

Newark EMA HIV Health Services Planning Council

Recommendations of the Housing Committee

Final Report to the City of Newark

July 11, 2005

Introduction

In recent years, the cost of housing in the State of New Jersey has become a significant concern. According to 2003 Census data, New Jersey has the highest median income in the country, at \$55,221 (*Current Population Reports – Consumer Income, 2003*). New Jersey also is home to two of the wealthiest counties in the country. Both Somerset County (# 1) and Morris County (# 4) are listed in the top ten wealthiest counties in the United States (*American Community Survey, 2003*).

Market experts describe the current housing situation as a “housing boom”, with low interest rates allowing sellers to increase the asking price for their homes. However, there are many residents who cannot afford to purchase a home, and rely on renting properties. The rental situation, unfortunately, is not any better. According to the “Out of Reach 2004 Survey” (National Low Income Housing Coalition) the fair market rent of a two-bedroom apartment in the five counties of the Newark EMA (Essex, Morris, Sussex, Union and Warren) is \$1,020. This means an individual renting a two-bedroom apartment needs to earn \$40,800 per year, or \$19.62 per hour. The current minimum wage in the State of New Jersey is \$5.15 per hour. Recent increases in the minimum wage to \$7.15 per hour over the next two years will not drastically change the affordability of housing. When considering the amount paid by disability and other benefits for those low-income consumers living with HIV/AIDS, the ability to secure safe housing becomes limited, without the assistance of some form of subsidized housing.

As housing costs continue to rise, for both homeowners and those who rent, a significant portion of the community is at risk for homelessness: Those who are low income or living below the federal poverty level. This is especially true in the HIV/AIDS population, where it is difficult for many to maintain full-time employment as a result of their illness. Consumers rely on housing subsidies, such as Housing Opportunities for People With AIDS (HOPWA) funded by the U.S. Department of Housing and Urban Development (HUD), to assist with monthly rental costs. Other consumers rely on Section 8 housing vouchers, however many counties and towns have waiting lists spanning years before eligibility for Section 8 can be considered.

As is noted on the HUD website (www.hud.gov), since 1992, the federal government has appropriated over \$2.3 billion in HOPWA funds to support People Living With HIV/AIDS (PLWHA). HOPWA was originally created as a program to prevent homelessness for persons living with AIDS. The program was created before the advent of protease inhibitors, during a time when many consumers were dying as a result of complications from HIV/AIDS. Thirteen years later, and eight years after the creation of protease inhibitors, consumers are living much

longer, and often healthier lives. However, many cannot maintain full-time employment and therefore have difficulty paying monthly bills such as rent. In addition, when considering the number of people living with the virus, the total amount allocated to the HOPWA program has decreased in recent years. Simple supply and demand economics explain the difficulties this creates for both providers and consumers of HOPWA services. More clients are in need of a service that is not readily available.

In the Newark EMA, the HOPWA program has experienced significant decreases in the past two years, totaling \$2 million (Newark DHHS). This is especially significant when considering the program was funded at \$6 million. In response to these funding decreases, the City of Newark – which is the grantee for HOPWA – changed what is payable under HOPWA through coordination with Ryan White CARE Act Title I services. Because payment for many support services for PLWHA is available through Title I, the City of Newark removed payment for these support services from HOPWA, which freed up HOPWA funds to become the main source for rental assistance. Although this realignment has kept more PLWHA on HOPWA assistance, it has not removed the financial burdens still facing this program. There are not enough HOPWA funds to meet the housing needs of PLWHA, and the trend appears to be worsening with a projected further decline in federal HOPWA funding. As a result, otherwise eligible PLWHA may have to be disenrolled from HOPWA.

In response to these housing concerns, the City of Newark, Department of Health and Human Services (DHHS) asked the Newark EMA HIV Health Services Planning Council at its meeting of February 18, 2004 to convene an ad hoc [housing] committee to look at the housing issue for the Newark EMA and make recommendations regarding HOPWA. An important aspect, consistent with the Council's role in HIV needs assessments and comprehensive planning, was to secure input from PLWHA and larger community of those affected by HIV/AIDS regarding their housing issues.

Participants for the Housing Committee were recruited from many sources, including existing Planning Council members, Ryan White and HOPWA funded agencies, consumers, and representatives from housing coalitions.

Housing Committee Work

After identifying potential committee members, the Planning Council arranged the first meeting, which took place in April 2004. Members brainstormed about housing and came up with two broad goals for the committee. These included developing a continuum of care that includes permanent and special needs housing, and educating the power brokers in the process as to the issues of permanent housing and special needs housing for PLWHA. As the committee continued to meet through the spring of 2004, it became apparent that while these goals were important, they may not be feasible for the committee in terms of immediacy and making recommendations to the City of Newark. The committee decided to focus its efforts on a goal which was more time sensitive, and came up with the following goal which included four issues to be addressed:

“In light of projected HOPWA cuts ...

- #1 What criteria should be used to evaluate an individual's eligibility for HOPWA rental assistance?
- #2 What criteria should be used to evaluate an individual's continuation of HOPWA rental assistance?
- #3 What mechanism should be established to objectively, equitably and compassionately evaluate an individual's elimination from HOPWA assistance?
- #4 What mechanism should be established to work with individuals eliminated from HOPWA to continue to have safe and affordable housing?”

The committee agreed that the information obtained from this new goal would significantly feed into the original goals of the committee, and determined those goals would be addressed once the initial work was completed.

To begin researching criteria for eligibility, continuation and elimination from HOPWA services, committee members contacted other EMA's throughout the country, to determine what the procedure is in these regions. Members also reviewed the existing HUD criteria. Lastly, members spoke with a representative from AIDS Housing of Washington, a well respected housing agency in Washington State. Members utilized this phone conference to brainstorm and determine which eligibility, continuation and removal criteria may be appropriate or not appropriate.

Consumer Survey

As the work of the Housing Committee progressed, members recognized the importance of consumer input regarding HOPWA recommendations. Consumers are the individuals who access and utilize the services, and therefore would provide valuable information.

The results of the consumer survey directly impact the committee's recommendations, which will be detailed later in this report. It is important, however, to distinguish consumer survey results. These surveys were mailed to all agencies in the EMA providing HOPWA assistance, and were sent to the attention of the HOPWA administrator. A cover letter, detailing the purpose of the Housing Committee and the surveys was included. Providers were asked to distribute the surveys to consumers currently receiving HOPWA assistance, and return the completed surveys in self addressed, stamped envelope. The surveys were mailed in November 2004 with a requested return date of December 15, 2004. Approximately one week before the return date, Planning Council volunteers contacted those agencies that had not returned surveys. After the requested return date, a reminded letter was mailed to non-responding agencies, reminding staff of the importance of the work of the housing committee, and the need for consumer involvement in the recommendations. 6 of the 13 agencies in the EMA providing HOPWA assistance returned completed surveys. The surveys were also distributed at the town hall forums, for those consumers who had not completed the surveys in an agency setting.

A total of 168 individuals responded to the consumer survey. 54% of the respondents were male, while 46% were female. Zero clients self-identified as either transsexual or

transgendered. Of the 158 respondents who indicated their age range, 3% were under 24, 46% were between 25 and 44, and 50% indicated they were over 50 years of age. The majority of the respondents were Black (58%) and Hispanic (27%). A smaller percentage indicated they were White (12%) and a small percentage responded American Indian (1%). The majority of the 154 respondents who provided their HIV status indicated an HIV diagnosis (75%) while a smaller percentage indicated an AIDS diagnosis (25%). Respondents were also asked to identify the number of persons living in their household. 54% of respondents indicated they live alone, 20% live with one other person, 14% live in a three-person household, and 12% live with 4 or more persons.

In addition to providing basic demographic data, respondents were asked to rate the following criteria (as suggested originally by the Housing Committee) and determine if the criteria should or should not be used to determine HOPWA eligibility. The results are detailed in the table below.

Table 7-1: Results of Consumers' Rating of Possible HOPWA Eligibility Criteria

Criteria	Should be used (%)	Should not be used (%)
Timely payment of client portion of rent	94%	6%
Income eligibility twice each year	86%	14%
Visit Primary Care Physician at least once a year and provide proof	95%	5%
Monthly contact with social services	83%	17%
Urine screens	82%	18%
Feedback from landlord	71%	29%
Inspection of the residence twice each year.	88%	12%

Clients were then asked to provide suggestions regarding any additional criteria they felt would be appropriate for HOPWA eligibility. Responses included the following:

- Inspection once a year, as opposed to twice each year
- Urine screens only if there is a indicated history of drug use
- Income eligibility once each year
- Help homeless or those at risk of being homeless first
- Willingness to participate in employment training, budget management
- Priority given to consumers willing to homeshare
- Priority given to parents with HIV-positive children
- History of criminal activity
- Legal background checks

Clients were also asked to identify the amount (in dollars) they would be willing to increase their monthly contribution towards their rent. The majority of the respondents indicated they could not afford to increase their contribution (53%). 21% reported they would be willing to increase their monthly contribution by \$10 - \$45, and 14% would be willing to increase their contribution by \$50. Lastly, 12% of respondents reported they were willing to increase their monthly

contribution by more than \$50, with some indicating they would increase their contribution by as much as \$150 or \$185.

Lastly, respondents were asked to provide any specific suggestions regarding HOPWA assistance or the HOPWA program. A large percentage of respondents seemed to confuse the purpose of the survey, and recommended increased dollar allocations to the HOPWA program. Other suggestions included:

- More funds for single mothers
- HOPWA should pay rent in rooming houses
- Should have to give back more to receive assistance (volunteer work with agencies)
- Being positive is stressful enough, if people pay on time all these [criteria] are degrading
- Provide training to clear credit/assist with home ownership, courses on budgeting and financial conservation
- Cap on monthly allotment
- Standardize qualifications across all agencies
- Multiple rent increases difficult on fixed incomes
- Need more landlords willing to accept HOPWA

Town Hall Forums

Town hall forums were hosted in each of the three regions of the EMA (Essex County, Union County and the Tri-County Region). Flyers, along with a letter explaining the purpose of the forum were sent to all agencies providing HOPWA assistance in the EMA. Staff at these agencies were encouraged to distribute the flyers and assist with recruitment of consumer participants. Flyers were also sent to all Housing Committee members, as well as other entities providing housing not associated with HOPWA.

Essex County

The first town hall forum was hosted at St. Bridget's on January 12, 2005, with approximately 45 participants. Those in attendance were primarily consumers, many of whom stated they are currently receiving HOPWA assistance. A limited number of providers also participated in the discussion.

Participants overwhelmingly agreed that criteria for eligibility, continuation and removal of HOPWA assistance should be standardized across all agencies in the EMA. Participants noted that in many instances, if a consumer cannot meet the criteria in one agency, they simply move on to another agency, whose criteria may be less stringent. Participants pointed to inconsistencies across agencies, which contributes to abuse of the system by some consumers.

The majority of participants agreed that income should determine whether a consumer is eligible for HOPWA assistance. Those in attendance also agreed that priority should be given to families with children, in particular single parents with children, as well as to consumers with disabilities in addition to HIV/AIDS. Lastly, consumers suggested that funding should be

reserved for consumers with an AIDS diagnosis, as opposed to an HIV diagnosis. There were a limited number of consumers who disagreed with this last suggestion; however consumers noted the program specifies that the program was designed for People with AIDS.

The majority of participants agreed on the following criteria for continuation for HOPWA services: participation in some sort of employment program, containing a financial education component. Participants agreed that those receiving HOPWA assistance need to understand that they will need to eventually function without HOPWA subsidies. Those in attendance suggested education for consumers that addresses housing options beyond HOPWA, noting consumers can no longer rely on HOPWA as a long-term subsidy.

Participants currently receiving HOPWA assistance noted they would be willing to increase the amount they pay each month, if necessary, to maintain HOPWA assistance. However, many noted significant increases would be difficult.

The majority of those consumers participating in the housing forum at St. Bridget's agreed that consumers who are actively using drugs should be removed from the HOPWA program. However, some expressed concern regarding urine screens, stating certain medications may alter urine screen results. Participants also agreed that those consumers who are unwilling to seek primary medical care should be eliminated from the HOPWA program. Participants agreed that consumers being removed from the program should be provided with timely notification, allowing them time to seek alternate housing.

Tri-County Region (Morris, Sussex and Warren Counties)

The second town hall forum was hosted at Hope House on January 14, 2005, with approximately 20 participants. As with the forum in Essex County, the participants were primarily consumers, with only 2 provider agencies participating in the discussion.

Participants noted the housing situation in the Tri-County region differs slightly from the other counties in the EMA, in particular in Morris County, one of the wealthiest counties in the State, and in the Country.

Participants discussed eligibility criteria for HOPWA assistance, including priority funding for single parents.

Participants also made recommendations regarding criteria for the continuation of HOPWA assistance. Those in attendance agreed urine screens should determine whether or not a consumer continues with HOPWA subsidies. Participants also suggested case workers should perform home visits to determine the living conditions of those receiving assistance. Some participants suggested that many consumers are able to work, but unwilling to do so. These participants suggested physicians should be included in an assessment of ability to become employed. Those consumers who can work full-time should not be given priority for housing subsidies. Participants' priority should be given to those consumers with children, and those whose health status is poor.

Suggestions for criteria for removal from HOPWA included two or three positive urine screens, and abuse or criminal activity. Participants expressed concern regarding the cost of urine

screens, and who will subsidize these costs. Participants also noted that HOPWA should not be viewed as a life-long assistance program, and suggested other housing options need to be explored, in light of funding constraints. Participants also noted the importance of individual advocacy, and discussed the need to network with other housing coalitions/consortia to identify alternative housing solutions.

Union County

The last town hall forum was hosted at Trinitas Hospital on January 26, 2005. Approximately 30 community members, including consumers and providers participated in the discussion.

Attendees agreed that criteria for HOPWA eligibility needs to be standardized across all agencies providing HOPWA assistance. Participants also suggested that quasi “treatment plan” is created when an individual initially receives HOPWA assistance. This plan would detail goals and a proposed length of time HOPWA assistance will be provided. Participants also suggested a six-month probationary period be instituted, whereby case workers make a determination of HOPWA assistance will be continued beyond six months. As opposed to the other town hall forums, some participants in this forum did not agree that priority should be given to single parents with children. As one participant noted, “Why should I not get assistance, just because I don’t have any kids. I still need housing, too.” Participants agreed that retention in primary medical care should be a criterion for eligibility, as well as urine screens.

Participants suggested the Housing Committee should contact other EMA’s across the country to determine criteria for continuation of HOPWA services.

Participants had mixed opinions of whether consumers should be given multiple chances to change behavior before HOPWA assistance is removed. Some suggested a “three strikes out you are out” policy, while others stated one infraction should result in the removal of HOPWA assistance. These “infractions” may include substance use, unreported income, refusal to seek primary medical care, failure to follow property maintenance standards and destruction of property.

Initial Recommendations of the Housing Committee

Based on discussion of committee, survey results and town hall meetings, the Housing Committee of the Newark EMA HIV Health Services Planning Council made a series of initial recommendations for each of the four items listed in the first goal. Explanation or clarification of the criteria was included where appropriate. These Initial Recommendations are set forth in Appendix F.

The Housing Committee presented its final report to the Newark EMA HIV Health Services Planning Council at the Council’s regularly scheduled meeting of May 18, 2005. The Council accepted the report and members were instructed to review the document for purposes of discussion and vote on acceptance of the recommendations at the next Council meeting.

Final Recommendations of the Planning Council

At its regularly scheduled meeting of June 15, 2005, the Newark EMA HIV Health Services Planning Council reviewed the complete report and each of the Initial Recommendations. There was discussion on each criterion and each was voted on individually in accordance with Roberts Rules of Order. In some instances, no Council member made a motion to vote on the proposed criterion, so it was removed from consideration in accordance with the Rules. Several Council members have current experience in housing issues directly related to the topics in this report, including HUD housing grants, landlord and tenant business and legal issues, the housing market in the Newark EMA. These members provided clarification of some of the technical issues and were very helpful in ensuring broad understanding of the topics by Council members during the voting process. Documentation of the Council review is set forth in Appendix G.

The following are the final recommendations of the Newark EMA HIV Health Services Planning Council.

#1 Eligibility: The Newark EMA HIV Health Services Planning Council recommends the following criteria for eligibility for HOPWA services:

- (1) Priority for HOPWA services should be given to those consumers with an AIDS diagnosis, or with advanced illness. Many people living with HIV disease (not AIDS) are able to obtain housing assistance from other sources. This criterion will “triage” and prioritize clients living with AIDS who may be in poorer health and not physically able to access these other services. This is also consistent with the intent of HOPWA as “Housing Opportunities for People With AIDS.”
- (2) Priority for HOPWA services should be given to those consumers (a) who have children, or (b) who are at immediate risk for homelessness. This is consistent with the philosophy of HIV/AIDS programs as emergency funding sources.
- (3) Income eligibility – must be low income. “Low income” will be defined by HUD or other criteria.
- (4) Documented residence in the Newark EMA.
- (5) Past rental assistance and performance should be considered. Such as prompt payment of rent versus continuously late payment or nonpayment.
- (6) Documentation HOPWA is the funding of last resort.
- (7) Inspection of dwelling for safety and health concerns.
- (8) Evidence of willingness to improve job feasibility, if physically/mentally appropriate.

#2-#3 Continuation and Removal: The Newark EMA HIV Health Services Planning Council recommends the following criteria for continuation of HOPWA services, and for removal from HOPWA if noncompliance is indicated:

- (1) Proof of timely payment of client’s portion of rent.
- (2) Documented Case Management (including HOPWA Case Management).

- (3) Income eligibility review annually. With appropriate documentation of income.
- (4) Successful inspection of residence annually.
- (5) Failure to pay client portion of rent on time (removal after a defined number of infractions).

The Council also approved the following language in its acceptance and approval of the rest of the report.

Initially, the Housing Committee was interested in the creation of a Review Board for those consumers who felt their HOPWA assistance was unfairly discontinued. However, the Committee agreed that a mechanism already exists for consumer complaints, and that creation of this Review Board would therefore be duplicative.

#4 Mechanism for housing alternatives: With respect to establishing a mechanism to work with individuals eliminated from HOPWA to help ensure they continue to have safe and affordable housing – such as an entity to network/advocate for housing – this is a future direction of the committee and is discussed below.

Standardized criteria: The Housing Committee also recommends that regardless of what criteria the Newark Department of Health and Human Services chooses to adopt, these criteria be standardized across all agencies. This will help reduce abuses in the system.

Legal issues: The Committee recommends that the City of Newark review legal issues related to criteria for eligibility, continuation and removal. These issues were raised during the Planning Council's review of the final draft report and were reviewed subsequently by the Housing Committee. The specific issues will be forwarded to Newark DHHS with this report.

Future Directions

As funding decreases for the HOPWA program, the reality exists that consumers will inevitably be at risk of losing HOPWA assistance. This is a reality that cannot be ignored. The program cannot maintain the number of consumers at the current funding level, or at decreased funding levels. As in any system, some abuses may exist. The establishment of the criteria listed above is an effort to identify those consumers who may not require HOPWA assistance. However, some consumers may be eliminated from the program while still requiring housing assistance. The Housing Committee recognizes this, and thus recommends continued work on the committee's other two goals and desired housing outcomes listed below.

Goal 1: Develop a continuum of care that includes permanent and special needs housing.

Objectives:

1. Identify additional housing resources
2. Increase networking with housing programs
3. Conduct a needs assessment
4. Town meeting to invite consumers to talk about permanent and special needs housing, in a neutral place.

Goal 2: Educate power brokers in the process as to the issues of permanent housing and special needs housing for PLWHA (City, State Legislature, Federal Government).

Objectives:

1. Identify the power brokers
2. Identify the perspective from the three points of view: consumer, landlord, and funding source(s).
3. Identify the landlords
4. Make recommendations to the Newark Department of Health.

Outcomes:

#1 Increase the number of affordable housing units.

#2 Prevent current HIV+ clients from becoming homeless.

One recommendation being considered is the creation of a housing coalition. This coalition would be an entity established to network/advocate for safe housing. Housing coalitions do currently exist, and the committee may choose to partner with existing coalitions. This coalition must work to identify alternative housing solutions for PLWHA.

Acknowledgements

With the submission of these recommendations, it is important to acknowledge those individuals who significantly contributed to the success of the Housing Committee. The Newark Department of Health and Human Services was extremely supportive of the work of the committee, and provided representatives at each meeting, who were available for clarification and to provide necessary information to the committee. Brother Joe McAlister, Chair of the Housing Committee, worked hard to ensure the committee was goal and outcome oriented. It is also important to recognize those service providers who offered space to host the town hall forums. These providers are: St. Bridget's (Newark), Hope House (Dover) and Trinitas Hospital (Elizabeth). I would also like to thank Charles Jones and the Union County HIV Consortium for co-sponsoring the town hall forum in Elizabeth. He was instrumental in securing a location for the forum, as well as recruiting participants.

There were numerous agencies who allowed staff to contribute many hours to the work of the Housing Committee, and these agencies should be recognized.

St. Bridget's
Community Health Law Project
City of Elizabeth, Department of Health & Human Services
Hyacinth AIDS Foundation
Union County Department of Human Services
The Salvation Army
NJCRI – Project WOW
Interfaith Council for the Homeless
Isaiah House
Broadway House

Essex County Kid's Connection

Also, special thanks is extended to those Housing Committee members not affiliated with a specific agency, who provided numerous hours of personal time to the work of the committee. Lastly, we would like to thank those consumers who participated in the housing town hall forums and completed consumer surveys. Their input was vital to the recommendations, and we greatly appreciate their participation.