

Worcester County
HOPWA Needs Analysis

Prepared by Victory Programs, Inc.
Final
October 2011

INTRODUCTION & BACKGROUND

Since 2005, the City of Worcester has been allocated funds through the U.S. Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) program. This funding has been used to provide housing assistance and housing-related services for people with HIV/AIDS across Worcester County.

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

The HOPWA program is specifically oriented towards achieving the following positive outcomes for people living with HIV and AIDS: 1) increased housing stability; 2) reduced risks of homelessness, and; 3) improved access to care, including medical care and social support. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs to help achieve these outcomes.

In an effort to ensure the effectiveness of their HOPWA program in achieving positive outcomes and addressing the needs of the community, the City of Worcester initiated a Request for Proposals (RFP) on March 17, 2011 to conduct a HOPWA Needs Analysis. The Technical Assistance Program at Victory Programs, Inc. (VPI) submitted a proposal in response to the RFP and was awarded the contract.

VPI, formerly doing business as AIDS Housing Corporation, conducted a previous needs analysis in 2005 and a follow-up assessment in 2007 at the request of the City of Worcester. Based on the findings in those reports, the City of Worcester has made program recommendations using the following priorities:

- Increase both scattered-site and congregate affordable housing;
- Ensure that funding housing programs provide low barrier, flexible housing for a range of people and families; and,
- Increase funding for support services and housing information and advocacy to continue the tradition of agencies working together to increase access to care and decrease homelessness.

Looking forward, the City of Worcester's Department of Neighborhood Services will be incorporating planning for the future use of HOPWA funds into its overall Consolidated Plan, as required by HUD. The purpose of this report is to inform the City of Worcester generally regarding:

- Effectiveness and performance of programs funded since 2005;
- Who is living with HIV and AIDS in Worcester County and where they live;

- What is known about that population regarding income, race and ethnicity, mode of exposure to HIV infection, etc;
- What are some of the barriers to permanent housing;
- What resources are available to help households get and maintain suitable housing; and,
- AIDS housing needs and priorities.

For this report, VPI gathered and analyzed existing and new information including:

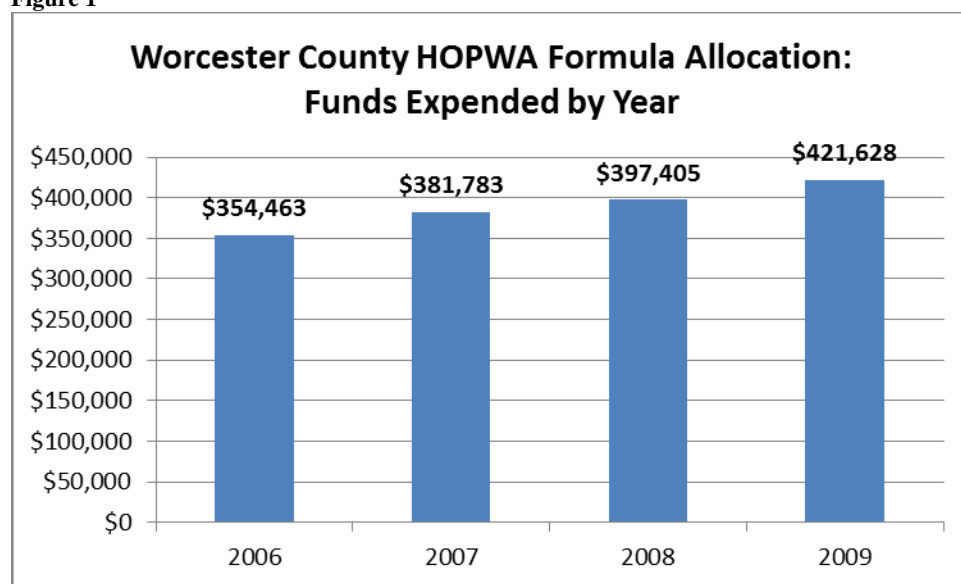
- HIV/AIDS epidemiological information received directly from the Massachusetts Department of Public Health's AIDS Bureau along with information available online (<http://www.mass.gov/dph/cdc/aids>)
- Income information for all persons who accessed HIV-related services in Worcester County from 2007-2009 from the Massachusetts Department of Public Health's AIDS Bureau.
- Fair Market Rent data were gathered from HUD's 2011 datasets as published in the Federal Register (<http://www.huduser.org/datasets/fmr.html>)
- National poverty definitions were taken from the Department of Health and Human Services 2011 guidelines published in the Federal Register (<http://aspe.hhs.gov/poverty/11fedreg.shtml>)
- U.S. Census Bureau Quick Facts (<http://quickfacts.census.gov/qfd/index.html>)
- City of Worcester Consolidated Annual Performance and Evaluation Report (CAPER) data from 2005-2009
- Focus group comments from a group held at the AIDS Project Worcester (APW) on August 4, 2011
- Focus group comments from a group held at Montachusett Opportunity Council (MOC) on August 11, 2011
- Public Hearing comments from August 9, 2011 at Worcester Public Library

CITY OF WORCESTER HOPWA PROGRAM PERFORMANCE

The City of Worcester through its Division of Neighborhoods and Housing Development (DNHD) has received an average annual HOPWA formula allocation of \$371,333 ranging from \$349,000 in 2005 to \$408,282 in 2009. The HOPWA formula funds have been awarded consistently to five local and regional housing and service providers: AIDS Project Worcester (APW), Community Healthlink (CHL), Justice Resource Institute (JRI) Montachusett Opportunity Council, Inc. (MOC), and Worcester Community Housing Resources, Inc. (WCHR).

According to annual performance reporting data, the City of Worcester began expending these funds in 2006. Between 2006 and 2009, a total of \$1,555,279 in HOPWA formula funds were expended (Figure 1). Additional HOPWA funds are available locally through a HOPWA competitive allocation to CHL which received approximately \$237,828 annually.

Figure 1

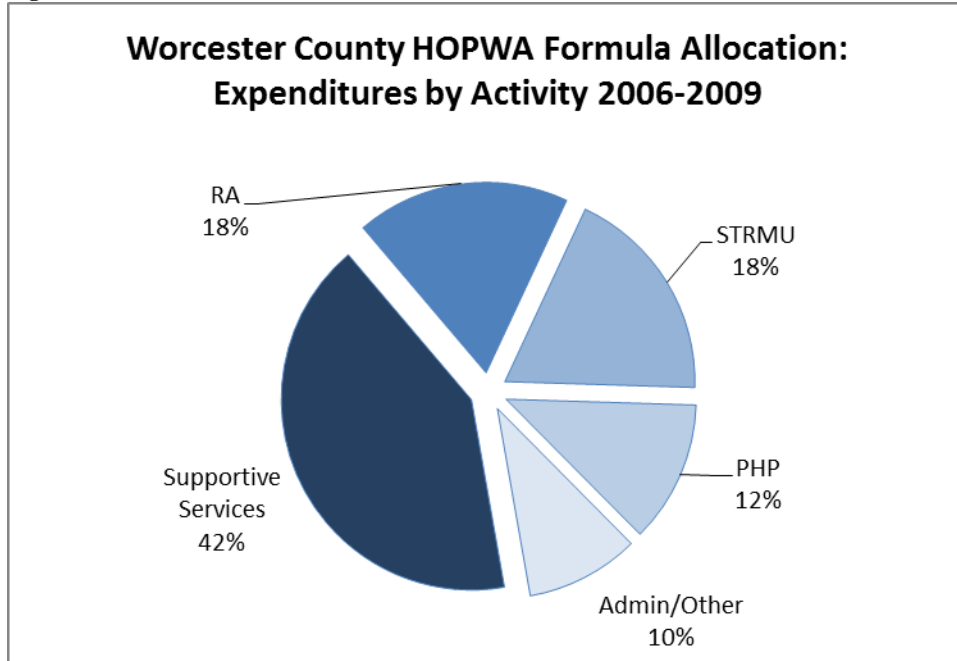


Using these funds, a number of HOPWA activities have been provided to assist those in Worcester County living with HIV/AIDS (Figure 2). These activities include the following:

- Rental Assistance (RA) – ongoing rental subsidy for households renting in either private housing market or facility based housing
- Short-term Rent, Mortgage, and Utility Assistance (STRMU) – financial assistance to prevent homelessness in form of rent, mortgage and utility payments
- Permanent Housing Placement (PHP) – costs associated with assisting households find and obtain permanent housing including first month's rent and security deposit
- Supportive Services – costs associated with the delivery of services including (but not limited to) assessment and case management, chemical dependency treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living

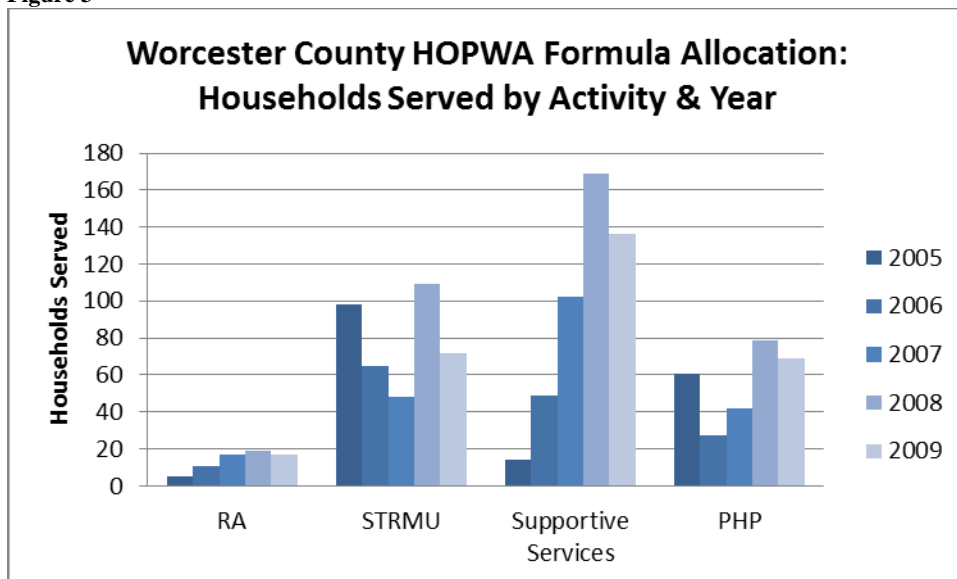
Of the funds expended between 2006 and 2009, 42% were spent to provide Supportive Services, 18% for RA and STRMU, 12% for PHP and 10% on administrative and other costs (Figure 2).

Figure 2



While the same share of dollars was expended on RA and STRMU, the number of households served with RA was nearly 20 during the three most recent individual years and the number of households served with STRMU fluctuated between a low of 48 and a high of 169 in any individual year (Figure 3). This is to be expected, however, given the distinct differences in the type of assistance and associated costs.

Figure 3



Along with these housing and service outputs have come a number of successful outcomes for people living with HIV/AIDS (PLWHA) in Worcester County. In particular, those receiving RA & STRMU have been reported to have extremely successful housing outcomes measured by housing stability (Figure 4 & 5).

Figure 4

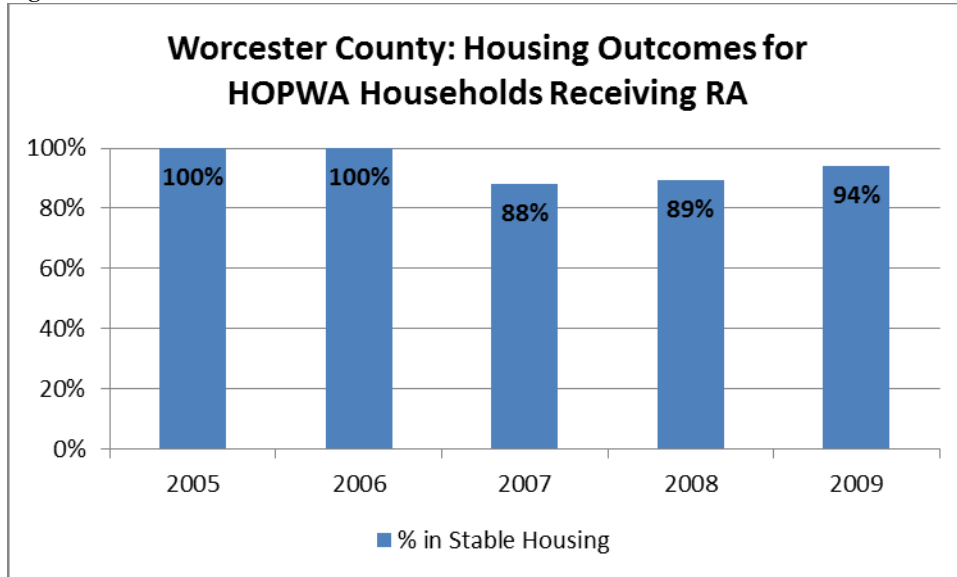
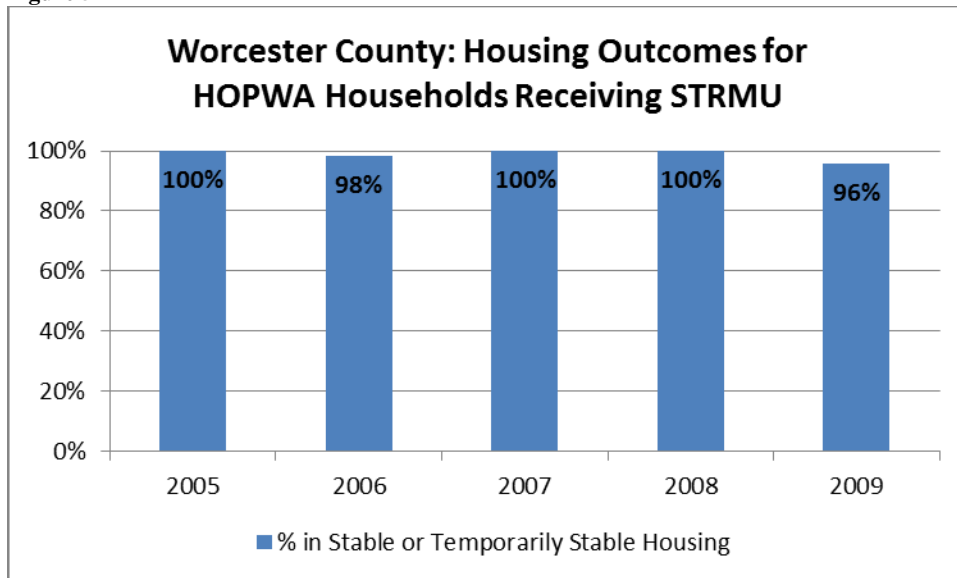


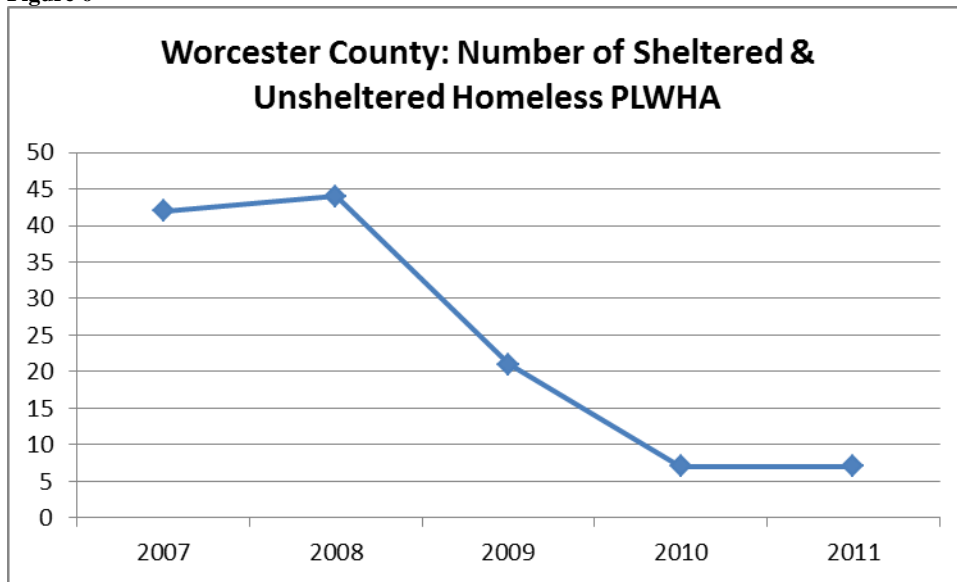
Figure 5



Since 2007, the City of Worcester has actively pursued a Housing First approach in an effort to end homelessness within the city and Worcester County. A housing first model follows the idea that before issues such as substance use, mental health or family dynamics can be addressed, a household must first have access to stable housing. Practically, this often means that the entrance to such housing will have few, if any, requirements.

The success and continued need of the Housing First approach for PLWHA was articulated by a number of HOPWA providers at the DNHD public hearing held for this analysis. One provider noted that focusing efforts on providing low-threshold programs with limited eligibility requirements has assisted the city in being one of the first in the nation to effectively end chronic homelessness. This statement is supported by data reported by the Central Massachusetts Housing Alliance, Inc., which has shown an 83% decline in homelessness amongst PLWHA in Worcester County from 2007 to 2011 (Figure 6).¹

Figure 6



Although many have benefited from HOPWA and other resources, there are still a number of unmet housing and service needs for PLWHA in Worcester County. The remainder of this analysis will outline demographic and epidemiological information of those living with HIV/AIDS in Worcester County, current resources available to them, findings from the focus groups and public hearing, and our recommendations for meeting their needs in the future.

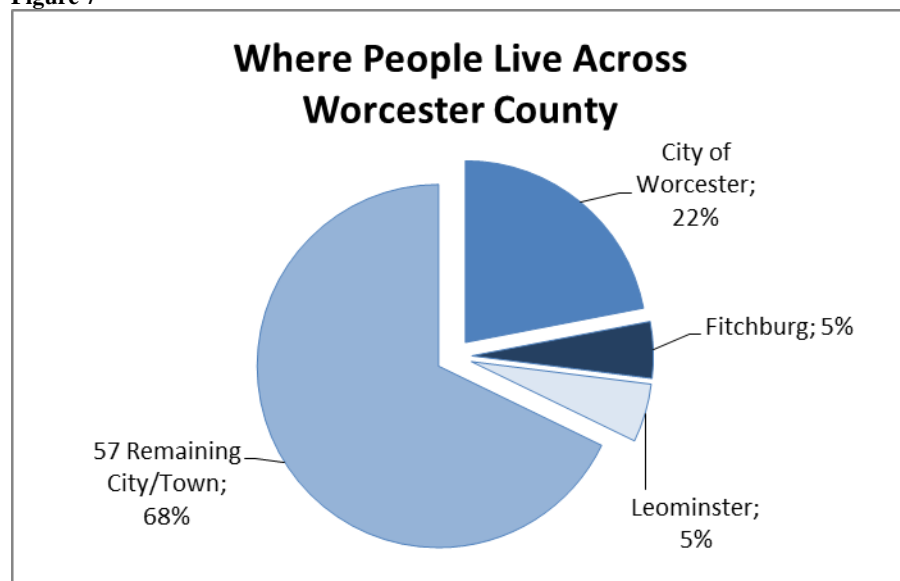
¹ http://www.cmhaonline.org/index.php?option=com_content&task=view&id=126&Itemid=185

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

County-Wide Prevalence

Worcester County, encompassing the central part of Massachusetts, is made up primarily of small towns and rural areas with a total population of 798,552.² Worcester, the county's largest city, has a population of 175,454, or 22% of the population for the county. Fitchburg and Leominster, the county's other population centers, are smaller communities with 40,050 and 41,549, respectively.³ Figure 7 illustrates the population spread in Worcester County.

Figure 7



The Massachusetts Department of Public Health (MADPH) collects epidemiological data on PLWHA across the state. This data are presented here to understand more about the PLWHA in Worcester County.⁴ A complete table of epidemiological data is provided in Appendix A.

The total number of PLWHA in Worcester County, as of December 2010, is 1,600. The greatest number of these cases is within the city of Worcester, with 956 cases, or 60% of total cases. Fitchburg, with a far smaller number, has the second greatest number in Worcester County, with 102 cases or 6%. Leominster has the third highest number of cases with 72 cases or 4.5%. The remaining 470 people living in Worcester County with HIV/AIDS are spread throughout the other 57 municipalities.

Comparing Figures 7 and 8, it is clear to see that PLWHA are disproportionately concentrated in the City of Worcester. The majority of PLWHA across Worcester County live within the City of

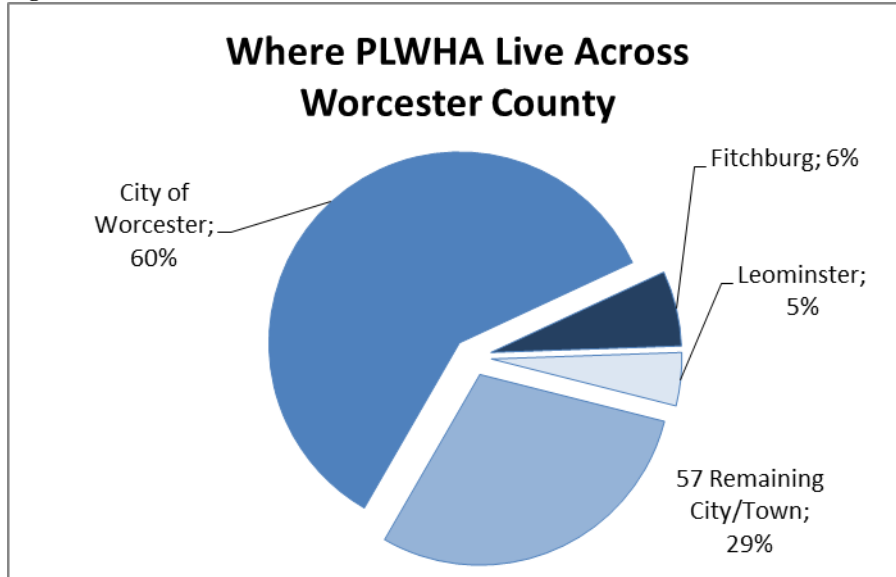
²US Census Bureau Quick Facts available at: <http://quickfacts.census.gov/qfd/index.html>.

³ Ibid.

⁴ Data presented were received from the Massachusetts Department of Public Health directly. Data is also available online at: <http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Researcher&L2=Physical+Health+and+Treatment&L3=Diseases+%26+Conditions&L4=HIV%26%2347%3BAIDS&sid=Eeohhs2>

Worcester which is also where medical and support services are concentrated. The 40% of PLWHA who live outside of the City of Worcester have less access to public transportation and live farther from these services.

Figure 8

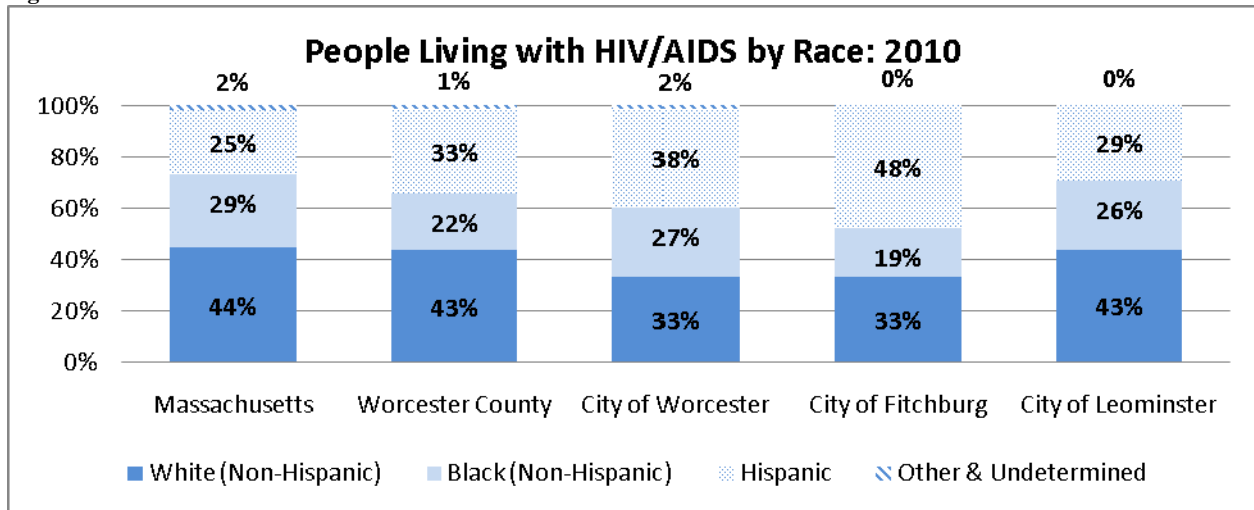


Demographic Data

A review of data on race, ethnicity, sex and age provides further understanding of the PLWHA in Worcester County (Figures 9-12). A complete table of both 2005 and 2010 data for each geographic area is provided in Appendix A.

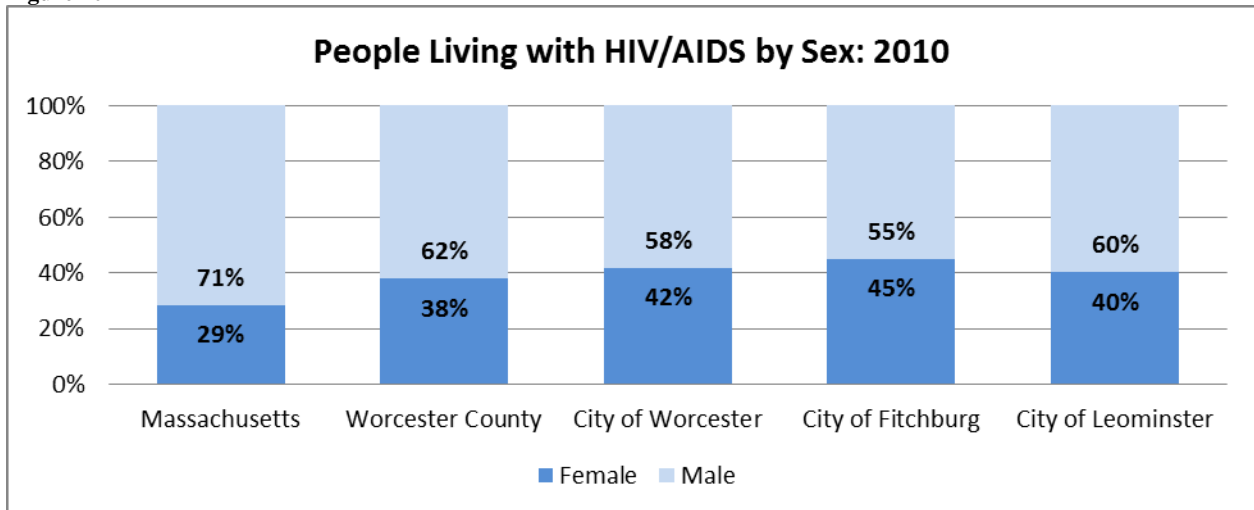
The racial and ethnic composition of PLWHA varies across Worcester and in comparison to statewide data (Figure 9). The percentage of PLWHA who are white in Worcester County and Leominster mirror the rest of the state, with 43%, 43% and 44%, respectively. The percentage of PLWHA living in Worcester who are Black is similar to the statewide percentage at 27% and 29%, respectively. The percent of PLWHA who are Hispanic is higher in Worcester County as a whole as well as all of its population centers when compared to statewide data. Fitchburg has the highest percentage of PLWHA who are Hispanic at nearly half and the lowest percentage of PLWHA who are Black when compared to the Leominster, Worcester, the County and state.

Figure 9



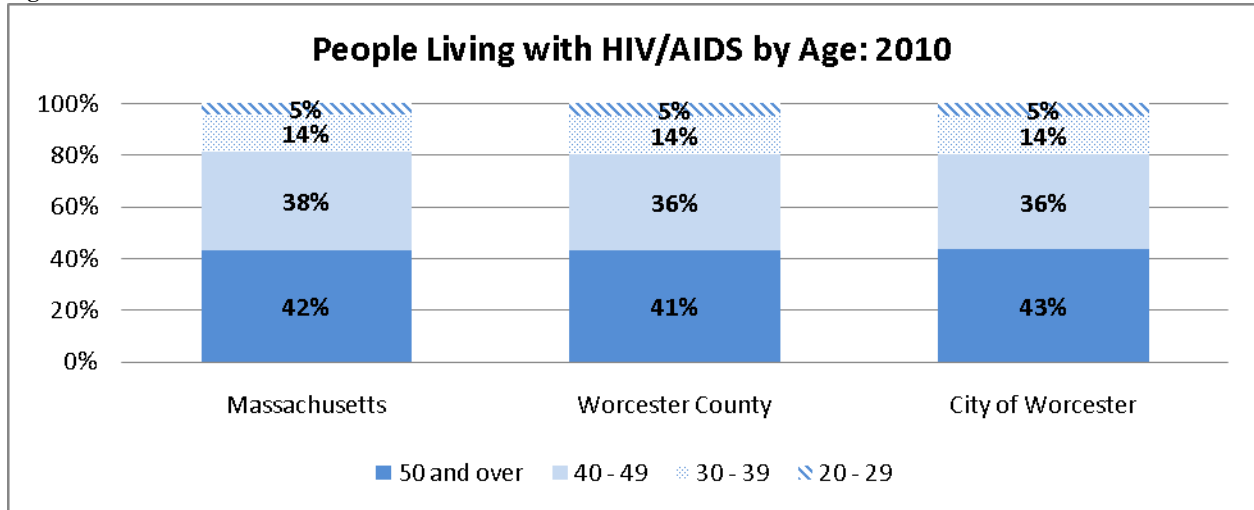
Data on the sex of PLWHA shows that, compared to Massachusetts, there is a higher rate of HIV among women across Worcester County as shown in Figure 10. In the City of Worcester, for example, 42% of the PLWHA are women, while 29% of PLWHA are women across the state. This trend was also identified in the 2005 AIDS Housing Needs Assessment.

Figure 10



Across all areas in of the state, Worcester County and the City of Worcester, the spread in the age of PLWHA is fairly similar (Figure 11). Across all regions about 40% of PLWHA are over 50, about 36-38% are in their forties, 14% are in their thirties, and 5% are in their twenties. While the over 50 age category includes a larger range of ages, the size of this age group is notable. This age data illustrates that HIV/AIDS is most prevalent in older persons. Nearly 80% of PLWHA are 40 or over. Please note that the data on PLWHA who are under 20 and for Fitchburg and Leominster is not presented in Figure 11 because the MADPH suppresses small data sets to protect privacy. For complete data tables, see Appendix A.

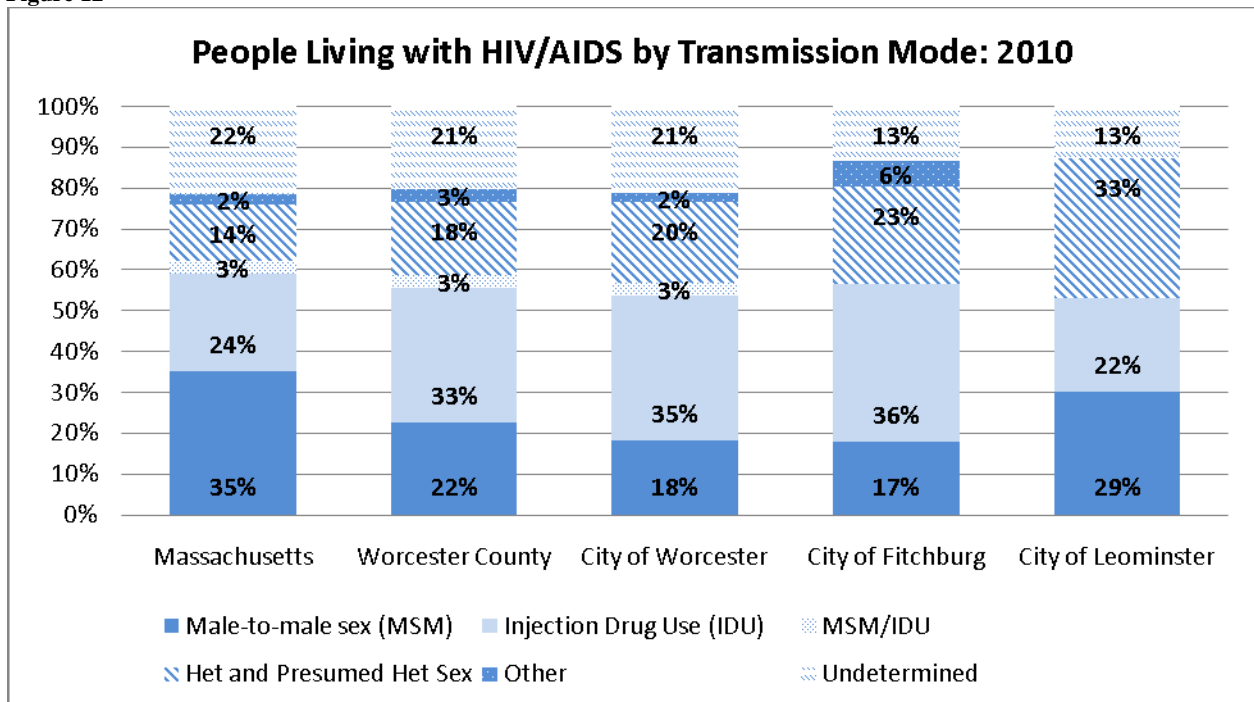
Figure 11



Modes of Transmission

In Worcester County and the City of Worcester respectively, 33% and 35%, of HIV/AIDS cases report transmission through injection drug use (IDU); overall, in Massachusetts the percentage is 24%. The second most common mode of transmission in the City of Worcester is through heterosexual and presumed heterosexual contact, with percentages of 18% and 10%, respectively, for a total of 28%. Male to male sex (MSM) is the third most common mode of transmission with 18% of cases. In Worcester County, the second most common mode of transmission is MSM with 22% of reported cases and the third most common is heterosexual and presumed heterosexual contact. Figure 12 illustrates transmission modes in Worcester County.

Figure 12



Income & Rent Comparisons

In order to be eligible for HOPWA services, including rental assistance, an HIV+ individual must have a low income, defined as 80% or less than the area median income (AMI). These definitions are from local income data and vary significantly from state to state, even from community to community and are defined by the federal government. While 80% of AMI is the maximum income a household can have and be eligible for HOPWA, the actual households served tend to fall within lower AMI categories. For example, of the 89 households that were reported to have received HOPWA Housing Subsidy Assistant (RA and STRMU), about 33% had income at or below 30% of AMI and 65% had income at or below 50% of AMI. Table 1 shows the area median income definitions for FY 2011 for Worcester County.

Table 1

Worcester MSA: Area Median Income Limits (FY 2011)				
	1 person	2 persons	3 persons	4 persons
Worcester				
Low Income (80%)	\$44,950	\$51,400	\$57,800	\$64,200
Very Low Income (50%)	\$29,350	\$33,550	\$37,750	\$41,900
Extremely Low Income (30%)	\$17,650	\$20,150	\$22,650	\$25,150
Eastern Worcester County				
Low Income (80%)	\$44,950	\$51,400	\$57,800	\$64,200
Very Low Income (50%)	\$35,950	\$41,100	\$46,250	\$51,350
Extremely Low Income (30%)	\$21,600	\$24,650	\$27,750	\$30,800
Fitchburg-Leominster				
Low Income (80%)	\$44,950	\$51,400	\$57,800	\$64,200
Very Low Income (50%)	\$28,750	\$32,850	\$36,950	\$41,050
Extremely Low Income (30%)	\$17,300	\$19,750	\$22,200	\$24,650
Western Worcester County				
Low Income (80%)	\$44,950	\$51,400	\$57,800	\$64,200
Very Low Income (50%)	\$28,780	\$32,850	\$36,950	\$41,050
Extremely Low Income (30%)	\$17,300	\$19,750	\$22,200	\$24,650

Unfortunately, many persons with HIV and AIDS fall well below the 80% AMI income definition as well as below the Federal Poverty Line (FPL). The federal poverty definition is established by the United States Department of Health and Human Services. This definition, often referred to as the 'poverty line', is the same across the country, regardless of local wages or cost of living (Table 2). For a household of one person, the federal poverty level is defined as an

annual income of \$10,890 or \$907.50 per month. Thus, one person households with income below the poverty line are making *less* than \$907.50 a month.

Table 2

Federal Poverty Levels				
	1 person	2 persons	3 persons	4 persons
100%	\$10,890	\$14,710	\$18,530	\$22,350
200%	\$21,780	\$29,420	\$37,060	\$44,700
300%	\$32,670	\$44,130	\$55,590	\$67,050

Data provided by the MA Department of Public Health on the income of clients receiving DPH funded HIV related services in Worcester County illustrate how HIV disease and poverty are dual epidemics. Between 2007 and 2009, 1,918 clients sought services in Worcester County. Of the 1,525 clients for whom income data is available, 1,200 (63%) had incomes at or below the poverty line.

Based on statements from providers, the vast majority of their clients rely on Supplemental Security Income (SSI) as their main source of income. SSI provides income benefits to persons who have been determined to be disabled but do not have a substantial work history (Social Security Disability Insurance or SSDI is paid to those who become disabled and have ‘paid in’ sufficient amounts through previous employment).

SSI benefits vary from state to state; they are a combination of basic rates paid by Social Security and state contributions. Persons who receive SSDI benefits often receive higher benefits than those on SSI, though these incomes can still be very low and well under 50% of median income.

In Massachusetts, monthly SSI benefits are:⁵

- \$788.39 for individual, living alone
- \$704.40 for individual with ‘shared living expenses’
- \$536.92 for individual who is ‘doubled up’

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

For comparison of income to current rent levels in the county, we can look at the Fair Market Rent (FMR) levels established by HUD annually for localities across the country (Table 2). The FMR is what a person could reasonably expect to pay for an apartment in a particular community. HUD programs that provide rental assistance (such as HOPWA) are typically restricted to the annual FMR’s set by HUD.

⁵ Social Security Online, <http://ssa.gov/pubs/11130.html>

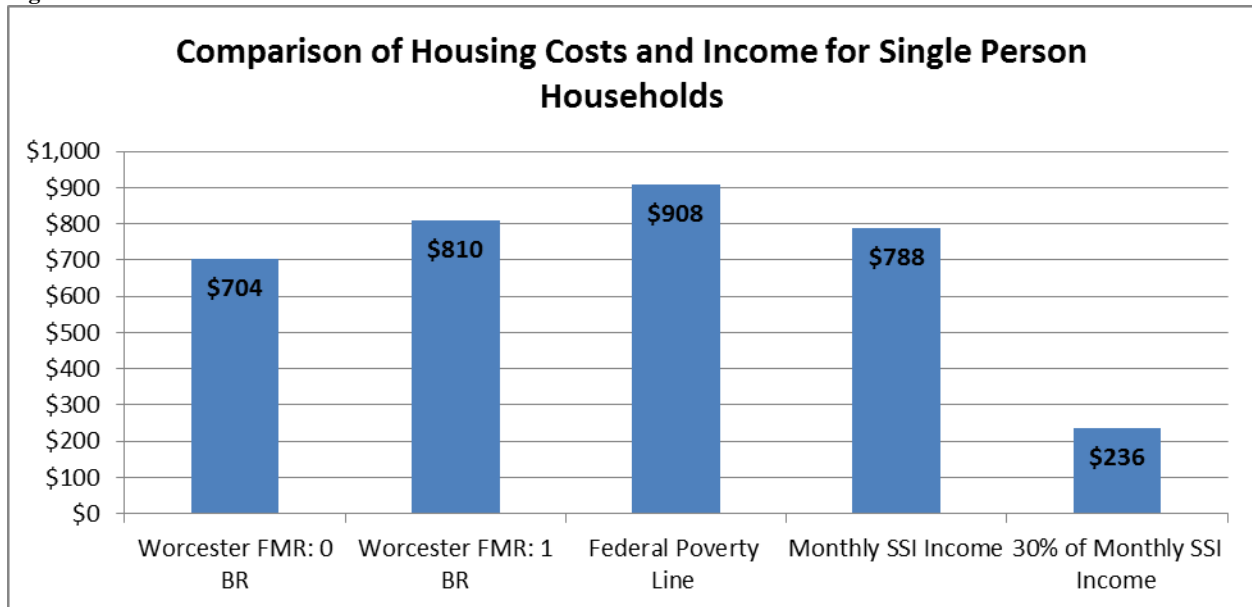
Table 3

Worcester County: Fair Market Rents					
	0 BR	1 BR	2 BR	3 BR	4 BR
Worcester	\$704	\$810	\$986	\$1,179	\$1250
Eastern Worcester County	\$721	\$806	\$1061	\$1268	\$1862
Fitchburg-Leominster	\$702	\$807	\$1012	\$1239	\$1346
Western Worcester County	\$567	\$780	\$874	\$1043	\$1340

Considering the prevailing rents in Worcester County, a single person receiving SSI payments would either be substantially rent burdened or completely unable to afford housing in their communities. HUD recommends that households pay no more than 30% of their income towards rent (Figure 13).

- Rent for a 0 Bedroom unit in the City of Worcester is 89% of earned monthly income for an individual receiving SSI.
- Rent for a 1 Bedroom unit City of Worcester exceeds monthly SSI payments to a single individual, at 102% of total SSI income

Figure 13



RESOURCES IN WORCESTER COUNTY FOR HIV+ PERSONS

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

These same programs receive supportive service monies through the Massachusetts Department of Public Health's (MADPH) AIDS Bureau, HOPWA Formula allocations to the City of Worcester, a competitive HOPWA grant held by Community Healthlink and Ryan White CARE Act funds through the Boston Public Health Commission (BPHC), whose CARE Act (Title I) area covers all of Worcester County.

With its FY09 HOPWA Formula allocation, the City of Worcester contracted over \$350,000 to five organizations: AIDS Project Worcester (APW), Community Healthlink (CHL), Justice Resource Institute (JRI) Montachusett Opportunity Council, Inc. (MOC), and Worcester Community Housing Resources, Inc. (WCHR). These grants were used to provide supportive services, rental and emergency assistance, and permanent housing placement services.

AIDS Project Worcester provides multiple forms of housing assistance through its HOPWA funding with additional client supportive services provided through leveraged funding. The agency runs a rental start-up program assisting clients with first and last month's rent. They also administer a homelessness prevention program that provides rent and/or utility assistance to households at-risk of homelessness.

Community Healthlink holds about 60 rental assistance subsidies funded through the McKinney-Vento Act and through HOPWA dollars (the McKinney-Vento Act funds housing vouchers for homeless households, primarily targeting disabled homeless persons). These vouchers are combined with service dollars from a variety of sources, including HOPWA formula funds, the MADPH AIDS Bureau and the Massachusetts Department of Mental Health, creating a voucher program aimed at homeless HIV+ persons. HOPWA formula funds have mainly been used to provide supportive services for 9 units within CHL's Maranda House.

The City also funds services through the Justice Resource Institute for 32 participants around the county in a scattered site rental assistance program. This program leverages HCVP vouchers through RCAP that have been set-aside by the Commonwealth's Department of Housing and Community Development.

The Montachusett Opportunity Council, Inc. (MOC) also provides both supportive services and housing assistance through their HIV residential program in North Worcester County. HOPWA funding provides for four units of permanent supportive housing scattered throughout downtown Fitchburg.

Worcester Community Housing Resources (WCHR) uses its HOPWA funding to provide rental assistance for four set-aside units in a building of 14 Single-Room Occupancy (SRO) building in

Worcester. Supportive Services are provided to these occupants through established referral and service linkages with APW and CHL.

PLWHA in Worcester County also have access to AIDS Action Committee's Rental Assistance Program (RAP). RAP includes a Homelessness Prevention Program, a Rental Startup Program, and a Utility Assistance Program. These funds can help assist clients with rent, mortgages, first and last month's rent, security deposit, and utility bills. Funding for this state-wide program is available through a variety of resources including DPH and BPHC.

In addition to the specific resources mentioned above, PLWHA in Worcester County also benefit from more "mainstream" housing resources such as the Housing Choice Voucher Program or Public Housing. Similar to the funding for HIV/AIDS Housing and services, these resources are limited and supply is not sufficient for the demand. According to Worcester Housing Authority, the current waiting period for their public housing waitlist is 1-2 years and the HCVP waitlist is even higher at 7-10 years.

In spite of the limited resources available to them, AIDS service providers and housing providers across the county have established strong community collaborations with each other resulting in a more effective and coordinated delivery system. Worcester County has an active HOPWA Advisory Committee and McKinney-Vento consortia, with the high levels of communication and collaboration that can result. A number of the providers of AIDS housing and related services are active participants in this Consortium, including Community Healthlink and the Montachusett Opportunity Council. AIDS service providers and HOPWA recipients should actively participate in this valuable forum for planning and developing housing resources that will serve a myriad of special needs populations, including HIV+ persons.

FOCUS GROUP & PUBLIC HEARING FINDINGS

Collecting input from various stakeholders was a key effort in ensuring this analysis took into account the knowledge and experiences of both consumers and providers. In order to obtain this information, VPI coordinated two consumer-based focus groups and one public hearing. Both the focus groups and the public hearing solicited feedback from attendees regarding the current needs, barriers, and issues surrounding HIV/AIDS housing and related services.

There were a combined total of 24 participants in the focus groups which occurred in Worcester and Fitchburg. All of the participants in the focus groups were people living with HIV/AIDS in the county. Additionally, there were 30 attendees at the public hearing which included HOPWA providers, AIDS Service Organizations, HOPWA Advisory Committee members, consumers, and public officials. Of the attendees at the hearing, eight provided verbal statements and two provided written testimony which is available in Appendix B.

Outlined below are the most prevalent issues or concerns that were raised during the focus groups and public hearing.

Affordable Housing

There were an overwhelming amount of responses which highlighted a lack of affordable housing as the most critical housing issue facing PLWHA in Worcester County. Numerous consumers stated that rents in the area were simply too high for their income. As previously stated, the majority of those served with HOPWA funding in Worcester County have fixed incomes well below the HOPWA income limit of 80% AMI. In fact, Community Healthlink submitted testimony stating that nearly all of their clients were at or below 15% AMI. Given their high poverty level combined with increases in costs of living, in particular cost of utilities, it is impossible for many to afford the market rents in the area.

It is unlikely with the current economy, tight housing market, and increasing utility costs that housing affordability will change in the near future. In fact, all recent trends have pointed to increasing costs. According to the National Low Income Housing Coalition, the monthly rental rate of a two-bedroom apartment in Worcester has increased by 57% since 2000.⁶

For those without housing assistance subsidies, this often means living in undesirable locations such as those with high crime or drug-use, inhabitable units, or ‘doubled-up’ with family or friends. Waitlists for affordable housing such as the Housing Choice Voucher Program and public housing, at both local and regional housing authorities, are either extremely long or frozen.

Barriers to Appropriate Housing

Multiple consumers and providers lamented at either the lack of appropriate housing available to PLWHA or the existence of barriers which prohibited them from accessing appropriate housing.

⁶ <http://www.nlihc.org/oor/oor2011/area.cfm?state=MA>

Advocates from both AIDS Project Worcester (APW) and Community Healthlink (CHL) noted that even when affordable housing is available, there are often other barriers which prevent them from accessing and/or maintaining it. Barriers identified by both providers and consumers include the following:

- **Exclusionary Screening**

Those clients with negative housing histories, poor credit, criminal histories, or substance abuse histories have a particularly difficult time obtaining both private and public housing. Landlords often run background checks and will not rent to those with CORI issues or past evictions. Additionally, many subsidized housing resources include criminal history exclusions. Noting that significant percentages of the HIV+ persons served by AIDS service organizations in the county have such histories, the eligibility restrictions that exist in many housing programs make finding housing nearly impossible for this segment of the population.

- **Eligibility/Program requirements**

Many housing programs include sobriety and/or service requirements which prohibit some clients from accessing this type of housing or often losing it due to substance abuse or mental health issues. In some cases people in recovery from addiction might be able to identify affordable housing targeting their support needs but often such programs have work requirements that people who are living with AIDS may not be able to meet.

On the other end of the spectrum are those clients who reside in these programs but no longer need the services attached to them. Multiple consumers complained of feeling “monitored” or having to “answer to someone.” Unfortunately, due to the exclusionary criteria of many subsidized programs noted above, these clients are unable to move forward into more “mainstream” housing. Furthermore, as Community Healthlink’s (CHL) Leah Bradley pointed out, this causes a backlog in the system keeping those in need of a more intensive housing program from getting the services they need to be stably housed.

In additional public hearing testimony, CHL highlighted that there are clients who are not able to access CHL’s housing since they do not meet HUD’s definition of homelessness. Much of the housing and service dollars for PLWHA in Worcester County are through McKinney-Vento leaving many who are “couch surfing” or in other unsuitable living situations ineligible for these programs.

- **Household Composition**

Quite a few consumers noted that having children was an issue for them in obtaining or maintaining housing. Some relayed that the behavioral or criminal history issues of a child or partner had either prevented them from accessing housing or caused them to lose their housing. One consumer pointed out that children are an integral part of their support network. Additionally, it seemed there may be a lack of appropriately sized units to meet the needs of households with children. One MOC advocate noted a trend of more homeless women and children due to domestic violence and a shortage of funds to support these families. Finally, Joe McKee, Executive Director of APW, emphasized that nearly 90% of the women served at

APW have children, are well below the FPL, and have been homeless at some point in their lives.

- **Lack of financial resources**

As previously stated, a large number of PLWHA have extremely low incomes which results in very limited affordable housing options available to them. However, in some cases a client may find a housing situation which meets their needs but they lack the financial resources to move there. For example, many apartments require a security deposit or first/last month rent upfront. Additionally, the household may not have appropriate furniture or the ability to pay for moving expenses. One consumer noted that the “once in a lifetime” restriction on housing placement assistance was unfair since circumstances can change and what once was an appropriate living situation may no longer be suitable.

- **Habitability**

There were multiple concerns raised in both focus groups regarding the issue of unsafe and unsanitary housing conditions. Many described the location of their housing as areas with high crime and rampant drug use. One consumer expressed frustration stating it was unreasonable to put someone with substance abuse issues in a drug-infested neighborhood and expect sobriety to be maintained. Others noted that a lot of available housing was in disrepair and should be condemned. Those with tenant-based vouchers must also contend with this issue since their units must pass habitability inspections. Some stated that it was difficult to find landlords willing to accept vouchers since they didn’t want their units subjected to inspections.

Need for Supportive Services

Numerous statements were made highlighting the need and effectiveness of supportive services in keeping people housed. Focus group participants described case management and especially housing advocacy as crucial in placing clients into housing and maintaining it. Advocates help their clients identify housing resources, fill out necessary paperwork, get on waitlists and assist with accessing start-up costs and help with furniture. Additionally, they have established positive relationships with property owners improving housing placement for those with tenuous housing histories with the promise of ongoing supportive services. Joe McKee, Executive Director of AIDS Project Worcester, stated that working directly with private landlords has negated many of the barriers to housing such as CORIs and credit issues.

Once housed, case managers continue to provide the necessary services to keep clients stably housed. This includes budgeting training, other life skills training, and connecting clients with recovery, mental health, and medical services, all of which contribute to more stable tenancies. Numerous clients recollected the difficulty they first experienced when newly housed with managing bills and other responsibilities. It was extremely helpful for these clients to have a case manager available to assist in these matters. One consumer noted that with the help of a case manager she can now budget on her own and feels this created the necessary structure in her life. It is clear that services are a key to maintaining successful outcomes.

Although provider agencies are working diligently to ensure clients access the care and services they require, there were a number of unmet needs cited in this area. The lack of transportation services was noted by both providers and consumers as a major barrier. Public transportation around Worcester is minimal and most consumers do not own vehicles, making attendance at medical appointments, food pantries, and housing search difficult. For the rural areas outside of Worcester, accessing public transportation is nearly impossible. One consumer expressed disappointment that in order to receive quality services you either needed a car or had to remain closer to the City even if it was less affordable to do so. Another consumer living in Gardner pointed out that just one trip to the doctor can be an all day event requiring one to plan accordingly for their meals, bathroom breaks, and medication regimen. Leah Bradley from CHL underscored these concerns stating that transportation provided by MassHealth is often restrictive and unreliable.

In addition to transportation, CHL also highlighted nursing support, nutritional services and job training services as unmet service needs amongst their client population. According to CHL's Leah Bradley, the complexities of medications and specialist recommendations that need to be implemented often require more expertise than most case managers can provide. Additionally, it was stated that clients' low incomes not only made housing unaffordable but other basic needs as well such as nutritious food. Finally, CHL also expressed a desire for increased job training programs to help those who are able to manage their chronic illness re-enter the workforce.

Housing First & Homelessness Prevention

The City of Worcester's "Housing First" strategy was praised by both provider and consumer alike for effectively ending the area's homelessness and providing a housing model that meets the various needs of the population. AIDS Project Worcester (APW) highlighted their housing first model as key part of their approach which has resulted in the housing of 1399 residents in Central Massachusetts. CHL has also had success with this strategy by operating low-threshold programs which contain no sobriety requirements, criminal history check, eviction checks or other exclusionary screening. One consumer supported the need for housing immediately and then the connection to services and medical care once housed. Another stated that Worcester needed more programs and resources that follow the housing first model.

Many consumers noted that getting assistance with start-up costs made the difference in them obtaining housing. One speaker at the public hearing was both a case manager and consumer. She noted her struggle with residing in sober housing and participating in program requirements that she felt were inappropriate for her needs. APW was able to provide her with rental start up funds to move to her own apartment and she credits them by stating "APW saved my life and my son's life."

STRMU was another form of HOPWA assistance that was referenced often as impacting the housing stability of clients. Widmark Donis, a case manager at APW, noted that clients have been affected by the economy much like the rest of the country. He stressed that loss of employment and winter expenses can quickly put households in jeopardy of homelessness. These funds have served as a safety net and coupled with an individualized service plan can "get people back on their feet."

SUMMARY & RECOMMENDATIONS

Based on information gathered, there are a number of unmet housing and service needs for PLWHA in Worcester County. The needs analysis identified these critical issues:

Lack of Affordable Housing

The greatest housing need for persons living with HIV and AIDS in Worcester County is permanent, affordable housing. This is supported by the following:

- High incidence of poverty among PLWHA in Worcester County with many only receiving SSI as source of income
- Fair Market Rents valued at 89% or more of an individual's monthly SSI payment
- Rising costs of rent and utilities in a tight housing market and slow economy
- Long waiting lists for subsidized housing
- Focus groups prioritizing emergency assistance and vouchers as greatest need

Barriers to Accessing Housing

People with HIV/AIDS face serious challenges in finding and maintaining housing. The most prevalent barriers to housing include:

- Histories of criminal activity or substance abuse and poor credit and housing histories limit many from successfully applying for housing
- Program requirements such as rules regarding sobriety
- Homeless eligibility requirements
- Issues related to children or partners
- Lack of financial resources to pay move-in costs
- Difficulty finding decent, safe, affordable housing or landlords unwilling to accept housing subsidies

Services Needed to Maintain Housing

Although permanent affordable housing was identified as the greatest need, our findings clearly indicated that supportive services are an integral part of a household's ability to obtain and maintain housing stability. The following services were highlighted as crucial to meeting the needs of PLWHA:

- Intensive case management services addressing substance use, mental health, and medical care.
- Housing search and advocacy services
- Case management addressing life skills and financial literacy
- Transportation assistance
- Nutritional assistance
- Vocational and educational training

Identified Gaps in the Housing Continuum

- A need for a wider range of housing available to people with HIV/AIDS from housing with nursing support to more independent living arrangements
- A need for more low-threshold housing assistance options for those who cannot access HCVP or other forms of subsidizing housing
- A lack of housing for families
- A lack of safe, decent, affordable housing
- Weak linkages between HIV/AIDS housing and more “mainstream” housing systems

RECOMMENDATIONS

In the past five years, the City of Worcester’s HOPWA program has helped stabilize the lives of many by providing much needed housing assistance and access to services. However, many PLWHA in Worcester County continue to struggle with unmet housing and service needs. Based on the data collected in this analysis, the following recommendations are suggested for the future planning of the HOPWA program:

Increase Affordable Housing Options for Persons Living With HIV/AIDS

- Continue to promote “Housing First” approach which supports low-threshold housing programs.
- Fund RA & STRMU at current or increased levels to continue to allow PLWHA increased mobility and the ability to remain in current housing situations that meet their needs.
- Increase funding of development or operating costs for facility-based units to provide more safe and sanitary units with emphasis on creating a variety of housing types including family housing, SROs, community residences, mobility-impaired units and assisted living.
- Utilize other housing/community development funding such as LIHTC or HOME available to the City to create set-aside units for PLWHA.
- Ensure available housing options exist which are affordable to both very low and extremely low-income residents.

Maintain and Expand Access to Supportive Services

- Continue to fund Supportive Services to address the particular and changing service needs of the population.
- Continue to fund Permanent Housing Placement activities to ensure PLWHA access to housing and other resources available to them.
- Encourage expansion of supportive services to include access to transportation, nutritional assistance, and vocational/educational training.
- Consider additional supportive services needed to adapt to the shift of an aging population of PLWHA.

Encourage Collaboration and Linkages

- Continue to foster partnerships amongst network of providers in Worcester County encouraging shared access to resources and information through trainings, meetings, and other forms of communication.
- Explore collaborations between HIV/AIDS housing and other “mainstream” housing systems such as local housing authorities or community development corporations.
- Work with the Worcester Housing Authority to ascertain what resources may be available to PLWHA and ensure access to available resources for persons with criminal histories.⁷
- Advocate for the establishment of preferences for PLWHA for those units being developed by CDCs or private development companies using subsidized funding.
- Maximize existing resources by establishing formal linkages between HIV/AIDS, mental health housing, substance abuse housing, elderly housing, and homeless housing programs.

Given the complex and varying needs of the population, it is essential that a diverse range of housing options and services be available in order to effectively meet the needs of PLWHA. During the past five years, the City of Worcester has been able to produce positive housing and service outcomes for PLWHA in Worcester County funding a variety of HOPWA activities. An integral component of maintaining and improving upon this success is to continue to develop strategies for reducing barriers to housing and services. With the recommendations noted above, the City of Worcester should continue to meet its goals of addressing the housing and service needs of those living with HIV/AIDS in the community.

⁷ http://www.usich.gov/resources/uploads/asset_library/Rentry_letter_from_Donovan_to_PHAs_6-17-11.pdf