

**THE SOUTHWESTERN PENNSYLVANIA AIDS PLANNING COALITION
(SWPAPC)**

HOUSING NEEDS ASSESSMENT:

WASHINGTON COUNTY

June 2003

Table of Contents

	page
Chapter 1	
OVERVIEW OF HIV/AIDS IN WASHINGTON COUNTY	4
Data Limitations	4
Introduction	4
Demographic Overview	5
Chapter 2	
HOUSING AND HOMELESSNESS IN WASHINGTON COUNTY	10
The Housing Environment	10
Chapter 3	
HOUSING SERVICES	12
Housing and Services Inventory	12
<i>Services for the Homeless</i>	12
<i>Housing Assistance Programs</i>	13
<i>Other Supportive Services</i>	13
<i>Other Services for the Homeless in Washington County</i>	13
Chapter 4	
PROVIDER SURVEY	15
List of the Key Providers	15
Results of Key Informant Survey	16
Summary of the Responses for the Key Providers	16
Chapter 5	
CONSUMER SURVEY	19
Methodology	19
Consumer Survey Findings	19
Demographic Profile	19
<i>Age and Gender</i>	19
<i>Ethnicity and Language</i>	20
<i>HIV Status</i>	20
Risk Factors for HIV Infection	21
Disabilities	21
Behavioral Health	21
<i>Reported Substance Use of Respondents</i>	21
<i>Chemical Addiction Treatment Involvement</i>	22
<i>Utilization of Mental Health Services</i>	22
Jail/Prison	23
Monthly Income	23
Monthly Assistance Categories	23
Service Utilization and Needs	24

Chapter 5	CONSUMER SURVEY (continued)	
	Housing Data	25
	<i>Residence</i>	26
	<i>History of Homelessness</i>	26
	<i>Respondents' Co-habitants</i>	27
	<i>Rental Assistance</i>	28
	<i>Housing Costs</i>	28
	<i>Housing Mobility</i>	29
	<i>Housing Needs and Preferences</i>	29
	Current Medical Treatment	30
Chapter 6:	CRITICAL ISSUES	31
	Lack of affordable and appropriate housing	31
	Serving populations with multiple needs	32
	Impact of criminal action on housing	32
	Accessing services	32
	Systems coordination and collaboration	32
	Education and advocacy	33
	Increased incidence of HIV/AIDS	33
	Testing	33
	Small number of survey respondents	33
Chapter 7:	RECOMMENDATIONS OF THE COALITION	34
Appendix		36
	HIV/AIDS Housing Consumer Survey	37-50

Tables

Table 1	Demographic Profile of Washington County Compared to the State	5
Table 2	Key Markers Impacting HIV/AIDS Services in Washington County	6
Table 3	Demographic Profile of Persons with HIV/AIDS in Washington County	7
Table 4	Washington County: Incidence of AIDS – 1980-1995, 1996-2001	8
Table 5	Washington County Cumulative AIDS Cases (1980-2002): Mortality Status	9
Table 6	Washington County Annual AIDS Incidence 1997-2000	9
Table 7	AIDS Cases in Washington County by Time Interval of Diagnosis 1980-2002	9
Table 8	Housing Profile of Washington County	10
Table 9	Housing Tenure	10
Table 10	Types of Housing Units	11
Table 11	Household and Range of Household Incomes	11
Table 12	Assistance Rental Housing	12
Table 13	Risk Factors for HIV Infection	21
Table 14	Monthly Income Categories	23
Table 15	Services Currently Utilized by Respondents	25
Table 16	Reason for Most Recent Period of Homelessness among the Previously Homeless	26
Table 17	Monthly Housing Costs	28
Table 18	Respondents’ Reasons for Moving Since Being Diagnosed	29
Table 19	Respondents’ Preferred Housing Options Based on Current Health Status	29
Table 20	Respondents’ Preferred Housing Options Based on Deteriorating Health Status	30
Table 21	Respondents’ Preferred Neighborhood Features	30

Charts

Chart 1: Age of Respondents	19
Chart 2: Gender	20
Chart 3: Ethnicity	20
Chart 4: Treatment Program	22
Chart 5: Monthly Assistance Categories	24
Chart 6: Length of Current Residence	27
Chart 7: Respondents’ Co-habitants	27
Chart 8: Length of Taking Protease Inhibitors	31

CHAPTER 1: OVERVIEW OF HIV/AIDS IN WASHINGTON COUNTY

This introductory narrative gives an overview of persons living with HIV/AIDS in Washington County. The housing needs of this population can be better understood in its entirety from the demographic profile of infected persons.

Data Limitations

Presenting information on persons with HIV/AIDS in Washington County is limited due to the small number of respondents; therefore it is impossible to make a meaningful analysis aside from that which the data, themselves, suggest. Therefore, for the purpose of this report, most of the data were summarized in tables and charts, as further comparisons or cross tabulations were impossible. Respondents ignored few questions due to perceived privacy issues in the treatment and care for persons with HIV/AIDS.

Introduction

This is a report on the first systematic undertaking to assess the housing needs of persons living with HIV/AIDS in Washington County. This pioneering investigation in Washington County was undertaken by the Housing Services Planning Committee of the Southwestern Pennsylvania AIDS Planning Coalition (SWPAPC).

Persons living with HIV, representatives of AIDS service and housing organizations, and providers of services in the fields of mental health, homelessness, drug and alcohol treatment, and residential service, variously participated in the needs assessment process to ensure the widest community input and representation possible. The SWPAPC HIV/AIDS Housing Consumer Survey was originally developed by AIDS Housing of Washington, based in Seattle, Washington, a technical assistance contractor for Housing and Urban Development (HUD) on HIV/AIDS housing. The instrument was modified to produce a community-sensitive survey for Washington County. Local service providers in Washington County distributed the Housing Consumer Surveys to willing persons living with HIV/AIDS. Key informant interviews were conducted with management and direct service staff of Washington County housing and AIDS service organizations. Provider and consumer surveys were completed and returned for analysis.

Demographic Overview

Washington County encompasses 857 square miles in southwestern Pennsylvania. Although it is part of the Pittsburgh Metropolitan Statistical Area (PMSA), 42% of its 202,897 residents are considered rural.¹ The number of persons per square mile in the county, 236, is less than the average in Pennsylvania, 274.¹ From April 1, 2000 to July 1, 2001, Washington County experienced a 0.4% increase in its population, compared to a 0.8% decrease from 1990 to 2000.

TABLE 1
DEMOGRAPHIC PROFILE OF WASHINGTON COUNTY COMPARED TO THE STATE*

	Washington County	Pennsylvania
Total Population	202,897	12,281,054
Population Percent Change, April 1, 2000 – July 1, 2001	<i>0.4%</i>	<i>0.0%</i>
Sex		
Male	97,446 (48.0%)	6,017,716 (49.0%)
Female	105,451 (52.0%)	6,263,338 (51.0%)
Age		
Under 5 years old	11,235 (5.5%)	727,804 (6.0%)
5 - 19 years old	38,774 (19.2%)	2,542,780 (20.7%)
20 - 44 years old	65,745 (32.3%)	4,254,648 (34.6%)
45 - 64 years old	50,820 (25.0%)	2,836,657 (23.1%)
65 and older	36,323 (18.0%)	1,919,165 (15.6%)
Median Age (years)	41	
Race/Ethnicity		
White	193,297 (95.3%)	10,484,203 (85.4%)
Black or African American	6,606 (3.2%)	1,224,612 (10.0%)
American Indian & Alaska Native	175 (0.09%)	18,348 (0.1%)
Asian	725 (0.4%)	219,813 (1.8%)
Native Hawaiian	44 (0.02%)	3,417 (0.3%)
Other Races	2,050 (1.0%)	330,661 (2.7%)
**Hispanic (of any race)	**1,170 (0.6%)	**394,088 (3.2%)
Geography		
Land Area, (square miles)	857	44,817
Persons per square miles	236.7	274.0
Metropolitan Area	Pittsburgh, PA	

*Source: Based on 2000 Census **Hispanic or Latino of any race

As **Table 1** shows, the main difference between the demographic profile of Washington County and the state of Pennsylvania is the greater ethnic homogeneity in Washington County, where Whites account for 95% of

¹ U.S. Census 2000

the total county population, compared to the state average of 85%. Consequently, there is little racial diversity in Washington County, where even the largest non-White group, the African American population, accounts for only 3.2% of the total population, compared to the state average of 10%. With regard to breakdown by age, a third of the population in Washington County is aged 20 – 44 years old, approximating that of the rest of the state.

TABLE 2

Key Markers Impacting HIV/AIDS Services in Washington County

Key Markers	Percent
Rural Population	42
65 Years & Older	18
BA/BS Degree or Higher	19
1992 – 2000 High School Drop-out Rate	1.7

Table 2 shows the key markers impacting HIV/AIDS services in Washington County. The proportion of the population that is college educated or stays through the end of high school indicates educational level within a community. This is critical when developing HIV prevention messages and the reading level of those messages.

Rural communities are generally isolated and tend to have fewer services for persons living with HIV/AIDS, and with 42% of its population designated as rural, Washington County is a rural county. The percentage of older adults in Washington is higher (18%) than the state average (15.7%). Since the incidence of AIDS is increasing nationally in older adults, Washington County, with its larger aging population, may soon experience a similar trend. It will become important to target older adults for HIV prevention services. Washington County has one of the highest percentages (19%) of persons with college education in the southwest PA region while, conversely, having one of the highest (1.7%) high school drop-out rates.

Table 3 describes the demographic profile and trends of living AIDS cases at the end of each year from 1996 to 2001 in Washington County. During this time period there was a 39% increase in living AIDS cases. In 2001 the total number of persons living with AIDS in the County was 37. The most recent report from the HIV/AIDS Surveillance Section of the Pennsylvania Department of Health 2002 Report shows there are 41 persons living with HIV/AIDS in Washington County in 2002. As shown in **Table 3**, most (86%) of the

people now living with AIDS in Washington County (2001) are white, 51% are between the ages of 30 and 39, and 5% are MSM (male having sex with other male).

TABLE 3
Demographic Profile of Persons with HIV/AIDS in Washington County
 Characteristics of Living AIDS Cases At the End of Each Year: 1996 - 2001

Demographic Category		1996		1997		1998		1999		2000		2001	
		N	%	N	%	N	%	N	%	N	%	N	%
	Total	26	100	24	100	26	100	28	100	37	100	37	100
Sex	Male	22	85	22	92	24	92	26	93	33	89	33	89
	Female	4	15	2	8	2	8	2	7	4	11	4	11
Race/Ethnicity	White	21	81	20	83	22	85	24	86	32	86	32	86
	Black	5	19	4	17	4	15	4	14	5	14	5	14
	Hispanic	0	0	0	0	0	0	0	0	0	0	0	0
	Other/Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Age (Years)	0 –12 (Pediatric)	2	8	2	8	2	8	2	7	2	5	2	5
	13 – 19	0	0	0	0	0	0	0	0	0	0	0	0
	20 – 29	6	23	5	21	6	23	6	21	7	19	7	19
	30 – 39	13	50	13	54	13	50	13	46	18	49	19	51
	40 – 49	4	15	2	8	3	12	5	18	8	22	7	19
	Over 49	1	4	2	8	2	8	2	7	2	5	2	5
Mode of Transmission	Men Sex W/Men (MSM)	14	54	13	54	13	50	15	54	21	57	20	54
	Injecting Drug (IDU)	5	19	5	21	5	19	5	18	7	19	7	19
	MSM & IDU	2	8	1	4	2	8	2	7	2	5	2	5
	Coagulation Disease	1	4	1	4	1	4	1	4	1	3	2	5
	Heterosexual Contact	2	8	2	8	2	8	2	7	2	5	2	5
	Transfusion	0	0	0	0	0	0	0	0	0	0	0	0
	Underdetermined/Other	0	0	0	0	1	4	1	4	2	5	2	5
	All Pediatric	2	8	2	8	2	8	2	7	2	5	2	5

*Other/Unknown includes Asian/Pacific islander, Native American and unknown

*** Includes adult cases which are assigned pediatric modes of transmission since infection is believed to have occurred before age 13

Cases reported as of 12/31/2001 HIV/AIDS Surveillance
 Bureau of Epidemiology
 Data Support – Bureau of Health Statistics and Research
 Pennsylvania Department of Health

Table 4 is a longitudinal description of AIDS in Washington County from 1980 to 2001. According to the PA State Health Department, the cumulative number of cases diagnosed with AIDS to date is 103. The characteristics of the 41 persons living with AIDS in 2002 in Washington County demonstrate that the major demographic indicators have remained constant over time. Whether this is going to change with the aging of

the population is an issue that was raised earlier in the report and remains an important issue for Washington County providers and consumers.

TABLE 4
WASHINGTON COUNTY
Incidence of AIDS - 1980-1995, 1996-2001

		1980 -1995		1996-2001		TOTAL TO DATE 1980-2001	
		n	%	n	%	n	%
	TOTAL	69	100	34	100	103	100
SEX	MALE	58	84	28	82	86	83
	FEMALE	11	16	6	18	17	17
RACE/ETHNIC	WHITE (NON-HISP)	56	81	28	82	84	82
	BLACK (NON-HISP)	13	19	6	18	19	18
	HISPANIC	0	0	0	0	0	0
	OTHER/UNKNOWN*	0	0	0	0	0	0
AGE (YEARS) at Diagnosis of AIDS	0-12 (PEDIATRIC)	1	1	1	3	2	2
	13-19	0	0	0	0	0	0
	20-29	14	20	5	15	19	18
	30-39	33	48	15	44	48	47
	40-49	8	12	12	35	20	19
	OVER 49	13	19	1	3	14	14
MODE OF TRANS	MEN SEX W/MEN (MSM)	38	55	18	53	56	54
	INJECTING DRUG (IDU)	9	13	5	15	14	14
	MSM & IDU	5	7	3	9	8	8
	COAGULATION DIS	3	4	1	3	4	4
	HETEROSEXUAL	7	10	4	12	11	11
	CONTACT	6	9	0	0	6	6
	TRANSFUSION	0	0	2	6	2	2
	UNDETERMINED/OTHER	1	1	1	3	2	2
	ALL PEDIATRIC***						

*Other/Unknown includes Asian/Pacific islander, native American and unknown

*** Includes adult cases which are assigned pediatric modes of transmission since infection is believed to have occurred before age 13.

Cases reported as of 12/31/2001 HIV/AIDS Surveillance
Bureau of Epidemiology
Data Support – Bureau of Health Statistics and Research
Pennsylvania Department of Health

TABLE 5
Washington County Cumulative AIDS Cases (1980 – 2002): Mortality Status

Status	N	Percent
Presumed Alive	41	39%
Reported Dead	65	61%
Cumulative Cases	106	100%

Table 5 describes the mortality status of AIDS cases in Washington County between 1980 and 2002. A report from the PA State Health Department published in 2002¹ stated that the cumulative AIDS cases for Washington County is 106, of which 39% (41) are presumed alive, while 61% are reported to be deceased.

TABLE 6
Washington County Annual AIDS Incidence 1997 – 2000

Year	AIDS Incidence
1997	4
1998	2
1999	3
2000	10
2000 Incidence per 100,000*	4.93

*Rates based on estimated 2000 population
 Report through March 2002

Table 6 shows the increase in the annual incidence of reported AIDS cases for Washington County from 1997 to 2000. In 1999, 3 new AIDS cases were reported, while the number increased to 10 new AIDS cases by 2000. In 2000, the incidence per 100,000 persons is 4.93.

TABLE 7
**AIDS Cases in Washington County by Time Interval of Diagnosis:
 1980-1996, 1997-2002, and 1980-2002**

Year	Cases
1980 - 1996	82
1997 - 2002	24
Total 1980 - 2002	106
Currently Living	41

Table 7 shows the AIDS cases diagnosed yearly in Washington County from 1980 to 2002.

¹ **AIDS Quarterly Summary**. 2001. PA Department of Health, Division of Epidemiology, Harrisburg, PA.

CHAPTER 2: HOUSING AND HOMELESSNESS IN WASHINGTON COUNTY

This chapter contains an overview of housing needs and services in Washington County for the general population.

The Housing Environment

The 2000 U. S. Census reports that there were 81,130 households in Washington County. The total number of housing units was 87, 267. Of these, 20,071 households were rental units. The average home value was \$63,348.

Tables 8 & 9 show that 77% of the County residents were homeowners, while 23% were renters. Of the total 87,267 housing units available, 93% were occupied and 7% were vacant. The rental vacancy rate was 9.5 %. The average household size for homeowners was 2.54 people, while the average household size for renters was 2.07 people per unit.

TABLE 8
Housing Profile of Washington County

Categories of Housing Units	N	%
Home Ownership Rate		77
Household	81,130	
Persons/Household	2.50	
Total Housing Units	87,267	
Occupied Housing Units	81,130	93
Vacant Housing Units	6,137	7.0
- For seasonal, recreational or occasional use	324	0.4
- Homeowner vacancy rate		1.7
Rental Vacancy Rate		9.5

Source: US Census 2000

TABLE 9
Housing Tenure

Housing Units	N	%
Occupied Housing Units	81,130	100
Owner Occupied Housing Units	62,561	77.1
Renter Occupied Housing Units	18,569	22.9
Average Household Size of Owner - Occupied Units	2.54	
Average Household Size of Renters - Occupied Units	2.07	

Source: US Census 2000

TABLE 10
Types of Housing Units

Types of Housing Units	N or Percent
Total Number of Housing Units	87,267 (100%)
Single Family Homes (Detached 1 Unit Housing)	73.0 %
Townhouses/Duplexes (Attached 1 Unit Housing)	5.0/%
Small Apartment Building (Less than 5 Units)	8.0%
Large Apartment Building (5 or More Unit Housing)	7.0%
Mobile Homes	7.0%
Other Types of Housing Units	0.0%

Source: The Center for Rural Pennsylvania's website, www.ruralpa.org/2002profiles/washington.html

As shown in **Table 10**, in 2000 the majority (73%) of the residents in Washington County lived in a single-family home (detached, 1-unit housing).

TABLE 11
Household and Range of Household Incomes

Household and Range of Household Incomes	\$	Percent
Adjusted Median Household Income, 1989	34,128	
Median Household Income, 1999	37,607	
Change in Real Median Household Income, 1989-99		10.2%
Average Household Income, 1999	49,234	
Low Income Households (below \$25,000)		34.1%
Lower-Middle Income Households (\$25,000-\$34,999)		13.6%
Middle Income Households (\$35,000-\$49,999)		17.1%
Upper-Middle Income Households (\$50,000-74,999)		19.4%
Upper Income Households (Over \$75,000)		11.0%

Source: The Center for Rural Pennsylvania's website, www.ruralpa.org/2002profiles/washington.html

More than a third of the reported households in 1999 were low income, while almost 50% of the households reported being low or low-middle income households. Thirty percent of the households indicated that they earned an upper-middle or upper income. In 1990 the median monthly rent in Washington County was \$320 and the average monthly rent was \$330. In 2000 the average monthly rent was \$397.²

² U.S. Census 2000, U.S. Census Bureau.

TABLE 12
Assistance Rental Housing

Assisted Rental Housing	N	%
Housing Projects, 1997	40	
Total Assisted Rental Housing Units, 1997	2,813	
Assisted Units per 1,000 Residents, 1997	13.7	
Assisted Elderly Units		48.0
Assisted Family/General Units		46.0
Assisted Special Need Units		5.8

Table 12 shows the assisted rental housing units. Assisted rental units for special needs population were 6% of the assisted rental housing available. Data are not available on the adequacy or safety of rental units for people with HIV/AIDS. Available units may be in substandard condition or located in areas that are not convenient and/or safe.

CHAPTER 3: HOUSING SERVICES AND PROGRAMS IN WASHINGTON COUNTY

There are a variety of housing services and programs available in Washington County. There is no specific housing project serving persons with HIV/AIDS in the County.

Housing and Services Inventory

The Washington County Homeless Services and Housing Assistance Program serves individuals and families that are at risk of becoming homeless. Clients receive prevention and intervention services to address their various housing needs and the needs for other supportive services. Listed below are programs for the homeless, housing assistance programs, and other supportive services programs.

Services for the Homeless

- Emergency Shelter
- Safe Haven
- Transitional Housing
- Permanent Supportive Housing
- Specializes Transitional Housing For persons with Disabilities
- Shelter Plus Care

Housing Assistance Programs

Homeless Prevention Programs
Mental Health Supportive Housing

Other Supportive Services

Case Management
Fair Housing Initiative
Information and Referral Services

Other Services for the Homeless in Washington County

City Mission, Washington

84 West Wheeling Street
Washington, PA 15301
(724) 222-8530

Hours: Phone answers 7 days/week; 24-hr; shelter services available at any time if space permits.

Hidden Treasure Stores

Washington
770 Jefferson Avenue
Washington, PA 15301
(724) 228-8670

Men's Shelter: Provides housing for up to 50 men. Participation in the work and growth program is required.

Avis Arbor Women's Shelter: (724) 228-1804 Provides shelter and program for up to 13 women and children (boys up to 10 years of age). Basic allowable stay is thirty days.

Resale Stores: Offers clothing, small furniture for a reduced cost or free if certain eligibility requirements are met.

Food Kitchen: Provides three meals a day to anyone; accepts donations of food. Handicapped accessible.

Emergency Food /Funds: As available: food pantry, emergency food vouchers at certain grocery stores, vouchers for participating restaurants, and traveler's aid (vouchers for gasoline).

Homeless Case Management: Helps individuals and families who are homeless or in danger of becoming homeless. Referrals to social service agencies in area.

Arbuckle Memorial Clinic: provides free medical care to the homeless and near homeless of the region. Staffed by volunteer doctors and nurses.

City Mission, Washington

Website: www.citymission.org

Eligibility: Men's shelter: Must be homeless; must be able to participate in the work program ; may not be currently prescribed any narcotic medications. *Women's shelter:* Must be homeless; not under the influence of drugs or alcohol; participate in the work program; may not be currently prescribed any narcotic medications.

Area Served: No restrictions.

Fees: All services are free. Goods are sold at retail stores for reduced cost, or may be given free after verification of need or in response to referrals from other agencies or organizations.

To Request Service: Call or walk in.

Documents Required: Some form of identification, and/or police check.

Accessibility: Men's shelter is accessible; women's shelter is not accessible.

Source of Funds: Donations, United Way, fundraising events, and income from store sales.

Connect, Inc.

Safe Haven/Resource and Drop-in Center

240 North College Street

Washington, PA 15301

(724) 229-0408

Hours: 24-hours.

Services: Offers 24-hour services, including an emergency shelter and a daytime drop-in center to homeless individuals. An active outreach approach will encourage this population to become involved in the current system to receive assessment and services.

Eligibility: Homeless individuals with a mental health diagnosis.

Area Served: Washington County.

Fees: Free.

To Request Service: Call or walk in.

Documents Required: None.

Accessibility: Accessible.

Source of Funds: Dept. of Housing and Urban Development, Emergency Food & Shelter Program, Washington and Greene Drug and Alcohol Planning Commission.

Interfaith Hospitality Network of South Hills

289 East Beau Street

Washington, PA 15301

(724) 229-1129

Hours: Shelter provided 24-hours/day; Office hours: 8:00am-5:00pm, daily.

Services: Provides meals and overnight lodging in host churches to eligible homeless families; also provides a day facility from which guests can seek permanent housing and assistance in securing required services.

Eligibility: Homeless families.

Area Served: Washington and Southern Allegheny Counties.

Fees: Free.

To Request Service: Call.

Documents Required: Two forms of identification.

Accessibility: Not accessible.

Source of Funds: Donations, grants, fundraising.

CHAPTER 4: PROVIDER SURVEY

The Housing Services Planning Committee of the Southwestern Pennsylvania AIDS Planning Coalition (SWPAPC) undertook a housing needs assessment for people living with HIV/AIDS in Washington County in order to ascertain the housing situation for such persons and identify the consequent support services that they might need. The SWPAPC Housing Services Planning Committee, in consultation with AIDS Housing of Washington, Seattle, Washington, developed the provider survey.

The Committee identified providers from the fields of health, mental health, drug and alcohol treatment, and housing to receive the questionnaire or to be interviewed. Service providers were selected to represent a range of services. However, many providers in Washington County stated that they had no clients identifying as HIV positive and, hence, had no response to the questionnaires. A consultant for SWPAPC interviewed service providers. Five individual key informant interviews were conducted.

List of the Key Providers

Kathy Eller

Director
Pittsburgh AIDS Task Force
905 West Street, Fourth Floor,
Pittsburgh, PA 15221

Jennifer Johnson

Homeless Services Coordinator
Washington County Human Services
Homeless Services and Housing Assistance Programs
Washington, PA 15301

Kurt Hess

Program Manager
SeniorCare Network Inc.
P.O. Box 5264
Pittsburgh, PA 15206

Michelle Robinson-Ritter

Program Coordinator
Washington Women's Shelter
624 Washington Trust Building
6th S. Main Street
Washington, PA 15301

Michelle Jox, LSW

Social Worker
Washington Hospital
Washington, PA 15301

Results of Key Informant Survey

To assess the housing status of the persons with HIV/AIDS in Washington County, five key providers were interviewed: Kurt Hess, Program Manager for SeniorCare Network, Inc.; Michelle Jox, Social Worker for Washington Hospital; Jennifer Johnson, Homeless Service Coordinator for Washington County Human Services; Michelle Robinson-Ritter, Program Coordinator for the Washington Women's Shelter; and, Kathy Eller, Director, Pittsburgh AIDS Task Force. Three of the key informants are most familiar with the issues, while the other two key informants are more familiar with homelessness and domestic abuse issues.

Summary of the Responses of the Key Providers

How does the HIV/AIDS population show up in your agency?

Three key providers indicate that 98% of persons with HIV/AIDS show up at their agency through referrals, while the other 2 % use the phone book or walk into the agency. Two of the key providers do not particularly serve people with HIV/AIDS, but, in general, provide services to people in domestic abuse situations or those who are homeless. However, when people show up at the agency, it was indicated that no questions are asked about their HIV status except when they are willing to volunteer information to a staff member. The key providers believe that a few of their clients are either HIV-positive or have AIDS.

Are there HIV/AIDS related services available in Washington County?

Three of the key providers feel that there are limited HIV/AIDS related services available in Washington County. However, one provider indicates that medical services are available through the local hospital - Washington Hospital. Support groups for HIV/AIDS patients are also offered at the hospital. One informant notes the nonexistence of an AIDS Service Organization in Washington County. In addition, one key provider indicates that some of the people with HIV/AIDS are not aware of available services in their area. Presumably, Washington Hospital is in the best position to provide adequate services and resources for the HIV population in Washington County.

Are consumers going outside of the County for services?

Key providers state that people with HIV/AIDS prefer to seek necessary medical treatment, case management, and counseling outside the County, in places such as the Pittsburgh metropolitan area. One provider indicates that there is only one HOPWA program for the Southwestern PA region, and it is located in Pittsburgh. However, a toll- free number has been set up for clients who live outside of Allegheny County

to receive services. Since Washington County is a small, rural, and conservative community, people with HIV/ AIDS prefer to look for services outside their area for confidentiality reasons.

Is there an identifiable AIDS community?

Three of the key providers are not sure if there is an identifiable AIDS community. However, two providers believe that there is such a community, and one indicates that 3 clients are served in the County through the HOPWA (Housing Opportunities for Persons With AIDS) Tenant-Based Rental Assistance. It is unclear whether the community is identifiable within the county.

Are there barriers to providing services to persons with HIV/AIDS? What are they?

The key providers' views and experiences of barriers to services for people with HIV/AIDS are the following:

Lack of advanced HIV/AIDS treatment;

Lack of physicians specialized in the treatment of HIV/AIDS;

Fear of exposing HIV/AIDS status;

Lack of communication and education in seeking resources;

Lack of sustainable income to take care of issues such as affordable housing, car maintenance, and insurance;

Fear of seeking treatment in the city, going to the hospital, or their Primary Care Physician;

Fear of seeking services and support in a rural, conservative community where everyone knows each other.

The largest barrier is the limited transportation services in the rural community for clients.

Furthermore, it is even more difficult to get to Pittsburgh to receive services.

Are the housing needs of people with HIV being met?

The key providers who serve people in domestic abuse situations, people who are homeless, and individuals with special needs believe, in general, that the housing needs of people with HIV are not met. They indicate that more affordable housing programs are needed. However, one key provider states that the housing needs of people with active symptoms of AIDS or individuals who need long-term care are usually met. A key provider indicates that currently the housing needs of people with HIV/AIDS in Washington County are being met through the HOPWA Housing Assistance Program in Pittsburgh.

What helps a person living with HIV/AIDS access and maintain stable housing?

Key providers state that if a person is on SSI or Public Assistance, their only option is to either become involved in the HOPWA Housing Assistance Program or to become involved in Section 8. These are the only options available for individuals with low income to find affordable housing. Key providers believe that educating clients on available resources or housing assistance programs is beneficial.

Are special populations within those individuals living with HIV/AIDS facing additional challenges when accessing and maintaining housing?

Key providers state that clients with a criminal record can not be included in Section 8 programs. Low-income clients may also face additional challenges when accessing affordable quality housing.

Is there affordable housing locally?

Providers state that subsidized housing is available, but there is never enough. They state that there is a need for more affordable housing in Washington County. However, providers who serve individuals with HIV/AIDS state that their current clients have been able to locate affordable housing through case management referrals to housing services. Other key providers suggest that clients need to become involved in the Section 8 program through vouchers that will enable them to locate affordable housing.

Is available housing in safe and desirable neighborhoods?

Most providers believe that there is some housing located in decent and safe neighborhoods, while others think that more affordable housing needs to be available in safe neighborhoods.

Are there impediments to developing a new housing program locally?

Most key providers believe that lack of funding for a new housing program in Washington is the major impediment, while others indicate that they were not involved enough in this area to answer the question appropriately. Funding for new housing programs are national issues, often complicated locally by unavailability of matching funds for federal programs.

Is there anything we have not discussed that you feel is important to note now?

One provider mentions that there is not enough advertising of available programs and services for people with HIV/AIDS in Washington County.

CHAPTER 5: CONSUMER SURVEY

The purpose of this survey was to assess the housing needs and housing preferences of consumers in Washington County. The survey closely examined the relationships between the respondents' current housing needs and personal backgrounds because HIV infection and housing needs should be viewed as a consequence of the respondent's personal history and life style.

Methodology

The Housing Services Planning Committee of SWPAPC undertook a housing needs assessment for people living with HIV/AIDS in Washington County in order to identify certain critical issues in housing for that population. The SWPAPC Housing Services Planning Committee in consultation with AIDS Housing of Washington, Seattle, and providers in Washington County developed the consumer questionnaire. Seven (7) consumer surveys were returned to SWPAPC and analyzed using Version 11.0 of the SPSS program.

Consumer Survey Findings

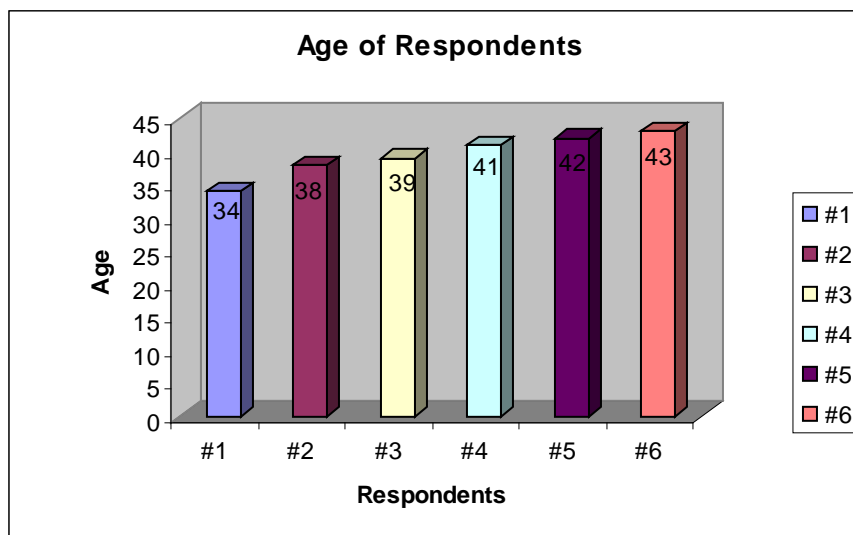
A total of 7 consumer housing surveys were analyzed and reported on for this document. Not all respondents answered every question on the survey. Thus, the number of respondents for each particular question is noted on each of the following charts.

Demographic Profile

Age and Gender

The mean age of the seven respondents is 40 years. One respondent did not indicate age. The youngest respondent is 34 years old and the oldest is 43 years old (see **Chart 1**). The gender distribution of

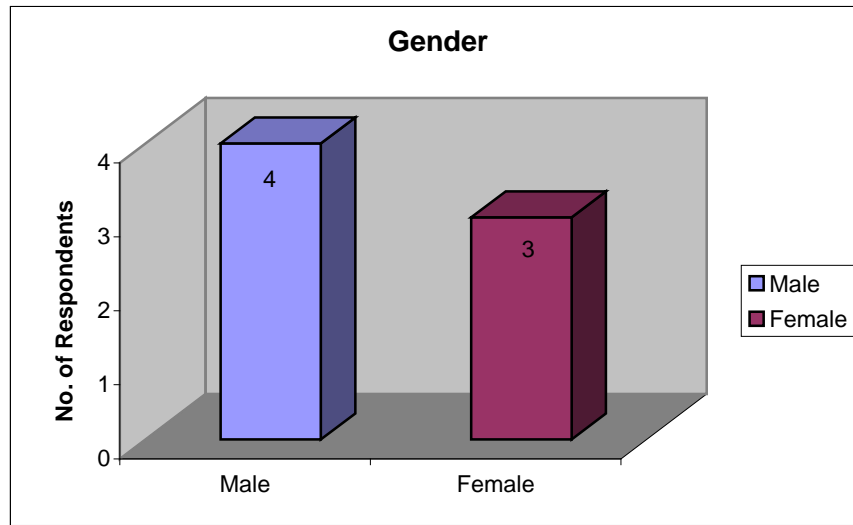
CHART 1



n=6

respondents living with HIV/AIDS in Washington County is 57% (4 individuals) male and 43% (3 individuals) female (see **Chart 2**).

CHART 2

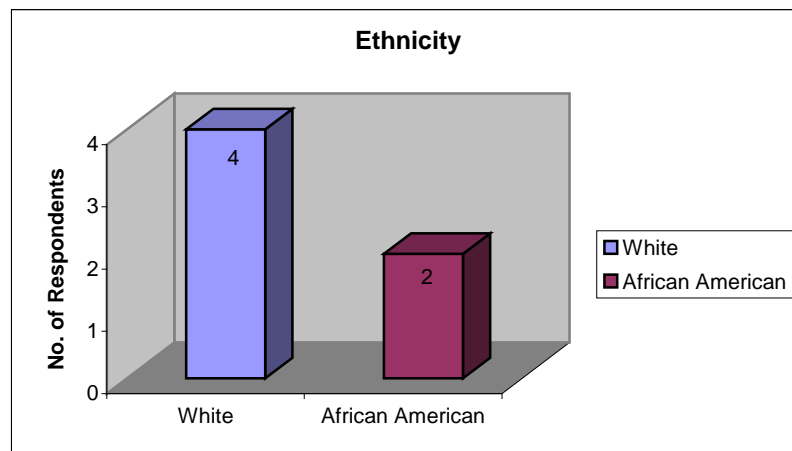


n=7

Ethnicity and Language

Of the total respondents, 67% (4 people) are white, and 33% (2 individuals) are African American. One respondent did not indicate race. The ratio of Black to White among the AIDS cases (1 in 3) is greater than the ratio of Black to White in the total Washington County population (fewer than 1 in 10). This illustrates the disproportionate representation of Blacks among AIDS cases – a regional and national trend. All 7 respondents (100%) indicate that their primary language is English.

CHART 3



n=6

HIV Status

Of the 7 survey respondents, 71% (5) indicate that they are diagnosed with AIDS. Two respondents did not indicate their HIV status. Of the 5 respondents diagnosed with AIDS, 40% (2) were diagnosed with AIDS in

1989, 40% (2) in 1992, and 20% (1) in 1994. Two learned about their AIDS status in Allegheny County, 2 in Washington County and 1 in York County, Pennsylvania. The place of AIDS diagnosis for 80% of respondents to this question was out of Washington County, giving credence to the fact that residents seek medical services outside the County. Of the 5 respondents who indicate that they have been diagnosed with AIDS, 2 are women, and 3 are men. It is believed that there are too few respondents to make any meaningful statistical analysis of this data.

Risk Factors for HIV Infection

Respondents were asked to indicate what they believe put them at risk for HIV infection. All 7 responded to this question, as follows: 43% (3 respondents) indicate that they were infected due to unprotected sexual activity with males; 29% (2 respondents) say they were infected as a result of unprotected sexual activity with females; 29% (2 respondents) say they were infected from sharing needles; 29% (2 respondents) believe they were infected from tainted blood products, and 14% (1 respondent, a nurse) says she was infected at the hospital from a medical accident. **Table 13** shows the respondents' risk factors for HIV infection. It is important to note that respondents could select more than one risk factor; hence, the percentages exceed one hundred.

TABLE 13

RISK FACTORS FOR HIV INFECTION	% (N)*
Unprotected Sexual Activity with Male	43% (3)
Unprotected Sexual Activity with Female	29% (2)
Sharing Needles	29% (2)
Tainted Blood Products	29% (2)
Other Risk - Medical Accident	14% (1)

*n=7 respondents. Some selected more than one option.

Disabilities

Respondents were asked whether they have a disability(ies) other than HIV/AIDS. Of the seven respondents who completed the survey, only 29% (2 individuals) indicate that they have such a disability. One female respondent indicates that she was mentally disabled, while a male respondent says that he has a chemical dependency.

Behavioral Health

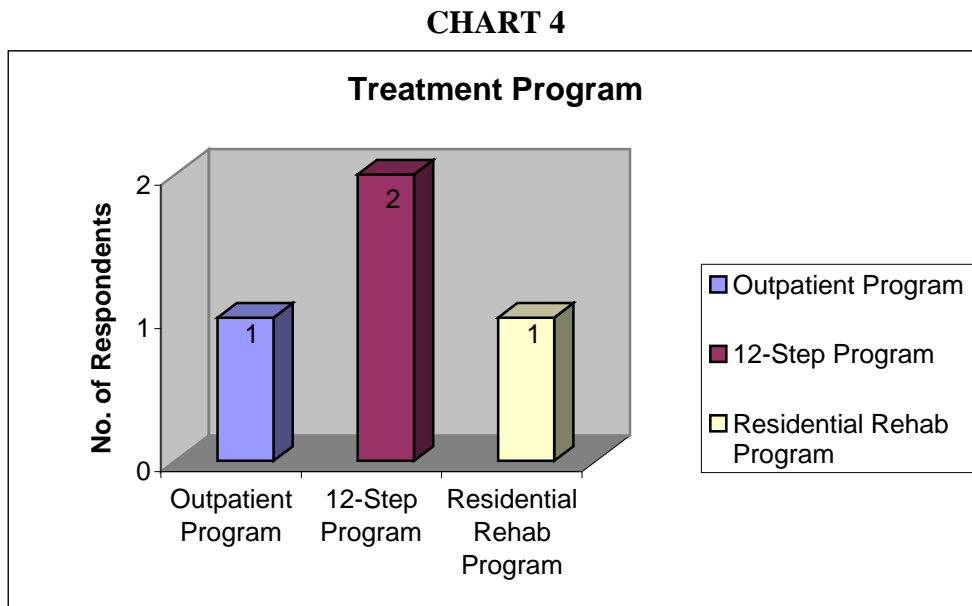
Reported Substance Use of Respondents

Respondents were asked about their current and past alcohol and drug use. While none of the respondents indicated current alcohol/drug use, 29% (2 respondents) report past alcohol/drug use. Of those 2

respondents, 1 respondent (14%) reports only one substance, heroin, while the other respondent (representing 14% of those surveyed) reports alcohol/drug usage as follows: marijuana, crack, cocaine, and speed.

Chemical Addiction Treatment Involvement

Respondents were asked if they were currently active in a drug or alcohol treatment or recovery program and what kind of treatment they were involved in. Only 29% (2) of the respondents report that they are currently in a treatment program. One respondent is actually in more than one program. One respondent reports being in outpatient counseling, 12-step, and residential rehabilitation programs, while the other indicates being in a 12-step treatment program. **Chart 4** shows the kind of treatment programs utilized by the respondents.



n=7

Utilization of Mental Health Services

Respondents were asked if they have ever been diagnosed with a mental health problem or are currently receiving mental health services. Of the 7 respondents, only 2 respondents (29%) indicate that they have been diagnosed with a mental health problem and are currently receiving mental health services. Both of the respondents are in counseling. The two respondents report that they are currently on medication for mental health issues (depression, anxiety, other) when asked if they are currently on medication. It is important to note that one respondent earlier reported that she was mentally disturbed.

Jail/Prison

Respondents were asked if they had ever been arrested, convicted of a felony or any other crime. Two of the respondents (29%) indicate that they had been arrested and convicted of a felony. One of the two respondents reports that she had also been convicted of a non-felony.

Monthly Income

Because 1 respondent reports an extremely high monthly income (\$80,000), this respondent is not included in this analysis in order to report a realistic mean monthly income. Consequently, the mean monthly reported income of the remaining respondents is \$995, with reported incomes ranging between \$430 and \$1,945. A cross-tabulation of the median monthly income by gender and ethnicity is impossible. As shown in **Table 14**, the total sample (n=5) is very small and any such cross-tables increase the risk of disclosing the identity of an individual patient. Also, because of the small numbers, the tables do not allow much useful inference.

TABLE 14

Monthly Income Categories

Monthly Income	% (N) of Respondents*
Less than \$450	20% (1)
\$450 - \$600	20% (1)
\$601 - \$900	0% (0)
\$901 - \$2,000	60% (3)
More than \$2,000	0% (0)

*n = 5

When respondents were asked about their current employment status, 43% (3) of the respondents report that they are employed and of those 3 respondents, 2 of them (29% of the total surveyed) report that they have full-time jobs.

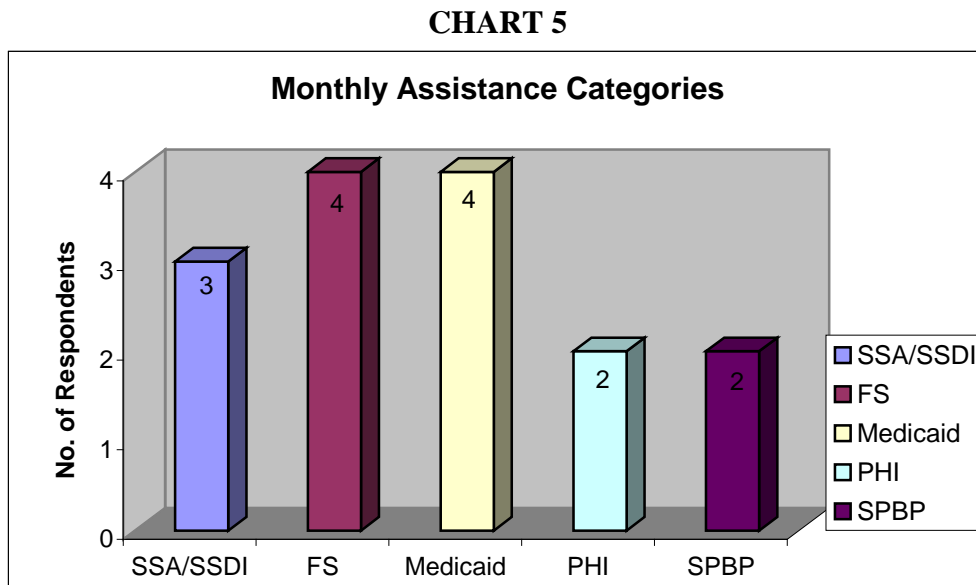
Monthly Assistance Categories

Respondents were asked if they receive any of the following listed benefits:

- GA (General Assistance Unemployable)
- SSI (Supplemental Security Income)
- SSA/SSDI (Social Security Disability Income)
- TANF (formerly AFDC – Aid to Families with Dependent Children)
- Food Stamps
- Veteran's Benefits or Retirement

Medicaid, Medical Assistance, Access, Best, Gateway, Three Rivers
 Medicare
 Waiver services (HIV/AIDS Home and Community Services)
 Private Health Insurance
 Private Disability Insurance
 SPBP – Special Pharmaceutical Benefits Program

Three of the 7 respondents receive more than one benefit. **Chart 5** shows the source of assistance received by the seven respondents.



n=7
 SSA/SSDI - Social Security Disability Income
 FS - Food Stamp
 PHI - Private Health Insurance
 SPBP – Special Pharmaceutical Benefits Program

Of the 7 respondents, 71% (5) indicate that their income and benefits support people other than themselves. Three respondents indicate that they support their young children and partner/ spouse. Of the 5 respondents:

- 80% (4) support young children
- 60% (3) support partner/spouse
- 20% (1) support others.

Service Utilization and Needs

Survey respondents were asked if they were currently receiving any supportive services in addition to mental health and addiction-related services. The majority of the respondents 86% (6) indicate that they are currently using supportive services. Only 1 respondent (14%) indicates that he/she is not using any other supportive services.

When asked if there were other supportive services that they wanted or needed but were unable to access, none of the respondents answered that question. It can be assumed, therefore, that the needs of the 7 respondents are being met. **Table 15** summarizes the supportive services currently being used by the survey respondents.

TABLE 15
Services Currently Utilized by Respondents

SERVICE	% (N) of Respondents
Transportation Assistance*	29% (2)
Case Management	71% (5)
Child Care/ Respite Care	43% (3)
Day Treatment	0% (0)
Dental Care	29% (2)
Educational/Literacy Program Services	14% (1)
Emergency Drug Assistance	14% (1)
Emergency Financial Assistance	43% (3)
Entitlement Assistance Services	14% (1)
Food Bank/ Filtered Water	43% (3)
Home-delivered Meals	0% (0)
Homemaker Services	0% (0)
Interpreter Services	0% (0)
Legal Services/ Permanence Planning	14% (1)
Life Skills Training	14% (1)
Nutritional Counseling	29% (2)
Primary Medical Care	57% (4)
Professional Home Health Care	0% (0)
Personal Care Assistance	0% (0)
Vocational Rehabilitation/ Employment Services	14% (1)
Other	0% (0)

n=7.

*Two respondents specified PATF as a source of transportation assistance

Housing Data

The following sections discuss the survey data relating to housing. This information includes current and past housing, neighborhoods of residence, moving patterns, housing costs, housing preferences, and service utilization.

Residence

All 7 respondents live in Washington County. Respondents describe their current housing situation, as follows: 1 respondent (14%) lives in a Housing Authority building; 2 respondents (29%) live in a rented house; 1 respondent (14%) owns a house; 2 respondents (29%) live with parents; and, 1 respondent (14%) is living in some other kind of housing, such as transitional housing.

History of Homelessness

In the survey, homelessness was defined as being without a regular place to stay at night. Only 2 respondents (29%) indicate that they have been homeless at some point in their lives, although the survey did not ask when in their lives they had been homeless.

In response to how many times they had been homeless in the past three years, 1 of the 2 respondents indicates that he has been homeless 8 times, while the other respondent indicates that he has been homeless twice in the past three years.

When asked about the duration of their most recent period of homelessness, one respondent says that he was homeless for between 2 to 12 months (a check-off category in the questionnaire).

Table 16 shows the reasons given by respondents for their homelessness. One respondent reports 3 reasons for becoming homeless: eviction, release from jail, and inability to pay the rent.

TABLE 16
Reason for Most Recent Period of Homelessness
Among the Previously Homeless

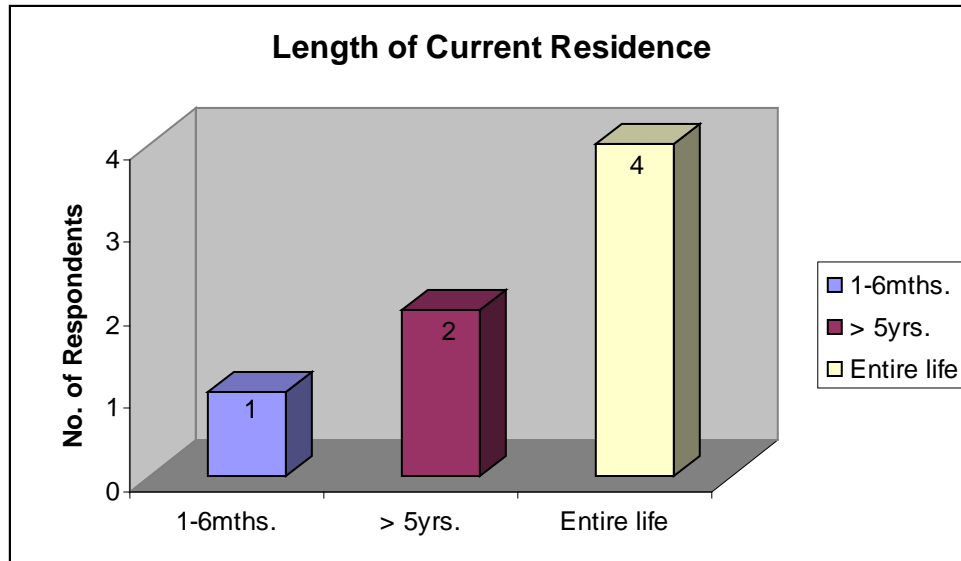
Reason	% (N)*
Newly arrived in areas, no resources	14% (1)
Released from jail	29% (2)
Evicted	14% (1)
Could not pay rent	14% (1)

*n=7

When respondents were asked if they had ever had to do certain things to have a place to sleep since they first found out about their HIV status, only 2 individuals responded. One respondent indicates having to sleep in a shelter and at a friend’s house, while the other indicates having to sleep in a shelter, on the streets, in a park, or other outdoor place.

Chart 6 shows the length of time that respondents have lived in their current homes. It is interesting to note that the majority 86% (6) of the respondents have lived in their current residence for more than 5 years. Again, this does not answer to the details of the point or duration of homelessness stated earlier by two respondents.

CHART 6



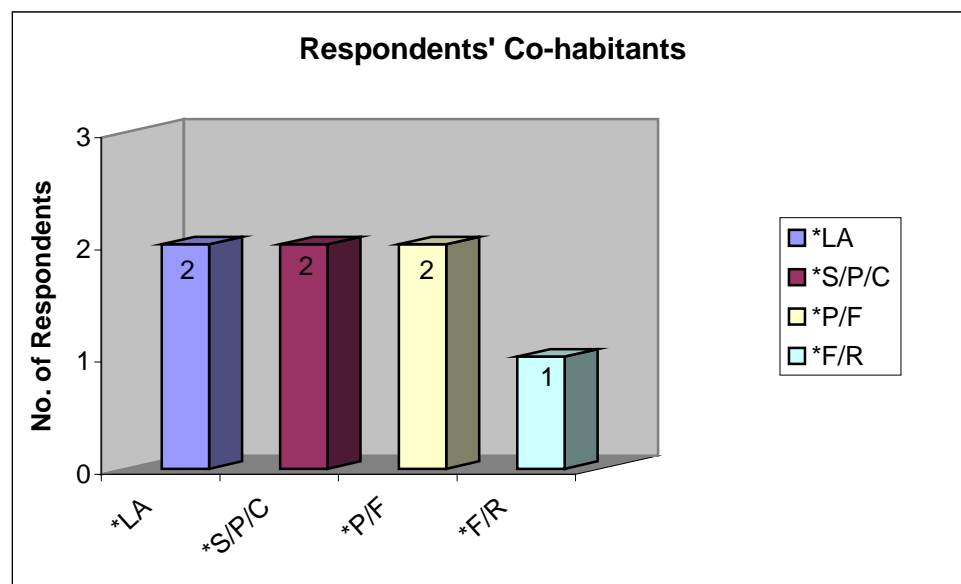
n=7

Respondents' Co-habitants

None of the seven individuals responding to this survey live with their adult children nor are homeless.

Chart 7 shows with whom the respondents live.

CHART 7



n=7 *S/P/C - Spouse/partner/children *LA – Live alone
 *P/F - Parents/family *F/R-friends/roommates

When the respondents were asked how many people live in their household, including themselves, they report an average household size of about 3. Four respondents report living with a child -- 2 with a child of 8 years, 1 with a 10-year-old, and 1 with a 12-year-old.

When respondents were asked if there was another person(s) living with them who is HIV-positive or has AIDS, three respondents say yes: 2 respondents indicate living with a husband and son, while 1 respondent reports living with a child and wife.

None of the seven respondents report presently living in an abusive situation. (An abusive situation was defined as, “one in which another person in the household subjected you or someone else in your household to mental or physical abuse.”)

Rental Assistance

Only 2 respondents indicate that they receive rental assistance. One respondent is on Section 8, while the other receives HOPWA assistance. None of the respondents are on a rental assistance waiting list.

Housing Costs

Respondents were asked to indicate their monthly housing costs. Due to the small sample size, a meaningful comparison of monthly housing costs and the Fair Market Rents for Washington County can not be calculated. **Table 17** shows the amount respondents pay for housing.

TABLE 17
Monthly Housing Costs

Monthly Housing Cost	% (N)*
\$0	14% (1)
\$1 - \$199	43% (3)
\$200 - \$299	0% (0)
\$300 - \$399	14% (1)
\$400 - \$499	29% (2)

*n=7

In addition to their rent, 5 respondents indicate that, they spend, on average, \$100 on utilities such as heat, electricity, and water but not including telephone and cable TV; 1 respondent indicates that he spends \$250 on monthly housing costs other than rent; and 1 respondent says that he spends nothing on utilities.

Housing Mobility

When respondents were asked if they have had to move since they learned that they had HIV/AIDS, 57% (4) say yes. The reasons given by these 4 respondents for moving since being diagnosed with HIV/AIDS are shown in **Table 18**. (Respondents are allowed to check more than one reason.) Although earlier responses indicate stable housing, this question does not ask when the moves occurred.

TABLE 18
Respondents' Reasons for Moving since Being Diagnosed

Reason	% (N)*
Because of drug/alcohol use	14% (1)
Evicted	14% (1)
Released from jail	29% (2)
No longer had enough money to rent	29% (2)
Moved in with caregiver for support	29% (2)
To live near/with family or partner	43% (3)
To get away from old neighborhood	14% (1)
To stay clean and sober	14% (1)
To find a job	14% (1)
To get a better HIV-related services	14% (1)
To be closer to HIV-related services	14% (1)
Found a better place to live	14% (1)

*n=7

Housing Needs and Preferences

TABLE 19
Respondents' Preferred Housing Options Based on Current Health Status

Housing Option	% (N)*
Stay where I am	86% (6)
Move to live alone	14% (1)
Move to parents or extended family	43% (3)
Live with friends or roommate	14% (1)
Live in a shared house/w other HIV+ people	0% (0)
Move to housing with supportive services	0% (0)
Hospice care facility	0% (0)
Skilled nursing facility	0% (0)

*n=7

TABLE 20**Respondents' Preferred Housing Options
Based on Deteriorating Health Status**

Housing Option	% (N)*
Stay where I am	86% (6)
Move to live alone	0% (0)
Move to parents or extended family	29% (2)
Live with friends or roommate	14% (1)
Live in a shared house/w other HIV+ people	0% (0)
Move to housing with supportive services	29% (2)
Hospice care facility	0% (0)
Skilled nursing facility	0% (0)

*n=7

TABLE 21**Respondents' Preferred Neighborhood Features**

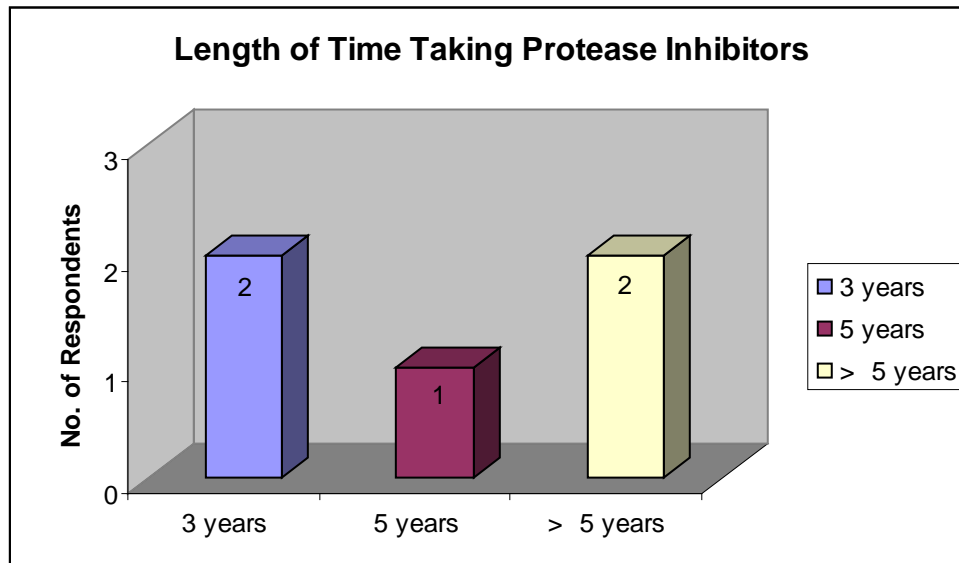
Neighborhood Feature	% (N)*
Closer to medical treatment	0% (0)
Closer to MH or drug/alcohol treatment	0% (0)
Closer to recreational activities	0% (0)
Greater overall resources	14% (1)
Greater anonymity	0% (0)
Greater housing choices	14% (1)
Greater service choices	14% (1)
Better transportation systems	14% (1)

*n=7

Current Medical Treatment

All 7 respondents (100%) currently have a doctor and are satisfied with their medical care. When respondents were asked if they currently are taking protease inhibitors (drug cocktail; Indinavir (Crixivan); Ritonavir (Norvir); Saquinavir (Invirase); or Nelfinavir (Viracept)), 5 respondents say yes; only 1 says no. Of the 5 respondents who responded in the affirmative, 1 respondent reports that he has been taking protease inhibitors since 1997, 2 say that they have been taking protease inhibitors since 1999, and 2 say that they have been taking protease inhibitors for many years (see **Chart 8**).

CHART 8



*n=5

When asked how they would rate their overall health since starting protease inhibitors, 71% (5) of the respondents say they feel better, the other 28% (2 individuals) do not respond to this question.

Of the 5 persons who say they feel better since starting the protease inhibitors, 1 individual indicates that he is making plans to go back to work, while the other 4 respondents say they would not be going back to work. When asked if they have moved or are thinking of moving because they feel better, all 5 respondents say no.

Finally, when the respondents were asked if they have anything to add to the survey, or if there is something that was missed in the questionnaire, 1 respondent (14%) indicates that the survey seemed intrusive.

CHAPTER 6: CRITICAL ISSUES

1. *Lack of affordable and appropriate housing*

As in the other rural communities assessed by SWPAPC to date, there does not seem to be a major need for housing of HIV/AIDS consumers in Washington County. Unlike urban areas, such as Pittsburgh, where the lack of affordable and appropriate housing is a problem, in the rural areas families and friends tend to open their doors to those in need. Somehow, there is always room for one more. There is a different mentality in the rural areas than in the urban areas, where privacy is so valued. The research showed that

only a few people perceived the need for some affordable housing. This perception was borne out by officials working in the homeless shelter in Washington County who said that housing was not a major concern there.

2. *Serving populations with multiple needs*

In Washington County, as has been seen also in Butler, Armstrong, and Westmoreland counties, there is deep denial about the existence of HIV/AIDS. Faced with people who have multiple symptoms and multiple needs, people do not want to address the dual diagnoses, and HIV/AIDS go undiagnosed and even unsuspected. It is not infrequent to have people in rural areas diagnosed with HIV/AIDS only in their later years, or in the later stages of the disease, and no one has figured on how many people in rural settings die of the disease without it ever having been recognized. Not just denial is to blame for this situation, but also the way funds are “siloeed” in discrete streams may also be working against a broader vision.

In addition, there is the difficulty of getting statistical data on consumers in rural areas. For instance, there seems to be no data on how many Washington County residents travel to Allegheny County for anonymity’s sake to seek diagnosis and services.

3. *Impact of criminal action on housing*

Unlike more urban areas, there is less impact on housing as a result of criminal behavior and action. As shown in this report on Washington County, criminal activity would not seem to have any appreciable impact on housing needs and availability.

4. *Accessing services*

The ability to access services may be an issue in Washington County since there really is no AIDS agency serving in the county, and it is not clear how case management gets done there. Most consumers are sent into Pittsburgh. Also, since Washington County (along with Greene) is quite conservative, there is considerable reason to hide one’s condition from one’s neighbors.

5. *Systems coordination and collaboration*

Other services for HIV/AIDS consumers are not integrated into housing resources in Washington County. This lack of systems coordination is likely to impede consumers’ access to services.

6. ***Education and advocacy***

Landlords in Washington County are not as sensitive to renter's rights as they are in Allegheny County. In addition, providers in Washington County often lack sufficient education and training about services and resources, all of which work against the HIV/AIDS consumer. The providers felt that they needed information and best practices. SWPAPC felt that the resources available have not been reaching the people. From experience, the Coalition has learned that it is not sufficient to give out information just once - - it has to be constantly reinforced before it takes hold and changes behavior. This reinforcement aspect of information dissemination and learning has to be considered in any educational and advocacy work.

7. ***Increased incidence of HIV/AIDS***

The incidence of HIV/AIDS in 2000 in Washington County was unusually high. (See **Table 6**, Washington County Annual Incidence, 1997–2000, on page.7 of this report.) This does not necessarily indicate a trend. The incidence in subsequent years will be closely monitored.

8. ***Testing***

It is difficult to get accurate epidemiological data in rural areas. For instance, when people move out from urban areas, do they get tested? Perhaps, only late in life. Regarding facilitating testing in rural communities, the Coalition could refer to the best practices suggested by the Northeastern Coalition, where they tried testing at truck stops, adult video stores, and other high-traffic areas. Also, youth can be drawn into getting testing at tattoo and piercing saloons (particularly for hepatitis) – perhaps utilizing health fairs -- and at raves, some of which occur in Washington County. There is also “little Washington,” a black community that has been established for some time, where some kind of outreach could occur. Further, young people could be trained to do testing. And a survey could be conducted on how the people in Washington County think that the Coalition can reach people.

The Coalition should look into how testing is undertaken at Washington Hospital through their “Teen Outreach” program, a program geared particularly for teen mothers, but also for other youth. Committee members liked the idea of carrying out testing by piggybacking it on something else more palatable and pitching it to a wider audience. For example, the idea about a Health Fair being mounted around the tattoo shop in the mall, as earlier mentioned.

9. ***Small number of survey respondents***

It is critical to note the small numbers of consumer survey respondents and key informants in this Washington County housing needs assessment. Issues such as concern about confidentiality, traveling to Allegheny County for services, or lack of provider knowledge of the HIV-status of clients may play a part in

this low response. In addition, Washington County may have an unusual number of clients who are not in care by choice or through ignorance. These factors mitigate against the conclusions drawn from this needs assessment.

CHAPTER 7: RECOMMENDATIONS OF THE COALITION

The SWPAPC Housing Services Committee felt that the issues that arose in Washington County and the conclusions derived from the research and data gathered there conformed fairly closely to the those generated in response to the earlier SWPAPC HIV/AIDS Housing Needs Assessment for Allegheny County, and, consequently, to the Coalition's recommendations, as follows:

- Ensure full participation by HIV/AIDS housing and service providers, persons living with HIV/AIDS, and the SWPAPC Housing Committee in area Consolidated Plans, Continuum of Care, and other housing and homeless advisory and planning activities.
- Initiate, expand, strengthen and formalize linkages by providers serving those living with HIV/AIDS to behavioral health, corrections, and homeless systems.
- Increase knowledge, awareness and access to mainstream and special needs housing resources for providers and persons living with HIV/AIDS in order to better meet the housing needs of this population.
- Seek opportunities for collaboration by providers in housing development by identifying potential partners, maintaining and building upon existing relationships, and finding housing opportunities that can be dedicated to serve the housing needs of those living with HIV/AIDS.
- Seize and create opportunities for cross-agency training and advocacy to more effectively address issues related to mental health, chemical dependency, homelessness, HIV/AIDS and other high-risk populations.

- Examine further the increase in reported incidence of AIDS in Washington County.

- Utilize and support the reinforcement aspect of all education and advocacy initiatives, in both information dissemination and learning, in order to encourage behavioral change and personal development. This reinforcement aspect of information dissemination and learning has to be considered in any educational and advocacy work.

The SWPAPC Housing Services Planning Committee will review these recommendations and develop an Action Plan based on prioritized issues and resources available. These recommendations will be reviewed and revised annually.

APPENDICES

HIV/AIDS Housing Consumer Survey

*This is a housing needs survey for people who have HIV/AIDS. Your participation is very important, and we would like to have your input. The information gathered in this survey will be used to develop the AIDS Housing Assessment and Plan for addressing the housing needs of people living with HIV/AIDS living in Washington County. **Your answers are completely confidential.** If you need assistance to complete this survey, please talk with the person who gave it to you. Note that this survey is printed on both sides of the paper. Please make sure to answer all questions. Thank you for your participation.*

1. Have you completed this survey before?

- Yes **If yes, please do not fill out this form again!**
 No

• IF YOU DO NOT LIVE IN WASHINGTON COUNTY DO NOT CONTINUE.

The first part of the survey is about you (questions 2-9). Remember, all answers are confidential. These questions will help make sure that we are reaching all kinds of people and that our plan reflects the community of people living with HIV and AIDS.

2. Are you infected with HIV, the virus that causes AIDS?

- YES** If yes, what is your current HIV status? **Check only one answer.**

'Asymptomatic' HIV - no physical problems (no AIDS diagnosis).
What year did you learn of your HIV status?
Where (county and state)? _____

'Symptomatic' HIV - some physical problems (no AIDS diagnosis).
What year did you learn of your HIV status?
Where (county and state)? _____

AIDS diagnosis - I have been told I have AIDS
What year did you learn of your AIDS diagnosis?
HIV diagnosis? _____
Where (county and state)? _____

- NO**, I am HIV negative.

If no, are you a parent or primary caregiver of a child infected with HIV who is under 18 years of age?

- Yes.
If yes, what is your relationship to the child? _____

(You may complete this survey with and/or on behalf of your child, but answer the questions as if your child were answering them. If a question does not seem to be applicable to your child, indicate "N/A".)

- No. If No, **PLEASE DO NOT CONTINUE COMPLETING THIS SURVEY!**

Questions 10-17 are about your current housing situation

10. Today, what kind of a place do you live in? Check only one answer

- Homeless, on the streets or in a car, in a vacant building or 'cathole'
- In a shelter
- In a hotel or motel
- Stay for free or 'crashing' with friends or relatives
- In a drug or alcohol treatment center
- In a halfway house
- In a Housing Authority building
- HIV/AIDS housing facility or building
- Rent a room in a house
- Rent a house, apartment, condo or mobile home
- Own a house, apartment, condo or mobile home
- Hospital
- Other (please explain) _____

11. Who do you live with? Check only one answer

- Live alone (Please skip to #12)
- Spouse/partner
- Spouse/partner and children
- Your children and no other adults
- Parent(s)/family
- Friend(s)/roommate(s)
- Homeless (Shelter / Transitional Housing)
- Other _____

11a. How many people live with you?

Total number, including yourself: _____
How many children? _____
What are their ages? _____

11b. Is there another person(s) living with you who is HIV-positive or has AIDS?

- Yes. What relationship to you? _____
- No

11c. Do you presently live in an abusive situation (in which another person in the household subjects you or someone else in your household to mental or physical abuse)?

- Yes.
- No

***If yes, do you want or need help to prevent and/or escape from this abusive situation?**

- Yes (Please call 1-800-400-8551 for help, 24 hours a day)
- No

12. In what county do you live? _____ What city/ town? _____
What is your zip code? _____

13. How long have you lived where you are now? Check only one answer

- Less than 1 month
- 1 month to 6 months
- 6 months to 12 months
- 1 to 2 years
- 3 to 5 years
- More than 5 years
- All your life

14. Are you getting rental assistance?

- Yes.

If yes, what kind(s)?

- Section 8 housing (tenant-based certificate)
- Shelter Plus Care
- Housing Opportunities for Persons with AIDS/SeniorCare Management/AIDS Intervention Project
- Other _____

- No

15. Are you on any waiting lists for housing or rental assistance?

- Yes

If yes, do you know which one(s)? If so please check.

- Shelter Plus Care - how long? _____
- Section 8 - how long? _____
- Housing Opportunities for Persons with AIDS/SeniorCare Management/AIDS Intervention Project
- Other waiting list - how long? _____
- Not sure which one

- No

16. Was having HIV/AIDS a reason you were able to get the housing you have now?

- Yes
- No

17. Have you ever experienced discrimination in getting housing?

- Yes

What kind of discrimination? Please check all reasons that apply

- Racial
- HIV/AIDS
- Gay/lesbian/transgender
- Children/family size
- Other _____

- No

18. Have you ever been denied housing due to bad credit history?

- Yes
- No

Questions 19-21 have to do with changes you may have had in your housing since you learned about your HIV status. Remember, these are only changes since learning that you were HIV infected.

19. Have you ever had to do any of these things to have a place to sleep since you found out about your HIV status? Check all that apply.

- Slept in a car
- Traded sex for a place to spend the night, or money for rent
- Slept in a shelter
- Slept at a friend's house
- Slept on the streets, in a park, or other outdoor place: _____
- None of these

20. Have you had to move since you learned you have HIV/AIDS?

- Yes *continue*
- No *skip to # 21*

20a. If yes, what were the reasons for your move? Check all that apply

- I was asked to move because I am HIV-positive
- I was asked to move because of my drug/alcohol use
- I was evicted
- I moved because I was released from jail or prison
- I moved because I couldn't live independently anymore
- I moved because I no longer had enough money to pay my rent

Why? _____

- I moved in for financial or physical support from a caregiver (family or friends)
- I moved to live with/near family or partner
- I moved to be in a safer neighborhood
- I moved to get away from my old neighborhood
- I moved so that I could remain clean and sober
- I moved to find a job
- I moved to get better HIV/AIDS-related services (including doctor)
- I moved to be closer to HIV/AIDS-related services (including doctor)
- I moved to get away from an abusive domestic living situation
- I moved because I was divorced from my spouse
- I moved because I found a better place to live
- I moved to be closer to transportation
- Other _____

20b. How many times have you moved in the past 3 years? _____
In the past year? _____

21. Have you ever been homeless? By this we mean without a regular place to stay the night.

- Yes *continue*
- No *skip to # 22*

21a. How many times have you been homeless *in the last three years*? _____

21b. How long was your *most recent* period of homelessness?

- a few days to a week
- a few weeks to a month
- two months to a year
- more than a year

21c. Why did you become homeless the last time? *Check all that apply.*

- Family/partner/roommate made me move
- To get away from an abusive domestic living situation
- Substandard unit or condemned building
- Newly arrived in area and had no resources
- Released from jail, county lock-up or prison
- Evicted
- Could no longer pay rent
- Other: _____

Questions 22-25 have to do with your use of drugs and alcohol.

22. Are you currently using alcohol/ drugs?

Yes

No

22a. Have you used alcohol/drugs in the past?

Yes

No

23. What substances/drugs did or do you use? Check all that apply.

None, I only take prescription medications

Alcohol

Marijuana

Crack

Cocaine - How do you use cocaine? _____

Heroin - How do you use heroin? _____

Methamphetamine/speed - How do you use methamphetamine? _____

Pills not prescribed for me by my doctor - which ones? _____

Other: _____

23a. Are you living with someone who is currently using drugs/alcohol?

Yes

No

24. Are you currently active in a drug or alcohol treatment or recovery program?

Yes (*continue*)

No (*skip to 25*)

24a. What kind of treatment program? Check all that apply.

Methadone maintenance program

Drug-free outpatient counseling program

12-step program (AA, NA, CA)

Residential rehabilitation program

Inpatient detox program

Other: _____

24b. Are you living with someone who is in recovery?

Yes

No

25. If you want or need alcohol or drug treatment now and are not getting it, please tell us why.

Check all that apply.

I don't want treatment right now

No beds are available

I don't know where or who to call for help

I am on a waiting list for a methadone program

I am on a waiting list for a treatment program (not methadone)

I was in a program but was asked to leave

Cost of treatment is too high/not covered by insurance

Location of treatment program

- Lack of child care
- Programs seem prejudiced against people like me
- Other: _____

***If you want drug and alcohol treatment now, please call 724-834-0420 (Greensburg), 724-532-1700 (Latrobe), 724-684-9000 (Mon Valley) or 724-339-6860 (Alle Kiski)**

Questions 26-28 have to do with mental health services.

26. Have you ever been diagnosed with a mental health problem?

- Yes
- No

27. Are you currently receiving mental health services?

- Yes
- No

27a. If yes, what kind of services?

- Day Treatment/ Outpatient
- Individual Therapy
- Group Therapy
- Medication Count
- Other _____

27b. Are you currently on medication for mental health issues (depression, anxiety, other)?

- Yes
- No

28. If you want or need mental health services now and are not getting it, please tell us why.

Check all that apply.

- I don't want treatment right now
- I don't know where or who to call for help
- I was unable to comply with the rules of treatment
- I was in a program but was asked to leave
- Cost of treatment is too high/not covered by insurance
- Location of treatment program
- Lack of child care
- Programs seem prejudiced against people like me
- Other: _____

***If you want mental health services now, please call the Mental Health Crisis Hotline at 724-547-0285 or 1-800-836-6010**

Questions 29- 30 have to do with your use of and need for other supportive services.

29. Are you currently receiving any supportive services?

Yes

What supportive services are you currently receiving? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Transportation assistance,
please specify: _____ | <input type="checkbox"/> Homemaker services |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Interpreter services |
| <input type="checkbox"/> Child care/respite care | <input type="checkbox"/> Legal services/permanence planning |
| <input type="checkbox"/> Day treatment | <input type="checkbox"/> Life skills training |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Nutritional counseling |
| <input type="checkbox"/> Educational/literacy program services | <input type="checkbox"/> Primary medical care |
| <input type="checkbox"/> Emergency drug assistance | <input type="checkbox"/> Professional home health care |
| <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Personal care assistance |
| | <input type="checkbox"/> Vocational rehabilitation/employment
services |
| <input type="checkbox"/> Entitlement assistance services | <input type="checkbox"/> Other—please specify: _____ |
| <input type="checkbox"/> Food bank/filtered water | |
| <input type="checkbox"/> Home-delivered meals | |

No

30. Are there other supportive services that you want or need that you are not currently receiving?

Yes

What other supportive services do you need or want to receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Transportation assistance,
please specify: _____ | <input type="checkbox"/> Homemaker services |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Home-delivered meals |
| <input type="checkbox"/> Child care/respite care | <input type="checkbox"/> Interpreter services |
| <input type="checkbox"/> Day treatment | <input type="checkbox"/> Legal services/permanence planning |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Life skills training |
| <input type="checkbox"/> Educational/literacy program service | <input type="checkbox"/> Nutritional counseling |
| <input type="checkbox"/> Emergency drug assistance | <input type="checkbox"/> Primary medical care |
| <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Professional home health care |
| <input type="checkbox"/> Entitlement assistance services | <input type="checkbox"/> Personal care assistance |
| <input type="checkbox"/> Food bank/filtered water | <input type="checkbox"/> Vocational rehabilitation/employment services |
| | <input type="checkbox"/> Other - please specify: _____ |

No

Questions 31-36 are about your **household** income. By household we mean all the people who live with you.

31. Do you receive any of the following benefits? Check all that apply

- GA (General Assistance Unemployable)
- SSI (Supplemental Security Income)
- SSA/SSDI (Social Security Disability Income)
- TANF (formerly AFDC - Aid to Families with Dependent Children)
- Food Stamps
- Veteran's benefits or retirement
- Medicaid, Medical Assistance, Access, Best, Gateway, Three Rivers
- Medicare
- Waiver services (HIV/AIDS Home and Community Services)
- Private health insurance
- Private disability insurance
- SPBP - Special Pharmaceutical Benefits Program

32. What is your total monthly income from all sources? _____

32a. Are you currently employed?

- Yes
 - Full time (40+ hours per week)
 - Part time (Less than 40 hours per week)
- No

33. Does your income and benefits support people other than yourself?

- Yes *continue*
- No

33a. If yes, what relationship(s)? Check all that apply

- My young children
- My adult children
- My grandchildren
- My parents
- My partner / spouse
- Other _____

33b. Do you receive financial support from any other member of your household?

- Yes
- No

34. What are your monthly cash (out of pocket) costs for health care, including prescriptions, for you and the people you support? \$_____

35. How much do you spend each month on your rent or mortgage? \$_____

36a. In addition to your rent, how much more do you spend on utilities such as heat, electricity and water NOT including telephone and cable TV? \$_____

36. Would you have to move if your rent or mortgage payment went up by about \$25?

- Yes
- No

36a. By about \$50?

- Yes
- No

Questions 37-41 are about the housing available to persons with HIV/AIDS, and your thoughts about them.

**37. Based on your current health, what kind of housing situation would you choose now?
(Please mark top two choices only.)**

- a. _____ Stay where I am
- b. _____ Move to live alone
- c. _____ Move to parents or extended family
- d. _____ Live with friends or roommate
- e. _____ Live in a shared house/apartment with other people who have HIV/AIDS
- f. _____ Move to a housing program with supportive services on-site,
i.e. meals, attendant care
- g. _____ Hospice care facility
- h. _____ Skilled nursing facility (24-hour nursing care)

**38. If you get sicker from HIV or AIDS, what kind of housing situation would you choose?
(Please mark top two choices only.)**

- a. _____ Stay where I am
- b. _____ Move to live alone
- c. _____ Live with parents or extended family
- d. _____ Live with friends or roommate
- e. _____ Live in a shared house/apartment with other people who have HIV/AIDS
- f. _____ Move to a housing program with supportive services on-site,
i.e. meals, attendant care
- g. _____ Hospice care facility
- h. _____ Skilled nursing facility

39. Do you feel that persons with HIV/AIDS can find safe and affordable housing in your area?

- Yes
- No

40. Is there access to necessary resources (food, medical, pharmacy, transportation) in your area?

- Yes
- No

41. Would you consider moving to a more urban area?

- Yes

What reasons would you have for moving? (Check all that apply)

- Closer to medical treatment
- Closer to mental health or drug and alcohol treatment
- Closer to recreational activities
- Greater overall resources
- Greater anonymity
- Greater housing choices
- Greater service choices
- Better transportation systems
- Other _____

- No

Questions 42 and 43 focus on your current medical treatment.

42. Do you currently have a doctor?

Yes

No (Skip to Question 43)

42a. Who is your doctor? _____

42b. Where is s/he located at? _____

42c. Are you satisfied with your doctor's care?

Yes

No

43. Are you currently taking protease inhibitors (drug cocktail; Indinavir (Crixivan); Ritonavir (Norvir); Saquinavir (Invirase); Nelfinavir (Viracept))?

Yes

If you are taking protease inhibitors:

How long have you been taking them: _____

How would you rate your overall health since starting protease inhibitors?

Better

About the same

Worse

Are you making plans to go back to work?

Yes

No

Have you moved or are you thinking of moving because you are feeling better?

Yes If yes, please explain _____

No

No **If you are not taking protease inhibitors please indicate why:**

My doctor hasn't recommended them

I tried but could not tolerate them, or there were too many side effects

I started them, but could not comply with the regimen

I can't access them/have no funding

Don't want to at this time

My doctor will not prescribe them because I am using street drugs and/or alcohol

Other _____

44. Do you have anything to add, or is there something we missed?

THANK YOU !!

Administered by _____

Date _____

Location _____