Ventura County HIV/AIDS Housing Plan

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Prepared for and funded by:

Ventura County Public Health Department
2323 Knoll Drive, Suite 301
Ventura, CA 93003

http://www.vchca.org/ph/

Prepared by:

AIDS Housing of Washington
2014 East Madison, Suite 200
Seattle, Washington 98122

(206) 322-9444
www.aidshousing.org
info@aidshousing.org

Ventura County HIV/AIDS Housing Plan Steering Committee Members

Shawna Atchison
Ventura County Behavioral Health

Susan Attaway
Ventura County Public Health Education

Lorane Bailon
Planned Parenthood of Ventura

Yissel Barajas
Cabrillo Economic Development Corp.

Anthony Braga
Community Member

Louise Davis
Ventura County Public Health
Health Care for the Homeless Program

Anthony Flores
Community Member

Sal Gonzalez
Oxnard Housing Authority

Dan Hardy
Cabrillo Economic Development Corporation

Terri Hernandez
Housing Authority of the City of San Buenaventura

Carlos Jimenez
Oxnard Housing Authority

Neil McGuffin
Many Mansions

Pamela Miller, MA, LMFT
San Luis Obispo County Public Health
Transitional Case Management Program

Rick Pearson
Project Understanding

Martin Perrier
Ventura County Rainbow Alliance/
AIDS Project Ventura County

Terry Polk
Ventura County AIDS Partnership (VCAP)

Chris Poynter
Lutheran Social Services

Debra Roets
Many Mansions

Karol Schulkin
Ventura County Human Services Agency
Homeless Services Program

Mark Summa
Ventura County CEO Office

Marggie Valentine
CA Forensic Medical Group
Inmate Services

Craig Webb
Ventura County Public Health Education

Valerie Wendling
Ventura County Public Health

Mike White
Community Member
.

AIDS Housing of Washington

Mark Putnam
Senior Housing Planner

Beka Smith
Program Assistant

Key Stakeholders

AIDS Housing Santa Barbara
Randy Sunday

Area Housing Authority of the County of Ventura
Douglas Tapking

Cabrillo Economic Development Corp.
Yissel Barajas
Dan Hardy
Bernardo Perez

California Forensic Medical Group
Inmate Services
Marggie Valentine

City of Santa Paula Housing Authority
Ramsey Jay

Community Members
Anthony Braga
Anthony Flores
Mike White

DH Green Management Consulting
Doug Green

El Concilio del Condado de Ventura
Luis Molina

HIV/AIDS Advocates
Steve Bailey
Patricia Navarro

Housing Authority of the City of San Buenaventura
Cathy Adams
Gail Albert
Terrie Andrade
Dee Dee Chambers
Melinda Comeau
Terri Hernandez
Laura Hogan
Diane Lopez
Norma Romero
Julia Terry

Livingston Memorial VNA (LMVNA)
Anne Moore

Many Mansions
Neil McGuffin
Debra Roets
Margaret Yun

Mercy Housing
Mercy Services Corporation
Brendalee Connors

Oxnard Housing Authority
Sal Gonzalez
Gil Guevara
Carlos Jimenez

Planned Parenthood of Ventura
Lorane Bailon Ramirez

San Luis Obispo County Public Health
Transitional Case Management Program
Pamela Miller, MA, LMFT

State of California, Office of AIDS
Shelley Vinson

The Salvation Army
Robin Campos

Ventura County AIDS Partnership
Susan Jensen

Ventura County Behavioral Health
Joni Bernard
Carolyn Briggs
Barbara DeGrande

Ventura County Human Services Agency
Homeless Services Program
Karol Schulkin

Ventura County Public Health
Health Care for the Homeless Program
Louise Davis

Ventura County Public Health
The Center
Diana Goulet
Valerie Wendling

Ventura County Rainbow Alliance/
AIDS Project Ventura County
Pedro Gabino
Sean Michael
Kim O'Neil
Martin Perrier

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Executive Summary

This section summarizes the *Ventura County HIV/AIDS Housing Plan*, including an overview of the process, key findings, and recommendations.

If you would like to receive a copy of the plan, please contact the County of Ventura, Public Health Department at (805) 677-5227.

In 2004, Ventura County Public Health Department contracted with AIDS Housing of Washington, a Seattle-based technical assistance provider, to complete a countywide HIV/AIDS housing needs assessment and plan. A Steering Committee made up of local providers and community stakeholders oversaw the process, identified issues, and developed recommendations. This executive summary presents selected findings from the *Ventura County HIV/AIDS Housing Plan*.

Selected Findings

The HIV/AIDS housing needs assessment included background research; a survey of people living with HIV/AIDS; focus groups of people living with HIV/AIDS; and interviews of key community stakeholders.

Twenty-two people living with HIV/AIDS participated in focus groups and 80 completed the survey. They indicated that many people living with HIV/AIDS:

- Are unable to afford the high cost of housing in Ventura County and cope by overcrowding, not paying for other necessities, such as medications, and developing poor credit histories.
- Face other barriers to housing stability, such as rental and criminal histories, lack of documentation, discrimination, and other disabilities such as mental illness or substance use.
- Prefer housing assistance that enables them to live independently, integrated into the community, without fear of harassment, in safe, decent housing supported by HIV/AIDS service providers.

Ventura County HIV/AIDS Housing Data

People Living with HIV/AIDS (2004)	689
Median Income of Survey Respondents	$810
Median Percentage of Income Paid to Housing Costs by Survey Respondents	49%
Median Rent for a Two-Bedroom Apartment (August 2004)	$1,349
HIV/AIDS-dedicated Facility-based Housing Units	0
HIV/AIDS-dedicated Long-term Rental Assistance Vouchers (through City of Ventura Housing Authority)	16
Amount of HOPWA Funding Allocated to Ventura County (fiscal year 2004)	$151,489

Forty-eight key community stakeholders, who included providers of housing and services to people living with HIV/AIDS and other special needs populations, identified the following additional critical issues impacting the housing stability of people living with HIV/AIDS in Ventura County:

- Low incomes earned by people living with HIV/AIDS, due to health instability and/or other disabilities, such as mental illness or substance use.
- Lack of housing assistance options, such as Section 8, due to long waiting lists and federal funding restrictions limiting access to the programs by people with criminal histories or those who lack documentation.
- Limited information about available housing programs or affordable apartments and limited capacity of HIV/AIDS service providers to assist in housing searches and resolve discrimination issues.
- Inconsistent collaboration between HIV/AIDS and other service systems and a need to continue to build relationships among services systems.
- Lack of advocacy at local housing forums from the HIV/AIDS community regarding the housing needs of people living with HIV/AIDS.

Ventura County HIV/AIDS Housing Plan Recommendations

To address the issues identified during the needs assessment process, the Steering Committee agreed upon recommendations grouped into three categories.

Coordination Among Service Providers

Steering Committee members indicated there were many opportunities for improved coordination among service providers, and had the following recommendations:

- Develop a joint training curriculum for HIV/AIDS case managers from Ventura County Public Health and Ventura County Rainbow Alliance; involve people living with HIV/AIDS in the development of the curriculum, which should include an overview of the HOPWA program and other housing resources.
- Ensure that HIV case managers take part in "interdisciplinary case conferencing" with case managers from other service systems in Oxnard, Simi Valley, Ventura, and other cities where such meetings occur.
- Ensure that HIV/AIDS agency staff take part in "services networking" meetings in Oxnard, Ventura, and other cities where such meetings occur.
- Maintain the confidentiality of each person living with HIV/AIDS during services and housing case conferencing, services networking, and referral processes.

Increasing Housing Opportunities for People Living with HIV/AIDS

Steering Committee members identified the following strategic **recommendations for increasing rental assistance opportunities** for people living with HIV/AIDS:

- Advocate to housing authorities in the county to set aside Section 8 vouchers for people living with HIV/AIDS (as is currently done by the City of Ventura Housing Authority), add people living with HIV/AIDS as a local preference, and/or allocate project-based rental assistance subsidies to people living with HIV/AIDS in future housing development projects.

- Advocate to the Ventura County CEO Office to utilize HOME funds for a tenant-based rental assistance program for people living with HIV/AIDS.

Steering Committee members identified the following **housing development recommendations**:

- Approach the boards of directors and senior staff of local Community Housing Development Organizations (CHDOs) to advocate for HIV/AIDS housing needs, using the findings of this plan.
- Apply for State of California HOPWA funds for pre-development expenses associated with a project that will result in dedicated housing units in a mixed-population housing development. The project should include a CHDO as the housing developer and an HIV/AIDS services agency as the services provider, and should utilize project-based rental assistance subsidies such as Section 8, HOME, Shelter Plus Care, or HOPWA funding from the State of California.
- Apply for Section 811 funding and State of California HOPWA funding to develop housing units for people living with HIV/AIDS, utilizing HOPWA funding for pre-development costs.
- Advocate in coordination with existing housing advocacy groups for inclusionary zoning (such as the program in place in Oxnard) in each jurisdiction of the county as a means to increase housing for people with low incomes and/or special needs.
- Approach faith-based organizations about the development of land owned by churches.

The Steering Committee identified the following **recommendations to better link the findings from this needs assessment with other local housing planning processes**, with the expected result of increased awareness of HIV/AIDS housing issues:

- Advocate to local jurisdictions to include HIV/AIDS housing plan findings in local "housing elements" section of their community plans, including the Consolidated Plan. Ensure that the need for HOPWA funding for pre-development expenses is noted.
- Advocate to housing authorities for the inclusion of the findings of this HIV/AIDS housing needs assessment in their administrative plans.
- Ensure HIV/AIDS agency staff and/or consumer participation in the Health Care for the Homeless Advisory Council and the Ventura County Homeless and Housing Coalition.

Public Education about Fair Housing and HIV/AIDS

The Steering Committee determined that increased awareness about HIV/AIDS housing issues and the disease itself was needed in the community, and developed the following recommendations:

- Approach local Fair Housing programs to ensure that issues of discrimination against people living with HIV/AIDS and education about the disease are part of local Fair Housing trainings.
- Distribute the results of this HIV/AIDS housing plan widely through press releases and distribution to relevant departments of each jurisdiction in the county, housing providers, service providers, and others.

Introduction

Ventura County Public Health (VCPH) contracted with AIDS Housing of Washington (AHW) to facilitate an HIV/AIDS housing needs assessment and planning process for Ventura County. VCPH received funding for this project from the State of California, Office of AIDS, in conjunction with another grant for HIV/AIDS housing capacity building.

A Steering Committee guided the process between September 2004 and March 2005. The needs assessment process included: focus groups with people living with HIV/AIDS, a survey of people living with HIV/AIDS, interviews with key housing and service stakeholders, and a review of relevant planning and epidemiological data. The Steering Committee interpreted findings and developed recommendations.

The *Ventura County HIV/AIDS Housing Plan* reflects the work of a wide range of community stakeholders committed to improving housing and related services for individuals living with HIV/AIDS and their families in Ventura County. Housing and services providers, people living with HIV/AIDS, and others from across the county participated in the needs assessment process and provided input and feedback on the plan document.

Background

Ventura County Public Health (VCPH) is the sub-grantee and coordinator for Ventura County 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, with a priority on permanent supportive housing. HUD encourages HOPWA grantees to develop community-wide strategies and form partnerships with area nonprofit organizations.

The State of California Office of AIDS granted VCPH approximately $150,000 in HOPWA funding in 2004 to provide housing and related services for people living with HIV/AIDS in Ventura County. HOPWA funds are utilized in Ventura County to provide a range of housing assistance, including short-term rental, mortgage, and utility assistance, hotel and motel vouchers, and housing case management.

The State of California Office of AIDS made funds available in 2004 to the counties in its jurisdiction for capacity building and needs assessment and planning. VCPH applied for both projects, and received funding. VCPH then contracted with AIDS Housing of Washington (AHW) to facilitate the needs assessment process.

AHW has developed more than 140 units of housing for people living with HIV/AIDS in Seattle-King County since its founding in 1988. AHW also provides information, planning assistance, consultations, and training in communities nationwide, and has worked in more than thirty regions to develop comprehensive HIV/AIDS housing plans. AHW's goal is to help stabilize the lives of

individuals and families through improving access to affordable housing and appropriate support services.

The planning process began in September 2004 with the first of four Steering Committee meetings. The Steering Committee included people living with HIV/AIDS and representatives from organizations across Ventura County that provide housing and services to people living with HIV/AIDS and other low-income and special needs populations.

Community-Based Needs Assessment and Planning Process

The community-based planning process included a number of key components, which are outlined here.

Steering Committee: A Steering Committee was formed in September 2004 to oversee and guide the needs assessment and planning process. The committee was comprised of representatives from community-based organizations that provide housing and services to low-income people, including those living with HIV/AIDS, mental illness, ex-offenders, and substance use issues, and those who are homeless. Members of the Steering Committee reviewed background information and other written data related to HIV/AIDS, housing affordability, homelessness, and dedicated resources; developed the survey tool; determined subpopulations for focus groups; provided contact information for key stakeholders to interview; identified critical issues; developed recommendations; and reviewed the final plan. Steering Committee members are listed with their affiliations at the beginning of the plan.[1] Minutes from each Steering Committee meeting can be found in ***Appendix 1.***

Key stakeholder meetings: Forty-eight stakeholders, identified by Steering Committee members and other involved stakeholders, met with AHW staff to discuss the housing needs of people living with HIV/AIDS. Group and individual meetings were held with case managers, housing and service providers, housing developers, government representatives, and other concerned community members, including members of the Steering Committee.[2] Issues identified by key stakeholders were summarized by AHW and are presented in a chapter of the plan.

Focus groups: People living with HIV/AIDS participated in four housing focus groups. The groups provided qualitative and broad-ranging information about participants' housing situations and histories. A total of 22 people living with HIV/AIDS participated in the focus groups, which were facilitated by AHW and Ventura County Public Health Education staff. Focus group findings are presented in a chapter of the plan.

Housing survey: A total of 80 people living with HIV/AIDS completed a housing survey that queried people living with HIV/AIDS about their housing histories, needs, and preferences. AHW analyzed and summarized the survey results, which are presented in a chapter of the plan. Complete survey data appears in ***Appendix 3.***

[1] Please see the comprehensive list of Steering Committee members and agency affiliations at the front of this plan.
[2] Please see the comprehensive list of key stakeholders and agency affiliations at the front of this plan.

Document review and summary: Data related to HIV/AIDS epidemiology, population demographics, income and housing affordability, homelessness and related issues, and dedicated HIV/AIDS housing resources were reviewed and summarized in the plan by AHW staff.

Ventura County HIV/AIDS Housing Plan

This plan provides a framework for addressing the housing needs of people living with HIV/AIDS. It represents the efforts of a broad cross section of concerned citizens committed to improving housing stability for people living with HIV/AIDS and their families throughout Ventura County.

Given the dynamic nature of HIV and AIDS and other factors that affect housing and service planning, it is essential to regularly reassess the needs of people living with HIV/AIDS and the most appropriate strategies to meet those needs. It is intended that this plan be built upon, revised, and expanded as current objectives are met and new gaps and needs emerge.

National Context of HIV/AIDS Housing

This section provides a context for HIV/AIDS housing issues by detailing national trends related to HIV/AIDS epidemiology, income and poverty, housing affordability and resources, and HIV/AIDS housing resources.

Over the last twenty years, the field of HIV/AIDS housing has developed as part of a larger community safety net serving a growing and diverse number of individuals living with HIV/AIDS. AIDS is a disease that can deprive individuals of their ability to work, eligibility for private health insurance, access to stable housing, and connections to support networks at a time when they may need it most. Many people living with HIV/AIDS are forced to choose between healthcare and housing.

People living with HIV/AIDS face a range of housing and housing-related service concerns. Some may need one-time or periodic assistance paying their rent or mortgage, while others may require a supportive housing environment where services are available onsite. These may include services that enable residents to consistently take their medication, remain sober, and learn necessary life skills. **The focus of AIDS housing providers has shifted from helping people at the end of their lives to helping them transition to living with HIV/AIDS.**

The fluctuating nature of the disease suggests that some level of support, such as coordination of services and access to community-based medical care, is a necessary component of all types and models of residential programs. Stable housing promotes improved health status, adherence to complex medication regimes, and for some, a return to work and social activities. For people living with HIV/AIDS, **stable housing leads to improved health conditions.**

HIV/AIDS in the National Context

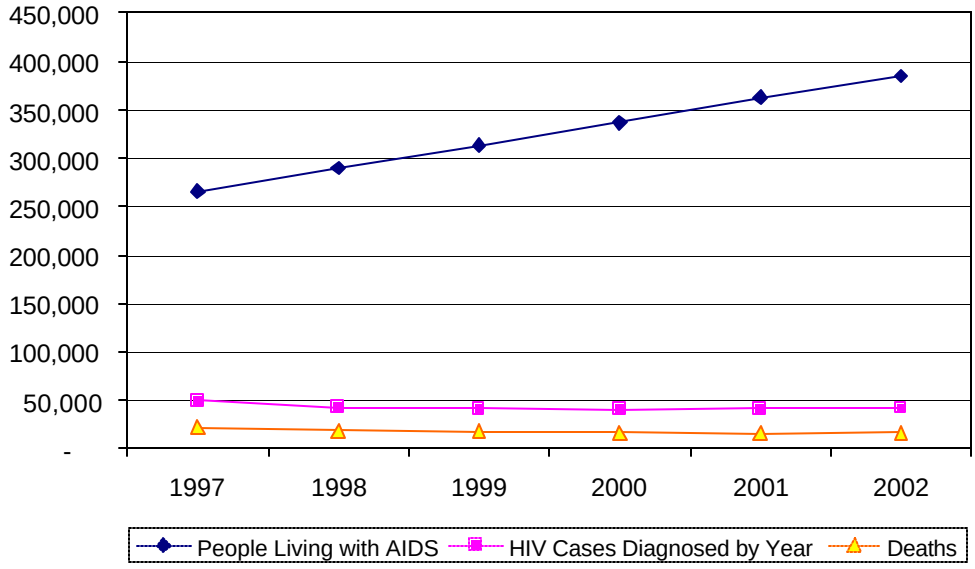
More people are now living with HIV and AIDS in the United States than ever before. **The Centers for Disease Control and Prevention (CDC) estimates that between 800,000 and 900,000 individuals are living with HIV, the virus that causes AIDS, and that another 40,000 become infected every year.**[3] One fourth of HIV-positive people in this country do not know their HIV status.[4]

Figure 1, on the next page, shows the number of people living with AIDS, new HIV cases diagnosed, and the number of deaths from AIDS in the United States over a six-year period. New HIV infections and AIDS death rates have remained steady over recent years. However, the number of people living with AIDS continues to climb as medical advances continue to slow progression of the disease and help individuals live longer.

[3] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *A Glance at the HIV Epidemic*, December 2000. Available online: www.cdc.gov/nchstp/od/news/At-a-Glance.pdf. (Accessed: April 2, 2003).

[4] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, "Update: the AIDS Epidemic in the United States, 2001," *Morbidity and Mortality Weekly Report, 2002*, vol. 51, pp. 592-595. Available online: www.cdc.gov/mmwr/PDF/wk/mm5127.pdf (Accessed: April 2, 2003).

Figure 1:
People Living with AIDS, New HIV Cases Diagnosed, and HIV/AIDS-Related Deaths in the United States, by Year from 1997-2002



Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report, Year End 2002*, p. 5, 6. Available online: www.cdc.gov/hiv/stats/hasr1402/2002SurveillanceReport.pdf (Accessed: March 23, 2004).

The American public continues to see HIV/AIDS as a serious public health concern (26 percent), second only to cancer (35 percent). Populations that are disparately affected by HIV/AIDS—African Americans/Blacks, Hispanics/Latinos, young adults and their parents—consider AIDS a more urgent problem today than five years ago, compared to Whites/Caucasians. Nearly half of the U.S. population (43 percent) says they personally know someone who is living with HIV/AIDS or has died of AIDS.[5]

Demographic Trends

The AIDS epidemic has become more complex over the past twenty years. Originally concentrated in large urban areas of the United States among men who have sex with men and injection drug users, **the prevalence of HIV/AIDS among residents of the Southeast United States, African Americans/Blacks, Hispanics/Latinos, women, young adults, persons exposed to HIV through heterosexual contact, and persons exiting the criminal justice system has increased significantly.** Limited access to healthcare and preventive services, poverty, social disadvantage, discrimination, and stigma are some of the factors that have contributed to these trends.

[5] The Henry J. Kaiser Family Foundation, *The AIDS Epidemic at 20 Years: The View from America, A National Survey of Americans on HIV/AIDS, 2001*, p. 7.

Every state in the nation, as well as Puerto Rico, the Virgin Islands, and U.S. territories, reported new AIDS cases diagnosed in 2002.[6] Approximately 10 percent of the AIDS cases reported were from metropolitan areas with populations less than 500,000 and 6 percent were from rural areas with populations less than 50,000.[7]

Southeastern states make up about one-third of the total U.S. population, but they account for 40 percent of the people estimated to be living with AIDS and 46 percent of the estimated new AIDS cases.[8] The South also has the largest number and proportion of cases reported from rural areas.[9]

The racial/ethnic, gender, and age profiles of people living with HIV/AIDS have also shifted over the course of the epidemic:

- African Americans/Blacks made up 12 percent of the U.S. population, but accounted for half of new HIV cases reported in 2002. The AIDS rate among African Americans/Blacks was nearly eleven times the rate reported among whites.[10]
- AIDS is the leading cause of death among African American/Black women ages 25-34 and African American/Black men ages 35-44.[11]
- African American/Black women accounted for nearly 64 percent of new HIV cases reported among women in 2001. Hispanic/Latina and White/Caucasian women each accounted for 17 percent of reported HIV cases.[12] Overall, women comprised an estimated 30 percent of new infections annually.[13]
- Hispanics/Latinos made up 13 percent of the U.S. population, but accounted for 19 percent of new HIV cases reported in 2000. The AIDS rate among Hispanics/Latinos was three times the rate reported among Whites/Caucasians.[14]
- Adolescents and young adults between the ages of 13 and 24 comprised half of new HIV infections. African American/Black youth represent the majority of these infections. The CDC estimates that 47 percent of new cases among this age group are among females.[15]

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[6] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report, Year End 2002*, pp. 5-6. Available online: http://www.cdc.gov/hiv/stats/hasr1402/2002SurveillanceReport.pdf (Accessed: March 23, 2004).

[7] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS in Urban and Nonurban Areas*, Fact Sheet, p. 4. Available online: http://www.cdc.gov/hiv/graphics/images/L206/L206.pdf (Accessed May 4, 2004). Does not include Puerto Rico, U.S. Virgin Islands, and territories. Rural area defined as population less than 50,000.

[8] The Henry J. Kaiser Family Foundation, *HIV/AIDS and other Sexually Transmitted Diseases (STDs) in the Southern Region of the United States: Epidemiological Overview, Southern States Summit on HIV/AIDS and STDs: A Call to Action*, November 13-15, 2002, p. 1. Note: Southern states defined as Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[9] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS in Urban and Nonurban Areas*, Fact Sheet. Available online: http://www.cdc.gov/hiv/graphics/images/L206/L206.pdf (Accessed May 4, 2004).

[10] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Among African Americans*, Fact Sheet, March 2003, p. 1. Available online: www.cdc.gov/hiv/pubs/Facts/afam.pdf (Accessed: March 23, 2004).

[11] Ibid.

[12] Ibid, p. 2.

[13] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *A Glance at the HIV Epidemic*, December 2000. Available online: www.cdc.gov/nchstp/od/news/At-a-Glance.pdf (Accessed: May 4, 2004).

[14] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Among Hispanics in the United States*, Fact Sheet. Available online: www.cdc.gov/hiv/pubs/facts/hispanic.htm (Accessed: May 4, 2004).

Medical Advances in Treating People Living with HIV/AIDS

People living with HIV/AIDS who are being successfully treated with Highly Active Anti-Retroviral Therapy (HAART)—often referred to as combination therapies or the 'cocktail'—are experiencing significant improvements in health. Many people living with HIV/AIDS are considering re-employment and evaluating the impact that returning to work could have on their disability and medical benefits.

However, some individuals with access to these medications are experiencing failure, even though they are being closely monitored and have medications adjusted frequently. In addition, not all people living with HIV/AIDS who might be helped by existing HIV treatments necessarily have access to them. **The medications and monitoring associated with HAART are expensive—at $10,000 to $15,000 each year—putting them well out of reach for people who do not have adequate insurance or access to state-run AIDS Drug Assistance Programs.** Studies show persisting disparities in access to these medications, particularly among women, people of color, and injection drug users.[16] Another study published in 2001 estimated that nearly all of the 750,000 people living with HIV (estimated at the time of the study) in the United States would have met the criteria (HIV-related symptoms such as low CD4 cell counts and high viral loads) for being offered HAART, but that only about 200,000 were accessing it. Reasons for limited use of HAART include lack of awareness of HIV status, patient difficulty with adherence, and development of drug resistance, among others.[17]

Income and Poverty in the National Context

Many individuals and families with low incomes are forced to make critical choices when their finances are not sufficient to meet their basic living needs. It may mean fewer meals, no healthcare, loss of utilities, overcrowded housing, or eviction. For people living with HIV/AIDS who have low incomes, these choices can have a serious effect on their health status.

The HIV Cost and Services Utilization Study (1996), the most comprehensive study to date, presents a statistical snapshot of the economic well-being of people living with HIV/AIDS. At the time of the study, 63 percent were unemployed, 46 percent had a household income of less than $10,000, 78 percent had no private health insurance, and 20 percent had no health insurance.[18]

For many low-income and disabled persons in the United States, healthcare accounts for a significant portion of their monthly budget. **Nearly 50 million Americans were uninsured during some period of time in 2002.** The majority, 26 million, had been uninsured for 12 months or

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[15] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *Young People at Risk: HIV/AIDS Among America's Youth*, Fact Sheet. Available online: www.cdc.gov/hiv/pubs/facts/youth.htm (Accessed: May 4, 2004).

[16] Usha Sambamoorthi, Ph.D., et al., "Use of Protease Inhibitors and Non-Nucleoside Reverse Transcriptase Inhibitors Among Medicaid Beneficiaries with AIDS," *American Journal of Public Health*, September 2001, vol. 91, no. 9, pp. 1474-1481. Available online: www.ajph.org/cgi/reprint/91/9/1474.pdf (Accessed: September 29, 2004).

[17] James G. Kahn, M.D., M.P.H., Brian Halle, M.P.P., M.A., Jennifer Kates, M.P.A., M.A., and Sophia Chang, M.D., M.P.H., "Health and Federal Budgetary Effects of Increasing Access to Antiretroviral Medications for HIV by Expanding Medicaid," *American Journal of Public Health*, September 2001, vol. 91, no. 9, pp. 1464-1473. Available online: www.ajph.org/cgi/reprint/91/9/1464.pdf (Accessed: September 29, 2004).

[18] S.A. Bozzette, S.H. Berry, H.D. Duan, et al., "The Care of HIV-Infected Adults in the United States," *New England Journal of Medicine*, vol. 339, no. 26, December 24, 1998.

more.[19] People with HIV/AIDS who are able to qualify for Supplemental Security Income (SSI) due to their disability status are usually eligible for health coverage through Medicaid or Medicare, depending on personal income, age, and state regulations. However, the application period can range from a few months to a few years for both SSI and the Medicaid and Medicare programs. Therefore, many people living with HIV/AIDS who earn low incomes are forced to choose between paying for their healthcare or paying for their housing.

Housing Affordability in the National Context

Unprecedented economic growth in the 1990s did not raise all incomes equally, although it did raise housing costs. As a result, for each of the past few years, including 2003, a full-time, minimum-wage worker could not afford to rent a two-bedroom apartment at the federally established Fair Market Rent (FMR) in any part of the United States.[20]

People with disabilities who depend on SSI—which is equivalent to just 19 percent of the national median income for an individual in 2003—have few housing choices. For the first time ever, in 2002, the national average rent per year was greater than the annual income provided by the SSI program—105 percent of SSI would be needed to rent a modest one-bedroom apartment.[21]

People living with HIV/AIDS who have low incomes face the same challenges as other people with low incomes and frequently turn to the same resources to meet their housing and service needs. A small portion of people with low incomes are able to meet their housing needs with assistance, either in the form of subsidized units or through vouchers, such as Section 8, that a tenant can use in available market-rate housing. When it is not possible to obtain affordable housing, residents with low incomes inevitably pay a larger percentage of their income toward housing costs than people earning higher incomes, or they combine households to share housing costs. Individuals who pay a high proportion of their income for housing costs and those who are living in overcrowded situations are at increased risk for homelessness.

Homelessness and Related Issues in the National Context

The housing affordability crisis in the United States has been a driving factor for a burgeoning homeless population. It is estimated that on any given night, nearly one million Americans are homeless.[22] **The U.S. homeless population has an estimated median rate of HIV prevalence of at least three times higher than the general population.**[23] Among more than 13,000 people living

[19] The Henry J. Kaiser Family Foundation, Commission on Medicaid and the Uninsured, *Lack of Coverage: A Long-Term Problem for Most Uninsured, Fact Sheet*, January 2004. Available online: www.kff.org/uninsured/4120-index.cfm (Accessed: May 4, 2004).

[20] National Low Income Housing Coalition, *Out of Reach 2003*. Available online: www.nlihc.org/oor_current/table9.htm (Accessed: May 4, 2004).

[21] Technical Assistance Collaborative, Inc., *Priced Out in 2002*, May 2003, p. 1. Available online: www.tacinc.org/index/viewPage.cfm?pageId=37 (Accessed: May 4, 2004).

[22] National Alliance to End Homelessness, Corporation for Supportive Housing, and AIDS Housing of Washington. *Policy Papers: New Partnerships for Ending Homelessness*, July 2003. Available online: www.endhomelessness.org/pol/PolicyPapers03.pdf Accessed: May 4, 2004).

[23] Rates (from 3 to 62 percent) have been found in selected homeless sub-populations; the rate among the general population is less than 1 percent. John Song M.D., M.P.H., M.A.T., *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, November 1999, National Health Care for the Homeless Council, Health Care for the Homeless Clinician's Network, p. 1. Available online: www.nhchc.org (Accessed: January 10, 2002).

with HIV/AIDS surveyed by AIDS Housing of Washington in twenty-one counties or metropolitan areas and twelve states between 1993 and 2003, 40 percent indicated they had been homeless at some point in their lives.[24]

When people are unable to afford housing, they are at risk of becoming homeless. People staying in homeless shelters represent a portion of the homeless population. Other marginally housed people may be staying in substandard housing, in cars, or in temporarily doubled-up situations with friends or relatives. Homeless services are available but meet only part of the outstanding need.

Increasingly, people living with HIV/AIDS also have substance use or mental health issues that may or may not be combined with homelessness. People with both substance use issues and mental illness are at a greater risk for HIV/AIDS, are over-represented in the homeless population, and experience more barriers to housing and healthcare.

Substance use and homelessness are also closely associated with incarceration and involvement with the criminal justice system. Particularly as people living with HIV/AIDS live longer lives, incarceration is a growing concern. **The prevalence of AIDS among inmates is five times higher than that in the general population.**[25] The Department of Justice found that female prisoners have a higher infection rate than male prisoners—3 percent versus 2 percent.[26] Having a criminal history can make a person ineligible for many types of housing and services, as well as limit employment opportunities.

Appropriate services and housing for people with histories of homelessness, mental illness, substance use, and/or incarceration can make a critical difference in improving health and quality of life. For example, **housing stability is often necessary for a person living with HIV/AIDS to gain access to healthcare** and adhere to treatment regimens. Individuals who have had histories of substance use, mental illness, and homelessness often need ongoing support services in order to maintain stable housing. People affected by these issues may need job skills training and ongoing support in order to obtain and maintain employment.

HIV/AIDS-Dedicated Resources in the National Context

The federal government has established two programs that provide funding dedicated to serving people living with HIV/AIDS—the Housing Opportunities for Persons with AIDS (HOPWA) program administered by the U.S. Department of Housing and Urban Development (HUD) and the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act program administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Both can be used to fund housing and related support services, although the eligible activities differ between programs. Other federal programs also provide funding for housing low-income people, regardless of HIV status, and are described in ***Appendix 4***.

[24] AIDS Housing of Washington, *Fact Sheet: AIDS Housing Survey, 2003*. Available online: www.aidshousing.org/ahw_library2275/ahw_library_show.htm?doc_id=76974 (Accessed: March 24, 2004).
[25] National Commission on Correctional Health Care, *The Health Status of Soon-to-be-Released Inmates: A Report to Congress*, p. 17. Available online: www.ncchc.org/stbr/Volume1/Chapter3.pdf (Accessed: March 20, 2003).
[26] Laura M. Maruschak, *HIV in Prisons, 2001*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, January 2004, NCJ196023. Available online: www.ojp.usdoj.gov/bjs/pub/pdf/hivp01.pdf (Accessed: March 24, 2004).

Since 1992, the federal government has allocated more than $2 billion for the HOPWA program to support community efforts to create and operate HIV/AIDS housing and provide related services.[27] For Fiscal Year 2004, $292 million in HOPWA funds was available for formula allocations and competitive awards. A total of 117 jurisdictions—79 metropolitan areas and 38 states—received formula allocations in 2004.[28] For Fiscal Year 2005, the National AIDS Housing Coalition estimates that funding will be reduced to $282 million nationally.[29]

HOPWA funds are awarded to state and local governments to design long-term, comprehensive strategies for meeting the housing needs of people living with HIV/AIDS and their families. Participating jurisdictions have the flexibility to provide a range of housing assistance, including:

- Housing information services
- Project- or tenant-based rental assistance
- Short-term rent, mortgage, and utility payments to prevent homelessness
- Housing development
- Support services

The Ryan White CARE Act was first authorized in 1990 to address the full range of unmet health needs of people living with HIV/AIDS by funding primary healthcare and related support services, and increasing access to care for underserved populations.

The Ryan White CARE Act represents the largest dollar investment made by the federal government specifically for the provision of services for people living with HIV/AIDS. In fiscal year 2004, Congress appropriated $2 billion for use under the CARE Act, which serves more than 500,000 individuals each year.[30] As part of that goal, the CARE Act allows housing-related assistance as eligible expenditures under Titles I, II, and IV.

Two types of eligible housing-related expenditures are typically covered:

- Housing referral services, such as assessment, search, placement, and advocacy services
- Short-term emergency housing, such as short-term rental assistance (e.g., the Ryan White-funded Partial Assisted Rent Subsidy), emergency shelter stays, short-term residential treatment, short-term assisted living, and temporary/transitional housing programs

Many AIDS housing and service providers rely on funding from HOPWA and the Ryan White CARE Act to support their programs. The first phase of a Vanderbilt University AIDS housing cost study determined that 66 percent of the nation's AIDS housing providers received HOPWA funding for AIDS housing and services, while 55 percent received CARE Act funds.[31]

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[27] U.S. Department of Housing and Urban Development, Office of HIV/AIDS Housing, *Housing Opportunities for Persons with AIDS (HOPWA)*. Available online: www.hud.gov/offices/cpd/aidshousing/programs/formula/serviceareas/index.cfm (Accessed: March 31, 2004).
[28] Ibid.
[29] National AIDS Housing Coalition, *December 2004 E-Newsletter*. Available online: http://www.nationalaidshousing.org/newsletter%2012-04.pdf (Accessed: January 10, 2005).
[30] U.S. Department of Health and Human Services, *Health Resources and Services Administration, HRSA FY 2004 Budget*. Available online: http://newsroom.hrsa.gov/NewsBriefs/2004/FY04-HRSA-Budget.htm (Accessed: March 31, 2004).
[31] Debra Rog and Sidra Goldwater, *The Landscape of AIDS Housing*, Vanderbilt University, Washington, DC, 1999, p. 9.

Context of HIV/AIDS Housing in Ventura County

Key facts about Ventura County:

- Population is currently estimated at 792,000 people.
- 689 people are reported to be living with HIV/AIDS.
- Rents and home prices have increased rapidly in recent years.
- There are no housing units set aside for people living with HIV/AIDS.
- Much of the federal funding for AIDS housing supports short-term rental, mortgage, and utility assistance.

Population

Ventura County covers more than 1,800 square miles northwest of Los Angeles County. Currently estimated at 792,000 people, Ventura County has grown 5 percent since 2000 and is expected to continue to grow, reaching one million people by 2020.[32] Average household size, according to the 2000 census, is three people per household.[33]

Epidemiology of HIV/AIDS in Ventura County

As of October 1, 2004, 1,239 cumulative HIV/AIDS cases had been reported and 689 people were living with HIV/AIDS. Many of the people diagnosed with AIDS in Ventura County received HIV and AIDS diagnoses at the same time, which suggests that they are not getting tested and seeking preventative care until the disease has progressed.[34] In addition, HIV/AIDS data does not include people who were diagnosed in other counties and moved to Ventura County, thereby increasing the housing and services burden.

Reported AIDS cases have decreased each year since 1999. The AIDS incidence rate has fallen from 12.6 per 100,000 people in 1996 to 5.8 in 2002. However, the number of people living with HIV/AIDS continues to increase, due in large part to developments in treatment. Epidemiologists are concerned that HIV transmission rates in Ventura County may also be growing, as they note that rates of sexually transmitted diseases, generally a sign of unprotected or high-risk sexual behavior, have increased.[35]

Table 1 on the following page shows living and cumulative HIV/AIDS cases in Ventura County as of October 1, 2004. For comparison purposes, the race/ethnicity of the general population of

[32] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004, and Ventura County Public Health, *Community Health Status Report*, 2004.
[33] U.S. Census Bureau, *California QuickFacts*. Available online: http://quickfacts.census.gov/qfd/states/06/06111.html (Accessed: September 28, 2004).
[34] Ventura County Public Health, *Community Health Status Report*, 2004, p. 30, and email communication, October 1, 2004.
[35] Ventura County Public Health, *Community Health Status Report*, 2004, p. 30.

Ventura County is 70 percent White/Caucasian, 33 percent Hispanic/Latino, 6 percent Asian/Pacific Islander, and 2 percent African American/Black.[36]

Table 1:
Living and Cumulative HIV/AIDS Cases in Ventura County, by Race/Ethnicity, Gender, Age, and Exposure Category, as of October 1, 2004

Demographics	People Living with HIV/AIDS*		Cumulative Cases of HIV/AIDS	
	Number	Percent	Number	Percent
Race/Ethnicity				
White/Caucasian	379	55%	722	58%
African American/Black	39	6%	69	6%
Hispanic/Latino	257	37%	424	34%
Asian/Pacific Islander	7	1%	17	1%
American Indian/Alaska Native	0	0%	0	0%
Multiracial	1	<1%	1	<1%
Unknown	6	1%	6	<1%
Total	**689**	**100%**	**1,239**	**100%**
Gender				
Male	574	83%	1,073	87%
Female	115	17%	166	13%
Total	**689**	**100%**	**1,239**	**100%**
Age				
12 and younger	9	1%	11	1%
13-19	14	2%	16	1%
20-29	132	19%	232	19%
30-39	300	44%	544	44%
40-49	173	25%	292	24%
50 and older	61	9%	144	12%
Total	**689**	**100%**	**1,239**	**100%**
Exposure Category				
Men who have sex with men (MSM)	380	55%	722	58%
Injection Drug Use (IDU)	74	11%	137	11%
MSM/IDU	40	6%	77	6%
Heterosexual Sex	80	12%	122	10%
Hemophilia or Transfusion	19	3%	54	4%
Mother with/at risk for HIV	9	1%	9	1%
Risk Not Known/Other	87	13%	118	10%
Total	**689**	**100%**	**1,239**	**100%**

Source: Ventura County Public Health, email communication, October 1, 2004.

* California has reported HIV cases since 2002.

[36] U.S. Census Bureau, *California Quick Facts*. Available online: quickfacts.census.gov/qfd/states/06/06111.html (Accessed: December 9, 2004).

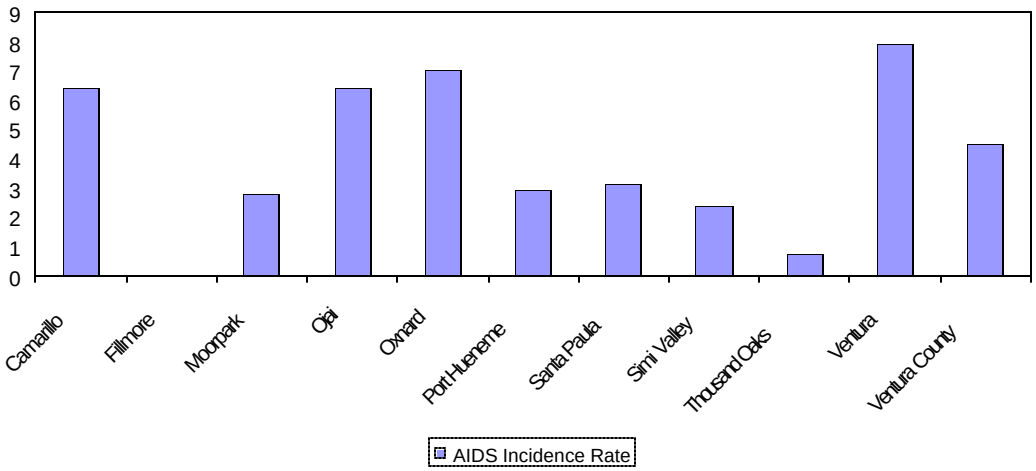
Race/Ethnicity: Hispanic/Latinos are disproportionately affected by AIDS, with the highest number of new AIDS diagnoses in Ventura County. Currently Hispanics/Latinos make up 37 percent of people living with HIV/AIDS, which is higher than their 33 percent representation in the general population. The rate is even higher among Hispanic/Latina women, who represent 41 percent of all women living with HIV in Ventura County. African-Americans are also over-represented among HIV/AIDS cases, constituting 6 percent of all people living with HIV/AIDS, which is three times the rate of their representation in the population.[37]

Age: Most people living with HIV/AIDS in Ventura County are between the ages of 30 and 50, though a significant minority (19 percent) are between 20 and 29.[38]

Exposure Category: Risk factors for contracting HIV/AIDS differ for men and women in Ventura County. Men who have sex with men make up the largest exposure category overall, but most women living with HIV/AIDS cite heterosexual contact as their exposure category. Heterosexual transmission of HIV/AIDS is increasing, particularly among Hispanic/Latina women.[39]

Location: All cities in Ventura County have been affected by HIV/AIDS. AIDS incidence rates are highest in Ventura (7.9 per 100,000 people) and Oxnard (7.0), and lowest in Fillmore and Thousand Oaks (less than 1.0 per 100,000). The reported AIDS incidence rate for the county as a whole is 4.5 per 100,000.[40]

Figure 2:
AIDS Incidence Rates for Cities in Ventura County, for 2002



Source: Ventura County Public Health, *Community Health Status Report*, 2004, p. 31.

[37] HIV/AIDS Advisory Committee to the Ventura County Board of Supervisors, *HIV/AIDS Report 2003-2004*, Ventura County Public Health, p. 15, Ventura County Public Health, email communication, October 1, 2004.
[38] Ventura County Public Health, *Community Health Status Report*, 2004, pp. 15, 30, and Ventura County Public Health, email communication, October 1, 2004.
[39] Ventura County Public Health, *Community Health Status Report*, 2004, p. 30
[40] Ibid, pp. 30-31.

Housing, Homelessness, and Income in Ventura County

Income and Poverty

When people lack income to meet all of their needs, they are forced to choose between losses in critical areas, such as housing, utilities, transportation, healthcare, and food. The median family income for Ventura County is $77,400, considerably higher than California's median income of $62,500.[41] However, many residents struggle to meet all their needs, particularly in rural areas and among year-round farmworkers.[42]

People living with HIV/AIDS often have incomes well below the median. For example, many people living with HIV/AIDS depend on Supplemental Security Income (SSI). In California the maximum SSI benefit for an individual is $790 per month, which is less than the cost of rent for most apartments in Ventura County.[43] In Ventura County, 14,342 people rely on SSI.[44]

The county's poverty rate is 8 percent, lower than the state average of 14 percent. The poverty rate is nearly twice as high among foreign-born residents (15 percent), Hispanics/Latinos (17 percent), Native Americans (16 percent), and African Americans/Blacks (12 percent).[45] Slightly more than one-third of children in Ventura County live in poverty.[46] Renters also have higher poverty rates, with 15 percent below poverty level, as well as 36 percent considered low income and 19 percent extremely low income.[47]

Health care costs can be a major expense. In California, nearly one in five residents (19 percent) lack health insurance, among states the fourth largest percentage of uninsured residents.[48] An estimated 97,209 non-elderly people lacked health insurance in Ventura County in 2001.[49]

Transportation is also a substantial expense for many low-income households in California, where transportation costs are higher than average for the United States. Annually, median transportation costs for low-income people in the state are estimated at $2,164, or 13 percent of their household budgets on average. While owning a car can be important for people in rural areas lacking extensive public transit options, owning a vehicle requires, on average, 19 percent of low-income households' budgets.[50] Owning a car to drive to work is a common expense for households in Ventura County.

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[41] U.S. Department of Housing and Urban Development, *FY 2004 Income Limits*. Available online: www.huduser.org/datasets/il/il04/index.html (Accessed: September 27, 2004).
[42] Rural Local Initiatives Support Corporation, *Cabrillo Economic Development Corporation*. Available online: www.ruralisc.org/cedc.htm (Accessed: September 28, 2004).
[43] World Institute on Disability, *Disability Benefits 101: Working with a Disability in California*, 2003. Available online: http://print.disabilitybenefits101.org/ca/programs/income_support/ss_disability/ssi/program.htm (Accessed: September 23, 2004).
[44] California Department of Social Services, *California Supplemental Security Income -State Supplementary Payment*. Available online: www.dss.cahwnet.gov/cdssweb/Supplement_176.htm (Accessed: September 28, 2004).
[45] Center for Comparative Studies in Race and Ethnicity, *Race and Poverty Rates in California: Census 2000 Profiles*, November 2002, pp. 7, 19-20. Available online: www.stanford.edu/dept/csre/reports/indexold2.html (Accessed: September 28, 2004).
[46] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004.
[47] National Low Income Housing Coalition, *Out of Reach 2003*: *America's Housing Wage Climbs.* Available online: www.nlihc.org/oor2003 (Accessed: September 28, 2004).
[48] U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2003*, August 2004, pp. 25, 69.
[49] Ventura County Public Health, *Community Health Status Report*, 2004.
[50] Lorien Rice, *Transportation Spending by Low-Income California Households: Lessons for the San Francisco Bay Area*, Public Policy Institute of California, 2004. Available online: www.ppic.org/content/pubs/R_704LRR.pdf (Accessed: September 23, 2004).

Very few people in Ventura County take public transit to their jobs (1 percent), due to limited bus routes and schedules, and 83 percent drive alone, which is greater than the state average.[51]

In Ventura County, jobs are growing five times faster than increases in housing stock.[52] The unemployment rate, as of August 2004, is 5.1 percent, lower than the state average. However, many of the occupations that have shown recent job growth, and are projected to continue to grow, do not pay wages that are high enough to meet housing costs. For example, retail sales positions are the occupation with the highest absolute job growth in Ventura County, with 1,430 new jobs projected between 2001 and 2008. The median hourly wage for a retail salesperson is $8.99.[53] Like minimum wage workers in California, who receive $6.75 per hour, retail salespeople and other low-wage workers lack income to meet all of their needs.[54]

Housing Affordability

Housing in California is more expensive than in the United States as a whole. Housing affordability in Ventura County has declined as people who work in more expensive parts of the state, particularly Santa Barbara and Los Angeles, seek comparatively more affordable housing options, as well as safety and quality of life, in Ventura County.[55] The county's population has increased more rapidly than available housing. The Ventura County Homeless and Housing Coalition estimates a need to produce 60,000 more housing units in the county.[56]

Increased demand has contributed to higher housing prices. From December 2003 to December 2004, the median sales price for existing homes increased from $488,000 to $612,000, an increase of 25 percent. The increase of $124,000 was the second largest dollar increase in the state of California, behind Santa Barbara County's $200,000 gain.[57] House prices have become a major obstacle for many people buying their first homes, particularly low and moderate-income families.[58] In addition, only 17 percent of families currently living in the county can afford to buy a median-priced home.[59]

Housing affordability has become a concern for many people in Ventura County as population growth and a restricted supply of housing have created a shortage of affordable rental units. Rental vacancy rates are low, at 3 percent, the second lowest rental vacancy rate in Southern California.[60]

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[51] California Budget Project, *Locked Out 2004: California's Affordable Housing Crisis*, January 2004. Available online: www.cbp.org/2004/lockedout2004.pdf (Accessed: September 23, 2004). Ventura County Homeless and Housing Coalition, Continuum of Care Application, 2004, p. 44.
[52] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004.
[53] California Employment Development Department, *Planning Information Packet*, January 2004. Available online: www.calmis.cahwnet.gov/FILE/demos&e/VentuPIP.pdf (Accessed: September 28, 2004).
[54] U.S. Department of Labor, *Minimum Wage Laws in the States*. Available online: www.dol.gov/esa/minwage/america.htm#California (Accessed September 23, 2004).
[55] Ventura County Homeless and Housing Coalition, Continuum of Care Application, 2004, p. 3.
[56] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004.
[57] Ventura County Star, "County Home Prices Soar 25%," January 26, 2005, p. A-1.
[58] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004.
[59] Ventura County Star, "County Home Prices Soar 25%," January 26, 2005, p. A-7.
[60] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004.

Table 2 shows the median home prices (as of August 2004) and median rents (as of January 2004) by selected cities of Ventura County.

Table 2:
Median Home Prices (as of August 2004) and Median Rent for a Two-Bedroom Apartment (as of January 2004) in Ventura County, by City

City	Median Home Price	Median Rent for Two-Bedroom Apartment
Camarillo	$540,000	$1,349
Fillmore	$400,100	$896
Moorpark	$519,500	$1,376
Ojai	$602,000	$899
Oxnard	$490,000	$1,312
Santa Paula	$459,500	$931
Simi Valley	$495,000	$1,381
Thousand Oaks	$573,000	$1,461
Ventura	$505,000	$1,268
Ventura County	**N/A**	**$1,349**

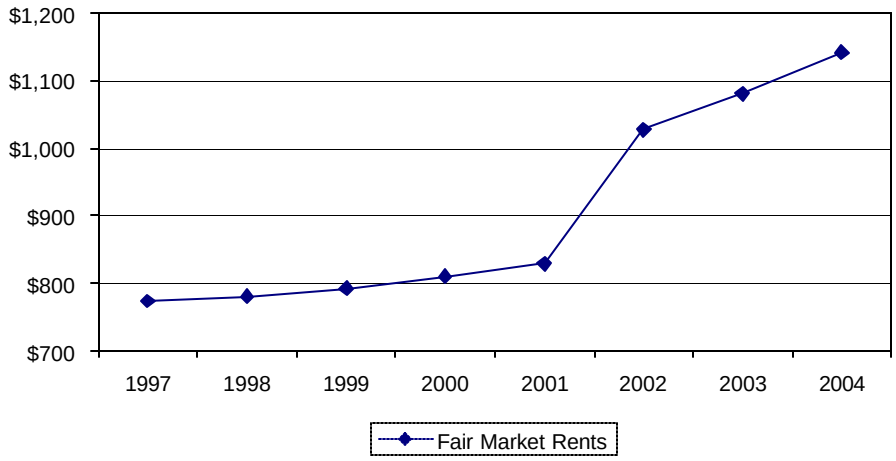
Source: Ventura County Star, "Living Here," November 7, 2004, p. 81.
Notes: Median home prices are based on new and existing condos and single-family houses. Median rents are based on an average, two-bedroom apartment.

Fair market rents (FMRs) for Ventura County have increased rapidly since 2001, and are currently calculated at $902 for a one-bedroom apartment and $1,142 for a two-bedroom.[61] Rents in Ventura County have increased by 55 percent in the past 5 years, driven by high demand.[62] Generally, households that pay more than 30 percent of their income for housing are considered cost-burdened. This is not uncommon in Ventura County, where 40 percent of renters spend more than 30 percent of their income on rent.[63]

[61] U.S. Department of Housing and Urban Development, *Fair Market Rents 2004*, October 1, 2003. Available online: www.huduser.org/Datasets/FMR/FMR2004f/ScheduleB_FY2004F_FMRs.pdf (Accessed: September 23, 2004).
[62] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three": A Survey of Homeless Persons in Ventura County*, 2004.
[63] National Low Income Housing Coalition, *Out of Reach 2003*: *America's Housing Wage Climbs*. Available online: www.nlihc.org/oor2003 (Accessed: September 28, 2004).

Figure 2 shows increases in FMRs since 1997.

Figure 3:
Fair Market Rents for a Two-Bedroom Apartment in Ventura County, by Year from 1997-2004



Source: U.S. Department of Housing and Urban Development, Fair Market Rents 2004, October 1,2003. Available online: www.huduser.org/datasets/FMR/FMR2004F/FMRHIST.xls

Increases in rent are often not being met with pay increases. A 2004 study found that renters' incomes are being outpaced by inflation in California. After adjusting for inflation, household income for low-income Californians (in the twenty percent and below income category) fell 10 percent between 1989 and 2002, from $16,249 to $14,580.[64]

To afford a $1,142 two-bedroom apartment at FMR, a household would need to earn $45,680 a year, well more than minimum- and low-wage jobs pay and higher than the median income of $44,110 for renter households. To be able to afford a two-bedroom apartment, workers in Ventura County must earn $21.96 an hour, an increase of 6 percent from 2002 and more than three times minimum wage. Minimum-wage workers would need to work 130 hours per week to afford a two-bedroom apartment.[65]

Many low-income residents experience housing challenges. In 2003, 11,920 county residents received funding from CalWORKs, which provides assistance to low-income families with children.[66] CalWORKs provides a monthly stipend of $704 for a three-person family in Ventura County, which is less than a month's rent for a two-bedroom apartment.[67]

Lack of affordable housing is compounded by a focus on construction of single-family homes, rather than affordable multi-family units. In 2000, for example, only 21 percent of Ventura

[64] California Budget Project, *Locked Out 2004: California's Affordable Housing Crisis*, January 2004. Available online: www.cbp.org/2004/lockedout2004.pdf (Accessed: September 23, 2004).
[65] National Low Income Housing Coalition, *Out of Reach 2003: America's Housing Wage Climbs*. Available online: www.nlihc.org/oor2003/ (Accessed September 23, 2004).
[66] California Employment Development Department, *Planning Information Packet*, January 2004. Available online: www.calmis.cahwnet.gov/FILE/demos&e/VentuPIP.pdf (Accessed: September 28, 2004).
[67] California Budget Project, *Locked Out 2004: California's Affordable Housing Crisis*, January 2004. Available online: www.cbp.org/2004/lockedout2004.pdf (Accessed: September 27, 2004).

County's housing units were located in multi-unit buildings, considerably less than the state average of 31 percent.[68] In 2003, multi-family units made up 38 percent of all permits for housing units constructed in Ventura County, an increase from 2002, when multi-family units represented only 12 percent of all county permits.

Still, the 2004 Economic Forecast Project for Ventura County warns that even the increased multi-unit construction in 2003 fell far short of housing needs. Multi-unit housing construction is expected to decrease from 2003 levels, because most of the multi-family housing created in 2003 originated several years previously, when land prices were considerably lower, making development of apartments more profitable than current prices and costs.[69]

The County of Ventura Area Housing Authority (AHA) manages 355 low-rent units and supports 2,532 families through its Section 8 program, with an average monthly housing assistance payment of $678 per household.[70] The Oxnard Housing Authority manages 781 low-rent units and supports 1,659 families through its Section 8 program.[71] The Housing Authority of the City of Buenaventura, commonly known at the Ventura Housing Authority, manages 737 units of low-rent housing and 1,189 Section 8 vouchers, and has a 38-unit facility under construction which will open in 2005.[72] The City of Santa Paula Housing Authority supports 577 families through its Section 8 program.[73]

During 2004 and 2005, the federal government proposed and in some cases executed significant funding cuts to U.S. Department of Housing and Urban Development (HUD) programs. The Housing Opportunities for Persons With AIDS (HOPWA) program experienced cuts, as well as Section 811 and Community Development Block Grants. Further cuts are expected that will limit the number of Section 8 vouchers that will be available to low income people nationally and in Ventura County.

Nationwide, many people living with HIV/AIDS use Section 8 vouchers, which pay the difference between FMR and what tenants can afford to pay, which is 30 percent of their household income. Section 8 cuts may be especially troubling for residents facing scarce affordable housing options in Ventura County.[74]

Homelessness and Related Issues

Scarce affordable housing has contributed to homelessness. A 2004 survey found that affordable housing is the greatest identified need among the sheltered homeless population in Ventura County. When asked the maximum amount they would be able to pay for rent, the most common estimate was between $400 and $500, considerably less than rental costs in the county.[75]

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[68] U.S. Census Bureau, *California QuickFacts*. Available online: http://quickfacts.census.gov/qfd/states/06/06111.html (Accessed: September 28, 2004).
[69] Ventura County Homeless and Housing Coalition, Continuum of Care Application, 2004, p. 3.
[70] Area Housing Authority, County of Ventura, *Housing Programs*. Available online: www.ahacv.org (Accessed: September 29, 2004). U.S. Department of Housing and Urban Development, *Housing Authority Profiles*. Available online: https://pic.hud.gov/pic/haprofiles/haprofilelist.asp (Accessed: September 29, 2004).
[71] Personal communication with Sal Gonzalez, Director, Oxnard Housing Authority, October 20, 2004.
[72] Housing Authority of the City of Buenaventura. Available online: http://www.hacityventura.org/html/about_us.html (Accessed: December 9, 2004).
[73] City of Santa Paula Housing Authority. Phone conversation with Ramsey Jay, Executive Director, December 8, 2004.
[74] Area Housing Authority, County of Ventura, *Housing Programs*. Available online: www.ahacv.org (Accessed: September 29, 2004).
[75] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004.

Ventura County's 2004 Continuum of Care application estimates that there are 2,710 homeless people living in the county, including 1,661 individuals and 1,049 homeless families with children.[76] Among the surveyed sheltered homeless population, most are long-term county residents; 64 percent had lived in Ventura County for ten years or more. Many are dealing with issues in addition to homelessness, including 33 percent with mental illness, 25 percent with physical disabilities, 50 percent with alcohol or drug use issues, and 45 percent with hospitalization in the past year.

More than a third (36 percent) of the surveyed homeless population have been homeless for two years or more. Their income comes from a range of sources, including 32 percent receiving pay for work, 31 percent with no income, 17 percent relying on food stamps, 13 percent receiving SSI/SDI, and 8 percent relying on CalWorks. The sheltered homeless are also racially and ethnically diverse, with 55 percent White/Caucasian, 29 percent Hispanic/Latino, 7 percent African American/Black, 5 percent multi-racial, 3 percent Native American, and 1 percent Asian American.[77]

Many homeless people in Ventura County are not sheltered. Ventura County's 2004 Continuum of Care application identifies gaps of 500 emergency shelter beds, 1,250 transitional housing units, and 300 permanent supportive housing units.[78]

The City of Oxnard also submitted a Continuum of Care plan in 2004, which identified 566 homeless people living in Oxnard. Of this total, 432 were homeless individuals and 134 were persons in homeless families with children. Also, of the 566 homeless individuals, 258 people were not sheltered and were living outside.[79]

HIV/AIDS-Dedicated Resources in Ventura County

There are no housing units specifically dedicated to people living with HIV/AIDS in Ventura County. However, Ventura County Public Health Nursing and Ventura County Rainbow Alliance provide a range of housing assistance and services to people living with HIV/AIDS, including short-term rental, mortgage, and utility assistance, hotel and motel vouchers, and case management.[80]

There are tenant-based rental assistance vouchers set aside for people living with HIV/AIDS in Ventura. The City of Buenaventura Housing Authority sets aside 16 of its Section 8 vouchers for people living with HIV/AIDS. The City of Oxnard Housing Authority has set aside 20 vouchers for homeless and displaced residents, although these are not specifically set aside for people living with HIV/AIDS.

In addition, Sarah House, a Residential Care Facility for the Chronically Ill (RCF-CI) located in Santa Barbara, is often utilized by people living with HIV/AIDS from Ventura County.

[76] Ventura County Homeless and Housing Coalition, Continuum of Care Application, 2004, p. 54.
[77] Ventura County Homeless and Housing Coalition, *"And Mommy Makes Three:" A Survey of Homeless Persons in Ventura County*, 2004.
[78] Ventura County Homeless and Housing Coalition, Continuum of Care Application, 2004, p. 53.
[79] City of Oxnard Housing Department, Continuum of Care Application, 2004, p. 15-g.
[80] Ventura County Public Health, Housing and Other Services Expenditure Plan, email correspondence, September 28, 2004.

Housing Opportunities for Persons with AIDS (HOPWA) Funding

Since 1992, the State of California, Office of AIDS, has received an allocation of federal Housing Opportunities for Persons with AIDS (HOPWA) funding to provide housing and related services for people living with HIV/AIDS in 44 counties around the state, including Ventura County. Annually, state HOPWA funds are allocated on a formula basis to nonprofit organizations and county fiscal agents who either directly provide services or allocate the funds to housing and AIDS service organizations.

In addition, since 1997, the State Office of AIDS has prioritized the development of affordable HIV/AIDS housing in counties that have reported more than 100 AIDS cases—eleven total, including Ventura County. In 2004, in order to increase housing development capacity, the State HOPWA Program issued a Request for Applications to agencies in the eleven counties to fund capacity building, resource identification, and the development of long-term HIVAIDS housing needs assessments and plans. Ventura County applied for and received the grant, which funded this needs assessment.

Through the State's formula allocation, Ventura County received $151,489 in HOPWA funds for fiscal year 2004. The funding was split between Ventura County Public Health Nursing and Ventura County Rainbow Alliance to provide a range of housing assistance, including short-term rental, mortgage, and utility assistance, hotel and motel vouchers, and case management. Most of the money is allocated for short-term emergency rent payments.[81] ***Table 3*** on the following page presents HOPWA-funded services in 2004.

[81] Ibid

Table 3:
Allocation of HOPWA Funding in Ventura County, Fiscal Year 2004

Category of Service	Funding
Ventura County Rainbow Alliance	**$70,443**
Short-term Emergency Rent Payments	$43,239
Short-term Emergency Mortgage Payments	$7,000
Short-term Emergency Utility Assistance	$1,782
Motel/Hotel Vouchers	$200
Case Management and Benefits Counseling	$11,818
Activity Delivery Costs	$6,404
Ventura County Public Health Nursing	**$70,442**
Short-term Emergency Rent Payments	$48,000
Short-term Emergency Mortgage Payments	$1,000
Short-term Emergency Utility Assistance	$2,000
Motel/Hotel Vouchers	$1,500
Case Management and Benefits Counseling	$12,000
Activity Delivery Costs	$5,942
Fiscal Agent Costs	$10,604
Total	**$151,489**

Source: Craig Webb, Ventura County Public Health, unpublished data, October 21, 2004.

The majority of HOPWA recipients were men, though women made up a significant minority (37 percent). Most HOPWA recipients (55 percent) were between 31 and 50 years old, though a significant number of children (22 percent) benefited from HOPWA services. Sixty percent of HOPWA recipients were Hispanic/Latino, 35 percent White/Caucasian, and 4 percent African American/Black.

Their housing situations varied, with 2 percent homeless, 14 percent living with friends or relatives, 70 percent renting, and 10 percent homeowners. The majority, 72 percent, had an income at 30 percent or less than the median income, and more than half reported a family income of between $501 and $1000 per month.[82]

Ryan White CARE Act Title II Funding

Ryan White CARE Act Title II program funds are awarded to all states based on a formula. Title II funds are for services for people living with HIV/AIDS and for state AIDS Drug Assistance Programs (ADAP).

Ventura County's Ryan White Title II funding is split among AIDS Project Ventura County, Ventura County Public Health, Livingston Memorial Visiting Nurses Association, and the fiscal

[82] Ventura County Public Health, HOPWA Year End Report Statistics 2003-2004, email correspondence.

agent. Out of a total allocation of $134,115, a substantial amount (36 percent) was dedicated to case management. Funds also supported a range of services, including client advocacy, mental health services, food, and dental care.[83]

Table 4 shows Ryan White CARE Act Title II funding for fiscal year 2004-2005, by category of service.

Table 4:
Allocation of Ryan White Funding in Ventura County, Fiscal Year 2004-2005

Category of Service	Funding
APVC	**$54,679**
Case Management	$23,165
Client Advocacy	$6,178
Mental Health Therapy	$4,489
Dental Services	$10,429
Food Bank	$10,418
Ventura County Public Health	**$53,599**
Case Management	$24,750
Client Advocacy	$8,240
Ambulatory Services	$7,293
Emergency Financial Services	$5,000
Food Bank	$6,106
Mental Health Therapy	$2,210
LMVNA	**$7,863**
Home Health Care	$7,863
Fiscal Agent Costs	**$13,374**
Total	**$134,115**

Source: Craig Webb, Ventura County Public Health, unpublished data, October 21, 2004.

[83] Ventura County Public Health, Title II (Ryan White Care Act) 2004-2005, email correspondence.

Findings from People Living with HIV/AIDS: Housing Survey and Focus Groups

The needs assessment process included input from people living with HIV/AIDS through focus groups and a survey about their housing needs and preferences. Findings from the survey and focus groups include:

- Housing preferences and priorities
- Housing costs
- Barriers to housing access and stability

Overview of Consumer Input Activities

Input from people living with HIV/AIDS was a vital component of the Ventura County HIV/AIDS housing needs assessment process. Information and feedback was gathered through focus group meetings and a consumer housing survey. Small group meetings gave participants the opportunity to discuss their housing environments, needs, and preferences in more detail than participating in public meetings or completing surveys would typically allow. The survey allowed for gathering quantitative data on current housing situations, needs, and preferences of people living with HIV/AIDS in Ventura County.

This section summarizes the themes that emerged from the focus groups and the housing survey. For complete survey results, see "HIV/AIDS Housing Survey Results" in the Appendices. For complete focus group results, see "Focus Group Summaries" in the Appendices.

The results from the focus groups and the housing survey are just two of several sources of information gathered in order to describe housing and service needs in Ventura County. They are offered as one point of reference in the overall planning process.

Consumer Focus Group Participants: Four focus groups for people living with HIV/AIDS were scheduled that targeted four specific subpopulations: Hispanics/Latinos; gay/bisexual men; homeless individuals; and people living in the eastern part of the county. Only one person attended the meeting for people living with HIV/AIDS in the eastern part of the county, held in Moorpark. Therefore, that focus group is not summarized in the Appendices; input from that participant is, however, included in this section.

In total, 22 people attended focus groups, including 17 men and 5 women. Participants resided in cities throughout the county, including Oxnard (7), Ventura (7), Camarillo (3), Fillmore (2), Simi Valley (2), Santa Paula (1), and Thousand Oaks (1). All were renters, including many who were renting rooms and others who lived in a hotel/motel and room and board facility. Six of the participants were currently receiving long-term rental assistance, including Section 8, public/conventional housing, or living in an affordable housing development such as Many Mansions.

Consumer Housing Survey Respondents: Eighty people living with HIV/AIDS completed a survey about their housing needs, histories, and preferences. Respondents were 79 percent male and 21 percent female. Half of the respondents had been diagnosed with AIDS, while 28 percent were HIV-positive and experiencing symptoms and 20% were HIV-positive without symptoms.

Nearly 50 percent of respondents were between 40 and 49 years of age, and just 9 percent of respondents were under the age of 30. Sixty-one percent of respondents indicated their primary ethnicity was White/Caucasian, 45 percent indicated they were Hispanic/Latino, and 8 percent indicated African American/Black.

Thirty-two percent of respondents lived in Ventura, 31 percent in Oxnard, 13 percent in Simi Valley, and 8 percent in Thousand Oaks, among other cities. Forty-three percent rented a house/apartment/condominium, while 29 percent rented a room, 18 percent owned their housing, and 6 percent lived with friends long-term. More than one-third, 35 percent, of respondents lived with a partner, 25 percent lived with parents, grandparents, or other family members, 19 percent lived alone, 16 percent lived with friends, and 11 percent lived with children.

Issues Identified by Consumers

A number of common issues emerged from the combined results from the housing survey and focus groups, which are presented in the following pages.

Housing Preferences and Priorities

Focus group participants and housing survey respondents identified a number of preferences and priorities related to housing. In each focus group, a portion of the meeting was spent discussing the housing characteristics preferred by participants and the types of programs they felt were essential. The survey respondents also had an opportunity to answer questions about their housing preferences, such as whether they preferred to live alone or with other people.

Preferences and priorities included:

- Among survey respondents, 63 percent preferred to stay where they were currently living. If they had to move, **respondents preferred to live alone** (25 percent), live in a mixed-population apartment building (15 percent), share a place with other people but pay less in rent (13 percent), or move in with family or friends (11 percent). Only 9 percent indicated they wanted to live in shared housing with other people living with HIV/AIDS or in an apartment building for people living with HIV/AIDS.
- Among focus group participants, **the overwhelming preference was for housing assistance** that enabled them to afford to live independently in decent housing in the community where they currently lived or where their support systems (family, friends, doctors, case managers) were located.
- While focus group participants did not prefer HIV/AIDS-specific housing facilities, they did prioritize housing that allowed people living with HIV/AIDS and/or gay/lesbian/bisexual/transgender people to **live without fear of harassment** from neighbors and landlords. In addition, participants desired privacy regarding their HIV status and increased opportunities to receive support from other people living with HIV/AIDS.

- **Housing quality** was also very important to focus group participants. Many told of the poor state of their current housing or problems with crime in their neighborhoods. Conditions included overcrowding and poor maintenance of units by landlords. Forty percent of survey respondents had some housing quality problems (such as water leaks or bugs/rats) while nearly 25 percent had problems with their neighborhood (such as noise, drug activity, or violence).
- **Increased housing-related support services** were advocated for by focus group participants and supported by data from the housing survey. Focus group participants indicated that a liaison, such as a housing coordinator, would be helpful to build relationships with landlords that have decent units and are accepting of people living with HIV/AIDS. Other participants indicated that increased case management of people with substance use issues is necessary in order to secure housing stability. Survey respondents also indicated a need for housing services, including "a person to help you with your housing if your situation changes," lists of affordable apartments, and help filling out housing applications.

Housing Costs

The **high cost of housing in Ventura County** was noted by focus group participants and documented by survey respondents. Survey respondents earned a **median monthly income of only $810 per month**, which is only slightly above the Supplemental Security Income (SSI) level for a single disabled person in California ($790 per month). Approximately one-third of survey respondents were paid for work, while 44 percent received Social Security Disability Insurance (SSDI) and 26 percent received SSI. The median income for SSI recipients was $823 per month and for SSDI recipients it was $958 per month.

Housing costs (including rent and utilities) accounted for a median of $500 per month per respondent. For all survey respondents, the median amount of monthly income spent on housing costs per month was 49 percent, leaving little money for other expenses, such as food, transportation, and medical care. Nearly one-fourth of respondents were currently behind on paying a utility bill, and 9 percent were behind on their rent payments. Only 35 percent of survey respondents could afford to pay $50 more per month in housing costs without moving or making other changes in their life. In addition, 38 percent of respondents needed assistance with first or last month's rent or deposits.

A result of the high housing costs for some was **the necessity of renting only a room**, as opposed to a housing unit. Among survey respondents, 29 percent rented a room and one respondent rented a garage. Focus group participants indicated that move-in housing costs, such as security deposits, prohibited them from renting an apartment on their own. Many of the focus group participants rented rooms in houses where they had only limited use of the rest of the house. Overcrowding was also an issue for some people, including 14 percent of survey respondents who had more than two people per bedroom in their housing units.

Barriers to Housing Access and Stability

For many people living with HIV/AIDS, lack of money is not the only reason they were unable to access housing and remain stably housed. Focus group participants and survey respondents indicated that poor credit histories, criminal histories, prior evictions, lack of documentation, source of income, children, transportation, and discrimination had all factored into their problems accessing and maintaining housing.

Landlords, including housing authorities, commonly conduct **background checks into the rental, criminal, and credit histories of applicants**. Focus group participants indicated that applicants had to pay for the reports and were often denied housing based on their results. Often, poor health, lack of job skills, and lack of job opportunities were the reasons for credit and rental history problems. Thirty-one percent of respondents had been in jail or prison for longer than a day. Of the 25 people who had been incarcerated, 17 had not had help finding housing upon release. In addition, 17 of the 25 respondents had moved in with friends or family upon release, indicating that they may have had difficulty securing a place to live on their own.

Landlords and housing authorities often screen out people who do not have documentation. Sixteen percent of respondents did not have documentation, and 11 percent were resident aliens. Landlords ask for Social Security numbers when they run background checks and require work pay stubs, which many undocumented people do not have because they are paid in cash. Housing authorities operate programs which are funded by the federal government, which limits access to programs by people without documentation. However, these programs are allowed to admit undocumented persons who live with immediate family members, such as children, who have documentation. However, this often results in the family paying higher rent costs, and allowances for undocumented family members are not taken into consideration in rent calculations.

Focus group participants and survey respondents indicated that **landlords had discriminated against them based on HIV status and sexual orientation**. Ten percent of respondents indicated HIV/AIDS was the reason they had been discriminated against or had problems when searching for housing, and 8 percent indicated sexual orientation was the reason. Focus group participants stated that people in the community are not very accepting of homosexuality or HIV/AIDS. As a result, many people keep their status private from landlords, neighbors and even from family, friends, and roommates.

Other barriers to accessing housing, including discrimination, were identified by people living with HIV/AIDS. Two survey respondents and one focus group participant indicated that their race/ethnicity was a factor in being denied housing. Sources of income, including SSI, SSDI, and housing assistance programs such as Section 8, were also factors which inhibited the ability of people living with HIV/AIDS to get housing, including 13 percent of survey respondents. Transportation and having children were also obstacles to housing for some people living with HIV/AIDS.

Most survey respondents (79 percent) had issues that made their day-to-day life difficult and in turn threatened their **housing stability**. Nearly 60 percent indicated HIV/AIDS, while 34 percent indicated physical problems, 23 percent memory loss, 16 percent mental illness, and 15 percent visual impairment.

Fifteen percent of respondents had been homeless at least once in the past three years, including 9 percent who stayed with family or friends because they did not have a house, 6 percent who stayed in an emergency hotel/motel, 5 percent who stayed outside, and 4 percent who stayed in a shelter. Many focus group participants had been homeless, and cited many reasons for becoming homeless, including an inability to pay rent, problems with friends or roommates, HIV status, lost employment, and substance use.

Findings from Key Stakeholder Meetings

A total of 48 community stakeholders participated in the needs assessment through group meetings and individual interviews. Comments and input are organized into the following categories:

- Housing costs in Ventura County
- Barriers to securing and maintaining housing
- Inconsistent collaboration between HIV/AIDS and other services systems
- Housing development opportunities and obstacles

Overview of Key Stakeholder Meetings

Key stakeholders representing HIV/AIDS care and services, affordable housing, homeless services, behavioral health, and other community agencies and local government were interviewed about the challenges and opportunities experienced in meeting the housing and related service needs of low-income residents of Ventura County, including people living with HIV/AIDS. Interviews were conducted by AIDS Housing of Washington staff in person and by phone from September 2004 through January 2005.

A total of **48 key stakeholders** participated in the needs assessment process through key stakeholder interviews. A list of these individuals and their agency affiliations can be found at the beginning of the plan.

Issues Identified by Key Stakeholders

Key stakeholders provided input on a range of issues that impact housing affordability and stability for low-income persons in the county, including those living with HIV/AIDS. Their comments are organized by themes.

Housing Costs in Ventura County

The high cost of living in Ventura was the overarching issue identified during key stakeholder interviews. **Median housing prices increased more than $120,000 in 2004**, continuing an upward trend and impacting renters as well as potential homebuyers.[84] Rents are cheapest in Fillmore and Ojai, but were still approximately $900 per month for a two-bedroom apartment. In Ventura and Oxnard, the most populated cities, rents were approximately $1,300 per month. In the eastern part of the county, rents were even higher.[85]

Few housing units in the county are affordable, leading to a competitive housing market among renters who earn low incomes. Landlords have been able to charge not only higher rents but other financial requirements as well when selecting tenants. Most landlords are requiring security deposits

[84] Ventura County Star, "County Home Prices Soar 25%," January 26, 2005, p. A-1.
[85] Ventura County Star, "Living Here," November 7, 2004, p. 81.

for utilities, first and last months' rent, and proof that the prospective renter's income is sufficient. **For people earning low incomes, it is extremely difficult to save enough money** for all of these expenses. Housing costs consume a large portion of income, as shown by the housing survey, which indicated that respondents living with HIV/AIDS earned a median of only $810 per month with median housing costs (rent/mortgage and utilities) of $500 per month. This also impacts people looking for housing with a housing voucher, such as Section 8. Participants in that program receive a voucher that will pay the majority of a person's rent, yet participants must pay for upfront costs such as application fees and security deposits, which some people living with HIV/AIDS have been unable to pay.

Key stakeholders noted that housing costs had been increasing for years, and agencies had developed affordable housing in the county to address the issue. Five housing authorities were also providing housing for people earning low incomes and people with special needs in the county. However, as is the norm throughout the United States and particularly in Southern California, people who were able to get their name on the waiting list for affordable housing must wait for years before getting assistance. In many cases, even if a person were eligible for housing assistance they **were not able to get a Section 8 voucher for three to five years**.

Barriers to Securing and Maintaining Housing

While the high cost of housing is the primary obstacle to housing stability for many people living with HIV/AIDS, additional obstacles exist, according to key stakeholders.

A primary obstacle to securing housing is credit history. When applying for housing, applicants must pay a fee for a credit check that is not reimbursed if they do not pass the credit check and secure the unit. Often, multiple credit checks, and multiple fees, are made prior to successfully securing housing. **For many people living with HIV/AIDS, their health had currently or had in the past caused them to stop working**, which in some cases resulted in high credit card bills. Some key stakeholders said that if landlords are familiar with an agency that refers or case manages a prospective tenant, they are more likely to bypass credit checks or to consider people with inconsistent credit reports.

Many key stakeholders stated that **people living with criminal histories and people who were undocumented had the most difficulty securing housing**. Because landlords have many prospective applicants to choose from, these populations were often screened out. Private landlords often required Social Security numbers, conducted criminal background checks, and required paycheck stubs from employers. For people who were living in the United States without documentation, and for people with criminal histories, it is extremely difficult to find stable employment. Additionally, many of the jobs available to the undocumented are paid in cash.

Federal housing programs, such as those operated by local housing authorities, also place limitations on housing for undocumented people and ex-offenders. Not all people with criminal histories are excluded, yet one housing authority key stakeholder stated that the screening process is getting tighter due to involvement from the U.S. Marshals Office. For some, if a family of undocumented persons has an immediate family member who is a U.S. citizen, they are able to get housing assistance, such as Section 8, on a prorated basis.

For people searching for housing in Ventura County, key stakeholders noted that it was difficult to get around and search for housing units without a car due to the large size of the county and its relatively limited public transportation system. Because of this, key stakeholders indicated that **housing location is very important**, particularly for people with special needs. Housing is ideally located near medical care, supportive services, public transportation, and commercial centers.

Another obstacle to securing housing is that **case managers do not have the time to assist with housing searches**. Some key informants indicated that people living with HIV/AIDS do not have complete information about available housing programs, when it is possible to apply for programs, and do not have good listings of landlords renting decent units.

When searching for housing and maintaining housing, key stakeholders said that gay people living with HIV/AIDS face additional obstacles. Landlords have reportedly discriminated against this population when searching for housing, and people living with HIV/AIDS take measures to keep their HIV status confidential from landlords and neighbors for this reason.

Key stakeholders noted that affordable housing is often located in neighborhoods with crime, often drug-related. Maintaining housing in such an environment can be difficult for someone with substance use issues. For people with children, and for vulnerable people generally, living in unsafe neighborhoods can be very stressful and impact health stability.

Inconsistent Collaboration Between HIV/AIDS and Other Service Systems

People living with HIV/AIDS who are earning low incomes often have other issues that are equally or more significant, such as mental illness and substance use. In order to serve **people with multiple diagnoses**, HIV/AIDS service agencies in Ventura County collaborate with agencies serving the homeless, mentally ill, substance users and those in recovery, and people leaving incarceration. People with multiple diagnoses are often the hardest to house, requiring intensive case management and strong collaborations between services systems to meet each client's service needs.

In Ventura County, agencies serving people with multiple diagnoses work together at different levels and in many forums. However, key stakeholders felt that **collaboration was inconsistent** and was affected at times by staffing changes, indicating an informal rather than institutional connection between service systems.

For people living with HIV/AIDS with substance use issues and/or mental health issues, key stakeholders felt that **more intensive case management** was needed to ensure their housing stability. It was noted by housing providers that clients with these issues are most successful when they receive ongoing case management even after they have gotten rental assistance or otherwise found stable housing. Key stakeholders noted it was detrimental to the operation of housing subsidy programs if people with mental health and/or substance use issues were placed in housing and were evicted due to their behavior, as landlords would be less willing to continue taking referrals from these agencies.

For people leaving incarceration, key stakeholders stated that the primary issues for ex-offenders as they are released from incarceration are housing and employment, neither of which were easily attainable. Many post-incarcerated individuals are placed in motels, which are expensive and

located in neighborhoods with high rates of crime, which increases the likelihood of substance use and further legal problems. Clean and sober transitional housing options are limited, particularly immediately upon release from prison.

Key stakeholders noted that there is **a need to continue to build relationships among service systems**, and to add to the housing resources available to people with mental health, substance use, and criminal history issues. Particularly needed housing resources included transitional housing options, emergency housing for women and children, permanent housing for people leaving incarceration, and additional Shelter Plus Care vouchers.

Housing Development Opportunities and Obstacles

Key stakeholders agreed that more affordable housing was needed for all people in Ventura County, including people living with HIV/AIDS. While obstacles exist, many key informants noted that **opportunities to increase housing options** for people living with HIV/AIDS also exist.

While housing costs are high in Ventura County, there are many people and organizations actively working to increase the affordable housing stock. Many affordable housing agencies operate in the county, including housing authorities; local affordable housing development agencies, such as Many Mansions, Cabrillo Economic Development Corporation, and Partners in Housing; and national affordable housing development agencies, such as Mercy Housing and Habitat for Humanity.

Affordable housing projects are both in development and in the pipeline in Ventura County. Funding opportunities, including statewide Proposition 46, have provided key stakeholders with optimism for new affordable housing projects. In addition, the State of California Office of AIDS has been setting aside funds from its HOPWA formula allocations on an annual basis, and these funds will be made available in 2005 on a competitive basis. The Office of AIDS seeks to fund permanent housing with proven affordable housing developers in partnership with HIV/AIDS services agencies.

Key stakeholders noted that **housing advocacy from the HIV/AIDS community** had not been present until recently and that Ventura County Public Health needed to continue its efforts to increase support for housing for people living with HIV/AIDS. Most key stakeholders felt optimistic that the availability of HOPWA funding for the development of permanent housing units, combined with a strong commitment from case management agencies funded by Ventura County Public Health to provide services, could result in increased HIV/AIDS-dedicated housing.

Key stakeholders noted that people living with HIV/AIDS had housing needs including emergency, transitional, permanent (both independent and supportive), and higher-end care, such as Residential Care Facilities for the Chronically Ill (RCF-CI). However, key stakeholders prioritized permanent housing for the majority of people living with HIV/AIDS. It was noted that emergency resources were available from Ventura County Public Health and Ventura County Rainbow Alliance, and that higher-end care is available in Santa Barbara County through Sarah House. However, the location of Sarah House was not convenient for families to visit. In addition, Sarah House primarily serves people from Ventura County, rather than Santa Barbara County, which has been a source of frustration for Sarah House and its board of directors.

Key stakeholders preferred the development of permanent scattered-site units or set-asides for people living with HIV/AIDS in a larger development. Key stakeholders noted that many people living with HIV/AIDS also prefer integrated housing due to stigmatization issues. Housing development key stakeholders noted that ideally set-asides would be secured prior to the housing development design stage, so that the units can be appropriate for the population, in a good location, and the right size.

Additionally, some key stakeholders said that **community opposition could be a barrier to housing development due to the stigma** of affordable housing and housing for people living with HIV/AIDS. They stated that it would be easier to get political support for housing for people living with HIV/AIDS if it is shown that they are living in families, and to show that non-infected family members are also affected.

Plan Recommendations

The Steering Committee convened on January 27, 2005 to review the findings from the Ventura County HIV/AIDS housing needs assessment and participate in the development of plan recommendations. Comments and input are organized into the following categories:

- Coordination among service providers
- Increasing housing opportunities for people living with HIV/AIDS
- Public education about fair housing and HIV/AIDS

The Steering Committee for the *Ventura County HIV/AIDS Housing Plan* met on January 27, 2005 to review the findings from the needs assessment and to develop recommendations to address the issues identified by people living with HIV/AIDS and by key stakeholders. This meeting was the culmination of a six-month community-based planning process which focused on identifying and problem-solving the housing needs of people living with HIV/AIDS in Ventura County.

The issues identified in the preceding two sections—"Findings from People Living with HIV/AIDS: Housing Survey and Focus Groups" and "Findings from Key Stakeholder Meetings"—served as the foundation for the development of recommendations. The recommendations listed in this section are the result of brainstorming, strategizing, and consensus-building at the January 2005 Steering Committee meeting.

The recommendations developed by the committee will assist AIDS housing stakeholders and funders to meet the increasing need for housing assistance identified by this HIV/AIDS housing plan update. Ventura County Public Health Education has dedicated staff to work with AIDS housing stakeholders to implement these plan recommendations.

Steering Committee members determined that the recommendations should be grouped into the following categories:

- Coordination among housing and service providers
- Increasing housing opportunities for people living with HIV/AIDS
- Public education about fair housing and HIV/AIDS

Coordination Among Service Providers

Key stakeholders and people living with HIV/AIDS indicated that the provision of services to people living with HIV/AIDS in Ventura County was strong. Meanwhile, a consistent theme emerged related to a lack of consistent coordination between HIV/AIDS service providers and providers of affordable housing, homeless services, mental health services, and substance use programs. As a result, HIV/AIDS case managers and people living with HIV/AIDS do not always have current information about existing resources.

Steering Committee members indicated there were many opportunities for improved coordination among service providers, and had the following recommendations:

- Develop a joint training curriculum for HIV/AIDS case managers from Ventura County Public Health and Ventura County Rainbow Alliance; involve people living with HIV/AIDS in the development of the curriculum, which should include an overview of the HOPWA program and other housing resources.
- Ensure that HIV case managers take part in "interdisciplinary case conferencing" with case managers from other service systems in Oxnard, Simi Valley, Ventura, and other cities where such meetings occur.
- Ensure that HIV/AIDS agency staff take part in "services networking" meetings in Oxnard, Ventura, and other cities where such meetings occur.
- Maintain the confidentiality of each person living with HIV/AIDS during services and housing case conferencing, services networking, and referral processes.

Increasing Housing Opportunities for People Living with HIV/AIDS

Steering Committee members recognized that the overarching need identified by this process was for more housing opportunities for people living with HIV/AIDS, and developed recommendations to increase rental assistance options and to develop units set aside for people living with HIV/AIDS.

People living with HIV/AIDS indicated a preference to live independently and integrated into the community. **Tenant-based rental assistance** allows for people living with HIV/AIDS to choose their neighborhoods and landlords, and allow them to move if necessary. High housing costs, coupled with limited access to existing rental assistance programs such as Section 8 and Shelter Plus Care, have resulted in housing instability or homelessness for many people living with HIV/AIDS. The limited amount of HOPWA funding received by Ventura County is used for emergency financial assistance, yet there is a great need by many people living with HIV/AIDS for ongoing, monthly rental assistance. In addition, many people living with HIV/AIDS experience other barriers to housing, such as criminal history, lack of documentation, and/or credit history.

Steering Committee members identified the following strategic recommendations to increasing rental assistance opportunities for people living with HIV/AIDS:

- Advocate to housing authorities in the county to set aside Section 8 vouchers for people living with HIV/AIDS (as is currently done by the City of Ventura Housing Authority), add people living with HIV/AIDS as a local preference, and/or allocate project-based rental assistance subsidies to people living with HIV/AIDS in future housing development projects.
- Advocate to the Ventura County CEO Office to utilize HOME funds for a tenant-based rental assistance program for people living with HIV/AIDS.

The **development of housing units** dedicated to people living with HIV/AIDS was prioritized by people living with HIV/AIDS, key stakeholders, and the Steering Committee. People living with HIV/AIDS and key stakeholders noted many barriers to accessing housing from landlords on the private market, such as move-in costs; application fees; credit histories; discrimination due to HIV status, race/ethnicity, source of income or subsidy, or sexual orientation; lack of documentation; and criminal histories. Therefore, some people living with HIV/AIDS are not be able to find a unit at which to use their rental assistance voucher. Key stakeholders and consumers advocated for housing programs operated by local affordable housing developers, with services provided by HIV/AIDS case managers or other service provider staff. Due to a preference for housing that is integrated in

the community, key stakeholders suggested setting aside units for people living with HIV/AIDS in mixed-population housing developments.

Steering Committee members identified the following housing development recommendations:

- Approach the boards of directors and senior staff of local Community Housing Development Organizations (CHDOs) to advocate for HIV/AIDS housing needs, using the findings of this plan.
- Apply for State of California HOPWA funds for pre-development expenses associated with a project that will result in dedicated housing units in a mixed-population housing development. The project should include a CHDO as the housing developer and an HIV/AIDS services agency as the services provider, and should utilize project-based rental assistance subsidies such as Section 8, HOME, Shelter Plus Care, or HOPWA funding from the State of California.
- Apply for Section 811 funding and State of California HOPWA funding to develop housing units for people living with HIV/AIDS, utilizing HOPWA funding for pre-development costs.
- Advocate in coordination with existing housing advocacy groups for inclusionary zoning (such as the program in place in Oxnard) in each jurisdiction of the county as a means to increase housing for people with low incomes and/or special needs.
- Approach faith-based organizations about the development of land owned by churches.

Key stakeholders indicated that the needs of people living with HIV/AIDS were not sufficiently advocated for in local housing planning processes, such as the Consolidated Plan, Continuum of Care, city housing planning groups, and housing authority administrative plans. Therefore, the Steering Committee identified the following recommendations to better link the findings from this needs assessment with other local housing planning processes, with the expected result of increased awareness of HIV/AIDS housing issues:

- Advocate to local jurisdictions to include HIV/AIDS housing plan findings in local "housing elements" section of their community plans, including the Consolidated Plan. Ensure that the need for HOPWA funding for pre-development expenses is noted.
- Advocate to housing authorities for the inclusion of the findings of this HIV/AIDS housing needs assessment in their administrative plans.
- Ensure HIV/AIDS agency staff and/or consumer participation in the Health Care for the Homeless Advisory Council and the Ventura County Homeless and Housing Coalition.

Public Education about Fair Housing and HIV/AIDS

People living with HIV/AIDS reported that they had faced discrimination by landlords based on HIV status, sexual orientation, and race/ethnicity. The Steering Committee determined that increased awareness about HIV/AIDS housing issues and the disease itself was needed in the community, and developed the following recommendations:

- Approach local Fair Housing programs to ensure that issues of discrimination against people living with HIV/AIDS and education about the disease are part of local Fair Housing trainings.
- Distribute the results of this HIV/AIDS housing plan widely through press releases and distribution to relevant departments of each jurisdiction in the county, housing providers, service providers, and others.

Ventura County HIV/AIDS Housing Plan

Appendices

March 2005

Table of Contents: Appendices

Appendix 1: Steering Committee Meeting Notes

A list of attendees and meeting notes are included in the appendix for each of the Steering Committee meetings that occurred during the needs assessment process.

September 2, 2004

Attendees:

Shawna Atchison	*Behavioral Health*
Yissel Barajas	*Cabrillo Economic Development Corporation*
Anthony Braga	*Community Member*
Louise Davis	*Ventura County Public Health/Health Care for the Homeless*
Anthony Flores	*Community Member*
Sal Gonzalez	*City of Oxnard Housing Authority*
Terri Hernandez	*City of Ventura Housing Authority*
Carlos Jimenez	*City of Oxnard Housing Authority*
Pam Miller	*San Luis Obispo County Public Health, Transitional Case Management Program*
Rick Pearson	*Project Understanding*
Martin Perrier	*Ventura County Rainbow Alliance/AIDS Project Ventura County*
Terry Polk	*Community Member*
Chris Poynter	*Lutheran Social Services*
Lorane B. Ramirez	*Planned Parenthood*
Karol Schulkin	*Ventura County Human Services Agency, Homeless Services Program*
Marggie Valentine	*California Forensic Medical Group–Inmate Services*
Valerie Wendling	*Ventura County Public Health*
Mike White	*Community Member*

Ventura County Public Health Education Services: Susan Attaway and Craig Webb

AIDS Housing of Washington: Mark Putnam

Welcome and Introductions

Susan Attaway welcomed participants to the meeting and thanked everyone for their commitment to the needs assessment process. Each participant introduced themselves, and Mark Putnam reviewed the agenda with participants.

State of AIDS Housing

Mark presented data on housing, homelessness, HIV/AIDS, and poverty to the committee. The handout is attached.

Components of Community-Based Planning

Mark spoke to the committee about each aspect of the needs assessment process. He noted that the Steering Committee will serve as the guiding force for the process, and emphasized the need for commitment throughout the entire process from anyone interested in being a part of the Steering Committee.

Mark asked the committee to work together to coordinate the focus groups. Mark noted that they would hold three focus groups, and asked the committee for suggestions for targeted groups. The group determined that the following three focus groups should be coordinated:

- Hispanics, including some monolingual Spanish speakers. Churches, Catholic Charities, Rainbow Alliance, and others should be involved in recruiting. It was also suggested that the focus group be advertised in the press and that the focus group be held in Oxnard. It was also suggested that this group not be held at any governmental agency.
- African Americans/Blacks. Work with Tri-County Century, NAACP, Rainbow Alliance, and City Impact in recruiting.
- Men who have sex with men (MSM). Work with Rainbow Alliance and Ventura County Public Health to recruit.

Committee members also indicated that they felt the locations of the focus groups should be scattered, one group should be held in the eastern part of the county (at Simi Valley Public Health), people who are homeless should be particularly recruited, and that transportation should be coordinated. The committee agreed that $30 grocery vouchers were good stipends for focus group participants.

Committee members noted that other focus groups, for Health Care for the Homeless, are being held.

Survey Development

Mark introduced the survey tool, and noted that a small workgroup had revised a core survey tool that AIDS Housing of Washington has used for other needs assessments.

The Steering Committee spent much of the rest of the meeting reviewing the survey tool and suggesting changes. Many changes were made, all of which are reflected in the attached survey document. The survey will be available in English and in Spanish beginning in early October. The survey goal is 75, and surveying will be completed by early December.

Next Steps/Timeline

Mark thanked everyone for their participation, and noted that the next meeting date was not yet set but would be held during the week of October 18th.

October 21, 2004

Attendees:

Shawna Atchison	*Ventura County Behavioral Health*
Lorane Bailon	*Planned Parenthood*
Anthony Braga	*Community Member*
Anthony Flores	*Community Member*
Teri Hernandez	*City of Ventura Housing Authority*
Carlos Jimenez	*City of Oxnard Housing Authority*
Rick Pearson	*Project Understanding*
Terry Polk	*Community Member*
Debra Roets	*Many Mansions*
Karol Schulkin	*Ventura County Human Services Agency*
Marggie Valentine	*California Forensic Medical Group – Inmate Services*
Valerie Wendling	*Ventura County Public Health*
Michael White	*Community Member*

Ventura County Public Health Education Services: Craig Webb

AIDS Housing of Washington: Mark Putnam

Welcome and Agency Announcements

Craig Webb and Mark Putnam welcomed the attendees to the second meeting of the HIV/AIDS Housing Steering Committee. Each participant introduced themselves, and Mark gave a brief overview of the process.

Mark then reviewed the agenda with participants and briefly reviewed minutes from the previous meeting.

Update on Needs Assessment Activities

Survey

Mark noted that the survey will be circulated until December. The goal is to receive 75 completed surveys, which have been offered in both English and Spanish. Craig is coordinating and Rainbow Alliance and Ventura County Public Health will distribute the surveys. A few additional surveys have also been distributed to other agencies.

Focus Groups

Two focus groups have been held, including the gay/bisexual men focus group, which was held the previous night at Rainbow and included seven people. The other focus group was held at Ventura County Public Health and seven Hispanics/Latinos living with HIV/AIDS attended.

The gay/bisexual men focus group raised the following issues:

- Stigma and discrimination based on race, sexual orientation
- Health instability leads to housing problems
- Primary needs are for rental assistance and quality units

The Hispanic focus group raised many issues, including:

- Language and non-documented status are barriers
- Housing quality
- Some people rent rooms and garages for $400 to $500
- Primary needs are for rental assistance and quality units
- Discrimination
- Unstable incomes, which led to prostitution for one participant

The Steering Committee also determined that two more focus groups should be held. One focus group should include the recently or currently homeless, and the other should be held in East County and target residents there.

Key Stakeholders Meetings

Mark has met with about twenty key stakeholders and will continue to hold meetings over the next two months. Meetings held during this trip include:

- Behavioral health meeting of discharge planners
- Oxnard Housing and service agencies, including the Salvation Army, El Concilio, and Oxnard Housing Department
- Homeless issues with Karol Schulkin
- Housing issues with East County and Many Mansions

Background Data

Mark encouraged the Steering Committee to submit comments on the draft covering background data on the context of AIDS housing, both verbally or in writing, by email or by hand. The committee reviewed each section.

Committee members inquired about the demand for STRMU and stated that, if it is available, data on unmet needs and unfulfilled requests for STRMU would be helpful. HOPWA, which must be used as the funder of last resort, is perceived as a great resource for clients, but committee members are not sure if non-HIV case managers know about it. The group also discussed Sara House, which is a great resource in Santa Barbara and uses Shelter Plus Care vouchers. Ventura County Behavioral Health also noted that their project funded by the Supportive Housing Program is available to people living with AIDS.

Steering Committee members suggested that it would be useful for the background chapter to include discussion of the difficulties that people with green cards face in finding housing. Landlords are strictly verifying income and deposits are huge.

Housing Solutions

The Steering Committee discussed both HIV-dedicated and non-HIV-dedicated programs and divided them into emergency, transitional, permanent, and specialized care categories. The following table shows the resources in Ventura County.

HIV/AIDS-Dedicated Resources in Ventura County

HIV/AIDS-Dedicated Housing Reources		Mainstream Housing Resources
• HOPWA motel vouchers • HOPWA short-term asst. • VCAP (Ventura County AIDS Partnership) • TSP (Tobacco Settlement Program)	**Emergency**	• ESG (Emergency Shelter Grant) - to community-based organizations - motel/hotel vouchers, rental dollars • Shelters (Turning Point Foundation - 10 beds, mentally ill; Rescue Mission - 60 beds, men; Lighthouse: 24 beds - women) • EFSP (Emergency Federal Shelter Program - old FEMA money • CDBG (Community Development Building Grant) • United Way/Salvation Army
• None	**Transitional** (most are designed for people who are working)	• RAIN Program -14 family units, 6 single beds, 6 respite beds in two rooms • Salvation Army (Oxnard - Sally's Place - 8 units, scattered site; Ventura - TLC - 10 family units, 9 single women dormitory) • Khepra House - 20 beds • Casa Latina - 20 beds • Miracle House - 16 beds • Prototypes - 50 beds, women Anaka (Simi Valley) • Rainbow House - 25 beds • Hillmont House - soon to open • Project Understanding - 5 units • Many Mansions - 10 family units • Operation Work - 36 beds (18 units), single men • Sober Living - 3 group homes • Lighthouse Recovery • Turning Point

<table>
<tr>
<td>• Ventura City - 16 Section 8 vouchers set aside for PLWHA (managed by VCPH Nursing)</td>
<td>Permanent Independent and Permanent Supportive</td>
<td>Permanent - Independent
• Area Housing Authority, County of Ventura (total includes families, elderly and disabled)
<table>
<tr><th></th><th>AHA Owned Hsg</th><th>Section 8</th></tr>
<tr><td>Camarillo</td><td>29</td><td>389</td></tr>
<tr><td>Fillmore</td><td>2</td><td>259</td></tr>
<tr><td>Moorpark</td><td>0</td><td>94</td></tr>
<tr><td>Ojai</td><td>116</td><td>119</td></tr>
<tr><td>Simi Valley</td><td>0</td><td>743</td></tr>
<tr><td>Thousand Oaks</td><td>261</td><td>539</td></tr>
<tr><td>Unincorp VC</td><td>125</td><td>56</td></tr>
<tr><td>Outside area</td><td>0</td><td>216</td></tr>
</table>
• Other Housing Authority Section 8 and Public/Conventional Housing programs
• Many Mansions
• Cabrillo Economic Development
• Shelter Plus Care (12 - Oxnard HA/VCBH; 10 - City of Ventura/VCBH)

Permanent - Supportive
• Casa de Paz - 12 units
• Esseff Village - 20 units
• Warwick – 13, disabled/VCBH
• Stevensons Place - 10 apartments (Turning Point)</td>
</tr>
<tr><td></td><td></td><td></td></tr>
<tr>
<td>• Sarah House (9 beds, located in Santa Barbara, RCFCI)
• LA County - RCFCI</td>
<td>Specialized</td>
<td>• Nursing homes</td>
</tr>
</table>

Next Steps

The meeting adjourned at 11 a.m. Mark noted that he would contact Steering Committee members soon to announce the next meeting date, which would be in December.

December 16, 2004

Attendees:

Shawna Atchison	*Ventura County Behavioral Health*
Anthony Braga	*Community Member*
Sal Gonzalez	*City of Oxnard Housing Authority*
Teri Hernandez	*City of Ventura Housing Authority*
Pam Miller	*San Luis Obispo County Public Health, Transitional Case Management Program*
Rick Pearson	*Project Understanding*
Martin Perrier	*Ventura County Rainbow Alliance/AIDS Project Ventura County*
Debra Roets	*Many Mansions*
Karol Schulkin	*Ventura County Human Services Agency*
Marggie Valentine	*California Forensic Medical Group – Inmate Services*
Valerie Wendling	*Ventura County Public Health*
Michael White	*Community Member*

Ventura County Public Health Education Services: Craig Webb and Susan Attaway

AIDS Housing of Washington: Mark Putnam

Welcome and Introductions

Craig Webb, Susan Attaway, and Mark Putnam welcomed the attendees to the third meeting of the HIV/AIDS Housing Steering Committee. Each participant introduced themselves, and Mark gave a brief overview of the agenda.

Mark then briefly reviewed minutes from the October meeting.

Update on Needs Assessment Activities

Key Stakeholders Meetings

Mark indicated that he has met the majority of identified key stakeholders. During this visit, he met with Cabrillo Economic Development Corporation, City of Ventura Housing Authority, Doug Green (Consultant), and Ventura County Behavioral Health housing staff. Mark indicated that remaining stakeholders would be contacted by telephone.

It was noted that contact had been made with the County of Ventura Area Housing Authority and Santa Paula Housing Authority but that they had been unable to attend a meeting. It was suggested that Mark follow up with them and provide a national and local perspective on setting aside Section 8 vouchers for people living with HIV/AIDS.

Focus Groups

Mark indicated that two focus groups had been held, including the gay/bisexual men focus group, which was held the previous night at Rainbow and included seven people. The other focus group was held at Ventura County Public Health, and seven Hispanics/Latinos living with HIV/AIDS attended.

Unfortunately, the focus group for homeless individuals was cancelled due to lack of participants. Committee members indicated that Martin Perrier may be able to recruit such participants. Mark noted that he would not be able to conduct the focus group, as he will return in January and needs the data by that time. It was agreed that Mark would discuss the possibility of Martin or Craig Webb conducting a focus group with this population.

Survey

Mark provided some preliminary findings on the housing survey, based on the 74 surveys returned to date. He indicated that a few more surveys had been completed. Committee members suggested some different ways to analyze the data, including cross-tabulations of results by race/ethnicity and gender.

Next Steps

Mark indicated that the next meeting would be the final meeting of the process. He encouraged everyone to attend, and noted that he would be presenting findings from each aspect of the needs assessment. During the course of the meeting, he would also propose strategies for increasing housing stock in the county for people living with HIV/AIDS. The committee would then discuss these strategies and develop others to put forth in the plan.

A question was raised about the next steps after the plan was completed. Susan Attaway responded that the County had received funding for two years from the State to increase their housing development capacity and to implement plan recommendations.

A discussion ensued about the length, location, and content for the meeting. It was decided that the meeting would be scheduled for January 27th, from 9:00 am to 2:30 pm. It would be held in a larger room, preferably in Camarillo at the United Way, and the County offered to provide lunch.

The meeting adjourned at 11 a.m.

January 27, 2004

Attendees:

Anthony Braga	*Community Member*
Dan Hardy	*Cabrillo Economic Development Corporation (CEDC)*
Teri Hernandez	*City of Ventura Housing Authority*
Pam Miller	*San Luis Obispo County Public Health, Transitional Case Management Program*
Neil McGuffin	*Many Mansions*
Rick Pearson	*Project Understanding*
Martin Perrier	*Ventura County Rainbow Alliance/AIDS Project Ventura County*
Debra Roets	*Many Mansions*
Karol Schulkin	*Ventura County Human Services Agency*
Mark Summa	*Ventura County CEO Office*
Valerie Wendling	*Ventura County Public Health*
Michael White	*Community Member*

Ventura County Public Health Education Services: Craig Webb and Susan Attaway

AIDS Housing of Washington: Mark Putnam

Welcome and Introductions

Craig Webb, Susan Attaway, and Mark Putnam welcomed the attendees to the fourth and final meeting of the HIV/AIDS Housing Steering Committee. Each participant introduced themselves, and Mark gave a brief overview of the agenda and objectives for the meeting. Mark noted that by the end of the meeting, the committee will create and agree upon strategies for increasing housing options for people living with HIV/AIDS in Ventura County.

Presentation of Needs Assessment Findings

Key Stakeholders

Mark provided an overview of the meetings with key stakeholders, including a section of the plan, and highlighted the key findings. It was noted by a committee member that it was unclear whether adding units or subsidies was the priority. Mark noted that both were needed, and that the committee would discuss this issue in more depth later in the meeting.

Focus Groups

Mark noted that three focus groups had been held during the course of the needs assessment, including a group meeting on January 14th with homeless or recently homeless people. Martin Perrier coordinated that group, and Craig Webb facilitated. Craig and Martin spoke about the participants' excitement at meeting and how they shared tips on housing programs. Mark reviewed some of the issues that were identified by the participants.

Survey

Mark and the committee reviewed the survey data, including new cross-tabulations that had been requested by committee members at the December meeting. Particular attention was paid to the income and housing costs data. Committee members suggested a different presentation of data for some questions, and notes to explain data for others, including question 15.

Discussion: Critical Issues

Mark asked the committee to review the "Findings from Key Stakeholders" and "Input from People Living with HIV/AIDS" sections, and to consider which issues were most critical for the plan to address. The committee also identified additional critical issues, including:

- Pre-development funds are difficult to secure. Funding sources do not prefer to be the first funders or to fund developers' fees.
- Each jurisdiction, and each funding source, have different rules and regulations to follow, which is a consideration in housing development.
- Agencies need to work together for the common good of simplifying access to services and housing for consumers.
- Increased awareness of funding and programs through other services systems is needed.
- Undocumented people have biggest needs.

Discussion: Recommendations

Committee members agreed that the plan's recommendations should be grouped into the following categories:

- Increasing coordination among housing and service providers
- Increasing rental assistance options for people living with HIV/AIDS
- Development of housing units for people living with HIV/AIDS
- Public education about fair housing and HIV/AIDS

The committee then split into groups to develop recommendations. The following recommendations were proposed:

Coordination

- Ensure confidentiality between agencies in services and housing referral process
- Enact training curriculum for HIV case managers of both agencies and include consumers in development of curriculum and/or training.
- Ensure that HIV case managers take part in "interdisciplinary case conferencing" with case managers from other service systems in cities of Oxnard, Simi Valley, Ventura, and other cities where such meetings are conducted.
- Ensure that HIV/AIDS agency staff take part in "services networking" meetings in cities of Oxnard, Ventura, and other cities where such meetings are conducted.

Rental Assistance

- Advocate to housing authorities in county that are not currently setting aside vouchers for people living with HIV/AIDS to encourage them to match the City of Ventura Housing Authority, or to add them as a preference population. Also, ensure that HIV/AIDS issues are included in housing authorities' administrative plans.
- Advocate to local jurisdictions to include HIV/AIDS housing plan findings in local "housing elements" section of their community plans, including the Consolidated Plan.
- Advocate to County CEO Office to utilize HOME funds for tenant-based rental assistance.
- Advocated for inclusionary zoning in county as a means to increase housing for people with low incomes and/or special needs, as is currently in place in Oxnard.
- Use HOPWA funds for project-based rental assistance if new units can be developed.
- Approach faith-based organizations about the development of land owned by churches.

Housing Development

- Approach boards of Community Housing Development Organizations (CHDOs) to advocate for HIV/AIDS housing needs, using the findings of this plan.
- Apply for HOPWA funding and Section 811 funding to develop housing units for people living with HIV/AIDS, using part of the HOPWA funding for developer fee and pre-development costs.
- Explore use of state HOPWA funds for pre-development costs associated with a project that will include nonprofit developer, housing authority, and HIV/AIDS services agency. Project must include operating subsidies.
- Coordinate advocacy efforts with existing housing advocacy groups.

Public Education

- Ensure that issues of discrimination against people living with HIV and education about HIV/AIDS HIV issues are part of local Fair Housing trainings.
- Distribute plan widely throughout community.
- Increase awareness of plan findings and HIV/AIDS housing issues through press releases and presentations.

Next Steps

The committee discussed next steps for the planning process, including implementation of the plan's recommendations. Susan Attaway noted that Craig Webb is funded to work half-time on this project, and will coordinate future meetings of the committee and activities. The committee agreed to reconvene when the plan was completed to discuss next steps, but asked that Ventura County Public Health set a course for the implementation of the project. It was suggested that the next meeting be held after VCPH laid out a direction for the project.

Mark thanked the participants, and the meeting was adjourned.

Appendix 2: Focus Group Summaries

This section summarizes the focus groups held in Ventura County during the HIV/AIDS housing needs assessment process.

Hispanic/Latino Focus Group

Date/Location: October 20, 2004, Ventura County Public Health, 3147 Loma Vista, Ventura, CA

Participants: Four men and three women, all Hispanic/Latino. Two participants were a married man and woman.

Living Situation: Four participants were renting rooms from family members, including one who was sharing the room with his cousin. The married couple was renting a two-bedroom house with their two children. The other participant was renting a garage with no bathroom or kitchen. Four live in Oxnard, two in Camarillo, and one in Filmore.

Housing Assistance: Four participants have received some rental assistance in the past and three participants have not received rental assistance.

Income: Three participants receive SSI, while two also receive welfare assistance for their children. Another participant receives child support. One participant works full-time, while another works when possible and has to prostitute at other times.

Housing Preferences: Would like to have a place of their own rather than crowding with family members and infringing on their lives. Housing that is affordable is sought. Housing quality is important for people living with HIV/AIDS. Prefer to have a gay-friendly environment.

Housing Barriers: Landlords don't want to rent to people who have children. Landlords won't rent because of sexual orientation. High rents and deposits are prohibitive. Received a Section 8 voucher but couldn't find a place to rent because the rents were too high and landlords wouldn't accept the vouchers. Transportation is poor, only runs every couple of hours. Landlords don't like receiving checks from county for housing assistance because it affects their taxes, and they ask tenants why they are receiving rental assistance. People are not very accepting of HIV, so most keep their HIV status private and keep mostly to themselves. Landlords also deny housing to undocumented people. They ask for Social Security numbers, and even federal housing programs do not admit undocumented people (unless they have family members with documentation). Hard to keep housing due to lack of money and being laid off from work. Getting behind in payments leads to credit problems and not getting into housing due to poor credit. Not enough funding for rental assistance, people need help every month.

Recommendations: Apartments should be built that would allow people to live there and not have problems with landlords due to HIV status, rental assistance, or sexual orientation. Would like more privacy in housing. Would like to stay where currently living but need help paying rent.

Gay/Bisexual Men Focus Group

Date/Location: October 20, 2004, Ventura County Rainbow Alliance, Ventura, CA

Participants: Seven gay men, including four Whites/Caucasians, two Hispanics/Latinos and one African American/Black

Living Situation: All participants are renters. Four live alone, one lives with father, another with daughter, and another with partner. Three participants lived in Ventura, and one each lived in Oxnard, Simi Valley, Thousand Oaks, and Santa Paula.

Housing Assistance: Three participants get Section 8 and one lives in public/conventional housing. Another lives in a Many Mansions unit, and two others are renting and on the waiting lists for housing assistance.

Income: Six of the participants were receiving Social Security Disability Insurance (SSDI) and the other was working as a caretaker for a family member. Each participant had health issues over the past couple of years that landed them in the hospital, but have recovered and are doing well now.

Housing Preferences: Prefer to have a voucher and live wherever, as opposed to the rules and restrictions placed in subsidized housing facilities. Would like to be able to make a place their own, which is hard as a renter. Would like to have pets. A house instead of apartment increases privacy. Prefers landlords who respect privacy and do not ask about the reason you get Section 8 or SSDI. Good to have a case manager who helps with relations with landlords, as the Public Health nurses do.

Housing Barriers: Fewer landlords are taking Section 8. Discrimination based on race and sexual orientation are common. One man said he felt that he was steered toward living in Oxnard by white property managers in Ventura due to his race/ethnicity. Homophobia is common in the east part of the county. Could be easier to get into housing programs such as Many Mansions or public/conventional housing due to more discrimination from private market landlords. Harder for single men to get housing assistance than others.

Recommendations: Would like more long-term rental assistance vouchers for people living with HIV/AIDS. Prefer housing that is integrated into the community in good neighborhoods with tolerant neighbors and landlords. Would like for a housing coordinator position to work with landlords to make it easier to get into housing. Case managers need to supervise more, as substance use issues are leading to evictions; some people need restrictions and more support.

Homelessness Focus Group

Date/Location: January 15, 2005, Ventura County Rainbow Alliance, Ventura, CA

Participants: Seven participants who had been homeless at least once in the past, including 5 men and 2 women, including 3 who identified as gay, 2 as heterosexual, and 2 as bisexual. Six Whites/Caucasians and one Hispanic/Latino attended.

Living Situation: All are renters, including one person who had been living in a room and board facility with 14 others for the past couple of months. Another participant had lived in a small hotel room for the past 3 years. One participant had been evicted, effective 6 weeks later, due to landlord discovering HIV status. Two participants were living together with two other roommates, and others were living alone. Four participants lived in Ventura, 2 in Oxnard, and one in Camarillo.

Housing Assistance: All participants had received some rental assistance since becoming HIV-positive, and one participant had a Section 8 voucher for the past 5 years.

Income: Three participants were receiving both SSDI and SSI, while two were receiving SSI, and one was receiving SSDI. One participant had no income.

Homelessness: Three acknowledged being homeless at least once during a time of being released from jail/prison (all for substance use-related crimes). Another participant was homeless from age 15 to 29, and had substance use and mental health issues. One participant had been homeless with her child three times in the last 12 years, ranging from a couple of months to 3 years without a home. Participants cited many reasons for becoming homeless, including an inability to pay rent, problems with friends or roommates, HIV status, lost employment, and substance use.

Housing Preferences: Participants stated that much of the affordable housing that is available is of poor quality, many landlords are not accepting of gays and people with HIV, and that public transportation is limited. Prefer housing that is centrally located in neighborhoods that are safe and quiet with accepting landlords who allow pets. Prefer to receive rental assistance and help with other housing costs, such as utilities and deposits.

Housing Barriers: When looking for housing, participants indicated they had faced many obstacles which were primarily financial. Credit references and reports were a major issue, including the fees needed to pay for the reports when applying for an apartment. Others stated that security deposits were a major barrier. In addition, participants indicated that their criminal history had been a barrier when looking for housing. Finding apartments or houses that will be appropriate for and are accepting of children and/or pets is also difficult. Participants also felt they had been discriminated against based on HIV status and sexual orientation, and stated that the less information you provide a landlord, the better. Hard to get housing without a job, and a job without housing.

Recommendations: Long-term rental assistance and assistance with other housing-related costs, such as utility bills and deposits. Also prefer to have treatment options for people with substance use problems, including detoxification facilities and recovery homes. Housing for women and couples is also needed. Need more information about housing and homelessness services, such as in a directory. Clients need to be taught living skills so as to increase their accountability. Transportation costs, such as auto repairs and bus vouchers, are also needed.

Appendix 3: Survey Results

The following pages present data from every question in the survey in the form in which the question was asked. Cross-tabulated data (combining responses to two or more questions) and written-in responses are interspersed with the survey questions. Additional comments made by respondents appear at the end. A total of 80 surveys were completed.

Section 1: Personal Information

1. Do you have HIV or AIDS?

78	**98%**	**Yes** ➔ If yes, which of these are true about your HIV infection? *Please check only one response.*
22	28%	I am HIV-positive with symptoms.
16	20%	I am HIV-positive with no symptoms.
40	50%	I have been diagnosed with AIDS.
0	**0%**	**No,** I do not have HIV or AIDS. I am HIV-negative. ➔ **Please stop here!**
0	**0%**	**I don't know**, I haven't been tested. ➔ **Please stop here!** For testing, please call (805) 652-6583.
2	3%	No response

2. In what year were you diagnosed with HIV? _____ AIDS? _____

Year diagnosed with HIV:

1	1%	1980-1984
11	14%	1985-1989
16	20%	1990-1994
27	34%	1995-1999
11	14%	2000-2004

Year diagnosed with AIDS:

0	0%	1980-1984
3	4%	1985-1989
10	13%	1990-1994
16	21%	1995-1999
9	11%	2000-2004

3. Which best describes you? *Please check only one response.*

17	21%	I am female.
63	79%	I am male.
0	0%	I am transgender (Male to Female).
0	0%	I am transgender (Female to Male).

4. In what year were you born? _____

Age category:

1	1%	10-19
6	8%	20-29
18	23%	30-39
39	49%	40-49
16	20%	50 and older

The median age of Hispanic respondents was 40 years. Median age of Whites was 44 and for African Americans it was 47 years.

5. Which best describes your ethnicity? *Please check only one response.*

43	54%	**Not** Spanish/Hispanic/Latino
36	45%	Spanish/Hispanic/Latino

6. Which best describes your race? *Please check all that apply.*

49	61%	White/Caucasian
6	8%	African American/Black
1	1%	American Indian/Alaskan Native
1	1%	Asian/Pacific Islander
10	12%	Other:

White	1	1%
Greek	1	1%
Hispanic	4	5%
Hispanic/ Mexico	1	1%
Latino	1	1%
Mexican	1	1%
Mexican American	1	1%
Peruvian	1	1%

35% of respondents were White/Male
34% of respondents were Hispanic/Male
11% of respondents were Hispanic/Female
9% of respondents were White/Female
6% of respondents were African American/Male
1% of respondents were African American/Female

7. Do any of these make your day-to-day life difficult?

63	**79%**	**Yes** ➔ *Please check all that apply.*
47	59%	My HIV/AIDS
27	34%	My physical problems
4	5%	My developmental problems
12	15%	My sight
6	8%	My hearing
13	16%	My mental illness
2	3%	My alcohol use
3	4%	My drug use
3	4%	Domestic violence
18	23%	Memory loss
18	23%	Other health problems
11	14%	Something else
12	**15%**	**No**

The following additional difficulties were named by one respondent each:

- Asthma
- Avascular necrosis of hips, neuropathy
- Cancer
- Chemotherapy
- Chronic pain, fatigue, sleep disorder
- Dependency on wheelchair
- Financial problems
- Life stress
- Stress

53 percent of respondents indicated more than two difficulties, 34 percent indicated more than 3 difficulties, and 18 percent indicated more than 4 difficulties.

8. Have you ever been in jail or prison for longer than 24 hours?

25	**31%**	**Yes ➔** If you have been in jail or prison, when did you get out?
3	12%	I got out within the last year.
19	76%	I got out more than a year ago.
47	**59%**	**No ➔** Skip to # 9

8a. Did someone help you find a place to live when you were released?

8	32%	Yes
17	68%	No

8b. Where did you move when you were released? *Please check only one response.*

0	0%	An emergency shelter
0	0%	A halfway house or transitional housing
1	4%	A motel or hotel
17	68%	A house or apartment with friends or family
3	16%	A house or apartment by myself
0	0%	The streets, in parks, the riverbed, beaches, or in a car
4	20%	Other kind of place

Other places respondents moved to after release included:

- Back to the same house I'd been at
- From Florida to California
- Home

9. What is your documentation status? *Please check only one response.*

54	68%	I am a U.S. citizen.
9	11%	I am a resident alien.
13	16%	I do not have documentation.

Section 2: Housing Situation

10. Where do you live now?

25	32%	Ventura
25	31%	Oxnard
10	13%	Simi Valley
6	8%	Thousand Oaks
4	5%	Camarillo
3	4%	Ojai
2	3%	Newberry Park
1	1%	Piru
1	1%	Point Mugu
1	1%	Fillmore
1	1%	Oak Park

Zip codes with more than 5% of respondents:

15	19%	93001 – Ventura
12	15%	93033 – Oxnard
8	10%	93003 – Ventura
8	10%	93030 – Oxnard
5	6%	93065 – Simi Valley
4	5%	93063 – Simi Valley/Santa Susana

11. Please pick the one kind of place that best describes where you are living today. *Please read all choices before selecting.*

14	18%	A house, condo, or mobile home that I own
34	43%	An apartment, house, condo, or mobile home that I rent
23	29%	A room that I rent
1	1%	A garage
0	0%	A hotel/motel room that I rent because I have nowhere else to stay
0	0%	A house, apartment, condo, or other home where I get help for my HIV infection or AIDS
1	1%	A house, apartment, condo, or other home where I get help for alcohol or drug problems
0	0%	A board and care
0	0%	With friends or relatives, but I can stay only for a short while
5	6%	With friends or relatives, and I can stay as long as I need to
0	0%	A shelter
0	0%	The streets, in parks, the riverbed, beaches, or in a car
0	0%	In jail or prison
1	1%	Other kind of place: military housing

12. Who lives with you now? *Please check all that apply.*

15	19%	No one, I live alone.
28	35%	I live with my husband, wife, or partner.
9	11%	I live with my child or children.
20	25%	I live with my mother, father, grandparent, cousin, or other family members.
13	16%	I live with one or more friends or other adults.
1	1%	I live with people in a group home, shelter, or hospital.
1	1%	I live with other people.

4% of respondents lived with their husband, wife, or partner **and** their children. Two people who were living with children had children who were over 18, while 7 people lived with children who were under 18.

13. How many people live with you in your apartment or home now? <u>Do not include yourself.</u>

Number of other people age 18 and older:

18	23%	0
30	38%	1
15	19%	2
5	6%	3
4	5%	4
4	5%	5

Number of males age 17 or younger:

59	74%	0
3	4%	1
8	10%	2
5	6%	3
1	1%	6

Number of females age 17 or younger:

62	78%	0
10	13%	1
3	4%	2
1	1%	4

14. How many bedrooms does your current apartment or home have? _____

1	1%	0
20	25%	1
26	33%	2
18	23%	3
10	13%	4
1	1%	6

48 percent of respondents lived in housing where the average number of people per bedroom was one or fewer. 30 percent had an average of between one and two people per bedroom, and 14 percent averaged more than two people per bedroom.

15. Does the government or another organization pay or help pay for your housing *each month*?

41	**53%**	**Yes** ➔ *Please check all that apply.*
16	21%	I have a Section 8 certificate/voucher.
0	0%	I have a Shelter Plus Care program certificate/voucher.
14	18%	I get help to pay my rent from HOPWA (Housing Opportunities for Persons with AIDS).
4	5%	I live in low-rent public housing.
1	1%	I live in a home for people living with HIV infection or AIDS.
8	10%	I am getting help paying for my housing, but I don't know what it is called.
3	4%	I am getting another kind of help paying for my housing.
30	**38%**	**No,** I don't get any help with my housing.
4	**5%**	**I am not sure** if I am getting help paying for my housing. *Please explain.*

NOTE: 41 respondents indicated that they had received housing assistance each month. However, the 14 respondents that indicated HOPWA as the source of assistance only received housing assistance for 21 weeks out of each year. In addition, the 8 respondents who did not know what kind of assistance they received may also be receiving HOPWA funding.

16. Over the past 12 months, has the government or any other organization helped you with a short-term or one-time payment for your housing or related expenses at any time?

49	**61%**	**Yes** ➔ *Please check all that apply.*
47	59%	HIV/AIDS service organization
1	1%	Other community or faith-based organization
3	4%	Other *(please explain)*
24	**31%**	**No,** I did not get any short-term help with my housing during the past 12 months.
0	**0%**	**I am not sure** if I got any short-term help paying for my housing during the past 12 months.

Other sources of assistance included:

- One week in hotel, AVPC, and military family relief

17. What would be the impact on your life if your monthly housing costs (rent or mortgage and utilities) went up about $50? *Please check all that apply.*

11	14%	It would not have an impact on my life.
17	21%	I would pay the increase without making other changes.
21	26%	I would borrow money from friends or family.
13	16%	I would look for more employment.
2	3%	I would look for another person to share my housing.
20	25%	I would apply for more benefits or emergency assistance.
4	5%	I would move.
21	26%	I would not buy as much food as I need.
5	6%	I would stop buying and taking medications.
0	0%	I would resort to criminal activities.
3	4%	I would do something else. *(please describe)*

Other responses to a theoretical increase in housing costs included:

- Find another job
- Pray

18. Are you currently behind on any housing or utility bill payments?

19	24%	I am currently behind on paying a utility bill.
7	9%	I am currently behind on paying my rent or mortgage.
5	6%	I am currently not responsible for paying any housing or utility bills.

19. Does the place where you live have any of the following problems? *Please check all that apply.*

5	6%	Incomplete kitchen (does not have sink, refrigerator, oven, and/or stove)
7	9%	No heating system (such as baseboards or a furnace)
5	6%	Poor ventilation
0	0%	No indoor bathroom
0	0%	No hot and/or cold running water
7	9%	Mold
6	8%	Broken windows and/or broken, torn, or nonexistent window screens
6	8%	Open cracks in walls
9	11%	Water leaks
9	11%	Bugs and/or rats
7	9%	Broken plaster and/or peeling paint
4	5%	Electric outlets that do not work
4	5%	Other

Other housing quality problems included:
- Needs insulation
- No AC or ceiling fans, does get very hot
- Not enough outlets
- Rotting floors

Number of housing quality problems indicated:

48	60%	0
17	21%	1
5	6%	2
6	8%	3
1	1%	5
2	3%	6
1	1%	7

20. Do you have problems with any of the following activities in your *current* building or neighborhood? *Please check all that apply.*

11	14%	Drug activity
8	10%	Violence
1	1%	Prostitution
17	21%	Noise
4	5%	Street harassment or many people hanging out
2	3%	Other criminal activity
59	**76%**	**I do not have any of these problems.**

Section 3: Income, Benefits, and Expenses

21. Do you get paid for doing any work?

27	34%	Yes
49	61%	No

22. Please answer the following questions to help us understand your financial situation.

	Median for Individual Respondent	Median for Respondent's Total Household
Monthly income	$810	$1000
Monthly rent/mortgage payment	$400	$491
Monthly gas, electric, water, and phone bill (total)	$100	$105
Monthly medications	$30	$18
Monthly food expenses	$175	$250

The median percent of income spent on housing costs was 49%, and only 7% of respondents spent less than 30% of income on housing costs.

Median housing costs by various subcategories:

$536	Gets rental assistance each month
$600	Does not get rental assistance each month
$504	Has received emergency rental assistance in past 12 months
$679	Has not received emergency rental assistance in past 12 months

Median monthly incomes by various subcategories:

$826	Respondent has been in jail
$1,016	Respondent has not been in jail
$984	Respondent is a U.S. citizen
$559	Respondent is a resident alien
$849	Respondent does not have documentation
$1,308	Works and gets paid by check
$778	Works and gets paid in cash
$823	Receives SSI
$958	Receives SSDI

23. What kind of income and benefits do you currently receive? *Please check all that apply.*

19	24%	I get paid by check for work I do.
6	8%	I get paid by cash for work I do.
21	26%	I get Supplemental Security Income (SSI).
35	44%	I get Social Security Disability Insurance (SSDI or SSA).
3	4%	I get other public assistance (CalWORKS or General Relief).
3	4%	I get alimony and/or child support.
4	5%	I get Food Stamps.
0	0%	I get Veteran's benefits.
0	0%	I get a retirement check.
0	0%	I get an unemployment check.
7	9%	I get a different kind of benefit. *(please describe)*
4	5%	I don't have any income or benefits.

Other kinds of benefits included:
- Get paid room and board for cooking
- Housing
- Long-term disability
- My husband's paycheck
- Private disability
- Private disability, long-term

24. Please tell us how your medical bills have been paid in the past year. *Please check all that apply.*

6	8%	Family or friends' assistance
1	1%	Private disability insurance
36	45%	Medi-Cal ➔ If so, please indicate your share of the cost: **(Median cost=$0)**
24	30%	Medicare ➔ If so, please indicate your premium: **(Median cost=$0)**
11	14%	Personal income or savings
10	13%	Private health insurance ➔ If so, please indicate the amount of your co-pay: **(Median cost=$25)**
2	3%	CARE/HIPP
32	40%	State AIDS Drug Assistance Program (ADAP)
0	0%	Veterans' Administration (VA) benefits
0	0%	County Discounting Policy
2	3%	Medical Indigent Adult (MIA) Program
10	13%	Early Intervention Program (EIP)
2	3%	Have not had any medical bills
1	1%	Don't pay bills at all
4	5%	Other *(please describe)*

Other kinds of medical bill payment methods included:

- Prison MTA
- Public health dental vision
- Some dental
- TriWest Military insurance

Section 4: Housing History

25. <u>In the past three years</u>, have you been homeless (without a regular place to stay for the night)?

12	**15%**	**Yes** ➔ *Please check all that apply.*
3	4%	In the past three years, I have spent at least one night in a shelter.
7	9%	In the past three years, I have spent at least one night with family or friends because I did not have a place of my own.
5	6%	In the past three years, I have spent at least one night in a hotel/motel because I did not have anywhere else to sleep.
4	5%	In the past three years, I have slept outside at least one night because I did not have anywhere else to sleep.
67	**84%**	**No,** I have not been homeless in the past three years.

26. Have you been discriminated against or had problems when trying to get housing?

25	**31%**	**Yes** ➔ *Please check all of the reasons that apply.*
2	3%	My race or ethnic background
6	8%	My sexuality: gay, lesbian, bisexual, or transgender
3	4%	The number of children or other persons in my family
0	0%	Because I live with someone I am not married to
8	10%	My health: HIV infection or AIDS
1	1%	My disability (other than HIV)
1	1%	My criminal history or prison record
7	9%	Where my income comes from
10	13%	The way that my rent would be paid (such as Section 8 certificate or voucher)
0	0%	My alcohol or drug use
0	0%	My participation in a methadone maintenance program
0	0%	My mental illness
2	3%	My immigration status
7	9%	My bad credit
2	3%	My rental history and/or past evictions
10	13%	I didn't have enough money for security deposit, first and/or last months' rent.
4	5%	I had no transportation to search for housing.
0	0%	I had trouble getting housing for a different reason. *Please describe.*
54	**68%**	**No,** I have not been discriminated against when trying to get housing.

10 respondents said that "the way their rent had been paid (such as Section 8) had been a barrier, and 7 of those respondents lived in the city of Ventura. It is unclear if they had experienced that barrier when searching for housing in Ventura.

Section 5: Housing Preferences

27. Right now, would you rather:

49	63%	Stay where you are
24	30%	Move to another place

74 percent of people living with husband/wife/partner and 71 percent of people living alone would rather stay where they are currently living.

71 percent of people who own and 71% of people who rent would rather stay where they are living than move, while 58 percent of people who rent a room would rather stay where they are currently living.

28. If you had to move next month, what type of housing situation would you most prefer? *Please check only one response.*

20	25%	Live alone but pay more in rent than I do now
12	15%	Live in an apartment building where different kinds of people live together, whether they have HIV or not
10	13%	Share a place with other people but pay less in rent than I do now
9	11%	Move in with family or friends
7	9%	Live in a place without services available on-site
4	5%	Move into shared housing with other people who are living with HIV
3	4%	Live in an apartment building where ***only*** people with HIV or AIDS live
3	4%	Live in a place where there are services (for example, counseling, case management, AA meetings) available throughout the day

Section 6: Services

29. Do you have access to medical care? *Please check only one response.*

72	90%	I get regular medical care.
2	3%	I only get medical care from the emergency room.
0	0%	I only get medical care through Health Care for the Homeless.
1	1%	I do not get any medical care.

30. Do you need these housing services? *Please check Yes or No for each.*

31	39%	A person to help you with your housing if your situation changes
30	38%	Assistance with first or last month's rent or deposits
28	35%	Lists of apartments or houses that you might be able to afford
18	23%	A staff member to take you around to look at apartments
17	21%	Housing that will accept pets
15	19%	Help filling out housing applications and other forms
6	8%	Other kind of housing service. *(please describe)*

Other kinds of needed housing services included:

- Handicapped accessible, prefer mobile home
- Help with rent
- One place with all the basic services
- Public housing

31. Have you had help from any of the following programs in the past 12 months?
Please check Yes or No for each.

39	49%	HIV/AIDS support group
10	13%	Another kind of support group
39	49%	Mental health counselor or therapist
17	21%	Psychiatrist for medication to help with a mental illness
0	0%	Group home or apartment for people with mental illness
4	5%	Psychiatric hospital
6	8%	12-step program (AA, NA, CA, etc.)
4	5%	Drug and alcohol counseling program (no methadone)
3	4%	Methadone maintenance program
1	1%	Residential treatment or recovery program
3	4%	Other *(please describe)*

Other programs included:

- AVPC
- Organization for elderly/handicapped/abused people
- Social work

Section 7: Other Comments
Are there any other comments that you would like to share with us?

Respondents wrote a number of additional comments, which are transcribed, in their own words, below:

- We need the money, please!!
- We need rent control, desperately!!! In last 3 years rent increased 150-200 dollars per month up to 1,775 for 3 bedroom apt. That is why I had to move.
- Ventura Co has very wonderful programs for HIVAIDS patients. I am very satisfied with all the services I have been given. Without them I would not know what to do.
- There is no affordable housing in Thousand Oaks that would accommodate wheelchair handicapped except a mobile home. But the space rent is too high unless you have Section 8--very long waiting list: 4+ years.
- The money problems for long term patients make it difficult to have any new clothes or bedding, shoes, or entertainment such as cable.
- The fairly consistent monthly rental asst I was getting from APVC last year was much more helpful that the 5 times per year available now.
- Possibly more housing programs.
- Over the past few years the help received was very helpful and needed. Would like to be able to receive a monthly assistance with rent and utilities.
- More money!
- I would like to thank everyone from the VCRA for all the help you give me.
- I would like to know that if I had to move if my mother (also on Sec 8) I and could get a 2 bedroom apt or house, since we are both on housing??

- I read in the paper about a great need in this county for affordable housing but only see large single family residences going up. I was born and raised here and think it's sad that I will be forced to move elsewhere.
- I need more assistance with my bills.
- I need help to pay my rent as soon as possible, please.
- I am currently waiting for Section 8 and would appreciate any assistance from HOPWA or any organization.
- I'd prefer to live by myself alone in an apartment.
- Food Share is a great help. Thank you.
- All housing clients should be drug tested on a regular basis, more for those who have known drug problems. It would make property owners more likely to rent to all Section 8's.
- Need to get in touch with the Disabled American Act group to ask for help. So if housing doesn't hurry up and move I can get or obtain first, last and deposit from them so my caregiver and I can get into somewhere together, away from this place. Dorothy says I should just be happy that I have what I have right now!!!! She's probably right?

Appendix 4: Federal Financing Sources for Affordable Housing

This section contains information and resources on financing affordable housing.

The following information is intended to provide an introduction to some sources of financing for affordable housing. Housing Opportunities for Persons with AIDS (HOPWA) is a U.S. Department of Housing and Urban Development funding source dedicated for people living with HIV/AIDS. Because housing is expensive to develop and operate, especially when enriched with support services, and because people living with HIV/AIDS may have very little income available to pay for rent and services, HOPWA funds alone are not sufficient to develop and operate housing. Other sources of funding are required. People living with HIV/AIDS who have low incomes are eligible for mainstream programs for low-income people. Depending on the individual, they may also be eligible for programs for people with disabilities, for people who are homeless, and others. The following is not an exhaustive list, but highlights some of the larger programs and those most directly related to housing people living with HIV/AIDS. More information and resources on financing affordable housing are available through the AIDS Housing of Washington web site (www.aidshousing.org).

U.S. Department of Housing and Urban Development (HUD) Consolidated Plan Programs

HUD requires a single, consolidated submission process, including all of the planning, application, and performance assessment documentation for the following formula programs:

- Community Development Block Grants (CDBG)
- Emergency Shelter Grants (ESG)
- HOME Investment Partnerships Program (HOME)
- Housing Opportunities for Persons with AIDS (HOPWA)

The planning process is intended to help local jurisdictions develop a vision for housing and community development and to coordinate their activities. Local governments develop the plan in consultation with public and private agencies that provide supportive housing and social and health services, community members, and neighboring localities. The Consolidated Plan must indicate the activities that will be carried out in the coming year to address emergency shelter and transitional housing needs, homelessness prevention, the transition to permanent housing and independent living, and services for people who are not homeless but have supportive housing needs.

Information about each of the programs follows.

Community Development Block Grant (CDBG)

CDBG program funds may be used in a variety of ways to support community development, including the acquisition, construction, and rehabilitation of public facilities and housing. However, communities are not required to include housing when determining how they would like to use CDBG funds.

All CDBG-funded activities must address one of the three national objectives of the program:

1. Benefit low- and moderate-income people.
2. Eliminate or prevent slums or blight.
3. Meet other urgent community development needs, where existing conditions pose a serious and immediate threat to the health and welfare of the community, and no other financial resources are available.

Emergency Shelter Grants (ESG)

The ESG Program funds are designated to improve the quality of existing emergency shelters and transitional housing for homeless people, to help create additional emergency shelters, to pay for certain operating and social service expenses in connection with homeless shelters, and for homeless prevention activities.

The HOME Investment Partnerships Program (HOME)

Communities have the flexibility to use HOME funds for the housing activities that best meet local needs and priorities. Uses can include property acquisition, rehabilitation, site improvements, demolition, new construction, and tenant-based rental assistance. Assistance can take the form of loans, advances, equity investments, interest subsidies, and others. A portion (at least 15 percent) of HOME funds must be set aside for community housing development organizations (CHDOs), which are nonprofit organizations meeting certain HUD-established criteria.

Housing Opportunities for Persons with AIDS (HOPWA)

HOPWA is another program that comes under the Consolidated Plan process. 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, resource identification, project- or tenant-based rental assistance, short-term rent, mortgage, and utility payments to prevent homelessness, housing and development operations, and support services. Ninety percent of HOPWA funds are awarded through formula grants, and the remaining 10 percent are awarded through a competitive grant program.

HOPWA Formula Grants

HUD awards 75 percent of HOPWA Formula Grant funds to eligible states and qualifying cities. Eligibility is based on the number of cases of AIDS reported by the Centers for Disease Control and Prevention as of March 31 of the year prior to the appropriation. Eligible metropolitan statistical areas (EMSAs) and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are diagnosed in a region. 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.

HOPWA Competitive Grants

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 innovation or ability to be replicated.
- **Long-Term Comprehensive Strategies for Providing Housing and Related Services.** Applications in this category can be submitted by state or local governments that are not eligible for HOPWA formula allocations during that fiscal year.

Homeless Assistance Continuum of Care

In order to encourage the integration and coordination of community homeless assistance, HUD combined three major homeless assistance programs—Supportive Housing Program, Shelter Plus Care, and Section 8 Moderate Rehabilitation Single Room Occupancy Program (SRO)—under the Continuum of Care planning and allocation process.

The Continuum of Care system includes four components: outreach to and needs assessment of individuals or families who are homeless, emergency shelters with supportive services, transitional housing with support services, and permanent independent or supportive housing to meet long-term needs. The establishment of a Continuum of Care system involves a community-wide or region-wide process involving nonprofit organizations (including those representing persons with AIDS and other disabilities), government agencies, other homeless providers, housing developers and service providers, private foundations, neighborhood groups, and homeless or formerly homeless individuals. It is very important for applicants to understand that funding for the Supportive Housing Program, Shelter Plus Care, and Section 8 SRO projects must be applied for within the context of the Continuum of Care process.

Supportive Housing Program (SHP)

SHP program funds are used to provide supportive housing, either as transitional housing for homeless people or permanent housing for homeless people who have disabilities, including people living with HIV/AIDS. In addition, SHP funds can also be used for safe havens, which provide specialized permanent housing for severely mentally ill homeless persons who have been unwilling to participate in support services, support services for people not living in supportive housing, and other innovative supportive housing models. SHP funds can be used for a range of activities from land acquisition to administrative expenses.

Shelter Plus Care

The Shelter Plus Care program provides rental assistance for permanent housing, linked with support services funded by other sources, to homeless and disabled people and their families. Activities under Shelter Plus Care include tenant-based rental assistance, project-based rental assistance, sponsor-based rental assistance, and Section 8 moderate rehabilitation assistance for single room occupancy dwellings.[1]

[1] This differs from the Section 8 SRO program described next. Specifically, Shelter Plus Care SRO targets people who are homeless *and* have a disability, and Shelter Plus Care projects must include support services, while Section 8 SRO residents must be able to live independently.

Section 8 Moderate Rehabilitation Single Room Occupancy Dwellings (SRO)

Under the SRO program, HUD contracts with public housing authorities (PHAs) to enable the moderate rehabilitation[2] of residential properties that, when completed, will contain multiple single room dwelling units. The PHAs make rental assistance payments to the landlords on behalf of the homeless individuals who rent the rehabilitated dwellings, covering the difference between a portion of the tenant's income (normally 30 percent) and the HUD-established Fair Market Rent (FMR) of the unit. The program does not provide financing for the rehabilitation work, but a portion of this cost is reflected in the rent.

Other HUD Programs

HUD has many other programs, but three are particularly relevant when developing housing for people living with AIDS: Supportive Housing for Persons with Disabilities (Section 811), Section 8 Rental Assistance, and Section 8 Housing Opportunities for Persons with Disabilities (Mainstream Program).

Supportive Housing for Persons with Disabilities (Section 811)

Nonprofit organizations can use Section 811 funds to construct, acquire, and/or rehabilitate supportive housing for very low-income persons with disabilities, including those with disabilities resulting from HIV-infection. The support services should address the residents' individual needs, provide optimal independent living, and provide access to the community and employment opportunities.

Section 811 funding is provided in two parts: a one-time capital advance, essentially a grant, to fund development, and ongoing project-based rental assistance that pays the difference between the tenant payment and the operating cost.

Section 8 Rental Assistance Programs

Section 8 Rental Assistance takes the form of certificates and vouchers which are administered by public housing authorities. Rental certificates and vouchers allow income-eligible households to find and obtain rental housing independently. Tenants typically pay 30 percent of their income, while the certificate or voucher pays the difference, up to the HUD-established Fair Market Rent (FMR) for the area. The primary difference between certificates and vouchers is that with a voucher, a tenant can pay more than 30 percent of their income if the cost of the unit exceeds the FMR.

Public housing authorities can also designate up to 15 percent of their vouchers to be project-based in new construction or rehabilitated housing. Project-based vouchers stay with a particular unit, so that income-eligible tenants can come and go, but the unit stays affordable. Tenants cannot take the vouchers away from the unit for use elsewhere.

Section 8 Housing Opportunities for People with Disabilities (Mainstream Program)

In Fiscal Year 1997, HUD moved a portion of the funds originally earmarked for the Supportive Housing for Persons with Disabilities (Section 811) to create this separate tenant-based program. This provides certificates and vouchers to persons with disabilities to allow for more housing choice.

[2] HUD considers moderate rehabilitation to be a minimum of $3,000 of rehabilitation work per unit.

Low Income Housing Tax Credits

Created in 1986, the Low Income Housing Tax Credit allows qualified owners of or investors in eligible low-income rental housing to reduce their federal income taxes on a dollar-for-dollar basis for a ten-year period, subject to compliance. Low-income housing developers use these credits to attract investors, who commit to funding a project in return for the tax credit.

Dollars of tax credit available are allocated to states based on population, equal to $1.75 per capita in 2002 and adjusted for inflation thereafter. States administer their own competitive process for the credits. The Low Income Housing Tax Credit has become the primary federal resource for developing low-income housing. Tax credits funded approximately 1.2 million units through 2001, and contribute to the development of approximately 67,000 additional units per year.[3]

[3] The Danner Company, *The Low Income Housing Tax Credit Program.* Available online: www.danter.com/taxcredit (Accessed: October 7, 2003).

Appendix 5: HIV/AIDS Housing Continuum

The housing needs of people living with HIV/AIDS cover a wide range, from one-time emergency utility assistance to nursing home care. Consequently, it is useful to think about housing opportunities along a continuum. The following text reviews each of the housing types in the HIV/AIDS housing continuum and offers ideas for addressing needs in each area.

It is important to understand that the wide range of housing needs for people living with HIV/AIDS and their families does not exist apart from other housing needs in a community. Generally, HIV/AIDS housing needs fall into an overall, community-wide housing continuum. This continuum, which provides a comprehensive way of evaluating a community's resources, divides housing needs and resources into the following categories, each of which is explained in detail in this section:

Emergency ↔ Transitional ↔ Permanent ↔ Specialized Care

Many of the best housing resources for people living with HIV/AIDS are provided by mainstream organizations that serve a wide variety of people. It is usually faster, cheaper, and more appropriate to draw on mainstream housing resources than to create new facilities and services just for people living with HIV/AIDS. Training other providers to understand the special needs of people living with HIV/AIDS can provide the same result as, and often more efficiently than, providing a new service tailored to specific needs. One effective strategy is to encourage mainstream housing providers to meet the needs of people living with HIV/AIDS through a range of nondevelopment mechanisms.

Emergency Housing Assistance

Emergency housing assistance is 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 assistance is to solve the immediate housing crisis; the assistance is usually one of the following:

- Emergency rent, mortgage, or utility payments to prevent loss of residence
- Hotel/motel vouchers
- Emergency shelter

Assistance to Remain in Your Home: Rent, Mortgage, or Utility Payments

Emergency housing assistance can be structured to specifically help households facing a crisis that could result in displacement from their housing. This assistance may take the form of a rent or mortgage payment or utility assistance, and may also include emergency repairs, weatherization, and other assistance that would forestall eviction, foreclosure, or uninhabitability of the residence. It is designed to address one-time crises, not ongoing needs. AIDS service organizations can administer this type of emergency assistance program directly or can contract with mainstream providers of similar services. Assistance with rent or mortgage payments can also be provided on a transitional or permanent basis, both of which are described under "Tenant-Based Transitional Assistance" and "Tenant-Based Rental Assistance" on the following pages.

When rent, mortgage, or utility payments work best: This type of assistance is most effective in communities where it is more likely that the financial crises faced by people living with HIV/AIDS can be overcome with short-term assistance. It is especially useful where a large percentage of those in housing need are homeowners, as is the case in most rural areas. Since it is much less expensive to keep people in their homes than to find or develop new ones, this can be a cost-effective form of assistance.

Advantages

- Preserving existing housing is much easier than developing new housing options.
- Multiple households can be served with less funding.
- Emergency housing payments are made just once or twice to each household and can be easy to administer.
- Remaining in his or her own home is the preferred choice of many people living with HIV/AIDS.

Disadvantages

- Many people living with HIV/AIDS need ongoing financial assistance, rather than short-term assistance, to remain in their homes.
- Emergency assistance does not result in long-term affordable housing units that will be available to people in need in the future.
- This approach does not address the needs of people who are homeless.

Hotel or Motel Vouchers

Hotel or motel vouchers are a form of emergency assistance given to homeless households that have no other alternative but living on the streets or in a substandard or inappropriate housing situation. Typically, vouchers are coordinated through case managers and provide homeless households with a motel room for a week at a time, with a maximum stay of about a month. Voucher providers negotiate agreements with local hotels or motels, and the hotels or motels bill the providers as rooms are used. Hotels or motels may offer discounted rates to nonprofit organizations.

When hotel or motel vouchers work best: Vouchers may be the only emergency housing option for small, rural communities that do not have enough homeless people to support the development and operation of a shelter. Vouchers may also be the best emergency option for people who are too sick to stay in an emergency shelter or for families who may not be able to stay together in a shelter. Hotel or motel vouchers work best when the local waiting lists for affordable housing are relatively short, and people are likely to have a place to transition to relatively quickly.

Advantages

- Vacant hotel or motel rooms can usually be found immediately.
- This approach does not require the creation of any new housing resources.
- Hotel or motel vouchers can be simpler to administer; the administering agency is not responsible for managing a facility.

Disadvantages

- Hotel or motel vouchers can be an expensive way to provide temporary housing.
- Many hotels and motels will not agree to participate in voucher programs.
- Most hotels and motels do not offer cooking facilities, or refrigeration for medications.
- Individual members of families do not have privacy in hotel or motel rooms.
- Many hotels and motels used for this purpose are located in neighborhoods with drug trafficking and other criminal activities.
- Hotel or motel vouchers are not a long-term housing solution.

Emergency Shelter

Emergency shelter is basic, temporary, overnight sleeping accommodation. Stays at emergency shelters are often limited to less than 30 days. Emergency shelter can take any form; beds in dormitory-style rooms or mattresses on the floor of space that has a different daytime use (for example, church assembly room, public office building) are common examples. Some shelters offer private rooms for families, and many also provide a meal program. Typical shelter providers include community action agencies, the Salvation Army, and other faith-based service agencies.

When emergency shelters work best: Emergency shelters are best suited for population centers with a significant homeless population and numerous affordable transitional and permanent housing options. If a community has a significant homeless population and no emergency shelters, AIDS service organizations should work with other homeless service providers to assess whether local need would justify the development of a shelter. In communities with emergency shelters, an HIV/AIDS training program for shelter staff can help the existing resources to address the needs of people living with HIV/AIDS more effectively.

Advantages

- Emergency shelters offer an immediate response to housing crises.
- Many communities already have existing emergency shelters.
- Shelters are often cost-effective to operate.
- Shelters are often the first point of contact with services for the newly homeless.

Disadvantages

- The large numbers of people served, combined with conditions that may be unsanitary, encourage the spread of infectious diseases in shelters.
- Emergency shelters often require people to go elsewhere during the day, which can be a hardship for people living with HIV/AIDS.
- The shared living situation of most emergency shelters offers little confidentiality for people living with HIV/AIDS.
- Emergency shelters typically do not have accessible refrigerated storage for prescription medications or offer private bathroom facilities for managing health care needs.
- Mainstream shelter providers may lack sensitivity to issues faced by people living with HIV/AIDS.
- Few shelters are designed to accommodate families.
- Emergency shelter is not a permanent solution to housing problems.

Transitional Housing Assistance

Transitional housing assistance is of limited duration—usually from 30 days to 2 years—and is intended to help people transition from a housing crisis into a permanent, stable housing situation. Its goal is to provide temporary housing and services to help households 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. Transitional housing assistance is effective where consumers are likely to either become self-sufficient or transition to another permanent housing resource by the time it ends. Transitional housing assistance most often includes:

- Assistance with move-in and occupancy needs
- Tenant-based transitional housing
- Supportive transitional housing project

Assistance with Move-In and Occupancy Needs

Move-in/occupancy needs assistance encompasses anything that assists households in overcoming the one-time challenges of establishing a new residence. Typical assistance includes providing moving expenses, rent deposit, move-in kit (linens, cookware, dishes, flatware, cleaning supplies), furniture, appliances, utility hook-up fees, and basic life skills training. Move-in/occupancy needs assistance can be either in-kind assistance or cash payments.

When move-in and occupancy needs assistance works best: In communities in which homeless people are transitioning into permanent housing, a program to provide move-in and occupancy needs assistance is essential. Since all homeless people have similar move-in and occupancy needs, centralized assistance programs that are coordinated with other homeless service providers generally work the best.

Advantages

- Move-in assistance can be relatively inexpensive.
- These programs are easy to administer.
- Move-in and occupancy needs assistance can be donated or provided by volunteers.
- Local businesses may be willing to donate to these programs.

Disadvantages

- Many people living with HIV/AIDS need more than just move-in and start-up assistance.
- Where rent deposits are provided, they are often retained by landlords as cleaning fees or kept by departing tenants.

Tenant-Based Transitional Housing Assistance

Some communities offer tenant-based rental assistance programs on a transitional basis. These function much like the programs described under "Assistance to remain in your home" above, but offer housing assistance for a longer period of time than just one or two payments. These programs are often developed under the guidelines of the Housing Opportunities for Persons with AIDS (HOPWA) program for short-term, 21-week assistance, but may also provide housing assistance for as long as 2 years.

When tenant-based transitional housing assistance works best: These programs work best in communities where consumers will be able to transition to permanent housing assistance within the established time limit.

Advantages

- Tenants have more choices of housing location.
- Tenants can use this type of assistance in existing housing units; new units do not need to be developed.
- This type of assistance can prevent a person from becoming homeless while waiting to access permanent assistance.
- Tenant-based programs can be implemented relatively quickly.
- Tenant-based transitional housing assistance program operation is comparatively less complex than developing and operating a facility-based program.

Disadvantages

- Tenant-based programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units).
- This type of program may not be appropriate for people who need more support services in order to remain housed successfully.
- Some landlords are unwilling to rent to people with housing assistance vouchers.
- Some communities do not have enough good-quality rental units available at Fair Market Rent levels.

Supportive Transitional Housing

Supportive transitional housing is temporary housing combined with support services designed to assist homeless families and individuals to overcome the problems that led to their homelessness and return to living in permanent, independent housing. The services provided through a transitional program may address substance use, mental health, life skills training, education, and family support, and may help establish relationships between consumers and service providers. Supportive transitional programs can also help people who have been incarcerated to reintegrate into the community.

Transitional housing is typically provided in a centralized facility, but it may also be provided in scattered sites. Since the transitional needs of homeless people living with HIV/AIDS are similar to those of other homeless people, HIV/AIDS service organizations can collaborate with mainstream transitional housing providers. See “Master Leasing” for information about another method for providing transitional housing.

When supportive transitional housing works best: Supportive transitional housing is most helpful in communities that have a significant homeless population, and is successful only when all of the necessary support services are funded and in place. Since transitional housing is intended to move people into successful permanent housing placements, it works best in communities that have a sufficient supply of affordable permanent housing to accommodate those moving out of the transitional program. Smaller, rural communities should focus on providing permanent housing opportunities before developing transitional housing.

Advantages

- People leaving good transitional programs are much more likely to maintain stability in permanent housing.
- Transitional models often require program participation and compliance as conditions of residency, which gives service providers leverage to ensure that tenants benefit from the services in the program.

Disadvantages

- The support services necessary for a good transitional program are expensive to provide.
- Transitional programs are not successful in areas that lack adequate affordable permanent housing options; people leaving transitional housing must be able to find permanent housing at the end of the transitional period.

Permanent Housing Assistance

The goal of permanent housing assistance is to create safe, stable, and decent housing opportunities. Permanent housing assistance includes any of the following:

- Support services designed to help people live independently, provided on an ongoing basis
- Tenant-based rental assistance
- Shallow rent subsidy (another form of tenant-based rental assistance)
- Provision of actual housing units through sponsor- or project-based assistance, including through:
  - Lease buy-downs
  - Set-asides in larger housing projects
  - Scattered-site condominium acquisition
  - Group homes/shared housing
  - Independent apartment development projects

Support Services

In some circumstances, an array of support services may be all that is necessary to stabilize people living with HIV/AIDS in permanent housing. Support services are most often offered as a complement to a housing situation; without ongoing support services, many people living with HIV/AIDS risk losing their housing. Services can include case management, home care, counseling, nutrition and meal services, crisis intervention, legal assistance, transportation, day health programs, mental health services, and substance use treatment services, and may be provided by an AIDS service network or through other service providers.

When support services work best: A range of support services is needed in every community, regardless of the adequacy of housing options. Support services should be an integral part of every housing solution. Where the local supply of affordable housing is adequate to meet the demand, ongoing support services may be all that is necessary to ensure stable, successful housing. The local AIDS service organization should have the capacity to serve people in their homes and should develop good referral arrangements with other service providers.

Advantages

- Support service provision can help tenants remain in their existing home.
- Neither capital funding nor a time-consuming development process is necessary.
- Existing providers in the community can partner and contribute their skills and knowledge.
- Local volunteer teams can provide many HIV/AIDS services.

Disadvantages

- People with extremely low incomes often require financial assistance in addition to support services in order to find and keep housing.
- Providing support services to people in widely scattered locations can be expensive.
- Securing funding for ongoing services is a challenge.

Tenant-Based Rental Assistance

Tenant-based rental assistance (TBRA) is ongoing assistance paid to a tenant (or his or her landlord) to cover the difference between market rents and what the tenant can afford to pay. Tenants find their own units and may continue receiving the rental assistance as long as their income remains below the qualifying income standard. Many TBRA programs are federally subsidized, administered by local public housing authorities, and governed by HUD's Section 8 regulations. Some are funded by other sources, such as HOPWA, or operated by AIDS service organizations and nonprofit agencies. Section 8 regulations require all units with Section 8 tenants to meet federal housing quality standards (HQS), and the subsidy levels are set at the difference between HUD's annually established Fair Market Rent for the appropriate unit size and 30 percent of the tenant's household income.

Many communities have established TBRA programs with HOPWA funds, which are often structured similar to Section 8. However, HOPWA, unlike Section 8, allows for local discretion regarding serving undocumented immigrants and people with criminal histories. Shallow rent subsidies are another form of tenant-based rental assistance, and are discussed below.

When TBRA works best: Tenant-based rental assistance programs work best when there is a partnership between an experienced local (or regional) housing authority willing to administer the subsidy, and an AIDS service organization willing to market the subsidies, prescreen tenants, and assist tenants in finding appropriate units. Where this partnership exists, TBRA can be effective in communities of any size. TBRA is best suited for communities with a surplus of units renting at or below Fair Market Rent levels, or renting for a relatively affordable price.

Advantages

- Tenants may choose where they live.
- Tenants pay only 30 percent of their income to rent.
- Tenants can use TBRA in existing housing units.
- TBRA programs can be implemented relatively quickly.
- TBRA programs can be implemented statewide, allowing for coverage of rural areas with few housing assistance providers.

- Some local housing authorities give Section 8 waiting-list preference to people with terminal illnesses or who have HOPWA rental assistance.
- TBRA programs do not require the same level of technical skills as housing development, and can therefore be more accessible to an AIDS service organization.

Disadvantages

- TBRA programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units). When the funding runs out, existing tenants lose their subsidy and, potentially, their housing.
- Some landlords are unwilling to rent to people with TBRA vouchers.
- Often, available units that are both within the FMR cost limit and operated by property managers willing to accept TBRA are located in neighborhoods with drug trafficking and other criminal activities.
- Federal subsidies are subject to annual renewal.
- Funding for many other TBRA programs is limited to 3 to 5 years and can be very difficult to renew.
- Some communities do not have an adequate supply of good-quality rental units at Fair Market Rent levels.

Shallow Rent or Mortgage Subsidies

Shallow rent or mortgage subsidies are another way of providing assistance to a tenant. Instead of calculating the consumer contribution and benefit provided based on the tenant's income; however, shallow rent or mortgage subsidies are based on a smaller, fixed amount. For example, a program might provide $100 to $200 per month toward rent or mortgage payments, and the consumer would cover the remainder of monthly housing costs.

When shallow rent subsidies work best: Shallow rent or mortgage subsidies work best where consumers are close to being able to afford housing costs independently, and regularly need a small amount of assistance. Mortgage assistance is particularly helpful in areas where many consumers are homeowners, which is often the case in rural areas. Shallow rent or mortgage subsidies also work best where housing costs are staying fairly level; in an increasing-cost housing market, this kind of program can become ineffective or excessively costly.

Advantages

- Tenants may choose where they live.
- Tenants can often use shallow rent subsidies in order to remain in their current home.
- A larger number of people can be served when a lesser amount of assistance is needed for each.
- Shallow rent subsidy programs can be implemented relatively quickly.
- Shallow rent subsidy programs do not require the same level of technical skills as housing development, and can therefore be more accessible to an AIDS service organization.

Disadvantages

- Shallow rent subsidy programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units).
- Shallow rent subsidies are inappropriate for people who need more assistance to remain stably housed.

Set-Asides in Other Housing Projects

Because of the time, energy, complexity, and risk involved in developing affordable housing, AIDS housing organizations should take on new development projects only after careful consideration of other available options. One of the best ways to secure affordable units without development is by negotiating set-asides for people living with HIV/AIDS in projects developed by affordable housing providers. This may be as simple as a referral agreement or may involve the contribution of capital (see lease buy-downs) or the negotiation of a master lease (see master leasing) to help lower rents. In the latter cases, the AIDS housing organization must find additional funding.

In exchange for the investment of public subsidy, affordable housing developers make a commitment to keep the housing affordable for the long term, usually 30 to 50 years. A project-based set-aside involves a housing developer or owner dedicating a specified number of units to serve a special needs population for a defined term, up to the life of the project. The AIDS housing provider and property manager establish terms for the set-aside in a legal agreement.

When housing set-asides work best: Set-asides work best in projects that are developed with rents already affordable to people living with HIV/AIDS. When this is not the case, AIDS housing organizations are most likely to interest mainstream housing developers in set-asides when they can bring a source of debt-free funding into the project that otherwise would not be included (for example, HOPWA). This additional funding allows the housing developer to reduce the amount of repayable financing and lower rents by lowering debt service requirements.

Advantages

- The burden of developing, owning, and managing housing is borne by experienced developers with property management capacity.
- Set-asides can ensure access to affordable housing more quickly than undertaking a new development project.
- If agreements are properly negotiated, set-asides can secure long-term commitments.
- Economies of scale are not required: a set-aside is economically efficient with even a single unit.
- Residents can integrate into the community.
- Setting aside some units for people living with HIV/AIDS may increase the competitiveness of the housing developer's funding applications.

Disadvantages

- Mainstream housing providers may have rules that disqualify the people who need assistance.
- Some areas lack housing providers willing to set aside units for people living with HIV/AIDS, and some providers, particularly housing authorities, have rules that preclude setting aside units for specific populations.
- Set-asides are effective only when the rent on the units is affordable to the people you want to serve.
- The need for affordable rental units in some areas is so great that housing providers may not be willing to enter into special set-aside agreements.
- AIDS housing providers need to make certain that the physical design of the units will meet the needs of their residents, and that property management staff will work well with the people living with HIV/AIDS who are to receive housing assistance.

Lease Buy-Downs

Buying down a lease is a way of securing long-term affordability without the obstacles and worries of housing development and ownership. In a lease buy-down, an AIDS service organization or other housing provider enters into a long-term lease agreement with a property manager, and establishes a rent reserve fund which will pay the difference between the market rent and the amount that residents can pay.

The rent reserve is funded at the outset at a level that will last through the term of the lease. The payment amount is calculated by taking the net present value of the difference between the tenant's rental income stream and the rental income stream required to sustain the unit. The term of the lease, the discount factor used to determine net present value, and the basis for the affordable rents are all matters of negotiation between the AIDS housing organization and the mainstream housing provider. The AIDS housing organization must provide the up-front payment from capital funding sources.

When long-term leases work best: When the existing affordable rents in a community are not affordable for a person living with HIV/AIDS, lease buy-downs may be the solution. Lease buy-downs work best in communities with mainstream housing providers or landlords who are willing to engage in long-term leases. These deals are most common between housing providers and AIDS housing organizations that have good, existing relationships. When a mainstream housing provider offers rents that are already affordable to the targeted population, a set-aside agreement (see set-asides) may be preferable to a long-term lease.

Advantages

- Long-term affordability is assured without ongoing rent subsidy.
- AIDS service organizations do not have to manage the property.
- Economies of scale are not required: leasing even a single unit can be economically efficient.
- Residents can integrate into the community, unlike when living in a facility solely dedicated to people living with HIV/AIDS.

Disadvantages

- Developing contractual agreements can be complicated, time consuming, and expensive.
- Some funders are uncomfortable participating in a project with a long-term lease; many prefer ownership.
- It may be difficult to find property managers willing to enter into a long-term lease.
- Some communities have very few rental housing units available.
- If the rent differential is large, the cost of a lease buy-down may be high.
- Mainstream housing providers may have rules that disqualify the people you wish to assist.
- Different funding sources require different commitment periods (up to 51 years).

Master Leasing

Master leasing can be used to provide either transitional or permanent housing. Using this strategy, the AIDS housing provider leases units—individually, as single-family homes, on a floor, or throughout an entire building—that are then leased at an affordable cost to people living with HIV/AIDS. Master leasing is typically for a shorter term than lease buy-downs (above), but should be for at least 5 years, if possible.

When master leasing works best: Master leasing works best in communities with an active market in residential rental properties in healthy neighborhoods. Support services should also be available that can meet the needs of residents in the leased location(s).

Advantages

- AIDS housing providers can secure units quickly with master leasing.
- Community acceptance issues can often be avoided by pursuing this strategy.
- Residents can integrate into the community.

Disadvantages

- An operating subsidy will likely be necessary for each unit for the term of the lease.
- Available, affordable properties are often in neighborhoods with drug trafficking and criminal activities.
- If it is necessary to displace residents in a building to be leased, relocation can be complicated and expensive.
- The condition of a leased building needs to be assessed carefully, and staff may be needed to handle interior maintenance issues.
- The lack of a centralized support-service space can be problematic.
- Staff need to cultivate and maintain relationships with the landlord.

Scattered-Site Acquisition

Acquiring scattered-site condominiums or single-family homes is a way for AIDS housing organizations to enjoy some of the benefits of ownership, with reduced management responsibilities. In this scenario, AIDS housing organizations raise capital funding to purchase condominiums or single-family homes in their community and lease the units to people living with HIV/AIDS.

When scattered-site acquisition works best: Scattered-site acquisition works best in communities that have an active market in affordable condominiums or single family homes, and where support service networks can deliver a range of services to widely dispersed populations.

Advantages

- Acquisition provides quick access to units, when compared to development.
- Scattered condominium sites can effectively meet scattered demand.
- In some communities, acquiring new condominiums is less expensive than building new apartment buildings with public money.
- A small number of units can be developed efficiently.
- The property management functions of the AIDS housing provider are minimized.
- Residents are integrated into the community.

Disadvantages

- Condominium homeowner associations may exercise control over leases, tenants, and the number of renters allowed in a development, and the AIDS housing provider needs to have staff that can manage relations with a homeowner association.
- Although homeowner associations cover general maintenance for the exterior of the property, the AIDS housing provider will need to handle complicated property management responsibilities, including tenant screening, rent collection, general maintenance of the unit, and unit turnover, across scattered sites.
- Many smaller communities do not have any condominium developments.
- Condominiums have monthly maintenance fees as well as special or emergency assessments over time, and these need to be planned for.
- Acquired housing may require ongoing operating subsidy to keep rents affordable.
- Condominiums offer less control than more traditional ownership.
- Some public lenders are wary of condominium acquisition.

Group Homes or Other Shared Housing Arrangements

Group living assistance can include anything from a group home owned by an AIDS housing organization to a housemate referral service. Many of the early HIV/AIDS housing projects were shared single-family houses, but high vacancy rates in such facilities in recent years due to medical advances in treating HIV have shifted the focus of new developments to independent units. A group home or other shared housing can either be purchased or leased by the AIDS housing organization.

In many areas, small group homes can be developed in single-family zones, which are more prevalent than multifamily zones. However, each community has its own land use laws that restrict the number of unrelated adults that may live together, and it is important to comply with local regulations. Group homes also require ongoing maintenance and attention to being a good neighbor in order to be successful.

When group homes work best: Group living situations are best in those communities where consumer preference surveys indicate sufficient demand for this type of accommodation. While group homes may be less expensive to operate when full than independent living units, empty beds can make them more expensive. Similarly, the costs of providing accompanying support services to people in need of mental health and/or substance use treatment services can exceed the cost savings of group housing.

Advantages

- Group homes can be less expensive to develop and operate than independent apartments.
- Community living provides supports to people living with HIV/AIDS.
- Group homes offer churches or civic organizations the opportunity to participate in HIV/AIDS housing by sponsoring individual rooms in a house.

Disadvantages

- Consumer surveys of people living with HIV/AIDS often indicate a preference for independent units over shared accommodations.
- If local demand for shared housing drops, it is very difficult to convert part of a shared house to a new use.
- Personality conflicts between housemates can be difficult to manage, especially when the residents have mental health and/or substance use issues.

- Some people are reluctant to live in an HIV/AIDS-only housing project.
- Confidentiality can be hard to maintain in a group living situation.
- Proper nutrition may not be maintained if the sponsor does not take some responsibility for assuring meal provision.

Independent Apartment Development Projects

Independent apartment projects can be developed by HIV/AIDS housing organizations specifically to meet the permanent housing needs of people living with HIV/AIDS, or to serve a mixed population that includes people living with HIV/AIDS. AIDS housing organizations can function as the developer, owner, manager, and service provider for the units, or they may contract out those functions to other, experienced organizations. The tasks involved in project development include researching the need, developing a program, acquiring a site, assembling an architectural and engineering team, raising capital financing, hiring a contractor, overseeing construction, renting-up the units, and beginning operations. A development project typically lasts 2 to 4 years, and the complexity of the project is usually determined by the size of the development and the mix of financing.

When independent apartment projects work best: Independent apartment projects work best in communities with a sufficiently large demand for HIV/AIDS housing units. AIDS housing organizations in communities with few people living with HIV/AIDS should consider master leasing, a lease buy-down, set-aside units, or scattered-site condominiums. Inexperienced housing developers should partner with experienced developers before undertaking a new development project because of the many skills and technical knowledge required.

Advantages

- Housing units can be developed to address specific needs.
- People with HIV/AIDS usually prefer independent apartment units to shared accommodations.
- Large development projects can increase an organization's capacity to raise private donations and grants.
- Project development creates long-term housing resources.
- Projects offer opportunities for AIDS service organizations to work with organizations that address other community service needs.
- This model offers the owner the most control.

Disadvantages

- Developing an independent apartment project is very expensive, complex, and time-consuming.
- Multifamily-zoned land can be hard to find in some areas.
- An AIDS housing project can attract community opposition.
- The number of units required to operate a building efficiently may be larger than the local demand for AIDS housing.
- Development projects may require ongoing operating subsidy to keep rents affordable for people with extremely low incomes.
- Some people are reluctant to live in an AIDS-only housing project.
- Development requires a long-term commitment to housing operation.

Specialized Care Facilities

Specialized care facilities include short- and long-term housing combined with services designed to assist people whose medical or behavioral health make independent living impossible. Specialized care facilities range from assisted living to skilled nursing to hospice care. Each of these facilities targets only a portion of people living with HIV/AIDS in a community, those with very specific medical or support service needs. All of these facilities can be either limited to those with HIV/AIDS or open to all whose support needs are similar. Although mainstream specialized care providers may not initially be equipped to serve those living with HIV/AIDS, spending time and money to adapt these mainstream resources is usually the fastest and most efficient way to address the specialized care needs of people living with HIV/AIDS as opposed to creating new facilities.

When specialized care facilities work best: Specialized care facilities work best in communities where there is a large concentration of people living with HIV/AIDS who require higher-end care. Because specialized care requires complex technical skills in both the provision of care and business management, and because it is highly regulated, specialized care facilities work best when an experienced specialized care provider is a partner.

Advantages

- Specialized care facilities can provide a high level of care for people whose medical or behavioral health does not allow them to live independently.

Disadvantages

- The need for skilled staffing makes specialized care facilities very expensive to operate.
- People who are living longer typically do not want to live in a group living situation if it can be avoided.
- Maintaining a specialized care facility for people living with HIV/AIDS is only possible in areas with a large concentration of people living with HIV/AIDS.

Appendix 6: Glossary of HIV/AIDS- and Housing-Related Terms

This glossary includes terms used in the plan and terms related to HIV/AIDS and housing.

AFFORDABLE HOUSING Housing is generally defined by the U.S. Department of Housing and Urban Development as affordable when the occupant is paying no more than 30 percent of their adjusted gross income for housing costs, including utilities. Affordable housing may refer to subsidized or unsubsidized units.

AIDS Acquired Immunodeficiency Syndrome. A person with HIV infection is diagnosed with AIDS when either a) they develop an opportunistic infection defined by the Centers for Disease Control and Prevention as an AIDS indication, or b) on the basis of certain blood tests related to the immune system.

ASSISTED LIVING Group residences that offer 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 may be HIV/AIDS-specific, or they may serve people with many needs.

ASYMPTOMATIC HIV INFECTION Without symptoms. Usually used in the HIV/AIDS literature to describe a person who has a positive reaction to one of several tests for HIV antibodies but who shows no clinical symptoms of the disease.

AT RISK OF BECOMING HOMELESS Being on the brink of becoming homeless due to one or more of the following: having inadequate income or paying too high a percentage of income on rent (typically 50 percent or more), living in housing that does not meet federal housing quality standards, or living in housing that is seriously overcrowded. Also see Homeless Person.

BEDS The unit of measure when describing the overnight sleeping capacity or availability for shelters, skilled nursing facilities, hospices, board and care, adult family living, assisted living, and other such facilities.

CDC The Centers for Disease Control and Prevention, the lead federal agency for protecting health and safety. CDC serves as a national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities.

CASE MANAGEMENT The central component of HIV/AIDS care is case management. Case managers coordinate all the care a client receives from all providers in the community. Typically, case management services are provided by agencies separate from the housing providers. When a case management client resides in a residence, however, the residential staff members have the most frequent contact with the resident and often are responsible for the care coordination. Case management is also provided through other social service systems.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG) A federal grant program, administered by the U.S. Department of Housing and Urban Development, authorized under Title I of the Housing and Community Development Act of 1974 and administered by state and local governments. CDBG funds may be used in various ways to support community development, including acquisition, construction, rehabilitation, and/or operation of public facilities and housing.

CONSOLIDATED PLAN A document written by a state or local government and submitted annually to the U.S. Department of Housing and Urban Development that serves as the planning document of the jurisdiction and an application for funding under any of the community planning development formula grant programs (Community Development Block Grant, Emergency Shelter Grant, HOME Investment Partnerships Program, and Housing Opportunities for Persons with AIDS). The document describes the housing needs of the low- and moderate-income residents of a jurisdiction, outlining strategies to meet the needs and listing all resources available to implement the strategies.

CONTINUUM OF CARE An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons. The approach is based on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social. Designed to encourage localities to develop a coordinated and comprehensive long-term approach to homelessness, the Continuum of Care consolidates the planning, application, and reporting documents for the U.S. Department of Housing and Urban Development's Shelter Plus Care, Section 8 Moderate Rehabilitation Single-Room Occupancy Dwellings (SRO) Program, and Supportive Housing Program.

DEVELOPMENTAL DISABILITY Referring to a variety of disabilities which impact cognitive functioning and learning style. Sometimes referred to as mental retardation.

DISCRIMINATION Treating a person differently because they belong to, or are perceived to belong to, an identifiable group. Often discrimination is due to a person's being from a different race, country, or religion, or because they're female, have a family, are older, disabled, or are gay or lesbian.

DUALLY DIAGNOSED See Multiply Diagnosed.

EMA OR EMSA Eligible metropolitan (statistical) area. Geographic area based on population and cumulative AIDS cases, to receive federal funds through the Ryan White CARE Act and Housing Opportunities for Persons with AIDS (HOPWA) Program.

EMERGENCY HOUSING ASSISTANCE Emergency housing assistance is 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 assistance is to solve the immediate housing crisis. The assistance is usually one of the following: emergency rent, mortgage or utility payments to prevent loss of residence, motel vouchers, and/or emergency shelter.

EMERGENCY SHELTER Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons.

EMERGENCY SHELTER GRANTS (ESG) A federal program administered by the U.S. Department of Housing and Urban Development that provides funds to local governments to help provide additional emergency shelters or improve the quality of existing emergency shelters and to help meet operating costs of essential social services to homeless individuals. Funds are provided to grantees through both a formula-based process for eligible metropolitan areas and urban counties and through a national competition for non-formula-eligible counties.

EXTREMELY LOW-INCOME An individual or family whose income is between 0 and 30 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development.

FAIR HOUSING ACT The Federal Fair Housing Act prohibits, among other things, the owners of rental housing from discriminating against potential tenants based on race, sex, national origin, disability, or family size.

FAIR MARKET RENT (FMR) Rents set by the U.S. Department of Housing and Urban Development (HUD) for a state, county, or urban area that define maximum allowable rents for HUD-funded subsidy programs. HUD calculates FMR to be at the 40th percentile of recent moves, excluding apartments built within the past two years, meaning that 40 percent of recent movers paid less, and 60 percent paid more.

FAMILY For purposes of the plan and local policy interpretation, and in keeping with HOPWA regulations, the term "family" encompasses nontraditional households, including families made up of unmarried domestic partners. A family is a self-defined group of people who may live together on a regular basis and who have a close, long-term, committed relationship and share responsibility for the common necessities of life. Family members may include adult partners, dependent elders, or children, as well as people related by blood or marriage.

FEDERAL EMERGENCY MANAGEMENT ADMINISTRATION (FEMA) An independent agency reporting to the President and tasked with responding to, planning for, recovering from, and mitigating disaster. FEMA administers the Emergency Food and Shelter Program as mandated by Title III of the McKinney-Vento Act. Also see McKinney-Vento Act.

GROUP HOUSING/SHARED LIVING Two or more single adults, or families with children, sharing living arrangements in a house or an apartment. Generally, individuals each have a bedroom and share a kitchen, bath, and housekeeping responsibilities. The group facility may provide a limited range of services and be licensed or unlicensed.

HAART Highly Active Anti-Retroviral Therapy. The preferred term for potent anti-HIV treatment. This means a combination of drugs (usually three or more) to combat HIV. Usually more than one class of drug is included in a HAART regimen. Includes protease inhibitors, and is often referred to as combination therapy or the "cocktail."

HARM REDUCTION A set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies for safer use, from managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

HIV Human Immunodeficiency Virus. The virus that causes AIDS. HIV disease is characterized by a gradual deterioration of immune functions. During the course of infection, crucial immune cells, called CD4+ T cells, are disabled and killed, and their numbers progressively decline. People infected with HIV may or may not feel or look sick.

HOME HOME Investment Partnerships Program. A program administered by the U.S. Department of Housing and Urban Development providing grants for low-income housing through rental assistance, housing rehabilitation, and new construction.

HOMELESS PERSON According to the U.S. Department of Housing and Urban Development, a homeless person is an individual or family who 1) lacks a fixed, regular, and adequate night-time residence, or 2) has a primary night-time residence that is a) a publicly supervised or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Individuals paying more than 50 percent of their income for housing are also considered at such high risk for homelessness that they are included in the definition of homeless for some federal programs. The term "homeless individual" does not include any individuals imprisoned or otherwise detained under an act of federal or state law.

HOPE VI HOPE VI, or the Urban Revitalization Program, a program administered by the U.S. Department of Housing and Urban Development, funds rehabilitation and/or replacement of distressed public housing units and support services. Through the end of FY 2001 the program has awarded $4.8 billion to 146 communities in 37 states since 1993.

HOPWA Housing Opportunities for Persons with AIDS. A U.S. Department of Housing and Urban Development program which pays for housing and support services for people living with HIV/AIDS and their families. Created by an Act of Congress in 1990.

HOSPICE A support and care provided to people in the last phases of a terminal illness 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 death.

HOUSING COST BURDEN The extent to which gross housing costs, including utility costs, exceed 30 percent of gross income, based on data published by the U.S. Census Bureau.

HOUSING COST BURDEN, SEVERE The extent to which gross housing costs, including utility costs, exceed 50 percent of gross income, based on data published by the U.S. Census Bureau.

HOUSING UNIT An occupied or vacant house, apartment, or a single room (SRO housing) that is intended as separate living quarters.

HOUSING QUALITY STANDARDS (HQS) Standards set by the U.S. Department of Housing and Urban Development (HUD) to ensure that all housing receiving HUD financial assistance meets a certain level of quality. HQS requires that recipients of HUD funding provide safe and sanitary housing that is in compliance with state and local housing codes, licensing requirements, and any other jurisdiction-specific housing requirements.

HRSA Health Resources and Services Administration. HRSA is an agency of the U.S. Department of Health and Human Services that works toward providing health care to low-income, uninsured, isolated, vulnerable, and special needs populations through a number of programs including: Ryan White CARE Act, Rural Health Initiative, and other community-based health initiatives.

HUD U.S. Department of Housing and Urban Development. HUD is a cabinet-level agency designed to advocate for the housing needs of people with low incomes through programs for public housing, special needs housing, and first time homebuyers.

INFORMATION AND REFERRAL Assistance to individuals who are having a difficult time finding and/or securing housing.

LOW-INCOME FAMILY Family whose income does not exceed 50 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development (HUD), with adjustments for smaller and larger families. HUD may establish income ceilings higher or lower than 50 percent of the median for the area on the basis of findings that such variations are necessary because of prevailing levels of construction costs or Fair Market Rents, or unusually high or low family incomes.

LOW INCOME HOUSING TAX CREDIT PROGRAM Formula allotment of federal income tax credits administered by states and distributed to nonprofit and for-profit developers of and investors in low-income rental housing. Since its creation in 1986 by the Tax Reform Act, more than a million units have been funded nationwide, utilizing the equivalent of more than $3 billion dollars in funding annually.

MASTER LEASING A housing strategy in which a sponsor agency leases housing units from private or nonprofit housing landlords and subleases the units to individuals and families that meet the sponsor agency's eligibility criteria. This housing option is used mainly as transitional housing. In a transitional housing master leasing scenario, subleases with individuals and families can include stipulations for duration of tenancy and responsibilities of tenancy, such as a requirement to participate in support services.

MCKINNEY-VENTO ACT The primary federal response targeted to assisting homeless individuals and families. The scope of the Act includes: outreach, emergency food and shelter, transitional and permanent housing, primary health care services, mental health, alcohol and drug abuse treatment, education, job training, and child care. There are nine titles under the McKinney-Vento Act that are administered by several different federal agencies, including the U.S. Department of Housing and Urban Development (HUD). McKinney-Vento Act Programs administered by HUD include: Emergency Shelter Grant Program, Supportive Housing Program, Section 8 Moderate Rehabilitation for Single-Room Occupancy Dwellings, Supplemental Assistance to Facilities to Assist the Homeless, and Single Family Property Disposition Initiative. Also see: Emergency Shelter Grants, Federal Emergency Management Administration, Shelter Plus Care, Section 8 Moderate Rehabilitation for Single-Room Occupancy Dwellings, and Supportive Housing Program.

MEDIAN FAMILY INCOME (MFI) The amount, as determined by HUD, which divides an area's income distribution into two equal groups, one having incomes above this amount, one having incomes below. MFI is based on the most recent U.S. Census family income data and is adjusted annually for inflation. HUD and the U.S. Census Bureau consider a family to be a household comprised of related individuals. For example: A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

MEDICAID A program jointly funded by the states and the federal government that provides medical insurance for people who are unable to afford medical care. The program focuses mainly on the needs of the elderly, people with disabilities, and children.

MEDICARE A federal program under the Social Security Administration that provides health insurance to the elderly and disabled.

MENTAL ILLNESS A serious and persistent mental or emotional impairment that significantly limits a person's ability to live independently.

MODERATE INCOME An individual or family whose income is between 50 percent and 80 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development (HUD), with adjustments for smaller or larger families. HUD may establish income ceilings higher or lower than 80 percent of the median for the area on the basis of findings that such variations are necessary because of prevailing levels of construction costs or Fair Market Rents, or unusually high or low family incomes.

MULTIPLY DIAGNOSED To be diagnosed with HIV/AIDS and also have histories of other disabilities. This term generally refers to people who are HIV-positive and have chronic alcohol and/or other drug use problems and/or a serious mental illness. The terms "dually diagnosed" and "triply diagnosed" are also used.

OPERATING COSTS (in relation to housing) Distinct from capital costs and support services costs. Operating costs include property taxes, insurance, maintenance, and repair.

PERMANENT HOUSING Housing which is intended to be the tenant's home for as long as they choose. In the supportive housing model, services are available to the tenant, but accepting services cannot be required of tenants or in any way impact their tenancy. Tenants of permanent housing sign legal lease documents.

PERSON WITH A DISABILITY HUD's Section 8 program defines a "person with a disability" as: a person who is determined to: 1) have a physical, mental, or emotional impairment that is expected to be of continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that the ability could be improved by more suitable housing conditions; or 2) have a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act.

PROJECT-BASED RENTAL ASSISTANCE Rental assistance that is tied to a specific unit of housing, not a specific tenant. Tenants receiving project-based rental assistance give up the right to that assistance upon moving from the unit. Also see Rental Assistance, Shallow Rent Subsidy, and Tenant-based Rental Assistance.

PROTEASE INHIBITORS A group of anti-retroviral medications for people living with HIV/AIDS. Protease inhibitors act by preventing the replication of HIV in the body and are often prescribed in combination with other HIV medications. Also see HAART.

RENTAL ASSISTANCE Cash subsidy for housing costs provided as either project-based rental assistance or tenant-based rental assistance. HOPWA short-term rental assistance is available for up to 21 weeks. HOPWA long-term rental assistance is provided for longer than 21 weeks. Due to HOPWA regulations, rental assistance cannot be guaranteed for longer than three years. Ryan White funds can be used for short-term, transitional, or emergency housing defined as necessary to gain or maintain access to medical care. Also see Project-based Rental Assistance, Tenant-based Rental Assistance, and Shallow Rent Subsidy.

RYAN WHITE CARE ACT Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. A program of the Health Resources and Services Administration (HRSA) providing funds for health care and supportive services for people living with AIDS. Created by an Act of Congress in 1990. Also see HRSA.

SCATTERED-SITE HOUSING Individual units scattered throughout an area, such as condominiums and single family homes in different complexes or neighborhoods, creating dispersed and integrated housing options.

SECTION 8/HOUSING CHOICE VOUCHER PROGRAM A federal program operated by local housing authorities providing rental assistance to low-income persons and administered by the U.S. Department of Housing and Urban Development. Under the Section 8 Housing Voucher program, the local housing authority determines a standard amount of rental assistance an individual or family will receive. The tenant would pay the difference between the amount of assistance and the actual rent, which may require the tenant to spend more than 30 percent of their income on rent. The Section 8 voucher program is a tenant-based program, meaning the subsidy is specific to the tenant as opposed to the unit.

SECTION 8 HOUSING OPPORTUNITIES FOR PERSONS WITH DISABILITIES (MAINSTREAM PROGRAM) The Mainstream Program, created in 1997 and administered by the U.S. Department of Housing and Urban Development, utilizes up to 25 percent of the funds originally earmarked for Section 811 to a separate tenant-based rental assistance program for persons with disabilities. Also see Section 811.

SECTION 8 MODERATE REHABILITATION FOR SINGLE-ROOM OCCUPANCY DWELLINGS This program provides Section 8 rental assistance for moderate rehabilitation of buildings with SRO units (single-room occupancy dwellings). The program, administered by the U.S. Department of Housing and Urban Development, is designed for the use of an individual person. Units often do not contain food preparation or sanitary facilities. A public housing authority makes Section 8 rental assistance payments to the landlords for the homeless people who rent the rehabilitated units.

SECTION 811 Provides grants to nonprofit organizations for acquisitions, new construction, and/or rehabilitation of rental housing with support services for very low-income persons with disabilities. The program is administered by the U.S. Department of Housing and Urban Development and includes a capital advance and project-based rental assistance payments.

SHALLOW RENT SUBSIDY Short-term or ongoing cash subsidy for housing costs provided as either project-based rental assistance or tenant-based rental assistance. Typically, shallow subsidies are for a set amount and are not related to the percentage of income paid to rent. Also see Project-based Rental Assistance, Rental Assistance, and Tenant-based Rental Assistance.

SHELTER PLUS CARE A national grant program administered by the U.S. Department of Housing and Urban Development providing rental assistance, linked with support services, to homeless individuals who have disabilities (primarily serious mental illness, chronic substance abuse, and disabilities resulting from HIV/AIDS) and their families.

SKILLED NURSING FACILITY A nursing home or facility providing 24-hour care from nurses and aides.

SRO Single-Room Occupancy. Refers to studio apartments which provide very limited cooking facilities and typically have shared bathrooms. They are often in rehabilitated hotels, and can be used for emergency, transitional, or permanent housing.

SOCIAL SECURITY DISABILITY INSURANCE (SSDI) A federal government benefit for individuals who are medically disabled and have worked for enough years to be covered under Social Security.

SPECIAL NEEDS HOUSING Housing for people who require specific accommodations and/or support to access and maintain housing. Special needs housing may target the elderly; the disabled, including people living with HIV/AIDS; and those with histories of homelessness, mental illness, and substance use issues.

SUBSIDIZED RENTAL HOUSING Assisted housing that receives or has received project-based governmental assistance and is rented to low- or moderate-income households. Subsidized rental housing does not include owner-occupied units, nor does it include Section 8 certificate/voucher holders in market-rate housing.

SUBSTANCE USE ISSUES The problems resulting from a pattern of using substances such as alcohol and drugs. Problems can include: a failure to fulfill major responsibilities and/or using substances in spite of physical, legal, social, and interpersonal problems and risks.

SUPPLEMENTAL SECURITY INCOME (SSI) SSI is a federal government benefit for individuals who are 65 or older, or blind, or have a disability and earn a low income.

SUPPORTIVE HOUSING Housing, including housing units and group quarters, which include on- and off-site support services.

SUPPORTIVE HOUSING PROGRAM (SHP) Provides grants to develop housing and related support services for people moving from homelessness to independent living. Program funds help homeless people live in a stable place, increase their skills or income, and gain more control over the decisions that affect their lives. Funding may be used for capital costs, facility operations, and support services.

SUPPORT SERVICES Services provided to individuals to assist them to achieve and/or maintain stability, health, and improved quality of life. Some examples are case management, medical or psychological counseling and supervision, child care, transportation, and job training.

SYMPTOMATIC HIV INFECTION Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient. When referring to a person who is HIV-positive, this indicates a person who is sick and/or shows medical symptoms of the disease, but does not have an AIDS diagnosis.

TANF Temporary Assistance for Needy Families, a program administered by the U.S. Department of Health and Human Services. TANF, which replaced and is sometimes referred to as welfare, provides assistance and work opportunities to families with low incomes by granting states the federal funds and guidelines to administer their own welfare programs.

TENANT-BASED RENTAL ASSISTANCE A form of rental assistance in which the assisted tenant may move to a different housing unit while maintaining their assistance. The assistance is provided for the tenant, not a specific housing unit. Also see Project-based Rental Assistance, Rental Assistance, and Shallow Rent Subsidy.

TRANSGENDER Individuals whose sense of gender identity does not match their physiological sex, including those who have changed or are in the process of changing their sex from male to female or female to male.

TRANSITIONAL HOUSING A project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months, or a longer period approved by the U.S. Department of Housing and Urban Development (HUD). For purposes of the HOME program, there is not a HUD-approved time period for moving to independent living.