

Middlesex County
AIDS Housing Needs Assessment

‘Housing Is Health Care’

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INTRODUCTION

In October 2003, Middlesex county in Massachusetts was awarded a formula grant through the U.S. Department of Housing and Urban Development's Housing Opportunities for People With AIDS (HOPWA) program for \$659,000. These funds were originally awarded to the City of Cambridge for administration but for technical reasons, administration was transferred to the City of Lowell's Division of Planning and Development (DPD). This grant was awarded to fund housing-related services for people with HIV/AIDS across Middlesex county.

The HOPWA Program was established in 1992 by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, states, and nonprofit organizations for projects that benefit low income persons medically diagnosed with HIV/AIDS and their families.

The HOPWA program is specifically oriented towards achieving the following positive outcomes for people living with HIV and AIDS:

- Increased housing stability
- Reduced risks of homelessness
- Improved access to care, including medical care and social support

HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include:

- the acquisition, rehabilitation, or new construction of certain housing units;
- costs for facility operations;
- rental assistance;
- short-term payments to prevent homelessness; and supportive services, including mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services; and
- technical assistance.

Many non-profits that use HOPWA funds combine them with other housing and supportive service resources to fund their projects. HUD estimates that states and cities leverage approximately two additional dollars for every one dollar provided by the HOPWA program.

This award was part of a national reconfiguration of how HOPWA formula funds are geographically awarded. Prior to the Fiscal Year 2004, HOPWA money had come into Massachusetts through 4 grants. The City of Boston received monies for a large area essentially covering inside the Route 495 beltway, including most of Middlesex county

(\$2,477,000 in FY03). The City of Springfield received a grant to cover parts Hampden, Hampshire and Franklin Counties (\$444,000 in FY03). The City of Providence, Rhode Island received monies for an area that covered a few locations in Bristol county, including the city of Fall River. The Commonwealth, through the AIDS Bureau at the Department of Public Health received a grant to cover the 'balance of state' not covered by the other formula grants (\$1,119,000 in FY03).

With the changes to the distribution of HOPWA funds in Massachusetts, there were two new grantees awarded: the cities of Lowell and Worcester. These HOPWA awards more or less matched reductions in grants to the MA AIDS Bureau and the City of Boston; the new grantees 'inherited' existing HOPWA programs in their new areas. Through arrangement with the City of Cambridge, the City of Lowell contracted with a number of agencies across the county and three agencies in Boston to provide a variety of services to residents of the county, including project and tenant-based rental assistance, emergency rent payments, rental start-up, housing information and advocacy, and technical assistance.

Looking forward, the City of Lowell's DPD will be incorporating planning for the future use of HOPWA funds into its overall Consolidated Plan, as required by HUD. For its FY05 HOPWA grant, the City has issued a Request For Proposals to solicit responses for possible use of funds. As part of this long and short-term planning, the DPD has asked AIDS Housing Corporation to produce a report on the housing related needs of people living with HIV/AIDS in Middlesex county. The purpose of this report is to inform the City of Lowell generally regarding:

- Who is living with HIV and AIDS in Middlesex county and where they live;
- What is known about that population regarding income, race and ethnicity, mode of exposure to HIV infection, etc;
- What are some of the barriers to permanent housing;
- What resources are available to help households get and maintain suitable housing;
- AIDS housing needs and priorities

For this report, AIDS Housing Corporation gathered and analyzed existing and new information.

- HIV/AIDS epidemiological information is available in some detail through the Massachusetts Department of Public Health's AIDS Bureau (<http://www.mass.gov/dph/aids/research.htm>).
- Income information for persons who accessed HIV-related services in Middlesex county was also obtained from the AIDS Bureau.
- Fair Market Rent data were gathered from HUD's 2005 datasets as published in the Federal Register (<http://www.huduser.org/datasets/fmr.html>).

- National poverty definitions were taken from the Department of Health and Human Services 2004 guidelines published in the Federal Register (<http://aspe.hhs.gov/poverty/04fedreg.pdf>)
- 2004 Gaps Analyses from Middlesex county HUD Continua of Care were obtained from the CoC chairs for Framingham, Cambridge, Somerville, Malden and Lowell.
- AIDS housing resource inventory for Middlesex county
- AIDS Housing Corporation's own publication, *Moving Forward: A Massachusetts HIV/AIDS Housing Resources and Needs Assessment*, which can be found at http://www.ahc.org/publications_list.html#Needs
- Focus group comments were from groups held in Cambridge and Lowell on January 7th, 2005.

PERSONS LIVING WITH HIV/AIDS IN MIDDLESEX COUNTY – A PROFILE

Epidemiological information for Middlesex County

Middlesex county has a number of diverse population centers and the population living with HIV disease in the county reflects this.

As of October 1, 2004 there were 2,284 persons living with HIV/AIDS in Middlesex county (all HIV/AIDS epidemiological data in this report is from the Massachusetts Department of Public Health's AIDS Bureau website and is available at <<http://www.mass.gov/dph/cdc/aids/aidsprog.htm>>).

In the county as a whole, 71% of the persons living with HIV disease are men. 50% are White, 31% are Black and 16% are Hispanic. Thirty-six percent of the persons were exposed to HIV disease through male-to-male sex, 20% through injection drug use and 33% through known or presumed heterosexual sex. Forty-five percent of the cases are in their 30's, 24% in their 40's and 22% are in their 20's. Nearly a third of the persons with HIV disease only (but not with an AIDS diagnosis) are in their 20's, indicating a significant group of infected young adults.

The community profiles below were compiled from AIDS Bureau data for HIV and AIDS cases in cities and towns with more than 60 cases each. Adjacent communities such as Malden and Medford were combined to reflect the profiles of communities that overlap and share commerce and services.

Cambridge and Somerville

In Cambridge and Somerville, there are 601 persons living with HIV and AIDS.

- 74% of the persons living with HIV disease are men; 26% women.
- 50% are White, 39% are Black and 11% Hispanic
- 41% of the persons were exposed to HIV disease through male-to-male sex, 15% through injection drug use and 31% through known or presumed heterosexual sex.
- 21% are in their 20's and 43% in their 30's, and 26% in their 40's.
- The Continuum of Care for Cambridge reports 28 HIV+ individuals who are homeless. Somerville, in addition, reports 8 homeless HIV+ individuals. (Homeless statistics in this report cited by Continua of Care vary in method from community to community. Nearly all communities state that their numbers are conservative and estimate that their homeless populations are larger than the numbers shown.)

In **Lowell**, there are 405 persons living with HIV and AIDS.

- 65% of the persons living with HIV disease are men and 35% are women.
- 30% are White, 24% are Black and 40% Hispanic.
- 14% of the persons exposed to HIV disease are through male-to-male sex, 36% through injection drug use, and 40% from known or presumed heterosexual sex.
- 25% of the cases are in their 20's, 44% in their 30's and 22% in their 40's.
- 5 HIV+ individuals were reported homeless by the Lowell Continuum of Care in their 2004 HUD McKinney-Vento application.

In **Malden and Medford**, there are 292 persons with HIV and AIDS.

- 73% of the persons living with HIV disease are men and 27%, women.
- 53% are White, 39% are Black and 7% Hispanic.
- 46% percent of the cases were exposed to HIV disease through male-to-male sex, 9% through injection drug use and 30% through known or presumed heterosexual sex.
- 23% of the cases are in their 20's, 46% in their 30's, and 21% in their 40's.
- Five HIV+ people are homeless, as counted by the Malden Continuum of Care.

In **Framingham**, there are 130 persons with HIV and AIDS.

- 58% of the persons living with HIV disease are men and 42%, women
- 41% are White, 30% are Black and 29% are Hispanic.
- 26% of the cases were exposed to HIV disease through male-to-male sex, 33% through injection drug use, and 35% through known or presumed heterosexual sex.
- 21% of the cases are in their 20's, 45% in their 30's, and 26% in their 40's.
- Thirty-eight HIV+ individuals were reported as homeless by the Framingham Continuum of Care.

The profile of persons living with HIV disease varies significantly across various communities in the county. Though in Cambridge, 75% of the cases are men, in Framingham, 42% are women (and only 58% men). In Lowell and Framingham, at least a third of the cases were exposed to HIV disease through injection drug use, while in Cambridge and Malden less than 20% were. In Lowell, 40% of the cases are Hispanic, whereas in Malden and Medford only 7% are.

Making some broad assumptions regarding the various needs of different and not mutually exclusive groups (gay men, injection drug users, women, Hispanics), the service and housing needs of each community in the county will be different. Providers will need to be aware of such needs in terms of having bi-lingual staff and developing services oriented towards women, including with children, or men and women with a history of injection drug use.

For example, housing services and resources for persons with a history of injection drug use will need to likely accommodate criminal histories (in screening) and active use or relapse (in terms of ongoing participation). And while congregate housing with shared living space might be appropriate for some individuals or for transitional needs, families will need to have access to tenant-based resources for multiple rooms.

Income and Rent Comparisons for Middlesex County

In addition to being HIV+, having an income of 80% or less of HUD-defined median annual income is an eligibility requirement for HOPWA funded services. These definitions are from local income data and vary significantly from state to state, even from community to community. Here are the 80% of median annual income definitions for Middlesex county:

	1 person	2 persons	3 persons	4 persons
Lowell – Middlesex Co.	\$40,250	\$46,000	\$51,750	\$57,500

Unfortunately, many persons with HIV and AIDS fall well below this income definition. According to utilization data from the Massachusetts Department of Public Health’s AIDS Bureau, 88% of the persons who accessed DPH funded services in Middlesex county during 2004 and whose income was properly reported had income below the federal poverty line (income information was not reported for about half the reported users of HIV-related services).

The federal poverty definition is established by the United States Department of Health and Human Services. This definition, often referred to as the ‘poverty line’, is the same across the country. For a household of one person, the poverty level is an annual income of \$9310 or \$775.83 per month. Almost 44% of the persons living with HIV disease in the county accessed DPH services; of these, 89% with reported income make less than \$775.83 a month.

Though the AIDS Bureau does not track income sources, presumably most of those persons with income below the federal poverty line receive Supplemental Security Income or SSI from the Social Security Administration. SSI provides income benefits to persons who have been determined to be disabled but do not have a substantial work history (Social Security Disability Insurance or SSDI is paid to those who become disabled and have ‘paid in’ sufficient amounts previously through an employer).

SSI benefits vary from state to state; they are a combination of basic rates paid by Social Security and state contributions. Persons who receive SSDI benefits often receive higher benefits (though still very low and well under 50% of median income), based on previous earnings and years worked.

For Massachusetts, here are some of the basic benefits levels for disabled persons:

Disabled, living independently	= \$693.39
Disabled, shared living expenses	= \$609.40
Disabled, living in house of another	= \$473.58

For the purposes of SSI, 'shared living expenses' covers situations where a person is living in various forms of shelter or temporary housing, including emergency shelters, halfway houses, even the streets.

Even assuming that HIV+ persons with income reported to DPH were making the maximum benefit, they would still be earning less than \$700 per month for all living expenses. This has obvious implications for the ability of persons on SSI to afford market rate housing anywhere in Middlesex county.

For comparison of income to current rent levels in the county, we can look at the Fair Market Rent (FMR) levels established by HUD annually for localities across the country. The FMR is what a person could reasonably expect to pay for an apartment in a particular community. HUD programs that provide rental assistance (such as HOPWA) are typically pegged to the annual FMR's set by HUD. For the cities of Cambridge, Framingham and Malden, the FMR for a Single-Room Occupancy (SRO) unit is \$1,025 per month and the FMR for a 1 bedroom apartment is \$1,077. For Lowell, the FMR for an SRO is \$715 and for a 1 bedroom, \$856.

This means that in Middlesex county, no one receiving SSI benefits could afford an SRO or 1 bedroom apartment, even if they were willing to pay 100% of their income towards rent. In Lowell, assuming that everyone reported by DPH to have income under the federal poverty level had income only \$1 under the line, they would still have to spend 93% on their income towards rent.

Disabled persons in Boston would have to spend 148% of their income to pay for an SRO unit, 155% for a 1 bedroom unit. Disabled persons in Lowell would have to spend 103% of their income to pay for an SRO unit, 124% for a 1 bedroom unit.

The federal government through HUD recommends that households pay no more than 30% of their income towards rent. Even at income levels of 200% of poverty, an individual in Boston would still spend 70% of their income on a 1 bedroom unit and an individual in Lowell, 55% of their income on a 1 bedroom unit.

FINDINGS FROM FOCUS GROUPS

The following findings are primarily drawn from focus groups in Cambridge and Lowell on January 7, 2005. In addition, data from two focus groups held in Lowell in January 2003 and one focus group in Framingham in February 2003 are included. These groups included both consumers and providers and totaled 35 participants. While the profile of HIV across the cities and towns in Middlesex county is diverse, a number of common themes emerged in focus groups.

In the focus groups, discussion was oriented around these four questions:

- What are the most critical housing issues facing you/your clients?
- What kinds of services available have helped you/your clients get into housing?
- What kinds of services have helped you/your clients keep their housing?
- If you could make one improvement to AIDS housing services in your area, what would it be?

Lack of Affordable, Permanent Housing Options

The most common theme echoed in all focus groups is the lack of permanent affordable housing. For subsidies, project-based public housing, and AIDS residential programs alike, waitlists are long and sometimes frozen. Households in need are “stuck wherever they are”—on the streets, in shelters, and in transitional housing—effectively stopping the flow of persons in need through a continuum of housing options. Transitional housing programs are finding it increasingly difficult to place clients into permanent and more independent living situations without permanent housing options, and advocates for the homeless are thus finding it difficult to place clients into either transitional or permanent housing.

The effects of being “stuck” on long waitlists were described vividly both by consumers and providers. One case manager explains, “My client’s health has completely declined over the past year while waiting to be housed. She went from having an HIV diagnosis to having AIDS. She’s gotten many new complications.” Another advocate bluntly states, “Transient housing equals increased substance use.”

Participants in Lowell noted that the Justice Resource Institute’s statewide program of Section 8 vouchers set-aside for persons with HIV and AIDS had once been the most important resource for getting eligible persons housed in long-term affordable housing. The resources for this statewide program primarily have come from the Department of Housing and Community Development’s (DCHD) pool of Section 8 set-aside vouchers, distributed through the regional non-profit housing agencies. However, with DHCD’s

freeze on its Section 8 vouchers, this program's ability to serve new households has virtually slowed to a halt.

Access Issues

Another important theme was the inaccessibility of most affordable housing resources for people with criminal histories and substance use histories. Noting that significant percentages of the HIV+ persons served by AIDS service organizations in the county have such histories, the eligibility restrictions that exist in many housing programs make finding housing nearly impossible for this segment of the population.

Housing providers expressed frustration in wanting to admit tenants with criminal or drug histories who demonstrate potentially successful tenancies, but find themselves restricted by funding guidelines. Further stressing this point, some of the resources that were noted as most helpful in getting clients housed—Cambridge Cares About AIDS's Bay State Supporting Housing Alliance program, Shelter Inc.'s Homelessness to Housing program, and AIDS Action Committee's Rental Startup program—are programs that have low entry thresholds regarding criminal history and substance use.

Importance of Supportive Services

Focus group participants describe case management and housing advocacy as crucial in both placing clients into housing and maintaining clients' housing. Advocates help clients identify housing resources, get on waitlists and remain on waitlists through update processes. They work to convince landlords to take in clients with tenuous housing histories with the promise of ongoing supportive services. Advocates also help prevent homelessness through their knowledge of landlord-tenant legal issues and capacity to intervene in evictions.

Advocates and case managers alike provide budgeting training as well as other life skills training, and help connect clients with recovery, mental health, and medical services, all of which contribute to more stable tenancies. Case managers also help over the long term by assisting consumers with maintaining these supportive connections.

Poverty and Low-Incomes

Focus group participants identified other non-housing resources that are nonetheless directly related to helping consumers stay housed through stretching what are often very low monthly incomes. These services include food pantries and food vouchers, fuel assistance, furniture banks, transportation assistance, financial assistance for medications such as AIDS Drug Assistance Program, and, as one advocate describes, "anything that helps people catch up."

In this category, both groups mentioned the importance of homelessness prevention programs such as the one available through the AIDS Action Committee in Boston, which can pay back rent to 'cure' an eviction or the Department of Transitional

Assistance's RAFT program. Regarding AIDS Action Committee's Homelessness Prevention and Rental Start-Up Programs, one housing advocate noted that "95%" of his clients had used it, appreciating the very quick turn-around in assistance payments from the agency. The importance placed on this program affirmed the results from AIDS Housing Corporation's 2003 statewide needs assessment report, wherein consumer and provider focus groups consistently regarded this program as one of the two primary resources in the Commonwealth for helping HIV+ persons get and maintain stable housing.

Homelessness and Health Care

Both groups noted the difficulties that people who are homeless or unstably housed have in accessing and following adequate health care. Because people with HIV and AIDS are frequently hospitalized, there is a regular need for care following hospitalizations. Coordinated and prescribed after care, however, is virtually impossible for persons who are unstably housed or homeless. Hospitals might be able to temporarily discharge someone to a nursing home setting but this only defers the issue for a person with no home of their own.

At the same time, emergency shelters are not a viable option for persons living with compromised immune systems and trying to follow medical treatment. Medications can't be stored or are easily lost, strict daily schedules for taking medications can't be followed and exposure is high to opportunistic infections in a shelter or street situation. As a housing advocate from Cambridge put it, "sending a person with AIDS to a shelter is like giving them a death sentence." A number of participants recounted stories of clients who had passed away while trying to access decent housing.

In Lowell and Cambridge, participants indicated need for stable housing situations that can support after-care and hospice services. Often, homeless individuals are returned to the streets shortly after intensive medical treatments such as surgery. In these situations, clients rarely recover with the success rate or speed at which a stably housed person would recover.

Local Needs

While all of these themes are consistent across Middlesex county, there are also some key differences from city to city. As a whole, Cambridge offers more services for people living with HIV and AIDS than Lowell. Several services that Cambridge participants frequently access and describe as useful for accessing and maintaining housing were points of frustration for people in Lowell who felt a need for such services and had none available.

One of these services is legal advocacy for situations such as evictions and appealing denials to housing. While people in Cambridge have several free legal agencies available to them, Lowell has only one agency, Merrimack Valley Legal Services, and it is so inundated by requests as to be of little effective use.

Participants in Lowell also describe a lack of services for people who use substances, from detox beds to a wet shelter, while this was not noted as a gap in Cambridge. Also, people in Lowell expressed a need for services to help clients transition out of correctional facilities into society.

Focus Group – HOPWA Priorities

At the end of each focus group, participants were asked to rank five possible uses of HOPWA dollars from most important to least important. The categories for prioritization were as follows: Emergency Rental Assistance, Scattered-Site Housing Subsidies, Supportive Services, Residential Housing Programs and Services, and Housing Information Services.

Lowell focus group prioritization:

1. Scattered-Site Housing Subsidies
2. Residential Housing Programs and Services
3. Emergency Rental Assistance
4. Supportive Services
5. Housing Information Services

Cambridge focus group prioritization:

1. Emergency Rental Assistance
2. Scattered-Site Housing Subsidies
3. Residential Housing Programs and Services
4. Supportive Services
5. Housing Information Services

This prioritization reinforces the comments made during the group, affirming that access to or preservation of affordable housing are priorities that come before other, supporting services.

INVENTORY OF HOUSING SERVICES IN MIDDLESEX COUNTY FOR HIV+ PERSONS

Across the county, people with HIV are likely using and benefiting from the same variety of affordable housing resources that other persons use, such as Section 8 Housing Choice Vouchers and public housing.

In addition, Middlesex county has a number of housing-related resources specifically for persons living with HIV disease. These programs are funded through a myriad of sources. Most of the project or tenant-based resources specifically for persons with HIV have a rental assistance component funded through one of HUD's McKinney-Vento programs targeting the homeless.

These same programs receive supportive service monies from the State Line Item for AIDS services through the Department of Public Health's AIDS Bureau, formula HOPWA grants to the City of Lowell or the Commonwealth of Massachusetts and Ryan White CARE Act funds through the Boston Public Health Commission, whose CARE Act (Title I) area covers all of Middlesex county.

Through State Line Item, HOPWA and CARE Act monies, over \$1.5 million dollars annually is spent on housing related services in Middlesex county for persons living with HIV disease. The City of Lowell and the MA Department of Public Health's AIDS Bureau are the primary funders of these services, contracting for approximately \$620,000 and \$670,000 respectively in 2004.

The AIDS Bureau funds over \$670,000 a year in supportive services in HIV-related housing in the county at four project sites, two in Cambridge (RUAH and Open Door), one in Lowell (Julie House) and one in Framingham (New Beginnings at Bethany Hill). The Cambridge programs serve single women and men, respectively. The Framingham and Lowell programs serve homeless individuals. This represents about 45% of the current spending in Middlesex county on HIV-specific housing.

The City of Lowell with its formula HOPWA grant contracted over \$620,000 in 2004 to 7 organizations for 11 programs. The largest of these contracts paid for emergency rental assistance to prevent homeless and rental start-up funds to help pay for first month's rent and security deposits (AIDS Action Committee's Rental Assistance Program)

The City also contracted for housing information and advocacy services at 4 sites (Tri-CAP in Malden, SMOC in Framingham, Cambridge Cares About AIDS in Cambridge and Justice Resource Institute in Boston, for clients in Middlesex County). The City funds services connected to 2 residences in Cambridge, one for single men and one for single women (RUAH and Open Door).

The City of Lowell funds services through the Justice Resource Institute for 43 participants around the county in a scattered site rental assistance program. In conjunction with these services, it also funds HOPWA rental vouchers for 13 of these families (the other participants use Section 8 and other vouchers).

The City also purchases technical assistance from AIDS Housing Corporation for the city and for its sub-recipients.

The Boston Public Health Commission spent over \$100,000 in Ryan White Title I Care Act monies in three programs, including housing information services (Justice Resource Institute and AIDS Action Committee), emergency rental assistance (AIDS Action Committee) and services in a Cambridge tenant-based program for homeless families (Home Connections).

In Cambridge, there is scattered site transitional housing program funded through non-formula HOPWA monies, awarded through a nationally competitive NOFA process (Bay State Supportive Housing Alliance). This program provides rental assistance and intensive case management to 8 households in Middlesex county (and 16 in other locations) following a low-threshold 'harm reduction' approach.

In Framingham, there were 4 units set aside for HIV+ women in recovery in a larger residence (through the Southern Middlesex Opportunity Council). These units were developed in 2003 with HOPWA funds from the City of Boston, under the previous HOPWA distribution.

From July 2003 through June 2004, the four housing information programs provided housing referral and homelessness prevention services to over 250 separate households in Middlesex county.

All together, there are 33 congregate units and 74 scattered site affordable housing units specifically for people with HIV disease in Middlesex county, for a total of 107 units. The great majority of these units are both affordable and permanent. Almost one-third of these units are either in a congregate shared housing setting or are project-based (attached to a particular unit and not mobile with the participant). This represents set-aside units for about 5% of the persons living with HIV disease in Middlesex county.

In addition, 58 households in 2004 were provided with homelessness prevention and rental start-up assistance. The City of Lowell currently supports 65 of the 107 units in the county, either through rental assistance or service dollars attached to other rental assistance.

CONCLUSIONS

The overarching goal of the HOPWA program is to improve the health and quality of life for persons living with HIV disease and AIDS through the provision of access to stable, affordable housing opportunities. Through the provision of HOPWA funded housing related services, HUD expects to increase housing stability, reduce the risks of homelessness and expand the access to services for persons with HIV and AIDS.

Here, we will summarize the findings of need and analyze them in view of the resources available to meet those needs, ending with some recommendations for the City of Lowell's uses for its HOPWA formula grant.

Summary of Needs

Poverty and Need for Rental Assistance

Though it may be obvious, the greatest housing need for persons living with HIV and AIDS in Middlesex county is permanent, affordable housing. There is a high incidence of poverty among persons with HIV disease in the county. As demonstrated above, the very low monthly incomes of many HIV+ persons in Middlesex county directly correlate to an inability to pay for market rate rental housing in any county community. As several of the focus group participants noted, being stably housed is vital for positive health outcomes for persons with HIV disease.

Thus, regardless of whether it might be in the forms of permanent or transitional, scattered-site or project based, HOPWA or other HUD program funded (e.g. Section 8, Shelter Plus Care) housing, there is a significant need among the over 2,000 HIV+ persons living in the county for affordable housing and rental assistance. This was supported by the focus group prioritization of forms of rental assistance above service categories. Focus groups affirmed the need for both long term rental assistance and emergency rental assistance for homeless prevention.

Evidence of poverty also correlates with focus group comments regarding the importance of non-housing complementary resources in order to stretch very limited incomes and successfully maintain housing. Mentioned resources were utilities assistance, emergency rent assistance, nutrition programs, food pantries and furniture assistance.

Access to Housing

One barrier noted by both groups was the various restrictions and exclusions that can often prevent persons from accessing both mainstream and even supportive housing resources. These restrictions include exclusions from eligibility due to criminal history, immigration status and clean and sober requirements. Related to this are requirements of supportive housing programs that receive McKinney-Vento HUD funds that limit eligibility to applicants whose current housing status can meet very particular and restricting definitions of being homeless.

About 20% of the HIV/AIDS cases in the county were likely contracted as a result of intravenous drug use. This indicates that a significant number of HIV+ persons in the county will have a history of substance use. Assuming some history of non-injection drug use among other persons, there is a need for housing and services that can accommodate and meet the recovery needs of persons living with addiction. The focus groups echoed this, noting the need for housing without built-in exclusions based on histories of substance use.

Focus group participants also talked about barriers to access for persons with criminal histories. State and federal exclusions based on various convictions, combined with a statewide criminal offense registry (the Criminal Offender Record Information system maintained by the Commonwealth's Criminal History Systems Board) creates significant barriers for many. While there are no reliable figures for estimating the numbers of HIV+ persons in the county with criminal histories, the high incidence of intravenous drug use alone indicates that such numbers are likely significant. Housing resources that are accessible by persons with criminal histories are needed in Middlesex county.

Finally, immigration status was also mentioned as a barrier to housing. Most federally funded programs have eligibility requirements that exclude undocumented households. Framingham, Lowell and Cambridge/Somerville all have significant immigrant populations, some of whom may be barred from accessing most types of subsidized housing based on immigration status.

Supportive Services

Key to getting and keeping people housed are supportive services. As described in the focus group section, these are community case managers, who specialize in connecting HIV+ persons with a wide range of services, supportive housing program staff, who bring in-depth and focused support to various target populations and housing advocates, who specialize in negotiating the maze of subsidized housing programs and working to prevent homelessness.

These services help pull persons who may be experiencing regular difficulties in accessing services and stabilizing their situations into care. Case managers and housing advocates can be a linchpin for other services, making other services more effective. As one community worker in Lowell put it, "having an advocate or case managers makes all the difference."

In the context of both scattered-site and residential housing targeting a special needs population such as persons living with HIV/AIDS, success in housing might require the focus of supportive services (e.g. clinical services and case management) on residents. Community case management can offer general help with referral to services but typically cannot offer the degree of in-home and regular support that housing program staff can bring. Personal needs and the housing models used to meet them vary based on target populations (pregnant women, persons in recovery, persons with advanced AIDS,

persons with major mental illness). Scattered-site and tenant-based supportive housing models can offer detailed and high levels of support to participants.

The Lowell focus group also mentioned the need for legal support for persons who might be trying to appeal a denial to housing or might be facing an eviction.

Resources available

Community Collaboration

One of the best resources that is available in the county to meet the housing needs of persons with HIV disease is the presence of strong community collaborations among AIDS service providers and housing providers across the county. For some time, AIDS services in Massachusetts have been funded in a manner similar to HUD McKinney-Vento programs—through local consortia of providers that meet regularly, assess needs and allocate money through a shared process. Middlesex county has active AIDS service and McKinney-Vento consortia, with the high levels of communication and collaboration that can result.

For some years, the funders of AIDS housing in Massachusetts have met to plan their activities through the AIDS Housing Administrators Group. In 2004, the cities of Lowell and Worcester both began participating in this group as new HOPWA grantees.

Though the AIDS service consortia system is being discontinued by the State AIDS Bureau this year, the interagency collaborations that have come out of it are likely to remain. A number of AIDS organizations in Framingham, Malden, Cambridge and Lowell are involved in the McKinney-Vento Continua of Care (as they are called). This helps insure that the housing needs of HIV+ persons are incorporated in planning along with homelessness and other care issues. Lowell especially gave evidence of strong interagency collaboration.

AIDS Housing

As detailed above, there currently exist over 100 affordable units in the county set aside for persons with HIV disease. These resources are distributed in Framingham, Cambridge and Lowell, as well as scattered site units throughout the county. These units utilize a variety of HUD resources, including Section 8 and Shelter Plus Care vouchers, HOPWA and Section 8 Mod Rehab. All of these units are connected to supportive services and represent units for only about 5% of the HIV+ population in the county. Focus group participants universally indicated that this did not nearly meet the need for subsidized housing in the county for HIV+ persons.

Some of the set-aside units target populations within the larger group of HIV+ persons in Middlesex county. For example, one program targets the active substance users, one targets and five programs target homeless individuals. These programs have in-house supportive services in order to provide a high level of support for persons who likely

have not had a history of successful and stable tenancies. Such support increases the likelihood of residential success.

Only some of these units and the services attached to them are supported by Middlesex county HOPWA dollars. However, all of these AIDS housing programs all rely on multiple systems of funding. As state and federal resources shift and change, it may become necessary for providers to look to the City of Lowell for assistance.

Almost all of these units screen applicants for criminal histories, with a range of strictness. Almost all also screen applicants for sobriety or clean time. Only one program providing non-emergency rental assistance does not screen for criminal history or clean time, representing only 8 units. HOPWA funding does not carry with it the requirement to screen either for criminal history or for clean time.

Most of the units also screen based upon citizenship or immigration status. Not all federal housing programs exclude undocumented residents, including Shelter Plus Care and HOPWA. One of the important benefits of HOPWA funded housing is that it has no requirement to screen against residency status.

Emergency assistance and rental start-up monies are made available in the county through AIDS Action Committee's Rental Assistance Program. This program has existed for almost a decade and provides a uniform service statewide. Consumers access this program through case managers or housing advocates. Both parts of this program work with other housing resources to insure that households get and stay housed, making it an efficient resource that complements other housing and service programs.

AIDS Housing Corporation's 2003 report noted that this program is accessed around the state at rates very consistent with local numbers of HIV/AIDS cases, meaning that it is widely and consistently available in all corners of the Commonwealth. On the other hand, due to limited resources, this program has significant limitations, namely that homelessness prevention or rental start-up assistance is generally only available to a consumer once per lifetime.

All parts of the county face the general freezing up of the most important affordable housing resource, the Section 8 Housing Voucher program. For funding and program structure reasons, housing agencies across Massachusetts have had to close their Section 8 waiting lists. Some are also no longer able to roll-over vouchers to new households as families leave the program. The Massachusetts Department of Housing and Community Development has indicated that its regional housing agencies will not be issuing any Section 8 vouchers for some years to come. Whether through housing authorities or through the Justice Resource Institute's statewide voucher program for persons with HIV disease, this has meant a devastating decrease in ability to access affordable housing.

Supportive Services

Through the Commonwealth's AIDS Bureau and through the Boston Public Health Commission, community case management services for persons with HIV disease are available throughout the county, centered in Framingham, Cambridge and Lowell. The Malden area is lacking in case management funding, however.

Supportive services attached to units targeting particular populations are funded by the City of Lowell, the AIDS Bureau and the Boston Public Health Commission.

Through the AIDS Bureau and the Health Commission, other complementary services are funded and available throughout the county, including transportation vouchers, nutrition support, food vouchers, and child care.

There are HOPWA funded housing advocacy specialists in Framingham, Cambridge and Malden but not in Lowell. There are legal aid organizations throughout the county, though Lowell focus group participants indicated an inability to regularly access housing related legal advocacy.

Gaps and Recommended Uses

There exist a variety of housing-related needs for persons with HIV disease in Middlesex county. For some of them, such as case management support, a network of services are already in place. For others, however, such as rental assistance or advocacy, gaps exist in particular communities.

Emergency and long-term rental assistance were the highest priorities of focus group participants. *Emergency rent and mortgage assistance* is currently offered county-wide and is funded in part by the Middlesex county HOPWA grant (AIDS Action Committee's program also receives funding from the Boston Public Health Commission for Middlesex county).

Long-term rental assistance exists through multiple state and federal programs but resources are currently inadequate to house more than a small percentage of the persons likely in need in the county. The Justice Resource Institute continues to house and provide services to families in the county using Section 8 and City of Lowell funded HOPWA vouchers, even though its waiting list is currently frozen.

Both tenant and project based rental assistance can be expensive (12 families in this area can easily use up \$100,000 in rental subsidy in a year), with congregate housing being the most expensive, given the level of in-house services in most programs. HOPWA dollars will be well spent if they are leveraging other dollars, such as Shelter Plus Care, Section 8 Mod Rehab or the 811 program. Some formula grantees focus HOPWA rental assistance on the development of new or rehabbed units, thus 'buying' 10 year affordable set-asides for HIV+ persons.

Given the lack of built in *criminal history, substance use or immigration restrictions* in the HOPWA program, HOPWA funds are also well used when they build upon this flexibility to house persons who might otherwise face significant barriers in their community. In the larger context of affordable housing, AIDS housing resources (including HOPWA) should target those who are not well served by other resources—persons with criminal or substance use histories, the chronically homeless, persons with multiple service needs and undocumented households—by providing ‘low barrier’ housing. This is recommended whether HOPWA is being used for rental assistance or supportive services attached to set-aside units, as in the residential programs in the county.

The flexibility of HOPWA to fund both rental assistance and *supportive services* is crucial to its effectiveness in meeting local needs. With the exception of the Malden area, there already exists a well-developed network of community case managers serving persons with HIV in Middlesex county. The Commonwealth’s AIDS Bureau and the Boston Public Health Commission work closely to structure and fund this network of services. As has been demonstrated, these resources are important in order to access and maintain housing but they are currently adequately funded through other non-HOPWA resources.

On the other hand, most of the *housing information and advocacy* resources in the county are HOPWA funded. Housing advocacy and homeless prevention services are efficient and economical means to help consumers make the most of *all* available housing resources in an area, helping HOPWA eligible clients leverage other resources. Though there are housing advocates specifically serving persons with HIV and AIDS in most of the county, there are no such specialists in the Lowell area. Lowell also had a need for *legal assistance* for persons trying to access subsidized housing or who are facing evictions.

Targeted supportive services attached to particular residential and tenant-based programs will rely on the City of Lowell, the AIDS Bureau at the Department of Public Health and the Boston Public Health Commission for continued support. In some cases, the attachment of service dollars to particular units is important not only because of the benefits to residents but as a match to other HUD rental assistance that might require specific levels of matching service dollars (e.g. the Supportive Housing Program).

Very-low income consumers benefit greatly from a myriad of *other community resources* that help them make the most of their income, including utilities assistance, food banks and transportation assistance. Through Ryan White CARE Act funds, local AIDS service organizations have traditionally been a channel for some non-HOPWA assistance such as food, utility or transportation vouchers. This assistance continues to be of great importance. Other resources exist as well, such as MBTA discount passes, federal fuel assistance through the Low Income Home Energy Assistance Program (LIHEAP) and local food banks.

AIDS Action Committee has only periodically used its HOPWA and CARE Act monies for *utilities assistance*, prioritizing rent and mortgage support first. Increased access to utilities assistance in Middlesex county would benefit consumers on very low incomes.

By funding a combination of rental assistance, advocacy and supportive services in Middlesex county based on the documented needs of its HIV+ residents, the City of Lowell can contribute significantly to meeting the HOPWA program's goal of increasing housing stability and access to services. By consulting with other AIDS housing and service funders, as well as providers and consumers, the City can make the most of this limited resource, integrating it successfully with other state and federal housing and AIDS related services.