

# **City of Portland Strategy**

## **Housing Access & Stabilization:**

### **Housing Opportunities for Persons with AIDS (HOPWA)**

The goal of the HOPWA program is to provide affordable housing and housing-related services to People Living with HIV/AIDS (PLWHA).

#### **HOPWA Needs**

In the Portland Eligible Metropolitan Statistical Area (EMSA), seven adjoining counties in Northwest Oregon and Southwest Washington, there are more than 4,256 People Living with HIV/AIDS. HOPWA funds are intended to address the housing and housing-related service needs of PLWHA. Research by the National AIDS Housing Coalition shows that having a safe, stable place to call home is a key structural factor affecting access to treatment and health behaviors among PLWHA. In contrast with people who are homeless or at risk of homelessness, PLWHA who have housing stability as a result of receiving rent assistance demonstrate reduced HIV risk behaviors and improved health care outcomes. Furthermore, homelessness places people at heightened risk of HIV infection.

The Multnomah County Health Department's Health Assessment and Evaluation Group reported that as of December 31, 2010, an estimated 4,256 individuals with HIV/AIDS lived in the Portland EMSA.<sup>1</sup> This number includes 2,625 people living with a diagnosis of AIDS (PLWA), and 1,631 people living with HIV, who are HIV positive, but whose condition does not meet the diagnostic criteria for AIDS (PLWH). 440 new AIDS cases and 466 new HIV cases (non-AIDS) were reported during the last three years (1/1/08 through 12/31/10). Because the Center for Disease Control (CDC) estimates that 21 percent of people infected with HIV are unaware of their HIV status, the true number of PLWH in the EMSA is probably closer to 1,974.

Although HIV is still primarily a disease of men, 12.7 percent of HIV cases and 13.4 percent of AIDS cases diagnosed from 2008 through 2010 occurred in women. HIV in the EMSA continues to primarily impact adults. Youth (persons aged 13 to 24) now make up 5.5 percent of PLWH. Persons aged 50 and older account for 38.1 percent of all PLWHA in the EMSA.

Overall, the demographics of the PLWHA in the EMSA has remained fairly constant over the past several years, with only slight increases in the percentages of Hispanic and older PLWHA.

In the Portland EMSA, HIV has disproportionately impacted Blacks/African Americans. Blacks/African Americans account for only 2.9 percent of the population, but make up 8.2 percent of PLWA and 8.8 percent of PLWH—almost three times higher. This chart provides HIV/AIDS data for individuals sorted by race and gender in the Portland EMSA. Data on familial status is not currently available.

Summary: Living Cases of People Living with HIV and AIDS Aware as of 12/31/2010

<i>Race/ethnicity for Census Comparison</i>	Clackamas		Clark		Columbia		Multnomah		Washington		Yamhill		Skamania		EMA	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Hispanic	32	9.8	33	7.3	2	7.5	246	8.5	110	21	9	19.1			432	10.2
American Indian/Alaskan Native	5	1.6	6	1.3	0	0	31	1	0	0	0	0			42	1
Asian	3	1	11	2.4	0	0	58	2	9	1.7	0	0			81	1.9
Black/African American	17	5	39	8.6	2	7.5	251	8.7	40	7.6	2	4.3			351	8.2
Native Hawaiian/Pacific Islander	1	0.3	0	0	0	0	9	0.3	2	0.4	0	0			12	0.3
White	260	81	357	78.9	23	85	2,263	78.4	359	68.7	35	74.5			3,297	77.5
Multiracial	2	1	5	1.1	0	0	25	0.8	3	0.6	1	2.1			36	0.8
Unknown	1	0.3	2	0.4	0	0	1	0.03	0	0	0	0			4	0.1
Total	321	100	453	100	27	100.0	2,884	100	523	100	47	100	1	100.0	4,256	100
<b>Gender</b>																
Male	274	85	371	82	23	85	2,632	91	442	85	39	83			3,781	89
Female	47	15	82	18	4	15	252	9	81	15	8	17			474	11
Total	321	100	453	100	27	100	2,884	100	523	100	47	100	1	100.0	4,256	100

Age Group	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
0-12 years	0	0	0	0	0	0.1	4	0.8	0	0	0	0	7	0.2				
13-19 years	3	1	1	0.2	0	0.3	5	0.9	1	2			19	0.4				
20-44 years	139	43	194	42.8	10	37	263	50.3	21	45			1,760	41.4				
45+ years	179	56	258	57	17	63	251	48	25	53			2,469	58				
Total	321	100	453	100.0	27	100	523	100	47	100	1	100.0	4,256	100				

Source: HIV/AIDS Reporting System (eHARS), data extract 7/1/2011 Capizzi

The Clark and Skamania data is from Washington State Department of Health, Jeff Carr, data extract 2/28/11

PLWHA also typically have high medical expenses. As a group, they are less likely to have private health insurance to meet these expenses. Low-income and/or homeless PLWHA are not well equipped to compete in the housing market, unless they have secured long-term rent assistance (e.g., a Section 8 voucher), a public housing unit or a HOPWA unit.

### **HOPWA Program Description**

HOPWA is a flexible grant award that allows communities to design and implement long-term, comprehensive strategies for meeting the housing needs of people living with HIV/AIDS and their families. HOPWA gives participating jurisdictions the flexibility to provide a range of housing assistance, including:

- Supportive services including the following
  - Permanent Housing Placement
  - Housing Case Management
- Facility-Based Transitional Housing
- Project-Based Rental Assistance
- Tenant-Based Rental Assistance
- Short-Term Mortgage, Rent and Utility Assistance

### **Project Selection**

The Portland EMSA currently allocates approximately 65 percent of its HOPWA funds to rental assistance, 25 percent to supportive services, 7 percent to project sponsor administration and 3 percent to Grantee Administration. This allocation formula is reviewed annually.

The City of Portland released a Request for Proposals (RFP) for supportive services in the spring of 2009. The contracts awarded through that RFP are renewable for up to a total of four years, dependent on contractor performance. The City is working with Ryan White Part A Fund staff at Multnomah County to improve resource coordination and alignment. When that work concludes, the City will determine its future selection process.

### **Program Eligibility**

Individuals with HIV or AIDS and their families who reside in the seven-county Portland EMSA and have incomes up to 80 percent MFI are eligible to participate in HOPWA programs. Priority is given to households with incomes below 50 percent MFI. The EMSA includes Clackamas, Columbia, Multnomah, Washington and Yamhill Counties in Oregon and Clark and Skamania Counties in Washington.

### **Potential Barriers**

All HIV/AIDS service organizations have recently seen significant increases (110 percent over the last two years) in clients, and funding has not kept pace with demand. The service system is being bombarded with clients whose needs are severe and ongoing, a phenomenon that has been exacerbated during the recent economic downturn.

CARE Assist (Oregon's AIDS Drug Assistance Program) pays for insurance premiums and prescription/medical services co-pays. High demand and cost-cutting measures enacted by the Department of Human Services limit the utility of this program.

The Oregon Health Plan (OHP) provides a comprehensive package of medical and dental services for the federally mandated Medicaid population. More than 400 PLWHA were recently shifted from the Oregon Medical Insurance Pool (OMIP), a high-risk pool that provides fewer benefits and significantly lower reimbursement rates than OHP onto the Medicaid rosters during a brief period of open enrollment. The transition of clients from OMIP to OHP took a significant amount of case management effort to ensure clients were not lost in the process. Medicaid reimbursement for dental care has been reduced by 10 percent and mental health services are being increasingly targeted to those with the most severe need, restricting the ability to provide preventive counseling. Case managers spend as much as 50 percent of their time helping clients to obtain and maintain health coverage, instead of providing actual case management.

In Washington, Basic Health Plan, a state-sponsored program that provides low-cost healthcare coverage through private health plans with premiums on a sliding scale has had a waiting list since mid-2009 and is not currently enrolling new clients. This program does not cover dental care. Presently this program is highly vulnerable. In September 2011, the Washington Health Care Authority submitted optional budget cuts to the Governor including elimination of Basic Health Plan and suspension of pharmacy coverage for Medicaid covered adults for 18 months. The State of Washington anticipates cutting more than \$5 million from HIV services, which will eliminate supplemental insurance coverage and co pays, leaving only support insurance to cover antiretroviral medications and eliminating coverage of other medications for clients without insurance. All of these costs will be shifted to clients. It will also end community services and dental care for PLWHA.

The HOPWA tenant-based rental assistance program (TBRA), which allows a PLWHA to rent an apartment of his/her own choosing, was designed on the assumption that the tenant would qualify for a Section 8 voucher in a reasonable timeframe (two years or less). That has not been true for several years. Accordingly, the TBRA program no longer depends on transitioning clients to a Section 8 voucher. Instead, TBRA programs operate with the hope that clients will secure income through employment or social security.

### **Partner Agencies and Organizations**

- Cascade AIDS Project (CAP) is the largest provider of HIV/AIDS services in the EMSA. Among other activities, CAP provides case management to 59 units of HOPWA-funded permanent supportive housing at the following sites: Carriage Hill, Cornerstone, McCoy Village, Nathaniel's Way, PCRI scattered sites, Project Open Door, Madrona Studios with Central City Concern, Outside In Transitional units, Northwest Housing Alternatives, Villa Capri and Howard House with Catholic Charities and the Sandy Apartments with Luke-Dorf. CAP partners with Home Forward, Clackamas County Housing Authority and Washington County Department of Housing to operate 80-85 Shelter Plus Care units for people living with HIV/AIDS in the Portland EMSA. CAP also offers eviction prevention, utility

and mortgage assistance; manages and disburses Ryan White emergency rental assistance for eviction prevention and move in costs; operates a tenant education program; and provides furniture and/or moving assistance.

CAP has partnered with other public and private non-profit agencies to work with those facing multiple barriers, such as PLWHA exiting the criminal justice system, PLWHA with mental health diagnoses who need permanent supportive housing and PLWHA experiencing chronic homelessness. CAP is working with the City to administer a HOPWA Special Project of National Significance (SPNS) grant, Springboard to Stability, Self-Sufficiency, and Health (S4H), using a short-term rental assistance model to transition people into permanent housing combined with employment services through Working Choices and collaboration with Work systems, Inc. CAP's Working Choices program offers employment net working, one-on-one job search coaching, and connection to other mainstream employment services.

- Central City Concern (CCC) owns and operates permanent supportive alcohol/drug free housing for PLWHA. CCC functions as both the housing and the service provider and partners with Cascade AIDS Project for provision of additional services. In addition, Ryan White Part A funds support the Healthshare Program which provides 96 rental months of alcohol and drug free housing as well as substance abuse treatment support for 32 PLWHA living in CCC properties.
- Clark County Public Health (CCPH) operates a housing case management program and a supportive housing program.
- Multnomah County Health Department enjoys a longstanding collaborative relationship with the City of Portland's HOPWA program, allowing for coordination of resources and funding to maximize the efficiency and benefit of public dollars. The County administers the Ryan White Part A fund, and the STD/HIV/Hepatitis C Program. The County also runs an African-American Sexual Health Equity Program (AASHEP), and a number of evidence-based interventions to reduce transmission between men.
- Outside In provides long-term transitional housing and case-management to HIV+ youth and have an on-site housing facility.
- Our House of Portland provides the only housing in Oregon with on-site sub-acute care for people living with advanced HIV/AIDS. Our House provides food, support services and specialized care with funding from a variety of sources. Our House provides a continuum of care for people with HIV/AIDS through the following programs:
  1. **Our House of Portland:** a 14-bed specialized residential care facility located in Portland where 24-hour nursing services are provided to those with advanced HIV/AIDS. Residents from this facility come from all over the state of Oregon.
  2. **Swan House:** a 5-bed adult foster care facility located in Clackamas County where care in a group setting is provided for those with HIV/AIDS that are not quite able to live independently and need assistance with many of the daily tasks of medication management, money management, etc.
  3. **The Neighborhood Housing and Care Program (NHCP):** an innovative

program where rental assistance, nursing, social work and Occupational Therapy services are provided to those with HIV/AIDS who want to continue living independently. Services are provided on a regular basis (frequency depends on client acuity) and is custom-tailored to the needs of each client.

- 4. Community Services:** include Esther's Pantry, a food bank for HIV+ individuals, and Tod's Corner, a thrift shop for the same population. Our House also provides assistance with pet care and cremations.

### **Complementary Local, Regional and National Efforts**

The program complements other local efforts to meet the needs described above by partnering with Ryan White Part A Planning Council efforts to provide a continuum of care & services.

### **Geographic Service Areas**

(including areas of low-income families and/or racial/ minority concentration)

The Portland Eligible Metropolitan Statistical Area includes Clackamas, Washington, Multnomah, Yamhill and Columbia Counties in Oregon and Clark and Skamania Counties in Washington.

### **Monitoring**

A description of the Portland Housing Bureau's Monitoring program is in Section One.

<b>HOPWA Performance Chart 1</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Housing Subsidy Assistance</b>					
Tenant-Based Rental Assistance	31	31	31	31	31
Households in permanent housing facilities that receive operating subsidies/leased units	64	64	64	64	64
Households in transitional/short-term housing facilities that receive operating subsidies/leased units	2	2	2	2	2
Households in permanent housing facilities developed with capital funds and placed in service during the program year	0	0	0	0	0
Households in transitional/short-term housing facilities developed with capital funds and placed in service during the program year	0	0	0	0	0
Short-term Rent, Mortgage and Utility payments	55	55	55	55	55
<b>Total Housing Subsidy Assistance</b>	<b>152</b>	<b>152</b>	<b>152</b>	<b>152</b>	<b>152</b>
<b>Housing Development (Construction and Stewardship of facility based housing )</b>					
Facility-based units being developed with capital funding but not opened (show units of housing planned)	0	0	0	0	0
Stewardship Units subject to sixty-year use agreements.	24	24	24	24	24
<b>Total Housing Developed</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>
<b>Supportive Services</b>					
Supportive Services provided by project sponsors also delivering HOPWA housing assistance	300	300	300	300	300
<b>Total Supportive Services</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>



<b>Housing Placement Assistance Activities</b>					
Housing Information Services	0	0	0	0	0
Permanent Housing Placement Services	46	46	46	46	46
<b>Total Housing Placement Assistance</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>46</b>
<b>Other Activities</b>					

