Palm Beach County
HIV/AIDS Housing Plan

Prepared for:

City of West Palm Beach
Department of Economic and Community Development

Prepared by:

AIDS Housing of Washington

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Executive Summary

The *Palm Beach County HIV/AIDS Housing Plan* provides a framework for assessing and planning for the housing needs of people living with HIV/AIDS. It represents the culmination of a yearlong effort by a broad cross section of concerned citizens to determine the housing needs of people living with HIV/AIDS and their families in Palm Beach County.

Background

In 2002, there were 5,958 people living with HIV and AIDS in Palm Beach County. Many people living with HIV/AIDS have very low incomes; some are able to work only sporadically and others are unable to work at all. Many depend on Supplemental Security Insurance (SSI), at $545 per month, as their only source of income. Many have physical disabilities or experience behavioral health conditions, such as mental illness or substance use issues. For these reasons, many people living with HIV/AIDS have difficulty obtaining and keeping stable housing.

Currently, the federal HOPWA (Housing Opportunities for Persons with AIDS) program grants $3.96 million annually to the City of West Palm Beach to provide housing opportunities for people living with HIV/AIDS in Palm Beach County. During FY 2001 – 2002, eleven agencies received HOPWA funds to provide housing and services for people living with HIV/AIDS. Other housing and social service providers are already serving many people living with HIV/AIDS through programs designed to serve people regardless of HIV status.

A Steering Committee of community stakeholders, including funders, providers, and consumers, was appointed by the Mayor of West Palm Beach to provide guidance to the HIV/AIDS housing needs assessment and planning process. AIDS Housing of Washington, a Seattle-based nonprofit organization, was hired to facilitate the planning process. During the course of the planning process (March 2002 – January 2003), the Steering Committee met six times to identify issues for further research, to discuss the current state of housing for people living with HIV/AIDS, and to recommend strategies for future action. A complete list of Steering Committee members appears in the front of the plan.

The plan includes an overview of housing and homelessness issues, a demographic profile of individuals who are estimated to be living with HIV and AIDS, and an overview of HIV/AIDS housing resources. In addition to conducting background research, AIDS Housing of Washington interviewed 124 stakeholders working in related fields, met with 97 people living with HIV/AIDS in focus groups, and analyzed written survey responses from 874 people living with HIV/AIDS in Palm Beach County. Based on this input, the Steering Committee agreed on major issues and developed recommendations, which follow.

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

Critical Issues in Housing People Living with HIV/AIDS in Palm Beach County

In November 2002, the Steering Committee discussed findings from the needs assessment and affirmed the following set of critical issues involved with housing people living with HIV/AIDS in Palm Beach County. A full explanation of and more details supporting these themes appear in the Critical Issues section of the plan.

The **availability of decent, affordable housing** is a primary concern:

- Palm Beach County is a high-cost housing area, and many people living with HIV/AIDS have very low incomes; the median income reported by survey respondents was $546 per month.
- Because it is so difficult to find affordable housing at market rate, housing authorities and other affordable housing providers are overwhelmed by demand that far exceeds the supply, leading to long waiting lists.
- Housing that is affordable to people with very low incomes may have physical quality problems.
- People living with HIV/AIDS indicate a strong preference for independent housing integrated into the community, rather than shared facilities.

Both consumers and providers identified **community awareness** as a significant factor in determining the housing and service opportunities available to people living with HIV/AIDS:

- The general public has a limited understanding of HIV disease resulting in HIV/AIDS-related stigma.
- Many jurisdictions are reluctant to address HIV/AIDS and related issues directly.

The HIV/AIDS housing and service system is challenged in **meeting the expanding needs of people living with HIV/AIDS**:

- Due to medical advances, people are living longer lives with HIV/AIDS and therefore, more people are living with HIV/AIDS than ever before.
- The population of people living with HIV/AIDS has shifted to include more women, people of color, and families.
- Many people still experience significant medical issues that impact their day-to-day functioning and quality of life.
- Disconnects between agencies within systems, between service systems, and between jurisdictions may limit the impact of programs and initiatives that are implemented to address identified needs.

Substance use and mental health issues also affect many people living with HIV/AIDS:

- There are increasing numbers of people living with HIV/AIDS, substance use issues, and mental illness, who are in need of coordinated services from several systems.
- One HIV/AIDS service provider indicated that half of their clients had substance use issues.
- Most key informants agreed that many more people are in need of substance use treatment services than openings for treatment are available.

People living with HIV/AIDS have **support service needs** in addition to housing needs.

- Adequate food and nutrition are essential for people living with HIV/AIDS, yet focus group participants and survey respondents commonly reported food and nutrition as a need.
- Providers and consumers expressed interest in increasing economic opportunities for people living with HIV/AIDS through education and employment programs.

Recommended Strategies for Improving Housing Opportunities

The Steering Committee met in January 2003 to discuss and affirm the following recommendations for future action. These recommendations are designed to address the issues identified above. The full text of recommendations, including further details about the steps to be taken, appears in the section of the plan called Recommendations.

Housing Resources

1. Maintain current level of effort and ensure that resources are available to address housing needs along the full continuum (emergency, transitional, permanent, and long-term care needs).
2. Develop, publish, widely distribute, and update, as needed, a housing resources guide for people living with HIV/AIDS.
3. Increase the capacity of consumers to successfully access and maintain housing through education and training.
4. Increase housing resources accessible to and allocated for people living with HIV/AIDS, by exploring targeted uses of funding, developing partnerships with housing providers, and engaging local jurisdictions.
5. Ensure that ongoing efforts to address emergency shelter and affordable housing needs in Palm Beach County have the active participation of HIV/AIDS service providers and advocates.
6. Ensure that staff focuses on strengthening relationships between the HIV/AIDS housing system and providers of affordable housing, including public housing authorities and private developers.

Leadership and Capacity Development

1. Highlight and address the housing needs of people living with HIV/AIDS by supporting the efforts of the Housing Committee of the Palm Beach County HIV CARE Council.
2. Create a forum for discussing housing-related needs and coordinating a systemic response in regular meetings of HOPWA-funded HIV/AIDS housing providers.
3. Maintain and strengthen the relationships between Palm Beach County's major HIV/AIDS planning and funding entities.
4. Continue and strengthen collaborations with substance abuse treatment providers in order to increase access to treatment services for people living with HIV/AIDS.
5. Enhance the capacity of all HOPWA-funded HIV/AIDS housing agencies to successfully run existing programs and develop additional programs as needed.

Introduction

The City of West Palm Beach's Department of Economic and Community Development contracted with AIDS Housing of Washington to facilitate this HIV/AIDS housing needs assessment and planning process. The needs assessment began in February 2002 and was completed by January 2003. The needs assessment process included interviews with stakeholders, a consumer housing survey, focus groups of people living with HIV/AIDS, and a review of relevant planning and epidemiological data. A Steering Committee was developed to oversee the process, confirm critical issues, and develop recommendations.

The City of West Palm Beach's Department of Economic and Community Development hired AIDS Housing of Washington (AHW) to facilitate a community-based needs assessment and planning process and to develop an HIV/AIDS housing plan on behalf of Palm Beach County. The City of West Palm Beach administers Housing Opportunities for Persons with AIDS (HOPWA) funding from the U.S. Department of Housing and Urban Development (HUD) on behalf of the entire county. The planning process began in February 2002 and continued through January 2003.

AHW is a Seattle-based nonprofit organization that develops AIDS housing in the Seattle metropolitan area and provides technical assistance to agencies and communities nationwide. In addition to funding from the City of West Palm Beach, funding from AIDS Housing of Washington's National Technical Assistance Program supported this project.

Planning Process

Interested community members, including people living with HIV/AIDS, representatives of AIDS service and housing organizations, housing developers, members of local government agencies, advocates, and others participated in this planning effort. Relevant planning, housing, homelessness, and epidemiological data were reviewed and incorporated into the *Palm Beach County HIV/AIDS Housing Plan*.

Community Participation

A Steering Committee was formed in February 2002 to oversee and guide the needs assessment and planning process. The committee was comprised of representatives from health, housing, and social service agencies and funders, who are listed with their affiliations at the beginning of the plan. The Steering Committee identified critical issues and developed recommendations.

Key informant interviews were held with 124 people identified by the Steering Committee and other involved stakeholders. Group and individual interviews were conducted with case managers, housing and service providers, housing developers, government representatives, clinical social workers, and other concerned community members.[1] These stakeholders were identified as those

[1] Please see the comprehensive list of key informants and agency affiliations at the front of this plan.

most knowledgeable as well as able to provide leadership in the future on related issues. Iss es identified by key informants are presented in a chapter of the plan.

A total of 874 people living with HIV/AIDS completed a housing survey that addressed indi iduals' housing histories, needs, and preferences. Survey findings are presented in a chapter of the p an, and complete survey data appears in the appendices. The survey was administered by 16 people l ving with HIV/AIDS working as peer outreach surveyors under contract with AIDS Housing of Washington, as well as by 12 housing and service providers:

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Florida Housing Corporation (Palm Beach Assisted Living)
- Gratitude House
- Haitian American Community Council
- Haitian Center for Family Services
- Hope House of the Palm Beaches, Inc.
- Oakwood Center of the Palm Beaches, Inc.
- Pahokee Housing Authority
- Palm Beach County Health Department
- Revitalax Victorian
- Sistah to Sistah Recovery House

Consumers were also included in the needs assessment process through focus groups and indi idual interviews. These allowed for more qualitative and broader-ranging information than the surv ey. Findings from the consumer focus groups are presented in a chapter of the plan, and summari s of each group appear in the Appendices.

A total of 12 focus groups were held with 97 people living with HIV/AIDS. Individual intervi ews were used in one situation where the provider organizing the group reported that participation would be significantly greater if people met privately. Meetings were held throughout Palm B each County and were organized by local AIDS housing and services providers including:

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Gratitude House—Hibiscus Haven
- Haitian American Community Council
- Hope House of the Palm Beaches, Inc.
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Community Participation

A Steering Committee was formed in February 2002 to oversee and guide the needs assessment and planning process. The committee was comprised of representatives from health, housing, and social service agencies and funders, who are listed with their affiliations at the beginning of the plan. The Steering Committee identified critical issues and developed recommendations.

Key informant interviews were held with 124 people identified by the Steering Committee and other involved stakeholders. Group and individual interviews were conducted with case managers, housing and service providers, housing developers, government representatives, clinical social workers, and other concerned community members.[1] These stakeholders were identified as those

[1] Please see the comprehensive list of key informants and agency affiliations at the front of this plan.

most knowledgeable as well as able to provide leadership in the future on related issues. Issues identified by key informants are presented in a chapter of the plan.

A total of 874 people living with HIV/AIDS completed a housing survey that addressed individuals' housing histories, needs, and preferences. Survey findings are presented in a chapter of the plan, and complete survey data appears in the appendices. The survey was administered by 16 people living with HIV/AIDS working as peer outreach surveyors under contract with AIDS Housing of Washington, as well as by 12 housing and service providers:

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Florida Housing Corporation (Palm Beach Assisted Living)
- Gratitude House
- Haitian American Community Council
- Haitian Center for Family Services
- Hope House of the Palm Beaches, Inc.
- Oakwood Center of the Palm Beaches, Inc.
- Pahokee Housing Authority
- Palm Beach County Health Department
- Revitalax Victorian
- Sistah to Sistah Recovery House

Consumers were also included in the needs assessment process through focus groups and individual interviews. These allowed for more qualitative and broader-ranging information than the survey. Findings from the consumer focus groups are presented in a chapter of the plan, and summaries of each group appear in the Appendices.

A total of 12 focus groups were held with 97 people living with HIV/AIDS. Individual interviews were used in one situation where the provider organizing the group reported that participation would be significantly greater if people met privately. Meetings were held throughout Palm Beach County and were organized by local AIDS housing and services providers including:

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Gratitude House—Hibiscus Haven
- Haitian American Community Council
- Hope House of the Palm Beaches, Inc.
- Oakwood Center of the Palm Beaches, Inc.
- Pahokee Housing Authority
- Palm Beach Assisted Living Facility
- Sistah to Sistah Recovery House

Review of Source Data

Data reviewed in the preparation of this plan include information from the following documents:

- *2002 Census and Survey of the Homeless Population in Palm Beach County, Florida*, Commissioned by the Community Foundation for Palm Beach and Martin Counties, Inc. and the Palm Beach Legal Aid Society, Conducted by Palm Beach Atlantic College.
- City of West Palm Beach, Economic and Community Development Department. *Consolidated Plan One-Year Action Plan, October 1, 2001–September 30, 2002.*
- Palm Beach County Department of Housing and Community Development, *Palm Beach County Analysis of Impediments to Fair Housing Choice, Fiscal Years 2000–2005.*
- Palm Beach County Department of Housing and Community Development, *Draft Palm Beach County Annual Consolidated Plan, October 2002–September 2003,* May 2002.
- The Homeless Coalition of Palm Beach County, Inc., *Continuum of Care FY 2002.*
- United Way of Palm Beach County, *Community Assessment 2000.*

Data provided by the Palm Beach County Department of Health form the basis for the epidemiological profile included in this report. Other information available on the internet from the following organizations was also reviewed:

- Center on Budget and Policy Priorities
- Centers for Disease Control and Prevention
- National Alliance to End Homelessness
- U.S. Bureau of Economic Analysis
- U.S. Census Bureau
- U.S. Department of Housing and Urban Development
- U.S. Social Security Administration

HIV/AIDS Housing Plan

The *Palm Beach County HIV/AIDS Housing Plan* provides a framework for assessing and planning for the housing needs of people living with HIV/AIDS. It represents the culmination of a yearlong effort by a broad cross section of concerned citizens to determine the housing needs of people living with HIV/AIDS and their families in Palm Beach County.

The plan includes an overview of housing and homelessness issues, a demographic profile of individuals who are estimated to be living with HIV and AIDS, an overview of HIV/AIDS housing resources, a summary of consumer survey results, identification of critical issues, and recommendations.

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

The Context of HIV/AIDS Housing in the United States

Limited federal funding, the pervasive lack of affordable housing, the expanding number of people living with HIV/AIDS, and advances in AIDS treatment protocols all impact the planning for, and the provision of, AIDS housing and support services. The following pages outline the context of HIV/AIDS housing in 2002.

A Brief History of AIDS Housing

In the last fifteen years, AIDS housing has developed to meet the housing and support service needs of people living with HIV/AIDS. The fluctuating nature of the disease makes support services—case management, at a minimum, as well as access to community-based medical services—a necessary component of all types and models of residential programs, whether provided on- or off-site.

The earliest AIDS housing projects were developed in the mid-1980s in the communities first affected by HIV/AIDS, including New York, San Francisco, and Los Angeles. At that time, no specific funding dedicated for AIDS housing existed, and the projects were developed with funding from concerned individuals, faith-based communities, local organizations, and occasional local government funds, along with hours of volunteer labor. Many of these initial projects were small facilities providing hospice care or group homes. All relied on volunteers to supplement few, if any, paid staff.

In the 1990s, much of the development and provision of AIDS housing shifted to mainstream affordable and supportive housing providers, as well as public housing authorities and local governments. The first phase of a national AIDS housing cost study, completed in 1999 by Vanderbilt University, found that nearly 28,000 units of housing in the U.S. are dedicated for people living with HIV/AIDS. Most of these units (17,190) are provided through the use of vouchers, integrating people living with HIV/AIDS into the mainstream community.[2] Today, virtually every AIDS housing project receives government funding and has paid staff, written operating policies, and a more defined role within a continuum of housing.

Funding for HIV/AIDS Housing and Services

Since 1992, when the Housing Opportunities for Persons with AIDS (HOPWA) program was first authorized, the federal government has made available more than $1.7 billion in HOPWA funds to support community efforts to create and operate HIV/AIDS housing and provide related services.[3] Starting in 1992, there were 27 eligible metropolitan statistical areas (EMSAs) and 11 states eligible

[2] Debra Rog, and Sidra Goldwater, *The Landscape of AIDS Housing*, Vanderbilt University, Washington, DC, 1999.
[3] U.S. Department of Housing and Urban Development, Housing Opportunities for Persons with AIDS (HOPWA), Available online: www.hud.gov/offices/cpd/aidshousing/programs/index.cfm (Accessed: October 14, 2002).

to receive formula allocations of $42.9 million in HOPWA funds. By FY 2002, $257 million in HOPWA funds was available for formula allocations and competitive awards. A total of 108 jurisdictions—74 metropolitan areas and 34 states—received formula allocations in 2002.[4]

The other major federal program providing funding dedicated for people living with HIV/AIDS is the Ryan White Comprehensive AIDS Resources Emergency Act (CARE Act), which is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). The Ryan White CARE Act was reauthorized in 2000. In the fiscal year 2001, $1.8 billion was appropriated for use under the Ryan White CARE Act.

Many AIDS housing and service providers rely on funding from Ryan White and HOPWA to support their programs. The first phase of the AIDS housing cost study referenced above determined that 66 percent of the nation's AIDS housing providers received HOPWA funding for AIDS housing and services, while 55 percent received Ryan White funds. These two funding sources are extremely important to the ability of these agencies to provide AIDS housing and are often used in tandem—44 percent of AIDS housing providers indicated that they receive funding from both HOPWA and Ryan White.[5]

While the number of people living with HIV/AIDS continues to increase, funding for HOPWA and other federal and state housing programs remains under budgetary pressure. More individuals are eligible for and in need of services, and communities are faced with the challenge of utilizing limited resources to meet multiple needs.

Affordable Housing

In addition to the funding concerns particular to HIV/AIDS housing and services, there is a crisis in affordable housing in the United States. Unprecedented economic growth has not raised all incomes equally, although it has raised housing costs. The Joint Center for Housing Studies of Harvard University reported that 14 million American households were spending more than half of their incomes for housing in 1999, and 2 million households were living in homes with serious structural problems.[6] In 2001, there were no states where a full-time, minimum-wage worker could afford a two-bedroom apartment renting at or above the federally established Fair Market Rent.[7] Clearly, people with disabilities depending on Supplemental Security Income (SSI)—equivalent to just 60 percent of federal minimum wage in 2002—have even fewer housing choices.

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[4] U.S. Department of Housing and Urban Development, Office of HIV/AIDS Housing, *Housing Opportunities for Persons with AIDS* fact sheet, Available online: www.hud.gov/offices/cpd/aidshousing/pdf/factsheet.pdf (Accessed: October 14, 2002).
[5] Ibid.
[6] Joint Center for Housing Studies of Harvard University, *The State of the Nation's Housing: 2001*, June 2001, p. 3. Available online: www.gsd.harvard.edu/jcenter (Accessed: January 9, 2002).
[7] Ibid, p. 22.

Complexity of Lives

Homelessness, mental illness, substance use issues, and incarceration are increasingly issues in the lives of people living with HIV/AIDS, and impact both housing needs of people living with HIV/AIDS, and the work of AIDS housing providers.

The housing affordability crisis in the United States has been a driving factor for a burgeoning homeless population. It is estimated that on any given night, 750,000 Americans are homeless, and up to 2 million are homeless at some point each year.[8] The U.S. homeless population has an estimated median rate of HIV prevalence at least three times higher—3.4 percent versus 1 percent—than the general population.[9] Among more than 5,000 people living with HIV/AIDS surveyed by AIDS Housing of Washington in twenty-three areas around the country since 1993, 41 percent indicated they had been homeless at some point in their lives.[10]

Increasingly, people living with HIV/AIDS also have mental health or substance use issues that may or may not be combined with homelessness. Thirty-seven percent of people living with HIV/AIDS surveyed by AIDS housing of Washington reported being disabled by mental illness and 37 percent reported a disability related to substance use issues.[11]

Substance use and homelessness are also closely associated with incarceration and involvement with the criminal justice system. Particularly as people living with HIV/AIDS live longer lives, incarceration is an issue for a growing number of people living with HIV/AIDS. Almost one-quarter of all people infected with HIV were released from prison or jail in 1999.[12] Having a criminal history can make a person ineligible for many types of housing and services, as well as limit employment opportunities.

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

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[8] National Alliance to End Homelessness, *Facts About Homelessness*, Available online: www.naeh.org/back/factsus.htm (Accessed: January 10, 2002).

[9] Higher rates (8.5 to 62 percent) have been found in selected homeless sub-populations. John Song, M.D., M.P.H., M.A.T., *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy,* National Health Care for the Homeless Council, Health Care for the Homeless Clinician's Network, November 1999, p. 1. Available online: www.nhchc.org (Accessed: January 10, 2002).

[10] Areas represented are: Alameda County, Atlanta, Chicago, Contra Costa County, Dallas, Fresno County, Kentucky, Maryland, Orange County, Philadelphia, Phoenix, Pittsburgh, Portland, Oregon, Riverside/San Bernardino Counties, San Diego County, Snohomish County, WA, Utah, Washington, DC, and Washington State, between 1993 and 2000. *Fact Sheet: AIDS Housing Survey.* AIDS Housing of Washington. Available online: www.aidshousing.org/ahw_library2275/ahw_library_show.htm?doc_id=76974 (Accessed: January 10, 2002).

[11] Ibid

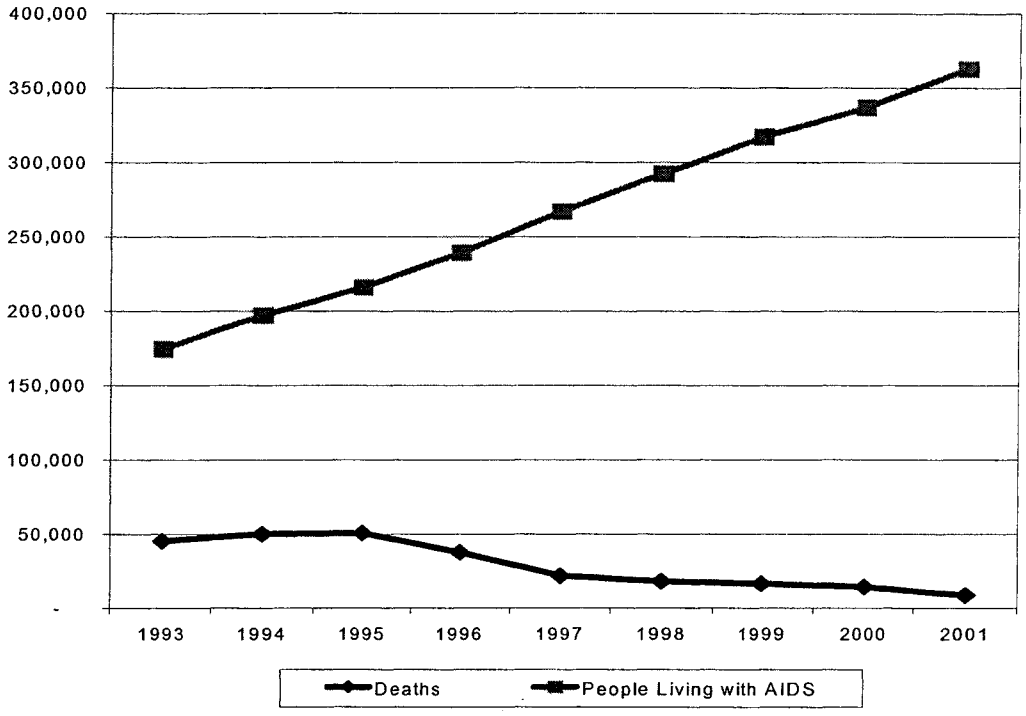
[12] Unpublished study by Theodore Hammett, Ph.D., Abt Associates cited in Fox Butterfield, "Getting Out: A Special Report; Often, Parole is One Stop on the Way Back to Prison," *The New York Times*, November 29, 2000.

Providing the level of support that many of these individuals need in order to maintain their housing and income is very expensive. However, a recent study found that supportive housing for people with mental illness actually saved more than $16,000 per person per year in public funds due to the reduced costs related to hospitalizations, incarceration, and shelter.[13] Still, demands on all of the systems serving people living with HIV/AIDS are increasing and resources for meeting identified needs are not expected to increase significantly in the future.

Trends in the Epidemiology of HIV/AIDS in the United States

The number of new AIDS cases diagnosed in the United States each year has decreased steadily since 1993.[14] At the same time, medical advances in the treatment of HIV have dramatically slowed the death rates of people living with HIV. As a result, more people are now living with AIDS in the United States than ever before. ***Chart 1*** shows the number of people living with AIDS and the number of AIDS deaths from 1993-2001.

Chart 1:
People Living with AIDS and Rates of Death, 1993-2001



Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/STD Prevention. *HIV/AIDS Surveillance Report. Year-end 2001.* Vol. 13, No. 2. Tables 27, 31. Available online: www.cdc.gov/hiv/stats/hasr1202.htm (Accessed: November 18, 2002).

[13] Ted Houghton, *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals*, Corporation for Supportive Housing, New York, 2001. Available online: www.csh.org/NYNYSummary.pdf (Accessed: January 10, 2002).

[14] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, *HIV/AIDS Surveillance Reports*, Years-end 1993-1999, Mid-year 2000. Available online: www.cdc.gov/hiv/stats/hasrlink.htm (Accessed: January 10, 2002).

While the HIV/AIDS epidemic originated in the larger metropolitan areas of the United States, every state reported new AIDS cases diagnosed in 2000[15] and about 6 percent of the AIDS cases reported in 1999 were from rural areas.[16] The gender, racial/ethnic, and age profiles of people living with HIV/AIDS have also shifted over the course of the epidemic:

- The proportion of new AIDS cases reported among adult and adolescent women more than tripled over a fifteen-year period, from 7 percent of cases reported in 1985 to 25 percent in 2000.[17]
- African American and Latina women together represent less than one quarter of all U.S. women, yet they account for more than three-quarters (78 percent) of AIDS cases reported to date among women in our country.[18]
- African Americans represented 38 percent of the AIDS cases reported in 2000,[19] but are just 12 percent of the U.S. population.[20]
- It is estimated that at least half of all new HIV infections in the U.S. are among people under 25, and the majority of HIV-infections among young people are transmitted sexually.[21]

Medical Advances in Treating People Living with HIV/AIDS

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

However, even individuals who have access to these medications, are closely monitored, and have their medications adjusted as frequently as every three months are experiencing failure. There is now a growing consensus that continuous HAART therapy is not a viable option, even for those who experience some health improvements, due to the severity of short- and long-term side effects.[22] Additionally, a study released at the end of 2001—the first large-scale study of drug resistance—found that half of people living with AIDS had a strain of HIV that was resistant to at

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[15] Ibid, Table 2.

[16] Joan Stephenson, Ph.D., "Rural HIV/AIDS in the United States: Studies Suggest Presence, No Rampant Spread," *Journal of the American Medical Association*, Vol. 284, No. 2, July 12, 2000. Available online: jama.ama-assn.org/issues/v284n2/ffull/jmn0712-2.html (Accessed: January 10, 2002).

[17] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention, "HIV/AIDS Among U.S. Women: Minority and Young Women at Continuing Risk," *Fact Sheet*. Available online: www.cdc.gov/hiv/pubs/facts/women.htm (Accessed: January 10, 2002). Updated with AHW tabulations using data from: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/STD Prevention, *HIV/AIDS Surveillance Report, Year-end 2000*, Vol. 12, No. 2, Tables 5. Available online: www.cdc.gov/hiv/stats/hasr1202.htm (Accessed: January 10, 2002).

[18] Ibid.

[19] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report Year-end 2000*; Vol. 12, No. 2, Table 7. Available online: www.cdc.gov/hiv/stats/hasr1202/table7.htm (Accessed: January 9, 2002).

[20] U.S. Census Bureau, *DP-1: Profile of General Demographic Characteristics: 2000*, Data set: Census 2000 Summary File 1 (SF 1) 100-Percent Data. Available online: factfinder.census.gov/home/en/sf1.html (Accessed: January 9, 2002).

[21] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention, "Young People at Risk: HIV/AIDS Among America's Youth." Available online: www.cdc.gov/hiv/pubs/facts/youth.htm (Accessed: January 10, 2002).

[22] Anthony Fauci, M.D. of the National Institute of Allergy and Infectious Disease quoted in Lark Lands, "Treatment: Stop + Start," *POZ*, October 2000.

least one drug used to treat HIV. It also found that 20 percent of people infected in 2000 had a drug resistant strain. These findings suggest that a growing number of people living with HIV/AIDS have strains that are becoming difficult to treat with existing drugs, and that more people are infected at the outset with resistant strains.[23]

Not all people living with HIV/AIDS who might be helped by existing HIV treatments necessarily have access to them. The medications and monitoring associated with HAART are expensive—at $10,000 to $15,000 each year—putting them well out of reach for people who do not have adequate insurance or access to state-run AIDS Drug Assistance Programs. Studies show persisting disparities in access to these medications, particularly among women, people of color, and injection drug users.[24] Another study published in 2001 estimated that nearly all of the 750,000 people living with HIV in the United States would have met the criteria for being offered HAART, but that only about 200,000 were using it.[25]

Sustaining AIDS Housing

The focus of AIDS housing providers has shifted from helping people at the end of their lives to helping them transition to living with HIV and AIDS. AIDS housing providers are seeing more and more clients with histories of homelessness, mental illness, and/or substance use, with HIV often secondary or tertiary among a client's concerns. Measurements of success for tenants are more complex: positive outcomes range from housing stability, improved health status, and sobriety, to decreasing use of nonprescription drugs and gaining life skills that may lead to employment.

Unlike the informal arrangements that characterized its early years, AIDS housing now is typically based on long-term contractual relationships, tenants' ability to pay rent and meet lease requirements, and providers' community-wide collaborations and multiple funding sources. Providers have not only had to learn to operate permanent housing within the context of landlord-tenant laws, but also to gain a high degree of sophistication in accessing a range of state and local funding sources and partnering with mainstream housing and social service agencies.

Providers outside of metropolitan areas, especially in the scattered towns of rural America, have their own challenges, including transportation to care, minimal community knowledge of the disease, and a lack of rental housing units. Rural AIDS housing providers are also often constrained by their own lack of experience in housing, few partnering or collaborative opportunities, and limited funding opportunities. They have had to learn to innovate and stretch their dollars any way they can to serve their growing client base.

While the AIDS housing community's goal of meeting the housing needs of people living with HIV and AIDS has not changed, the AIDS service and housing world has changed dramatically. The challenge for AIDS housing providers is to ensure that resources will be available to clients over the long term, and to find the balance between flexibility and stability.

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[23] David Brown, "Study Finds Drug-Resistant HIV in Half of Infected Patients," *The Washington Post*, Wednesday, December 19, 2001, p. A2.

[24] Usha Sambamoorthi, Ph.D., et al, "Use of Protease Inhibitors and Non-Nucleoside Reverse Transcriptase Inhibitors Among Medicaid Beneficiaries with AIDS," *American Journal of Public Health*, September 2001, Vol. 91, No. 9, pp. 1474-1481. Available online: www.ajph.org/cgi/reprint/91/9/1474.pdf (Accessed: January 10, 2002).

[25] James G. Kahn, M.D., M.P.H., Brian Halle, M.P.P., M.A., Jennifer Kates, M.P.A., M.A., and Sophia Chang, M.D., M.P.H., "Health and Federal Budgetary Effects of Increasing Access to Antiretroviral Medications for HIV by Expanding Medicaid," *American Journal of Public Health*, September 2001, Vol. 91, No. 9, pp. 1464-1473. Available online: www.ajph.org/cgi/reprint/91/9/1464.pdf (Accessed: January 10, 2002).

Population Demographics, Housing, and Homelessness

This chapter presents an overview of the population demographics of Palm Beach County and an introduction to housing and homelessness in the area. Findings include:

- 1,131,184 people were living in Palm Beach County at the time of the 2000 Census.
- 79 percent of county residents were White/Caucasian, 14 percent were African American/Black, and 12 percent were Hispanic/Latino at the time of the 2000 Census.
- The median income for a family of four in 2002 was $62,800.
- The HUD-established Fair Market Rent (FMR) for a studio apartment was equivalent to 102 percent of the monthly Supplemental Security Income (SSI) payment that many people living with HIV/AIDS receive as their sole income.
- In 2002, it was estimated that as many as 5,618 men, women, and children were homeless in Palm Beach County.

This chapter provides basic demographic information for Palm Beach County and presents an overview of housing and homelessness data. This information is intended to provide a context in which to understand specific information concerning people living with HIV/AIDS that will be presented in the following chapters.

People living with HIV/AIDS who have low incomes face the same challenges in affording appropriate housing as other people with low incomes. In most cases, when people living with HIV/AIDS seek assistance in meeting their housing needs, they turn to the same resources that other low-income people do. People living with HIV/AIDS may experience additional barriers to getting and keeping housing, including debilitating effects of medications, fluctuating health status, and HIV/AIDS-related stigma in the housing and job markets.

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

Demographics

The 2000 Census found the population of Palm Beach County to be 1,131,184 people. This represents a 31 percent increase from 863,518 in the 1990 Census.[26] The population of Palm Beach County is expected to continue to grow rapidly, surpassing 1,430,000 people by 2020.[27] Currently, Whites/Caucasians are the largest racial/ethnic group in Palm Beach County at 79 percent of the

[26] U.S. Census Bureau, *Florida: Population of Counties by Decennial Census: 1900 to 1990.* Available online: www.census.gov/population/cencounts/fl190090.txt (Accessed: March 7, 2002).
[27] Palm Beach County Florida, *Managed Growth Tier System*, 2002. Available online: www.co.palm-beach.fl.us/pzb/new/planning/mgplanning/mangrow.htm (Accessed: November 19, 2002).

total population. The next largest group is African Americans/Blacks, who comprise 14 percent of the population.[28] ***Table 1*** presents race and ethnicity data for Pam Beach County from the 2000 U.S. Census.

Table 1:
Race and Ethnicity of Residents of Palm Beach County (2000)

Race/Ethnicity	Number	Percent
White/Caucasian	894,207	79%
African American/Black	156,055	14%
American Indian/Alaska Native	2,466	<1%
Asian	17,127	2%
Native Hawaiian and Pacific Islander	692	<1%
Some other race	33,709	3%
Two or more races	26,928	2%
Hispanic/Latino (of any race)	140,675	12%
Total	**1,131,184**	**100%**

Source: U.S. Census Bureau, *GCT-PL, Race and Hispanic or Latino: 2000.* Available online: factfinder.census.gov/servlet/BasicFactsServlet (Accessed: February 5, 2002).
Note: Percents add to more than 100 percent because Hispanic/Latino persons can be of any race.

Income and Poverty

In 2002, HUD estimated the median family income (MFI) at $62,800 for a family of four in Palm Beach County and at $44,000 for a single person. HUD sets the MFI every year for use in determining eligibility for certain housing assistance programs by updating Census data with current economic information.[29]

Using guidelines from the Office of Management and Budget (OMB), the U.S. Census Bureau annually sets a poverty level based on living expenses, varying the threshold based on household size. The thresholds are used mainly for statistical purposes, such as estimating the number of Americans in poverty each year. In 1998, the most recent year for which county-level data is available, the poverty threshold for a single person under age 65 was $8,480 per year, equivalent to $707 per month. For a family of four, including two related children, the poverty threshold was $16,276 per year, equivalent to $1,356 per month.[30] Data from 1998 reflects that 11 percent of the population of Palm Beach County was living in poverty.[31]

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[28] U.S. Census Bureau, *GCT-PL, Race and Hispanic or Latino: 2000.* Available online: factfinder.census.gov/servlet/BasicFactsServlet (Accessed: November 19, 2002).
[29] U.S. Department of Housing and Urban Development, HUD User, *FY 2002 Income Limits.* Available online: www.huduser.org/datasets/il/fmr02/index.html (Accessed: November 19, 2002).
[30] U.S. Census Bureau, *Poverty Thresholds: 1998.* Available online: www.census.gov/hhes/poverty/threshld/thresh98.html (Accessed: February 5, 2002).
[31] U.S. Census Bureau, *Table A98-54: Estimated Number and Percent People of All Ages in Poverty by County: Florida 1998.* Available online: www.census.gov (Accessed: February 5, 2002).

Housing Affordability

Housing affordability is determined by the interaction of income and housing costs. The U.S. Department of Housing and Urban Development (HUD) defines housing as affordable when a household pays no more than 30 percent of their gross monthly income toward rent. Therefore, an apartment that rents for $200 per month can still be unaffordable to a person whose sole income is their Supplemental Security Income (SSI) payment of $545 per month. In the following pages, income data is combined with housing cost estimates to assess housing affordability in Palm Beach County.

One way of approximating rental costs is using HUD-determined Fair Market Rents (FMR). These are established as the rental cost limit for certain rental subsidy programs, and are the 40th percentile of rents paid by people who moved within the past two years, excluding people who moved into newly constructed units. This means that 40 percent of rents were lower and 60 percent were higher than this estimate.[32] FMR is not intended to represent the actual cost of available units but can be used to approximate rental costs in many housing markets.

Table 2 presents 2002 FMR data for Palm Beach County by unit size.

Table 2:
Fair Market Rents (2002) in Palm Beach EMSA

	Zero-bedroom Unit	One-bedroom Unit	Two-bedroom Unit	Three-bedroom Unit
Fair Market Rent	$554	$646	$800	$1,062

Source: U.S. Department of Housing and Urban Development, HUD User, *Fair Market Rents,* 2002. Available online: www.huduser.org/datasets/fmr.html (Accessed: February 5, 2002).

The National Low Income Housing Coalition (NLIHC) estimates annually the hourly wage required to allow a person to afford an apartment renting for the FMR, given a forty-hour workweek. In 2001, NLIHC estimated that a person in the Palm Beach EMSA would need to earn $12.42 per hour to rent a one-bedroom apartment at the FMR ($646).[33] This is equivalent to more than twice the minimum wage, and more than four times the maximum Supplemental Security Income (SSI) payment for an individual in that year. Comparing one of three relevant income measures—Supplemental Security Income (SSI), minimum wage, and median income—with Fair Market Rents (FMRs) helps to approximate housing affordability.

Housing affordability data is presented for an individual in ***Table 3*** and for a family of four in ***Table 4***. For each of three scenarios, an affordable monthly rent—equal to 30 percent of gross monthly income—is calculated and compared with the average cost of apartment rentals. The last two columns show the gap between an affordable rent and an apartment renting for the FMR. Although this cannot represent the difference between what is affordable and what is available, it is a way of estimating and generalizing about housing affordability in an area.

[32] U.S. Department of Housing and Urban Development, HUD User, *Fair Market Rents,* 2002. Available online: www.huduser.org/datasets/fmr.html (Accessed: November 19, 2002).
[33] National Low Income Housing Coalition, *Out of Reach,* September 2001. Available online: www.nlihc.org (Accessed: November 19, 2002).

Table 3:

Monthly Housing Affordability for Individuals with Varying Incomes

	Individual A	Individual B	Individual C
Earns:	SSI	Minimum wage	50% of MFI
Has this much income:	$545	$893	$1,832
Which is equivalent to this percentage of MFI:	15%	24%	50%
Based on income, affordable housing cost is:	$164	$268	$550
A studio apartment might cost:*	$554	$554	$554
Which exceeds the affordable cost by:	$390	$286	$4
A one-bedroom apartment might cost:*	$646	$646	$646
Which exceeds the affordable cost by:	$482	$378	$96

Source: U.S. Department of Housing and Urban Development, HUD User, *FY 2001 Income Limits*. Available online: www.huduser.org/datasets/il.html

U.S. Department of Housing and Urban Development, HUD User, *Fair Market Rents*. Available online: www.huduser.org/datasets/fmr.html

*2002 Fair Market Rent established by HUD.

Notes: SSI is Supplemental Security Income, and the amount given is the maximum for a single person 65 or younger living alone in 2002. MFI is Median Family Income. The MFI established by HUD for a family of one in 2002 is $44,000, equivalent to $3,667 per month. Affordable housing cost here is based on HUD's guideline of 30 percent or less of gross monthly income. Minimum wage in 2002 is $5.15 per hour. Minimum wage example assumes full-time employment

Table 4:

Monthly Housing Affordability for Families with Varying Incomes

	Family A	Family B	Family C
Earns:	SSI	Minimum wage	50% of MFI
Has this much income:	$545	$893	$2,617
Which is equivalent to this percentage of MFI:	10%	17%	50%
Based on income, affordable housing cost is:	$164	$268	$785
A two-bedroom apartment might cost:*	$800	$800	$800
Which exceeds the affordable cost by:	$636	$532	$15
A three-bedroom apartment might cost:*	$1,062	$1,062	$1,062
Which exceeds the affordable cost by:	$898	$794	$277

Source: U.S. Department of Housing and Urban Development, HUD User, *FY 2001 Income Limits*. Available online: www.huduser.org/datasets/il.html

U.S. Department of Housing and Urban Development, HUD User, *Fair Market Rents*. Available online: www.huduser.org/datasets/fmr.html

*2002 Fair Market Rent established by HUD.

Notes: SSI is Supplemental Security Income, and the amount given is the maximum for a single person 65 or younger living alone in 2002. MFI is Median Family Income. The MFI established by HUD for a family of four in 2002 is $62,800, equivalent to $5,233 per month. Affordable housing cost here is based on HUD's guideline of 30 percent or less of gross monthly income. Minimum wage in 2002 is $5.15 per hour. Minimum wage example assumes one adult working full-time.

Public Housing and Section 8 Vouchers

Information available from the U.S. Department of Housing and Urban Development's Public and Indian Housing (PIH) Information Center indicates that seven organizations provide public housing and Section 8 vouchers in Palm Beach County, including six housing authorities and one nonprofit organization. Section 8 vouchers allow a person to rent an apartment or house that fits within the program's cost limits, paying the difference between the monthly rent and 30 percent of the person's income.

Table 5 presents resources available through housing authorities in Palm Beach County. A number of local agencies have applied for and received vouchers for people with disabilities through various HUD programs. The Boca Raton Housing Authority and Housing Partnership, Inc. have each received 75 of these vouchers, and the West Palm Beach County Housing Authority has received 175.[34] These vouchers are included in the Section 8 Vouchers totals in Table 5.

Table 5:
Housing Authority Resources (2002)

Housing Authority or Nonprofit Organization	Section 8 Vouchers	Public Housing Units
Boca Raton*	571	95
Delray Beach	906	199
Housing Partnership, Inc. (Nonprofit organization)*	75	—
Pahokee	36	515
Palm Beach County	2,595	543
Riviera Beach	425	155
West Palm Beach**	1,903	712
Total	**6,511**	**2,219**

Source: Housing Authority Low Rent Inventory and Section 8 vouchers are available from the U.S. Department of Housing and Urban Development's Public and Indian Housing (PIH) Information Center (PIC). Available online: www.hud.gov/offices/pih/systems/pic/haprofiles/index.cfm (Accessed: November 18, 2002).
Vouchers for people with disabilities are a tabulation of Mainstream, Designated Housing, and Certain Developments vouchers from an independently maintained database of the Technical Assistance Collaborative, Inc. Technical Assistance Collaborative, Inc., *Section 8 Made Simple: Using the Housing Choice Voucher Program to Assist People with Disabilities*, written by: Ann O'Hara and Emily Cooper. Available online: www.tacinc.org/resourcesframe.html (Accessed: October 15, 2002).

* The totals for Boca Raton and Housing Partnership, Inc. each include 75 vouchers for people with disabilities.

** The total for West Palm Beach includes 175 vouchers for people with disabilities.

Note: Housing Authority inventory information has not been independently verified by AIDS Housing of Washington (AHW). Inventory represents the resources of the housing authority, not the availability of these resources. "Low rent units" represent public housing inventory, per PIC Help, email communication with AHW, October 16, 2002.

[34] Vouchers for people with disabilities are a tabulation of Mainstream, Designated Housing, and Certain Developments vouchers from an independently maintained database of the Technical Assistance Collaborative, Inc. Technical Assistance Collaborative, Inc., *Section 8 Made Simple: Using the Housing Choice Voucher Program to Assist People with Disabilities*. Written by: Ann O'Hara and Emily Cooper. Available online: www.tacinc.org/resourcesframe.html (Accessed: October 15, 2002).

Other Housing Market Characteristics

The Census Bureau gathers information about the numbers of housing units, whether they are owned or rented, and their vacancy rates. The most recent data available is from the 2000 Census. In 2000, 75 percent of housing units were occupied by owners. By comparison, the national homeownership rate was 67.5 percent in the first quarter of 2001, the highest rate ever.[35] According to the 2000 Census, Palm Beach County had an average household size of 2.34 people.[36]

Related Housing Documents

Palm Beach County's Consolidated Plan

The U.S. Department of Housing and Urban Development requires jurisdictions that are funded under certain formula grant programs (Community Development Block Grant, Emergency Shelter Grant, HOME Investment Partnerships Program, and Housing Opportunities for Persons with AIDS) to complete an annual planning and reporting document called a Consolidated Plan. The document describes the housing needs of the low- and moderate-income residents of a jurisdiction, outlines strategies to meet the needs, and lists all resources available to implement the strategies.[37]

The County's Consolidated Plan for 2002-2003 lists priority activities for Community Development Block Grant (CDBG) funding and Emergency Shelter Grants program (ESGP) funding, some of which are directly relevant to low-income people living with HIV/AIDS. CDBG priorities include:

- Conserving, upgrading, and expanding existing housing stock, especially housing available to low- and moderate-income persons/families, primarily within identified Target Areas
- Making capital improvements to improve neighborhoods, including public facilities, utilities, infrastructure, and increasing physical accessibility
- Funding Fair Housing activities
- Promoting the availability of health and human services
- Job creation and retention and economic development[38]

Priorities and objectives of ESGP include:

- Operation and maintenance of emergency shelters and transitional housing (high priority)
- Homeless prevention in the form of one-time emergency rent, mortgage, and/or utility payments (medium priority)
- Essential services, including food vouchers, bus passes, and supplies for homeless shelters[39]

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[35] U.S. Department of Housing and Urban Development, Office of Policy Development and Research, U.S Housing Market National Data, Spring 2001. Available online: www.huduser.org/periodicals/ushmc/spring2001/nd_hinv.html (Accessed: November 19, 2002).
[36] U.S. Census Bureau, Census 2000, *Table DP-1: Profile of General Demographic Characteristics: 2000.* Available online: www.census.gov/prod/cen2000/index.html (Accessed: November 19, 2002).
[37] Palm Beach County, Department of Housing and Community Development, *Draft Palm Beach County Annual Consolidated Plan, October 2002–September 2003*, May 2002.
[38] Ibid.
[39] Ibid.

The County's Consolidated Plan also includes an inventory of Section 8 vouchers available in the county.

City of West Palm Beach's Consolidated Plan

The City of West Palm Beach's Consolidated Plan[40] describes projects and activities to be undertaken. The following activities directly relevant to housing low-income people and people with disabilities are described in the Plan:

- Assistance to private developments providing rental housing to people with low- and moderate-incomes
- Providing up to $30,000 of assistance per low- and moderate-income owner-occupied households to correct code violations or bring housing to Section 8 housing standards
- First time homebuyer assistance for low- and moderate-income people
- Fair Housing education and enforcement
- Credit counseling
- Rental assistance and foreclosure prevention

The Consolidated Plan includes extensive information about the HOPWA program, which appears in a separate chapter of this plan called HIV/AIDS-Dedicated Resources.

Palm Beach County's Analysis of Impediments to Fair Housing Choice

HUD also requires jurisdictions to prepare an Analysis of Impediments to Fair Housing Choice. The Palm Beach County Housing and Community Development Department established a committee to develop the *Palm Beach County Analysis of Impediments to Fair Housing Choice, Fiscal Years 2000–2005*. The following fair housing issues related to disabilities were identified:

- Lack of units that are physically accessible for people with disabilities, and a lack of understanding on the part of real estate rental and sales staff of what constitutes accessibility
- Refusal to rent or sell to people with disabilities, typically based on whether a person receives disability benefits such as SSI or SSDI
- Discrimination from condominium and homeowners associations, e.g., disallowing a ramp to an apartment, prohibiting guide dogs under "no pets" rules, and harassment of residents
- Opposition to siting group homes or rehabilitation facilities from area residents
- Construction of new homes that are not physically accessible for visitors
- Lack of knowledge of the law on the part of planners, engineers, and building officials, combined with a lack of a central source for definitive information[41]

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[40] City of West Palm Beach, Economic and Community Development Department, *Consolidated Plan One Year Action Plan, October 1, 2001–September 30, 2002.*

[41] Palm Beach County Housing and Community Development Department, *Palm Beach County Analysis of Impediments to Fair Housing Choice, Fiscal Years 2000–2005,* pp. 21-22.

The plan made the following recommendations:

- The Palm Beach County Office of Equal Opportunity (OEO), the Fair Housing Center of the Greater Palm Beaches, Inc. (FHC), the Legal Aid Society and other interested organizations should educate condominium associations, apartment managers and owners, and people with disabilities about fair housing laws.
- More assessment of the existing conditions faced by people with disabilities in order to determine the type and amount of education and outreach required
- Strengthen fair housing agencies in the county. For example, the Legal Aid Society and FHC could pursue HUD funding, and the County should continue using CDBG funds for this purpose.
- OEO, FHC, the Legal Aid Society, and other interested organizations should provide education and outreach to planners, engineers, builders, and other building officials about fair housing laws.

United Way Community Assessment 2000

The United Way of Palm Beach County conducted a county-wide needs assessment and planning process dealing with a wide variety of social issues. The resulting publication, *Community Assessment 2000,* includes findings from a telephone survey and community-wide focus groups and forums.[42]

This needs assessment found that more than a third (35 percent) of households with children reported a problem with housing, as did almost a quarter (23 percent) of households without children.[43] The assessment also identified housing as one of its "cross-cutting issues," or issues identified repeatedly in varying components of the process. Specifically, the plan states that affordable housing, especially rental housing, homeless housing or shelters, and transitional housing for people in recovery are needed.[44]

Solutions for housing needs identified during solution-focused dialogue in community forums included:

- "Increase awareness of need especially among local politicians so that barriers can be addressed."
- "Educate community to combat NIMBY effect."
- "Spread out programs throughout county so that there is broader responsibility for affordable housing and rental units."
- "Increase collaboration with other businesses organizations. Develop more partnerships between mental health, substance use programs, etc."
- "Find examples of model programs and replicate them in our area."[45]

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[42] Due to the breadth of issues addressed and the depth of information provided in the *Community Assessment 2000,* it is difficult to represent its findings here; the full assessment is available from the United Way of Palm Beach County or online at www.unitedwaypbc.org/communityassessment2000.html

[43] United Way of Palm Beach County, *Community Assessment 2000,* p. 18.

[44] Ibid, p. 24.

[45] Ibid, pp. 80-81.

Findings from focus groups were:

- "The need for health and social services is expected to increase."
- "Communications between service agencies could be improved."
- "A lack of funds and personnel, both paid and volunteer, prevent many agencies from serving all the people that need their services."
- "There is a stigma attached to using social services."
- "Education is a basic need that cuts across all groups."[46]

Homelessness

On any given night, 750,000 Americans are homeless. Over the course of a year, it is estimated that 2 million people experience homelessness in the United States for some period of time.[47] Because people become homeless for a wide range of reasons, describing the homeless population is a complicated task.

At a basic level, homelessness results from poverty and the lack of housing that is affordable. Individuals and families who are homeless have various employment and income situations: some may be full-time, sporadically, or seasonally employed, or be recipients of financial or medical benefits, while others have no source of income or benefits. Homelessness for individuals and families may also be linked to mental and developmental disabilities, substance use, criminal history, lack of child support and childcare resources, and/or language and cultural barriers. These obstacles to housing stability can seem insurmountable when coupled with the insecurity and unsafe conditions created by being homeless.

2002 Census and Survey of the Homeless in Palm Beach County

The most recent analysis of homelessness in Palm Beach County was the *2002 Census and Survey of the Homeless Population in Palm Beach County, Florida*, conducted by Palm Beach Atlantic College under contract to the Community Foundation for Palm Beach and Martin Counties, Inc. and Palm Beach County Legal Aid Society. This study estimated that 3,672 individuals in Palm Beach County were homeless, including 1,188 single people without children and 2,484 individuals in families including 1,696 children. The study also made recommendations for resource needs. It was estimated that:

- 403 individuals and 919 families need emergency shelter.
- 582 individuals and 1,167 families need transitional housing.
- 202 individuals and 397 families need permanent supportive assistance.[48]

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[46] Ibid, p. 26-27.

[47] National Law Center on Homelessness and Poverty, *Homelessness and Poverty in America*. Available online: www.nlchp.org/h&pusa.com (Accessed: February 4, 2002).

[48] Commissioned by the Community Foundation for Palm Beach and Martin Counties, Inc. and the Palm Beach Legal Aid Society, Conducted by Palm Beach Atlantic College, *2002 Census and Survey of the Homeless Population in Palm Beach County, Florida.*

The *2002 Census and Survey of the Homeless Population in Palm Beach County, Florida* also estimated needs specific to people living with HIV/AIDS. For individuals, it estimated 144 people in need. For people in families with children, it estimated 40 people in need. In the survey that provided data for this report, 20 percent of respondents reported having HIV-infection or AIDS. Survey respondents were also asked to rank the reasons they had become homeless. HIV/AIDS was the primary reason for 3 percent of respondents, the secondary reason for 2 percent of respondents, and a tertiary reason for 1 percent of respondents.[49]

This census also found that 42 percent of respondents were female and 58 percent were male. The most frequently reported race/ethnicities were White (41 percent), Black (37 percent), Black-Hispanic (7 percent), and White-Hispanic (6 percent). One percent of respondents were Haitian. Three quarters of respondents had been homeless for less than a year. Only 8 percent of respondents had been in Palm Beach County for three or more years. Almost a quarter (22 percent) were employed at the time of the survey. Employment income was the most frequently reported source of income (31 percent of respondents). Disability benefits were not reported as an income source, but 16 percent listed "Social Security" as their source of income.

Continuum of Care 2002

Another source of information about homelessness in Palm Beach County is the Homeless Coalition and its Continuum of Care application. One part of the Continuum of Care application is an inventory of the components of the county's continuum of care for people who are homeless. ***Table 6*** presents an inventory of housing components.

Table 6:
Continuum of Care Housing Inventory

Housing Type	Bed Capacity	
	Individuals	**Persons in Families with Children**
Emergency Shelter	127	156
Transitional Housing	253	690
Permanent Supportive Housing	307	31

Source: The Homeless Coalition of Palm Beach County, Inc., *Continuum of Care: Exhibit 1, FY 2002*, p. 14E-F.

Note: Housing planned, but not yet operating, at the time the application was developed is not included in these totals.

[49] Ibid.

The Homeless Coalition of Palm Beach County also estimated that 5,618 men, women, and children[50] were homeless in Palm Beach County. This estimate included 2,865 adults and youth on their own and 2,753 persons in families with children.[51] The Coalition also estimated the percentage of homeless persons, both veterans and non-veterans, impacted by various issues:

- 49 percent of homeless veterans and 43 percent of homeless non-veterans had experienced a recent substance abuse problem.
- 40 percent of homeless veterans and 36 percent of homeless non-veterans had experienced a recent mental health issue.
- 17 percent of homeless veterans and 9 percent of homeless non-veterans experienced recent mental health and substance use issues, and were considered dually diagnosed.
- More than 700 homeless persons had experienced domestic violence.

The Continuum of Care application also presents an analysis of the gaps in the continuum. ***Table*** *7* presents the housing gaps identified.

Table 7:
2002 Continuum of Care Gaps Analysis, Housing Gaps

Housing Type	Unmet Need for Beds/Units	
	For individuals	For people in families with children
Emergency Shelter	475	395
Transitional Housing	777	1,298
Permanent Supportive Housing	839	189
Total	**2,091**	**1,882**

Source: The Homeless Coalition of Palm Beach County, Inc., *Continuum of Care: Exhibit 1, FY 2002*, p. 14E-F.

People living with HIV/AIDS are at increased risk of homelessness because of both the financial and medical impacts of the disease that cause instability in housing, employment, and benefit eligibility. Other factors correlated with homelessness—including mental illness, substance use issues, and a history of criminal activities—are increasingly found among people living with HIV/AIDS and may increase the risk of homelessness. For these reasons, people living with HIV/AIDS may already be seeking assistance in homeless service systems or may be likely to seek assistance in the future. The *Methodology For 2002 Gaps Analysis* estimated that more than 1,000 homeless persons are living with HIV/AIDS, and that the unmet need in the homeless housing continuum for this population was 722, including 374 adults and 348 people in families with children.[52]

[50] This estimate was developed by combining and adjusting several data sources.
[51] The Homeless Coalition of Palm Beach County, Inc., *Methodology For 2002 Gaps Analysis*, 2002.
[52] The Homeless Coalition of Palm Beach County, Inc., *Continuum of Care: Exhibit 1, FY 2002*, p. 15.

HIV/AIDS in Palm Beach County

By April 2002, more than 8,000 people had been diagnosed with AIDS in Palm Beach County, and nearly 2,000 cases of HIV infection had been reported in people who had not been diagnosed with AIDS. Of all the cases of AIDS diagnosed in Palm Beach County, 30 percent were in Whites/Caucasians, while 64 percent of cases were in African Americans/Blacks.

HIV/AIDS in the United States

The Centers for Disease Control and Prevention estimated that 338,978 people were living with AIDS in the United States at the end of 2000, the most recent year for which an estimate is available. Of these, African Americans/Blacks were the largest group, at 41 percent. Whites/Caucasians were the second largest group at 38 percent, and Hispanics/Latinos were the third largest, at 20 percent. Seventy-eight percent of those living with AIDS were men.[53]

In June 2001, another 134,505 people in the United States were known to be living with HIV and have not been diagnosed with AIDS.[54] Unduplicated HIV statistics are not available from every state and many people who are living with HIV may not have been tested at all. The CDC estimates that between 800,000 and 900,000 Americans are living with HIV/AIDS, and that another 40,000 become infected every year.[55]

HIV/AIDS in Palm Beach County

The Palm Beach County Health Department surveillance program supplied all data for this section, unless otherwise noted. In this section a dash (—) is used in lieu of zero (0) and zero (0) percent.

Living AIDS Cases

For planning purposes it is important to understand the demographics of people living with HIV/AIDS, as these are the individuals who currently access or will access HIV/AIDS-related services.

[53] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/STD Prevention, *HIV/AIDS Surveillance Report, Mid-year 2001*, Vol. 13, No. 1, Tables 26-27.
[54] Ibid, Table 1. Persons reported to be living with HIV infection and with AIDS, by area and age group.
[55] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *A Glance at the HIV Epidemic,* December 2000. Available online: www.cdc.gov/nchstp/od/news/At-a-Glance.pdf (Accessed: August 30, 2002).

Table 8 presents summary data about people living with AIDS in Palm Beach County as of April 2002.

Table 8:

Living AIDS Cases in Palm Beach County, by Race/Ethnicity, Gender, Age at Diagnosis, Transmission Category, and Part of County, as of April 2002

	Palm Beach County		Coastal Palm Beach County		Western Palm Beach County	
	Number	Percent	Number	Percent	Number	Percent
Race/Ethnicity						
White/Caucasian	1,051	26%	1,037	30%	14	2%
African American/Black	2,665	66%	2,117	61%	548	95%
Hispanic/Latino	323	8%	306	9%	17	3%
Asian and Pacific Islander	3	<1%	3	<1%	—	—
American Indian and Native Alaskan	2	<1%	2	<1%	—	—
Total	**4,044**	**100%**	**3,465**	**100%**	**579**	**100%**
Gender						
Male	2,655	66%	2,313	67%	342	59%
Female	1,389	34%	1,152	33%	237	41%
Total	**4,044**	**100%**	**3,465**	**100%**	**579**	**100%**
Age at Diagnosis						
0–12	115	3%	94	3%	21	4%
13–19	53	1%	43	1%	10	2%
20–29	626	15%	529	15%	97	17%
30–39	1,585	39%	1,390	40%	195	34%
40–49	1,070	26%	927	27%	143	25%
50+	595	15%	482	14%	113	20%
Total	**4,044**	**100%**	**3,465**	**100%**	**579**	**100%**
Transmission Category						
Men who have Sex with Men (MSM)	1,003	25%	957	28%	46	8%
Intravenous Drug Use (IDU)	415	10%	381	11%	34	6%
MSM/IDU	84	2%	79	2%	5	1%
Transfusion/Hemophilia	19	<1%	15	<1%	4	1%
Heterosexual	1,645	41%	1,293	37%	352	61%
Pediatric	115	3%	94	3%	21	4%
No Identified Risk	763	19%	646	19%	117	20%
Total	**4,044**	**100%**	**3,465**	**100%**	**579**	**100%**

Source: Palm Beach County Health Department, personal communication, April 23, 2002.

Note: Percentages may not equal 100 due to rounding.

Living HIV Cases

Table 9 presents data about people living with HIV in Palm Beach County as of April 2002. This includes people diagnosed with HIV infection who had not received an AIDS diagnosis.

Table 9:

Living HIV Cases in Palm Beach County, by Race/Ethnicity, Gender, Age at Diagnosis, Transmission Category, and Part of County, as of April 2002

	Palm Beach County		Coastal Palm Beach County		Western Palm Beach County	
	Number	Percent	Number	Percent	Number	Percent
Race/Ethnicity						
White/Caucasian	446	23%	437	25%	9	5%
African American/Black	1,311	68%	1,154	66%	157	91%
Hispanic/Latino	139	7%	132	8%	7	4%
Asian and Pacific Islander	6	<1%	6	<1%	—	—
American Indian and Native Alaskan	—	—	—	—	—	—
Unknown	12	1%	12	1%	—	—
Total	**1,914**	**100%**	**1,741**	**100%**	**173**	**100%**
Gender						
Male	1,027	54%	943	54%	84	49%
Female	887	46%	798	46%	89	51%
Total	**1,914**	**100%**	**1,741**	**100%**	**173**	**100%**
Age at Diagnosis						
0–12	9	<1%	8	<1%	1	1%
13–19	83	4%	75	4%	8	5%
20–29	461	24%	417	24%	44	25%
30–39	665	35%	614	35%	51	29%
40–49	440	23%	406	23%	34	20%
50+	256	13%	221	13%	35	20%
Total	**1,914**	**100%**	**1,741**	**100%**	**173**	**100%**
Transmission Category						
Men who have Sex with Men (MSM)	307	16%	298	17%	9	5%
Intravenous Drug Use (IDU)	108	6%	102	6%	6	3%
MSM/IDU	29	2%	27	2%	2	1%
Transfusion/Hemophilia	9	<1%	9	1%	—	—
Heterosexual	879	46%	775	45%	104	60%
Pediatric	9	<1%	8	<1%	1	1%
No Identified Risk	573	30%	522	30%	51	29%
Total	**1,914**	**100%**	**1,741**	**100%**	**173**	**100%**

Source: Palm Beach County Health Department, personal communication, April 23, 2002.

Note: Includes people reported with an HIV infection since July 1, 1997, living as of April 2002, and who had not progressed to an AIDS diagnosis.

Note: Percentages may not equal 100 due to rounding.

Cumulative AIDS Cases

HIV/AIDS case data is frequently reported in terms of cumulative AIDS cases. Cumulative AIDS cases include all AIDS cases diagnosed since the beginning of the epidemic, including both people now living with AIDS and people who are now deceased. Cumulative AIDS cases are useful for understanding the scope and history of the epidemic in a certain area. This data is less revealing of HIV/AIDS in the recent past, as well as the population that is now living with HIV/AIDS and potentially in need of services.

Table 10 presents cumulative AIDS case data for Palm Beach County by race/ethnicity, gender, age at diagnosis, and transmission category.

Table 10:

Cumulative AIDS Cases in Palm Beach County, by Race/Ethnicity, Gender, Age at Diagnosis, Transmission Category, and Part of County, as of April 2002

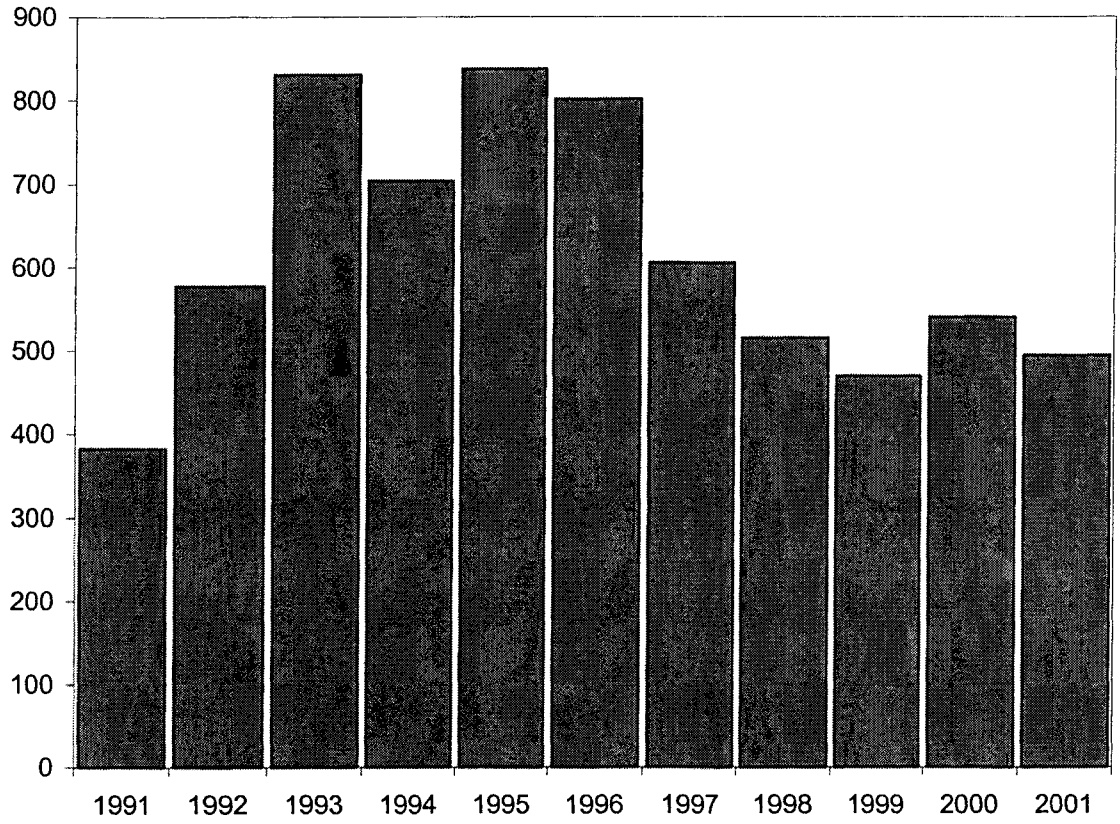
	Palm Beach County		Coastal Palm Beach County		Western Palm Beach County	
	Number	Percent	Number	Percent	Number	Percent
Race/Ethnicity						
White/Caucasian	2,481	30%	2,446	36%	35	2%
African American/Black	5,342	64%	3,891	57%	1,451	95%
Hispanic/Latino	557	7%	510	7%	47	3%
Asian and Pacific Islander	7	<1%	7	<1%	—	—
American Indian and Native Alaskan	4	<1%	4	<1%	—	—
Total	**8,391**	**100%**	**6,858**	**100%**	**1,533**	**100%**
Gender						
Male	5,875	70%	4,895	71%	980	64%
Female	2,516	30%	1,963	29%	553	36%
Total	**8,391**	**100%**	**6,858**	**100%**	**1,533**	**100%**
Age at Diagnosis						
0–12	235	3%	185	3%	50	3%
13–19	81	1%	64	1%	17	1%
20–29	1,426	17%	1,118	16%	308	20%
30–39	3,274	39%	2,785	41%	489	32%
40–49	2,031	24%	1,677	24%	354	23%
50+	1,344	16%	1,029	15%	315	21%
Total	**8,391**	**100%**	**6,858**	**100%**	**1,533**	**100%**
Transmission Category						
Men who have Sex with Men (MSM)	2,405	29%	2,253	33%	152	10%
Intravenous Drug Use (IDU)	1,243	15%	1,014	15%	229	15%
MSM/IDU	251	3%	209	3%	42	3%
Transfusion/Hemophilia	97	1%	90	1%	7	4%
Heterosexual	2,839	34%	2,009	29%	830	54%
Pediatric	235	3%	185	3%	50	3%
No Identified Risk	1,321	16%	1,098	16%	223	15%
Total	**8,391**	**100%**	**6,858**	**100%**	**1,533**	**100%**

Source: Palm Beach County Health Department, personal communication, April 23, 2002.

Note: Percentages may not equal 100 due to rounding.

Chart 2 presents the AIDS cases diagnosed during the past decade by year of report.

Chart 2:
AIDS Cases in Palm Beach County by Year of Report



Sources: 1991 data: The Florida HIV/AIDS, STD, and TB Surveillance Report, December 1999, Number 184. Florida Department of Health, Division of Disease Control. Available online: www.doh.state.fl.us/disease_ctrl/msr.html (Accessed: February 5, 2002).

1992-2001 data: The Florida Division of Disease Control Surveillance Report: Hepatitis, HIV/AIDS, STD, and TB, December 2001, Numbers 208, 209. Florida Department of Health, Division of Disease Control. Available online: www.doh.state.fl.us/disease_ctrl/msr.html (Accessed: February 5, 2002).

Cumulative HIV Cases

Cumulative HIV cases are another way of reporting epidemiology data. HIV case data includes people who have been diagnosed with an HIV infection but have not been diagnosed with AIDS. Palm Beach County started HIV reporting on July 1, 1997. ***Table 11*** presents summary data about HIV cases reported in Palm Beach County as of April 2002.

Table 11:

Cumulative HIV Cases in Palm Beach County, by Race/Ethnicity, Gender, Age at Diagnosis, Transmission Category, and Part of County, as of April 2002

	Palm Beach County		Coastal Palm Beach County		Western Palm Beach County	
	Number	Percent	Number	Percent	Number	Percent
Race/Ethnicity						
White/Caucasian	455	23%	446	25%	9	5%
African American/Black	1,327	68%	1,159	66%	168	91%
Hispanic/Latino	145	7%	138	8%	7	4%
Asian and Pacific Islander	6	<1%	6	<1%	—	—
American Indian and Native Alaskan	—	—	—	—	—	—
Unknown	8	<1%	8	<1%	—	—
Total	**1,941**	**100%**	**1,757**	**100%**	**184**	**100%**
Gender						
Male	1,047	54%	956	54%	91	49%
Female	894	46%	801	46%	93	51%
Total	**1,941**	**100%**	**1,757**	**100%**	**184**	**100%**
Age at Diagnosis						
0–12	11	1%	10	1%	1	1%
13–19	84	4%	76	4%	8	4%
20–29	466	24%	421	24%	45	24%
30–39	675	35%	621	35%	54	29%
40–49	435	22%	399	23%	36	20%
50+	270	14%	230	13%	40	22%
Total	**1,941**	**100%**	**1,757**	**100%**	**184**	**100%**
Transmission Category						
Men who have Sex with Men (MSM)	303	16%	294	17%	9	5%
Intravenous Drug Use (IDU)	112	6%	105	6%	7	4%
MSM/IDU	33	2%	31	2%	2	1%
Transfusion/Hemophilia	10	1%	10	1%	—	—
Heterosexual	893	46%	784	45%	109	59%
Pediatric	11	1%	10	1%	1	1%
No Identified Risk	579	30%	523	30%	56	30%
Total	**1,941**	**100%**	**1,757**	**100%**	**184**	**100%**

Source: Palm Beach County Health Department, personal communication, April 23, 2002.

Note: Includes cases reported between July 1, 1997 and April 2002.

These cases were reported as HIV and do not include cases that had progressed to an AIDS diagnosis.

Percentages may not equal 100 due to rounding.

HIV/AIDS and Incarceration

According to the U.S. Department of Justice, the last Census of Jails was conducted on June 30, 1999. That study found 8,615 jail inmates who were known to be HIV-positive. These inmates represented 1.7 percent of the custody population at that time.

Among the fifty largest jail jurisdictions in the United States—which also included the Florida counties of Dade, Broward, Orange, Hillsborough, Jacksonville, Pinellas, and Polk—Palm Beach County had the second highest number of inmates known to be HIV positive, at 274. Palm Beach County was second only to New York City in terms of numbers. When compared in terms of rate (people living with HIV/AIDS as a percent of the jail population), Palm Beach County had the highest rate of the fifty largest jail jurisdictions—10.6 percent. This exceeded even New York City's rate of 7.1 percent.[56]

[56] Laura M. Maruschak, "HIV in Prisons and Jails, 1999," *Bureau of Justice Statistics Bulletin,* U.S. Department of Justice, Office of Justice Programs, July 2001. Available online: www.ojp.usdoj.gov/bjs/pubalp2.htm. (Accessed: April 23, 2002).

HIV/AIDS-Dedicated Resources

There are two federal funding programs dedicated to serving people living with HIV/AIDS—the Ryan White CARE Act and Housing Opportunities for Persons with AIDS (HOPWA)—that are used in Palm Beach County. In addition, there are eleven organizations providing housing and housing assistance specifically for people living with HIV/AIDS. Although people living with HIV/AIDS seek and receive assistance from other sources or organizations, these dedicated resources constitute the core of housing-related assistance for people living with HIV/AIDS in Palm Beach County and are described in more detail on the following pages.

People living with HIV/AIDS who have low incomes meet their housing needs in the same ways that low-income people without HIV/AIDS do. When it is not possible to obtain low-cost housing that is affordable, low-income residents typically either pay a larger percentage of their income toward housing costs than higher-income people, or combine households with others to share housing costs. A portion of people access housing assistance programs. People living with HIV/AIDS may seek housing assistance or related services in any existing service system and may not necessarily identify themselves as being HIV-positive in these systems.

People living with HIV/AIDS may qualify for assistance based on their income, family status, mental health, or other factors that are not directly related to their HIV infection. At the same time, Palm Beach County has, as many areas do, resources that are dedicated specifically to serving people living with HIV/AIDS. Although these resources cannot by themselves address all of the needs of people living with HIV/AIDS, they are critical to ensuring that a continuum of housing opportunities are available to people living with HIV/AIDS who are in need. ***Appendix 2***, entitled HIV/AIDS Housing Solutions, includes a description of the range of options an HIV/AIDS housing continuum might include. Other federal programs that provide funding for housing low-income people, regardless of HIV status, will be described in ***Appendix 3.***

This section describes the major federal programs related directly to serving people living with HIV/AIDS and the activities of the programs in Palm Beach County.

HIV/AIDS-Dedicated Federal Resources

Two federal programs provide funding dedicated to serving people living with HIV/AIDS—the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Ryan White CARE Act program and the U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for Persons with AIDS (HOPWA) program. Both can be used to fund housing activities, although the eligible activities differ between programs. Information regarding these two programs and funds received by the West Palm Beach-Boca Raton metropolitan statistical area and the state of Florida follow.

Ryan White CARE Act

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, enacted in 1990, represents the largest dollar investment made by the federal government specifically for the provision of services for people living with HIV/AIDS. Ryan White funds are intended to help communities and states increase the availability of primary health care and support services and increase access to care for underserved populations.

As part of that goal, Ryan White allows housing-related assistance as eligible expenditures under Titles I, II, and IV. Eligible housing-related expenditures include housing referral services—assessment, search, placement, and advocacy services—and short-term emergency housing, which includes short-term rental assistance, emergency shelter stays, short-term residential treatment, short-term assisted living, and temporary/transitional housing programs.

Ryan White Title I funds are awarded to metropolitan areas of over 500,000 people with at least 2,000 AIDS cases in the preceding five years. Palm Beach County became eligible for Title I funding in 1994.[57] ***Table 12*** presents the amount of Title I funding received in Palm Beach County in recent years as well as the amount spent on housing-related activities.

Table 12:
Ryan White CARE Act Title I Funds Received by Palm Beach County, FY 2000–2003

Fiscal Year	Total Amount	Amount in Housing-Related Activities
FY 2000–2001	$7,169,030	$817,832
FY 2001–2002	$7,795,848	$694,573
FY 2002–2003	$9,156,524	$826,901

Source: Provided by Gayle Corso, Palm Beach County, Department of Community Services, Ryan White Program via telephone and email, May 2002.

Note: Fiscal year runs March through February. Amounts in housing-related activities for FY 2000–2001, and FY 2001–2002 are the amounts spent; amount in housing-related activities for FY 2002–2003, is the allocation approved by the Priorities and Allocations Committee of the Palm Beach County HIV CARE Council.

Ryan White Title II program funds are awarded, based on a formula, to states. Palm Beach County began receiving Title II funds through the state of Florida in 1991.[58] Title II funds in Palm Beach County are currently used to fund case management services and substance abuse treatment.[59]

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[57] Palm Beach County HIV CARE Council, A Program of The Treasure Coast Health Council, Inc., *Palm Beach County, Florida EMA Comprehensive Needs Assessment, May 2000*, p. 2.

[58] Ibid, p. 2.

[59] Provided by Kimberley Lucas, The Treasure Coast Health Council, Inc. to AIDS Housing of Washington via telephone, May 29, 2002.

Funding levels in recent years are shown in ***Table 13***.

Table 13:
Ryan White Title II Funds in Palm Beach County

Fiscal Year	Amount
FY 2000–2001	$651,395
FY 2001–2002	$651,395
FY 2002–2003	$696,395

Source: Provided by Kimberley Lucas, The Treasure Coast Health Council, Inc. to AIDS Housing of Washington via telephone, May 29, 2002.

The Palm Beach County HIV CARE Council plans for the use of both Titles I and II.[60]

Title IV program funds are targeted toward women, youth, and children. Palm Beach County began receiving program funding in August 1999. These funds are managed by the Palm County Health Department.[61]

Housing Opportunities for Persons with AIDS (HOPWA)

Housing Opportunities for Persons with AIDS (HOPWA), a program of HUD, provides funding for housing and housing-related services for people living with HIV/AIDS and their families. Eligible metropolitan statistical areas (EMSAs) and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are diagnosed in a HUD-determined geographic region.

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

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

HOPWA grantees may carry out eligible programs themselves, deliver them through any of their administrative entities, select or competitively solicit project sponsors, and/or contract with service providers.

Ninety percent of HOPWA funds are awarded through formula grants, and the remaining 10 percent is awarded through a competitive grant program. HUD awards 75 percent of HOPWA formula grant funds to eligible states and qualifying cities. The remaining 25 percent of funds is allocated among

[60] Palm Beach County HIV CARE Council, A Program of The Treasure Coast Health Council, Inc., *Palm Beach County, Florida EMA Comprehensive Needs Assessment, May 2000*, p. 2.
[61] Ibid, p. 2.

metropolitan areas that have had a higher than average per capita incidence of AIDS. ***Table 14*** presents the amounts of HOPWA granted to the Palm Beach metropolitan area in recent years.

Table 14:
Total HOPWA Grant Amount History, by Fiscal Year

Fiscal Year	Total Grant Award
FY 1993–1994	$1,028,000
FY 1994–1995	$1,832,000
FY 1995–1996	$1,775,000
FY 1996–1997	$2,080,000
FY 1997–1998	$2,635,213
FY 1998–1999	$2,490,000
FY 1999–2000	$2,635,000
FY 2000–2001	$2,677,000
FY 2001–2002	$3,383,000
FY 2002–2003	$3,960,000*
Total	**$20,535,213**

Sources: FY1993–2000 data from City of West Palm Beach, *Summary of Allocations for HOPWA by Housing Services Category*, unpublished document.

FY 2000–2001 data from City of West Palm Beach, *Housing Opportunities for Persons with AIDS (HOPWA) Annual Progress Report (APR), For the period of October 1, 2000–September 30, 2001*, December 2001.

*Includes $1,882,000 in the base allocation and $2,078,000 as a bonus related to incidence rate. Per AHW correspondence with U.S. Department of Housing and Urban Development, March 6, 2002.

Table 15 presents program expenditures for Fiscal Year 2000 to 2001 by category of service.

Table 15:
Program Expenditures by Category of Service, FY 2000–2001

Category of Service	Total Expenditure	Percent of Total
Housing assistance	$2,355,499	86%
Support services	$142,042	5%
Grantee administration	$77,352	3%
Project sponsor administrative cost	$156,501	6%
Total	**$2,731,394**	**100%**

Source: City of West Palm Beach, *Housing Opportunities for Persons with AIDS (HOPWA) Annual Progress Report (APR), For the Period of October 1, 2000–September 30, 2001*, December 2001.

Note: Percentages calculated by AIDS Housing of Washington.

Table 16 presents an inventory of the facility-based housing that is dedicated to serving people living with HIV/AIDS in Palm Beach County.

Table 16:
Facility-Based HIV-Dedicated Housing in Palm Beach County

Program	Capacity	Description
45th Street Mental Health	13 beds	Housing and services for people living with HIV/AIDS and mental illness in West Palm Beach
Children's Place at Home Safe, Inc.; Connor's Nursery	12 beds*	24-hour care for children with serious medical conditions
Florida Housing Corporation	45 units	Dedicated units within a larger adult congregate living facility (ACLF) in West Palm Beach
Gratitude House, Hibiscus Haven	8 beds	Supportive transitional housing for women in substance use treatment in West Palm Beach
Haitian American Community Council	5 beds	Group home with Haitian community focus in Delray Beach
Hope House of the Palm Beaches	14 units	Independent living for women with children at King's Court in West Palm Beach
	6 beds	Group home for single men in West Palm Beach
Operation Hope, Inc.	4 units	2 two-bedroom units, 1 three-bedroom, and 1 one-bedroom in Riviera Beach
	4 beds	Beds dedicated to people with HIV/AIDS in a 30-bed shelter program in Riviera Beach
Revitalax Victorian Resort	5 beds	Group home in West Palm Beach
	3 beds	Group home in Lake Worth
Sistah to Sistah Recovery House	8 beds	Supportive transitional housing for women in recovery in West Palm Beach
	6 beds	Supportive transitional housing for women in recovery in West Palm Beach

* Program can accept as many children with HIV/AIDS as needed within 12-bed capacity of program. Actual proportion of children with HIV/AIDS varies throughout the year. At time of AIDS Housing of Washington's site visit on March 27, 2002, 2 beds were occupied by children with HIV/AIDS.

Note: Location given refers to location of program, not eligibility criteria. Beds and units counted under Capacity refer to those beds or units dedicated specifically for people living with HIV/AIDS.

Three other programs provide tenant-based rental assistance. These are:

- **Haitian American Community Council**: In Fiscal Year 2000-2001, this agency provided tenant-based rental assistance to 5 households in Delray Beach, Boynton Beach, and Lake Worth totaling $45,719, an average of $9,144 per household.
- **Hope House of the Palm Beaches**: Hope House provided tenant-based rental assistance to 45 households throughout Palm Beach County in Fiscal Year 2000–2001. The total amount of assistance given was $495,732, an average of $11,016 per household.
- **Pahokee Housing Authority**: In Fiscal Year 2000-2001, PHA provided rental assistance vouchers to 57 households in Pahokee, Belle Glade, South Bay, and Canal Point, totaling $203,855, an average of $3,576 per household. PHA will provide vouchers to 90 households in Fiscal Year 2001–2002.

Comprehensive AIDS Program provides short-term rent, mortgage, and utility assistance. The amount of assistance each household receives is determined by their need. In Fiscal Year 2000-2001, CAP provided $391,238 in assistance to 377 households, which is equivalent to an average of $1,038 per household.

Table 17 presents the allocation of HOPWA funds by agency and amount for the Fiscal Year 2001 to 2002.

Table 17:
HOPWA-Funded Agencies in Palm Beach County, FY 2001–2002

Agency	Program Descriptions	HOPWA Funds
45th Street Mental Health Center, Inc.	Provided housing and services for people who are dually diagnosed with HIV/AIDS and mental illness	$204,143
Children's Place: Connor's Nursery	Provided a shelter with 24-hour residential care for children	$67,153
Comprehensive AIDS Program (CAP)	Provided housing and housing related services in Palm Beach County, including case management, financial assistance, support groups, nutrition assistance, and volunteer services.	$418,625
Florida Housing Corporation	Operated an adult congregate living facility (ACLF) with beds set aside for people living with HIV/AIDS	$621,758
Gratitude House	Provided housing with substance use treatment for women.	$92,254
Haitian American Community Council	Provided housing assistance and residential services, specifically, but not exclusively, to the Haitian population.	$228,000
Hope House of the Palm Beaches	Provided housing in a Women and Children Facility and a Men's Facility; also provided scattered-site rental assistance program for coastal and Western Palm Beach County.	$666,867
Operation Hope, Inc.*	Operated a homeless shelter with services for people living with HIV/AIDS, including single, pregnant, and parenting women.	$163,170
Pahokee Housing Authority	Provided housing vouchers for rental assistance to people living in Belle Glade, South Bay, and Canal Point.	$468,977
Revitalax Victorian Resort*	Provided supportive housing, food, clothing, and advocacy.	$158,495
Sistah to Sistah Recovery House*	Provided supportive transitional housing for women in recovery.	$133,578
	Total	**$3,383,000**

*These agencies received funding through an agreement with Hope House of the Palm Beaches.

Source: City of West Palm Beach, Economic and Community Development Department, *Consolidated Plan: One Year Action Plan, October 1, 2001–September 30, 2002*, August 2001.

Notes: All HOPWA-funded services are for people living with HIV/AIDS.

Survey Findings

This section presents findings from the Palm Beach County HIV/AIDS Housing Survey. A total of 874 people living with HIV/AIDS completed the survey. Survey questions focused respondents experiences and preferences related to housing and services. Copies of the survey tool, in English, Spanish, and Creole appears in Appendix 4, 5, and 6, respectively. Complete survey data appears in Appendix 7.

Overview of the Survey

The following pages present findings from the surveys completed by 874 people living with HIV and AIDS in Palm Beach County between July and October 2002. The goal of the survey was to assess consumer housing needs and preferences. The survey tool was developed by AIDS Housing of Washington (AHW) with guidance from the Steering Committee. Consumers received a $10 grocery voucher for completing the survey.

Surveys were distributed by the City of West Palm Beach to social service or housing programs that administered the survey. The following agencies were responsible for administering surveys:

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Florida Housing Corporation (Palm Beach Assisted Living)
- Gratitude House
- Haitian American Community Council
- Haitian Center for Family Services
- Hope House of the Palm Beaches, Inc.
- Oakwood Center of the Palm Beaches, Inc.
- Pahokee Housing Authority
- Palm Beach County Health Department
- Revitalax Victorian
- Sistah to Sistah Recovery House

Consumer surveyors were also hired by AHW through the Palm Beach County HIV CARE Council's Housing Committee. Sixteen people living with HIV/AIDS were hired and administered a total of 370 surveys. Consumer surveyors contacted peers they knew or encountered through their community relationships to administer the surveys. In some cases, consumers worked with service providers to provide surveys to consumers at events or housing programs. Consumer surveyors were paid $10 per survey they administered to another person.

The majority of respondents had very low incomes.

The majority of respondents, 59 percent, reported monthly incomes below poverty level.[62] The median income of respondents was $546 per month, meaning that half of respondents had a higher income and half had a lower income. Although median income varied for groups based on race/ethnicity or gender—from a high of $732 per month for White/Caucasian respondents to a low of $545 for African American/Black, Haitian, and female respondents—no group had a median income above poverty level.

Although federal benefits, Supplemental Security Income (SSI) (29 percent) and Social Security Disability Insurance (SSDI) (22 percent), together were the most common sources of income reported, a quarter of respondents reported income from employment. In fact, 13 percent of respondents reported working more than 20 hours per week.

Just 12 percent of respondents reported using a checking account to pay monthly bills. More common financial management strategies were paying cash (33 percent) and buying money orders (25 percent).

Finally, 10 percent of respondents indicated that poor credit has been a barrier to obtaining housing. In general, poor credit is not uncommon to people with very low incomes, since even small unplanned expenses can rapidly turn into credit problems for a person with very little and/or fixed income. Perhaps not surprisingly, then, about half of respondents indicated that they would like help in fixing their credit problems, and about half indicated they would attend a workshop on repairing their credit.

Housing, including rent or mortgage and utilities, is the most substantial monthly expense for the majority of respondents.

The median rent or mortgage payment reported by respondents was $200 and the median utility cost was $92. The median total monthly housing cost (rent or mortgage plus utilities) was $300. Although this housing cost may appear low, in relation to the very low incomes of respondents, it is substantial. Thirteen percent of respondents paid between 30 percent and one-half of their income toward housing costs, meeting the U.S. Department of Housing and Urban Development (HUD)'s definition of "housing cost burdened." Another 28 percent paid more than half of their income to housing costs, meeting HUD's definition of "severely rent burdened."

More than one-fifth of respondents also reported that not having enough money for a security deposit and first and last month's rent has been a barrier to obtaining housing.

[62] 59 percent of respondents (513) reported an income at or below $750. The federal government's poverty threshold for 2001, the most recent year for which a definition is available, was $9,214 per year for a single person younger than 65. This is equivalent to $768 per month. U.S. Census Bureau, Poverty 2001. Available online: www.census.gov/hhes/poverty/threshld/thresh01.html (Accessed: October 23, 2002).

Less than half of respondents reported receiving any rental assistance. The most common types reported were Housing Opportunities for Persons with AIDS (22 percent) and Section 8 (10 percent). Rental assistance appears to make a great difference in monthly housing costs; the median total monthly housing cost for people with assistance was $234, compared to $466 for people with no housing assistance. Eighteen percent of respondents were on a waiting list for housing assistance.

When asked about their interest in potential housing services, respondents expressed the most interest in lists of available apartments or houses that they could afford.

Respondents experience other barriers to housing in addition to affordability.

Affordability is not the only barrier to becoming stably housed for many people living with HIV/AIDS. Other conditions affecting their daily lives and housing needs include symptoms of HIV/AIDS, physical impairment, substance use issues, and mental health concerns.

More than two-thirds of respondents reported a condition that affects their daily lives. For most (58 percent), it was their HIV/AIDS. Another commonly reported condition was physical impairment (14 percent). More than a third reported that their symptoms of HIV/AIDS impacts their housing needs or ability to get and keep housing.

Nine percent of respondents reported that drug and/or alcohol use affects their daily lives, and 6 percent said that drug and/or alcohol use had caused problems for them in obtaining housing. More than a quarter of participants reported participating in a substance use treatment or recovery program in the three months prior to completing the survey.

Similarly, 8 percent reported that mental illness affects their daily lives, and 1 percent cited it as the cause of trouble in obtaining housing. In addition, 13 percent reported that depression or mental illness impacts their housing needs or ability to get and keep housing. The majority of respondents (54 percent) had participated in mental health programs in the three months prior to completing the survey, including 37 percent who had participated in an HIV/AIDS support group.

More than a third of respondents had been homeless at some point in the past. Past homelessness is the best predictor of future homelessness. Past homelessness was much more common among people who reported that mental illness (63 percent) or substance use issues (55 percent) affect their daily lives.

Finally, although almost a quarter of respondents reported receiving Food Stamps, food assistance was the support service respondents most commonly identified as needed.[63] More than half of respondents indicated they either needed but did not receive, or received an insufficient amount of, food assistance. For people living with HIV/AIDS, proper nutrition is particularly important in combating weight loss, immune suppression, and side effects from medications.[64] Proper nutrition plays a role in maintaining health, and therefore stability.

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[63] Respondents were asked to indicate levels of need for the following support services: food vouchers or food pantry, transportation (such as taxi or bus vouchers), buddy companion services, case management, medical care, dental care, and HIV/AIDS medications.
[64] AIDS Nutrition Services Alliance, Nutrition Fact Sheets. Available online: www.aidsnutrition.org/nutrition.htm (Accessed: October 23, 2002).

Respondents indicate a preference for independent housing integrated into the community, but still value access to support services.

Several survey questions asked respondents for their housing preferences. Respondents showed a preference for independent housing opportunities integrated into the community. Regardless of gender or ethnicity, respondents indicated a preference for:

- Having a place of their own even if it means paying more rent, instead of sharing housing
- Living with friends or family, instead of an HIV/AIDS housing facility
- Living in a building for people regardless of HIV-status, instead of an HIV/AIDS housing facility

At the same time, two-thirds of respondents indicated a preference for having support services available on site at their apartment building. Because economies of scale typically allow onsite services only in a building that is dedicated to a certain population, these desires may appear to be contradictory. Regardless of how both might be achieved in practice, it is apparent that respondents value both independence and support services.

A similar question on this topic asked whether respondents would rather live independently with no regular services, or live independently and see an agency staff person regularly.[65] Respondents were more evenly split on this option than any others, with 54 percent preferring services and 47 percent preferring no services.

[65] Specific services from that staff person named in the survey question were "help with things like housekeeping, advocacy with your landlord and neighbors, budgeting, or taking medications."

Focus Group Findings

A total of 97 people living with HIV/AIDS participated in twelve focus groups. Findings from the focus groups are presented in this section. Summaries of each focus group can be found in Appendix 8.

Overview of Focus Groups

Focus groups are an important way to obtain input from people living with HIV/AIDS in the needs assessment process. Meeting in small groups with other HIV-positive people allowed participants the opportunity to discuss a range of issues related to their housing situations, needs, and preferences in more detail than participation in a public meeting or completing a survey would typically allow. While participants in each group were asked similar questions, participants in each group shaped the conversation by highlighting those issues of greatest concern to them. Participants received $10 in cash for their participation, as well as refreshments.

A total of twelve focus groups were held. Each focus group is summarized individually in ***Appendix 8.*** Individual interviews were used in one situation where the provider organizing the group reported that participation would be significantly greater if people met privately. Meetings were held throughout Palm Beach County and were organized by local AIDS housing and services providers including:

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Gratitude House—Hibiscus Haven
- Haitian American Community Council
- Hope House of the Palm Beaches, Inc.
- Oakwood Center of the Palm Beaches, Inc.
- Pahokee Housing Authority
- Palm Beach Assisted Living Facility
- Sistah to Sistah Recovery House

Issues Identified by Focus Group Participants

People living with HIV/AIDS who participated in the focus groups had a wide variety of experiences and needs, as well as opinions about what housing and services would be helpful for them personally and people living with HIV/AIDS in general. Some common themes and ideas emerged.

People living with HIV/AIDS desire independent and affordable housing options.

Focus group participants in every group discussed the value of and need for affordable housing options for people living with HIV/AIDS. Many reported that housing is very expensive in Palm

Beach County and is particularly unaffordable for those living on low incomes. Ultimately, people prefer living independently, with the people of their choosing, but this is not always feasible.

Many reported that accessing housing assistance (preferably Section 8) from housing authorities is very difficult due to the overwhelming demand. A number of participants expressed frustration that HOPWA housing assistance is often available on a short-term basis, when many experience long-term needs. Focus group participants reported needing either more affordable rents or ongoing assistance with a portion of housing costs. Some mentioned the difficulty of saving enough for a security deposit and move in costs when seeking housing.

Some homeowners expressed concerns with keeping their homes, and particularly keeping up with property taxes. Many non-homeowners expressed strong interest in becoming homeowners.

Many people are concerned about the safety and quality of available affordable housing.

Focus group participants discussed the importance of having housing in safe neighborhoods, defined by most as areas that are free from drug use and criminal activity. Participants expressed concern for themselves and their children. Many felt that the available affordable housing was in unsafe neighborhoods. People who were trying to deal with substance use issues, or who had histories of incarceration, indicated that safe neighborhoods support them in making good choices. For people with children, concerns about their children's safety were paramount and extended to a desire to be close to nice neighbors and good schools.

Focus group participants also expressed concerns about the quality of both market-rate and subsidized housing. One focus group participant commented, "We're already sick, we don't need a substandard place." Some mentioned that having a landlord who was responsive to repair requests is a desirable characteristic when looking for housing. A number of focus group participants specifically identified good quality drinking water as an essential housing attribute, which is unfortunately not present in all housing.

Confidentiality and privacy are highly valued by people living with HIV/AIDS.

Repeatedly focus group participants mentioned privacy and confidentiality, often related to concerns about HIV/AIDS-related stigma. Specifically, participants wanted housing situations that allowed for privacy and protected their confidentiality. Some focus group participants also talked about a desire to access social services in a confidential setting due to concern that employers, family members, and others would learn of their HIV status. In one group, participants discussed that some people accessed the local HIV/AIDS service provider through the back door to maintain privacy because everyone in the community knows that the location is an HIV/AIDS service provider. A participant in another group reported being extremely open about his/her own HIV status and making him/herself available to others in the community if they want help. This way, people have a place to go for information or assistance without revealing anything about themselves to others.

People living with HIV/AIDS are concerned about HIV/AIDS-related stigma and the lack of community knowledge about HIV/AIDS.

Focus group participants talked about the lack of community knowledge about HIV/AIDS and resulting stigma. Many believed strongly that people will be treated differently or shunned once

others learn their HIV-status. One participant described revealing his/her HIV status at a 12 step meeting and being treated differently by the group members after. Another mentioned that his/her mother has such a limited understanding of HIV/AIDS that she believed that the participant's HIV-infection meant s/he was dying. A participant urged others in the group to be confident in themselves when dealing with others, saying "If other people cannot get over the HIV-infection and accept a person with HIV/AIDS, then it will be their loss not to meet a great person."

Many people living with HIV/AIDS rely on case managers for assistance accessing needed services.

Case management was discussed at every focus group. Participants clearly saw case management as critical in assisting a person to access and maintain housing and related services, whether or not they reported positive experiences with a case manager. Some considered access to services dependent on having a good case manager.

Many commented that case managers were very helpful in various ways: tracking and completing paperwork, keeping up to date with changes related to programs and services, and providing access to resources including bus passes and housing. One appreciated the caring atmosphere in which case management services were being provided.

Some focus group participants wanted additional assistance from case managers and to receive help more quickly, or wished that their case managers would be more proactive in offering help and information. Some indicated that there are not enough case managers to meet the growing need. Others were concerned about staff turnover, which led to the need to establish a relationship with a new provider and once again build trust.

People living with HIV/AIDS experience additional challenges impacting housing stability and quality of life.

People living with HIV/AIDS face a variety of issues that impact their ability to maintain stable housing and quality of life. The main issues discussed by participants include:

- **Inconsistent income:** Some individuals are paid in cash, and securing documentation that is needed to access some services is a challenge. Others work seasonally and need assistance during the off months. Others discussed that a small shift in income can have a significant impact on eligibility for assistance programs. Monthly costs for phones and utilities can be difficult to afford.
- **Poor credit:** Some focus group participants indicated that past credit problems have affected their ability to access housing, and one was concerned that past credit problems would negatively affect his/her ability to buy a house in the future.

- **Food and nutrition:** Many participants reported receiving Food Stamps and food assistance from social service agencies. However, a number expressed frustration with the eligibility requirements and benefit limits of Food Stamps. Some discussed not having enough food to eat on a regular basis, even with these sources of assistance. One participant with children stated "most of the time, we just don't have nothing to eat."
- **Substance use:** When asked about barriers to accessing housing in the past, some participants mentioned their substance use as an issue. Participants who were receiving substance use treatment services in the HIV/AIDS system often mentioned the benefits of addressing both their substance use and their HIV in the same setting.
- **Incarceration:** Some focus group participants talked about the positive impact of having housing available to them when they left prison or jail. One person living in HIV/AIDS housing commented that going in and out of jail had affected his/her housing stability in the past, and that now there was "nothing better than being able to take care of yourself."

People living with HIV/AIDS who participated in focus groups shared many suggestions about the kind of housing and services that would be the most helpful.

Participants were asked for the types of housing assistance or other services they thought would be most helpful for people living with HIV/AIDS, imagining that cost was not a constraint. Participants had a wide variety of suggestions, all of which are included in focus group summaries in Appendix 8. Ideas that were raised repeatedly, in order of decreasing frequency, included:

- **Affordable, independent housing** options that allow for confidentiality and privacy
- Options that address a range of **needs along the continuum**, from emergency assistance to home ownership
- **Financial assistance** available in greater amounts, more regularly, and more quickly
- **Support services** including case management, substance use treatment, support groups, budgeting, assistance with immigration issues, and medical and dental services
- Accurate information about the **housing resources** available through the HIV/AIDS system: a centralized housing contact was suggested.
- **Transportation options** including bus passes, cab vouchers, and a van service: one participant mentioned that if case managers are providing transportation they are unavailable in the office to assist others, and thought that a van service would be a good alternative.
- Assistance meeting costs for **utilities**: suggestions included capping fees for people with disabilities and providing warning notices in all instances before utilities are disconnected so that people have time to make alternative arrangements (i.e. taking food to the neighbor's refrigerator).
- **Services for children**, including counseling, affordable childcare, etc.

Issues Identified by Key Informants

AIDS Housing of Washington interviewed 124 community stakeholders in various fields throughout Palm Beach County, including HIV/AIDS housing, services, and medical care; affordable housing; homelessness; mental health; substance use treatment; city and county government; and community funders. The following sections summarize issues identified and concerns raised by key informants. A complete list of people interviewed appears at the beginning of the plan.

Housing and Homelessness

Key informants discussed a range of issues related to housing and homelessness, including affordability, quality, subsidized housing, home ownership, and barriers experienced by low-income people.

Housing Market

Most stakeholders interviewed mentioned the **high cost of living** in Palm Beach County. Stakeholders reported that housing in Palm Beach County is expensive, especially for those living on low and very low incomes. For example, many people living with HIV/AIDS receive SSI benefits as their sole source of income. The maximum payment for an adult under 65 and living alone in 2002 was $545 per month. In order to meet HUD's criteria for affordability, a person with this income should pay $164 per month for housing and utilities. Generally, rental housing is considerably more costly. People living with HIV/AIDS who work may still experience periods of illness during which they have low or no incomes, meaning that housing affordability is an issue of concern.

One key informant commented that the high cost of housing is the **primary barrier** for many people seeking independence. A homeless service provider, s/he commented that many people leaving homelessness start by paying up to three-quarters of their income toward rent. Something as minor as a needed car repair can undermine their new stability, and result in a return to homelessness for this person.

Key informants often mentioned that units that are more affordable for people with low incomes may be **substandard or have physical quality problems**. This concern was raised more frequently in the Glades region of the county. Most new rental housing development is occurring at the higher end of the rental range.

Some people **share housing** in order to reduce housing costs. This is a strategy that works for many. However, it means that the stability of a person's housing situation depends on her ability to maintain a relationship with another person. For people with behavioral health problems, this can be especially challenging. In addition, sometimes sharing is taken to an extreme that some would consider overcrowding, and can lead to health and sanitation issues.

Subsidized Rental Housing

Because unsubsidized housing is generally unaffordable for people with low incomes, **the demand for subsidized housing resources greatly exceeds the available inventory**. Housing authorities are the most significant source of subsidized housing opportunities, mostly through the Section 8 and public housing programs. The Section 8 or "Housing Choice Voucher" program allows people to rent an apartment in the private rental market for an affordable cost. Key informants report a long wait for Section 8 in most areas of the county; one housing authority estimated a one- to two-year wait in their program. Housing authority staff members expressed frustration in fielding calls for help all year round, even when the waiting list is closed, and having no place to refer people in need. As one stated, "(there is) far far far far more need than we have the capacity to serve."

A number of key informants expressed frustration with the **housing authority application process**. Because demand for the Section 8 program greatly exceeds the numbers of vouchers available, housing authorities do not accept applications continually. When it is clear that vouchers will be available, housing authorities advertise in the newspaper and also notify local service agencies, giving designated hours that applications will be accepted. These strategies are designed to manage a situation in which demand far exceeds supply. However, if a person does not see the ad, or the agency does not receive an announcement, they will likely miss the application acceptance period. Numerous key informants described sitting next to the phone, repeatedly pressing redial, sometimes for hours, before getting through to a housing authority during an enrollment period. Others stated that navigating this process is extremely difficult for people with mental illness or substance use issues.

When consumers do receive **Section 8**, some have difficulty finding units that fit the cost guidelines and landlords that will accept Section 8. Some consumers want to stay in a particular neighborhood or area in order to stay close to their children's school, family members, or an ethnic community. A property manager may be reluctant to accept Section 8 because he has his choice of tenants who will pay in cash, prefers not to enter into a relationship with a housing authority, has concerns about a tenant who receives Section 8, or has already had a negative experience with Section 8. Still, housing authorities report that a person who is determined to use their Section 8 voucher typically can.

Others are **ineligible** for this type of housing assistance. Service providers report that a portion of low-income residents, including people living with HIV/AIDS, are ineligible for housing authority assistance because they have a **felony history**, often related to their substance use history. Some consumers are **undocumented** immigrants, and for this reason are ineligible for assistance.

Housing authorities are not the only source of **subsidized housing**. A number of nonprofit organizations offer subsidized housing programs. Many of these are geared toward a specific segment of the population, such as people with mental illnesses. In addition, some affordable housing is affordable for people at 50 to 80 percent of median income, or $22,000 to $35,150 for one person per year in 2002.[66] In comparison, SSI payments are equivalent to 15 percent of median in 2002 for a single adult.

[66] U.S. Department of Housing and Urban Development, HUD User Data Sets, FY 2002 Income Limits: Florida. Available online: www.huduser.org/datasets/il/fmr02/hud02fl.pdf (Accessed: October 9, 2002).

Home Ownership

Some key informants commented that **home ownership programs** receive the majority of support and attention compared to other types of housing programs. Some see this support as disproportionate, as one stated: "This home ownership thing has gotten way out of control." Programs supporting home ownership include credit counseling and homebuyer financial assistance. Mortgage and down payment assistance are available from the County and cities. In general, however, households need to earn at least 30 percent of median income in order to become homeowners, even with multiple sources of assistance, according to a knowledgeable stakeholder working in home ownership. Another key informant commented that although home ownership programs are important and help many, unfortunately, there are many people for whom homeownership is not likely to be an appropriate option due to limited income or other issues.

Barriers to Accessing and Maintaining Housing

Key informants identified various barriers that people face when seeking to access and maintain affordable housing, both on the open market and through subsidized housing programs:

- Providers in several systems commented that **eligibility criteria for many programs seem too restrictive**. Although eligibility criteria are often partially shaped by the federal sources of funding for a program, providers can add additional criteria. One provider said "(it) sounds to me like we are doing more eliminating than assisting."
- The need to have affordable housing opportunities located close to **transportation** was identified. Many key informants identified transportation as an issue of concern and one described it as a multi-jurisdictional issue about which jurisdictions do not cooperate to address. Some described the public transportation system as "inadequate".
- **Discrimination** in housing can impact housing accessibility. Legal assistance is available throughout Palm Beach County, but sometimes people living with HIV/AIDS are reluctant to seek assistance through available resources. One key informant commented that sometimes referrals are not made to legal aid in time for early intervention.
- Another barrier to obtaining housing can be having a **poor credit history**. Poor credit histories are not unusual for people with very low incomes.
- Although not specifically a barrier, key informants did mention that, generally, **household furnishings** are difficult for low-income people to access when they move into an apartment.
- Finally, stakeholders acknowledged that **housing is one of many critical pieces in people's lives**, all of which must be in place for people to be successful. The stakeholder cited the example of an abused woman with children who leaves her abuser. She is encouraged to return to work, but because of very limited job skills as well as limited life skills, obtains a low-paying job that probably does not pay enough to cover childcare. This woman might move out of a transitional living situation into something more permanent, but ultimately the challenge of working and taking care of children without enough skills or money becomes overwhelming, and she returns to an abusive relationship for the financial stability it provides. Eventually, this woman and her children return to the system for assistance. In this example, assistance with life skills, relationship skills, and child care may be as important as job placement and transitional housing assistance in order to break the cycle.

Homelessness

One key informant identified the **strengths of the homeless service system** as being transitional housing, permanent supportive housing, a diverse group of providers, and the opportunities to collaborate in the Continuum of Care. This stakeholder indicated that the downside of having specialized in transitional and permanent supportive housing is that the entry point into the homeless system, emergency shelter and related services, has not been as fully developed.

Many key informants raised **concerns about the lack of emergency shelter** in Palm Beach County. Emergency shelter that is accessible when people are in need and does not address a specialized niche of the population or require a weekly payment was repeatedly identified as a gap. The availability of community support, particularly around finding a location for a shelter, and the availability of operating funds were identified as the primary barriers to creating more emergency shelter. One service provider described trying to find a shelter placement for a person living with HIV/AIDS, and being advised to send the person to Miami-Dade because that community has emergency shelter. Stakeholders report that the community has only recently identified the lack of emergency shelter as an issue, and that attention and support are now building around this issue.

Key informants commented that providers in the county have developed strong programs serving **highly specialized segments** of the population. The unintended result has been that the area does not have a well-connected continuum of services. For this reason, it can be difficult for a person to move through decreasingly intensive programs as their levels of independence and stability increase. The Homeless Coalition is a forum for developing connections among providers and works to develop a strong continuum of homeless services.

One key informant expressed concerns about the availability of services for **homeless people who use substances**. Because many programs require sobriety of participants, resources for people who are not clean and sober are limited. A number of key informants expressed the belief that this population is in need of shelter and assistance, and probably makes up much of the chronically homeless population.

Another key informant commented that people arrive into the homeless service system because they are homeless and that is their most immediate need. However, substance use or HIV/AIDS may actually be the **underlying issue** that precipitated their homelessness. Although they have entered the homeless system for services, it is substance use or HIV/AIDS, for example, which ultimately needs to be addressed.

Expanding Need

Many key informants commented on shifts in the epidemic that have affected the needs of people living with HIV/AIDS and the programs that serve them. Several commented on the **demographic shift of the epidemic** from involving a higher proportion of gay white men to more women and people of color. This has changed both the populations in need of help and the services that are appropriate for them. Key informants specifically mentioned the disproportionate impact on African Americans, growing numbers of elderly, and the needs of youth and women with children.

Given these changes, stakeholders commented on the importance of providing services that are **culturally appropriate** for the racial and ethnic diversity of Palm Beach County, and getting the input and support of impacted communities. A number of key informants felt that agencies were adapting their staffing and programs to meet the needs of a broader range of consumers. One stakeholder identified the presence of Haitian, Jamaican, and African American doctors at the Palm Beach County Health Department, in particular, as improving the availability of culturally competent care.

One key informant saw the lack of a **Latino**-focused HIV/AIDS services provider as an impediment to access to services for this population. Another key informant indicated that Latinos, generally, might be less aware of available resources and more reluctant to access services due to concerns about stigma.

As more **families** are affected by HIV/AIDS, they are in need of a wide range of services, including:

- Affordable childcare
- Housing that is safe and appropriate for families
- Family reunification services
- Substance use treatment for parents
- Transportation or co-located services that are easier for families to reach
- Programs that support women to balance meeting their own needs, as well as those of their children, rather than requiring them to choose

Another example involves the **changing needs of children and youth** who are living with HIV/AIDS. While there are a decreasing number of children infected with HIV at birth, an increasing number of HIV-positive children are becoming teenagers. Today, providers are challenged to meet the needs of older children and adolescents whose lives are sometimes complicated by significant medical and behavioral challenges, including resistance to available medications, dementia, or mental health issues. Housing and services for youth generally are limited, and in the case of HIV-positive youth, issues of prevention and education are particularly critical.

Key informants also discussed the changes in the **severity of need** that people have. Before the introduction of medications in use today, people living with HIV/AIDS tended to get very sick and die quickly. Intensive medical care and group living were the approaches used. Since the introduction of HAART, people with HIV/AIDS are living longer, healthier, and more independent lives. This means both that the number of people living with HIV/AIDS has increased, and also that longer-term, lower-intensity services work better for many people. At the same time, some people are being diagnosed further along in their HIV-infection or are resistant to the newer medications, and still have end-of-life needs.

Finally, providers report an increase in the **complexity of needs** presented by people living with HIV/AIDS. Behavioral health problems, mental illness and substance use issues, as well as a history of homelessness are increasingly common among people living with HIV/AIDS. One key informant discussed people who have had poverty-related problems their entire lives who can begin to access additional sources of assistance through the HIV/AIDS system when they test HIV-positive. Another stated "(a) client comes to us for housing, but then they have every other need that there is."

Several key informants referred to other areas of the country where **adjusting funding and priorities to meet increasing and divergent needs** has become contentious and politicized, and reported that thus far Palm Beach County has been able to avoid divisions between different populations of people living with HIV/AIDS. Another stakeholder expressed hope that this continues in the future.

HIV/AIDS Housing System and Related Issues

Key informants discussed a broad range of issues that impact the provision of HIV/AIDS services, including concerns about stigma, capacity of organizations to meet expanding need, and issues related to providing HIV/AIDS housing and services.

Community Acceptance and Stigma

Key informants discussed the **reluctance** of politicians, community leaders, and residents of the county **to discuss openly issues related to HIV/AIDS, homelessness, and other social issues**. One impact that key informants identified was reluctance on the part of communities to accept funding for or programs targeted to a specific special needs population, including people living with HIV/AIDS.

Due to HIV/AIDS-related stigma, many people living with HIV/AIDS guard their **confidentiality and privacy**. This is true for people living throughout the county and was raised by key informants specifically as it related to the small towns and rural communities of the Glades. This concern for privacy and confidentiality impacts people in various ways. Some people are reluctant to come forward for assistance, even if it is available, because they are concerned that their confidentiality will be violated. Some will remain in substandard housing or move in with relatives rather than risk their HIV status becoming public. Others choose to receive help only from agencies that are not clearly HIV-related, for instance from a housing authority rather than from an AIDS service organization, in order to preserve their privacy.

Organizational Capacity

A number of key informants discussed the range of providers that successfully negotiate the funding application processes for Ryan White and HOPWA, and felt that **smaller agencies were less successful in receiving funding**. One specifically mentioned a desire to see more small agencies based in communities of color be successful in accessing funding through the HIV/AIDS system.

The **capacity of nonprofit agencies** to continue to meet expanding need was discussed by a number of key informants. One key informant indicated that most providers are well-established and have good systems and organizational stability. However, others raised concerns about capacity issues, including agencies' ability to manage complex accounting requirements and the availability of operating reserves to carry agencies through billing or reimbursement cycles, particularly with smaller and/or new agencies.

Housing Programs and Assistance

Key informants discussed housing assistance and programs that serve people living with HIV/AIDS and some of the challenges related to meeting needs along the continuum.

Many described the HIV/AIDS housing opportunities that exist now, as well as other special needs and homeless housing opportunities, each addressing a different niche along the continuum. Together, they cover a range of the existing needs. However, many gaps exist between where one program ends and another begins. Many key informants stressed the **importance of building a full continuum** of services and housing opportunities to help people living with HIV/AIDS. For example, one key informant described a person being released from hospice without another appropriate housing opportunity, because that person "had the misfortune of getting well." In general, agencies do not plan together when developing programs and eligibility criteria in order to ensure that a complete range of options exists. Finally, better coordination of existing services and housing would address only part of the need; many key informants mentioned that more HIV/AIDS housing resources are needed. However, as one key informant stated in relationship to permanent supportive housing, "If we work together, large and small agencies, and build capacity in this niche of the industry, we can build a larger pie."

A strong component of the HIV/AIDS housing system is **emergency and short-term assistance**. However, key informants pointed to a lack of longer-term and permanent programs. For some people, short-term assistance does not allow adequate time to implement a transition plan or to address the issue that first resulted in the person needing assistance. Longer-term resources are needed.

Many HIV/AIDS service providers identified a need for **housing that is combined with services**. Health care, employment, and substance use treatment are all services that key informants mentioned as particularly important to link with housing in order to ensure a resident's success. Opinions vary as to whether services are best provided on site or not. Many key informants thought that continually needing to take a bus to various locations for appointments, particularly for people who are ill or who are building life skills, is a barrier to following through with accessing services. For this reason, several thought that a **"one-stop shop"** (a residential building with multiple services available on site) would enhance people's chances at success. One thought that having a building like this that was identified as being for people with medical needs, rather than HIV-specific, would make the building more acceptable to residents and the community. Several stakeholders raised **concerns about HIV/AIDS-specific housing facilities**, although several such programs exist currently. These stakeholders had concerns about the confidentiality of people living in such programs, and the possibility of their experiencing stigma. Another termed this "segregation." These stakeholders believed that rental assistance or scattered-site housing is preferable.

One key informant acknowledged that there is a limited amount of funding which is needed to serve many people, but expressed frustration that HOPWA requires case management services linked to housing but does not pay for it. In this provider's experience, HOPWA funding can cover a bare minimum of housing expenses, but limited staff and no case management.

A number of key informants working in the affordable housing arena expressed **interest in working with the HOPWA program** if opportunities presented themselves. However, another key informant working in that field pointed to the perceived inconsistency of HOPWA priorities and funding and did not want to operate a housing program in an environment where funding went back and forth between programs.

Access to and Eligibility for Housing Programs

Many key informants discussed the importance of **case management** in meeting the needs of people living with HIV/AIDS, describing it as the "keystone" of the system and the "gatekeeper" to resources, including housing. Many key informants noted that the system was overwhelmed, and mentioned existing waiting lists for case management. Many stakeholders identified a need for more case management resources due to its critical role.

A few stakeholders raised concerns about the types of HIV/AIDS housing programs that now exist, and their **eligibility requirements**. These stakeholders see current programs as having too high a level of requirements or structure. While such programs work for many, they do not meet the needs of a range of people living with HIV/AIDS. For example, several HIV/AIDS programs target people in recovery and require residents to be clean and sober as a condition to being housed. According to some treatment models, this may not be the most effective starting point for stabilizing someone with multiple issues, including substance use. Currently, residential programs that serve people in recovery field phone calls every day from people with substance use issues who are looking for shelter but who are clearly not prepared for a structured program.

Housing-Related Needs and Services

Stakeholders report that although many people living with HIV/AIDS can maintain a household successfully, others require a **range of support services to maintain stability in housing**, whether provided on site at housing programs or in other locations. Support services mentioned specifically included:

- Access to **medical care** and medications and the resources available for people living with HIV/AIDS
- **Transportation** is a particular challenge for people with disabilities, including HIV/AIDS. Van programs, bus tokens, and cab vouchers are sometimes available to assist; however, these resources do not address the magnitude of the problem.
- A **lack of employment opportunities, particularly for women**. Specifically, one stakeholder commented on the lack of vocational programs that would assist women to be able to access higher-paying jobs. Low-wage jobs will not allow women with children to achieve self-sufficiency, partially due to the lack of affordable day care.
- Assistance with **household management** such as **money management, housekeeping**, and managing shared living situations is needed.

Behavioral Health

Many key informants identified people with substance use issues as a group with a range of housing problems and related service needs. Almost all HIV/AIDS service providers mentioned substance use as a major problem for many people living with HIV/AIDS and as a significant factor in housing needs. One HIV/AIDS service provider estimated that at least half of that agency's clients were dealing with substance use issues. Many providers commented on the difficulty of working with a person who is actively using substances to comply with medical treatment and medications, or to access and keep a stable housing situation. Some reported that people with substance use issues are those with the most frequent housing problems and other manifestations of instability. Others indicated that substance use and its related issues impact an increasing number of families in Palm Beach County, including families affected by HIV.

Although substance use treatment and recovery programs exist in Palm Beach County, and there are even some openings funded by Ryan White that are set aside for serving people living with HIV/AIDS, many providers believe that the **need for these services greatly exceeds the supply**. One result of this lack of availability is that a person who is interested in entering inpatient treatment may need to wait thirty to ninety days to access a program. People with substance use issues often disengage or lose interest in treatment in that amount of time. For case managers who work with someone over time to build an interest in treatment, it is particularly frustrating to have treatment unavailable when a person decides she is ready. Treatment may be more accessible for people who have private insurance coverage or who have other means to pay.

One provider expressed concerns about the appropriateness of **inpatient treatment**, because it requires a person to give up the housing they have in order to access treatment. This provider wondered if a housing authority might be a good partner to develop a program or option that would allow people to receive treatment and keep their housing, or be able to access housing when they complete treatment. One stakeholder expressed concerns about the inpatient treatment options for **single parents with children**. A single parent with children may need to surrender custody of the children in order to access treatment. Although the goal is improving family stability, this policy can be disruptive to family structure. For this reason, this stakeholder thought a family treatment option would be beneficial.

Key informants identified **specific housing needs** for people with substance use issues. In particular, many stakeholders identified a need for transitional housing for people coming out of treatment because they see the need is greater than the current supply. Stakeholders identified access to medical care, food, clothing, shelter, and peer support as being very important to people at this transitional time. Others reported that the complexity of challenges facing people coming out of treatment is so great that transitional housing is not enough to return people to stability and independence. In addition, stakeholders saw a need for more graduated steps out of transitional housing, or support in reaching independent permanent housing, including life skills development. One recommended a three-quarter-way house to augment the halfway house, while another thought that aftercare groups that would focus on life skills and relationship building would be helpful.

Stakeholders also reported that many people living with HIV/AIDS have needs related to mental health. In general, stakeholders reported that **mental health services** are much more accessible than substance use treatment services, and that therefore there are fewer people with untreated mental

health issues. Still, some saw a need for more services. People who are living with HIV/AIDS and have a mental illness may have particular medications compliance concerns: drug interactions, more opportunities for side effects, and the sheer number of medications required.

Stakeholders identified the following **gaps** or concerns related to mental health services:

- Need for more access to psychiatrists or other medical providers who can **prescribe medications**
- **Continuity of medications** at release from hospital. Consumers receive a month of medications upon release, but it often takes more than a month to enroll in Medicaid in order to get more.
- More **funding for mental health medications** for people who are incarcerated and upon release
- More **connections** between mental health and HIV/AIDS service providers

Some stakeholders reported seeing an increase in the **co-occurrence of mental illness and substance use issues** among people living with HIV/AIDS. Providers expressed concerns about gaps in services for people with multiple diagnoses. For example, substance use treatment service providers may be able to take people with mild or moderate mental illnesses, but not serious mental illness. Mental health providers, on the other hand, may not be able to accept or work extensively with a person with untreated substance use issues.

Coordination and Collaboration

Key informants identified the **bringing together of the various agencies, systems, and jurisdictions as a major challenge in meeting the needs** of people living with HIV/AIDS, people with disabilities in general, and very low-income people. Many identified this as an issue, and most thought the issue was so significant and well established that change will come slowly. Some key informants saw the convening of agencies, systems, and/or jurisdictions as a potential role for a major public funder, such as the state or county. The Community Foundation and the United Way have also played the role of convener for some community processes.

Key informants commonly reported **disconnects within service systems**. For example, providers within the homeless service system tend to be focused on a specialized segment of the homeless population, rather than on the population as a whole, although they are working in the Continuum of Care process to build connections. For example, a police officer attending a Homeless Coalition meeting reported that attending these regular meetings had allowed him to learn about many resources that can support the police's work, as had an information and referral guide available for providers. Many thought that more bridges like these are needed within systems, not limited to the homeless system, but also including HIV/AIDS services, mental health, and substance use treatment.

At the same time, as one key informant stated, there are far more mechanisms to coordinate services within a system—for example, children's health, employment, social services, and homeless services—than there are to coordinate systems, even though they may all be serving the same family or even individual. For example, a parent with substance use issues, living with HIV/AIDS, who is at-risk of homelessness, may be interacting with four or five different systems that are not necessarily working in a coordinated way. Federal funding streams, with their federally determined eligibility criteria and focus on specific issues, are seen as reinforcing these divisions.

The HIV/AIDS System

Federal funding for HIV/AIDS housing and services is distributed to different jurisdictions in Palm Beach County. The City of West Palm Beach administers HOPWA funds and Palm Beach County administers Ryan White funds, although both fund sources serve people living with HIV/AIDS throughout the county. The Palm Beach County HIV CARE Council is the **coordinated planning entity** for certain Ryan White CARE Act, HOPWA, and AIDS Drug Assistance Program (ADAP) funding. Many key informants highlighted the important role of the CARE Council plays in the HIV/AIDS system and one stakeholder mentioned the diverse and representative make-up of the group.

Key informants identified ways in which funders work together, but they also noted that the **separation in funding and oversight** could impact the provision of services. In addition, administering a funding program outside the geographic boundaries of the jurisdiction, as is required under the HOPWA Program, was identified as a challenge.

Key informants discussed **collaboration and coordination among providers**. Some expressed the opinion that better coordination among HIV/AIDS providers and among the various social systems serving low-income residents of the county were needed. One identified a need for a regular forum to exchange information between HIV/AIDS service and housing providers. Another shared the opinion that there is a good deal of competition among providers.

Several key informants expressed concerns that providers in the HIV/AIDS service system lack knowledge about housing programs and particularly federal housing funding sources other than HOPWA. Without branching into these areas, the HIV/AIDS service system may be constrained by an emphasis on funding sources that are dedicated to people living with HIV/AIDS. A number of key informants discussed the need to **leverage other sources of housing and services funding** in order to meet the increasing need.

The Glades

Key informants discussed the **history of the HIV/AIDS epidemic in Belle Glade and neighboring communities**, and the impact on the region over time. One referenced the negative national focus on high HIV infection rates in the Western part of the county in the 1980s and expressed the opinion that this negative focus continues to impact people's perceptions of the region today.

One key informant identified **persistent poverty and lack of economic opportunities** as foundational issues that impact the Glades. This stakeholder cautioned that funding alone would not address these issues; rather, economic development in a wider sense was needed.

Other key informants discussed the **strong collaborative relationships** between organizations in the Glades. While acknowledging the lack of resources, including funding, transportation, and job opportunities, these stakeholders pointed to the strengths of agency collaboration. Another key informant commented on the **rich heritage and ethnic diversity** of the Glades and suggested that others ignore this aspect of the region, and focus only on the challenges. This stakeholder stressed the importance of allowing local residents to identify issues of concern and to develop strategies to address them. Historically, this has been the role of outside "experts." It was clear to this

community stakeholder that reliance on outside "rescue" does not lead to viable long-term solutions and that the development of local economic enterprises would be key.

A number of key informants expressed frustration at the number of studies that occur in the Glades, or use Glades statistics for the basis of grant development, when there is not an appropriate allocation of the resulting service in communities in the Glades. There is a feeling that **statistics from the Western part of the county are used to generate funding,** and that the funding then is used primarily in the urban parts of the county. If staff positions are added, the high-skill and high-pay jobs are in the coastal region. In addition to depriving the Glades of needed services, this also deprives the area of employment opportunities. Key informants indicated that this was true in various systems, including employment, health and human resources, early childhood, education, and HIV/AIDS. Some professionals who work in the Glades commute in from coastal or mid-county communities; one community stakeholder expressed the concern that these individuals do not have the time and opportunity to develop a good connection to or understanding of the community.

Employment opportunities are limited in the Glades. Because job opportunities are limited, some people commute to West Palm Beach or mid-county communities for minimum-wage jobs. Many individuals find work in the fields either year-round or seasonally. However, the population of agricultural workers is less migrant than in the past. Some of those who work only part of the year may find it difficult to make ends meet in the remaining months. They need assistance from local agencies and resources to meet their basic needs for food and shelter during the off-months.

Many key informants discussed the **lack of availability and quality problems of affordable housing existing in the Glades**. For example, in Belle Glade, there has been a focus on replacing substandard housing with adequate housing, including home ownership opportunities. However, substandard housing is a significant concern throughout the region. Key informants discussed a range of concerns about housing quality standards and building codes, and identified that landlords are frustrated by variations in requirements and enforcement. Key informants noted that some landlords are not willing to accept housing subsidy vouchers available through the HOPWA Program or Section 8, which can lead to fewer options for those most in need.

There are **HIV/AIDS-dedicated housing resources available through agencies serving the Glades**, and key informants identified the positive impact of HOPWA funding in the region. However, one noted that many services are provided by agencies that are based in West Palm Beach and operate satellite programs in the Glades. The impression of one key informant was that service cuts happen first in the Glades, rather than other parts of the county. This stakeholder identified consistent access to housing and services as particularly important due to the intensity of the need in the Glades.

Stakeholders reported that among some residents of the region, **rumors and myths** about the origin and spread of HIV are so pervasive that prevention and education efforts are difficult. One key informant mentioned the positive work of the HEART project in this area.

Issues Related to the Haitian Community

Key informants identified **important cultural considerations in providing services to Haitians** who are living with HIV/AIDS. One key informant reported that Haitians have particular service needs and cultural issues that are different than those of other black Americans; yet typically, the population is considered together with African Americans as a whole. Stigma is a significant concern for Haitians living with HIV/AIDS. Relationships are important and people fear rejection if others were to know their HIV status. One key informant indicated that people in need rely on extended families and friends to provide assistance; for example, homelessness was defined as somewhat of a foreign concept for Haitians because to be truly homeless is to have been rejected by the community as a whole. Church communities and radio programming were identified as having particular relevance for Haitians living in Palm Beach County. Key informants mentioned a Haitian belief in and reliance on traditional healers, and discussed their need to respect their clients' and patients' beliefs and work with them to understand and accept the effectiveness of current HIV treatment protocols in addition to these traditional healing methods.

Key informants discussed the difficulties faced by Haitians who do not have **proper documentation** to be in the United States. One described it as a "major issue." Some are legally able to work, but not eligible to access services, and others came to the United States legally, but their papers have expired. Even for Haitians who have proper documentation, language and cultural barriers are an impediment to accessing services. Some may be uncomfortable revealing information to "authorities" and need to return again and again in order to trust service providers fully.

Providers spend a significant amount of time **assisting Haitian clients to access services,** interpreting both language and culture. Specific service needs mentioned included case management, with a focus on home-based services, and job skills training. A concern was raised about the rise of HIV among youth and challenges implementing prevention programs with this population.

Key informants mentioned the **connection that Haitians living in South Florida feel to the country of Haiti** and their family members living there. Some support family members in Haiti through work and others go back to Haiti at the end of their lives. Because medical treatment, medications, and other resources are limited in Haiti, those who want treatment for HIV remain in the United States.

Incarceration

People who are or have been **incarcerated** were identified as a population of concern for a number of key informants. Several agencies are working with people while they are incarcerated in the county jail and report that high quality medical care is available to people while they are incarcerated. However, there are additional needs for funding for HIV/AIDS and mental health medications for people who are incarcerated. In addition, some people are in the jail for such a short period of time (hours or days) that they cannot connect with HIV/AIDS services while they are there.

Although **discharge planning and service engagement** is available to people while they are incarcerated, many are "lost" to services when they are released. Providers working with this population report that many people are released during the night, between midnight and 5 a.m., with nowhere to go. Service providers often do not know when a person is going to be released, and are not typically working in the middle of the night. At this critical time, ex-offenders are left on their own and frequently end up losing contact with a provider. Key informants reported that many of these individuals return to the life they had before being incarcerated.

Finally, service providers gave the example of people who intentionally re-offend in order to **go back to jail**, where they know they will have housing and support. One gave the example of a person living with HIV/AIDS who chose to remain incarcerated and in the infirmary, rather than be released, because s/he had nowhere to go.

Critical Issues

Critical issues were identified after a review of the information gathered during the needs assessment. This section contains a summary of the critical issues, which include the following topics:

- Availability of decent, affordable housing
- Community awareness of HIV/AIDS
- Meeting the expanding needs of people living with HIV/AIDS
- Substance use and mental health issues and resources
- Availability of necessary support services

Based on the information identified in the needs assessment, AIDS Housing of Washington and the Steering Committee developed a list of the most critical issues related to housing people living with HIV/AIDS. These issues formed the basis for developing strategies for future activities.

Availability of Decent, Affordable Housing

There is a lack of decent, affordable housing in Palm Beach County, as it is an area with **high-cost housing**. The median value of an owner-occupied home in Palm Beach County in 2000 was $135,200, approximately $20,000 more than the median for the state of Florida,[67] and the median gross rent paid was $739 per month.[68]

People with **very low incomes**, including people living with HIV/AIDS and others with disabilities, experience difficulty finding housing that is affordable. For example, the Fair Market Rent established by HUD for Palm Beach County in 2002 was $554 for a zero-bedroom or efficiency apartment.[69] In comparison, the monthly income of a disabled person receiving Supplemental Security Income was $545, or $9 *less* than an apartment might cost.

In some cases, the housing that is affordable for people with very low incomes is of **poor physical quality**. Focus group participants commented on the difficulty of finding an apartment of good physical quality in a neighborhood free from drugs and other criminal activity, at an affordable price. In both the coastal and Glades regions of the county, some focus group participants even reported a lack of suitable drinking water in their homes.

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[67] U.S. Census Bureau, *State and County QuickFacts: Palm Beach County, Florida.* Available online: quickfacts.census.gov/qfd/states/12/12099.html (Accessed: November 22, 2002).

[68] U.S. Census Bureau, *Table DP-4. Profile of Selected Housing Characteristics: 2000.* Available online: censtats.census.gov/data/FL/05012099.pdf#page=4 (Accessed: November 22, 2002).

[69] Fair Market Rents are established as the rental cost limit for certain rental subsidy programs, and are the 40th percentile of rents paid by people who moved within the past two years, excluding people who moved into newly constructed units. This means that 40 percent of actual rents were lower and 60 percent were higher than the FMR. Although FMR is not an actual rent, it is a useful estimate. U.S. Department of Housing and Urban Development, HUD User, *Fair Market Rents,* 2002. Available online: www.huduser.org/datasets/fmr.html

Because decent, affordable market-rate housing is difficult to find, there is a great **demand for existing subsidized housing** resources. Housing authorities are a significant provider of affordable housing, but typically keep their waiting lists closed because the requests for assistance are so much greater than the resources available. Service providers and consumers are then frustrated with trying to access subsidized housing resources, and housing authorities are overwhelmed with "...far more need than we have the capacity to serve."[70]

Housing Needs of People Living with HIV/AIDS

Many people living with HIV/AIDS are now **paying far more than what is affordable** given their income level. More than a quarter of survey respondents were paying more than half of their income toward rent and would be considered by HUD to be "severely rent burdened" and at risk of homelessness. Almost half (45 percent) of all respondents were receiving assistance from the government or another organization to pay for their housing.

Because there is a lack of permanent, affordable housing opportunities in Palm Beach County, many people have **housing crises that result in a need for emergency assistance**. One homeless service provider described the experience of some people leaving homelessness who must pay up to three-quarters of their income toward rent, only to have an unforeseen but necessary expense disrupt their newfound stability.

Providers repeatedly commented on the **lack of emergency shelter** in Palm Beach County, and that existing emergency shelter options are so specialized and structured that it is difficult for most people to access them. Because of the limited emergency resources in the county, some providers report that their clients must to go to neighboring counties to access shelter. However, many also reported that there is a growing commitment among stakeholders in Palm Beach County to make additional shelter resources available. More than a third of survey respondents indicated that they had been homeless at some point, which demonstrates that homelessness and the availability of resources for the homeless are significant issues related to people living with HIV/AIDS.

Providers also commented that **short-term resources—particularly HOPWA—are being used to address long-term problems** because long-term solutions are not available. Many focus group participants expressed frustration that they could only access assistance five months of the year (under HOPWA's federal regulations for short-term assistance), when they perceived their needs to be year-round.

Even for people who can afford rent or are able to access a housing subsidy such as Section 8, there are other **barriers to housing:**

- **Move-in costs:** Almost one quarter of survey respondents indicated that not having enough money for move-in costs, including first and last months' rent and a deposit had been a problem in obtaining housing in the past. Some focus group participants reported that staying in a hotel or motel, although very costly over the long term, actually seems more affordable because no large up-front sum is required. Some funding sources, including HOPWA, have restrictions about being used for deposits, which determines the availability of assistance.

[70] AIDS Housing of Washington interview with a housing authority staff person, 2002.

- **Poor credit:** Ten percent of survey respondents reported that poor credit had been a barrier to housing for them, and more than half of survey respondents indicated that they were interested in classes that would help them repair their credit. Even small, unbudgeted expenses, for example a car repair or medical bill, can become a credit problem for a person with a very low income. Some people are also lacking money management and budgeting skills.
- **History of incarceration:** Four percent of survey respondents reported that their criminal history had been a problem in obtaining housing.

Both providers and consumers emphasized the need for a **full range of housing options** for people living with HIV/AIDS and for **connections between housing programs** to form a continuum of assistance. For example, several providers expressed concern that people receiving emergency assistance or living in transitional housing were not effectively linked with permanent solutions, and do not have an effective long-term plan for self-sufficiency.

Housing Preferences of People Living with HIV/AIDS

When asked about housing preferences in the survey, consumers indicated a **strong preference for independent housing integrated into the community**. Specifically, consumers indicated that they prefer:

- A place of their own even if it costs more (83 percent) rather than shared housing
- Living with friends/family (73 percent) instead of in an HIV/AIDS facility
- Living in a building with different kinds of people (83 percent) instead of an HIV/AIDS-only building

Still, both consumers and providers agree that **access to support services** can be a critical part of maintaining permanent housing. More than half (54 percent) of consumers surveyed indicated they would like to see an agency staff person regularly for services. Some providers thought that a "one-stop shop," or housing that included several kinds of service on-site, is the best way to provide this, while others thought HIV/AIDS-related stigma and a desire for confidentiality make disbursed housing with access to services elsewhere a preferred option. Despite the preference for integrated housing, consumers also indicated a preference for support services on site (66 percent).

Community Awareness of HIV/AIDS

Both consumers and providers identified **community awareness** of HIV/AIDS-related issues and attitudes toward people with HIV/AIDS as factors playing a substantial role in determining the housing needs of people living with HIV/AIDS and the resources that are available to address these needs.

Many reported that the **general public has a limited understanding of HIV-disease**. For example, one focus group participant reported that her mother could not accept that her daughter's HIV infection didn't mean she was dying. In addition, publicity about the positive benefits of new medications and improved medical care for people living with HIV/AIDS has left some community members with the impression that the need for HIV/AIDS-related housing assistance and services has diminished, even though more people are living with HIV/AIDS than ever before.

Providers expressed concerns that the general public and many jurisdictions were **unwilling to address the prevalence of HIV/AIDS and related issues** head-on. Many community members are concerned that the area will be overly associated with HIV/AIDS, and that as a result, business and tourism will suffer. The result is that community groups that are needed as partners to provide or support HIV/AIDS housing and services often do not understand what the needs are, how they could be involved in a solution, or that their participation is critical. This same reluctance to discuss or address issues has also meant that housing and services are not available in some parts of the county where they are needed.

The lack of understanding about HIV disease and limited political support to address related issues result in **HIV/AIDS-related stigma**, which was identified by nearly all consumers and providers as a substantial issue. Consumers reported reluctance to access services out of fear that an employer, a landlord, or even friends or family members would learn of their status and then discriminate against or reject them. Seven percent of survey respondents indicated that they had been discriminated against in housing due to their HIV/AIDS. Concerns about stigma were raised in almost every focus group.

Meeting the Expanding Needs of People Living with HIV/AIDS

The **populations affected by HIV/AIDS have changed** over time. People of color and women increasingly make up those living with the disease, constituting 74 percent and 38 percent, respectively, of people living with HIV/AIDS in Palm Beach County as of April 2002.[71] Women of childbearing age are increasingly affected; almost a quarter of survey respondents reported having a child or children in their household. Changes in the populations affected have meant changes in the types of services needed. For example, culturally appropriate services and services targeted to people with children (such as childcare, family reunification services, and family housing) are increasingly in demand. In some cases, families include grandparents caring for children whose parents are living with HIV/AIDS or have died as a result of the disease.

As the epidemiology of HIV disease has changed, so has the **complexity of needs** facing people living with HIV/AIDS. Although many people are living longer and healthier lives, others are not responding well to new treatment protocols. Some people living with HIV/AIDS are diagnosed when they are already very ill and need extensive support services. Still others have physical disabilities and illnesses that have significant impact on day-to-day functioning, which may be related or unrelated to their HIV status. In addition, substance use issues, mental illness, and histories of homelessness and incarceration are increasingly common among people living with HIV/AIDS. With these complicating factors, many people living with HIV/AIDS need more support than medical services and economic assistance can provide.

At the same time, due to medical advances, there are now **more people living with HIV/AIDS** than ever before. Although new infections have slowed, death rates have also slowed; more people are living longer lives. For example, the Centers for Disease Control and Prevention reported that 38,742 people were living with AIDS in Florida at the end of 2001, compared to 35,670 at the end

[71] Palm Beach County Health Department, personal communication, April 23, 2002. AIDS Housing of Washington calculated living HIV/AIDS data from living AIDS and living HIV case data, see Table 8 and Table 9, respectively.

of 2000, 32,996 at the end of 1999, and 30,815 at the end of 1998.[72] This represents an increase of 26 percent statewide in the past 4 years.[73] Ironically, the public perception of these same medical advances is that HIV/AIDS is no longer a problem. While longevity has increased, many people living with HIV/AIDS still experience substantial health problems that affect their daily lives.

Although the number of people in need of services has grown, **increases in funding have not kept pace with increases in need.** This limits the ability of providers to keep up with expanding needs. However, key informants in Palm Beach County commented that the area has experienced less political tension than other jurisdictions related to reallocating funding to serve the populations impacted; shifting resources to meet changing needs is perceived to be working well.

With changes in the population of those living with HIV/AIDS have come changes in the amount of **financial support** available for services and housing as well as the level of **advocacy by impacted communities** on related issues. Providers commented that communities of color have not embraced HIV/AIDS as "their issue" in the way that gay, white men did in the earlier days of the epidemic. Donations to HIV/AIDS agencies have decreased. As a result, providers are increasingly reliant on federal funding. There is a feeling among providers that people of color may not have enough information about how HIV/AIDS is affecting their communities or how to play an active role in providing solutions.

Agency capacity to meet expanding need is another issue raised by many key informants. Although some HIV/AIDS service organizations are larger and well established, with strong financial systems, others are not. In particular, smaller, newer agencies have challenges in completing complicated funding application procedures and if funded, complying with reporting requirements. Additionally, smaller/newer agencies often lack the operating reserves to keep them afloat through cycles of billing and reimbursement by funders.

The Critical Role of Coordination and Collaboration

Key informants identified collaboration between various agencies, systems, and jurisdictions as both a major challenge and a critical step toward meeting the needs of people living with HIV/AIDS, people with disabilities in general, and very low-income people. Many discussed concerns related to collaboration—that challenges to collaborating were so significant and well established that change will come slowly. In addition, forums for collaboration are limited.

Key informants reported **disconnects between agencies within service systems**. For example, although they are working in the Continuum of Care process to build connections, providers within the homeless service system report that each agency tends to be focused on a specialized segment of the homeless population, rather than on the population as a whole. Many thought that more opportunities for collaboration like the Continuum of Care process are needed within other systems, including HIV/AIDS services. Another initiative to increase connections is the Palm Beach County HIV CARE Council's plan to create a single point of entry for services and mechanisms for client-level data sharing between agencies that also protect confidentiality.

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[72] Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *U.S. HIV and AIDS cases reported through December 1998-2001, Year-end editions Vol.10-13, No. 2,* Table 1. Available online: www.cdc.gov/hiv/stats/hasrlink.htm (Accessed: November 14, 2002).

[73] AHW calculation.

At the same time, there are **disconnects between service systems**, even when systems are serving the same family or individual. Some key informants expressed the opinion that better coordination among HIV/AIDS providers and the various social systems serving low-income residents of the county were needed. Federal funding streams, with their federally determined eligibility criteria and focus on specific issues, are seen as reinforcing disconnects between systems. A number of key informants discussed the need for the HIV/AIDS service system to leverage other sources of housing and services funding in order to meet the increasing need.

Finally, there are **disconnects between jurisdictions** in dealing with related issues, even though issues do not stop at political boundaries. For example, while federal AIDS housing funds are available for the entire county they are administered by the City of West Palm Beach. To coordinate services requires connections not only with county government, but also with the governments of the many cities and towns within the county.

Substance Use and Mental Health Issues and Resources

The majority of key informants interviewed in this process identified **substance use issues** as prevalent among people living with HIV/AIDS and a significant factor in determining housing needs. One major HIV/AIDS service provider estimated that substance use issues affect at least half of the consumers receiving services there. Although just nine percent of survey respondents reported that drug and alcohol use impact their daily lives, more than a quarter had participated in a drug or alcohol treatment or recovery in the three months prior to the survey. Because providers report that substance use treatment is often unavailable to people at the time they are interested, it is reasonable to assume that substance use issues affect even more people.

Because of a **great demand for treatment services** from the general population as well as people living with HIV/AIDS, it is not unusual to have to wait as long as 90 days to enter substance use treatment. However, many people who are actively using do not stay engaged or interested for that period of time, and as a result do not access services. Focus group participants who had completed or were involved with a HIV/AIDS-specialized drug or alcohol treatment program commented favorably about being able to address their HIV at the same time as their substance use.

Although there are several types of **transitional housing options** for people coming out of treatment, providers commented that more of these would be helpful. Providers also commented that another transitional step, a "three-quarter way" house option or more aftercare, would be helpful for people who are overcoming years or decades of substance use.

A similar proportion of survey respondents (8 percent) reported that their **mental health** impacts their daily lives. Providers reported that although many people living with HIV/AIDS have mental illnesses, mental health care is more accessible than substance use treatment, and therefore there are fewer people with untreated mental health issues. Providers stressed the importance of timely and continuous access to mental health medications, especially for people coming out of the hospital or jail.

Finally, HIV/AIDS, mental health, and substance use treatment providers all reported an increase in the numbers of people with **dual diagnoses**, or both a mental illness and substance use issues. Typically, the mental health system considers the substance use issues as needing to be treated first, and vice versa. For this reason, people with a dual diagnosis, particularly those with a serious

mental illness or AIDS-related dementia, may be ineligible or unable to access needed services due to the complexity of their needs and the distinctions made by behavioral health care systems.

Availability of Necessary Support Services

In addition to short- and long-term housing opportunities, **access to support services** is critical for many people living with HIV/AIDS. Some important support services help to meet the basic, daily needs of people living with HIV/AIDS. For example, although medical care and dental care were not the focus of this housing needs assessment and plan, **adequate health care** is clearly a critical starting point in any discussion about people living with HIV/AIDS.

Adequate **food and nutrition** are other essential building blocks for success for people living with HIV/AIDS, since proper nutrition is particularly important in combating weight loss, immune suppression, and side effects from medications.[74] Although Food Stamps were received by a quarter of survey respondents and many focus group participants, many felt that the amount received was not sufficient to meet their need. More than half of the survey respondents reported that they were receiving either no or insufficient assistance with food and nutrition.

Assistance with transportation plays an important role in ensuring access to basic services and housing. Many already receive transportation assistance to get to and from medical and service appointments, and the continuity of this service is important.

Other important support services relate to improving economic opportunities for people living with HIV/AIDS. These include **education, job skills, entrepreneurship training, and assistance dealing with return to work issues**, including the maintenance of health insurance.

Finally, some support services build a foundation for maintaining an independent household, pursuing employment, and accessing services:

- Addressing **self esteem** problems, in order to support people in making healthy life choices
- Building **life skills**, such as social skills, making appointments, housekeeping, and household financial management
- Increasing **literacy skills** in order to complete applications and improve employment opportunities

[74] AIDS Nutrition Services Alliance, Nutrition Fact Sheets, Available online: www.aidsnutrition.org/nutrition.htm (Accessed: October 23, 2002).

Recommendations

These recommendations were developed based on the findings of the needs assessment and are intended to increase the quality and quantity of housing resources and related services available to people living with HIV/AIDS in Palm Beach County.

Palm Beach County is home to approximately 6,000 people living with HIV/AIDS and currently receives $3.96 million annually from the federal government to provide housing opportunities for people living with HIV/AIDS. The Ryan White program funds an additional $9.16 million in HIV/AIDS-related activities annually. Many organizations, such as housing authorities, mental health programs, homeless services, and substance use treatment programs, are already serving people living with HIV/AIDS in their normal course of business, though they may not be specifically funded to do so. The following recommendations focus on strategies that will affect community awareness, housing resources, leadership, and capacity building to help maximize the impact of existing resources and to attract new sources of support where needed.

Community involvement in housing people living with HIV/AIDS is affected by a lack of accurate information about the disease and HIV/AIDS-related stigma. In all of the following recommendations, providing information about HIV/AIDS, responding to concerns, and decreasing HIV/AIDS-related stigma will be important components.

Housing Resources

People living with HIV/AIDS throughout Palm Beach County have difficulty finding decent housing that is affordable. Increasing the availability of housing opportunities is essential to improving the quality of life for people living with HIV/AIDS; however, the resources within the HIV/AIDS service system alone are not sufficient to meet expanding housing needs. The following recommendations address housing resources available to people living with HIV/AIDS.

1. Maintain current level of effort and ensure that resources are available to address housing needs along the full continuum (emergency, transitional, permanent, and long-term care needs).

2. Develop, publish, widely distribute, and update, as needed, a housing resources guide for people living with HIV/AIDS that includes information about existing HIV/AIDS housing resources in Palm Beach County, including eligibility criteria, referral process, and contact information. Allocate funding to support this activity.

3. Increase the capacity of consumers to successfully access and maintain housing, by:
   a. Increasing consumer knowledge and skills in related areas such as personal financial management, benefits eligibility, and landlord and tenant responsibilities.
   b. Expanding opportunities for consumers to overcome barriers to renting and owning a home—such as poor credit, poor rental history, or criminal history—through additional education, legal assistance, and/or a renter-rehabilitation training program.

4. In order to increase housing resources accessible to and allocated for people living with HIV/AIDS:
   a. Explore funding opportunities to develop housing set aside for people living with HIV/AIDS or with multiple diagnoses.
   b. Develop partnerships between providers of housing and services for people living with HIV/AIDS and mainstream affordable housing developers to create new units of housing as appropriate, given provider capacity and consumer needs.
   c. Advocate with local jurisdictions to encourage/require developers of new multi-family housing projects to set aside units for low-income people with disabilities, including HIV/AIDS, or to contribute funding for the creation of such units.

5. Ensure that ongoing efforts to address emergency shelter and affordable housing needs in Palm Beach County have the active participation of HIV/AIDS service providers and advocates in order to make sure the needs of people living with HIV/AIDS are fully represented. Participate specifically in the Continuum of Care Planning Process and the Palm Beach County Affordable Housing Collaborative.

6. Ensure that staff focuses on strengthening relationships between the HIV/AIDS housing system and providers of affordable housing, including public housing authorities and private developers. Provide landlords and other affordable housing providers with a main point of contact in the HIV/AIDS service and housing system. Allocate funding for additional staff if necessary.

Leadership and Capacity Development

Combining and coordinating the efforts of people and organizations around the shared goal of improving the quality of life for people living with HIV/AIDS can offer several benefits. First, it can build on the existing capacity of organizations. Second, it will make participation more accessible to interested community members. The following recommendations are aimed at strengthening the continuum of housing available to people living with HIV/AIDS by enhancing related leadership and organizational capacity.

7. Highlight and address the housing needs of people living with HIV/AIDS by supporting the efforts of the Housing Committee of the Palm Beach County HIV CARE Council.

8. Create a forum for discussing housing-related needs and coordinating a systemic response in regular meetings of HOPWA-funded HIV/AIDS housing providers. Enhance connections between HIV/AIDS service providers and affordable housing programs, including rental and home ownership programs, by involving these stakeholders in regular meetings related to HIV/AIDS housing issues. Explore opportunities to collaborate with the Palm Beach County Affordable Housing Collaborative, the Florida Supportive Housing Coalition, and other community efforts.

9. Maintain and strengthen the relationships between Palm Beach County's major HIV/AIDS planning and funding entities—the City of West Palm Beach HOPWA Program; the Palm Beach County Ryan White Title I Program; The Treasure Coast Health Council, Inc., Ryan White Title II Program; Patient Care (Palm Beach County Health Department HIV/AIDS funds) and AIDS Network (State matching funds); and the Housing Committee of the Palm Beach County HIV CARE Council—in order to explore opportunities to coordinate and to build a cohesive system.

10. Continue and strengthen collaborations with substance abuse treatment providers in order to increase access to treatment services for people living with HIV/AIDS.

11. Enhance the capacity of all HOPWA-funded HIV/AIDS housing agencies to successfully run existing programs and develop additional programs as needed, by:
    a. Encouraging agencies to assess their own capacity to operate and expand programs in order to determine technical assistance needs.
    b. Allocating resources to provide technical assistance for agencies as needed.
    c. Ensuring that HOPWA-funded agencies meet Standards of Care for housing developed by the Palm Beach County HIV CARE Council for HIV/AIDS housing programs.

Palm Beach County
HIV/AIDS Housing Plan

Appendices

February 2003

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Appendix 1: Steering Committee Meeting Minutes

Appendix 1 contains meeting minutes from Steering Committee Meetings held throughout the needs assessment and planning process.

March 28, 2002

Meeting Participants

Name	Agency
Robert P. Bazzone	*CARP, Inc.*
Suzanne P. Cabrera	*The Lord's Place*
Victor Jones	*PBC HIV CARE Council*
Shirley Lanier	*City of West Palm Beach*
Thomas McKissack	*Oakwood Center of the Palm Beaches*
Elizabeth P. Robinson	*Riviera Beach RMAC*
John Zakian	*City of West Palm Beach*
Al Zucaro	*City of West Palm Beach*

Amy Davidson and Elizabeth Wall, *AIDS Housing of Washington*

Welcome and Introductions

Shirley Lanier welcomed participants, explaining that the City of West Palm Beach had contracted with AIDS Housing of Washington (AHW) to conduct an HIV/AIDS housing needs assessment for Palm Beach County, the area for which the City administers HUD's Housing Opportunities for Persons with AIDS (HOPWA) funding. Ms. Lanier asked participants to introduce themselves, then turned the meeting over to AHW.

Elizabeth Wall explained that AHW was founded in Seattle 13 years ago to develop housing for people living with AIDS, and that AHW is now funded by HUD to provide technical assistance nationally. AHW has conducted similar processes in at least 25 metropolitan areas or states. Ms. Wall thanked the City of West Palm Beach for its leadership in convening the process. Ms. Wall reviewed the meeting's agenda.

Overview of HIV/AIDS Housing in 2002

National Focus

Amy Davidson presented an overview of AIDS housing. The slides from her presentation are attached. Since most people working in HIV/AIDS housing have a greater expertise either in HIV/AIDS or in housing, the intent of the presentation was to give participants a baseline of information to start with. Participants were interested in more detailed results from AHW's national survey work than was available at the meeting. For this reason, AHW's fact sheet *AIDS Housing Survey* is also attached.

One participant asked about the model that AHW uses to identify HIV/AIDS housing needs. AHW views HIV/AIDS housing along a continuum, similar to the continuum of care model in the homeless service system. More detail about this continuum, in the form of the article *HIV/AIDS Housing Solutions*, is attached.

Participants expressed interest in the types of funding that have been used by other HIV/AIDS housing developers and providers. One person commented "I don't feel like we have gone after competitive funds" to the extent possible. Participants also asked about the restrictions that come with various fund sources and how well they can be combined.

Several participants commented that there is a need to look at resources across populations, and to view people as having multiple issues, rather than compartmentalizing systems and needs. This will help both make sure that resources are used well and that people are treated more holistically. Ms. Davidson commented that this needs assessment and planning process will look at HIV/AIDS housing issues broadly, in order to work toward this goal.

Palm Beach County

Ms. Lanier presented a brief overview of HIV/AIDS housing resources in Palm Beach County. Starting in 1993, Palm Beach County received $400,000 per year in HOPWA funds. This amount has increased to almost $4 million. Currently, HOPWA funds short-term assistance, tenant-based, and provider-based housing, as well as a hospice facility. HOPWA funds programs serving the county from Boca Raton to Del Ray to the Glades. There are approximately 150 units of provider-based housing. Of these, 110 units are in the Glades region, including 90 units at the Pahokee Housing Authority. Ms. Lanier reported that HOPWA had previously funded a second hospice program, but that it had closed due to lack of demand. HOPWA funds that do not pay for housing directly are used to support housing-related services.

A participant asked about information available regarding the quantity of services provided. Ms. Lanier reported that agencies track information about the individual living with HIV/AIDS who is assisted and their family members, since an entire household can be affected by housing assistance.
In the last fiscal year, 829 people with HIV/AIDS were assisted. Including both people living with HIV/AIDS and their family members, a total of 1,749 people were served by HOPWA last year.

A participant asked whether the City pays private property owners directly for the units of housing they provide. Ms. Lanier answered that the City does not pay directly, but that it funds 11 different HIV/AIDS agencies that pay for housing as part of their program expenses.

A participant asked how the HOPWA program identifies and responds to needs of people. The HIV CARE Council determines priority needs and an RFP is issued that prioritizes proposals which respond to the needs identified. The Ryan White CARE Act, another program which is dedicated to serving people living with HIV/AIDS and is administered by Health Resources and Services Administration (HRSA), mandates the role and composition of the CARE Council. Palm Beach County is unusual in that its CARE Council prioritizes uses for both Ryan White and HOPWA funds.

Because the CARE Council is composed of many individuals and committees, no one person can speak for the CARECouncil. However, Mr. Jones and Mr. McKissak—Steering Committee members—are both members of the CARE Council. A participant asked why the CARE Council is not undertaking this HIV/AIDS housing needs assessment and planning process, since it has a planning role. Other participants answered that there are several reasons. First, the CARE Council does not have the resources to undertake a housing needs assessment of the scope that is needed. Second, the CARE Council is better equipped to allocate funding and to respond to proposals related to existing and future programs. Finally, the CARE Council started with a health care planning focus; although it has significant involvement in housing, its needs assessment activities are focused on health care and related services, of which housing is only one. As the HOPWA Grantee, the City of West Palm Beach is well positioned to take the lead in this effort.

Overview of Needs Assessment and Planning Process

Ms. Wall gave the group an overview of the needs assessment. The slides from her presentation are attached. Steering Committee members requested that a list of members appointed to this group be circulated; this list is attached.

One participant commented on the role of the Steering Committee in planning and providing leadership on HIV/AIDS housing issues after the needs assessment is completed. Ms. Wall responded that AHW usually recommends that a standing committee provide that leadership and oversee the implementation of the plan. Some communities, such as Palm Beach County, have a standing committee that is focused on HIV/AIDS housing issues. Locally, the Housing Committee of the CARE Council meets regularly. Ongoing leadership and implementation of the plan's recommendations are issues for the Steering Committee to consider as we move forward.

One participant commented that having the Continuum of Care process in the homeless service system has helped change the system from being driven by funding to being driven by services. This needs assessment and planning process could help facilitate a similar shift in HIV/AIDS housing.

Another participant asked about the HOPWA funding cycle. Ms. Lanier answered that the next RFP will come out in about three weeks for FY 2002-2003 funding. The needs assessment will be completed by the end of the year, and will not be tied to this funding round.

A participant commented that our vision for the future should include addressing the needs of people who have HIV/AIDS, mental illness, and substance use issues. This is a population that is growing and experiences many challenges.

Identification of Issues of Concern

Ms. Wall asked the group to brainstorm about issues of concern that should be addressed during the needs assessment and planning process. Issues identified were:

- People with mental illness and/or substance use issues
- Opportunities for partnerships between agencies
- Clearer understanding of what the continuum of care means as it relates to HIV/AIDS housing
- Better understanding of what is realistic, since the need is so great
- More ideas about how to increase the size of the pie (funding and housing resources), instead of just how to cut it up
- Better inventory of resources that are being funded by HOPWA as well as other funds
- More information about the geographic distribution of resources
- Locations for development if that is a viable option; for example, how can abandoned housing be used
- NIMBY (Not In My Back Yard) is a concern related to development.
- Length of waiting lists and scope of unmet need; the nature of the needs of people on waiting lists
- People who have been evicted

Next Steps

The next Steering Committee meeting will be held soon, in order to finalize the survey tool and start survey distribution. Surveys will be distributed over a three- to four-month period, so it is important that this process soon. Participants agreed that 1 to 3 p.m. and 2 to 4 pm are good time slots. The next Steering Committee meeting will be held **Thursday, May 9th from 2 to 4 pm**. Please save the date!

Minutes were distributed with the following documents: HIV/AIDS Housing in 2002 (handout), AIDS Housing Survey fact sheet, HIV/AIDS Housing Solutions, HIV/AIDS Housing Needs Assessment and Plan (handout), Steering Committee Roster.

May 9, 2002

Meeting Participants

Name	Agency
Robert Arrieux	*Haitian Center for Family Services*
Yollette Bonnet	*CAP*
Terry Bozarth	*Adopt-A-Family of the Palm Beaches, Inc.*
Robert P. Bozzone	*CARP, Inc.*
Suzanne Cabrera	*The Lord's Place*
Christine Carroll	*Palm Beach County Community Services, Ryan White Program*
Shirley Lanier	*City of West Palm Beach*
Thomas McKissack	*Oakwood Center of the Palm Beaches*
Al Zucaro	*City of West Palm Beach*

Amy Davidson and Elizabeth Wall, *AIDS Housing of Washington*

Welcome and Introductions

Liz Wall welcomed participants and asked them to introduce themselves. She reviewed the agenda for the meeting.

Consumer Survey

The focus of the meeting was to discuss and finalize the survey tool and to discuss the survey distribution plan.

Survey Tool Discussion and Approval

Amy Davidson explained that AHW has surveyed people living with HIV/AIDS in numerous areas, including metropolitan areas and states, and has developed a set of survey questions over time. Questions from a standard set were selected based on input from Steering Committee members and issues identified to date by key informants. This initial draft of the survey was sent to HIV/AIDS housing providers for comment. Angie Bates (Sistah to Sistah), Clifton Wilson (Hope House), Henrietta Johnson (The HEART Project), Jane Lobell (Comprehensive AIDS Program), and Susan Boone (Florida Housing Corporation)

provided comments on the draft. Their comments were incorporated to produce the draft distributed to Steering Committee members.

The Steering Committee reviewed the document section by section and had the following comments:

Personal Information

Participants first discussed a question that asked participants whether they were HIV-positive, and whether they had HIV-infection without symptoms, HIV-infection with symptoms, or an AIDS diagnosis. Participants thought that this question was too invasive and had concerns about its inclusion. Because only people living with HIV/AIDS are to be included in the HIV/AIDS housing survey, the group agreed to keep this question in a yes or no form.

The group debated moving the HIV status question to a later point in the survey, where it might seem more palatable to respondents, but decided to eliminate it. This question was considered irrelevant to housing needs. Instead, a later question about conditions that affect a person's ability to get and keep housing will be amended to include HIV/AIDS-related symptoms.

The draft included a question about sexual orientation. Many communities have opted to include a question like this because it gives respondents the opportunity to identify one way or another, when many assumptions are made about people living with HIV/AIDS, and because it can describe the population in need. The group found this question intrusive, and also thought the information gained would not be relevant to planning. This question was eliminated.

The group debated asking a question about transmission category. Information about the transmission category of survey respondents would allow us to compare the survey data with existing data about people living with HIV/AIDS. The Committee concluded, though, that this was not directly relevant to housing, and chose not to add this question.

A question in the draft asked people if they had "disabilities that made (their) day-to-day live(s) difficult." This question was designed to find out whether people's daily living was impacted by disabilities including, but not limited to, HIV/AIDS. Participants found the way this question was phrased to be too leading. For example, a person might have a condition (i.e. "developmental disability) that impacted their daily life, but would not consider themselves disabled. The question would force them to state that they were disabled. The group concluded that the question should be re-phrased using "conditions" rather than disabilities, and that the word "disabled" should be removed from all the possible responses.

The draft included a question that asked people if they had been to jail or prison, and if so, how recently they had been released and whether they had adequate support or referrals upon release. This question was included because a criminal record can be a substantial barrier to accessing housing, and because in other areas, criminal history has been found to be an increasingly common issue for people living with HIV/AIDS. Criminal history can be associated with substance use, which is also increasingly an issue among people living with HIV/AIDS.

The group thought that including this in the demographics section might be offensive to respondents, because it might imply a (non-existent) relationship between living with HIV/AIDS and being a criminal. The Committee concluded that the only relevance of criminal history was whether or not criminal history had been a barrier to housing. Criminal history is one of the options later in the survey about barriers to housing that the respondent has experienced.

In addition, the group decided to keep the question that asked about the adequacy of referrals at discharge from jail or prison, but to move it to the Support Services section of the survey.

Where Are You Living Now?
Steering Committee members expressed an interest in seeing the different types of housing programs respondents are on waiting lists for. Amy commented that in past surveys, most respondents who indicated that they are on waiting list have not indicated the type of waiting list, even when the types were given. Members thought that knowing whether a person was on a waiting list was only useful if the program was known as well. The options for types of assistance a person now receives will be added to the waiting list question as well.

Members asked that "Residential alcohol or drug treatment program" and "House, apartment, condo, or other home where I get help for my mental illness" be added as options for places that people live now.

Participants expressed an interest in determining how frequently people are living in overcrowded conditions. The group agreed to add questions about the number of individuals in a household and the number of bedrooms in the unit. The answers to these questions can be combined to provide some information about overcrowded conditions.

Income, Benefits, and Expenses
Participants expressed interest in being able to correlate a persons receipt of income and benefits with their immigration status. Because immigration status relates to eligibility for almost all federal benefit programs, knowing status would help interpret some of the results. However, providers working with immigrant populations were very concerned that asking that question would frighten many immigrant respondents, regardless of their status, and discourage participation. This question was not added.

For the question related to the respondents' budgets, participants recommended altering the question so that respondents could answer either for a week or for a month. Because some people work in day labor or pay their rent on a weekly basis, they might have an easier time answering and provide more accurate information about their budgets on a weekly basis.

Housing History
A participant asked whether respondents would give consistent information about their past experiences with homelessness, since people can define that in different ways. The survey lists a definition of homelessness as being "without a regular place to stay for the night." Because the definition of homeless is given in the survey, respondents have a consistent basis for their answer.

Respondents recommended adding more choices under reasons that a person became homeless: "I became homeless because I did not have enough income from job or benefits check," "I became homeless after I became sick," and "I became homeless because of domestic violence."

Under the question related to barriers to getting and keeping housing, Steering Committee members also recommended adding an option related to the difficulty of finding a landlord who would accept a Section 8 voucher as another reason.

Housing Preferences
Participants asked that a question about independent housing versus housing with services on site be included among the other choice questions.

Support Services
The survey included some options about methadone maintenance programs in the questions about substance use. These are standard options based on AHW's experience in other communities. Participants reported that the county does not have a methadone clinic, and this option should be removed. At the same time, in the question about substance use programs a person has accessed recently, "medical detoxification" should be added.

In the questions about whether a person has accessed mental health or substance use services recently, participants recommended that the period of time specified be extended from one to three months, since people may be involved in services but not participating every month.

A participant asked whether it would be helpful to know if a person was participating in substance use treatment because they were ordered by the court to do so, in case outcomes varied depending on the impetus for treatment. A participant working in the field reported that outcomes for people in court-ordered treatment are very good because the threat of going to jail, and that this information could not be used to extrapolate about success of treatment.

Participants asked that medical care, dental care, and medications/prescriptions for HIV/AIDS be added to the question about services that people can access or may need more of. The Ryan White program provides resources for all of these services; however, participants were interested in the perception of people living with HIV/AIDS about their need for these services.

Survey Distribution Plan

Liz Wall distributed the attached handout about the survey distribution plan, and reviewed it with the group. A strong distribution plan is essential for getting the most out of the survey tool. The total goal for the number of completed surveys is 600 to 1,000. Six-Hundred surveys would be approximately 10 percent of the people living with HIV/AIDS in Palm Beach County.

The survey will be translated into Spanish and Creole. Creole speakers will be needed to do outreach surveying, both for literacy and cultural reasons.

Stipends (i.e. a voucher given to survey respondents) have been used elsewhere to entice people to complete the survey and to acknowledge the effort that it takes. However, the budget for this needs assessment and planning process does not include an allowance for stipends. Service providers who commented on the survey tool reported that stipends are very helpful in surveying, and would increase the chances of a successful survey.

Several Steering Committee members commented that stipends had proven very effective in reaching consumers with past surveys. Participants reported that a stipend would make a difference particularly in the western part of the county. Committee members agreed that a stipend was a good idea, and recommended a $10 stipend for people who complete the survey.

Liz commented that offering a stipend may serve as an incentive for people to complete the survey twice, which would be possible since it is anonymous, and because a number of agencies will be participating, in order to reach to most diverse group of respondents. However, because they survey is ten pages of personal questions, people are more likely to find it onerous to complete twice.

Consumer outreach surveyors will be another distribution strategy. AHW will hire people living with HIV/AIDS to survey other consumers. Outreach surveyors are included in the project budget.

The survey will be available at the beginning of June and will be available for three months. Because some people don't come into services every month, this will allow for a broader group of respondents.

Key Informant List

AHW had prepared a list of the key informants identified to date—both those who have already been interviewed and those who need to be interviewed still—to distribute at the meeting. However, several Steering Committee members had submitted names, AHW has met with many people, and key informants have made additional suggestions for people to meet with. For those reasons, the list was already out-of-date. AHW will distribute a list of key informants identified in the next mailing, for review by Committee members.

Next Steps

AHW will continue to do needs assessment research throughout the summer. The Steering Committee will get together next to review the survey data and the background chapters of the plan. This is likely to be in August or early September. Each month, AHW will provide Steering Committee members with a progress update via mail.

September 17, 2002

Meeting Participants:

Name	Agency
Victor Jones	*Palm Beach County HIV CARE Council*
Shirley Lanier	*City of West Palm Beach*
Judy M. Pierson	*Hispanic Human Resources*

Amy Davidson and Liz Wall, *AIDS Housing of Washington*

Welcome and Introductions

Liz Wall welcomed participants and asked them to introduce themselves. Judy Pierson was joining the group for the first time from the Hispanic Human Resources Council. Liz Wall gave a short overview of the HIV/AIDS housing needs assessment and planning process, and invited participants to make announcements.

Victor announced a drumming festival sponsored by the HIV CARE Council. One purpose will be HIV prevention and awareness. The Multi-Cultural Drums Festival will take place at the Milagro Center in Delray Beach on Saturday, October 5th. The Council is hoping for a large turnout at this event.

Update on Needs Assessment Activities

Key Informant Interviews

Liz prefaced her report on key informant interviews by explaining that local knowledge of issues is very important to needs assessment and planning processes, and that local service providers are a critical source of information. Participants had received a list of the 113 providers interviewed as of the end of August. Most had been interviewed in person or in groups at agencies. Some key informants participated in a meeting of the Homeless Coalition where the needs assessment was discussed.

During the week of the meeting, Amy and Liz were also scheduled to meet with:

- Dr. Malecki, *Palm Beach County Health Department*
- Bob Bozzone, *CARP*
- Gladys Barber, *NOAH Development Corporation*
- Autrie Moore Williams, *Glades Community Development Corporation*
- Dana Tenenbaum, *Veterans Hospital*
- Dr. Leslie Diaz and Dr. Fabio Diaz

Liz explained that AIDS Housing of Washington (AHW) believes that coverage of local stakeholders is good at this point. Participants were invited to make any final suggestions or comments about additional key informants. AHW will conduct any additional interviews via telephone probably in the next month.

One suggestion was to do more interviewing about first time homebuyer programs, because these are a means to move people off HOPWA rental assistance. The specific suggestion was the County Finance Authority executive director, Earl Mixon. Other organizations involved in homebuyer assistance contacted to date include Adopt-A-Family of the Palm Beaches, Inc., Community Financing Consortium, Inc., Hispanic Human Resources Council, Housing Partnership, Inc., and Urban League of Palm Beach County.

Participants commented that coverage of stakeholders seemed thorough, and inclusive of a broad range of organizations. Information gathered from stakeholders will be summarized by theme in the plan document. The Steering Committee will review a draft of this section at its next meeting.

Consumer Focus Groups

Liz explained that consumer input is extremely important to the needs assessment process. Consumers are included in three aspects: the Steering Committee, the survey, and focus groups. Focus groups typically include groups of six to ten people. During the group, discussion centers on the participants' current housing situation, housing preferences, past housing and service needs, past experiences with seeking assistance, and recommendations for HIV/AIDS housing assistance.

To date, 66 participants have participated in seven groups. These were organized by the agencies and conducted by AHW at Sistah to Sistah, Palm Beach Assisted Living Facility, Gratitude House—Hibiscus Haven, Compass, Oakwood Center, Hope House—King's Court, and Hope House—Belle Broadway. This week, five more groups have been scheduled: a group with Creole interpretation at CAP, a group with Spanish interpretation at CAP, individual interviews with people with substance use issues at CAP, a group at the Pahokee Housing Authority, a group at CAP's Belle Glade office, and individual interviews with Creole interpretation at the Haitian American Community Council. Individual interviews were used in situations where the provider organizing the group reported that participation would be significantly stronger if people met privately.

AHW's intention is to be done with focus groups at the end of the week, but it is important that focus groups are inclusive and touch on the populations determined by the Steering Committee to be most relevent. Participants commented that the groups have been extremely thorough.

Summaries of the discussion at each group, including as much detail as possible without endangering the confidentiality and anonymity of participants, will appear in the Appendices of the plan document. A findings section will present themes from the focus groups.

Housing Survey

Liz reported that providers and consumer outreach surveyors are busy distributing the survey developed by the Steering Committee at the last meeting. Participants received preliminary survey data from the first 186 surveys received as of September 6th. Since then, more completed surveys have been turned in to Shirley Lanier, for an estimated total of 450. Our goal for the survey is 600 to 1,000 surveys.

Liz reviewed the preliminary survey data. The first 186 had been completed in English, although the survey was available in both Spanish and Creole. However, 30 respondents reported speaking a language other than English most of the time. Based on reports from providers, it is likely that case managers and others are translating the survey orally and recording responses on the English form.

These first responses include many areas of the county. Although the majority (76) were from West Palm Beach, a total of thirteen cities or towns have been reported. Race/ethnicity of respondents correspond closely to the race/ethnicity of reported living HIV/AIDS cases. Among this first group, it appears that women are being oversampled. Women are the majority of survey respondents but not the majority of reported living HIV/AIDS cases. Older people also have been oversampled. This may be in part because older people tend to participate in services with greater frequency than younger people or perhaps because they have been living with the disease longer and may have more needs. It is likely that the survey's convenience sample will include a higher proportion of older people. Outreach targeting men and younger people (20 to 39, especially 20 to 29) will be helpful in balancing this out.

Because this is raw data from an incomplete sample, conclusions should not be drawn from the data. When it is presented in the plan, it will include many details. Conclusions or findings from the survey will also be drafted by AHW for discussion by the Steering Committee. A copy of the data is available to Steering Committee members by request.

Shirley Lanier reported that 12 people living with HIV/AIDS have contracted with AIDS Housing of Washington to survey people in the community. These consumer outreach surveyors are focusing on:

- Recovery community
- Support group in the Palm Beach County Jail
- Belle Glade
- Pahokee
- South County
- People who identify as transgender or gay

The first 186 surveys came from providers. The newer surveys also include many from consumer outreach surveyors. For this reason, they may cover a different population, including people who are not active in services.

Victor raised the issue of how to reach the 20 to 29 year-old age group. He wondered how much this segment of the population is served by the current HIV/AIDS continuum of care, and if so, which providers are serving them. Shirley reported that no HIV/AIDS service provider focuses on this age group. Providers that serve adults serve everyone 18 or older. Victor reported that Compass has stronger ties to this age group, and may be able to reach them. Victor also commented that people in this age group represent the future of HIV/AIDS services.

Participants reported that coverage looks good at this point, especially geographically. One participant suggested that Leila Johnson at Victor's House (Children and Families Division) would be a good contact for reaching families.

Liz reported that surveying needs to finish by October 7th in order to have final data for the next meeting. This will allow for the current goal of presenting findings and determining critical issues with the Steering Committee in November, developing recommendations with the Steering Committee in December, allowing the Steering Committee to review a draft in January, and presenting the final plan to City on February 15th. Pushing out the surveying even a few weeks could have a substantial impact because of the difficulty of scheduling meetings and having the Committee review a draft during the holidays. It is likely that it would delay delivery of the final plan until March. Liz asked the Committee for feedback regarding extending the survey process in order to include a larger sample versus ending October 7th.

Liz commented that one reason extending the surveying period may be a good idea is to allow all consumers who are interested in participating in the survey to have an opportunity to do so. Because the implementation of the plan will depend on many people, it is important that interested people have an opportunity to participate, and do not feel as though the process has excluded them.

In order to better understand the implications of extending the needs assessment and planning process, a participant asked about AHW's involvement once the assessment process is complete. Liz reported that once HUD releases its SuperNOFA (probably at some point in the spring), AHW is prohibited by HUD from working on anyone's specific proposal. The reason for this is that AHW is a HUD-funded technical assistance provider, and that assistance from AHW during the competition could be perceived as an unfair advantage. After that, AHW is committed to helping the community implement the plan. AHW, primarily through Mariah Ybarra, operations specialist, can provide project specific assistance to agencies, including example programs and related documents. However, ongoing implementation is the community's role. AHW is a technical assistance provider and will go back to Seattle and to working in other communities. AHW will be available for an update in a year or so, once implementation work has begun, at the City's invitation.

Participants concluded that it is preferable to end the survey process on October 7th. Because the convenience sample does not depend on reaching a goal, there is not a statistical reason to keep going with the surveying. A participant commented that surveying could go on and on, but without adding much more value. It would be preferable to meet at least the minimum identified by AHW (600) and then continue with the process. This way, the plan will be available to providers in time for consideration of their proposals in the SuperNOFA. Because 450 surveys have already been completed, it seems likely that another 150 will be completed in the next three weeks.

It was agreed that surveying will end on October 7th.

Review of Background Materials

Amy provided an overview of the types of information included in the background sections, and how that information will provide a framework for considering the needs assessment data.

Housing Section

Information included in this chapter relates to population demographics, income, housing affordability, housing market characteristics, and homelessness. Meeting attendees made the following comments/requests:

- It was requested that Amy walk meeting attendees through the information included in Table 3. The table presents comparative information about how much individuals earning three different amounts, all less than half of the area median income, would be able to afford in housing costs. The "affordable housing cost" is then compared to the local fair market rent. The resulting gap is shown. Similar information is included for a family in Table 4. Because the tables include a great deal of information, it was suggested that more detailed explanations of the tables be included in the text in this section.
- Can we come up with the number of those who are homeless and HIV-positive? Is that number available? The two homeless reports have some information about HIV-positive respondents or the needs

of HIV-positive people, and we present them as clearly as possible. There are some national estimates that can be reviewed. Also, there will be some survey data related to a history of homelessness.

- Does the number of homeless people exceed the available resources? It would be helpful to have information about this if it is available. Data about the number of people turned away from shelter and homeless services would be interesting to include, if available.
- Is there information about those who are homeless by choice—those people whom we consider homeless, but who are living where they choose?
- Every year there is an influx of people from the north because it is warm here.

This section will be updated to include a better explanation of the data included in Tables 3 and 4 and more homelessness data, if available. The updated homelessness section will be sent to Sheila Smith of the Homeless Coalition, who indicated she is willing to review it prior to publication.

HIV/AIDS Epidemiology

Information in the HIV/AIDS epidemiology section was provided by the Palm Beach County Health Department, and is current as of April 2002. Cumulative and living HIV and AIDS data is presented. In addition, information about HIV/AIDS and incarceration is also included. Meeting attendees made the following comments:

- A meeting attendee was interested in additional information about the proportion of people reported in the heterosexual transmission category in Table 5 on page 10 and noted that the proportion is higher in this category than in the men who have sex with men category. Is this reflective of a national trend? If so, information about it would be useful.
- A concern was expressed that if people are not accurately reporting their risk factors, then local advocates and providers put energy and funding into areas that don't need our focus. If people are low-income, living in shared housing areas, and they feel that they need to hide their status or how they contracted the disease, housing problems or instability may result.
- There's a reticence in Palm Beach County about talking about anything related to sexuality. Numbers are presented and people don't question the data, or pull out the implications of the data on service provision, etc.
- A meeting attendee wondered how many HIV-positive individuals are released into the community from jail each year. Where are these individuals referred to for services and housing? Where do they live?

HIV/AIDS-Dedicated Resources

The HIV/AIDS-Dedicated Resources section presents information on funding provided through Ryan White CARE Act and the HOPWA Program in Palm Beach County. Information is presented on Ryan White Title I and Title II funding for the most recent three years, HOPWA grant amounts by year, current HOPWA expenditures by category and agency, and facility-based HIV-dedicated housing.

There were no comments or questions about this section.

Presentation of Findings to Community Groups

Liz discussed opportunities for presenting survey findings to community groups. She commented that AIDS Housing of Washington and Shirley Lanier from the City of West Palm Beach have met with many people involved in housing and services, and that the appointed Steering Committee is a diverse group. The City of West Palm Beach expressed an interest in broad input in the process, recognizing that HIV/AIDS is not just an HIV/AIDS service system issue. Having had broad input, it now seems appropriate to present information back to the community and get feedback.

The two identified forums for presenting information are the West Palm Beach City Commission and the HIV CARE Council. AHW will attempt to schedule a presentation to the entire HIV CARE Council prior to the next Steering Committee meeting. A presentation to the City Commission might be scheduled during the needs assessment and planning process, or once the process and its findings are complete.

One participant asked about the plan's objective, in order to understand the goals of community presentation. Liz described some goals as being to assess needs based on provider and consumer input, to provide recommendations for City activities and organization activities, to help agencies think about new programs and fundraising, and to help guide City activities for the $3.5 million in HOPWA funding it currently receives annually.

A participant recommended the League of Cities as being a potential place to report on findings. This organization includes 38 municipalities in Palm Beach County and does some work related to low-income housing activities. The contact suggested was Jamie Titcum.

Upcoming Steering Committee Meetings

Amy provided the timeline for completion of needs assessment activities and discussed potential dates for the next two Steering Committee meetings, to be held in November and December. The next meeting will include a presentation of the findings from key informant interviews, consumer focus groups, and the housing survey and the identification of critical issues by Steering Committee members. Approximately four hours will be needed for the meeting. Meeting attendees discussed possible dates and times for the meeting, including the suggestion that the meeting be held from mid-morning to mid-afternoon, to accommodate those people who might need to travel from Belle Glade.

It was recommended that Steering Committee members be polled about times and dates. Liz and Amy will set the dates and times for the meeting after contacting Steering Committee members. Steering Committee members will receive the minutes and the meeting schedule in the next two weeks. Steering Committee members will receive meeting materials at least two weeks prior to each scheduled meeting.

November 12, 2002

Meeting Participants

Attendees:

Name	Agency
Debora Kerr	*Workforce Alliance, Inc.*
Jane Lobell	*CAP*
Lillie Brown	*Pahokee Housing Authority*
Mattie Willis	*Pahokee Housing Authority*
Queen Byrd	*City of West Palm Beach*
Ralph Butler	*City of West Palm Beach*
Sharon K. Jackson	*City of West Palm Beach*
Thomas E. McKissack	*Oakwood Center of the Palm Beaches*
Victor Jones	*Palm Beach County HIV CARE Council*
Yolette Bonnet	*CAP*

Amy Davidson and Liz Wall, *AIDS Housing of Washington*

Welcome and Introductions

Liz Wall welcomed participants and briefly reviewed the needs assessment and planning process to date. She reported that most recently, AIDS Housing of Washington (AHW) had presented preliminary findings to the Palm Beach County HIV CARE Council as well as to a forum of providers in Belle Glade. She introduced Sharon Jackson from the City of West Palm Beach's Department of Community and Economic Development, who also welcomed participants. Sharon introduced Queen Byrd, Ralph Butler, and Lucy from her department, who will be working with AIDS Housing of Washington to coordinate the activities of the needs assessment and planning process from this point forward.

Liz asked participants to take a few minutes to introduce themselves to meeting participants whom they had not previously met or worked with.

Review of Background Materials

Amy Davidson gave an overview of the materials that will appear in the plan document. At past meetings, the Steering Committee reviewed data from existing reports and plans in chapters dealing with population demographics, epidemiology of HIV/AIDS, and housing and homelessness. Prior to this meeting, Steering Committee members and their delegates received findings from the original research conducted for this needs assessment: the focus groups, the survey, and key informant interviews. In addition, members received summaries of all the focus groups, all the survey data, and a list of the key informants interviewed.

Amy presented highlights from these sections of the plan. Copies of the PowerPoint slides are attached. Participants had questions and comments on the following issues:

- Housing quality: Focus group participants raised concerns about the physical quality of available rental housing. A meeting participant wondered if the concerns were raised about housing in the costal communities or in the Glades. Amy indicated that focus group participants from throughout the county raised concerns about housing quality.
- Complexity of need: Key informants discussed the expanding of need among women and communities of color and the resulting shifts in the programs that are developed and funded and indicated that in some communities these changes lead to divisiveness among the community. Thus far, such serious divisions in the community had been avoided in Palm Beach County. One meeting participant requested clarification of the issue.
- Community acceptance and stigma: Meeting participants discussed concerns about community acceptance raised by key informants and people living with HIV/AIDS. They reiterated the belief that it is hard in Palm Beach County to give full and proper consideration to the issues facing low-income residents when the desire to focus on the good aspects of life in Palm Beach County is so strong.
- Behavioral health: One meeting participant wondered why substance use was not considered a mental health issue. Meeting participants discussed some of the challenges in serving people with issues related to both mental health and substance use issues.
- Coordination and collaboration: One meeting participant expressed his opinion that HOPWA had been overlooked as a significant resource in the community.

Development of Critical Issues

Liz then worked with the group to develop a set of critical issues to be presented in the plan. She started by presenting some themes that AIDS Housing of Washington identified. These themes are presented in PowerPoint slides that are also attached. The group then expanded these issues. Amy and Liz will draft a section of the plan that presents these issues and includes the group's comments and perspectives. Comments by issue follow.

Meeting Expanding Needs

Participants commented that although more people are living with HIV/AIDS and in need of services, funding levels have stayed the same. This is an important factor that determines the ability of providers to meet expanding needs.

Participants also pointed out that the changing population of people living with HIV/AIDS has had implications for community support for services for people living with HIV/AIDS. For example, participants reflected on the ways that gay white men supported HIV/AIDS services and advocated on related issues when that was the population that was primarily affected by the disease. Participants commented that communities of color have not embraced the needs of people living with HIV/AIDS in the same way, as the epidemic has shifted to affect those communities more. As a result, the donor base of many HIV/AIDS service organizations has dwindled, with implications for their ability to provide services.

Participants discussed philanthropy particularly among African Americans. Some participants reported that African Americans are far more likely to give financial support to churches, as a center of the community, than to individual nonprofits. Participants also thought that African Americans prefer to donate to specific projects where the impact was more defined, and less likely to give operating support or pay for services. Thinking about how to engage churches and communities of color in addressing HIV/AIDS housing issues was a concern of participants. (Two articles about philanthropy and people of color are attached.)

In addition to discussing the increasing need for services targeted toward women with children, participants commented that the needs of caretakers should also be addressed. For example, grandparents may be taking care of children whose parents are living with HIV/AIDS.

Finally, participants commented that case management serves an important role in meeting expanding needs.

HIV/AIDS-Related Stigma

Discussion of community support to meet expanding needs led the group right into the next topic identified by AIDS Housing of Washington, HIV/AIDS-related stigma. Because of the breadth of issues involved, this may be more appropriately referred to as Community Awareness.

Participants thought that the general public, and in particular African Americans, might not have enough information about how they can help address HIV/AIDS. Participants pointed out that although there are many stigmas associated with HIV/AIDS, many African Americans know a family member or friend who has died with HIV/AIDS, and might want to help.

Participants commented that although many jurisdictions are reluctant to take up the issue of HIV/AIDS housing, in reality there are people living with HIV/AIDS in every jurisdiction of the county. Participants spoke of the importance of making sure there was a HIV/AIDS housing option in every jurisdiction, and possibly setting goals for each jurisdiction in terms of facility-based units.

Participants discussed the need to raise awareness in the community about HIV/AIDS among many groups and organizations, including other nonprofits, organizations based in the African American community such as the Urban League or NAACP, business, for-profit real estate developers, faith-based organizations, and HUD. Participants reported that there is a perception that HIV/AIDS has been cured, and people no longer need help. Participants commented that the HIV/AIDS housing needs assessment and plan could be used as a tool or occasion for outreach and education.

Liz summarized some of the questions about community awareness as follows:

- How to clearly articulate need
- How to build interest and capacity in impacted communities
- How to leverage need and resources for greater interest and funding

Housing Market

In addition to the issues identified by AHW, participants mentioned that the demand for housing changes seasonally, as people migrate to Palm Beach County from other climates during winter. Also, deposits are a particularly challenging part of move-in costs to deal with, since HOPWA is not available to pay them. Finally, participants commented that poor credit is something that takes a long time to overcome; a person does not go from having poor credit to good credit immediately.

Need for Permanent, Affordable Housing Options

Participants agreed that permanent, affordable housing opportunities are a major concern, for the general population as well as people living with HIV/AIDS. Participants also agreed that access to support services can be a critical part of permanent affordable housing for some, especially for people with mental health or substance use issues. Participants discussed particular types of support services, which are listed in the Support Services section below.

Need for Emergency Assistance

Liz presented some topics related to the need for emergency assistance. Participants commented on the need to connect people receiving emergency assistance or living in transitional housing to the rest of the housing continuum. There was concern that people start to receive short-term assistance or even twenty-four-month transitional housing, without a clear plan of where they will go from there. Although it is great to have a short-term fix, people ultimately need long-term solutions.

Substance Use and Mental Health Issues and Services

In addition to the issues identified by AHW, participants mentioned that the length of substance use treatment time that can be funded is often inadequate. One participant stated that if a person has been using substances for ten years, two months of treatment is not enough time for them to address their substance use issues and learn or re-learn all the life skills they need to be successful and independent. Participants supported key informants' interest in transitional options that decrease the amount of support available in gradual steps, rather than in a sudden drop-off.

One participant commented that the state prison system in particular currently has no resources for providing substance use treatment for people while they are incarcerated.

Another participant disagreed with the report from key informants that people getting out of jail run out of mental health medications before they can access more.

Finally, key informants commented that it will be difficult to close the gap in services for people with both a mental illness and substance use issues, since these systems are both well-established and have differing funding sources, resources, and in some cases treatment philosophies.

Access to Support Services

Participants expanded the draft list to include:

- Literacy and education
- Life skills
- Job skills, business development, and return to work issues related to benefits
- Household management and home repair
- Case management
- Self esteem and its impact on decision making

Coordination and Collaboration

Participants agreed that collaboration between providers is important. One participant stated that the days of a single agency getting a large pot of funding are over; instead, funders require evidence of coordination and collaboration between providers. How to achieve this is a challenge for everyone. One example of efforts at collaboration is the HIV CARE Council's effort to develop a single point of entry into HIV/AIDS services, and a procedure for information sharing between agencies that will protect confidentiality.

Participants also agreed that collaboration between systems and jurisdictions is also desirable. One suggestion on how to improve this is to engage funders and other stakeholders early in the process of developing new programs and strategies, so that they feel like true partners. In addition, holding a forum for key informants who participated in the HIV/AIDS housing needs assessment and plan might help to engage them in related issues.

Next Steering Committee Meeting

Liz talked with the group about the next Steering Committee meeting. In the materials for this meeting, AHW asked Steering Committee members to hold December 3rd in their calendars for the next meeting. In the meantime, however, AHW concluded that it would be a better use of the Steering Committee's time if AHW spent more time in the office with its technical assistance team developing fuller draft recommendations than this timeline (over Thanksgiving) would allow.

Participants agreed to hold the next meeting in January, instead of December. This is not expected to impact the planned timeline of delivering the final plan to the City of West Palm Beach in mid-February.

January 13, 2003

Attendees

Name	Agency/Affiliation
CJ Richter	*CAP*
Cecil Smith	*Palm Beach County HIV CARE Council*
Christine Carroll	*Grantee Title I Ryan White*
Elizabeth P. Robinson	*CHD*
Jane Lobell	*CAP*
Larry Osband	*Community Member*
Lillie Brown	*Pahokee Housing Authority*
Mattie Willis	*Pahokee Housing Authority*
Patricia Davis	*Palm Beach County—Ryan White*
Queen Byrd	*City of West Palm Beach*
Ralph Butler	*City of West Palm Beach*
Sagine Lhermite	*Haitian Center for Family Services*
Sharon K. Jackson	*City of West Palm Beach*
Sonja Swanson	*Treasure Coast Health Council, Inc.*
Terry Bozarth	*Adopt-A-Family*
Thomas E. McKissack	*Oakwood Center of the Palm Beaches*
Vardine K. Simeus	*Haitian Center for Family Services*
Victor Jones	*HOPWA Steering Committee*
Yolette Bonnet	*CAP*

Donald Chamberlain, Mariah Ybarra, and Liz Wall, *AIDS Housing of Washington*

Welcome and Overview

Liz Wall welcomed participants, reviewed the agenda, and provided an overview of the planning process to date.

Feedback on Plan and Critical Issues

The draft plan, including critical issues, was mailed to Steering Committee members in early December. AIDS Housing of Washington (AHW) staff phoned each Steering Committee member in December to solicit

feedback on the draft plan. Liz Wall requested feedback on the critical issues from meeting participants. Comments, requests for clarifications, and additions are presented by issue.

Availability of Decent, Affordable Housing

Participants commented on the information summarized in the section entitled "Housing Needs of People Living with HIV/AIDS." Specifically, a concern was raised about presenting the median rent of survey respondents, as housing costs, generally, are considerably higher than this number indicates. It was noted that the median figure includes those who were receiving a subsidy, and that the average cost for those without a subsidy was considerably higher. The group discussed presenting different information, such as percent of income spent on housing, that would better support the argument that people living with HIV/AIDS have difficulty affording housing costs,.

One participant wondered why a car repair was used as an example of an unexpected expense that could impact housing stability and expressed a concern that the reader might think "if the person can afford to maintain a car, how much help can they really need?" The group agreed to use a medical-related expense for this example.

Community Awareness of HIVAIDS

The group discussed community awareness about HIV/AIDS. Some of the comments centered on the concern that publicity about positive advances with HIV-related medications and treatment suggests to the general public that HIV/AIDS is no longer an issue of significant concern. On the other hand, participants discussed the "endless problem" of HIV/AIDS, the "bottomless pit," and how hard it is to show progress in addressing need. Participants also discussed the need to demonstrate to the general public the increased need for housing and services for people who are living longer with HIV/AIDS.

Meeting the Expanding Needs of People Living with HIV/AIDS

Most of the comments about this critical issue area focused on strengthening and expanding the main points of the section. It was suggested that the complexity of need section be highlighted and emphasis be placed on the fact that many people still have significant medical issues related to HIV. The group suggested adding references about the increasing number of women of childbearing age who are affected and also that the new medications do not have the same positive impact for all populations.

In addition, it was noted that HIV/AIDS funding received by entities in Palm Beach County has steadily increased, and thus, it was not accurate to say that the "funding has stayed fairly level." However, the number of people in need of services and housing continues to grow, and therefore, there is less funding available per capita. The language will be changed to: "funding has not increased in relation to need."

Additional discussion was focused on the critical role of coordination and collaboration in meeting expanding needs, including increased collaboration with supportive housing providers, public housing authorities, homebuyer assistance programs, and employment training programs. It was noted that there is a lack of forums for discussion, networking, and education.

Substance Use and Mental Health Issues and Resources

Meeting participants requested that the first paragraph be rearranged to emphasize the HIV/AIDS service provider's comment that half of their clients have substance use issues.

It was agreed that the mental health and substance use treatment systems in Palm Beach County are working at capacity and that people with dual diagnoses are seriously underserved. One participant noted the last paragraph in this section and indicated that the phrase "can experience a gap in services" was not a strong enough statement. Others mentioned the impact of physical disability and dementia on access to housing.

Availability of Necessary Support Services

Some comments about this section included:

- Agencies may not be effectively using Palm Tran Connection
- Do consumers have enough support services to move through the system?
- People living with HIV/AIDS are concerned about the availability of life insurance, funds for funerals, etc.
- People living with HIV/AIDS have a primary concern about medication coverage if they return to work, as medications are so expensive.

Discussion of Development of Recommendations

Draft recommendations were developed by the staff at AHW based on the critical issues identified by the Steering Committee in November 2002. The recommendations were presented in two categories: Housing Resources and Leadership and Capacity Development. The Housing Resources recommendations were presented and discussed first. Comments are summarized below:

- Recommendation one was discussed and accepted as written.
- Recommendation two was discussed. Comments included:
  - The importance of increasing knowledge about available resource among people living with HIV/AIDS was noted.
  - It was recommended that the phrase "update as needed" be included.
  - Discussion centered on implementation: Who is going to do the work—what agency has the capacity? Funding will be needed—who is going to fund this activity? It will be important to collaborate with existing resource guides and information distribution sites to ensure that efforts are not duplicated.
- Recommendation three was discussed. Comments included:
  - Participants discussed models to implement the trainings, including the successful "Lunch and Learn" method used locally.
  - It was suggested that "homeownership" be added to recommendation three, part b.
- Recommendation four was discussed. Comments included:
  - Clarify what is meant by "resources available to people living with HIV/AIDS" in the introduction.
  - It was recommended that a strategy be added: advocate that local jurisdictions require/encourage disability set-asides in new developments, or that developers pay into a fund to support affordable housing development for people with disabilities.
- Recommendation five was discussed. Comments included:
  - One meeting participant commented that Palm Beach County stakeholders were meeting to address the need for emergency shelter and that HIV/AIDS housing providers were not participating. It was noted participation from this group was needed.
  - It was suggested that collaboration with the "Affordable Housing Collaborative" be added to this recommendation.
- Recommendation six was discussed. Comments included:
  - The Housing Specialists are funded by Ryan White dollars and are working at capacity to link consumers to housing resources. They are finding some resources in the wider community to support more difficult-to-house clients.
  - There is a need for a staff position focusing on building relationships with developers and intermediaries, as well as increasing collaboration between the HIV/AIDS community and the

affordable housing developer community. However, one participant wondered what agency would provide this service and who would fund it.
- There should be a goal of increasing the number of housing units set-aside for people living with HIV/AIDS.
- It was agreed the recommendation would be re-written.

Next Steps

Liz Wall indicated that she would revise the recommendations and bring them to the Steering Committee for approval at Wednesday's meeting. She distributed the Leadership and Capacity Development recommendations and asked participants to review them prior to the next meeting. She also distributed a draft "Projection of Need" piece that will be reviewed at the next meeting if time allows.

January 15, 2003

Attendees

Name	Agency
Cecil Smith	*Palm Beach County HIV CARE Council member*
Christine Carroll	*Grantee Title I Ryan White*
Coullious Ivy	*Palm Beach County HIV CARE Council member*
Debora Kerr	*Workforce Alliance*
Jane Lobell	*CAP*
Queen Byrd	*City of West Palm Beach*
Ralph Butler	*City of West Palm Beach*
Sagine Lhermite	*Haitian Center for Family Services*
Sharon K. Jackson	*City of West Palm Beach*
Sonja W. Swanson	*Treasure Coast Health Council, Inc.*
Terry Bozarth	*Adopt-A-Family*
Thomas E. McKissack	*Oakwood of the Palm Beaches*
Vardine K. Simeus	*Haitian Center for Family Services*
Victor Jones	*HOPWA Steering Committee*

Liz Wall, *AIDS Housing of Washington*

Review Draft Recommendations

Meeting participants further reviewed the Housing Resources recommendations developed at Monday's meeting. Comments are summarized below:

- Recommendation one was reviewed and accepted as written.
- Recommendation two was reviewed and accepted as written.
- Recommendation three was reviewed and accepted as written.
- Recommendation four was reviewed and accepted, with the following revisions:
  - Part a: accepted as written.
  - Part b: accepted as written.

  - Participants requested a change in word order in part c from "require/encourage" to "encourage/require."
- Recommendation five was reviewed and accepted, with the following addition:
  - Participants requested that the Continuum of Care Planning Process be included as one forum for participation.
- Recommendation six was reviewed and accepted, with the following revisions:
  - Participants requested that the recommendation begin with: "Ensure that staffing is focused on strengthening relationships..." and that an additional sentence be added to read: "Allocate funding for additional staffing if necessary."

Finalize Recommendations for Inclusion in the Plan

Liz Wall requested comments on the recommendations included in the Leadership and Capacity Development section. Discussion is summarized below:

- Recommendation seven was reviewed and accepted as written.
- Recommendation eight was reviewed and accepted, with the following revisions:
  - In the final sentence, add "the Palm Beach County Affordable Housing Collaborative" and "other community efforts."
- Recommendation nine was reviewed and accepted, with the following revisions:
  - Change the language so that the first sentence begins: "Maintain and strengthen."
  - Add additional HIV/AIDS-dedicated funding sources and planning bodies in Palm Beach County. The recommendation will then include Treasure Coast Health Council's Ryan White Title II program and the Patient Care and Network programs. It was agreed that Liz would follow up with Chris Carroll to be sure that all relevant programs are included.
- Recommendation ten was reviewed and accepted, with the following revision:
  - Change the language so that the recommendation begins: "Continue and strengthen collaborations with substance abuse treatment providers."
- Recommendation eleven was reviewed and accepted, with the following revisions:
  - Part a: change the language so that agencies are encouraged to assess their capacity to operate and expand programs in order to determine technical assistance needs.
  - Part b: accepted as written.
  - Part c: participants requested that the word "housing" be added for clarity.

Liz Wall asked participants if there were additional recommendations that should be included in the plan. None were identified. Liz indicated that the recommendations and critical issues sections would be revised as discussed by meeting participants and would be sent to Steering Committee members for review. She requested that Steering Committee members provide any feedback as soon after receipt as possible. The final plan will be delivered to the City of West Palm Beach by February 15, 2003.

Process Close and Next Steps

Sharon Jackson informed the group that the draft plan, including recommendations would be presented to the West Palm Beach City Commission in February and that the City of West Palm Beach will work with AIDS Housing of Washington and community stakeholders to develop an implementation plan.

Liz Wall thanked all Steering Committee members and other participants for their participation in the needs assessment and planning process.

Appendix 2: HIV/AIDS Housing Solutions

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

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

Emergency → Transitional → Permanent → Specialized Care

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

Emergency Housing Assistance

Emergency housing assistance is one-time or very short-term assistance provided to address an immediate housing crisis—often for people who are homeless or at imminent risk of becoming homeless. The primary goal of emergency assistance is to solve the immediate housing crisis; the assistance is usually one of the following:

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

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

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

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

Advantages

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

Disadvantages

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

Hotel or Motel Vouchers

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

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

Advantages

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

Disadvantages

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

Emergency Shelter

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

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

Advantages

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

Disadvantages

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

Transitional Housing Assistance

Transitional housing assistance is of limited duration—usually from 30 days to 2 years—and is intended to help people transition from a housing crisis into a permanent, stable housing situation. Its goal is to provide temporary housing and services to help households develop the skills and locate the ongoing resources they need to succeed in permanent housing. Additionally, people with no or poor rental history can build a positive rental history while in transitional housing, increasing their access to permanent housing. Transitional housing assistance is effective where consumers are likely to either become self-sufficient or transition to another permanent housing resource by the time it ends. Transitional housing assistance most often includes:

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

Assistance with Move-In and Occupancy Needs

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

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

Advantages

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

Disadvantages

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

Tenant-Based Transitional Housing Assistance

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

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

Advantages

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

Disadvantages

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

Supportive Transitional Housing

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

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

When supportive transitional housing works best: Supportive transitional housing is most helpful in communities that have a significant homeless population, and is successful only when all of the necessary support services are funded and in place. Since transitional housing is intended to move people into successful permanent housing placements, it works best in communities that have a sufficient supply of

affordable permanent housing to accommodate those moving out of the transitional program. Smaller, rural communities should focus on providing permanent housing opportunities before developing transitional housing.

Advantages

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

Disadvantages

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

Permanent Housing Assistance

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

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

Support Services

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

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

Advantages

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

Disadvantages

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

Tenant-Based Rental Assistance

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

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

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

Advantages

- Tenants may choose where they live.
- Tenants pay only 30 percent of their income to rent.
- Tenants can use TBRA in existing housing units.
- TBRA programs can be implemented relatively quickly.
- TBRA programs can be implemented statewide, allowing for coverage of rural areas with few housing assistance providers.
- Some local housing authorities give Section 8 waiting-list preference to people with terminal illnesses or who have HOPWA rental assistance.
- TBRA programs do not require the same level of technical skills as housing development, and can therefore be more accessible to an AIDS service organization.

Disadvantages

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

Shallow Rent or Mortgage Subsidies

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

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

Advantages

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

Disadvantages

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

Set-Asides in Other Housing Projects

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

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

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

Advantages

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

Disadvantages

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

Lease Buy-Downs

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

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

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

Advantages

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

Disadvantages

- Developing contractual agreements can be complicated, time consuming, and expensive.
- Some funders are uncomfortable participating in a project with a long-term lease; many prefer ownership.
- It may be difficult to find property managers willing to enter into a long-term lease.
- Some communities have very few rental housing units available.

- If the rent differential is large, the cost of a lease buy-down may be high.
- Mainstream housing providers may have rules that disqualify the people you wish to assist.
- Different funding sources require different commitment periods (up to 51 years).

Master Leasing

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

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

Advantages

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

Disadvantages

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

Scattered-Site Acquisition

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

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

Advantages

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

Disadvantages

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

Group Homes or Other Shared Housing Arrangements

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

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

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

Advantages

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

Disadvantages

- Consumer surveys of people living with HIV/AIDS often indicate a preference for independent units over shared accommodations.
- If local demand for shared housing drops, it is very difficult to convert part of a shared house to a new use.
- Personality conflicts between housemates can be difficult to manage, especially when the residents have mental health and/or substance use issues.
- Some people are reluctant to live in an HIV/AIDS-only housing project.
- Confidentiality can be hard to maintain in a group living situation.
- Proper nutrition may not be maintained if the sponsor does not take some responsibility for assuring meal provision.

Independent Apartment Development Projects

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

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

Advantages

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

Disadvantages

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

Specialized Care Facilities

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

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

Advantages

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

Disadvantages

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

Appendix 3: Financing Sources for Affordable Housing

This section contains information and resources on financing affordable housing.

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

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

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

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

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

Information about each of the programs follows.

Community Development Block Grant (CDBG)

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

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

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

Emergency Shelter Grants (ESG)

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

The HOME Investment Partnerships Program (HOME)

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

Housing Opportunities for Persons with AIDS (HOPWA)

HOPWA is another program that comes under the Consolidated Plan process. HOPWA provides grant funds to state and local governments to design long-term, comprehensive strategies for meeting the housing needs of low-income people living with HIV/AIDS and their families. Participating jurisdictions have the flexibility to create a range of housing programs, including housing information services, resource identification, project- or tenant-based rental assistance, short-term rent, mortgage, and utility payments to prevent homelessness, housing and development operations, and support services. Ninety percent of HOPWA funds are awarded through formula grants, and the remaining 10 percent are awarded through a competitive grant program.

HOPWA Formula Grants

HUD awards 75 percent of HOPWA Formula Grant funds to eligible states and qualifying cities. Eligibility is based on the number of cases of AIDS reported by the Centers for Disease Control and Prevention as of March 31 of the year prior to the appropriation. Eligible metropolitan statistical areas (EMSAs) and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are diagnosed in a region. The remaining 25 percent of funds is allocated among metropolitan areas that have had a higher than average per capita incidence of AIDS.

HOPWA grantees may carry out eligible programs themselves, deliver them through any of their administrative entities, select or competitively solicit project sponsors, and/or contract with service providers.

HOPWA Competitive Grants

Competitive grants are awarded in the following categories:

- **Special Projects of National Significance (SPNS).** These projects are intended to be models for addressing the needs of low-income people living with HIV/AIDS and their families because of their innovation or ability to be replicated.
- **Long-Term Comprehensive Strategies for Providing Housing and Related Services.** Applications in this category can be submitted by state or local governments that are not eligible for HOPWA formula allocations during that fiscal year.

Homeless Assistance Continuum of Care

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

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

Supportive Housing Program (SHP)

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

Shelter Plus Care

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

Section 8 Moderate Rehabilitation Single Room Occupancy Dwellings (SRO)

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

Other HUD Programs

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

Supportive Housing for Persons with Disabilities (Section 811)

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

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

Section 8 Rental Assistance Programs

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

Public housing authorities can also designate up to 15 percent of their vouchers to be project-based in new construction or rehabilitated housing. Project-based vouchers stay with a particular unit, so that income-

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

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

eligible tenants can come and go, but the unit stays affordable. Tenants cannot take the vouchers away from the unit for use elsewhere.

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

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

Low Income Housing Tax Credits

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

Dollars of tax credit available are allocated to states based on population, currently equal to $1.25 per capita, and states administer their own competitive process for the credits. The Low Income Housing Tax Credit has become the primary federal resource for developing low-income housing. Tax credits funded approximately 750,000 units through 1999, and contribute to the development of approximately 62,500 additional units per year.[3]

[3] Kate Collignon, Expiring Affordability of Low-Income Housing Tax Credit Properties: The Next Era in Preservation, Neighborhood Reinvestment Corporation and the Joint Center for Housing Studies of Harvard University, October 1999.

Appendix 7: Consumer Survey Data

This section presents data from 874 HIV/AIDS consumer surveys that were completed by people living with HIV/AIDS in Palm Beach County. The purpose of the survey was to assess the housing needs and preferences of respondents. Individuals were asked questions pertaining to personal demographics, income and benefits, living situation, history of homelessness, housing preferences, etc. Findings from the survey are presented in the section *Survey Findings*. Copies of the survey tool in English, Spanish, and Creole can be found in Appendices 4, 5, and 6, respectively.

Overview

A vital component of the needs assessment process is soliciting consumer input. This needs assessment and planning process utilized three methods of consumer input: participation in the Steering Committee, including oversight of the needs assessment, setting priorities, and developing recommendations; group meetings of consumers to discuss housing issues; and a housing survey, the results of which are presented here.

Survey Process

The survey instrument was developed by AIDS Housing of Washington with guidance from the Steering Committee. Copies of the survey tool in English, Spanish, and Creole can be found in ***Appendices 4, 5, and 6***, respectively. Starting in July 2002, people living with HIV/AIDS throughout Palm Beach County were surveyed regarding their current and previous living situations, housing needs, and housing preferences. This survey utilized a convenience sample. Consumers received a $10 grocery voucher at Winn Dixie for completing the survey. The survey was available in English, Spanish, and Creole.

Surveys were distributed by the City of West Palm Beach to social service or housing programs that administered the survey. The following agencies were responsible for administering surveys:

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Florida Housing Corporation (Palm Beach Assisted Living Facility)
- Gratitude House
- Haitian American Community Council
- Haitian Center for Family Services
- Hope House of the Palm Beaches, Inc.
- Oakwood Center of the Palm Beaches, Inc.
- Pahokee Housing Authority
- Palm Beach County Health Department
- Revitalax Victorian
- Sistah to Sistah Recovery House

Consumer surveyors were also hired by AIDS Housing of Washington through the Housing Committee of the Palm Beach County HIV CARE Council. Sixteen people living with HIV/AIDS were hired and administered 370 surveys. Consumer surveyors contacted peers they knew or encountered through their community relationships to administer the surveys. In some cases, consumers worked with service providers to provide surveys to consumers at events or housing programs. Consumer surveyors were paid $10 per survey they administered to another person.

Presentation of Data

The majority of information is presented as frequencies or the number of times that respondents gave a response. In presenting subsections of information, the percentage of the actual number of responses to the question was used. Some of the results have been cross-tabulated to determine possible differences between respondent cohorts, such as between men and women.

A total of 874 completed surveys are included in the data presented here. Some individuals did not respond to one or more question(s). Because the number of non-responses varies from question to question, unless otherwise noted, all percentages listed in the Consumer Survey Data section of the *Palm Beach County HIV/AIDS Housing Plan* represent percentages of the entire sample of survey respondents or cohort of respondents. This presentation of the analysis is a more stable basis for comparison of responses to survey questions.

In tables in this section, a dash (—) is used to indicate no respondents, in lieu of 0 or 0 percent.

Reliability of Data

The survey was conducted primarily through outreach by agencies serving people living with HIV/AIDS. For this reason, people who are already receiving services are likely to be over-represented in this survey. However, in basic demographic characteristics, including age, race, gender, and region of residence, survey respondents are very similar to people known to be living with HIV/AIDS in general. For this reason, survey results may be considered reasonably representative of people living with HIV/AIDS in Palm Beach County.

The 874 surveys in the survey pool represents approximately 15 percent of the 5,958 individuals estimated to be living with HIV/AIDS in Palm Beach County. Compared to the demographic profile of those known to be living with AIDS in the area, the survey sample proportionately included:

- More African Americans/Blacks and fewer Whites/Caucasians
- More women and fewer men
- More people age 40 and older and fewer people ages 20 to 39

The primary purpose of the survey was to determine the housing needs and preferences of people living with HIV/AIDS in Palm Beach County. The results of this survey are but one of several sources of information gathered to help describe people living with HIV/AIDS and issues in their lives. This information is best utilized as one point of reference in the overall planning process.

Table A-1 compares selected demographic characteristics of people living with HIV/AIDS to those of survey respondents.

Table A-1:
Living HIV and AIDS Cases and Survey Respondents, by Selected Demographic Characteristics

	Living HIV and AIDS Cases		Survey Respondents	
	Number	**Percent**	**Number**	**Percent**
Race/Ethnicity				
White/Caucasian	1,497	25%	157	18%
African American/Black	3,976	67%	*620	71%
Hispanic/Latino	462	8%	60	7%
Asian and Pacific Islander	9	<1%	2	<1%
American Indian and Native Alaskan	2	<1%	3	<1%
Multiracial	N/A	N/A	15	2%
Other	N/A	N/A	9	1%
Unknown	12	<1%	8	1%
Total	**5,958**	**100%**	**874**	**100%**
Gender				
Male	3,682	62%	433	50%
Female	2,276	38%	419	48%
Transgender	N/A	N/A	11	1%
Unknown	N/A	N/A	11	1%
Total	**5,958**	**100%**	**874**	**100%**
Age at Diagnosis				
0–12	124	2%	1	<1%
13–19	136	2%	15	2%
20–29	1,087	18%	98	11%
30–39	2,250	38%	226	26%
40–49	1,510	25%	332	38%
50+	851	14%	164	19%
Unknown	N/A	N/A	38	4%
Total	**5,958**	**100%**	**874**	**100%**
Geographic Area				
Coastal Palm Beach County	5,206	87%	604	69%
Western Palm Beach County	752	13%	259	30%
Total	**5,958**	**100%**	**874**	**100%**

Source: Palm Beach County Health Department, personal communication, April 23, 2002. AIDS Housing of Washington calculated living HIV/AIDS data from living AIDS and living HIV case data. As of April 2002.

Note: Survey respondents in Western Palm Beach County include respondents living in Belle Glade, Pahokee, South Bay, and Canal Point. N/A indicates categories not used in epidemiological reporting.

* Includes 81 respondents who indicated they are Haitian.

Respondent Demographics

Gender

Respondents were asked to indicate their gender. Fifty percent of respondents (433) were male, 48 percent (419) female, and 1 percent (11) transgender.

Race/Ethnicity and Language

Respondents were also asked to indicate their race/ethnicity. Sixty-two percent of respondents identified as African American/Black, 18 percent of as White/Caucasian, 9 percent as Haitian, 7 percent as Hispanic/Latino/a, 2 percent as multiracial,[4] 1 percent as "other,"[5] less than 1 percent as American Indian/Alaskan Native; and less than 1 percent as Asian/Pacific Islander. Eight respondents (1 percent) did not answer this question.

The survey was offered in English, Spanish, and Creole versions. Just 2 people completed the survey using the Spanish form, and all the rest were completed in English. Case managers and others working to administer the survey reported using the English survey format, translated orally, for consumers who were not able to complete a written survey.

Respondents were asked for the language they use most frequently. Although 85 percent (746) reported that they speak English most of the time, 12 percent (103) reported a different primary language. The largest number—63 or 7 percent—reported that Creole is their primary language. Another 31 surveys (4 percent) were completed by people whose primary language is Spanish. Other languages reported were Vietnamese and a Guatemalan indigenous language, reported by one respondent each.

Age

Respondents were asked to indicate the year that they were born. From this information, we determined their ages. The median age of respondents was 41 years old, meaning that half were older and half were younger. Respondents ranged in age from 9 to 75 years old. Respondents included:

- 1 percent (1) aged 12 and younger
- 2 percent (15) aged 13 to 19
- 11 percent (98) between the ages of 20 and 29
- 26 percent (226) between the ages of 30 and 39
- 38 percent (332) between the ages of 40 and 49
- 19 percent (164) aged 50 and over

Four percent (38) of respondents did not respond to this question.

[4] Of respondents selecting "multiracial," 3 reported being White and Latino, 2 White and Native American, 2 African American, Native American, and White, and 1 African American and White.

[5] Of respondents reporting another race/ethnicity, the largest number (5) indicated they are Jamaican. Two are Mayan, 1 Hebrew, and 1 African.

City of Residence

Respondents were asked to identify the city or town in which they resided. Persons living with HIV/AIDS from 24 cities or towns responded to this survey.[6]

Table A-2 shows the number of respondents and percentage of all survey respondents from each city or town.

Table A-2:
City or Town of Residence

City or Town	Number of Respondents	Percent of All Respondents
West Palm Beach	315	36%
Belle Glade	211	24%
Riviera Beach	62	7%
Lake Worth	55	6%
Delray Beach	47	5%
Boynton Beach	24	3%
Pahokee	23	3%
South Bay	23	3%
Boca Raton	13	2%
Jupiter	12	1%
Lantana	10	1%
Lake Park	9	1%
Royal Palm Beach	6	1%
Canal Point	5	1%
Greenacres City	5	1%
North Palm Beach	5	1%
Palm Beach Gardens	4	1%
Palm Springs	4	1%
Fort Pierce (Martin County)	1	<1%
Haverhill	1	<1%
Highland Beach	1	<1%
Juno	1	<1%
Loxahatchee	1	<1%
Singer Island	1	<1%

Note: 35 respondents (4 percent) did not respond to this question.

[6] One respondent reported living in Fort Pierce in Martin County. This respondent was included in the survey data because s/he must have been in Palm Beach County, perhaps receiving services, in order to obtain the survey.

Income and Benefits

Income of Respondents

Respondents were asked to provide an estimate of their income. No restrictions were given on the source of income, so respondents made individual choices on whether to include wages, benefits, under-the-table work, and income from other sources, such as assistance from friends or family. Respondents were given the option of stating weekly or monthly income and expenses, since some people have a better sense of their weekly rather than monthly budget. For the sake of comparison, weekly budget information was converted into monthly figures.

The average income of respondents was $625 per month. The median income, the amount which divides the income distribution for all respondents into two equal groups, half having incomes above that amount, half having incomes below that amount, was $546 per month. ***Table A-3*** shows the monthly income reported by respondents.

Table A-3:
Monthly Income Reported by Respondents

Monthly Income	Number of Respondents	Percent of All Respondents
No income	118	14%
$1 to $250	33	4%
$251 to $500	93	11%
$501 to $750	269	31%
$751 to $1,000	105	12%
$1,001 to $1,250	57	7%
$1,251 to $1,500	20	2%
$1,501 or more	25	3%

Note: 154 respondents (18 percent) did not respond to this question.

Table A-4 shows the median income for respondents, not including contributions from others in the household, by, race/ethnicity, and gender.

Table A-4:
Median Monthly Income Reported by Respondents, by Race/Ethnicity and Gender

Demographic Category	Median Income of Respondents
Race/Ethnicity	
White/Caucasian	$732
Hispanic/Latino/a	$635
African American/Black	$545
Haitian	$545
Gender	
Male	$585
Female	$545

Sources of Income and Assistance

Respondents were asked if they received financial benefits. Seventy percent (613) of respondents indicated that they received some form of financial benefits or income, while 30 percent (261) did not indicate any sources of financial benefits or income. ***Table A-5*** presents the sources of income and financial benefits reported by respondents.

Table A-5:
Income and Financial Benefits Received by Respondents

Income and Financial Benefits Received	Respondents Receive	
	Number	Percent
Supplemental Security Income (SSI)	255	29%
Paid for work	217	25%
Food Stamps	212	24%
Social Security Disability Insurance (SSDI)	188	22%
Other kind of income or benefits	95	11%
TANF (Temporary Assistance for Needy Families)	28	3%
Veteran's benefits	18	2%
Retirement income	13	2%

Note: 9 percent (74) of respondents did not answer this question.

Of respondents receiving Food Stamps, almost half (46 percent) reported this as their only financial benefit on this list.

Female respondents were more likely to receive SSI, TANF, and Food Stamps than male respondents. Male respondents were more likely to receive SSDI, Veterans Benefits, and retirement income than female respondents.

Employment

Respondents were asked to indicate whether they were paid for doing any work. Almost a quarter (24 percent or 209) of respondents worked for pay, while 72 percent (627) did not. Four percent (38) did not answer this question. Men reported working for pay more frequently than women, with 30 percent of men working for pay compared to 19 percent of women.

Those respondents who worked for pay were asked how many hours they usually work each week. The median response was thirty hours, meaning that half usually worked more hours per week, and half usually worked fewer. The most hours reported was eighty per week, and the fewest was two per week. ***Table A-6*** presents responses in ranges.

Table A-6:
Number of Hours Usually Worked Per Week

Hours Worked Per Week	Number of Respondents	Percent of All Respondents
5 or fewer	11	1%
6 to 10	16	2%
11 to 20	36	4%
21 to 30	30	3%
31 to 40	70	8%
41 or more	13	2%

Note: 698 respondents (80 percent) did not respond to this question. 627 had previously indicated they do not work for pay.

Medical Benefits and Expenses

Eighty-one percent (709) of respondents indicated that they received some form of medical benefits, while 16 percent (142) indicated that they did not receive benefits. Three percent (23) of respondents did not answer this question. ***Table A-7*** presents the medical benefits received by respondents.

Table A-7:
Medical Benefits Received by Respondents

Medical Benefit	Respondents Receive	
	Number	Percent
Medicaid	437	50%
Medicare	167	19%
No insurance	142	16%
State AIDS Drug Assistance Program (ADAP)	139	16%
Other insurance	81	9%
Private health insurance	65	7%
Private disability insurance	10	1%

Note: 3 percent (23) of respondents did not answer this question.

Of respondents reporting that they participate in the state AIDS Drug Assistance Program (ADAP), two-thirds reported only this medical benefit.

Female respondents reported Medicaid more frequently than males, with 62 percent of females receiving Medicaid compared to 41 percent of males. Males were more likely to received Medicare (24 percent versus 15 percent), and to be enrolled in the ADAP program (22 percent compared to 11 percent of females).

Respondents were asked to indicate the amount of money they paid each month for various categories of expenses, including health care and medications. The median monthly expense reported for health care and medications was $0, while the average was $31. The maximum reported was $1,000, and the minimum was $0.

Household Financial Management

Respondents were asked how they pay their rent and utility bills. ***Table A-8*** presents their responses.

Table A-8:
Means of Paying Rent and Utility Bills

Payment Method	Number of Respondents	Percent of All Respondents
Pays cash	285	33%
Buys money orders	220	25%
Does not pay bills	192	22%
Writes checks from checking account	101	12%
Partner or a family member handles money on behalf of respondent	31	4%
Pays bills another way	25	3%
Social service agency handles money on behalf of respondent	24	3%
Friend handles money on behalf of respondent	9	1%

Note: 42 respondents (5 percent) did not respond to this question.

Current Housing Situation

Household Composition

Respondents were asked with whom they lived. Some respondents checked more than one answer. ***Table A-9*** details the current household composition of respondents.

Table A-9:
Current Household Composition

Current Household Composition	Number of Respondents	Percent of All Respondents
Alone	288	33%
Child or children	205	24%
Husband/wife/partner	130	15%
Mother, father, cousin, grandparent, in-laws, or other family members	114	13%
One or more friends or other adults	83	10%
Other residents of a group home, shelter, hospital, jail, or prison	58	7%
Other people	32	4%

Note: 19 respondents (2 percent) did not respond to this question completely.

Five percent of respondents (44) checked more than one response. The majority of those, 34 people or 4 percent of all respondents, indicated that they live with their spouse or partner and child or children.

Men were much more likely to be living alone than women, with 45 percent of men living alone compared to 22 percent of women. Women were six times more likely to be living with children than men, with 42 percent of women reporting a child or children in their household, compared to just 7 percent of men.

Hispanic and Haitian respondents were less likely to live alone than White/Caucasian and African American/Black respondents. Eighteen percent of Hispanic respondents and 27 percent of Haitian respondents lived alone, compared to 36 percent of White/Caucasian and African American respondents. African American/Black, Hispanic, and Haitian respondents were much more likely to be living with a child or children than White/Caucasian respondents (27, 26, and 35 percent compared to 10 percent, respectively).

Respondents were asked about the number of people living with them in their apartment or home. Respondents were asked to list people ages 18 and older and children 17 and younger separately. The average total number of people living with the respondent was 2.7. The median number of total people living with respondents was 2, meaning half of respondents lived with two or fewer people and half lived with two or more. The median number of people ages 18 and older was 1, and the average number of children ages 17 and younger was 1.

Table A-10 presents responses regarding the number of adults living with the survey respondent.

Table A-10:
Number of Adults Living with Respondent

Number of Adults	Number	Percent
One	176	20%
Two	131	15%
Three	60	7%
Four	36	4%
Five	4	1%
Six	9	1%
Seven	1	<1%
Eight	3	<1%
Nine	1	<1%
Fourteen	2	<1%
24 to 200	7	1%

Note: Includes people ages 18 and older living with respondent. 163 respondents (19 percent) reported living with no other adults. 281 respondents (32 percent) did not answer this question.

Table A-11 presents the number of people aged 17 or younger living with the respondent. Respondents were asked to report any children or youth in the household, not necessarily their biological or custodial children.

Table A-11:
Number of Children and Youth Living with Respondent

Number of Children or Youth	Number	Percent
One	92	11%
Two	92	11%
Three	57	7%
Four	29	3%
Five	10	1%
Six	6	1%

Note: 216 respondents (25 percent) reported living with no children or youth. 372 respondents (43 percent) did not answer this question.

Table A-12 presents the total numbers of people reported to be living with respondents.

Table A-12:
Total Number of People Living with Respondent

Number of People	Number	Percent
One	119	14%
Two	115	13%
Three	90	10%
Four	73	8%
Five	23	3%
Six	22	3%
Seven	11	1%
Eight	9	1%
Nine	3	<1%
Ten	3	<1%
Eleven	1	<1%
Fourteen	2	<1%
24 to 200	7	1%

Note: Calculated by AIDS Housing of Washington from the number of adults and children reported. 115 respondents (13 percent) reported living with no other people. 281 respondents (32 percent) did not answer this question.

Housing Type

Respondents were asked what kind of place they lived in. ***Table A-13*** presents all housing situations by respondents. Respondents were allowed to select just one type of housing situation.

Table A-13:
Current Housing Situation of Respondents

Current Housing Situation	Number of Respondents	Percent of All Respondents
Rent an apartment, house, condo, or mobile home	451	52%
Own a house, condo, or mobile home	103	12%
Rent a room	76	9%
An assisted living facility (ACLF)	50	6%
House, apartment, condo, or other home where I get help for my HIV infection or AIDS	48	6%
With friends or relatives, can stay as long as needed	43	5%
A residential alcohol or drug treatment program	19	2%
With friends or relatives, can stay only a short while*	16	2%
The streets, in parks, or in a car*	14	2%
Rent in a hotel/motel by the month or week*	9	1%
House, apartment, condo, or other home where I get help for a mental illness	8	1%
A shelter*	6	1%
Jail/prison	1	<1%
A nursing home	—	—
Other kind of place	11	1%

* People living in these situations are considered homeless or at risk of homelessness.

Five percent of all respondents were on the streets, in shelters, in a hotel/motel, or staying with friends or family on a time-limited basis when they completed the survey—each of these individuals are considered homeless or at risk of becoming homeless.

Responses from men and women were similar for most housing types, with a few differences. Men were about twice as likely to be renting a room than women, with 12 percent of men versus 6 percent of women giving this response. Women were somewhat more likely to be renting a house, apartment, or condo than men (58 percent compared to 47 percent). Finally, a greater proportion of men (9 percent) than women (3 percent) were in an assisted living facility (ACLF).

A larger proportion of White/Caucasian respondents (23 percent) were homeowners than African American/Black respondents (9 percent), Hispanic respondents (9 percent), or Haitian respondents (12 percent).

Respondents were asked how many bedrooms their current housing has. ***Table A-14*** presents responses to that question.

Table A-14:
Number of Bedrooms in Respondent's Current Home

Number of Bedrooms	Number of Respondents	Percent of All Respondents
Zero	19	2%
One	247	28%
Two	267	31%
Three	198	23%
Four	43	5%
Five	12	1%
Six or more	16	2%

Note: 72 respondents (8 percent) did not respond to this question.

The survey included a question about the number of bedrooms in order to gather information regarding overcrowding. Although different individuals and cultures define overcrowding differently, in general HUD considers two people per bedroom to be a capacity maximum for housing. The determination may vary depending on whether the residents are adults or children, but this is a general rule. Because federal funding sources include regulations about the number of occupants per bedroom, the 16 percent of respondents (140) who were residents in some form of subsidized housing were excluded from further examination of occupancy.[7]

For all other respondents, the number of total people in the household (the respondents and the people they reported living with them) was compared to the number of bedrooms they reported. Nearly half of respondents (413) had two or fewer people per bedroom in their household, but 8 percent (70) had more than two people per bedroom in their household. This relationship could not be calculated for 19 respondents (2 percent) who reported having zero bedrooms, or for 27 percent of respondents (232) who did not complete all of the relevant questions completely.

Cost of Housing

Respondents were asked about their expenses for rent or mortgage and for utilities, including gas, electric, water, and phone. Respondents had the option of reporting expenses either monthly or weekly. Weekly figures were converted into monthly amounts by assuming they stay constant throughout the year for the sake of comparison, even though household expenses are known to fluctuate. Using reported information, AIDS Housing of Washington calculated both respondents' total monthly housing costs (including rent or mortgage and utilities) and the percentage of monthly income paid toward housing costs. ***Table A-15*** presents monthly housing cost data and housing costs presented as a proportion of income. For more detailed information about income, please see the section entitled *Income of Respondents* presented previously.

[7] This includes all respondents who reported living in HIV/AIDS housing, a mental health residential program, a substance use treatment or recovery residential program, an assisted living facility, a nursing home, a shelter, or a jail or prison. In addition, respondents who reported being homeless or living in an "other kind of place" were excluded.

Table A-15:
Monthly Housing Costs

Expense Item	Median
Monthly rent or mortgage payment	$200
Monthly utility cost: gas, electric, water, and phone	$92
Total monthly housing costs: rent and utilities*	$300
Percentage of monthly income paid for housing costs*	54%

Note: 154 respondents (18 percent) did not answer this question completely.
*AHW calculations

Table A-16 presents monthly median rent or mortgage, utilities, total housing costs, and percentage of income paid toward housing costs for several demographic groups.

Table A-16:
Median Monthly Housing Costs by Selected Demographic Groups

Demographic Group	Median Monthly Rent/Mortgage	Median Monthly Utility Cost	Median Total Monthly Housing Cost	Median Percentage of Income for Housing Cost
Gender				
Female *(n=419)*	$145	$102	$280	54%
Male *(n=433)*	$250	$68	$366	55%
Race/ethnicity				
White/Caucasian *(n=157)*	$391	$100	$490	60%
African American/Black *(n=539)*	$150	$90	$264	50%
Hispanic/Latino *(n=60)*	$300	$68	$350	55%
Haitian *(n=81)*	$230	$100	$270	55%
Geographic Region				
Glades Region *(n=262)*	$100	$150	$255	49%
Other areas *(n=612)*	$275	$64	$357	58%

Note: Total monthly housing cost was calculated by AIDS Housing of Washington by adding together the respondent's monthly rent or mortgage payment and utility expenses. Glades Region includes respondents living in Belle Glade, Pahokee, South Bay, and Canal Point.

A household is considered to be experiencing a "housing cost burden" when it is paying more than 30 percent of its monthly income on housing expenses, which include rent/mortgage and utilities. A household is considered to be experiencing a "severe housing cost burden" when it is paying more than 50 percent of its monthly income on housing expenses.

Among survey respondents, the average monthly housing cost burden was 59 percent, while the median monthly housing cost burden was 54 percent. Twenty-eight percent (242) of respondents paid more than 50 percent of their monthly household income on housing costs, 9 percent (81) paid less than 30 percent, and 13

percent (110) paid 31 to 50 percent. Fourteen percent of respondents (118) reported having no income, so this could not be calculated. Thirty-seven percent (323) of respondents did not provide enough information for housing cost burden to be calculated.

Rental Assistance

Respondents were asked if the government or another organization paid or helped pay for their housing. Half (439) said they were receiving no housing assistance, and 2 percent were not sure. Forty-five percent of respondents (397) were currently receiving some sort of housing or rental assistance. The types indicated were as follows:

- 22 percent (190) were receiving assistance through HOPWA (Housing Opportunities for Persons with AIDS).
- 10 percent (87) were using a Section 8 certificate or voucher.
- 5 percent (45) lived in a home for people living with HIV infection or AIDS.
- 4 percent (37) were receiving assistance but were not sure of the type.
- 4 percent (34) lived in subsidized or public housing.
- 3 percent (25) received rental assistance from another source.

However, respondents' report of housing assistance may vary from the determination a housing provider might make for them. For example, of the 48 people who had previously indicated that they live in HIV/AIDS housing, responses related to rental assistance were as follows:

- 17 reported they received HOPWA assistance.
- 14 reported they live in a home for people living with HIV/AIDS.
- 7 indicated they had Section 8.
- 6 reported that they receive no rental assistance.
- 5 reported they were not sure of the source of rental assistance.
- 4 reported that they were in subsidized housing.
- 3 reported that they were not sure if they received assistance.

Table A-17 presents median rent, utility, and total housing cost information for respondents, by category of response regarding housing assistance.

Table A-17:
Median Monthly Rent/Mortgage, Utilities, and Total Housing Costs by Selected Types of Housing Assistance

	Median Monthly Rent/Mortgage	Median Monthly Utilities	Median Total Monthly Housing Expenses
All respondents *(n=720)*	$200	$92	$300
No housing assistance *(n=439)*	$340	$75	$466
Any type of housing assistance *(n=397)*	$100	$100	$234
Subsidized housing *(n=34)*	$124	$150	$301
Section 8 *(n=87)*	$112	$100	$233
HOPWA *(n=190)*	$89	$150	$243
HIV/AIDS housing *(n=45)*	$0	$0	$0

Finally, women reported receiving rental assistance more frequently than men, with 52 percent of women receiving rental assistance compared to 42 percent of men.

Respondents were asked if they were on a waiting list for the government or another organization to pay all or part of their housing costs. The majority, 71 percent or 623, said they were not on a waiting list, and 7 percent (58) were not sure. Eighteen percent (159) of respondents were on a waiting list for some sort of housing or rental assistance. The types indicated were as follows:

- 13 percent (109) were on a waiting list for a Section 8 certificate or voucher.
- 3 percent (23) were on a waiting list for HOPWA (Housing Opportunities for Persons with AIDS).
- 3 percent (22) were on a waiting list for subsidized or public housing.
- 2 percent (13) were on a waiting list but were not sure of the type.
- 1 percent (9) were on a waiting list for a home for people living with HIV infection or AIDS.
- 1 percent (5) were on a waiting list for another source of assistance.

Of the people who reported being on a waiting list for housing assistance, 61 percent (94) reported receiving rental assistance of some type currently, while 39 percent (60) were not receiving housing assistance. The most commonly reported type of housing assistance received by respondents on waiting lists for housing assistance was HOPWA, received by 56 of the 94.

Males and females were approximately equally likely to be on a waiting list for housing assistance, at 18 and 20 percent, respectively.

Related Housing Issues

Housing Stability

Respondents were asked whether they had moved in the last three years, and if so, how many times. Frequent moves can be an indicator of housing instability and other complicating factors. Forty-one percent (355) of respondents had moved within the past three years, and 57 percent (500) had not. Thirteen percent had moved once, 11 percent had moved twice, 6 percent had moved three times, and 6 percent had moved four or more times in the past three years.

Homelessness

Respondents were asked if they had ever been homeless. Homelessness was further defined as "without a regular place to stay the night." More than one-third (304) of respondents indicated that they had been homeless at some point in their past, and 62 percent (540) indicated they had not. Three percent (30) did not answer this question.

Thirty-one percent of female respondents had been homeless while 41 percent of male respondents had been homeless. White/Caucasian respondents were most likely to report prior homelessness (46 percent), followed by African Americans/Blacks (37 percent), Hispanics (27 percent) and Haitians (15 percent).

People who reported having their daily lives affected by their substance use were more likely to report having been homeless than other respondents: 55 percent had been homeless compared to 40 percent of people whose daily lives were not affected by their substance use. Finally, people who reported that their daily lives were affected by their mental illness were much more likely to report prior homelessness than other respondents: 63 percent versus 39 percent of other respondents.

Respondents who had been homeless in the past were asked about the reasons they had become homeless. Respondents were asked to choose from a list of possible reasons why they had become homeless, and could choose as many as applied. Responses were as follows:

- 14 percent (122) became homeless because they had *no income* from a job or benefit checks.
- 9 percent (81) became homeless after being sick.
- 9 percent (78) became homeless for another reason.
- 7 percent (61) became homeless because they did *not have enough* income from a job or benefit checks.
- 5 percent (44) became homeless because they were evicted.
- 5 percent (40) became homeless because they moved to a new area and had no money, friends, or family.
- 4 percent (38) became homeless after being released from jail or prison.
- 4 percent (38) became homeless because family or a partner or roommate made them move.
- 3 percent (22) became homeless because of domestic violence.
- 1 percent (12) became homeless because they were living in a building or apartment that was sold or demolished.

Other Conditions

Respondents were asked if they had any conditions affecting their daily life[8], and, if so, to indicate the condition. More than two-thirds (600) of respondents indicated they did, while 28 percent (244) indicated they did not. Thirty people (3 percent) did not respond to the question. Respondents who indicated one or more conditions are presented in ***Table A-18***.

Table A-18:
Conditions Affecting Daily Life

Condition	Number of Respondents	Percent of All Respondents
HIV/AIDS	507	58%
Physical impairment	125	14%
Drug and/or alcohol use	78	9%
Mental illness	71	8%
Developmental disability	44	5%
Blindness	11	1%
Deafness	9	1%
Something else	66	8%

Note: 30 respondents (3 percent) did not respond to this question.

Two percent of respondents (13) reported being affected by *both* their mental illness and substance use.

[8] This question was phrased "Do you have any conditions that make your day-to-day life difficult?".

Barriers to Housing

Respondents were asked whether they have any conditions that impact their housing needs or ability to get and keep housing. Forty-seven percent (410) indicated that they did, and 49 percent (425) indicated that they did not. ***Table A-19*** presents responses to options that were given.

Table A-19:
Conditions Impacting Housing Needs or Ability to Get and Keep Housing

Condition	Number	Percentage
Symptoms of HIV/AIDS	304	35%
Depression or mental illness	110	13%
Physical impairment	82	9%
Cognitive impairment	52	6%
Another condition	52	6%

Note: 49 percent (425) indicated they had no conditions that impact their housing needs or ability to obtain or maintain housing.

Respondents were asked whether they had been discriminated against when trying to obtain housing. Fifteen percent of respondents (130) indicated that they had been discriminated against when trying to obtain housing, while 81 percent (710) indicated they had not. Four percent of respondents (34) did not answer the question. Those respondents who said they had been discriminated against were asked to check all of the reasons they had been discriminated against in a list of factors. ***Table A-20*** presents the reasons listed.

Table A-20:
Respondents Reporting Housing Discrimination, by Type of Discrimination Identified

Type of Discrimination	Number	Percentage
Health: HIV infection or AIDS	60	7%
Race or ethnic background	47	5%
Sexual orientation	24	3%
Disability or handicap	11	1%
Number of children or people in family	10	1%

Note: 81 percent of respondents (710) indicated they had not experienced discrimination, while 4 percent (34) did not answer the question.

Respondents who reported experiencing housing discrimination were asked how they had responded to the discrimination when it happened. ***Table A-21*** presents information from selected responses.

Table A-21:
Responses to Housing Discrimination

Response to Discrimination	Number	Percent
No direct response to discrimination	41	5%
Moved to other housing	29	3%
Discussed situation with case manager	17	2%
Spoke with the landlord to resolve the problem	10	1%
Accessed legal assistance from an agency such as Legal Aid of Palm Beach County	7	1%
Filed a complaint with HUD	5	1%
Another response	24	3%

Note: 15 percent of respondents (130) reported having experienced housing discrimination on an earlier question.

Respondents were asked if they had experienced any other problems in obtaining housing. Respondents were given a list of reasons and asked to check all the reasons that related to their housing trouble. Thirty-six percent of respondents (313) had experienced one of the problems listed in getting housing, while 58 percent (503) had not.

Table A-22 presents the frequency with which respondents indicated each reason.

Table A 22:
Reasons for Trouble Obtaining Housing

Type of Barrier	Number of Respondents	Percent of All Respondents
Not enough money for security deposit, and first and last months' rent	182	21%
No transportation to search for housing	107	12%
Poor credit history	87	10%
No telephone to call about housing	82	9%
Another reason	50	6%
Alcohol or drug use	48	6%
Poor rental history	38	4%
Criminal history	35	4%
Immigration status	14	2%
Landlords would not accept a Section 8 voucher	14	2%
Mental illness	12	1%

Note: 503 respondents (58 percent) indicated they had not experienced trouble in obtaining housing.

Support Services

Mental Health Services

Respondents were asked whether they had help from any of the following mental health staff or programs in the three months prior to completing the survey. The majority (54 percent or 470) of respondents reported having participated in one or more programs. Responses by program were as follows:

- 37 percent (325) had been in an HIV/AIDS support group.
- 24 percent (205) had seen a mental health counselor or therapist.
- 20 percent (173) had been in another kind of support group.
- 15 percent (131) had seen a psychiatrist for medication to help with a mental illness.
- 5 percent (43) had been in a group home or apartment for people with mental illness.
- 5 percent (42) had been in a psychiatric hospital.
- 9 percent (80) had been in some other program.

White/Caucasian respondents were most likely to report participation in one or more mental health programs, with 73 percent, followed by Hispanics (60 percent), African Americans/Blacks (51 percent), and Haitians (38 percent).

Respondents living in the Glades region (Belle Glade, Pahokee, South Bay, or Canal Point) were almost half as likely to have participated in mental health services in the three months prior, compared to residents of other parts of the County: 37 percent versus 61 percent.

Substance Use Treatment and Recovery

Respondents were asked whether they had help from the following types of alcohol or drug recovery or treatment programs in the three months prior to the survey. Almost three-quarters of respondents (74 percent or 644) did not indicate participation in any of the programs listed. Twelve percent indicated participation in one type of program, 6 percent in two types of programs, and 9 percent reported participation in three to five types. Responses by type of program are listed below:

- 20 percent (177) had participated in a 12-step program (Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, or other).
- 15 percent (134) had participated in a drug and alcohol counseling program.
- 10 percent (88) had been in a residential treatment or recovery program.
- 5 percent (40) had participated in medical detoxification.
- 5 percent (47) had participated in another type of program.

White/Caucasian respondents were most likely to report participation in one or more alcohol and/or drug programs, with 34 percent, followed by African Americans/Blacks (28 percent), Hispanics (25 percent), and Haitians (4 percent).

Residents of the Glades region (Belle Glade, Pahokee, South Bay, or Canal Point) were less than half as likely as other respondents to have participated in a drug and/or alcohol treatment or recovery program in the past three months: 13 percent versus 32 percent.

Respondents who had been in a residential treatment or recovery program were asked whether they received enough information about sources of assistance in the community when they graduated from the residential program. Of the respondents answering this question, responses were almost evenly split: 54 percent (104) responded that they had gotten enough information about sources of assistance, while 46 percent (88) indicated they had not.

Respondents were asked whether they had tried to access an alcohol or drug program in the past twelve months. Sixteen percent (137) had, while three-quarters (655) had not. Nine percent (82) did not answer this question. Those who had tried to access such a program in the past year were asked about the availability of services at the time they attempted to access them. Responses were as follows:

- 11 percent (95) reported that treatment was available immediately or very soon after they tried to access it.
- 5 percent (45) reported that it was not available at that time.
- 4 percent (32) reported that it was available but that there was a long wait.

Post-Incarceration

All respondents were asked whether they had gotten enough information about finding help when they were released from prison or jail, if they had been released from prison or jail in the past twelve months. Responses were as follows:

- 15 percent (129) indicated they had not gotten enough information.
- 7 percent (65) indicated they had gotten enough information upon release.
- 70 percent (612) indicated that this question did not apply to them.
- 8 percent (68) did not answer the question.

Use of and Need for Other Support Services

Respondents were asked about what support services they were receiving and what services they needed. Specifically, given a list of services, respondents were asked which services they were currently receiving enough of, services currently received but not enough, services they needed but were not able to access, and which services they did not need. It is important to look at all four responses for each type of service, since a service may be both available to many and needed by many. In some cases, a small number of responses can be a better indicator of the quantity of services needed than the importance of the services for those who need them.

Table A-23 shows the results for all respondents. The percentage indicates the portion of respondents who gave a particular answer. The **bold and underlined** numbers show the services receiving a particular response most frequently. For example, the three services respondents most frequently cited as receiving enough of were: HIV/AIDS medications, case management, and medical care. The three services most frequently listed as being needed but not accessible were: food vouchers or food pantry, dental care, and transportation assistance.

Table A-23:
Support Services Received and Needed, for All Respondents

Type of Service	Currently Receiving Enough	Currently Receive, but Not Enough	Need, but Not Able to Access	Don't Need
Food vouchers or food pantry	26%	**28%**	**27%**	**14%**
Transportation, such as taxi or bus vouchers	37%	15%	**18%**	**21%**
Buddy companion services	9%	4%	12%	**61%**
Case management	**56%**	13%	13%	11%
Medical care	**52%**	**16%**	13%	10%
Dental care	40%	**19%**	**21%**	10%
HIV/AIDS medications	**57%**	12%	11%	10%

Note: Percentages may not add to 100 where respondents skipped questions.
Percentages that are bold and underlined indicate the three services that were most frequently cited in each category.

Housing Preferences

Comparing Housing Options

The information included in this section represents only those who responded to each housing option question, not the entire survey sample, unless otherwise indicated. In each table, the number (n) of respondents to each question is indicated.

Respondents were presented with a series of choices and asked to indicate their preferred option in each set. Making choices about a large budget item such as housing often involves choosing between what is possible. Without practical constraints, consumers might make other choices; the intent of the paired choices is to get closer to the kinds of compromises that consumers often make.

The first question asked respondents to indicate, given their situation "right now," if they would rather stay where they are, or move to another place. This question is asked to get a sense of consumer satisfaction with their housing, or that it is appropriate to their needs. The majority of respondents indicated that they would rather move than stay where they are. Responses are given in ***Table A-24***.

Table A-24:
Responses to Staying or Moving Housing Options Pair, for Total Respondents and by Gender

Option	Total Respondents	Male	Female
Right now, would you rather:	*N=846*	*N=424*	*N=407*
Stay where you are, **or**	61%	63%	60%
Move to another place	39%	38%	40%

The remaining housing preference questions presented pairs of options and asked respondents for their preference "if (they) had to move next month." The intent of framing the question this way was to have respondents base their decision on current health and income, and also imagine having some time to plan ahead. The responses to these pairs are given in ***Tables A-25 through A-29***.

The first pair which asked the respondent to imagine if they had to move next month focused on living alone versus sharing with other people. In most housing markets, living alone means paying more rent than sharing housing, so the issue of paying more rent was included in the question. The majority of respondents would have preferred living in a place of their own to sharing a place with other people, even if it meant paying more rent. Women preferred living in a place of their own even more strongly than men, with 86 percent of women indicating this preference.

Table A-25 presents the results of this pair.

Table A-25:
Responses to Living Independently or Sharing Housing Options Pair, for Total Respondents and by Gender

Option	Total Respondents	Male	Female
If you had to move next month, would you rather:	*N=815*	*N=405*	*N=395*
have a place of your own even if it means paying more rent, **or**	83%	80%	86%
share a place with other people	17%	20%	14%

This stated preference differs from the present living situation of most survey respondents. Because people's preference of household members they would include in a place of their own, it is difficult to know exactly who sees themselves as having shared living.

Next, respondents were asked to compare moving in with family or friends versus moving into a shared HIV/AIDS housing facility. The majority of respondents indicated that they would rather move to live with family or friends than to share an HIV/AIDS housing facility. However, more than a quarter indicated they would move into an HIV/AIDS housing facility. ***Table A-26*** presents responses to this survey question.

Table A-26:
Responses to Shared Housing Options Pair, for Total Respondents and by Gender

Option	Total Respondents	Male	Female
If you had to move next month, would you rather:	*N=758*	*N=387*	*N=357*
Move in with family or friends, **or**	73%	71%	75%
Move into shared housing with other people who are living with HIV in a building that was designed for people living with HIV	27%	30%	25%

Table A-27 presents the preferences expressed between living in an apartment building where only people with HIV/AIDS live, versus an apartment where people of any HIV status could live.

Table A-27:
Responses to HIV/AIDS Housing Options Pair, for Total Respondents and by Gender

Option	Total Respondents	Male	Female
If you had to move next month, would you rather:	*N=813*	*N=407*	*N=391*
live in an apartment building where *only* people with HIV/AIDS live, **or**	17%	19%	14%
live in an apartment building where different kinds of people live together, whether they have HIV or not	83%	81%	86%

The majority indicated they would prefer living in an apartment building that might include but was not limited to people living with HIV/AIDS.

The next pair of options explored consumer preferences for onsite support services. Support services were left undefined because different types of support services are appropriate for different segments of the population, and the intent was to measure preference for supportive versus independent housing. The majority of respondents favored support services on site. ***Table A-28*** presents preferences related to support services on site.

Table A-28:
Responses to Support Services Housing Options Pair, for Total Respondents and by Gender

Option	Total Respondents	Male	Female
If you had to move next month, would you rather:	*N=823*	*N=407*	*N=401*
Live in an apartment building with support services on site, **or**	66%	68%	63%
live in an apartment building with *no* support services on site	35%	32%	37%

The final pair of options deals with interest in support services, regardless of location. ***Table A-29*** presents responses to this pair.

Table A-29:
Responses to Independent Living Housing Options Pair, for Total Respondents and by Gender

Option	Total Respondents	Male	Female
If you had to move next month, would you rather:	*N=823*	*N=413*	*N=395*
Live independently with no regular services, **or**	47%	42%	50%
Live independently and see an agency staff person regularly for help with things like housekeeping, advocacy with your landlord and neighbors, budgeting, or taking medications	54%	58%	50%

Housing Services

Respondents were asked if they would use various housing services. The number and percentage of respondents indicating they would use each of the housing services are given in ***Table A-30***.

Table A-30:
Respondents Indicate They Would Use These Housing Services, by Number and Percent

Potential Services	Number	Percent
Lists of apartments or houses that you might be able to afford	593	68%
A person to help you with your housing if your situation changes	510	58%
Help fixing problems with your credit history	453	52%
Someone to help you write checks and pay bills so housing essentials get paid first	220	25%
Roommate referral services	186	21%
Other kind of housing service	134	15%

Respondents had the opportunity to write in suggestions for other kinds of housing services. Where several respondents wrote in suggestions that were clearly the same, these were combined and paraphrased, with the number of times each was given in parentheses. Other suggestions follow, as they were written:

- Section 8 or help accessing Section 8 (10)
- Any help available (6)
- Housekeeping: cleaning and cooking (6)
- Rental assistance (4)
- Homeownership opportunities (4)
- Food assistance, including Meals on Wheels (4)
- Medical assistance (2)
- Halfway house (2)
- Transportation (2)
- Bill payment
- Utilities
- Temporary housing
- HIV housing
- Low rent apts
- Free apartment complex.
- Find better housing with no drugs.
- Apts available for families
- HUSF
- Outdoor lawn service
- Maintenance that works
- Money management.
- Someone to check on me if I get sick.
- CAP
- CAP or Hope House.

Respondents were asked if they would attend workshops on various housing topics. The number and percentage of respondents indicating they would attend each workshop are given in ***Table A-31***.

Table A-31:
Respondents Indicate They Would Attend Housing Workshops, by Number and Percent

Workshop Topic	Number	Percent
Buying a home of your own	467	53%
Repairing your credit	432	49%
Reading and understanding a lease document	419	48%
Making basic home repairs	377	43%
Agreeing to house rules with roommates	212	24%
Choosing a roommate	196	22%
Other workshop	92	11%

Note: 106 respondents (12 percent) did not respond to this question completely.

Respondents had the opportunity to write in suggestions for other kinds of housing workshops. Where several respondents wrote in suggestions that were clearly the same, these were combined and paraphrased, with the number of times each was given in parentheses. Other suggestions follow, as they were written:

- Employment services: job counseling, maintaining benefits and working, job placement (4)
- Any (3)
- Education: GED and college (3)
- Job skills: computer classes, bookkeeping/accounting (3)
- Life skills: housekeeping and budgeting (3)
- Crafts, such as cabinet building (2)
- Healthy living: cooking, relaxing, massage, yoga (2)
- HIV (2)
- Not sure (2)
- English
- Immigration
- Planning for hospice
- Habitat for Humanity, down payment info

Homeownership

Respondents were asked whether they were interested in owning their own home. Sixty-one percent (537) were interested in owning their own home, and 33 percent (288) were not. Six percent (49) did not answer this question.

Respondents interested in owning their own home were asked about the likelihood that they would own their own home in the next three years. Eleven percent (100) indicated it was "very likely," 13 percent (109) that it was "somewhat likely," 14 percent (126) that it was "somewhat unlikely," and 24 percent (208) that it was "very unlikely." Thirty-eight percent of respondents (331) did not answer this question.

Other Comments

Respondents were invited to add any comments, which are included as written with spelling and grammatical errors. Edits were made solely to preserve confidentiality, and are marked with [brackets]. Comments have been sorted by theme as identified by AIDS Housing of Washington for ease of review. Comments may address more than one theme, and the theme identified may be different than that which the writer might have identified. An attempt was made to group comments that seem related within these themes, again to simplify review for the reader, but no ranking or priority is intended by the order of comments.

Housing

- We need more not-for-profit housing developers in PBC to help create additional housing opportunities.
- Help to get Section 8 or money to help pay rent.
- We need more help with housing people in Florida.
- To have you build houses for clients with a payment plan til the house becomes theirs in the future
- I'd like Section 8 to work faster, waiting list is too long.
- I think I need housing help to get Section 8.
- Housing is hard in.Palm Beach County when your income is not enough and your family is not aware of your illness. also, for clients who don't have addiction problems and a basic problem is rent (housing)
- The building I live in is condemned I think.
- Being able to buy a house/apt., even if small, but that I can afford and maintain, specially with C/A/H and W/D help.
- Because I need help for me, a better house and shelter and special income because of my sickness.
- Assisted living in a newer building.
- ALF Resident.
- Needed are immediate home placement services for PWAs!! More availability!
- Help me get a place to live.
- More transitional housing, more shelters, faster service an appointment
- More affordable houses, more shelter.
- It is hard for a professional like me who is used to making 2200.00/mo to come down and survive on only 750.00/mo. My main concern is HOUSING, a place to live with no mental disturbances.

- Need more affordable housing for people with low income
- I want a house more than anything in the world.
- I need some help on how to own my own home in the future
- I really need a place to live!
- I need independence from the housing situation I am in right now
- I need place to stay, I need money, transportation.
- I need a place to live!
- I need a housing please.
- I am only 16 and I wasn't very eligible to answer all the questions about billing and housing so maybe I'll try to get a little more older.
- Hope House is one of the best programs.

Financial Assistance/Benefits

- It's very very hard to get SSI assistance.
- I thought that once I got SSDI I would also be able to easily get all the other services I would need and would not have to spend so much out of pocket for things that others I know get, but they get the same income / less SSDI and more from supplemental. I am being penalized for having a good job and income.
- Binnie's that understand that a HIV person get sick some time and can't work but still give them a job.
- I am in great need of financial aid. I've been pending disability for 2 years and I am not getting any financial assistance

Support Service Needs

- Support group in Belle Glade + HIV doctors.
- My support group in the Glade area.
- Someone to understand my dilemma
- She said that she would like a better place to stay, help from someone to help read mail.
- Monthly bus pass.
- I need help finding work.
- Need more programs to help with keeping busy and productive.
- Put out more information on getting help with services.
- Help is available and open—need information.
- Palm Beach County needs a fitness program for PWA's.
- Prices for food are expensive, vouchers don't sufficiently cover monthly needs.
- I need food vouchers or food pantry.
- I need food vouchers or food money.
- That I can't do things like I used to, and that I have trouble completing one thing at a time, and trouble remembering things.

- There are too many people receiving HOPWA funds, and still living in the same addictions. HOPWA should screen people better, or have a HOPWA funded facility for people with addictions.
- I have a history of 18 years of being an addict and unthinkable under the control of that chemical substance.
- My mother takes care of me.
- I really need the services because it helps me manage my life living with HIV as a single mother. Thank you.
- I'm HIV positive living with my 10 year old son and that I need all the help I can get because I just lost my job and I'm very scared for not only myself but for my son.
- Immigration.
- Doing this time help is there, when I really need it.
- The service to me has been poor
- I'm not getting any of these services.
- Need assistance now.
- I don't know where to go until know.

Medical

- Need to know about new HIV meds coming up and available to public
- Need help paying or getting tape and bandages for breast cancer.
- More dental care at Belle Glade Health Department.
- I need dentures but got letter from Medicaid that they no longer cover it. I get HIV meds, but have trouble getting other prescribed medications because I can't afford them on $545 a month SSI.
- I have a cyst on my right ovary and I need to see a doctor.
- High blood pressure. I've had three hip replacements.
- I'm in pain 24-7, and that's real!
- ADAP is a pain.
- I am having difficulty receiving medications through ADAP
- I am treated poorly in ADAP, and appointment/check-in desk at 301 Broadway. They have an attitude, they act like they don't care. ADAP makes me feel like I have to beg for my medicine. I always leave depressed.
- I constantly have to wait each month for approval to receive my meds. May Medicare caseworker has changed 3 times in 2 months. In June I waited 17 days for HIV meds, [date in July], and August 19 days. This means I don't get my HIV meds when they are needed.
- Recently relocated from [another state] where HIV services/drugs are readily available; much more so than here. I was horrified to learn that ADAP will not pay for HIV meds unless the patient has full blown AIDS. In [another state], ADAP will pay for HIV meds (and others) completely if you are merely HIV+ and can still earn between $35,000 and $40,000 a year.

Case Management

- I feel ADAP, children and family services, case manager need to work more closely together.
- I need a new case manager because she had to go back to school and they haven't given me another one I need help.
- I'm still on a waiting list for several places for case management and Habitat for Humanities.
- It would be helpful for the manager to let clients know the full range of services, even if they're on a waiting list. This was never done with me.
- I think some of the agency's need to do better on helping the clients when they need it. And continue to call them to let them know of a problem they are having.
- I am happy with this service
- I have a wonderful case manager!
- Bridgette Bush gives enough help for case manager and Deray office friendly and helpful
- CAP has been a great help to me in my time of needs from emotional to financial help they have been there. Keep doing what you do and yes, you guys does a great of helping people.
- CAP at Belle Glade is doing all it can for the people in Belle Glade.
- I just think that CAP is the best program that has happened for me.
- I have a CAP to thank for looking after my needs
- Case Manager is a great support!!! Has always helped me and has been very kind.
- This is my second time using the services provided by CAP and as before I have found your entire staff to be helpful.
- Quality CAP case management.
- My case manager with CAP is the best case management person I have had since 1995. Thank you for the great job.
- I thank CAP for everything they have done and my caseworker is great!
- I think that the CAP program is a great program to help people like use understand and know how to live longer. Thanks.

Other Comments

- It's very hard to get Section 8. Medicaid is very hard most of the time my meds is late because on the 10th of every month they're to be finished, but they never are. They take their time so I'm out of meds for over 2 to 3 weeks. That's very bad for my health. I'm going to die only because they fool around, missing too many doses every month.
- If it wasn't for my parents supporting me, I wouldn't be able to survive. I am unhappy with the dental services provided in Palm Beach County.
- I would like to see World Care rub out HIV. More housing in community more info re: HIV housing in this community. More education services to get people to "keep going" and to help people realize they don't have to be infected.
- I need food. I need housing. I need clothing. I need love!

- I need some high end prescription medications that are not approved by Medicaid, Medicare and are out of reach price wise. To correct medical conditions HOPWA runs out after a few months and Section 8 is not being adequately funded to accept to new clients since November, 2000.
- Help in getting me some way so when I go to the doctor I don't have some problems about getting help or my meds, and for me getting some kind of income, or food stamps, or somewhere to live.
- I feel that the limiting of funds to those with AIDS diagnosis only is unfair. There are people such as myself that only have an HIV diagnosis but have problems caused by meds that require us to seek assistance from you.
- Community awareness to all is very important.
- It is important to maintain confidentiality
- Continue to provide services and continue to educate staff.
- We can use some moneys in the programs. That biggest problem of it all.
- Just keep giving more money to help people infected with AIDS!
- Please keep helping people.
- I ask God to keep these services available for all people.
- I am satisfied
- I am getting enough of this service. Thank you.
- I am smoking drugs.
- I'm gay! And proud of it!
- E=mc2

General Comments and Comments About the Survey

- I truly hope that this survey really will help with the problems that I have living with this disability and that these things can be addressed on an open forum so I can be a success story instead of a tragedy with HIV/AIDS.
- That's all.
- That's all Folks
- Not at the present moment.
- No.
- No comments. Thank you.
- Interesting.
- Thanks for the survey.
- Thanks for the effort being considered when submitting this survey. Keep up the good work!
- Thanks
- Thanks
- Thank you.
- Thank you, help me.
- Thank you for your help. God Bless.
- Thank you for what y'all are doing.

- Thank you for caring!
- Thank you for all your help.
- Thank You
- Keep up the good work.
- Keep up the good work
- Keep up the good work
- Just keep doing the best you can.
- You all have been very helpful to me
- With Gods help it works.
- I think that you're doing a very good.
- I really appreciate the assistance I have received from CAP and Hope House.
- I thank God for having such a program as this in time of need. Thank you.
- I need more help for my problem.
- I need help.
- I need help!
- I need help with everything!!
- I am old and need more help.
- Hope y'all can help me.
- Help me please!

Appendix 8: Focus Group Summaries

A total of 97 people living with HIV/AIDS participated in focus groups and interviews held throughout Palm Beach County. (Four individuals participated in more than one focus group.) Participants received a $10 stipend for their participation. Local AIDS service and housing providers organized the focus groups. Summaries of these focus groups are included in this section. All identifying information has been excluded to protect the confidentiality of the participants.

Sistah to Sistah Recovery House

June 18, 2002

Participant Demographics and Background

Gender Identification: 4 women

Racial Identification: 2 African American, 1 White, and 1 Latina

Current Housing Situation

- At Sistah to Sistah for past 2 months. Previously worked and paid for own housing for nine years. Currently pregnant. Her doctor determined it is a high-risk pregnancy and put her on bed rest months ago. Didn't have any place to go, and eventually was placed at Sistah to Sistah. Currently waiting for unit to be available at Hope House.
- At Sistah to Sistah a few months. Previously was in jail for a few months and then at Hibiscus Haven for six months. Is working in food services now and saving money to get own place. Thinks she will need to save at least $1,000 to move out. Hope House is paying her rent right now. In good health at this point.
- Recently came to Sistah to Sistah. Has been here once before. Has gotten clean and relapsed several times. Her relationship with her partner complicates the recovery process. Right now, staying at Sistah to Sistah indefinitely seems like the best way to stop active substance use.
- Has been living at Sistah to Sistah for more than two years. Now a resident manager. Hope House pays her rent. Is now working and saving money. Overall, pleased with current arrangement and has no immediate plan to move.

Desirable Housing Characteristics

Participants were asked to describe attributes of housing that are desirable. The following characteristics were cited:

- Affordable rent that can be paid with a limited income. Rent that is too high for someone with a very low income is stressful, and stress has health impacts for people living with HIV.
- A landlord who takes care of the property and makes repairs when asked. Some landlords seem to think that people living with HIV don't deserve to have repairs made.
- A place where confidentiality can be maintained. The neighbors don't need to know about HIV status. The general public has a lot of misconceptions about HIV/AIDS, and the only people who put effort into becoming educated are the people who are HIV positive.

Past Problems with Housing

Participants were asked if they have ever had problems maintaining their housing once they were in it. Participants shared to following experiences:

- One participant lost her housing after she was placed on bed rest due to her high-risk pregnancy and could no longer work.
- Confidentiality and stigma around HIV/AIDS are an issue, especially with family. Several participants explained that they had told only a few close family members (i.e. mother only) about their HIV-infection due to concerns about the stigma. One said that her mother thought she was dying soon due to misconceptions about the disease, and that it was hard to persuade her otherwise.
- One participant had left her living situation with her boyfriend in order to focus on treatment and recovery. She had been through treatment with him before but felt it was time for her to focus on herself.

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. Participants had a variety of experiences and comments to offer:

- A woman who is working a limited number of hours per week in food services expressed frustration with applying for financial assistance with rent, and the income verification requirements. By acknowledging her income from employment, she is eligible for less assistance, but she wants to comply with the guidelines in place and be honest about her situation. Because she is paid in cash, however, she does not have a pay stub and has been asked to supply the name and number of her employer so that her income can be verified. She is confident that if her employer finds out she is HIV positive, she will be fired regardless of the law. For this reason, she believes she cannot provide her employer's contact information, and is not pursuing assistance at this time. To this participant, it feels like the system has been set up to penalize her for being honest about her work income and to reward her for concealing cash income when seeking assistance.
- One participant started looking for housing assistance related to her pregnancy in February. She reports that everyone she contacted referred her to another agency. Agencies that had programs for pregnant and parenting women would not accept a person living with HIV; other programs require participants to work, and she was supposed to be on bed rest. She finally found a place at Sistah to Sistah in April.
- Participants reported a range of experiences working with their case managers. One found hers quite helpful, but another expressed the wish that her case manager would contact her more often to check in with her.

Participants also expressed interest in the following services:

- Day care: One participant has three children, and is concerned about day care once she is living on her own.
- Bus pass: A bus pass is hard to get.
- Food Stamps: Participants expressed frustration with the process of applying for Food Stamps.

Participants also thought that more education about HIV/AIDS was needed for the general public. The general public has a lot of misconceptions about HIV disease as well as people living with HIV. In addition, a lot of people who may be HIV positive have never been tested. People who are stigmatizing people living with HIV may themselves be infected and not know it. More information would make everything easier for people living with HIV, rather than their having to struggle with these misconceptions and prejudices in so many of their interactions.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing. Participants unanimously agreed that independent, affordable, permanent housing in confidential, scattered sites was what they would most like to see available for people living with HIV. Participants expressed a desire to choose their own location to live in, "not in the HIV ghetto." This would allow for more confidentiality.

Palm Beach Assisted Living Facility

June 19, 2002

Participant Demographics and Background

Gender Identification: 5 men and 1 woman

Racial Identification: 5 African Americans and 1 White/Caucasian

Current Housing Situation

Participants were asked to introduce themselves, and to describe how long they been living at the Palm Beach Assisted Living Facility (ALF), and where they lived before. They described the following situations:

- Here for one year and four months. Before coming here, spent two and a half months in a treatment program for veterans in Lake Worth. Before that, lived with mother.
- Spent nine months at Gratitude House before coming here.
- Here one year and six months. Was "devastated by HIV" and needed psychological and family help to deal with issues. First lived with family, but wanted to have peers who were also dealing with HIV and came to the ALF. Also needed time to adjust to medications. Now has had the chance to stabilize mentally and physically, and is interested in moving out to a more independent option.
- Here just one week. Came to West Palm Beach from out of state, and learned about ALF from case manager. Has known about HIV status for three years. Thinks it is important to have support from others with HIV in dealing with the challenges related to HIV. Also, there is a lot of paperwork involved and people living with HIV can get confused about what they are supposed to do in order to access assistance.
- Here for two years. Before that, lived with a roommate.
- Here just one week. Was previously in prison. Is dealing with Hepatitis A and C as well as HIV. Has spent most of life cycling through prisons and mental hospitals. Found out about ALF from case manager.

Desirable Housing Characteristics

In order to identify desirable housing characteristics, participants were asked to identify why they first chose to live in the Assisted Living Facility and why they were choosing to continue to live there. Participants were asked to identify the features they either liked or recognized as important at this stage in their lives.

Participants cited the following factors:

- Supportive environment to transition into life outside of prison and mental institution. Does not have experience "with the real world." Knows that if starts using drugs and alcohol again, will return to prison. Recognizes that this environment will help prevent that.
- To stabilize financially, by getting on SSI.
- To stabilize medically.
- To stabilize mentally/socially. A chance to get to know self, to "be treated like a person," to get peer support, and to start managing own affairs.
- For the support to become more independent, to develop life skills such as setting medical appointments, complying with medications, and paying bills.
- As an alternative to being homeless. Some people would rather use substances and stay outside. Glad it is an option for people who are willing to work with rules.
- A good start for straightening life and affairs out. Difficult to do after not working for a while.

Participants who were thinking about leaving were asked what they would look for in a new housing situation. Participants had the following comments:

- Ideal housing would *not* be in a neighborhood with drug and alcohol activity.
- Would like to get a job and rent own place, to be more independent. Would like to have a housing voucher that would help with a permanent affordable place.
- Wonders why there are enough resources to pay to keep someone at the ALF, but not enough for someone to have his own apartment.
- Wants to complete vocational rehabilitation. Used to do physical labor, but can no longer be outside working all day due to health. Transportation to and from these classes would help support this goal.
- Would like support to be more independent. Would like to have more choices.
- Would like more assistance with finding a place to live because it is very hard to do. Referrals aren't quite enough; would like more hands-on help from case manager.

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. Participants had a variety of experiences and comments to offer:

- All participants report having a case manager. Participants reported seeking assistance from case managers for a wide variety of issues, from applying for benefits to transportation and housing.
- Several participants expressed frustration with applying for disability benefits. To them it appears that people have to wait until they are very ill with AIDS before they will actually be approved.
- One participant reported seeking assistance from a case manager in getting a birth certificate, identification, transportation, and help making appointments, and was frustrated to learn that he could "only qualify for condoms and a bus pass."
- Anther participant reported that he was very pleased with the level of support he had gotten from a new case manager so far, with a bus pass, an application for disability benefits, a cab voucher, and enrolling in ADAP.
- One participant receiving services and medical care through the Veterans Administration reported that the VA covers all HIV medications but not some other kinds. The County is able to cover some of those not covered by the VA but not all.

- A comment was made that handing out "the red book" (the Ryan White-published directory) was not helpful because it is out of date, so using it requires too many dead-end phone calls to be very helpful. Others expressed agreement with this.

Participants expressed interest in the following types of services or other assistance:

- It would helpful to have more frequent and closer contact with case managers. In general, people living with HIV don't know how to access services or where to go. It would be helpful if case managers were available to accompany people to appointments.
- Vouchers for daily needs and personal items (shampoo and soap powder) would be helpful. Once people come to live at the ALF, they are no longer eligible for these vouchers because of support available at the ALF. Policies such as this one give some consumers the feeling that getting a new source of assistance usually comes at the cost of something you already have.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing, whether in terms of issues, programs that already exist, or programs that don't exist now but could. The facilitator acknowledged that resources dedicated to housing people living with HIV/AIDS are finite, and that the demand is large. Participants were asked to temporarily disregard constraints. Participants identified the following priorities:

- One central housing contact to answer questions about eligibility and vacancies, and to make referrals to facilities and programs.
- Gratitude House is a very helpful program for women. It is really a "safe house" for women in need. Also, since Gratitude House is only for women, a similar program for men would be a good addition.
- More access to SSI and disability benefits
- More independent living options at scattered sites. Programs with support on site are good but more independent options would be helpful. Doesn't want to have to worry about HOPWA funding.
- More help for more people
- More options to have own place where resident can "shut and lock the door."
- Housing situations that give people privacy
- Financial assistance should go directly to people living with HIV/AIDS, not to programs.
- Ideally, housing situations that are very stable and allow for privacy. However, any housing assistance available is good.
- ALF is the best place right now. Good option for people at certain times.
- Housing opportunity that is affordable

Gratitude House, Hibiscus Haven

June 19, 2002

Participant Demographics and Background

Gender Identification: 5 women

Racial Identification: 3 White/Caucasian, 1 African American, 1 unknown

Age Range: 39 to 49 and one unknown

Current Housing Situation

Participants were asked to introduce themselves, to say how long they had been at Hibiscus Haven, and how long they planned to stay:

- Here two months, will graduate in four months
- Here since April, will finish in October
- Here six months
- Here three months and expecting three more
- Here one and a half months, will graduate in November

Desirable Housing Characteristics

The participants were asked for the reasons that they originally chose to live in Hibiscus Haven and the reasons that they are choosing to stay. It was acknowledged that these might be either attributes that they enjoy, or characteristics they recognize are important at this point in their lives, even if they don't exactly enjoy them. Two of the five participants noted that they came to Hibiscus Haven via court order. However, all participants contributed characteristics to this list:

- For one participant, this was the first treatment program she had participated in that also dealt with HIV explicitly. Most participants expressed agreement that a program addressing both issues was more effective for them. Several participants agreed that for them, HIV had served as a justification for continuing their addictions. As one participant put it, "I thought I was dying anyway," so recovery seemed irrelevant, but that she now realizes she has "things to live for." Another said that learning she was HIV positive spurred her to enter this program, when she might not have addressed her substance use without the HIV infection.
- Several participants commented that living with peers, and having women help women, were positive attributes of the program.
- Access to help with medical issues
- One participant said that she was court-ordered to treatment after her baby was born HIV positive with drugs in its system. She reported that it now appears the baby will not remain HIV-infected, and that she looks forward to a time when she can have custody of her baby.

Participants were asked what traits they would look for in their next housing situation when they leave Hibiscus Haven. They identified the following characteristics:

- Affordable
- Not close to drug and alcohol-related activity
- Close to transportation
- Easy access to services

Participants were asked about the kinds of housing situations they might pursue when they left Hibiscus Haven. Participants shared a variety of plans and wishes:

- Could live with boyfriend, but this doesn't seem like a good idea since his place is surrounded by drug traffic.
- Probably will move into Assisted Living Facility, where lived before, after eight months here. It would be nice to have own place, but the Assisted Living Facility will probably work better.
- Would like to live independently. Prefers not to get housing assistance, but earn the place for herself. Believes she is more likely to appreciate and work harder to maintain something that she earned than something that was given to her.
- Would like to share a home with a housemate in an area that is not drug-infested. Would prefer an HIV-positive housemate, or one that is comfortable living with someone with HIV.
- Would like an affordable situation in a middle class neighborhood, not really far out in the suburbs but also not in the heart of downtown. Something in an area far from drug- and alcohol-related activity.

One participant expressed an interest in having an apartment complex that was for people with families who were living with HIV. Although other participants expressed concern about stigma, and being labeled publicly as HIV-positive by living in this kind of a place, most acknowledged that there was some potential benefit in having close access to a community of people who were also living with HIV.

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. Participants had a variety of experiences and comments to offer.

Several expressed frustration with the amount of paperwork and the length of process and screening time to access most kinds of services, including ADAP, Health Care District, and Medicaid.

Participants had many comments about applying for disability benefits. Three were just starting the application process. One reported a current appeal related to a denial for SSI, saying she had first applied in 1999. Another stated that it feels like the Social Security Administration drags out the application process for people living with HIV/AIDS with denials and appeals because they know that people will eventually die, and this way they have to pay less money.

Several women shared their perception that it is easier for women with children to access housing assistance than single women, because single women are a lower priority. One said that she knew women with families who had Section 8, and they could only use it in undesirable neighborhoods.

Participants were asked if they had ever experienced any problems related to finding a place to live. Participants had the following comments:

- Had Section 8 at one point but could not use it.
- Honestly, have been too busy abusing drugs and alcohol to really look around, but have never been homeless because of help from case manager.
- The main barrier was own lifestyle—involvement with drugs and prostitution. Slept outside a lot.
- Hard to get together first and last months' rent, deposit, and application fee in one lump sum; it is a "huge initial outlay."
- Going through the application process and getting all the money upfront to get into an apartment is so difficult that it seems easier and cheaper to get into a motel for a week. A motel might cost $250 per week, though, so ultimately it is a lot more expensive.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing. Participants were told that these could either be programs they knew already existed and thought were very important to keep, or new ideas for kinds of assistance they would like to see. Participants offered the following ideas:

- Emergency financial assistance with rent and utilities such as water and telephone
- Current case management services are provided in a caring atmosphere and are a good resource.
- Really need more case management services. People need help today, need housing today. Case managers can connect consumers with other people and other resources. There needs to be more funding in this.
- Sometimes financial assistance comes in the form of a loan, when it would be more helpful in the form of a grant.
- Help with transportation, such as bus vouchers. However, many areas are not covered by bus service, and may not be accessible. Cab vouchers are good in that case but tend to run out quickly. A van service would be nice. It would be better to have a van than to have case managers drive people around, because if case managers are driving people around, they are not available in the office to help others.
- Food assistance: both Food Stamps and also classes to learn how to shop and prepare nutritious food on a tight budget
- Help with budgeting

Oakwood Center

June 20, 2002

Participant Demographics

Gender Identification: 6 men and 5 women

Current Housing Situation

Participants were asked how long they had lived in an Oakwood Center facility, and whether they were thinking about leaving.

- Has been in Walden Arms since October 2001 (about nine months). Plans to move out of state to live with family member later this summer.
- Has lived in Phoenix 2 for almost ten months and has no plans to leave.
- Has lived in Phoenix 2 for more than a year and no plans to leave
- Moved into Phoenix 2 this spring. Likes the program, and assistance from outside case manager.
- Has lived in Phoenix 2 for a few months. Would rather have own, independent housing.
- Has been at Umi Village since February and does not have plans to leave.
- Has been at Phoenix 3 for eighteen months. Feels stabilized mentally at this point, but is still facing economic barriers to living independently.
- Has been living at Umi Village for almost a year. Likes location close to the water, but frustrated with housing quality and responsiveness to maintenance requests.
- Has lived in Walden Arms for six months. Likes it and has no plans to leave.
- Has lived at Umi village since April. Finds the environment depressing. Condition of unit is poor. Is concerned about racial discrimination by a staff member.

Desirable Housing Characteristics

Participants were asked for the reasons that they chose to live in Oakwood Center facility and why they are continuing to choose to live there. The facilitator acknowledged that some of these factors might be things residents liked about the facilities, while other considerations might not be characteristics that participants necessarily liked, but were characteristics that they recognized as important at this stage in their lives. The following characteristics were cited:

- Need to have a place to live. This option is affordable even with limited income.
- Likes having own unit here.
- Social reasons: good to have peers around
- Help in dealing with mental health issues
- Location: close to the water, and block where apartment is located feels secure
- Financially beneficial
- Being closely associated with the Oakwood Center because of the help its programs provide with outlook and with health
- Helpful to have housing as part of the package with mental health care.
- Being treated the same as everyone else regardless of HIV

Participants were asked what characteristics would be important to them if they were to look for another housing opportunity. Participants named the following characteristics:

- Housing that fits in with the rest of the neighborhood. Participants had differing ideas about the importance of this characteristic. Some felt that having residents spend time outside a building made it stand out as different (a negative), while others acknowledged that some people feel more at home when they are able to do this.
- Housing of good physical quality and that is well maintained
- Owning a home
- Having control over housing in a way that isn't really possible in a "program," such as not having to comply with rules and mandatory meetings, having the final say in who can enter and when, and being able to have guests at any time of the day
- Some expressed frustration with the level of structure and number of required meetings involved with living in a supportive housing program. Others acknowledged that the structure was valuable, and mentioned that it was helpful to have decreasing levels of requirements as residents become more stable.

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. About two-thirds of participants acknowledged having a case manager at an organization outside of the Oakwood Center. Participants had a variety of experiences and comments to offer:

- In general, participants thought that seeking assistance with housing and services requires a lot of paperwork and screening processes, and would ideally be avoided.
- One participant described a very positive relationship with a former case manager: she "was like a sister" and "a friend, too." This case manager seemed accessible for help with any type of issue. This consumer's current case manager is seen as conducting business "too much by the book."
- One participant described having a first meeting with a new case manager earlier in the week. Together they completed two and a half hours of paperwork. Although this level of paperwork and screening seemed excessive, this participant appreciated having someone to help manage all of this. In addition, the case manager had independently followed up on a medications-related issue, then contacted the consumer again. This participant thought that was a good indicator about the level of assistance that might be available in the future.
- One participant reported that having a case manager at a mental health organization and at an AIDS service organization seemed redundant.

Participants reported successes in seeking help with the following issues or needs:

- Many had experiences seeking and receiving help with transportation, often in the form of bus passes and cab vouchers.
- A number of participants reported receiving a monthly $8 voucher for personal and household items ("pantry"), such as soap powder. Most thought this was a very helpful resource, but felt that the need warranted a higher dollar amount.
- Money management and protective payee services
- Making decisions and resolving problems: It is helpful to have someone to talk things through with.
- Medications
- Clothing
- Legal aid: for example, in advocacy/appeals to Social Security regarding disability benefits
- Veterans Administration medical care and medications

One participant expressed an interest in more employment programs, specifically a higher level of support around job placement. Another reported experiencing some amount of resentment associated with the HIV/AIDS service system, and the fact that people without HIV-infection were paid "to herd...around" people living with HIV. This same participant expressed the belief that people who are compliant, meaning people who are not personally difficult or who do not question the HIV/AIDS service system, get more assistance.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing and the HOPWA program—the kinds of opportunities they think are important for people living with HIV/AIDS in Palm Beach County. Participants mentioned the following issues:

- Some participants mentioned that they were pleased with the assistance from HOPWA so far and had "nothing bad to say about HOPWA."
- More case management alternatives
- Section 8 is a good resource for people but it is really hard to get
- More options for independent living
- Vouchers for a continuum of housing from rental to ownership
- A long term employment program, a program that will help participants become independent and stay that way 20 years or more into the future
- Concern about a population of people living with HIV/AIDS that is growing, and a limited amount of resources available; need to be able to transition people off of HOPWA in order to make it available to others, preferably into homeownership.
- More availability of dental services. One participant expressed his satisfaction with his current dental care, saying it offered more coverage than the insurance program he had while working.
- Medical services that are more accessible; shorter waiting times for appointments.

Compass, Inc.

June 20, 2002

Participant Demographics and Background

Gender Identification: 6 men

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- Owns a home in West Palm Beach. Will stay here indefinitely because can no longer afford to move. With current income and credit history, would not be able to get a mortgage.
- Moved into a new one-bedroom rental by himself one week ago. Lived in his last place for seven years in a two-bedroom with a roommate. Still moving in and having a few repairs made to the apartment.
- Couple moved here from out of state slightly more than five years ago. Live in north county in a two-bedroom townhouse, where they have been for the past five years. Would like a place that is more affordable for them. One is HIV-positive and the other is not.

- Lives in an apartment with his partner. Has heart problems related to HIV which impact his daily life. Inability to work and contribute to household is placing an economic stress on the relationship, and he is contemplating returning to the county south of here that he moved up from in the recent past.
- Lives in south county with partner for past ten years in a home that they own. Describes their housing situation as a "slow sinking ship" because the property taxes are increasingly difficult for them to keep up with. They are considering moving into a smaller place, but do not want to and wonder if this would be any more affordable.

Desirable Housing Characteristics

Participants were asked to describe attributes of housing that are desirable. The following characteristics were cited:

- A good neighborhood. Many affordable areas have significant criminal activity.
- A clean place in good physical condition, not a "pile of rubble"
- Economical/affordable. Participants cited $800/month as a typical monthly rent for a one-bedroom in West Palm Beach and $1,000/month in Boynton Beach.
- Good access to medical services, pharmacy, grocery, and case management. Every participant in this group drives, and agreed that the bus is not a viable option because it takes so long to get anywhere, due to the number of connections required.

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. Participants had a variety of experiences and comments to offer.

Three participants shared experiences with receiving rent, mortgage, and utilities assistance through HOPWA. Case managers were helpful with this process. A participant commented that there is a lot of research involved with seeking help, and that many people don't know what is out there. He had previously gotten assistance for utilities through St. Vincent de Paul. One homeowner said that he is "selling off everything I have" in order to stay in his home.

A participant expressed frustration that utilities assistance is only available once you are past due. He has had his electricity cut off three times and his phone twice in periods when he has had health problems. His neighbors have come over to clean out his refrigerator and store things for him when they saw the lights were out. In the past, he had excellent credit, but now the utility company requires him to have a budget plan and a to pay by direct deposit.

Participants reported that HIV/AIDS case managers are particularly helpful in helping to stay up to date with the Health District. They reported that the renewal paperwork can take hours to do on your own, and that having an appointment to do this directly can involve significant periods of waiting. Case managers are also helpful in finding appropriate doctors.

At least one participant is an active member of Compass' HIV support group.

Several participants mentioned that it can be difficult to access services or other assistance when a partner's income is included. Similarly, when people share housing to save housing costs, their combined household income is considered for eligibility, even if one person's income does not support the other. Combining the two incomes can put applicants just slightly over the limit, or may presume that income is available to support one person, when in fact it is not. In one example participants mentioned, a homeowner got a housemate in order to reduce household costs. Because the housemate got rental assistance, the homeowner

wrote a letter saying that he was the landlord. By acknowledging this relationship, the homeowner stopped being eligible for pantry assistance and Food Stamps. What appeared to be a new resource for him had turned out to have associated costs which made it considerably less appealing.

Food Stamps were mentioned by several participants as particularly difficult in this regard, in part because of the strict cutoff for eligibility. One participant reported being denied because his income was $4 over the limit, and said he could return the $4 if that would make a difference. In addition, the Food Stamp eligibility assessment includes an asset like a house, even though owning a home does not appear to have a direct relationship to having enough to eat. Similarly, owning a burial plan or plot is counted as an asset, which affects eligibility for Food Stamps.

One participant expressed frustration that the general public and even service providers do not understand HIV disease. There is a perception that unless a person looks like he is about to die, then he is not really disabled and should be working. Seeking assistance can be humiliating when people treat you like you are not deserving of help because you don't look like their image of a person with a disability. He shared the experience of a friend living with HIV in another community who is afraid to gain weight because he fears that he will not be able to access services if he looks healthier.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing. Participants identified the following issues and suggestions:

- An apartment complex for people living with HIV and their families, however they define them
- Affordable housing that is easier to get in to
- Easier to qualify for assistance
- Some kind of transitional opportunity, where people can start getting income from benefits, share congregate meals, and access nursing care
- Program eligibility that allows more flexibility around partner and roommate income
- A program that caps utilities at a percentage of income for people who are disabled, such as Lifeline Assistance in Broward County
- A program that caps phone costs as a percentage of income, which is available from Bell South in Broward County. Since they are also the phone company in Palm Beach County, this seems like it should be possible.
- Better access to Section 8. Section 8 is a great resource. One participant reported knowing someone with a great place who pays only $135/month. It is really complicated to access though, because you have to look for the notice in the newspaper, and then there are very few openings.
- The Water department should have more understanding and better customer service. Bell South and Florida Power & Light both call ahead when they are about to cut off service, but the Water department doesn't give any warning.

Hope House, King's Court

August 21, 2002

Individuals living at King's Court participated in a focus group and an interview. Eight women and two of their children participated. The summaries of the focus group and the interview were combined into one summary, which is included below.

Participant Demographics and Background

Gender Identification: 10 women

Racial Identification: 7 African American and 3 Latina

Number of Children: 1 to 4 children in each household

Current Housing Situation

Participants were asked to introduce themselves and tell how long they have lived at King's Court.

- Has lived here for four years with her children. Has been very ill.
- Has lived here for four years with her children. Would like a bigger unit. Had been in stable housing, but needed financial assistance and so moved to King's Court in order to stabilize.
- Has lived here for a number of months. Had been in and out of homeless shelters before moving into King's Court.
- Has lived here for a number of months with her child. Was in and out of jail, foster care, and shelter prior to moving into the program. Trying to make it.
- Has lived here for many years. Two teenage children. Needs larger unit.
- Has lived here with mother for many years. "I grew up here."
- Has lived here for half a year.
- Has lived here for two years with two children.
- Has lived here for two and a half years with her children. Prior to coming into the program, she lost her job and got sick and so could not pay the rent. Case manager helped steer her towards Hope House.
- Has lived with mother at King's Court for two and a half years.

Desirable Housing Characteristics

Participants were asked to describe attributes of housing that are desirable. The following characteristics were cited:

- Enough space for all members of the household
- Housing situations that allow for independence
- Housing that is affordable
- Available staff members who can speak to residents in their primary language
- Programs that provide resources for children who live in the program, including counseling.

- Safe environments—so that children can go outside, neighborhoods with no violence or drug use, access to schools, etc. Some would like to live in the neighborhoods west of the city that are quieter, nicer, etc.
- Privacy

Past Problems with Housing

Participants were asked if they have ever had problems maintaining their housing once they were in it. Participants identified the following issues that had impacted their ability to find and maintain housing:

- Low income level
- Credit issues
- Criminal charges that make them ineligible for Housing Authority programs
- Not speaking English
- Waiting lists are just too long
- Lack of stable employment due to fluctuations in health and level of training and education
- Participants commented on the increased emphasis on program guidelines at King's Court and felt that this focus led to increased stress on the part of residents.

Housing and Related Assistance

Participants were asked about their need for housing assistance and related services. Few comments were offered:

- A number of participants indicated that they were on the Housing Authority waiting list.
- One participant commented on the various good services that are available, including the free clinic and access to free medications.
- Those who live at King's Court don't have to pay rent; a food pantry is also provided.
- Participants expressed that access to services was dependent upon having a good case manager.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing, which included:

- Income-appropriate housing
- More independent housing options
- Demands that are appropriate to someone's situation, including fluctuations in health, etc.
- Continuum of options
- Housing that does not require residents to pay part of the bills
- Activities and resources for children, including counseling programs, playgrounds, etc.
- One participant said: "I feel like you should help yourself. These people aren't going to be here forever."

Hope House, Belle Broadway

August 22, 2002

Participant Demographics and Background

Gender Identification: 11 men and 2 women

Current Housing Situation

Belle Broadway opened for occupancy in June 2002 and all residents had lived at Belle Broadway for two months or less at the time of the focus group. Participants were asked to introduce themselves and to discuss how they came to live at Belle Broadway and how they like feel about their current housing situation.

- "There are a lot of people who need places to stay. It helps a lot."
- Moved into the program directly from prison. Seen as an opportunity to show that s/he can make it on his/her own. Provided him/her a lot of independence and self-awareness.
- Just out of prison, feels like it is a nice set-up. "It's a blessing for me. And a blessing to live with other HIV-positive people. Not in denial anymore."
- Just out of prison. Fine with his/her current housing situation at this point. Likes the independence. "Nothing better than being able to take care of yourself."
- Lots of unresolved issues. Trying to get settled in at this point.
- Feels that housing is a help to any one that can take advantage of the opportunity, particularly those with disabilities.
- Likes independence and finds it difficult to deal with other people's rules.
- Likes the current housing situation. "Everything is alright."
- Feels that respect is the most important thing.
- Happy to be living on his/her own.
- First time in a housing program. Mixed feelings.
- In the past, has always had his/her own place. This is his/her first time in housing through an agency. Feels it is okay so far.
- Just out of prison. Has been on his/her own since s/he was a teenager. "But this is the only place I can call my own."

Desirable Housing Characteristics

Participants were asked to describe attributes of housing that are desirable. The following characteristics were cited:

- Independence and "your own space"
- Housing situations that allow for privacy
- Short waiting lists—easier access
- Affordable housing

Past Problems with Housing

Participants were asked if they have ever had problems maintaining their housing once they were in it. Participants indicated the following things that have been problematic for them in the past:

- Substance use
- Going in and out of jail
- Credit problems
- Stress related to illness, HIV, money

Housing and Related Assistance

Participants discussed how difficult it is to access the available services in Palm Beach County. One person said: "There's a lot of assistance out there in Palm Beach County, but you have to go through a lot of red tape. Need to keep on pressing. Need to follow up." Most meeting participants agreed that it was necessary to work hard at finding help, and that it was nice to have assistance.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing.

- Need more independent housing with individual support
- For those coming out of jail/prison, accurate and complete information about what resources are really available. Participants talked about the stress of that situation, and that although you are told there are resources available, they aren't necessarily accessible.
- Easier access to disability benefits. Criteria for disability is so high now that you "have to be dying in order to get it" as people are doing better with the medications.
- Housing opportunities that are affordable to people living on disability income and that would allow those who have an income to save some money for the future

Comprehensive AIDS Program, Spanish Interpretation

September 17, 2002

Amy Davidson of AIDS Housing of Washington conducted this group with interpretation and assistance facilitating from a CAP case manager.

Participant Demographics and Background

Gender Identification: 6 women and 5 men

Racial Identification: All Hispanic/Latino

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- Lives with two kids. A few years ago, had been sick, lost job. The landlord knows about sickness and lowered the rent to $500. Trying to find a house, but doesn't have money for deposit, etc. Doesn't want others to know about health status. Children don't know. Would like to live independently. "Others feel discrimination toward people with HIV."
- Thinking about moving up north—feels that it is more difficult to get help in Palm Beach County. Doesn't want to move because family is in the area. Lives with mother who has been ill. The rent is too high. Worked for seven years, but now s/he is too sick to work regularly. "In my community people don't know I have HIV. We need help."
- Lives in an apartment through Hope House with two children.
- Lives in an apartment in West Palm Beach. Family has been in apartment for more than two years. For now, no problems. Likes home and neighborhood.
- Lives with spouse and two children. Rents house, which is in a poor area and not in good condition. Only one bedroom. Sometimes parts of the walls and ceilings come down. Must put up with it due to lack of money. Would like to be close to medical care as they are ill. "We work, both my (spouse) and me, for a better future for our children. Would like my children to have a house and an education."
- Lives with two children in an apartment through Hope House.
- Sharing a two-bedroom apartment with a roommate. Comfortable, nice neighborhood. Planning to move out. Most of the problems are around trying to find a place quick, with limited income.
- Living with children at a local AIDS housing program. Received an eviction notice this morning. Must leave September 30th. "Don't know where I'm going to live. How will I pay rent on $240? Most important thing right now is what will happen to me and my children."
- Lives in a local AIDS housing program. Doesn't like to share room with gay people or people who are sicker. Current roommate is loud. Would like own room.
- Lives in a local AIDS housing program. Has lived there three years. Shares a room also. "Can't complain."
- Lives in a local AIDS housing program. Feels okay about housing, but wants to move in the next year or so. "I wish I could live in a place where I don't have to disclose my HIV status. I wish to live in a place where I get respect, even though I'm HIV-positive."

Desirable Housing Characteristics

Participants were asked to describe the things they liked about the place they lived, or characteristics that they think are important about housing. The following characteristics were cited:

- Privacy and independence
- Space for children/family
- No roommate or good relationships with roommates
- An environment where you don't have to disclose your HIV status
- Housing that is affordable
- In general, a healthy environment: peaceful, tranquil

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. Many comments were made about housing and related assistance that was needed and/or had been received:

- People mentioned a number of agencies where they had received assistance, including CAP, Adopt-a-Family, and Legal AID. Assistance requested included directions and referrals for assistance, counseling, food, and "anything and everything."
- More than half of participants had applied for Section 8 and/or public housing, but none had received assistance through this program to date. One expressed concern that the Section 8 program wasn't responsive. Another noted s/he didn't have the patience to fight with people in order to access help. One commented that generally, s/he didn't think available housing assistance was well managed, as some get help more quickly than others. One commented, "I get $545 in SSI. I pay my car, rent, insurance. I can't pay all that. I need help paying for housing. I have put in a Section 8 application. But I need help now. I've heard it's a two-year wait." Others said, "With housing help, I'll be fine." and "If we have housing, we can live. The other things are secondary. Need a home and food."
- Some participants indicated they received Food Stamps, and needed assistance with food. Some get help but feel as though it is not enough.
- Credit is a problem for some participants in accessing housing.
- Some have needed help paying monthly rent and coming up with deposits when moving. Meeting income-level requirements can be a challenge—landlords don't want to rent to lower-income people.
- Proof of income if you are paid in cash can be a problem for some people, which impacts eligibility for services, etc.
- HIV support group has been helpful.
- One participant has needed childcare, but it hasn't been available. In this situation, an older child needs to care of the mother, who has been ill, and younger sibling. Therefore, the older sibling doesn't go to school and the mother's assistance check has been cut as a result.
- One participant commented on the need for opportunities to contribute through work that are not too challenging for people with physical limitations and fluctuating health status.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing. Participants identified the following priorities and suggestions:

- More Food Stamp assistance
- Help paying rent in independent housing—specifically, housing in areas that have low crime and no obvious drug use was mentioned
- A special program to assist people to have income-appropriate rent/mortgage that would not exclude people with low incomes or credit issues
- Good communication about where people are waiting lists for resources
- Would like to see needs met more quickly—help is needed now

Comprehensive AIDS Program, Creole Interpretation

September 18, 2002

Liz Wall of AIDS Housing of Washington conducted this group with interpretation and assistance facilitating from a CAP case manager.

Participant Demographics and Background

Gender Identification: 4 women and 3 men

Racial Identification: All Haitian Americans

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- Parent with an infant. Currently renting a room in another person's home with assistance from another friend. Would prefer to have own place and does not like the current situation. Came with a friend who was helping care for the baby during the meeting.
- Living with fiancé in a transitional situation and will have to move next week. Does not have a specific plan now, and would move anywhere possible. Mostly interested in help with transportation.
- Lives with daughter and her children. Has a room there and own bathroom. Is doing well in this situation. Gets rental assistance from CAP for five months out of the year, and pays rent to his/her daughter, who owns the house. This helps the daughter make mortgage payments.
- Lives with spouse and children in rental. Has been asked to move out because is $175 behind in rent. Went to Haitian American Community Council but right now they have no funds available for assistance. Used to get rental assistance from a friend but the friend cannot help every month. Has been sick and had several surgeries. Difficult to provide for children and take care of their school needs. In a very bad position right now. Spouse's paycheck pays for groceries and utilities but then there isn't much left.
- Couple rents an apartment. They get rental assistance through CAP for five months of the year, but really need help the whole year. Why is it only available five months of the year?

Desirable Housing Characteristics

Participants were asked to describe the things they liked about the place they lived, or characteristics that they would want if they moved. The following characteristics were cited:

- A place of own for family. Not a shared situation with other people.
- A place that is affordable every month of the year. Many participants expressed frustration with having access to help for five months or less of the year, when housing is unaffordable every month.
- A nice neighborhood, meaning a place without muggings or drug deals where a person will be safe.
- Laundry facilities in the same building. Taking laundry on the bus, especially when it is really soiled or one does not feel well, is difficult.
- Good clean water for drinking and washing. Some places the water quality is very poor. Several participants buy bottled water, which is not affordable for a person with a very low income.
- One participant described having his/her children in the care of his/her parent at the time of the group. It is upsetting and frustrating not to be able to care for children and not to have them together now. Still, this is the best decision s/he feels s/he can make for the children, and does not mean that s/he is an unfit parent.

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. Participants had a variety of experiences and comments to offer.

Access to and assistance with transportation were concerns for several participants. Four participants reported receiving transportation vouchers from CAP. One person reported that although having transportation paid for is helpful, the taxi is often late, which means being late for the doctor. Medical providers then blame the consumer for missing the appointment.

Several participants commented on having rental assistance available through HOPWA for five months of the year. They were concerned that people need help all year round. People can have serious problems in the other months of the year. One participant commented that God would provide during the other months of the year.

One participant reported receiving help from friends to cover housing costs: for example, getting $300 to help with a deposit. However, friends cannot help every month because they have their own housing problems. When asked, several participants reported that they too had received help from friends and family related to housing. One participant reported that s/he usually worked but currently cannot due to having a newborn baby. For this reason, s/he was in need of assistance.

Participants were familiar with Section 8 and the Housing Authority, but just one had applied for Section 8. This participant reported concerns about the quality of housing that is available through Section 8. Another source of housing assistance reported by participants was Haitian American Community Council.

Participants also expressed concerns with paying utility bills (water and light). Several had received assistance from CAP with utility bills, but thought that being able to get help with this more than once or twice would help. One reported having had the power turned off in the summer, when it was extremely hot.

The participant with an infant also reported concerns about being able to access day care that would allow him/her to return to work.

Most participants said that they had experienced a lack of food at some point. One participant with children reported that food was a particular issue, saying "most of the time, we just don't have nothing to eat." Another participant commented on the difficulty of qualifying for Food Stamps and that the amount of Food Stamps each month was too low to make a difference.

One participant commented on the stress of trying to manage everything all the time, saying that the stress sometimes leads to suicidal feelings.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing. Participants identified the following issues and suggestions:

- People need regular help every month. Assistance for part of the year helps but does not meet the needs that people have.
- Day care is needed. A program that helps a person find a job then provides day care while they are working would be especially helpful.
- Utilities should not be cut off when a person owes money. Not having power or water can be life threatening for people living with HIV/AIDS, and also causes even more stress. People should have the opportunity to work to pay the bills.
- Job opportunities are needed for people living with HIV/AIDS. A participant commented that despite having work experience, it is difficult to get a job because people will ask about HIV/AIDS status. Even if you are hired, people will know about your HIV/AIDS status and treat you differently.
- Help dealing with immigration and obtaining legal immigration status
- Assistance for people regardless of their immigration status. A participant noted that the Statue of Liberty implies that everyone is welcome here. A participant reported that people without legal immigration status have more problems than anyone because people will not help, and commented that people actually need to become citizens to get help.
- Help for families is needed. It is very hard for a person living with HIV/AIDS to support a family, and that children and people living with HIV/AIDS both have many complicated needs. Similarly, diapers and baby clothes are very expensive; babies need a lot of things and it is very hard to find them all.

Belle Glade

September 19, 2002

Participant Demographics and Background

Gender Identification: 5 women and 2 men

Racial Identification: All African American/Black

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation. Two participants joined the meeting late and did not indicate current housing situation.

- Lives in a trailer park. Thinking about moving. There have been break-ins at the trailer park and attempts to break into her/his home. S/he is not familiar with the other people who live in the park. Mother-in-law

moved over to Palm Beach, and s/he would like to live with mother-in-law. Wants to get Social Security to try to provide some stability.

- Current housing is okay, but there is poor maintenance. Been there three years. Did try to sign up for Section 8 but the waiting list is closed. Want to stay in Belle Glade. "I'd be scared to go to West Palm."
- Lives in Pahokee Housing. Lease is very strict. Income fluctuates more often than rent is recalculated. Lives with spouse and children. Looking for another place.
- Lives with his/her children in a woman's house. Has been there about three years.
- Lives in Belle Glade with his/her child. Has lost his/her Section 8 and is getting help with housing costs from CAP.

Desirable Housing Characteristics

Participants were asked to describe the things they liked about the place they lived, or characteristics that they think are important about housing. The following characteristics were cited:

- Safety
- Near family
- Staying in the Glades
- Affordable housing
- Good maintenance
- Laundry facilities on site
- Good air conditioning or ventilation

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were:

- People reported various experiences with seeking housing assistance and how important it is to maintain quality of life. CAP and Pahokee Housing were mentioned as resources for help with housing.
- One participant commented about the treatment s/he had received from agencies: "I prefer to be self-sufficient, but... I think that some agencies don't provide as high quality service to people who are HIV-positive." Another commented that they are treated like "third-class citizens".
- One individual commented that s/he had received housing quickly, but that the place was dirty and the quality was less than expected. "As someone who is sick, you don't need the stress or have the ability to clean."
- One participant was living in subsidized housing and had seasonal income. Even though the housing costs were subsidized, some months it was hard to make ends meet. Assistance during those times is difficult to access, because there are few resources for people already in subsidized housing.
- One participant sought housing help through an agency and ended up housed with a roommate. This was a challenging situation, but it lasted five years. Currently lives independently and prefers this.
- People specifically discussed the Section 8 program: A number have been on the waiting list for some time. One lost his/her Section 8 because the utilities had been cut off. S/he reported that at that time s/he told s/he would be able to get right back on the program once the utilities were back on, but now is being told something different.
- Some received assistance with transportation to doctors' appointments
- People talked about the impact of depression on their lives: "When you get depressed you need someone to help, to talk to, so you don't hurt yourself." Participants discussed the importance of assistance when feeling stressed or down. Others talked about the importance of faith and prayer.
- For males living without children in the household, assistance is very limited.

Recommendations for HIV/AIDS Housing

Participants were asked if they had recommendations about what types of housing assistance were needed. Participants made the following suggestions:

- Affordable housing in safe areas. One participant indicated that living in an area where there is drug activity makes it difficult to maintain sobriety. Others in the group agreed.
- Utilities assistance
- Assistance for those who are seasonally employed
- Help for a wide array of issues—multifaceted assistance
- Education for people about what help with housing is available
- A group for children/teens whose parents have HIV—provide opportunities for them to come together
- A support group. One participant indicated: "I was able to come out of the closet mentally by stepping into a support group. This place needs a support group." Another said: "We have to help each other. It's hard to deal with. We need to talk with someone who will understand and help heal the pain. Already have a hard position with the HIV, need to support each other and keep things together."

Pahokee Housing Authority

September 19, 2002

Participant Demographics and Background

Gender Identification: 4 women and 5 men

Racial Identification: 8 African American, 1 Latino

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- A couple, one is HIV-positive and the other is not. Getting ready to move into a house with HOPWA rental assistance through the Pahokee Housing Authority. Previously they lived with children and a relative, but one child and the relative moved into different situations, so the household has gotten much smaller. Like the place they are in now, although it is fairly old and has not been updated, because they like the landlord. The landlord is understanding with residents who miss payments. Would have preferred to get that place up to code and stay with HOPWA, but could not.
- Has a one-bedroom in Belle Glade. Moved there from a large metropolitan area out of state. Thinks this landlord is the best ever encountered.
- Lives alone using Section 8 rental assistance. Has no income. Has no complaint about current situation.
- Just moved into new place. Has had HOPWA from the Pahokee Housing Authority for three years but just relocated because there was a problem at the previous location. Came with another person who is not HIV-positive for support.
- Has had housing assistance from the Pahokee Housing Authority for the past five years, including HOPWA for the last three years. It is a two-bedroom rental. The place is nice, but would really like more. Specifically, interested in owning a home. Right now, staying with adult child because in need of additional support.
- Lives alone in a one-bedroom in Belle Glade with assistance through Section 8. Although from here originally, lived in a major metropolitan area out of state for many years, until moved back within the last year to be with family here. Moved because thought a change of place would be helpful in managing addiction issues.

Desirable Housing Characteristics

Participants were asked to describe attributes of their current housing that they like, or would look for if they moved:

- Homeownership is very desirable for permanency and stability. Right now, housing depends on HOPWA being available every year. Also, would like to be able to leave a home for family after passing away.
- Nice neighborhood, meaning no fighting and no break-ins. A place where kids can safely play outside. An area where there is no discrimination or stigma about HIV/AIDS. Friendly neighbors who treat you like everyone else.

Housing and Related Assistance

Participants were asked to share experiences in which they had sought help with housing or services, and what the outcomes were. Participants had a variety of experiences and comments to offer.

Most participants had comments about HIV/AIDS-related stigma and confidentiality. One person said that people will definitely treat a person differently once they learn that he or she is HIV-positive. In order to deal with this, a person needs to be confident about him or herself. If other people cannot get over the HIV-infection and accept a person with HIV/AIDS, then it will be their loss not to meet a great person.

One participant reported sharing status in an NA/AA meeting, and then being treated differently by the other participants. This was especially frustrating because the other people in the group were at high risk if not already infected. Despite the potential consequences, it is important to this participant to be open about HIV status in the group meeting because of a need to be honest about self.

Participants reported that many people do not want to go to the local office of the HIV/AIDS case management agency, because people in the community know what the agency does, and people do not want to be seen going in there. The street it is on is particularly visible in the middle of town. Some people sneak in and out of there.

A participant reported making his/herself available to others in the community if they want help by being extremely open about HIV status. This way, people know that they can go to him/her without revealing anything about themselves to others.

Several participants reported strong connections with the HOPWA program staff person at the Pahokee Housing Authority. They reported finding her through a flyer posted around town, a CAP case manager, a pastor's referral, and through peers. Most participants report finding out about where and how to access assistance from peers, although several use CAP's help to connect with other services. Several agreed with one participant's assertion that CAP does a great job at helping with a wide range of issues and connecting people with all kinds of services.

Participants reported the following issues:

- The Glades area has no "big time agency" for HIV/AIDS services that can help people here by providing information and education. Participants were concerned that a lot of people in the Glades are not aware that anyone can help them.
- People in the Glades are often referred to West Palm Beach for services. Taking the bus back and forth to the coast, in addition to spending three or four hours to complete an intake for services, and then traveling around to appointments all over town requires too much time and effort.
- Many agreed that the case management agency has seen too much turnover in staff. Participants reported that the workers are different almost every time. Because it takes time to build a relationship and trust with someone, this is very difficult.
- A participant who had lived in a larger city in Florida reported that the medical care here is not as good, and that here s/he is not eligible for medical treatments that were routine there. Another reported taking medications for a psychiatric disorder, and felt that doctors here do not know enough about drug interactions with the HIV medications. The result has been that it is very difficult to find a mix of medications with a manageable degree of side effects.
- A participant reported a situation in which their household had gotten behind on the utility bills at a housing authority unit. The participant was receiving reduced SSI payments while paying back money to the Social Security Administration, and the spouse couldn't find a job. CAP referred to a local agency,

which helped with a check. By the time that check came through, however, there was a new utility bill and they were behind again. The participant felt that once you get behind, it is impossible to catch up.

- Several participants expressed concerns with water quality, saying sometimes it is not drinkable. At the same time, the bill can get up to $250 per month. Another thought that having a $62 minimum water payment was too high; people who use less should be able to pay less.
- One participant who moved back here from another state reported that Medicaid here covers much less, and that there are many more out-of-pocket costs for medications.
- A participant commented that people who are difficult or who are using drugs actively sometimes do not receive the same quality of care in case management. For example, this participant reported seeing people wait an hour or more in the waiting room to get pantry assistance. The main concern about waiting in the lobby is that people will see you and know you are HIV positive.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing. Participants identified the following issues and suggestions:

- Homeownership opportunities would be great.
- Help for substance users: equal treatment in services
- More information and outreach about services available to people in Belle Glade, Pahokee South Bay, and Canal Point. Maybe a hotline number that people could call into for help
- Halfway houses for people in recovery in the Glades
- More treatment options for people with substance use issues
- A support group for people in the Glades. Even if people are open about their HIV status with their family, the family cannot really understand what it is like to be living with HIV.
- An awareness program to educate people about HIV and HIV prevention. A peer program would be good—people living with HIV/AIDS could complete a training program about peer education, and then do outreach.
- A facility for people to meet and talk about HIV/AIDS in a comfortable setting
- People living with HIV/AIDS should help each other more. People need to get involved and take a stand. If people came together, their numbers would have power.

Individuals

re ceiving services at the Haitian American Community Council participated in interviews.

Haitian American Community Council Interviews

September 19, 2002

Interviews were used after a recommendation from the Haitian American Community Council that this would increase participation. A staff member at the Haitian American Community Council interpreted interviews. Information from all of the interviews was combined into one summary. A total of 11 individuals participated.

Participant Demographics and Background

Gender Identification: 7 women and 4 men

Racial Identification: 11 Haitian Americans

Current Housing Situation

- Lives with spouse and children. Is behind in rent and is looking for assistance. The landlord is coming around looking for the rent money—not sure where it's going to come from. Lights are frequently cut off. "Really don't know what to do."
- Lives in Boca, rents an apartment, lives with two children. Place is small, wishes s/he could find a larger place, has lived in current apartment for two years.
- Lives in Lake Worth right now, but will be moving out of the county soon. Lives with three school-age children. On Section 8. Was laid off in September. Needs to look around a bit to be able to find a landlord who will accept Section 8.
- Couple lives in a three-bedroom apartment with their six children. Receive rental assistance from Haitian American Community Council. Has enough space for everyone, and likes the current housing, neighborhood, and neighbors well enough.
- Lives in Boynton Beach. Sharing a room with family. Likes it, but can't afford it. Would like to be able to support children in Haiti, but doesn't have a job. Sometimes has problems with everything. Right now, worried about past due rent.
- Living at Haitian American Community Council's house. Has been living in the house for three and a half years. Has been very glad to be here. Eats well, sleeps well. But is not feeling healthy. Would like to be able to support children in Haiti, but isn't well enough to work.
- Living at Haitian American Community Council's house for more than three years. Does not like or dislike living in the house. Situation works well right now.
- Lives with children and a relative. Has been in the same situation for a very long time. Would like to move somewhere else with the same household, because the place they live in now is not in very good condition. Does not really like the way living now. Just has a little bed and no life.
- Lives with children and receives rental assistance for an apartment from the Haitian American Community Council.
- Rents a room in a house with other renters. Has own room, shares a bathroom with one other person, and shares the kitchen with all the residents of the house.

Desirable Housing Characteristics

Participants were asked to describe attributes of their current housing that they like, or characteristics they would look for in housing if they moved:

- More space for family
- Most important that the place be of good physical quality. "We're already sick, we don't need a substandard place."
- A low-crime area, with good schools close by, and nice neighbors
- A place without stairs—getting up and down the stairs has been a problem.
- A place that is more affordable, or rental assistance for more of the time
- A good place to sleep, enough food, and medications
- A safer neighborhood for children in early teens
- Current location is great because it is very close to the school the children attend.
- Landlord to replace the worn-out carpet and paint the house
- Likes having housing paid for by Haitian American Community Council but would like to have more money to contribute for the utilities and to spend on other things.

Housing and Related Assistance

Participants were asked about the kinds of help they have needed and what they have done to get help. Participants shared to following experiences:

- Very worried about rent and living expenses. Lights are frequently cut off. CAP only provides help one month. Was referred to Haitian American Community Council for help with rent. This help might be available in November. "If I can get through the next few months, maybe it'll be okay."
- Has needed help with food, medications, and meeting rent. Has gone to CAP, Hope House, Haitian American Community Council. Meds are the easiest thing to get help with, other things you are referred to. Can get help about 75 to 80 percent of the time. Sometimes they don't have enough help for everyone.
- Has gone to CAP a couple of times for help, and an agency in another county. Has gotten assistance with food and been referred to local doctors.
- Has gotten help from CAP with paperwork, transportation to medical appointments, and from Haitian American Community Council with housing.
- Only recently started coming to Haitian American Community Council, before that didn't get assistance from agencies.
- Gets help from staff at Haitian American Community Council.
- Usually goes to Haitian American Community Council, but also sees caseworkers for medications. Sees one person at CAP for help with HIV medications, and one caseworker in South County for mental health medications.
- Used to get some help with the phone bills. Lately has gotten rental assistance from the Haitian American Community Council.
- Usually goes to Haitian American Community Council, explains the problem, and they help. In the past, went to CAP also. Has not had any problems getting help when it was needed.
- Has needed help with food at times, although always gets Food Stamps. Haitian American Community Council has helped with emergency food.

- ADAP and other help with medications have been the most important type of help.
- Receives money from CAP to use to buy food. No other income and no money. Would like to have money to pay for utilities like the other people in the house, but does not. Experiencing a lot of stress around this.
- Gets help from CAP in obtaining mental health medications that are not covered by the Health District. It is good to have help in getting the medications, but it usually involves a lot of papers and signatures.
- Has never had any problems getting HIV medications.

Recommendations for HIV/AIDS Housing

Participants were asked to share their priorities for HIV/AIDS housing:

- Better homes, because a lot of people have problems with housing. "Not sure when we're going to die, so at least we need a decent place."
- It's really hard to get help with deposits, and they can be hard to come up with.
- Bus passes might be helpful for those without cars.
- First of all, would like to have help paying for housing.
- Needs help paying for co-pays for medications sometimes.
- Would like to have "a little car." Using the bus to get to appointments takes a long time and can be very difficult.
- Would like to have "a little house." It is difficult to share housing with other people, especially people who are not aware of HIV status.
- More opportunities to move into a higher quality place. There are a lot of good quality places nearby but they are all too expensive.
- More help with school and school-related expenses for children. Has gotten help from relatives but they cannot really afford it either.
- Haitian American Community Council and CAP are good programs that provide a lot of help. Has gotten help from these organizations for seven or eight years.
- Would like more opportunities for self-sufficiency.
- It is most important to have stable housing (that won't cause stress), water suitable for showering, and food to eat.
- "Help the Haitian American Community Council so they can help me."

Appendix 9: Glossary of HIV/AIDS- and Housing-Related Terms

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

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

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

ASSISTED LIVING Group residences that offer the delivery of professionally managed personal and health care services, including meals, 24-hour attendant care, social activities, assistance with bathing, dressing and transferring, dispensing medication, and health monitoring. Assisted living is intended for those who need some assistance in performing the activities of daily living but who do not need the high level of medical supervision provided by a skilled nursing facility. Assisted living facilities may be HIV/AIDS-specific, or they may serve people with many needs.

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

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

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

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

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

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

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

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

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

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

DUALLY DIAGNOSED See Multiply Diagnosed.

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

EMERGENCY HOUSING ASSISTANCE Emergency housing assistance is one-time or very short-term assistance provided to address an immediate housing crisis—often for people who are homeless or at imminent risk of becoming homeless. The primary goal of emergency assistance is to solve the immediate housing crisis. The assistance is usually one of the following: emergency rent, mortgage or utility payments to prevent loss of residence, motel vouchers, and/or emergency shelter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HOSPICE A type of support and care provided to people in the last phases of a terminal illness so that they may live as fully and comfortably as possible. Hospice focuses on alleviating pain and discomfort, improving the quality of life, and preparing individuals mentally and spiritually for their eventual death.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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