

Executive Summary

The *Oregon Balance of State HIV/AIDS Housing Plan* was completed in December 2001 for the Department of Human Services, Health Services by AIDS Housing of Washington, a national technical assistance provider. The focus of the plan is the “balance of state,” or those counties outside of the Portland metropolitan area. Recommendations of the plan center in the areas of leadership, relationship building, and HIV/AIDS housing program initiatives. This Executive Summary includes an overview of the process, critical issues identified, recommended strategies developed, and background information in 3 areas: HIV/AIDS, HIV/AIDS housing resources, and housing and homelessness.

Needs Assessment and Planning Process

The Oregon Department of Human Services, Health Services contracted with AIDS Housing of Washington to facilitate a needs assessment and planning process in early 2001. This decision was made in recognition that housing is a critical need of many people living with HIV/AIDS in Oregon, and that a considerable proportion of HIV/AIDS service funds were being used to provide housing assistance. An HIV/AIDS housing plan for the 6 counties of the Portland Eligible Metropolitan Area (EMA) had already been completed in June 2000; for this reason, this plan focuses on the counties of Oregon outside the Portland metropolitan area.

The needs assessment and planning process used several mechanisms for input from stakeholders, including consumers. The process included a Steering Committee, a group of stakeholders that met 6 times, identified issues for further research, reviewed findings, confirmed the critical issues identified, and developed strategies to address these issues. Other components of the needs assessment included interviews with stakeholders, focus groups of people living with HIV/AIDS, a written survey of people living with HIV/AIDS, and a review of relevant planning documents and literature.

Critical Issues Related to Housing People Living with HIV/AIDS

The following provides a brief overview of the issues identified in the needs assessment process. A more complete discussion of these issues can be found in the plan section called “Critical Issues.”

There is AIDS outside of
the Portland (area).
Don't forget us.

– focus group
participant

Housing

While all of the critical issues identified in the needs assessment process are related to housing, the issues presented in this section relate directly to the affordability and accessibility of housing to people living with HIV/AIDS in the balance of state. The majority of the issues are not limited to people living with HIV/AIDS. In fact, most of these housing issues are relevant to most people with low incomes and disabilities.

The housing issues cited most frequently had to do with Oregon's housing market in general. These were:

- A **lack of affordable housing**, particularly for people who are very low-income, such as those living on disability benefits
- A **shortage of rental housing** of all types in certain high-demand areas such as Bend and southwestern Oregon
- **Problems with housing quality**, including ventilation, heating, and cooling
- **Neighborhood criminal activity** in areas where some affordable housing is located, particularly in more urban areas

For many people living with HIV/AIDS, **other barriers to obtaining and maintaining housing** might include saving enough money for a deposit, poor credit, poor rental history, a criminal background, undocumented immigrant status, and pets in the household.

In most of the balance of state, **transitional housing and shelter options are very limited**, particularly when compared to the Portland metropolitan area. This makes permanent affordable housing particularly important. Transitional housing assistance is most needed for people being released from prison, treatment, or the hospital.

Section 8 programs, administered through housing authorities, are a primary resource for people living with HIV/AIDS in many areas, but often have far more demand than supply. Other affordable housing opportunities are shaped by the following factors:

- Oregon has a **strong network of affordable housing developers** and related consultants who are working to develop affordable housing in all areas of the state.
- **Housing developers and service providers are working together** in most areas of the state, and there is growing expertise about and capacity to develop special needs housing, even in smaller towns.
- Funding for affordable housing is limited, and there is **intense competition** for the dollars.

Most key informants working in housing development indicated that they would be willing to consider **working with an AIDS service organization (ASO)**. In part, developers are looking for ways to improve the competitiveness of their applications for funding. Developers indicated that they would look for a clear sense from the ASO about the population to be served, what their housing needs are, and what the ASO can contribute to the project.

Confidentiality is a concern often raised by service providers in regard to providing housing units dedicated to people living with HIV/AIDS. Currently, the only dedicated HIV/AIDS housing in the balance of state is operated by On Track in Medford.¹ Although 77 percent of people living with HIV/AIDS responding to the survey indicated that they would prefer living in a building that includes units for a mixed population over a building solely housing people living with HIV/AIDS, 23 percent indicated that they would prefer a dedicated facility to mixed housing.²

¹ It includes a shared living and a more independent component, and reports good relationships with the neighbors and continuing full occupancy.

² Please see the "Consumer Input" section for more complete information on this topic.

Support Services

People living with HIV/AIDS may be in need of, or already accessing, support services through a variety of systems. Seventy-one percent reported having a case manager. Many focus group participants mentioned the importance of having a case manager.

Most support service issues identified were in the areas of HIV/AIDS services, mental health, substance use treatment, and transportation. Additional support service issues follow in the section called “Coordination of Multiple Systems.”

Many issues identified relate to **HIV/AIDS services**. These included:

- **Consumers may not be aware** of all the services that are available, partially because information and referral services are inconsistent.
- Ensuring HIV/AIDS services or outreach provided to **Latinos** is sufficient is a challenge as Oregon’s demographics shift.
- HIV/AIDS service providers report seeing an increase in service requests from **people who are more than 50 years old** and who have known they were infected for long periods of time.
- Service providers and consumers reported that maintaining eligibility for **Oregon Health Plan** was an on-going concern.

Mental health and substance use treatment services are important to many people living with HIV/AIDS. For example, a review of CareAssist clients found that 24 percent had a diagnosis of mental illness;³ 36 percent of survey respondents had participated in mental health services, other than a support group, in the 3 months prior to completing the survey. Similarly, 31 percent of CareAssist clients had documentation of drug use; 15 percent had participated in a drug or alcohol treatment or recovery program in the 3 months prior to the survey.

Key informants reported that services in both systems are generally accessible to people living with HIV/AIDS. However, people who have substance use issues but are uninterested in treatment have few options. Although some service providers and consumers thought that a “wet” housing⁴ option could be helpful for some consumers, it is not a model commonly used in Oregon.

A segment of the population of particular concern is people with both mental illness and substance use issues.⁵ Oregon recently completed a planning process focusing on identifying the needs of people with multiple diagnoses and how these could be met, but there are still gaps in services and housing.

Forty percent of survey respondents reported having been incarcerated at some point in the past.⁶ **People being released from jail or prison**, without family or friends to help them, may not have anywhere to go. Meeting the conditions of probation or parole, and adhering to HIV treatment, can

³ Quality of Care Study: Medical Record Review for CareAssist. Oregon Department of Human Services, Health Services. Unpublished data. November 14, 2001.

⁴ Meaning housing that incorporates some level of tolerance related to drug and alcohol use by residents.

⁵ National studies have found this population to have a higher prevalence of HIV/AIDS than the general population.

⁶ This is consistent with AIDS Housing of Washington’s findings in other communities. Substance use issues are commonly associated with both HIV/AIDS and incarceration.

be particularly difficult in this situation. In addition, a criminal history can make a person ineligible for housing assistance for years or even permanently.

Transportation is a concern for all low-income people in rural areas. Reimbursement for transportation to and from medical appointments is often available, while assistance to and from service appointments and everyday activities is typically not. The access to, and cost of, transportation directly affects housing choices for consumers in most areas. Housing in more convenient locations is typically more expensive; more affordable housing typically has less access to transportation and services, and carries hidden costs of transportation.

Coordination of Service Systems

People living with HIV/AIDS may be receiving or seeking assistance from multiple service systems, including mental health, substance use treatment, public health, HIV/AIDS services, homeless services, and others. Most key informants described some instances where the various systems serving people living with HIV/AIDS do not work together, but also described efforts underway to improve coordination. **Systems integration** is clearly a priority in Oregon, and planning processes often include multiple systems. At least at a conceptual level, systems are interested in working together more closely.

In a number of areas, key informants reported that **HIV/AIDS service providers** are not participating in housing and homelessness planning efforts to the extent that providers in other systems, such as mental health and substance use treatment, are. As a result, HIV/AIDS issues are often not part of the dialogue.

Eastern Oregon and other Rural Communities

Many of the issues listed above apply to communities all over the state. There are additional issues that apply primarily to more rural communities, in eastern Oregon and other parts of the state. In general:

- **Shelter and transitional housing opportunities are very limited** in rural areas, if available at all.
- The population of rural communities tends to be **more conservative**, which affects the willingness of consumers to access needed services, the ability of service providers to provide services, and the openness of communities to addressing issues directly.
- People who live in rural areas may place a **higher value on independence and privacy**, which also affects the willingness to access services.
- Providing sufficient outreach to the **growing Latino population** challenges health and community service providers.

Finally, a number of challenges in providing rural HIV/AIDS health care and services were identified:

- People living with HIV/AIDS are such a **small proportion of the population** that it is difficult to maintain expertise about health care and service issues.
- Further out of metropolitan areas, it is more difficult for providers to access **up-to-date information** about the availability of resources.

- Community-based HIV/AIDS service organizations are dependent on the dedication of volunteers and typically have **limited or inconsistent capacity**.

Recommended Strategies

Strategies developed to address these issues centered on leadership, relationship building, and HIV/AIDS housing program initiatives. The full text of the recommendations is found in the final section of the plan, called “Recommendations.”

Leadership

Addressing the critical issues identified during the course of the needs assessment and implementing the strategies of this plan will require leadership. The Steering Committee recognized the importance of diversifying and expanding leadership in the HIV/AIDS housing arena, but also that the Task Force is currently in a central position for undertaking this work. The following recommendation discusses leadership:

1. Continue **regular meetings of the Oregon HIV/AIDS Housing Task Force**. The statewide group will fill a central role in distributing the plan, enlisting support for its recommendations, and coordinating implementation.

Relationship Building

People living with HIV/AIDS today are a diverse group. Many face challenges in addition to HIV, including mental illness, substance use issues, a history of homelessness, and involvement with the criminal justice system. The HIV/AIDS service system by itself cannot and should not meet the range of needs of people living with HIV/AIDS. Instead, coordination and collaboration between systems is vital to maximizing the use of all resources. The following recommendations relate to building relationships between the HIV/AIDS service system and other systems.

2. Pursue opportunities for **coordination and collaboration with housing and service providers** at the state and local levels. Relationship building between and among the housing and service providing agencies and systems is essential in order to maximize limited resources and to best meet the needs of all people served by these agencies and providers, including those living with HIV/AIDS.
3. Provide **education on topics related to HIV/AIDS housing** to a wide range of community members, including state and local elected officials, landlords and housing providers, HIV/AIDS service providers, consumers, and other programs providing housing assistance.
4. HIV/AIDS service providers and advocates will **participate in relevant local housing and service planning processes** to ensure that people living with HIV/AIDS and their needs are represented.

HIV/AIDS Housing Program Initiatives

During the needs assessment process, specific needs along the HIV/AIDS housing continuum—including transitional housing and homelessness prevention—were identified. In addition, the Steering Committee recognized the need for dedicated staffing to fulfill the strategies identified in this plan. The following recommendations are new program initiatives.

5. Ensure resources for a **housing coordination role**, at a minimum at the statewide level. The housing coordinator will work at both the state and local level to be a centralized point for information exchange and to build relationships.
6. Meet the **housing needs of people living with HIV/AIDS in times of transition** by identifying and sharing successful models of providing service-enriched transitional housing, ensuring that the need for supportive transitional housing opportunities for people living with HIV/AIDS is represented in relevant needs assessment and planning processes, and developing transitional housing programs designed to meet the diverse needs of individuals and families.
7. Identify and secure funding to create a **shallow rent subsidy program** to provide a small on-going monthly stipend targeting people who are already housed as a homelessness prevention strategy.

Background Information

Background research focuses on HIV/AIDS, housing resources for people living with HIV/AIDS, housing, and homelessness. Each of these topics is covered at length in separate chapters within the body of the plan.

HIV/AIDS in the State of Oregon

As of September 30, 2001, there were 2,292 Oregonians living with AIDS, 25 percent of whom (573) had been diagnosed in the balance of state. Since the beginning of the epidemic, 5,283 cases had been reported in Oregon, including 1,292 (24 percent) in the balance of state. The number of people living with AIDS in Oregon continues to grow. During the year 2000, Oregon reported 210 new AIDS cases. This is equivalent to an incidence rate of 6.1 cases per 100,000 population.⁷

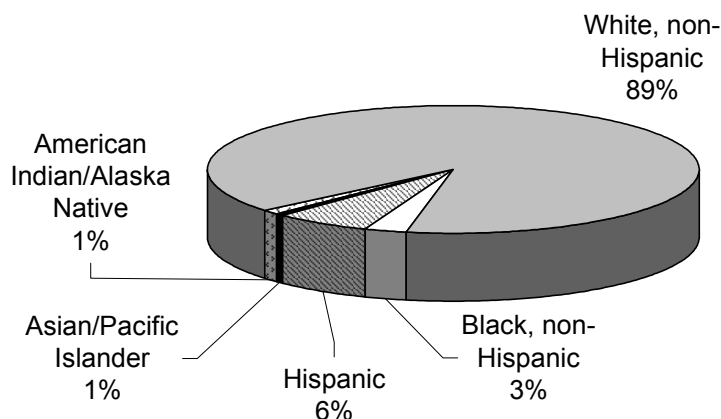
People diagnosed with AIDS in Oregon are more likely to be White/Caucasian and male than is true for the U.S. as a whole.⁸ In addition, male-to-male sexual contact was more frequently identified as a risk factor in cases in Oregon—69 percent of Oregon's cumulative cases versus 46 percent nationally.⁹

⁷ By comparison, the incidence rate for the U.S. for the same time period was 14.7 cases per 100,000 population, with states' case rates ranging from 0.5 in North Dakota to 32.7 in New York. Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/STD Prevention. *HIV/AIDS Surveillance Report. Midyear 2000 Edition*. Vol. 12: No. 1., Table 2.

⁸ Ibid. Table 7. AIDS cases by sex, age at diagnosis, and race/ethnicity, reported through June 2000. United States.

⁹ Ibid. Table 5. AIDS cases by age group, exposure category, and sex, reported through June 2000. United States.

Chart i
**Race and Ethnicity of Cumulative AIDS Cases
Reported in the Balance of State, Through September 30, 2001**



The Oregon Department of Human Services, Health Services is in the process of implementing enhanced HIV surveillance. At this time, the number of people living with HIV (not AIDS) in rural Oregon is estimated to be 0.8 for every one person living with AIDS, or 458. Combining this number with the number of reported AIDS cases living in the balance of state (573) yields a total of 1,031 people living with HIV/AIDS in the balance of state.

HIV/AIDS Housing Resources

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, there are two federal programs that provide funding that is dedicated to serving people living with HIV/AIDS and can be used for housing. These are:

- The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Ryan White CARE Act program
- The U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for Persons with AIDS (HOPWA) program

Oregon receives Ryan White CARE Act funding for both the state and the Portland metropolitan area.¹⁰ 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.

¹⁰ Portland has been a Ryan White Title I grantee since 1995 and received \$3,513,044 in FY 2001.

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 (EMSAs) and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are diagnosed in a HUD-determined geographic region. Oregon, outside of the Portland-Vancouver OR-WA EMA,¹¹ has not become eligible for HOPWA formula funding as of 2001.¹² However, the Oregon Department of Human Services, Health Services and the Oregon Housing and Community Services worked together to submit an application for competitive HOPWA funding in 2001, and in December 2001 were notified that this application will be funded. At this writing, implementation of a statewide HOPWA program is just beginning.

Housing and Homelessness

People living with HIV/AIDS who have low incomes face the same challenges in affording appropriate housing as other Oregonians with low incomes and typically turn to the same sources of assistance that other low-income people do.

In the past decade, the population and median income of nearly every county in Oregon has increased. However, housing affordability is a concern for residents throughout the state. For example, the Fair Market Rent HUD determined for a one-bedroom apartment in Oregon is \$479, which is equivalent to 90 percent of the maximum monthly Supplemental Security Income (SSI) payment for a disabled adult. Almost every county of Oregon has some subsidized housing units, but the need or eligibility for such housing generally exceeds the supply.

Survey Respondents Income and Expenses	
<i>Median income and expenses are presented below.</i>	
Income	\$650
Rent/Mortgage.....	\$300
Monthly Utilities Costs	\$95
Monthly Transportation Costs	\$64
Monthly Food Costs.....	\$150

Some specific information about the income and expenses of people living with HIV/AIDS is available from the HIV/AIDS housing survey. In general, survey respondents had very low incomes, with a median income of \$650 per month, and paid a median housing cost (including rent or mortgage and utilities) of \$367 per month. More than a third of survey respondents were paying 50 percent or more of their monthly income on housing costs, and meet HUD’s definition of “severely rent burdened.”

A close balance between income and housing costs, a major component of a household budget, puts people at an increase risk of homelessness. Oregon has growing numbers of people who are homeless. People staying in homeless shelters represent a portion of the homeless population; other marginally housed people may be staying in housing with serious quality problems, in cars, or in temporarily doubled-up situations with friends or relatives. Homeless services are widely distributed in the state, but meet only part of the outstanding need. More than half of survey respondents indicated that they had been homeless at some point in the past.

¹¹ The Portland metropolitan area has received HOPWA since 1994 and had an award of \$882,000 in FY 2001.

¹² Through September 30, 2000, 1,292 cumulative AIDS cases had been reported in Oregon outside of the Portland-Vancouver OR-WA EMA.

Finally, some information about housing preferences is available from the HIV/AIDS housing survey. Survey respondents indicated a preference for an apartment or home of their own, even if it were to cost more than shared living. The large majority would prefer to live in an apartment building where a variety of people live, rather than in a building dedicated for people living with HIV/AIDS. Survey respondents and focus groups participants indicated that a range of assistance to access and maintain housing would be helpful, including lists of affordable and appropriate rental housing and transportation to look at housing.