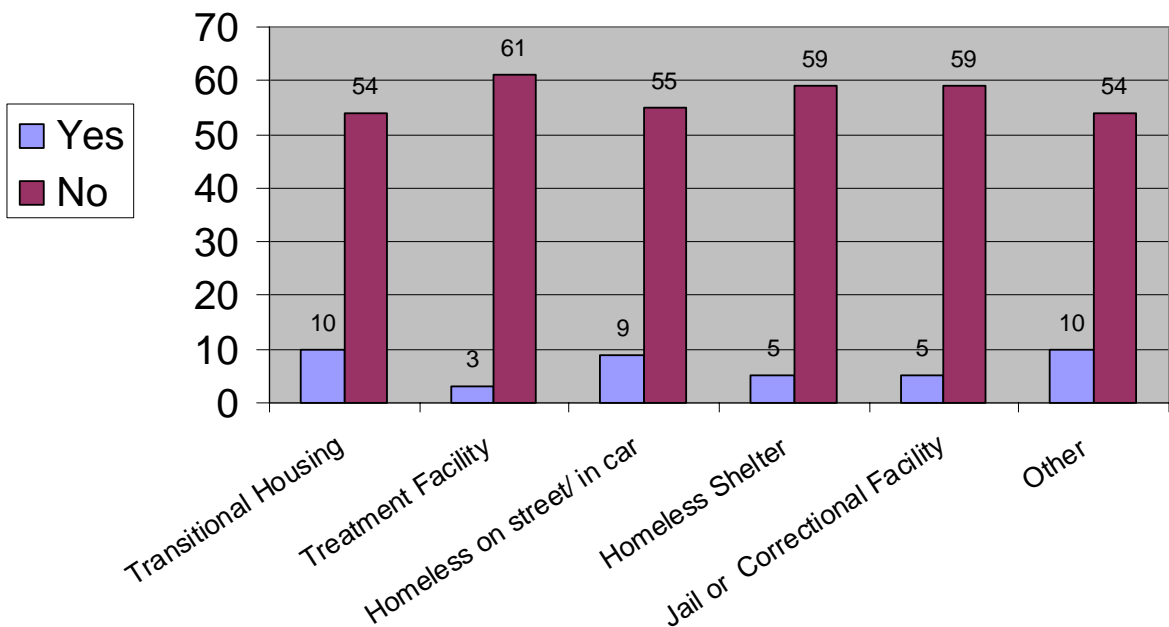
Approximately 1/3 of the clients (21 of 64) indicated they have no other adults living with them and over half reported (39 of the 64) reported no children living with them. Of the respondents who said they lived with other adults or children, 17 reported living with other HIV+ individuals.



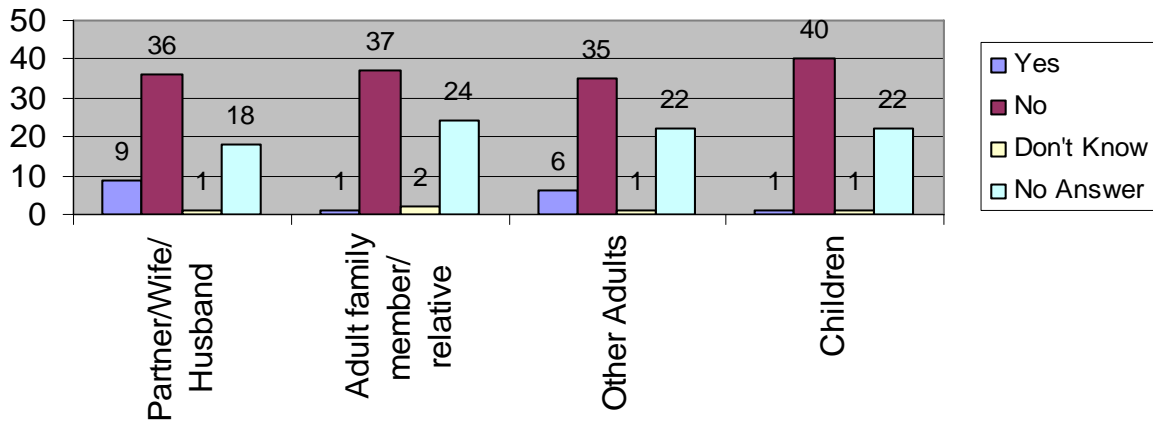
**Figure 20 Survey Participants Reasons for Not Being Placed in Housing
FY2010 Housing Mini Needs Assessment**



**Figure 21 Survey Participants by Living Status During the Past Two Years
FY2010 Housing Mini Needs Assessment**



**Figure 22 Survey Participants HIV Status of Household Residents Current Living Status
FY2010 Housing Mini Needs Assessment**



APPENDIX A

Needs of People Living with HIV/AIDS in the Sacramento Region

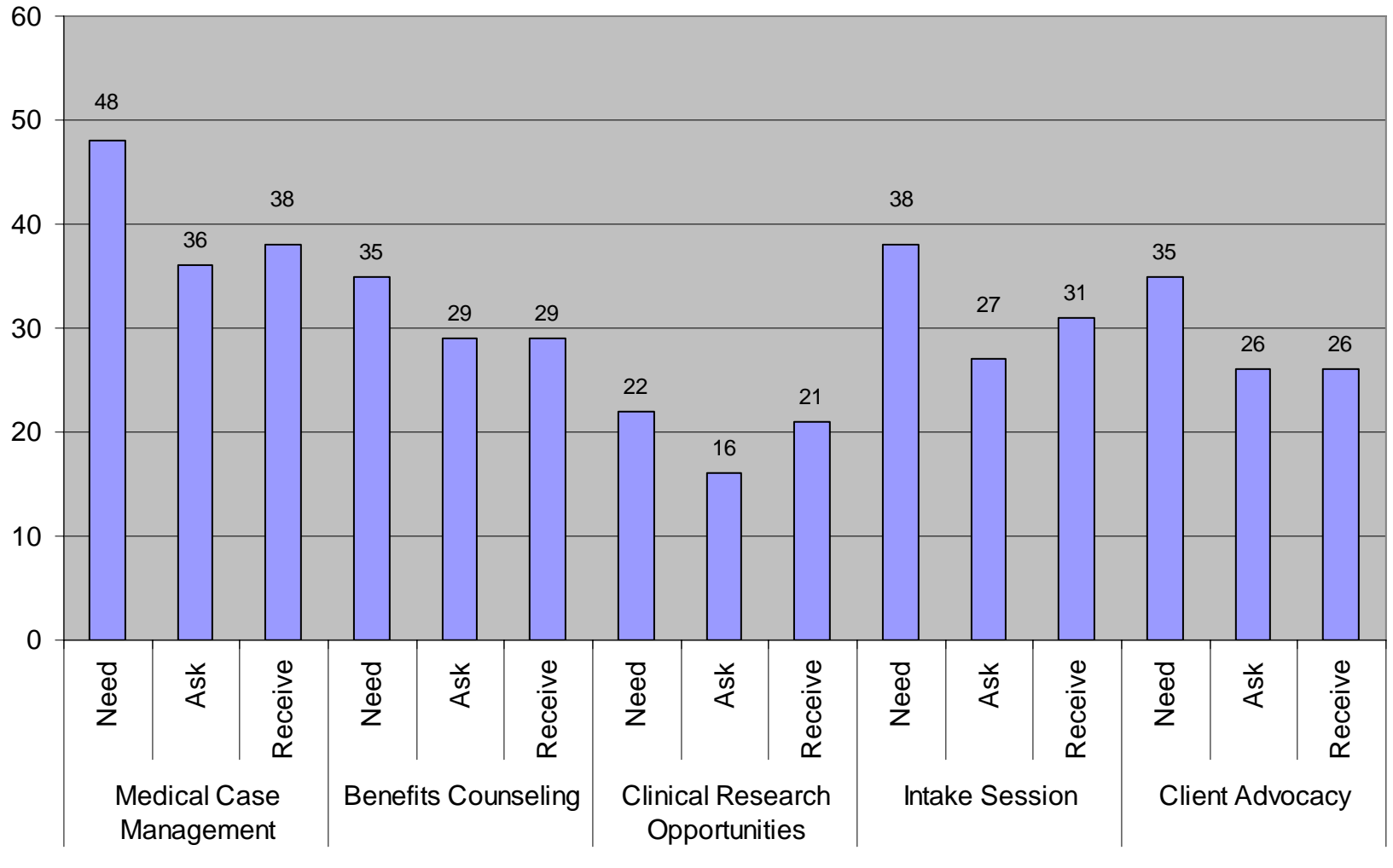
The survey asks three distinct questions in this section:

1. Did you *need* this service in this past year?
2. Did you *ask* for this service in this past year?
3. Did you *receive* this service this past year?

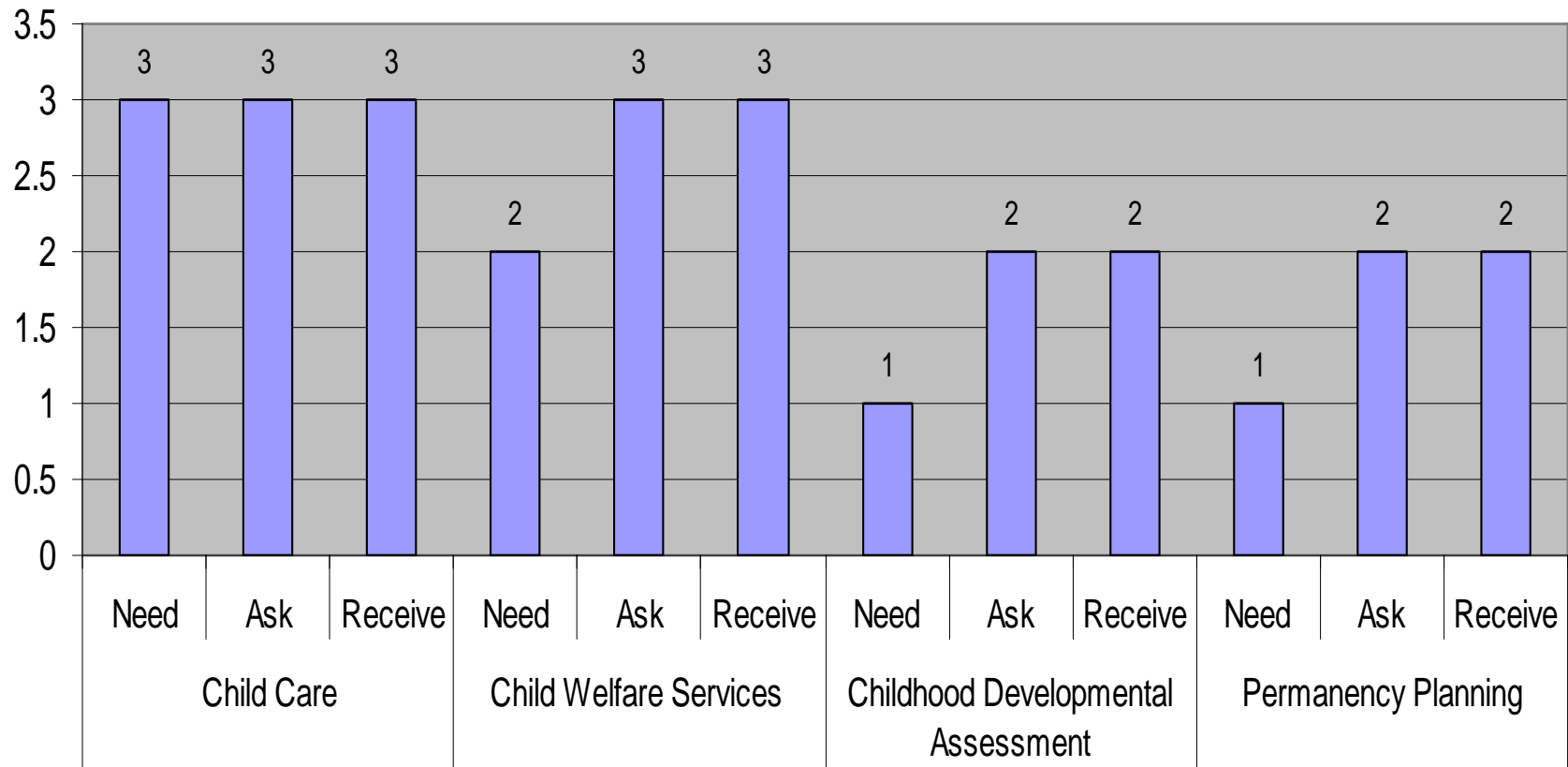
The response to each question is independent of the other and the reader cannot make any assumptions about the receipt of services based on reported need or request.

FY10 Housing Needs Assessment

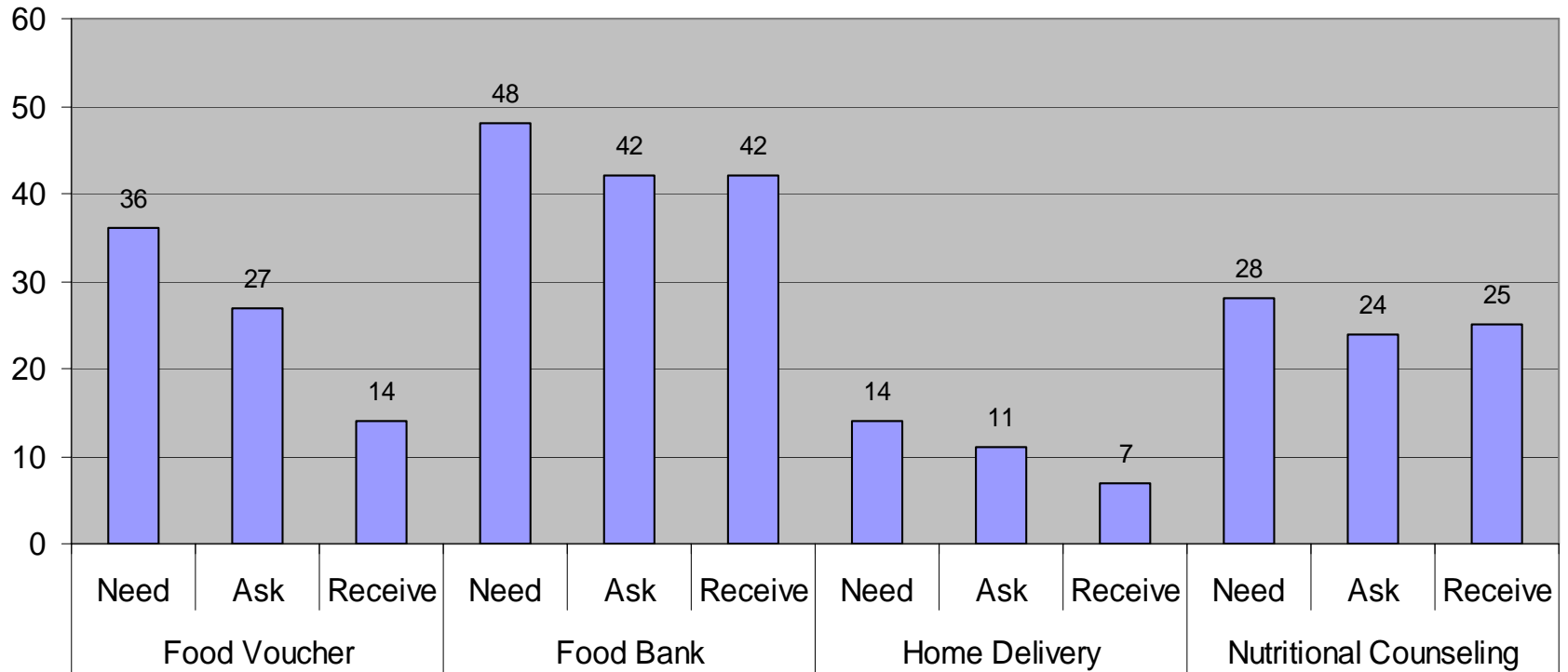
Q45: Medical Case Management YES: Need/Ask/Receive



FY10 Housing Needs Assessment Q45: Child Care Yes: Need/Ask/Receive

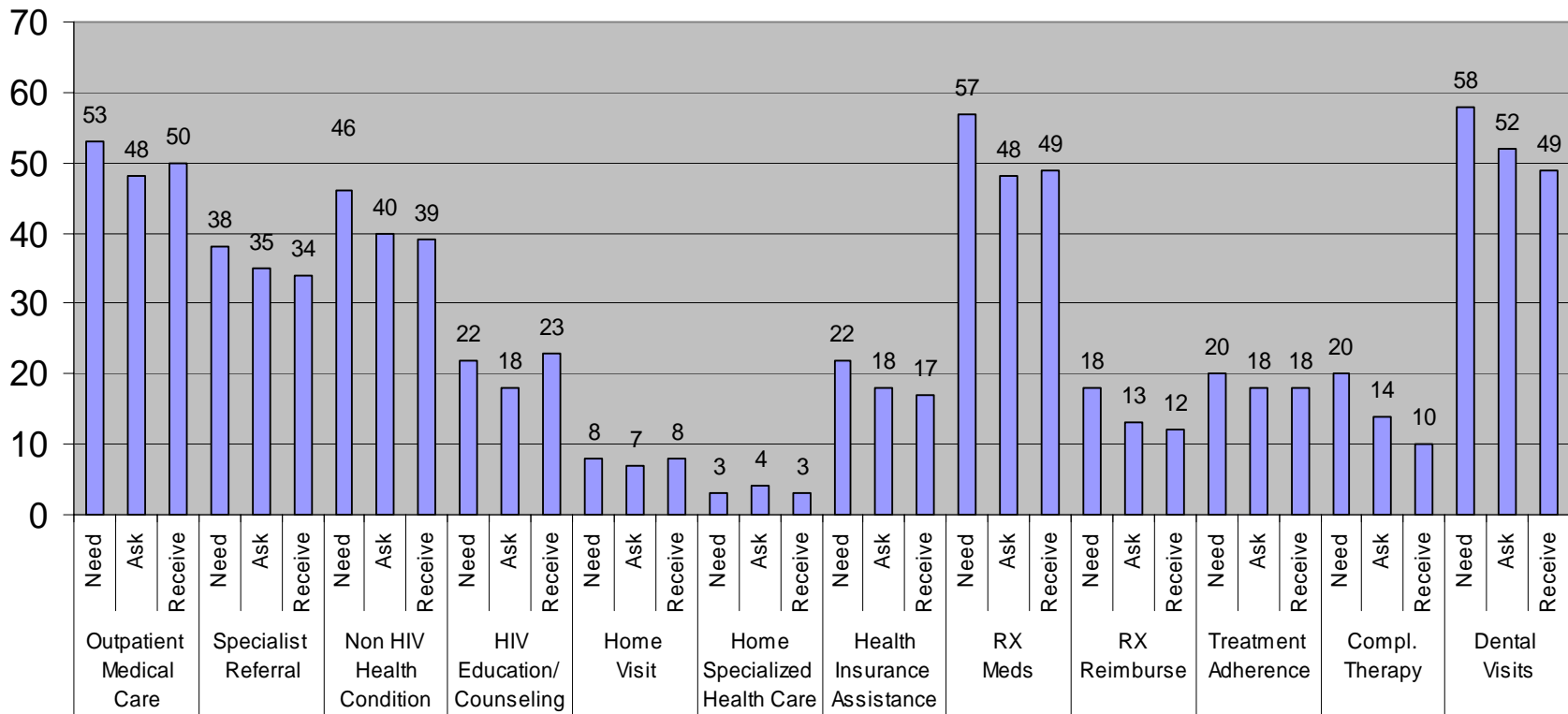


FY10 Housing Needs Assessment Q45: Food and Nutrition YES: Need/Ask/Receive

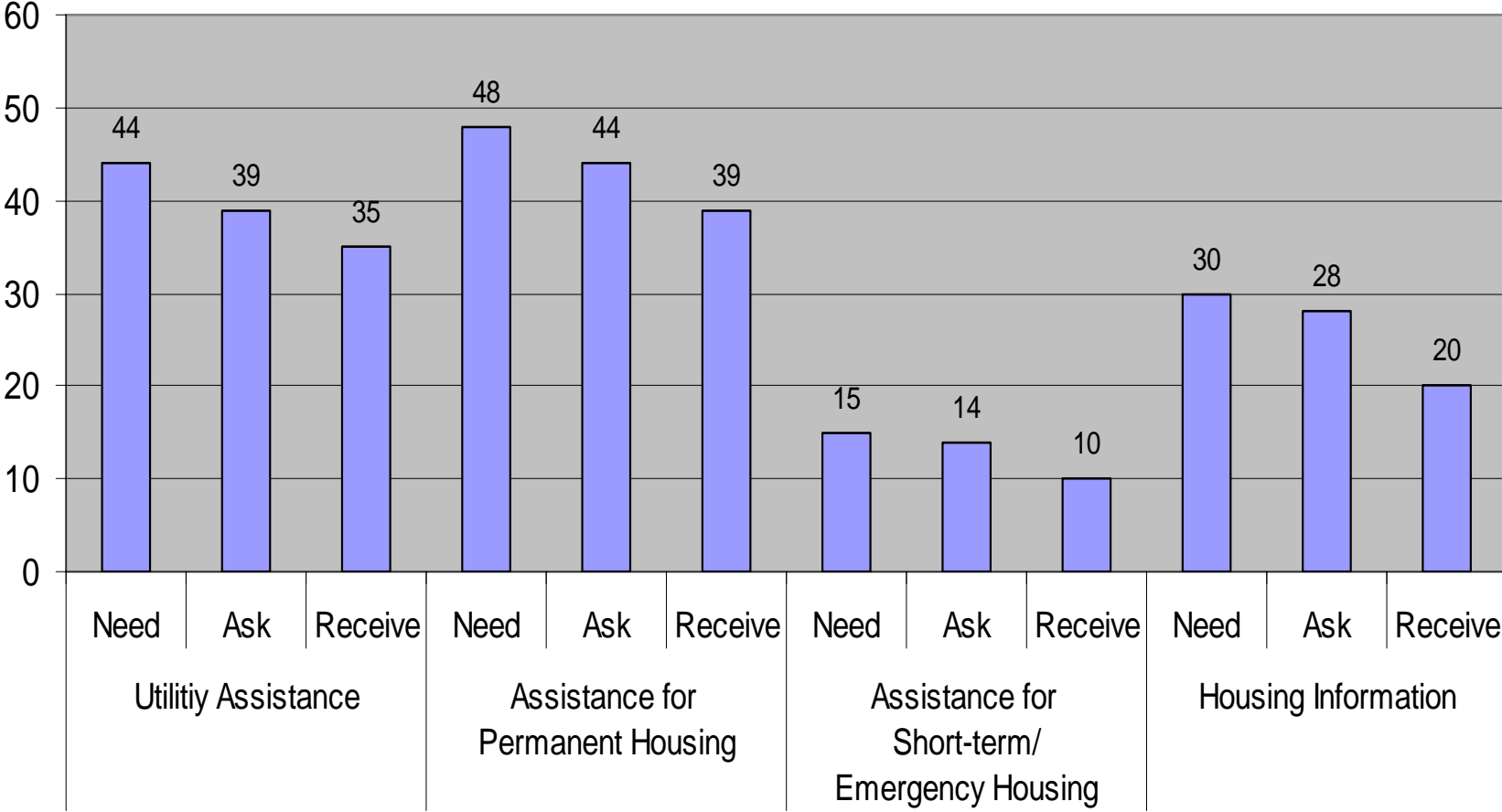


FY10 Housing Needs Assessment

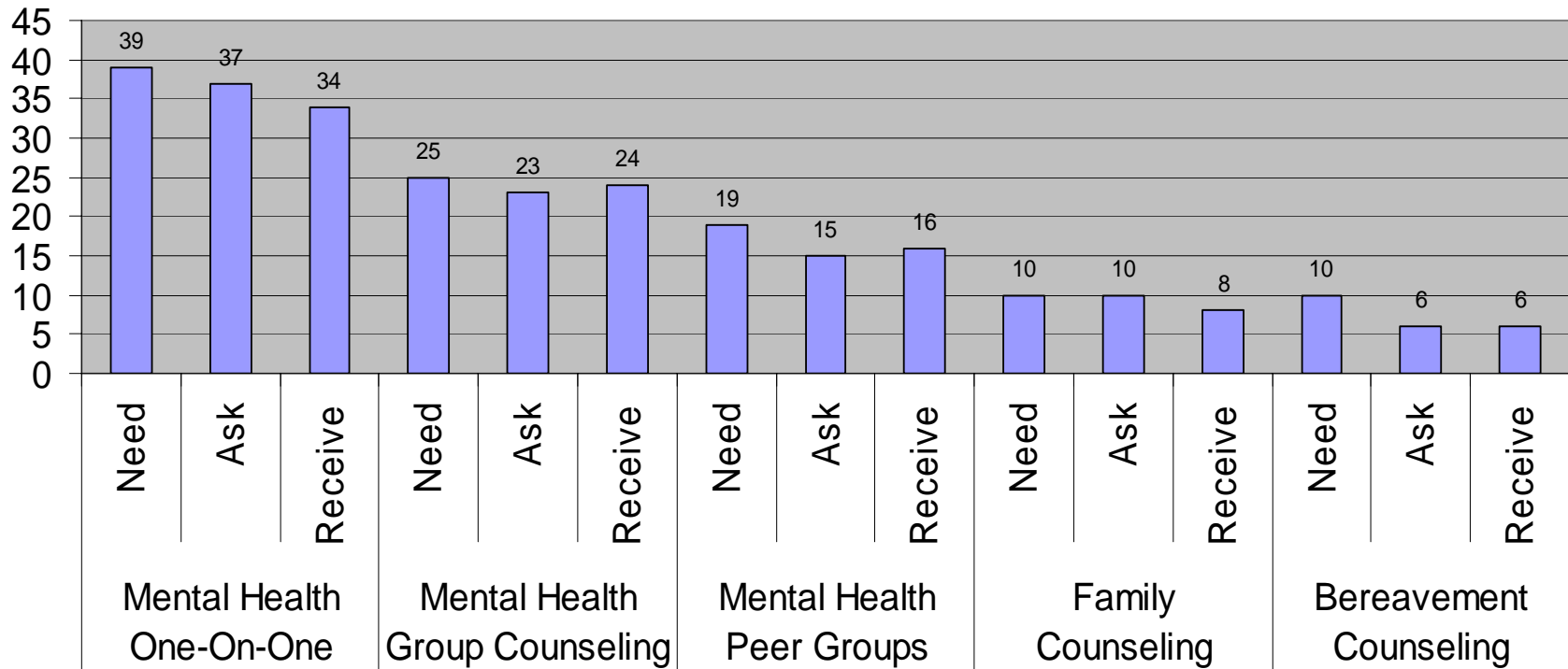
Q45: Health Services YES: Need/Ask/Receive



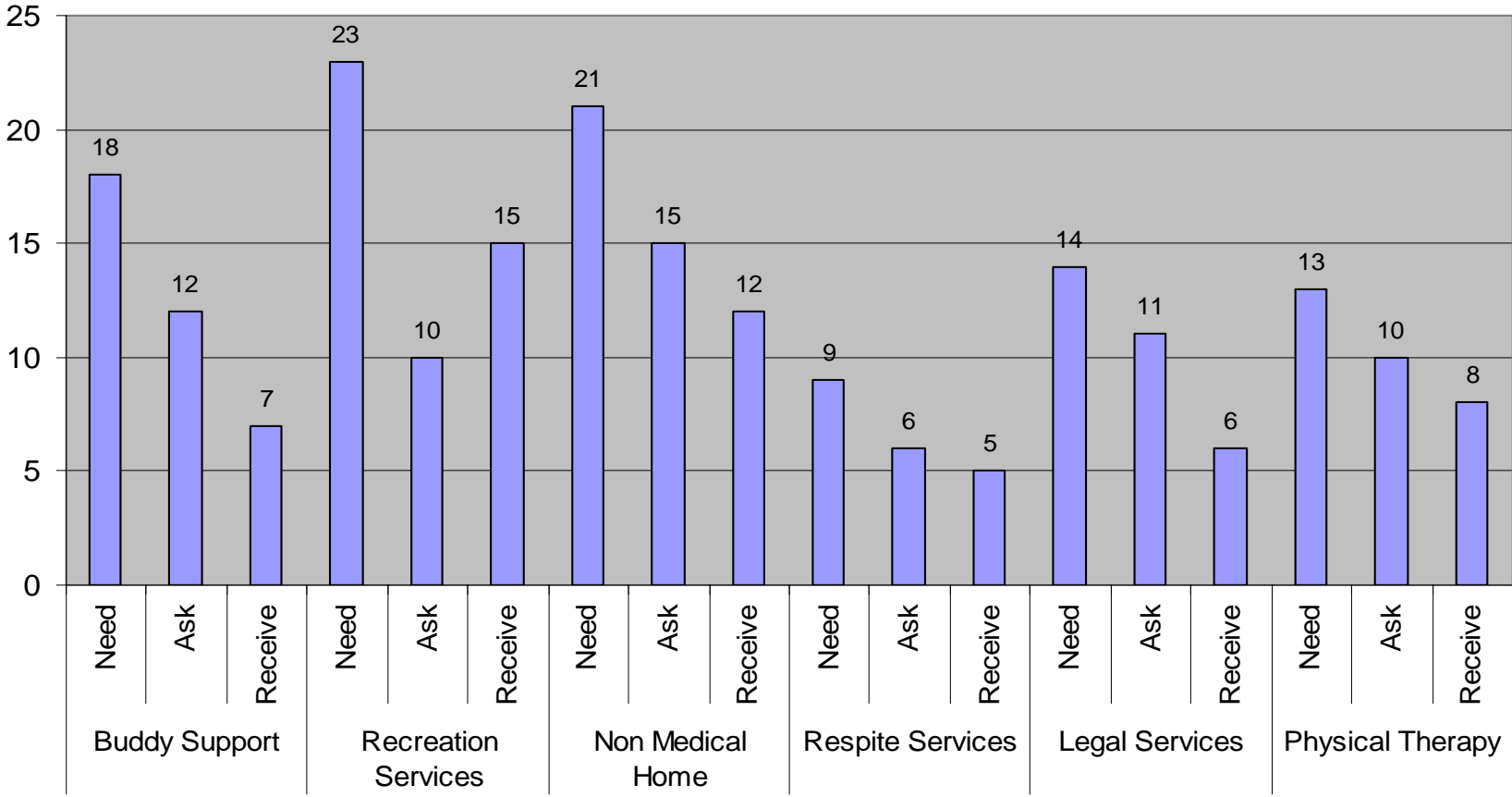
FY10 Housing Needs Assistance Q45: Housing and Utilites YES: Need/Ask/Receive



FY10 Housing Needs Assessment Q45: Mental Health YES: Need/Ask/Receive

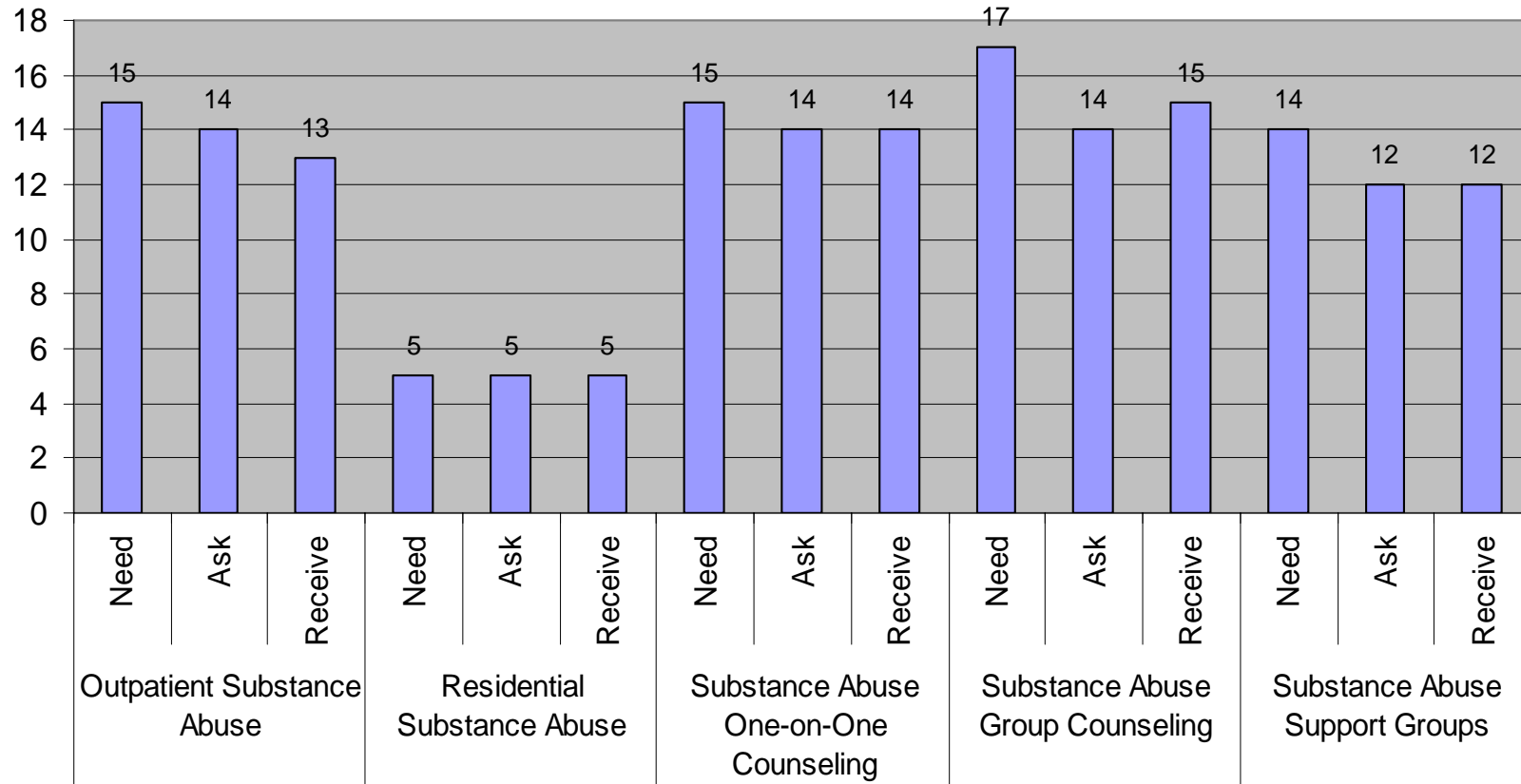


**FY10 Housing Needs Assessment
Q45: Other Social Support Services YES: Need/Ask/Receive**



FY10 Housing Needs Assessment

Q45: Substances Abuse Services YES: Need/Ask/Receive



**FY10 Housing Needs Assessment
Q45: Transportation Services YES: Need/Ask/Receive**

