

Seattle Human Services Department

**HOUSING OPPORTUNITIES FOR
PERSONS WITH AIDS
Investment Plan**

2013-2016

MAY 2013

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I. Introduction

A. Program Description

Housing Opportunities for Persons with AIDS (HOPWA) is a federally funded program providing housing assistance and supportive services for low-income people with HIV/AIDS and their families. The Seattle Human Service Department (HSD) is the regional grantee and coordinator for HOPWA funding in King and Snohomish counties. HSD has administered HOPWA funds since 1992.

HOPWA provides funding to eligible nonprofit organizations through competitive processes to support the two primary client outcomes of housing stability and homelessness prevention. Household eligibility guidelines for HOPWA-funded programs include an HIV or AIDS diagnosis and household income that does not exceed 50% of the Area Median Income.

Activities eligible for funding include project-based and tenant-based rental assistance, facility-based housing operating costs, short term rent, mortgage, and utility assistance, permanent housing placement, supportive services, and administrative costs. In 2011 and 2012, four local housing and service providers in King County received \$1.4 million annually in HOPWA grants and provided housing assistance to close to 500 households each year with housing and supportive services. HOPWA funds leverage local, state, and other federal funds to address locally determined needs and transition people from homelessness into housing, prevent displacement and homelessness, and facilitate support to maintain housing stability.

B. Purpose of the Investment Plan

The Investment Plan provides priorities, principles, and a four-year timeframe to:

- Better align HOPWA resources with current client housing and services needs and evidence-based practices to prevent homelessness and support stability.

- Direct and leverage HOPWA to support a more streamlined system for housing access and retention.
- Expand housing resources for low income people with HIV/AIDS.
- Ensure that resources are reaching people of color including those in immigrant and refugee communities.
- Address federal requirements for HOPWA planning and reporting through the Consolidated Plan and the Consolidated Annual Performance and Evaluation Report (CAPER).

The Plan proposes funding shifts that will be completed by 2016.

A very strong continuum of housing, services, and funding partnerships has been developed over the last twenty years. From the first skilled nursing project in the early 1990's, the HIV/AIDS housing inventory has expanded to about 400 units with a full range of housing opportunities, funding sources, and philosophies. HOPWA provides support to the continuum through tenant-based rental assistance, project-based rental assistance that funds set-aside units in nonprofit housing developments, transitional community living residences, service enriched housing, units developed with HOPWA capital dollars, and assisted living. More than one-third of the units are permanent independent housing, while less than one-fifth are permanent supportive housing.

Many people living with HIV/AIDS can live independently and need only affordable housing options. However, an increasing proportion of clients have a number of barriers to accessing and retaining housing including homelessness, mental illness, chemical addiction, criminal history, past evictions, bad credit and problems with immigration status. This has presented a challenge to the existing housing inventory, much of which was developed for individuals and families capable of living independently. The resources available in the system have not been targeted to meet this higher level of need which includes permanent housing with supportive services.

C. Background to Investment Plan

HSD contracted with the HIV/AIDS epidemiology staff of Public Health-Seattle & King County in Spring of 2010 to gather data about the extent of housing need and demographic and other characteristics of low income and homeless people living with HIV/AIDS (PLWHA) in King County. Staff analyzed three existing HIV data sources and conducted interviews with 25 HIV/AIDS medical case managers.¹ One of the most consistent conclusions across all sources was the fact that homelessness is associated with race, a history of mental illness, incarceration, substance abuse, and low income.

¹ 2010 Seattle-King County HIV Housing Needs Assessment

The case managers reported seeing a total of 2,319 clients which is over one-third of all clients living with HIV/AIDS in King County. Of these:

- 424 needed housing assistance
 - 477 needed rental assistance to maintain their current permanent housing
 - 212 were currently homeless
 - 207 were at risk of homelessness
- *It should be noted that these categories are not mutually exclusive

When asked to identify the types of housing assistance, case managers noted that about 56% of clients needed independent housing options, and about 44% needed permanent supportive housing.

In addition, HIV/AIDS has a disproportionate impact of several subpopulations locally, as pointed out in another Public Health planning document². Foreign born blacks and native born blacks have rates of HIV/AIDS three to five times that of Whites. Foreign born PLWHA represent 14% of cases. Hispanics constitute 7% of the population of King County and 10% of PLWHA.

II. Community Engagement

In March of 2012, HSD convened the HIV/AIDS Housing Leadership Collaborative, consisting of stakeholders within the HIV/AIDS housing and services system. Nonprofit housing organizations, public housing authorities, funders, and service providers were represented in the group of 18 participants. There was agreement among these stakeholders that the current system had significant gaps and that current allocation of HOPWA dollars may not be optimal. The group met four times between March and June 2012 to identify problems, develop goals, create a system vision with key components, and define key program and funding strategies. The final report was unanimously supported by the Collaborative members. Participating agencies and representatives are listed in Appendix 1.

The key elements in the system vision are:

- Expanding permanent affordable housing available for people with HIV/AIDS using project-based rental assistance (PBRA), tenant-based rental assistance (TBRA), capital investments to create set-aside units, and other appropriate models. For people who need support to maintain their housing, link housing subsidy with supportive services.
- Expanding permanent supportive housing for people with HIV/AIDS who have complex behavioral and physical health needs (high need /high risk population) by linking HOPWA funded rent subsidy to services provided by

² Seattle Transitional Grant Area Comprehensive Care Plan 2009-2011

multidisciplinary teams funded by primary care, mental health, chemical dependency, and Ryan White resources.

- Leveraging more homeless and affordable housing funding for persons with HIV/AIDS through participation in the Homeless Housing and Services Combined Funding NOFA for homeless programs and other housing funding processes.
- Assessing current transitional housing programs and potentially shifting HOPWA resources currently supporting transitional housing to permanent housing in response to changing needs of the HIV/AIDS population and to current evidence based practices that strongly support community based housing with leases rather than time limited residential programs.
- Improving access to affordable housing and supporting services for people with HIV/AIDS by centralizing responsibility for access to homeless prevention services, subsidized housing, supporting services, landlord relations, resource development, and advocacy in a lead agency.

To supplement the Collaborative's work, Seattle HOPWA staff contacted the Center for MultiCultural Health, El Centro de la Raza, Horn of Africa, and Harborview- Madison Clinic. All are community-based agencies serving African and Latino immigrant and refugee populations. These agencies identified problems with access to both housing and supportive services for their clients with HIV/AIDS. Common themes were that the impact of the stigma around HIV/AIDS discourages people from seeking assistance and also makes offering HIV/AIDS housing and services at community based immigrant and refugee organizations more challenging. There was interest in funding formal links between the HIV/AIDS system and agencies serving refugee and immigrant populations to improve access to housing and supportive services. Use of navigators, based in organizations serving immigrant and refugee populations, could help their clients with HIV/AIDS access appropriate support from the mainstream system.

Consumer perspectives on housing issues were represented by Collaborative members in the meeting discussions and in the development of the Investment Plan. Consumer engagement, voices, and feedback are critical to the ultimate goal of a more streamlined housing system and assisting low income people with HIV/AIDS to find and stay in housing that is best suited to their level of need. HSD will solicit consumer review of the Plan as well as including consumer participation in investment processes.

III. Investment Priorities and Principles

The input from the community engagement processes combined with best practice information, recent needs assessment data, and federal HOPWA funding requirements provide the basis for this investment plan. The Plan was developed within the context of the HSD mission and principles.

A. HOPWA Investment Priorities

The HOPWA Investment Plan has two priorities. The first is to improve access to affordable housing and support to maintain that housing for people with HIV/AIDS who have housing needs. The second is to expand permanent affordable housing, with and without supporting services, for people with HIV/AIDS. Both are priorities for the federal HOPWA program. Both offer opportunities to leverage HOPWA funds to expand housing and services for people with HIV/AIDS. These priorities assume no change in the federal allocation of HOPWA funds to Seattle/King County. They will require a shift in HOPWA allocations from the existing assisted living program to the new priorities.

Priority 1: Assist people with HIV/AIDS to access and maintain housing

1. Create a lead agency to coordinate the implementation of an effective HIV/AIDS housing continuum in concert with the funders, providers, and people with HIV/AIDS. The strategy streamlines assessment, intake, and lease up process and expands the centralized functions to include supporting services teams designed to assist people with HIV/AIDS to maintain housing and short term rent, mortgage, and utility assistance (STRMU) to prevent homelessness.

The lead agency will provide initial screening, triage, and follow up for housing needs, offer short term rent, mortgage, and utility assistance to prevent homelessness, negotiate and manage Memoranda of Agreement with participating landlords and nonprofit housing organizations, provide supportive services in housing, and manage rental subsidy programs. The lead agency will also sponsor trainings for participating landlords/housers and service providers.

2. Create navigator services for refugee and immigrant populations who need housing and supports. Fund a pilot project testing the use of navigators in community based agencies which will assist people with HIV/AIDS to secure needed housing through the lead agency.
3. Support creation of a multidisciplinary service team funded by Ryan White and Medicaid dollars within the primary care, mental health, chemical dependency systems and link to HOPWA funded rental assistance or capital. Provide permanent supportive housing to high need/high risk clients with complex behavioral and medical challenges. Prioritize this housing for

people who cannot be effectively served in other housing within the continuum.

4. Ensure that housing access includes options appropriate to individual level of need through sustaining the existing inventory of permanent affordable housing for low income people with HIV/AIDS.

Priority 2: Expand affordable permanent housing options for people with HIV/AIDS

1. Significantly increase the size of the HOPWA Project Based Rental Assistance Program (PBRA) to grow the affordable permanent housing available to people with HIV/AIDS.
2. Expand current permanent supportive housing units by leveraging HOPWA service dollars to set aside additional units in existing nonprofit housing for people with HIV/AIDS.
3. Make periodic capital investments with unspent HOPWA funds to create set aside units in new affordable housing projects. HOPWA contributions should leverage dedicated set aside units for the longest use term.
4. Allocate HOPWA funds through combined NOFA opportunities to create additional units in nonprofit housing projects by leveraging HOPWA housing subsidies (PBRA), housing operating support, and/or supportive services to dedicated units in new housing projects.
5. Collaborate with the Seattle and King County Housing Authorities to maximize the use of all rent subsidy programs for people with HIV/AIDS including Housing Choice (Section 8), HASP (Section 8 for people with disabilities), and HOPWA funded rent subsidies.
6. Strengthen relationships and maximize the appropriate use of the Landlord Liaison project, Client Care Coordination project, and Shelter Plus Care for eligible people with HIV/AIDS.

B. Seattle Human Services Department Investment Principles

Department-wide, HSD is committed to connecting individuals and families in need with community resources so they can live, learn, work and take part in strong healthy communities. HSD will provide leadership, technical support and assistance to providers, collaborate with other funders and service systems, and provide opportunities for on-going dialog and feedback to improve and increase the impact of investments.

HSD has developed a set of principles that guide all its programs. Agencies are expected to demonstrate their ability to meet all these principles. Contracts will define specific expectations. The principles are:

1. Commit to provide culturally relevant and linguistically competent services.
2. Maintain high quality standards for housing and program operations.
 - Program services will promote the general health and safety of clients and meet nationally adopted standards for housing for safety, cleanliness, and accessibility.
 - Demonstrate services are client-centered and strength-based
 - Integrate financial empowerment into services
 - Demonstrate sound financial practices and policies including adequate accounting and administrative procedures and controls to safeguard proper use of funds.
3. Commit to neighborhood health and safety standards while maintaining compliance with fair housing laws.
4. Commit to coordinate and integrate services with community networks and with mainstream service systems.
5. Commit to collect and submit high-quality data and use data to review and evaluate results.

IV. Investment Plan

A. Investment Framework

The Investment Plan directs allocations of HOPWA funds through Requests for Investment (RFI) processes. Two major funding cycles are planned for this investment plan, one in 2013 for 2014 contracts and one in 2015 for 2016 contracts. The Investment Plan assumes that federal HOPWA funding will be unchanged throughout the 2013-2016 period.

A separate Request for Qualifications process will be conducted to select the lead agency.

All HOPWA resources will be allocated through competitive RFIs managed by HSD and through other competitive public processes including, but not limited to, the Homeless Housing and Services Combined Funding NOFA managed by King County.

HSD will also consider reallocating any unused funds accrued between 2012 and 2016 to add dedicated housing units through one time only investment in capital projects. These investments in affordable housing projects will create permanent housing units set aside for people with HIV/AIDS.

HSD anticipates awarding **\$1,406,000 in annual contracts** to community based nonprofits serving Seattle and King County from 2013 through 2016. To fund new priorities, the Investment Plan redirects current funding for transitional housing and assisted living and converts transitional TBRA vouchers to permanent TBRA vouchers.

B. Phase Out of HOPWA Funding for Lower Priority Services

1. Assisted Living

To support the strategies within the two major priorities for this Investment Plan, HSD will phase out funding for two current activities. The first is operating support for assisted living facilities. This level of service was part of the HIV/AIDS housing continuum early in the AIDS epidemic. It was a transitional service then, in large part due to the high mortality of people with HIV/AIDS before effective drug regimens. The program has now become long term residential treatment program. Demand is low. Currently, 18 people receive assisted living services in residential facilities. The service is very expensive in comparison to other HOPWA supported activities. There are other options, in programs supported primarily by Medicare and/or Medicaid, that can effectively support people who need this level of care. The Investment Plan calls for phase out of HOPWA funding for the current assisted living services beginning in 2013.

2. Transitional Housing

Funders and providers within the HIV/Housing continuum should assess whether the current transitional models best meets the needs of clients. Options to be considered would include creating more flexible time limits to help assure people can move directly from transitional into permanent housing; allowing people a transition in place option where services are transitional and housing permanent; and/or creating an interim housing model (short term housing with supporting services for homeless people with HIV/AIDS) that would replace the current emergency and transitional models.

The assessment should include consideration of current evidence based practices for housing people who are experiencing or at risk of homelessness that favor permanent housing options, with supportive services only as long as necessary, over transitional or time limited housing.

C. Coordination of Funding

To the extent feasible, HSD will coordinate HOPWA funding priorities and schedules closely with other major funders of housing and services that support people with HIV/AIDS. The goal is to have a system of housing and supporting services that is aligned to maximize the impact of individual sources on supporting people with HIV/AIDS. In addition to participating in housing /homeless funding through the combined NOFA, HSD will coordinate HOPWA funding priorities and cycles with Ryan

White funds administered by Public Health-Seattle & King County. HSD will also structure its funding and contracting, to the extent possible, to facilitate HOPWA contract agencies taking maximum advantage of the 2014 expansion of Medicaid for clients who receive housing and supporting services.

D. Allocation Plan

Table 1 on the next page provides a more detailed allocation plan for major activities to be funded over the four year period. The proposed annual allocation is subject to available resources and does not represent a commitment to fund as described..

E. Allocation Process and Timeline

The 2013 Request for Investments guidelines will be based on the Investment Plan priorities, principles, and planning components. The timeline calls for community review of the Plan in February followed by an RFQ for lead agency selection in early spring. The RFI for 2014 contracts is scheduled for release in late summer.

Table 1: Annual HOPWA Allocation Plan 2012-2016

Investment Area	2012	2013	2014	2015	2016
<u>Priority 1</u>					
A. Centralized Housing and Service Functions	\$210,307	\$225,000	\$400,000	\$400,000	\$400,000
B. Navigator Services	\$0	\$50,000	\$100,000	\$100,000	\$100,000
<u>Priority 2</u>					
A. Project-based Rental Assistance Permanent Housing	\$271,274	\$303,637	\$408,000	\$408,000	\$408,000
B. Tenant-based Rental Assistance T-Transitional P-Permanent	\$138,000 T	\$100,000 T	\$100,000 T and P	\$100,000 P	\$100,000 P
C. Supportive Services Connected to Housing	\$220,440	\$260,220	\$300,000	\$300,000	\$300,000
<u>Other</u>					
A. Assisted Living Operating and Services Costs	\$472,096	\$288,048	\$0	\$0	\$0
B. Transitional Housing Operating Costs		\$84,154	TBD	TBD	TBD
C. Administrative Costs @7%	\$94,133	\$96,067	\$98,000	\$98,000	\$98,000
D. Total	\$1,406,250	\$1,407,126	\$1,406,000	\$1,406,000	\$1,406,000

V. Outcomes and Expectations

HOPWA investment outcomes must align with federal requirements for planning and reporting as well as track performance based on funding shifts. The primary federal outcomes are:

- Homelessness prevention
- Housing access and stability

The Consolidated Plan asks for numerical goals for households to be provided housing through STRUMU, tenant-based rental assistance, units provided in permanent housing facilities developed, leased, or operated with HOPWA funds, and units provided in transitional short-term facilities developed, leased, or operated with HOPWA funds.

The Consolidated Annual Performance and Evaluation Report (CAPER) requires us to report on the prevention and stability outcomes as well as outputs which are the number of units of housing or households that receive HOPWA assistance during the operating year. Appendix 2 provides a framework for federal planning and reporting purposes and projects outputs by funding allocation in HOPWA-eligible activities. It shows how funding shifts result in additional households served each year through 2014

The Investment Plan calls for new initiatives resulting from funding shifts to:

- Improve access to affordable housing and support to maintain that housing
- Expand permanent affordable housing with and without supportive services

The following are the proposed baseline data to be collected in 2013-2014 from which specific performance measures can be established for 2015-2016.

Outcome 1: More people with HIV/AIDS who are homeless or at greatest risk of housing instability secure housing and maintain stable housing.

Outputs:

- a. Number of people, reported as low, moderate or high need, screened and triaged by lead agency
- b. Number of people who secure housing through lead agency, reported by low, moderate, or high need and by race and by income;
- c. Number of people who maintain housing for 6 months; for 1 year;
- d. Number of people receiving STRMU assistance to secure or maintain housing
- e. Number of people who receive Navigator services
- f. Number of people who secure housing with assistance of Navigator program

Outcome 2: More affordable housing is available to people with HIV/AIDS

Outputs:

- a. Number of units subsidized by HOPWA, by type of subsidy (set aside, PBRA, TBRA, supporting services contract, other)
- b. Number of HOPWA subsidized units that have supporting services
- c. Number of units resulting from new MOAs with lead agency by level of tenant support needs (low, moderate, high)
- d. Number of units that are leased by clients of lead agency that have a rent subsidy other than HOPWA and the number of units that any HOPWA subsidy and the number with no housing subsidy.

VI. Advisory Body

The Seattle Human Services Department collaborates with the Public Health – Seattle & King County HIV/AIDS Program to co-facilitate bi-monthly meetings of the HIV/AIDS Housing Committee. The HIV/AIDS Housing Committee is a local planning and coordinating body for Ryan White Part A and HOPWA funding for housing-related services in King and Snohomish Counties. The Committee brings together local government funding agencies and homelessness, housing and social service providers, both within and external to the HIV/AIDS field to discuss service system issues, develop local HIV/AIDS housing policies, conduct assessments of housing-related needs, and address the full spectrum of housing issues facing PLWHA in Seattle and King County.

VII. Contracts

Contracts resulting from the 2013 RFI process will be for twelve months from January 1, 2014-December 31, 2014.

Contracts for 2015 will be awarded to all organizations contingent upon satisfactory performance in the first year and fund availability.

APPENDIX 1
HIV/AIDS Housing Leadership Collaborative

Declan Wynne, Sound Mental Health

Daniel Malone, Downtown Emergency Service Center

James Marshall-Ward, Roshedge/Multifaith Works

Jeff Natter, Public Health

Jennifer Magnani, Madison Clinic

Kristin Winkel, King County Housing Authority

Kristy Johnson, King County Housing Authority

Linda Hall, YWCA

Marcee Kerr, Lifelong AIDS Alliance

Mariah Ybarra, Building Changes

M.J. Kiser, Compass Housing Alliance

Kari Nasby, Madison Clinic

Nicole Price, BABES Network

Randy Russell, Lifelong AIDS Alliance

Ray Padilla, Bellwether

Scott Pearson, Capitol Hill Housing

Tara Connor, Plymouth Housing Group

Tom Tierney, Seattle Housing Authority

APPENDIX 2

	2012		2013		2014	
	Outputs	Funding	Outputs	Funding	Outputs	Funding
Housing Subsidy Assistance						
Tenant-Based Rental Assistance	30	138,000	22	100,000	22	100,000
Project-Based Rental Assistance	56	271,274	69	335,637	83	408,000
Permanent Housing Operating Subsidy	20	472,096	9	236,048	0	0
Transitional Housing Operating Subsidy	0	0	0	0	0	0
STRMU	0	0	20	40,000	23	46,000
Permanent Housing Placement	10	17,800	10	17,800	18	32,040
TOTAL	116	899,170	130	729,485	146	586,040
Housing Development						
Permanent Housing Capital Investment	0	0	8	300,000	0	0
Transitional Housing Capital Investment	0	0	0	0	0	0
TOTAL	0	0	8	300,000	0	0
Supportive Services*						
Services with HOPWA-Funded Housing	96	88,405	96	88,405	96	88,405
Services Only	212	324,542	236	393,169	252	433,555
TOTAL	308	412,947	332	481,574	348	521,960
Housing Information Services						
Navigator Services	0	0	10	50,000	20	100,000
Centralized Functions			10	50,000	20	100,000
Total	0	0	20	100,000	40	200,000
Grant Administration						
	0	94,133	0	96,067	0	98,000
Total	0	94,133	0	96,067	0	98,000
TOTAL		1,406,250		1,407,126		1,406,000

