

## HIV/AIDS Housing Resources

This section provides an overview of the HIV/AIDS housing continuum and available housing resources for people living with HIV/AIDS in Oregon.

### HIV/AIDS Housing Continuum

Planning an HIV/AIDS housing continuum is a comprehensive approach to meeting a community's housing needs. HIV/AIDS resources alone cannot address the extent of housing and housing-related needs of people living with HIV/AIDS. Mainstream community resources, including the service systems that address homelessness, crisis assistance, mental health, substance use, employment, and medical care are essential to meeting the needs of people living with HIV/AIDS, and must be integrated into the HIV/AIDS housing continuum. Resources are organized in the following categories: emergency housing, transitional housing, permanent housing, specialized care facilities, and support services. Each category of housing assistance is outlined below.

#### Emergency Housing Assistance

Emergency housing is defined as one-time or very short-term assistance provided to address an immediate housing crisis—often for people who are homeless or at imminent risk of becoming homeless. The primary goal of emergency housing is to stabilize the household, usually through one of the following:

- Financial assistance with rent, mortgage, or utilities to prevent loss of residence
- Financial assistance for emergency lodging (for example, motel vouchers)
- Emergency shelter

#### Transitional Housing

Transitional housing is of limited duration—typically from 30 days to 2 years—and is intended to help people make the transition from a housing crisis to permanent and stable housing. Its goal is to provide housing and support services to help people develop the skills and locate the resources they need to succeed in finding and maintaining permanent housing. Transitional housing programs often target a specific population with relatively consistent service needs, such as families, young adults, or individuals with histories of domestic violence, mental illness, substance use, or homelessness.

Transitional housing most often includes:

- Affordable housing for a limited time period
- Support services geared toward a particular segment of the population; participation is typically required to be eligible for housing
- Assistance furnishing the household initially
- Assistance identifying permanent housing opportunities upon completion of the transitional program

## **Permanent Housing**

Permanent housing is housing of unlimited duration that is paid for with a household's income and/or subsidies. Permanent housing that includes subsidy typically has eligibility requirements that must be met for continued tenancy. This means that a family may become ineligible for assisted housing if their income rises above the program's limits. Permanent housing assistance often allows people to live independently in their individual units, but permanent housing assistance can also include higher degrees of services and cooperative living, such as in a group home. Permanent housing can include:

- Project-based assistance. This is the provision of actual housing units, whether in a group home, an entirely affordable apartment building, or through units in scattered sites.
- Tenant-based rental assistance. This assistance includes Housing Opportunities for Persons with AIDS (HOPWA) program-funded subsidy and Shelter Plus Care and is used in privately-owned housing, pays for an individual household to rent a particular unit, and can travel with the tenant to another unit.
- Ongoing delivery of support services designed to help people live independently, as needed. These services can either be provided to people living in a dedicated project or at a central location for people receiving tenant-based rental assistance.

## **Specialized Care Facilities**

Specialized care facilities include short- and long-term housing combined with onsite services designed to assist people whose medical or behavioral health issues make successful independent living impossible. These programs target only those people living with HIV/AIDS who have specific medical or support service needs. Specialized care facilities and services include the following:

- Assisted living facilities. These are group residences offering the delivery of professionally managed personal and health care services, including meals, 24-hour attendant care, social activities, assistance with bathing, dressing and transferring, dispensing medication, and health monitoring. Assisted living is intended for those who need some assistance in performing the activities of daily living but who do not need the high level of medical supervision provided by a skilled nursing facility. Assisted living facilities are not necessarily, but may be, HIV/AIDS-specific.
- Skilled nursing facilities. These are nursing homes or facilities that provides 24-hour medical care from nurses and aides, in addition to services similar to those of an assisted living facility.
- Hospice. This is a type of support and care provided to people in the last phases of an incurable disease so that they may live as fully and comfortably as possible. Hospice focuses on alleviating pain and discomfort, improving the quality of life, and preparing individuals mentally and spiritually for their eventual deaths. Hospice care can be provided in a person's own home.

## **Support Services**

A variety of support services are needed to assist individuals and families all along the housing continuum. Support services are critical to maintaining housing stability for many individuals, particularly for those who have multiple service needs. Support services include:

- Case management
- Client advocacy
- Employment training or support
- Home-delivered meals, a food pantry, and/or food vouchers
- Medical care (including home health care) and medications
- Mental health counseling
- Substance use counseling and/or treatment
- Transportation assistance

## **HIV/AIDS Housing Resources**

People living with HIV/AIDS who have low incomes meet their housing needs in the same ways that low-income people without HIV/AIDS do. When it is not possible to obtain low-cost housing that is affordable, the majority of people earning low incomes either pay a larger percentage of their income toward housing costs than higher-income people, or combine households with others to share housing costs. Some low-income people are able to meet their housing needs with assistance, either in the form of subsidized units or through assistance that a tenant can use in available market rate housing.

People living with HIV/AIDS may be able to access certain types of housing assistance based on income level eligibility. If they have another disability, such as mental illness or substance use issues, they may be eligible for housing assistance through those systems. Finally, some communities have housing resources that are dedicated to serving people living with HIV/AIDS, which can be funded by a variety of funding sources. There are two federal programs which provide funding that is dedicated to serving people living with HIV/AIDS—U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Ryan White Comprehensive AIDS Resources Emergency (CARE) Act program and the U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for Persons with AIDS (HOPWA) program. Information regarding these two programs and funds received by Oregon follow. Please see Appendix VI for information about funding sources dedicated to housing affordable to low-income persons regardless of HIV/AIDS status.

## **Ryan White CARE Act**

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, enacted in 1990, represents the largest dollar investment made by the federal government specifically for the provision of services for people living with HIV/AIDS. Ryan White funds are intended to help communities and states increase the availability of primary health care and support services and increase access to care for underserved populations.

As part of that goal, Ryan White allows housing-related assistance, specifically housing referral services and short-term emergency housing, as eligible expenditures under Titles I, II, and IV. Housing referral services include assessment, search, placement, and advocacy services; short-term emergency housing includes short-term rental assistance, emergency shelter stays, short-term residential treatment, short-term assisted living, and temporary/transitional housing programs. Ryan White Title I funds are awarded to metropolitan areas of over 500,000 people with at least 2,000 AIDS cases in the preceding 5 years. Portland has received Ryan White Title I funds since 1995. The Multnomah County Health Department administers this program for the EMA. For FY 2001, the Portland-Vancouver OR-WA EMA received an award of \$3,513,044 in Title I funds.

Ryan White Title II program funds are awarded based on a formula to states. The Oregon Department of Human Services, Health Services administers Ryan White program funds for the state of Oregon. In 2001, Oregon received a total of \$4,836,281, including \$1,597,643 in a base award and \$3,238,638 for the state AIDS drug assistance program. By comparison, in 2000, Oregon received \$4,722,939 in Ryan White Title II funds, of which \$3,119,691 was set aside for the AIDS drug assistance program (ADAP) and \$1,603,258 was a formula award. In 1999, Oregon received slightly less, a total of \$4,333,257. Of this, \$1,543,178 was a formula award and \$2,790,079 was set aside for ADAP.

Ryan White Title IV program funds are targeted toward women, youth, and children, and can also be used for housing; however, Oregon has never been awarded Title IV funds.

## **Housing Opportunities for Persons with AIDS (HOPWA)**

HOPWA, a program of HUD, provides funding for housing and housing-related services for people living with HIV/AIDS and their families. Eligible metropolitan statistical areas (EMAs or EMSAs) and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are diagnosed in a HUD-determined geographic region.

HOPWA provides grant funds to state and local governments to design long-term, comprehensive strategies for meeting the housing needs of low-income people living with HIV/AIDS and their families. Participating jurisdictions have the flexibility to create a range of housing programs, including housing information services, project- or tenant-based rental assistance, short-term rent, mortgage, and utility payments to prevent homelessness, housing and development operations, and support services that help people maintain their housing. Ninety percent of HOPWA funds are awarded through formula grants, and the remaining 10 percent are awarded through a competitive grant program.

HUD awards 75 percent of HOPWA formula grant funds to eligible states and qualifying cities. The remaining 25 percent of funds is allocated among metropolitan areas that have had a higher than average per capita incidence of AIDS. HOPWA grantees may carry out eligible programs themselves, deliver them through any of their administrative entities, select or competitively solicit project sponsors, and/or contract with service providers.

The Portland metropolitan area has received a formula allocation of HOPWA funds since 1994. The Portland-Vancouver OR-WA EMA includes Columbia, Washington, Yamhill, Clackamas, and Multnomah Counties in Oregon and Clark County in Washington. **Table 16** shows the funding levels for fiscal years 1994 through 2001.

*Table 16*  
**Portland-Vancouver OR-WA EMA  
HOPWA Funding Levels for FY 1994  
through 2001**

Fiscal Year	Amount
1994	\$670,000
1995	\$665,000
1996	\$667,000
1997	\$758,000
1998	\$766,000
1999	\$803,000
2000	\$809,000
2001	\$882,000
<b>Total</b>	<b>\$6,020,000</b>

Source: Portland EMA HIV/AIDS Housing Plan, March 2000.

Oregon, outside of the Portland-Vancouver OR-WA EMA, has not become eligible for HOPWA formula funding as of 2001. Through 2000, 1,292 cumulative AIDS cases had been reported in Oregon outside of the Portland-Vancouver OR-WA EMA.<sup>52</sup> However, in December 2001, HUD announced that Oregon's competitive grant application had been successful.

HOPWA competitive grants are awarded in the following categories:

- Special Projects of National Significance (SPNS). These projects are intended to be models for addressing the needs of low-income people living with HIV/AIDS and their families because of their innovativeness or replicability.
- Long-Term Comprehensive Strategies for Providing Housing and Related Services. State or local governments that are not eligible for HOPWA formula allocations during that fiscal year can submit applications in this category.

<sup>52</sup> Oregon Department of Human Services, Health Services. Unpublished data. October 2001.

Oregon's application proposed a long-term comprehensive strategy for providing housing and related services. As the lead state agencies involved, the Oregon Department of Human Services, Health Services and Oregon Housing and Community Services worked with a consultant, Development Solutions Group, and a task force comprised of stakeholders to develop the application. The proposed program includes 4 regional housing coordinators and tenant-based rental assistance for the 3-year cycle of the grant. At this writing, the program's implementation is just beginning.

Previously, the only competitive HOPWA funding received by Oregon was in 1993-1994, when a partnership between the City of Eugene Planning and Development Department and the HIV Alliance received \$689,700 for a competitive long-term strategy in Lane County.<sup>53</sup>

### **HIV/AIDS Housing Inventory**

People living with HIV/AIDS receive many different types of housing assistance, including public housing, veterans housing, and housing for people with mental illnesses. For example, people living with HIV/AIDS in Oregon may be eligible for the Tenant-Based Assistance (TBA) program of Oregon Housing and Community Services. Sixteen community action agencies and 7 housing authorities in 31 counties operate the TBA program. All combine housing assistance with support service programs. As of May 2000, 800 households were participating in the TBA program. The following sections outline only those resources that are specifically dedicated for people living with HIV/AIDS.

#### ***Dedicated Resources in the Balance of State***

Due, at least in part, to the historical absence of a dedicated funding stream and lower concentrations of persons living with HIV/AIDS, the balance of state has limited dedicated housing resources.

On Track, Inc. in Medford has units dedicated to housing people living with HIV/AIDS in two facilities: Allen's House (3 units) and Fairfield Place (4 units). Both include short-term/transitional and permanent supportive housing opportunities.

Ryan White program funds have been used to pay tenant-based rental assistance for people living with HIV/AIDS in the balance of state. Rental assistance can be on either an emergency or short-term/transitional basis. In 2000, 228 people in Oregon received housing assistance funded by Ryan White Title II. The Oregon Department of Human Services, Health Services estimates that \$80,000 to \$100,000 was expended to provide this housing assistance.

#### ***Portland-Vancouver OR-WA EMA***

The Portland-Vancouver OR-WA EMA has the majority of dedicated resources in the state, in part because it receives HOPWA formula funding. Dedicated resources in the EMA are provided both as tenant-based emergency assistance and as dedicated units of housing. The EMA has 26 units of housing dedicated to housing people living with HIV/AIDS available both on a transitional basis (up to 24 months).

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<sup>53</sup> U.S. Department of Housing and Urban Development. *Executive Summary of HOPWA State Programs*.

Additionally, there are 97 units of permanent housing dedicated to housing people living with HIV/AIDS in 9 separate facilities. Cascade AIDS Project, the Housing Authority of Portland, and Network Behavioral Health of Oregon are among those providing dedicated housing. Some units have been developed particularly for large families, people who are medically frail, and people who may have difficulties meeting their housing needs elsewhere. Information about dedicated housing resources from the *Portland EMA HIV/AIDS Housing Plan (March 2000)* is included in Appendix IV.