Worcester County
AIDS Housing Needs Assessment

‘Housing Is Health Care’

Prepared by AIDS Housing Corporation
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February, 2005
INTRODUCTION

In October 2003, Worcester County in Massachusetts was awarded a formula grant through the U.S. Department of Housing and Urban Development’s Housing Opportunities for People With AIDS (HOPWA) program for $369,000. This grant was awarded to fund 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:

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

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

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

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

This award was part of a national reconfiguration of how HOPWA formula funds are geographically awarded. Prior to the Fiscal Year 2004 funds awarded in October 2003, HOPWA money had come into Massachusetts through 4 grants. The City of Boston received monies for a large area essentially covering inside the Route 495 beltway,
including most of Middlesex County ($2,477,000 in FY03). The City of Springfield received a grant to cover parts Hampden, Hampshire and Franklin Counties ($444,000 in FY03). The City of Providence, Rhode Island received monies for an area that covered a few locations in Bristol County, including the city of Fall River. The Commonwealth, through the AIDS Bureau at the Department of Public Health received a grant to cover the ‘balance of state’ not covered by the other formula grants ($1,119,000 in FY03).

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

Looking forward, the City of 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. For its FY05 HOPWA grant, the City will be issuing a Request For Proposals to solicit responses for possible use of funds. As part of this long and short-term planning, the DNS has asked AIDS Housing Corporation to produce a report on the housing related needs of people living with HIV/AIDS in Worcester County. The purpose of this report is to inform the City of Worcester generally regarding:

- 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;
- AIDS housing needs and priorities

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

- HIV/AIDS epidemiological information is available in some detail through the Massachusetts Department of Public Health’s AIDS Bureau (http://www.mass.gov/dph/aids/research.htm).
- Income information for all persons who recently accessed HIV-related services in Worcester County was also obtained from the AIDS Bureau.
- Fair Market Rent data were gathered from HUD’s 2005 datasets as published in the Federal Register (http://www.huduser.org/datasets/fmr.html).
• National poverty definitions were taken from the Department of Health and Human Services 2004 guidelines published in the Federal Register (http://aspe.hhs.gov/poverty/04fedreg.pdf)

• 2004 Gaps Analysis and comments from the Worcester County HUD Continuum of Care were obtained from the City of Worcester

• AIDS housing resource inventory for Worcester County (see http://www.ahc.org/publications_housing.html for an online directory of AIDS housing programs in Massachusetts)

• AIDS Housing Corporation’s own publication, Moving Forward: A Massachusetts HIV/AIDS Housing Resources and Needs Assessment, which can be found at http://www.ahc.org/publications_list.html#Needs

• Focus group comments from a group held at the Worcester Public Library on January 11th, 2005.
PERSONS LIVING WITH HIV/AIDS IN WORCESTER COUNTY – A PROFILE

Worcester county comprises the central part of Massachusetts and is made up primarily of small towns and rural areas. Its two largest communities are Worcester, with a population of 172,648 and Fitchburg, population 39,102.

County-Wide Incidence and Modes of Transmission

As of October 2004, there were 1,280 total alive cases of HIV/AIDS in Worcester County (all of the HIV/AIDS epidemiological data in this report is from the Massachusetts Department of Public Health’s AIDS Bureau website and is available at http://www.mass.gov/dph/cdc/aids/aidsprog.htm).

The greatest number of these cases is within the city of Worcester, with 818 cases, or 63.9% of total cases. Fitchburg has the second greatest caseload in Worcester county, though it is a distant second, with 93 cases or 7.3%. Leominster has the third highest number of cases: 58 (4.5%). The remaining towns in Worcester county with HIV/AIDS cases have 26 or fewer cases each.

The number of white cases in Worcester county mirrors the rest of the state, with 46.4% of HIV/AIDS cases in Worcester and 46.7% Statewide. However, 34.8% of the cases in Worcester county are among Hispanics, which is much higher than the Hispanic percentage of cases Statewide, 24.1%. Black cases comprise 18.1% of Worcester county cases.

Worcester county differs from the rest of Massachusetts in that there are a proportionately higher number of cases among women: 37.5% are female; 62.5% of cases are male compared with 28.2% female and 71% male overall in Massachusetts.

This trend continues with transmission rates. In Worcester county, 40.7% of HIV/AIDS cases report transmission through injection drug use (IDU); overall in Massachusetts the percentage is 29.5%. The second most common mode of transmission for HIV/AIDS is through heterosexual and presumed heterosexual contact, with percentages of 18.6% and 13.4%, respectively, for a total of 32%. Male to male sex (MSM) is the third most common mode of transmission with 19.5% of cases.

The greatest number of cases is found among people between the ages of 30-39, which is also the age bracket during which cases are most frequently diagnosed in both the cities of Worcester and Fitchburg.

Income and Rent Comparisons for Worcester County

In order to be eligible for HOPWA services, including rental assistance, an HIV+ individual must have an income that is 80% or less than the median income. These definitions are from local income data and vary significantly from state to state, even
from community to community. Here are the 80% of median annual income definitions for Worcester county:

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Unfortunately, many persons with HIV and AIDS fall well below this income definition. According to recent income information from Department of Public Health’s AIDS Bureau utilization data on 461 individuals in Worcester county who are living with HIV or AIDS (representing income data for 36% of total Worcester county cases):

- 85.2% (393/461) were earning at or below the federal poverty level
- 14.5% (67/461) earned between 200-300% of the federal poverty level

The federal poverty definition is established by the United States Department of Health and Human Services. This definition, often referred to as the ‘poverty line’, is the same across the country. For a household of one person, the poverty level is an annual income of $9,310, or $775.83 per month. Thus, 1 person households with income below the poverty line are making less than $775.83 a month. These numbers are indicative of the dual epidemics of HIV disease and poverty.

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

- $693.39 for individual, living alone
- $609.40 for individual with ‘shared living expenses’
- $473.58 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.
The FMR is what a person could reasonably expect to pay for an apartment in a particular community. HUD programs that provide rental assistance (such as HOPWA) are typically pegged to the annual FMR’s set by HUD.

**FMRs for Worcester County:**

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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. The federal government through HUD recommends that households pay no more than 30% of their income towards rent.

- Rent for a 0 Bedroom unit is 85% of earned monthly income for an individual in Worcester receiving SSI.
- Rent for a 1 Bedroom unit exceeds monthly SSI payments to a single individual, at 101% of total SSI income
FOCUS GROUP FINDINGS

The following findings are primarily drawn from a focus group of roughly 16 participants held in Worcester on January 11, 2005. In addition, data from two focus groups held in Worcester in February of 2003 and two focus groups in Fitchburg also in February of 2003 are included. These additional groups totaled 42 participants. All groups involved both consumers and providers.

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

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

Lack of Affordable Housing

Advocates began the January 2005 focus group by stating the framework within which they work, that nearly all of the people living with HIV served at their agencies have very low incomes. Many disability payments which, as noted above do not cover market rents in the area. Thus, poverty is the fundamental factor in understanding housing need for many persons with HIV disease in Worcester county.

Waitlists for affordable housing such as Section 8 and public housing, at both local and regional housing authorities, are either long or frozen. One Worcester advocate stated, “Basically I tell my clients they have two options: the Community HealthLink’s HOAP [Homeless Outreach and Advocacy Project] program or get your own room.”

The lack of housing resources results in people moving around or “couch-surfing” among families’ and friends’ homes, often putting their loved ones’ housing in jeopardy. In addition, an advocate from Fitchburg stated that attempts at building new units of SRO housing have been denied licensing at the city government level.

Lack of Appropriate Housing

While there is not enough affordable housing in Worcester County, there is some affordable housing available. However, for many people the housing that is available does not fit their needs. Some advocates described their clients as essentially “mainstream,” meaning they are trying to work and do not need or want supportive services. For these people there are few housing opportunities, as many of the housing programs require the need for substance abuse or mental health services.
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.

Another type of inappropriate housing was discussed in terms of health and safety. For people who do have tenant-based vouchers, the only units that meet the Fair Market Rent level requirements often do not meet housing quality standards and thus will not be approved by a housing authority. For those renting SRO’s, units are often located in areas with frequent drug use, putting people’s recovery at risk.

Last, the needs of those exiting correctional facilities are somewhat different than other populations. The available housing options are not always appropriate for recently released ex-offenders. Advocates spoke about the difficulty in finding housing for ex-offenders as they wait to receive a disability determination from the Social Security Administration, the difficulty in convincing landlords to take in a tenant with a criminal background, and the difficulty in accessing subsidized housing resources due to criminal history exclusions. Participants positively noted that the recently elected Worcester county Sheriff has expressed an interest in developing transitional housing for persons leaving the county facility.

Access Issues

The focus group spoke at length about the general inaccessibility of most affordable housing resources for people with criminal histories and substance use histories. Noting that significant percentages of the HIV+ persons served by AIDS service organizations in the county have such histories, the eligibility restrictions that exist in many housing programs make finding housing nearly impossible for this segment of the population.

Further stressing this point, two of the resources that were noted as most helpful in getting people housed—Community HealthLink’s HOAP program and AIDS Action Committee’s Rental Startup program—are programs that have few or no restrictions in regards to criminal history and substance use.

Another obstacle to access is the HUD definition of homeless. Most of the resources that target people with HIV/AIDS in Worcester are funded with McKinney-Vento dollars. These so-called McKinney programs target the homeless and eligibility for them includes a strict definition of homelessness. (Under the HUD definition, people who are staying at friends’ and families’ houses are not eligible for resources designated for the homeless.) Many advocates expressed frustration over the fact that their clients, while they have no place to live, do not meet the definition of homeless required to be eligible for some affordable housing programs.

Importance of Supportive Services

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

Advocates and case managers alike provide budgeting training as well as other life skills training, and help connect clients with recovery, mental health, and medical services, all of which contribute to more stable tenancies. Case managers also help over the long term by assisting consumers with maintaining these supportive connections. Worcester area case managers, however, were careful to point out that they do not have the specialized skills in housing necessary to effectively double as housing advocates. The recent loss of AIDS Bureau funding for housing advocacy has caused them to be increasingly “stretched” for time and resources.

Poverty and Low-Incomes

Focus group participants identified other non-housing resources that are nonetheless directly related helping consumers stay housed through stretching often very low monthly incomes. These services include food pantries and food vouchers, fuel assistance, furniture banks, financial assistance for medications such as AIDS Drug Assistance Program. As one advocate stated, “Any little thing adds up so you have more money in the end to make your rent.” Participants mentioned the importance of homelessness prevention programs such as the one available through the AIDS Action Committee in Boston, which can pay back rent to ‘cure’ an eviction or the Department of Transitional Assistance’s RAFT program. However, participants noted the limitations of such resources for people not housed in subsidized units. Both the homelessness prevention program and the RAFT program require a person to be paying no more than 60% and 50% of one’s income, respectively, towards rent in order to be eligible.

Two other types of non-housing resources, transportation assistance and legal advocacy, were cited as unavailable yet necessary in order to maintain stable housing. Public transportation around Worcester is minimal and most consumers do not have their own vehicles, making attendance at medical appointments, food pantries, etc. and housing search difficult. For the rural areas outside of Worcester, accessing public transportation is nearly impossible.

Legal advocacy for evictions, appeals to housing denials, and other housing-related matters is only available through the Legal Assistance Corporation when a case is based on discrimination, which does not meet the needs of the majority of cases. Instead, case managers find themselves acting in the role of legal advocate, but again do not have the specialized skills necessary.
Focus Group – HOPWA Priorities

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

1. Emergency rental assistance
2. Scattered-site housing subsidies
3. Residential housing programs and services
4. Supportive Services
5. Housing Information Services

This prioritization reinforces the comments made during the group, affirming that access to or preservation of affordable housing are priorities that come before other, supporting services.
INVENTORY OF HOUSING SERVICES IN WORCESTER COUNTY FOR HIV+ PERSONS

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

In addition, 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 from the State Line Item for AIDS services through the Department of Public Health’s AIDS Bureau, formula HOPWA grants to the City of Worcester or the Commonwealth of Massachusetts, a competitive HOPWA grant held by Community HealthLink and Ryan White CARE Act funds through the Boston Public Health Commission, whose CARE Act (Title I) area covers all of Worcester county.

Through State Line Item, HOPWA and CARE Act monies, well over $1 million annually is spent on housing related services in Worcester county for persons living with HIV disease. Competitive and formula grants are the primary sources of funds for these services, together bringing over $800,000 a year to housing related activities. These dollars are used to leverage hundreds of thousands of other monies, as well.

The AIDS Bureau supports one housing program in Worcester county, HOAP program run by Community HealthLink. The HOAP program is a good example of various federal and state resources being leveraged to provide an important community program. Community HealthLink holds about 55-60 tenant-based 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 the AIDS Bureau and the MA Department of Mental Health, creating a voucher program aimed at homeless HIV+ persons. Supportive services are attached to the units in order to help prevent future homelessness.

With its FY04 formula HOPWA grant, the City of Worcester contracted over $350,000 to 7 organizations. The largest portion of these grants were for emergency rental assistance to prevent homeless and rental start-up funds to help pay for first month’s rent and security deposits (AIDS Action Committee’s Rental Assistance Program and AIDS Project of Worcester). AIDS Project of Worcester’s program started just recently; the AIDS Action Committee served over 40 households in a recent 12 month period.

Community HealthLink and Montachusett Opportunity Council both received City of Worcester HOPWA funds for long-term tenant-based rental assistance, funding
approximately 10 new subsidies altogether, with the Opportunity Council serving persons in the Fitchburg area.

The City also funds services through the Justice Resource Institute for 15 participants around the county in a scattered site rental assistance program. This program leverages Section 8 housing choice vouchers that have been set-aside by the Commonwealth’s Department of Housing and Community Development.

The City also purchases technical assistance from AIDS Housing Corporation for the city and for its sub-recipients (including the production of this report).

The Boston Public Health Commission spent approximately $20,000 in Ryan White Title I Care Act monies through AIDS Action Committee’s Rental Assistance Program. This money supplemented HOPWA funds granted through the City, providing a resource available in all parts of the county.

In Worcester, there is one congregate transitional housing program funded through competitive HOPWA monies, awarded through a national NOFA process (Community HealthLink). This program provides housing, intensive case management and permanent housing placement assistance to 9 women.

Worcester Community Housing Resources received a City HOPWA grant towards the purchase and rehabilitation of 6 set-aside units in a building of 14 Single-Room Occupancy (SRO) building in Worcester. This grant will also provide ongoing rental-assistance attached to those 6 set-aside units.

All together, there are 15 congregate or project-based units and about 80 scattered site affordable housing units available for people with HIV disease in Worcester county, for a total of 94 units. The great majority of these units are both affordable and permanent. The great majority of these units are tenant-based. This represents set-aside units for about 7% of the persons living with HIV disease in Worcester county.

In addition, 42 households in 2004 were provided with homelessness prevention and rental start-up assistance through AIDS Action Committee’s Rental Assistance Program.
CONCLUSIONS

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

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

Summary of Needs

Poverty and Need for Rental Assistance

Though it may be obvious, the greatest housing need for persons living with HIV and AIDS in Worcester county is permanent, affordable housing. There is a high incidence of poverty among persons with HIV disease in the county. As demonstrated above, the very low monthly incomes of many HIV+ persons in Worcester county directly correlate to an inability to pay for market rate rental housing in any county community.

Thus, regardless of whether it might be in the forms of permanent or transitional, scattered-site or project based, HOPWA or other HUD program funded (e.g. Section 8, Shelter Plus Care) housing, there is a significant need among the over 1,200 HIV+ persons living in the county for affordable housing and rental assistance. This was supported by the focus group prioritization of forms of rental assistance above service categories. Focus groups affirmed the need for both long term rental assistance and emergency rental assistance for homeless prevention.

The Worcester County HUD Continuum of Care 2004 SuperNOFA application for McKinney-Vento funds estimated that there were almost 50 homeless persons in the county living with HIV disease (and over 300 with a history of chronic substance use). In responding to this need, the Continuum expressed the conviction that “precious housing resources should be devoted to transitional and permanent [supportive] housing only.” This call for the expansion of housing resources echoes the focus group findings.

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

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

Over 40% of the HIV/AIDS cases in the county were likely contracted as a result of intravenous drug use. This statistic has very important implications for the development of housing resources in the county. This indicates that a significant number of HIV+ persons in the county will have a history of injection drug use. Assuming some history of non-injection drug use among other HIV+ persons, it is very likely that well of half the persons living with HIV disease in Worcester county will have a history of substance use, if not addiction. There is a need for housing and services that can accommodate and meet the recovery needs of persons living with addiction. The focus groups echoed this, noting the need for housing without built-in exclusions based on histories of substance use.

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

Supportive Services

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

These services help pull persons who may be experiencing regular difficulties in accessing services and stabilizing their situations into care. Case managers and housing advocates can be a linchpin for other services, making other services more effective.

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

Housing advocates and specialists who could help to identify affordable housing resources, assist consumers in accessing them through help with applications and denials and homelessness prevention through advocacy with landlords regarding evictions would substantially complement existing community and program-based case management services.

Resources available

Community Collaboration

One of the best resources that are available in the county to meet the housing needs of persons with HIV disease is the presence of strong community collaborations among AIDS service providers and housing providers across the county. For some time, AIDS services in Massachusetts have been funded in a manner similar to HUD McKinney-Vento programs—through local consortia of providers that meet regularly, assess needs and allocate money through a shared process. Though this AIDS Bureau funded structure of coordinated HIV services is changing in 2005, it has developed a high level of cooperation in planning and delivery of AIDS related services.

Worcester county has active AIDS service 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.

For some years, the funders of AIDS housing in Massachusetts have met to plan their activities through the AIDS Housing Administrators Group. In 2004, the cities of Lowell and Worcester both began participating in this group as new HOPWA grantees. Through participation in this group, these cities have been able to plan and coordinate their HOPWA services within a larger context of AIDS housing services across Massachusetts.

Though the AIDS service consortia system is being discontinued by the State AIDS Bureau later this year, the interagency collaborations that have come out of it are likely to remain. Worcester county had two consortia in Worcester and North Worcester county and some members of each have also been involved in the HUD McKinney-Vento Continuum of Care that encompasses all of Worcester County. This helps insure that the
housing needs of HIV+ persons are incorporated in planning along with homelessness and other care issues. The City of Worcester itself takes an active role in both the HUD and AIDS Bureau consortia.

**AIDS Housing**

As detailed above, there currently exist over 90 affordable units in the county either set aside specifically for persons with HIV disease. The scattered site units, with their connection with supportive services based in the City of Worcester, are primary available only in Worcester. These units utilize a variety of HUD resources, including Section 8, the Supportive Housing Program, Shelter Plus Care, and HOPWA vouchers. All of these units are connected to supportive services and represent units for only about 7% of the HIV+ population in the county. Focus group participants universally indicated that this did not nearly meet the need for subsidized housing in the county for HIV+ persons.

Some of the set-aside units target populations within the larger group of HIV+ persons in Worcester county. For example, one program targets pregnant women and two programs target homeless individuals. These programs have in-house supportive services in order to provide a high level of support for persons who likely have not had a history of successful and stable tenancies. Such support increases the likelihood of residential success.

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

Most of the resources set aside for persons with HIV disease in Worcester county are not screened for criminal history, including Community HealthLink’s HOAP and Maranda’s House programs. This is a substantial benefit for consumers in the county and is possible because neither HOPWA nor McKinney-Vento monies have criminal history exclusions built into them through regulations. However, virtually every other non-HIV specific affordable housing resource that consumers might access does screen against criminal histories, limiting the options for HIV+ persons who do have criminal convictions in their past.

The great majority of the resources for HIV+ persons in Worcester county are available through a single program, the HOAP program. While this program has low barriers for persons with criminal history, by nature of its McKinney-Vento funding it requires that eligible persons must be homeless by a strict definition. Persons doubled-up or floating among residences are not considered homeless, for example. Thus, the primary resource available is only available to a small portion of the low-income HIV+ population in the county, those that meet the HUD definition of homeless.

The Justice Resource Institute (Boston) has historically been able to serve a steady stream of non-homeless HIV+ persons through its statewide pool of Section 8 Housing Choice
Vouchers. However, these vouchers have been subject to the Massachusetts Department of Housing and Community Development’s statewide Section 8 freeze, bringing this resource to a halt and negatively impacting HIV+ persons throughout the state and in Worcester county.

All parts of the county face the general freezing up of the most important affordable housing resource, the Section 8 Housing Voucher program. For funding and program structure reasons, housing agencies across Massachusetts—including the Worcester Housing Authority—have had to close their Section 8 waiting lists. Some are also no longer able to roll-over vouchers to new households as families leave the program. The Massachusetts Department of Housing and Community Development has indicated that its regional housing agencies will not be issuing any Section 8 vouchers for some years to come.

Whether through housing authorities or through the Justice Resource Institute’s statewide voucher program for persons with HIV disease, the recent fate of the Section 8 program has meant a devastating decrease in ability to access affordable housing.

Emergency assistance and rental start-up monies are made available in the county through AIDS Action Committee’s Rental Assistance Program and AIDS Project Worcester. AIDS Action’s program has existed for almost a decade and provides a uniform service statewide. Consumers access this program through case managers or housing advocates. Both parts of this program work with other housing resources to insure that households get and stay housed, making it an efficient resource that complements other housing and service programs. AIDS Project of Worcester received funding for an identical program in 2004, targeting the greater Worcester area.

Supportive Services

Through the Commonwealth’s AIDS Bureau and through the Boston Public Health Commission, community case management services for persons with HIV disease are available throughout the county, centered in Worcester and Fitchburg.

Supportive services attached to AIDS housing units targeting particular populations are funded by the City of Worcester and the AIDS Bureau.

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

There are no housing specialists working specifically with HIV+ persons in Worcester county. Until 2003, there were housing advocates situated in Worcester and Fitchburg, but this service, funded through the AIDS Bureau, was cut in response to overall reductions in the AIDS Bureau’s budget from the State Legislature.
Gaps and Recommended Uses

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

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

*Long-term rental assistance* exists through multiple state and federal programs but resources are currently inadequate to house more than a small percentage of the persons likely in need in the county. The Justice Resource Institute continues to house and provide services to families in the county using Section 8 vouchers, even though its waiting list is currently frozen. Community HealthLink’s HOAP program has a pool of vouchers available but this resource is only available in immediate Worcester area and is limited to serving homeless individuals or households.

Both tenant and project based rental assistance can be expensive (12 families in this area can easily use up $100,000 in rental subsidy in a year), with congregate housing being the most expensive, if in-house wrap around services are also provided. HOPWA dollars will be well spent if they are leveraging other dollars, such as Shelter Plus Care, Section 8 Mod Rehab or the 811 program and are not used to exclusively fund a unit with services attached. The City should seek opportunities to combine HOPWA with other funding streams.

Some formula grantees focus HOPWA rental assistance on the development of new or rehabbed units, thus ‘buying’ 10 year affordable set-asides for HIV+ persons. The City of Worcester has indicated that its support for such development by dedicating almost half of its FY04 grant to either project or tenant-based rental assistance. Additionally, over 30% of its grant was dedicated to funding emergency rental assistance. These grants match the priorities of participants in the focus group.

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

HOPWA’s ability to support low-barrier housing would make it a good source for funding part of a housing program for persons leaving the correctional system. The need for housing that can accommodate persons as they leave correctional facilities was identified by in the focus group. Participants in fact indicated a strong interest on the part of Worcester county’s new Sheriff to initiate and support such a program, suggesting possible collaboration between the City and the Sheriff’s office on such a project.

The vast majority of the rental assistance set aside for persons with HIV disease in the county target technically ‘homeless’ persons or households (living on the street or in emergency shelter, etc). Given that it does not require ‘homeless’ status for eligibility, HOPWA rental assistance could be used to expand housing opportunities to those who do not meet this technical definition but are no less in need of decent, stable housing.

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

On the other hand, there is a lack of housing information and advocacy resources in the county. Housing advocacy and homeless prevention services are efficient and economical means to help consumers make the most of all available housing resources in an area, helping HOPWA eligible clients leverage other resources.

Targeted supportive services attached to tenant-based programs will continue to rely on the City of Worcester and the AIDS Bureau at the Department of Public Health. In some cases, the attachment of service dollars to particular units is important not only because of the benefits to residents but as a match to other HUD rental assistance that might require specific levels of matching service dollars (e.g. the Supportive Housing Program). Though services attached to units such as the HOAP program are currently funded through other sources, as state and federal funding shifts, agencies may need to seek greater support from the City. HOPWA and other rental assistance for persons with multiple needs work best when combined with focused support to prevent future homelessness.

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

AIDS Action Committee has only periodically used its HOPWA and CARE Act monies for utilities assistance, prioritizing rent and mortgage support first. Increased access to utilities assistance in Worcester county would benefit consumers on very low incomes. AIDS Project of Worcester has included utilities assistance in its plan for providing emergency assistance under its HOPWA grant from the city.

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