

# **North Carolina HIV/AIDS Housing Plan**

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## **Executive Summary**

**November 2004**



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## Executive Summary

This section summarizes the *North Carolina HIV/AIDS Housing Plan*, including an overview of the process, key findings, critical issues, and recommendations.

If you would like to receive a copy of the *North Carolina HIV/AIDS Housing Plan* and Appendices, please contact the North Carolina Department of Health and Human Services, HIV/STD Prevention and Care Branch at (919) 733-7301.

The North Carolina Department of Health and Human Services (DHHS), HIV/STD Prevention and Care Branch is the statewide grantee and coordinator of the Housing Opportunities for Persons with AIDS (HOPWA) program, a program of the U.S. Department of Housing and Urban Development (HUD). HUD established the HOPWA program to address the specific housing-related needs of people living with HIV/AIDS and their families. HOPWA funding provides housing assistance and related support services as part of HUD's Consolidated Planning initiative and prioritizes permanent supportive housing. HUD encourages HOPWA grantees to develop community-wide strategies and form partnerships with area nonprofit organizations. DHHS received approximately \$2.082 million in 2004 to provide housing and related services for people living with HIV/AIDS in 92 of the state's 100 counties.

In 2004, DHHS determined that better information was needed about the housing needs of people living with HIV/AIDS in North Carolina. In addition, DHHS was interested in increasing utilization of non-HOPWA funding sources among its providers as a means of increasing housing opportunities and housing stability for people living with HIV/AIDS. DHHS decided to launch a community-based needs assessment and planning process to develop an HIV/AIDS housing strategy. This plan covers most of the state of North Carolina, excluding the Charlotte eligible metropolitan statistical area (EMSA),<sup>i</sup> the Wake County EMSA, and the former Greensboro/Winston-Salem EMSA.<sup>ii</sup> Funding from both HUD's National HOPWA Technical Assistance Program and the State of North Carolina HOPWA program supported the needs assessment and planning process.

The North Carolina HIV/AIDS Housing Plan needs assessment and planning process was overseen by a diverse Steering Committee that included people living with HIV/AIDS. The Steering Committee provided oversight and guidance for the process, reviewed key findings, identified critical issues, and developed recommendations to address HIV/AIDS housing issues in the state. The process also included meetings with 82 key stakeholders and 8 focus group meetings, attended by 66 people living with HIV/AIDS in the state. In addition, 595 surveys were completed by people living with HIV/AIDS who represented 142 cities and towns across North Carolina.

<sup>i</sup> The 2002 *Regional HIV/AIDS Consortium Housing Plan Update* is provided in **Appendix 5**.

<sup>ii</sup> The Greensboro/Winston-Salem metropolitan area was a HOPWA EMSA until 2003, when changes in metropolitan area definitions resulted in the State of North Carolina assuming HOPWA funding administration for the EMSA. The former Greensboro/Winston-Salem EMSA included the following counties: Alamance, Davidson, Davie, Forsyth, Guilford, Randolph, Stokes, and Yadkin. The Executive Summary of the 2003 *Greensboro/Winston-Salem EMSA HIV/AIDS Housing Plan* is provided in **Appendix 6**.

## Plan Findings

The North Carolina HIV/AIDS Housing Plan needs assessment and planning process included a review of current and relevant data on HIV/AIDS, income and poverty, housing, homelessness, and HIV/AIDS-dedicated resources. Key findings from this research include:

- Since the epidemic began, 25,813 people have been diagnosed with HIV and/or AIDS in North Carolina.
- As of December 31, 2003, there were 17,137 persons reported to be living with HIV/AIDS in North Carolina, including 10,756 people living with HIV and 6,381 people living with AIDS. Seventy-one percent of people living with HIV/AIDS in the state are African Americans/Blacks.<sup>iii</sup>
- A person earning only Supplemental Security Income (SSI), which is \$552 per month in North Carolina, can afford to pay only \$166 per month in housing costs (30 percent of income).
- Federal HOPWA funding to the State of North Carolina has increased in recent years, from \$1.3 million in 2003 to \$2.1 in 2004. The reasons for the funding increase were twofold: DHHS received an increase due to the state's high AIDS case rate and because DHHS began administering HOPWA funding for the Greensboro/Winston-Salem metropolitan area beginning in 2004.
- The inventory of housing units and resources available for people living with HIV/AIDS include emergency, transitional, permanent independent, and permanent supportive housing options, but are not abundant enough to meet the growing need.

## Critical Issues and Recommendations

At the final two meetings of the North Carolina HIV/AIDS Housing Plan Steering Committee, held in September and October 2004, committee members reviewed the findings of the HIV/AIDS housing needs assessment, determined which issues were most critical for this plan to address, and developed recommendations to address the identified issues.<sup>iv</sup> The committee considered and developed both recommendations that could be addressed with HOPWA funds and recommendations that would require non-HOPWA funding sources.

Steering Committee members identified two critical issues that they felt conveyed the rationale and need for increased HIV/AIDS housing funding, described below under the headings "Housing is Healthcare" and "HIV/AIDS-Related Stigmatization and Discrimination." Additionally, the Steering Committee identified four critical issues related to HIV/AIDS housing and services gaps and prioritized them in the following order:

- Permanent Independent Housing
- Permanent Supportive Housing
- Transitional Housing
- Supportive Services Delivery

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<sup>iii</sup> North Carolina Department of Health and Human Services, HIV/STD Prevention and Care Branch, Epidemiology and Special Studies Unit, unpublished material (data updated May 3, 2004).

<sup>iv</sup> See beginning of plan for list of attendees of Steering Committee members, and see *Appendix I* for a list of attendees of the September and October Steering Committee meetings.



For each of these critical issues, described in detail below and supported by the plan’s findings, the Steering Committee developed at least one recommendation.

### **Housing is Healthcare**

Housing and healthcare are the primary needs for all people living with HIV/AIDS in North Carolina. However, people living with HIV/AIDS who earn low incomes must make difficult decisions for themselves and their families. At times, a person living with HIV/AIDS may have to decide between paying medical bills or paying rent, a utility bill, or move-in costs such as security deposits. The repercussions of such decisions may mean fewer meals, no healthcare, loss of utilities, overcrowded housing, or eviction. The housing survey (see *Appendix 4*) found that two-thirds of respondents would not be able to pay a \$50 increase in rent without additional assistance, and 5 percent of respondents indicated that they would stop buying and taking medications as a result of such an increase.

If a person does not have a home in which to live, taking medications and living with HIV/AIDS is nearly impossible. Many medications require refrigeration and/or must be taken regularly and with food. A focus group participant disclosed that medication compliance was not a high priority for him/her due to housing instability. He/she stopped taking medications because it was too difficult to manage while frequently moving around. It is vital that the message “housing is healthcare” is spread throughout the state of North Carolina when discussing HIV/AIDS housing and the HOPWA program.

#### ***Recommendations***

- 1. The Steering Committee recommends** that the “housing is healthcare” message be utilized in dissemination of the HIV/AIDS housing plan, in state HOPWA trainings, and in notices of HOPWA funding availability.
- 2. The Steering Committee recommends** that DHHS enforce existing quality standards in housing supported by HOPWA funds.

### **HIV/AIDS-Related Stigmatization and Discrimination**

In both rural and urban areas of the state, people living with HIV/AIDS feel isolated from their friends, families, and communities due to HIV/AIDS-related stigmatization and discrimination.

The stigmatization of people living with HIV/AIDS impacts housing options and housing preferences. For example, key stakeholders, focus group participants, and housing survey respondents indicated that discrimination is common when searching for and securing housing. Participants also noted that they have experienced discrimination in accessing medical services from local doctors and dentists. Additionally, key informants indicated that emergency shelter staff are often not sensitive to the confidentiality of residents who are HIV-positive.

### ***Recommendations***

3. **The Steering Committee recommends** that agencies receiving HOPWA funding must demonstrate knowledge of HIV/AIDS issues and develop protocols to ensure confidentiality.
4. **The Steering Committee recommends** coordinating with existing fair housing trainings in the state to incorporate an HIV/AIDS education component, with a particular focus on discrimination and confidentiality.

### **Permanent Independent Housing**

People living with HIV/AIDS struggle to earn enough income to secure and maintain safe, decent housing in North Carolina. Housing survey respondents earned a median of only \$578 per month, which is only slightly more than the SSI level in the state (\$564). In addition, the majority of focus group participants were earning low incomes and indicated a need for housing assistance. Participants also expressed their desire to live in quiet neighborhoods, including a safe neighborhood without violence or drug activity.

Key informants throughout the state indicated that new multi-family housing developments are built at market rate, and are thus not affordable to many people living with HIV/AIDS. A funding shortage exists throughout the state for housing development and for operating costs that would provide units for people with low incomes, including people living with HIV/AIDS, disabled persons, and people who are multiply diagnosed. Due to the low incomes that many people living with HIV/AIDS earn, operating subsidies are necessary to make a housing development project work. In addition, key informants reported a need for more operating funds to cover expenses of current housing facilities and support services.

### ***Recommendations***

5. **The Steering Committee recommends** developing a centralized, statewide, tenant-based rental assistance voucher program with localized points of entry.
6. **The Steering Committee recommends** increasing funding for tenant-based and project-based rental assistance using HOPWA funds to leverage available non-HOPWA-specific funding sources.
7. **The Steering Committee recommends** seeking opportunities to increase homeownership opportunities for people living with HIV/AIDS, by developing linkages and increasing access to existing homeownership programs, such as Habitat for Humanity.
8. **The Steering Committee recommends** that short-term rent, mortgage, or utilities (STRMU) assistance, which prevents homelessness for people who are already housed, be maintained with HOPWA funds and/or by securing funding from other sources.

## **Permanent Supportive Housing**

While many people living with HIV/AIDS are able to live independently, key stakeholders noted that some have behavioral issues and limited life skills. Key informants also stated that the hardest to house clients include persons with criminal histories, mental health and substance use issues (multiply diagnosed), and those with little to no income.

Focus group participants noted that a person's criminal history was a primary barrier to finding housing. Key informants noted that many people living with HIV/AIDS in the state lack the ability to budget, clean their apartments, and earn an income, and thus need support in order to build the skills necessary for self-sufficiency.

### ***Recommendation***

- 9. The Steering Committee recommends** seeking opportunities to use HOPWA to fund project-based rental assistance subsidies to leverage funding for existing or new permanent supportive housing programs.

## **Transitional Housing**

Many key stakeholders and people living with HIV/AIDS identified the need for assistance for individuals transitioning from a housing crisis into a permanent, stable housing situation. During their time in transitional housing, tenants develop the skills and locate the ongoing resources they need to succeed in permanent housing. Additionally, people with no or poor rental history can build a positive rental history while in transitional housing, increasing their access to permanent housing.

An overarching issue is that many housing assistance programs have long waiting lists, and people often must rely on the kindness of family and friends to house them. Many people living with HIV/AIDS face living without any means of support while going through the application and approval period for housing programs and/or while waiting to receive benefits such as SSI or Social Security Disability Insurance (SSDI).

Survey respondents indicated that they did not have anywhere to go upon release from prison. The most common type of housing that people who had been in jail or prison returned to upon release was moving in with friends or family (25 percent), while only 6 percent moved to a house or apartment by themselves. Seven percent became homeless when they were released from jail or prison, including those who moved to a shelter, halfway house, the streets, a park, or a car.

### ***Recommendation***

**10. The Steering Committee recommends** seeking opportunities to use HOPWA and other funding sources, such as the HOME Investment Partnerships Program (HOME), to fund transitional housing programs, including:

- Supportive transitional housing for people, such as the multiply diagnosed, who need on-site supportive services and life skills training;
- Transitional rental assistance, for people who need housing assistance for a short period of time while waiting for a source of income (such as SSI or SSDI) or while on a housing assistance waiting list (such as Section 8);
- Set-asides or HOPWA-funded project-based rental assistance for people living with HIV/AIDS in residential substance abuse treatment facilities.

### **Support Services Delivery**

Key informants and focus group participants indicated that it is essential for agencies serving low-income people living with HIV/AIDS in North Carolina to develop stronger relationships and integration amongst each other in order to build a more consistent and fluid continuum of services. Focus group participants were unaware of various housing programs available to them, and key informants also noted that case managers did not have formal linkages with local housing providers. Many participants were interested in resource guides and training about the housing system and the support services available within their communities.

Key informants noted that there is a need for better coordination of training for HIV/AIDS service providers, including trainings on the HOPWA program in their own communities. Key informants also indicated that people living with HIV/AIDS should be a part of such trainings so that they can take the information back to their peers and support groups.

### ***Recommendations***

- 11. The Steering Committee recommends** that HOPWA-funded agencies be required to establish linkages and refer clients to existing non-HIV/AIDS housing programs in their service delivery areas, including increasing access to units set aside for people with disabilities (such as in Low Income Housing Tax Credit projects).
- 12. The Steering Committee recommends** ensuring that people receiving HOPWA funds have a case manager and a housing care plan.