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City of  
Atlanta  
HOPWA  
Consolidated  
Planning  
Report

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Collaborative Solutions, Inc.

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## LIST OF ACRONYMS

<b>AHW</b>	AIDS Housing of Washington
<b>AMI</b>	Area Median Income
<b>APR</b>	Annual Progress Report
<b>ASO</b>	AIDS Services Organization
<b>CAPER</b>	Consolidated Annual Performance and Evaluation Report
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CHAS</b>	Comprehensive Housing Affordability Strategy
<b>CSI</b>	Collaborative Solutions, Inc.
<b>DCA</b>	Department of Community Affairs
<b>EMSA</b>	Eligible Metropolitan Statistical Area
<b>FMR</b>	Fair Market Rent
<b>HOPWA</b>	Housing Opportunities for Persons with AIDS
<b>PLWHA</b>	Person Living with HIV/AIDS
<b>SEATEC</b>	Southeast AIDS Training and Education Center
<b>SNHAP</b>	Special Needs Housing Assistance Program
<b>SOAR</b>	SSDI Outreach, Access, and Recovery Initiative
<b>SRO</b>	Single Room Occupancy
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Income
<b>STRMU</b>	Short-Term Rent, Mortgage, and Utility
<b>TBRA</b>	Tenant-Based Rental Assistance

## 1. INTRODUCTION AND METHODS

The City of Atlanta, Office of Grants Management identified the need to develop an updated comprehensive strategy to increase housing resources for low-income persons living with HIV/AIDS (PLWHA) in the Atlanta Eligible Metropolitan Statistical Area (EMSA), which is comprised of the following 28 counties:

- Barrow
- Bartow
- Butts
- Carroll
- Cherokee
- Clayton
- Cobb
- Coweta
- Dawson
- DeKalb
- Douglas
- Fayette
- Forsyth
- Fulton
- Gwinnett
- Haralson
- Heard
- Henry
- Jasper
- Lamar
- Meriwether
- Newton
- Paulding
- Pickens
- Pike
- Rockdale
- Spalding
- Walton

Developing a comprehensive strategy to address the ongoing HIV/AIDS epidemic in the Atlanta metropolitan area as well as the needs of PLWHA related to housing and supportive services is a challenging and complex task. The changing face of HIV/AIDS, due in part to advances in treatment, as well as increasing incidence and prevalence rates of the disease create a difficulty in balancing the scarce availability of resources with a high level of need among PLWHA.

The City contracted with Collaborative Solutions, Inc. (CSI), a regional nonprofit Housing Opportunities for Persons with AIDS (HOPWA) technical assistance provider, to coordinate a comprehensive Resource Identification project, the first phase of which is to conduct a needs assessment to inform the production of a five-year (2010–2014) HOPWA section of the Consolidated Plan. This plan will guide the work of the HOPWA program to increase housing and service options for PLWHA, improve the coordination of such services through improved provider capacity, and enhance the overall system of care through effective management of the HOPWA program.

The following sections describe the needs assessment process that CSI undertook and the sources of data used to develop an overview of the system of care for PLWHA in the Atlanta EMSA.

### ***Needs Assessment Process***

The City previously undertook two comprehensive planning efforts to serve as a foundation for the needs assessment. Additionally, current data from HOPWA-funded Project Sponsors; the Ryan White Planning Council; the Metropolitan Atlanta Tri-Jurisdictional Collaborative on Homelessness, which covers the City of Atlanta, Fulton County, and DeKalb County; and the Georgia Department of Community Affairs (DCA), which manages the HOPWA program for the balance of state was reviewed. A combination of outreach interviews, provider surveys, HOPWA performance reports, data from related systems and public sources, and meetings with providers was used to identify current need.

Specific goals to accomplish are:

- Use convening of providers to serve as a first step in establishing a more regular and long-term HOPWA coordinating and planning body;
- Incorporate in the assessment of need the capacity of provider agencies to increase housing and related services for PLWHA;
- Establish a HOPWA funding proposal process that clearly responds to needs;



- Identify community-wide priorities;
- Create standards for proposals and projects;
- Document and include an established process in the Consolidated Plan; and
- Clarify the role of City staff in facilitating ongoing coordination among providers.

CSI facilitated two planning meetings with Project Sponsors, City staff, and key stakeholders. The following is a list of all agencies represented at these meetings:

- |   |   |
|---|---|
| • AID Gwinnett  | • Fulton County Human Services Department                       |
| • AIDS Alliance of Northwest Georgia, Narnia Housing Program        | • Furniture Bank of Metro Atlanta                               |
| • AIDS Athens   | • Georgia Department of Community Affairs                       |
| • Antioch Urban Ministries, Matthew’s Place                         | • HOPE Atlanta Programs of Travelers Aid                        |
| • Atlanta Legal Aid Society, AIDS Legal Project                     | • Hope House  |
| • City of Atlanta, Department of Planning and Community Development | • Integrated Life Center  |
| • City of Atlanta, Office of Grants Management                      | • Jerusalem House   |
| • Cobb County Board of Health                                       | • Living Room   |
| • Cobb County CDBG Program Office                                   | • Marcus Jewish Community Center of Atlanta, Home But Not Alone |
| • Community Foundation for Greater Atlanta                          | • Mayor’s Office of Human Services                              |
| • Cooperative Resource Center, The Edgewood                         | • Open Hand   |
| • DeKalb County Board of Health                                     | • Our Cousin’s House  |
| • DeKalb County Community Development                               | • Positive Impact   |
| • Fulton County Government, Ryan White Program                      | • St. Joseph’s Mercy Care Services, The Edgewood                |
|   | • Southside Medical Center                                      |

### Consolidated Planning Meeting #1

The first meeting, conducted on August 18, 2009, allowed the City staff to share their vision for the HOPWA program and what they hope to accomplish. This first meeting also included a HOPWA 101 presentation so that all parties had a basic understanding of the HOPWA program. An explanation of HUD’s Consolidated Planning process emphasized the importance of good data collection and participation in annual action plans. The state of the Atlanta EMSA HOPWA program was presented with a focus on housing, related supportive services, and the system of care. A review of the past plans and current survey information was provided.

This information set the stage for three brainstorming sessions:

- *Housing* –The following questions were posed to the group: What are the greatest housing needs of PLWHA in Atlanta EMSA? What are the top two to three needs over the next five years? The group brainstormed answers, which were written on flip charts. Categories of housing resources needed for PLWHA were identified. Ultimately, the group agreed that the “consumers should have housing along a continuum within a community of their choice that is affordable, accessible, available, and adequate.”
- *Supportive Services* – The group responded to the following questions: What are the greatest housing-related supportive services needs of PLWHA in Atlanta EMSA? What are the top two to three needs over the next five years? First, the group brainstormed responses to these questions, which were again written on flip charts. Participants were then asked to indicate which services are necessary to prevent homelessness, access housing, and maintain housing.

- *System of Care* – The group was asked: What other needs exist within the housing-related system of care? The group’s responses were recorded on flip charts. Due to time constraints, system of care issues were not categorized with the stakeholders.

### Consolidated Planning Meeting #2

The second planning meeting was held on September 11, 2009. Many of the participants of the first meeting returned for the second meeting; there were several new participants as well. An overview of the first meeting was presented to ensure that participants understood the process and knew that the information they shared in the first meeting was being used. The methodology for identifying unmet need was presented and participants provided feedback about the accuracy of these numbers.

A review of the brainstorming efforts regarding housing, supportive services, and system of care followed. This review included a comparison of what participants reported with existing data. Participants were asked to consider three questions for each of the focus areas:

1. Does this information adequately describe the needs of low-income PLWHA in the Atlanta EMSA?
2. What would you like to see happen to enhance housing/services/system of care for low-income PLWHA over the next five years?
3. Looking beyond HOPWA and Ryan White, on what other housing/supportive services/system of care resources can, and should, we focus?

Meeting participants completed a series of worksheets to help further refine and prioritize the housing, supportive services, and system of care needs. Each of these processes is described below:

- *Housing* – Participants were first asked to prioritize the importance of addressing several characteristics of housing for PLWHA: housing along a continuum that is affordable, adequate, accessible, available, and increasing the capacity of nonprofits to enhance and increase housing stock. The participants prioritized housing specific populations and indicated if the populations were in need of increased access to housing and related supportive services or additional units available to them. The final activity to determine the system’s priority for housing required smaller group discussions based on housing type—emergency/short-term; transitional; permanent housing facilities; permanent housing Tenant-Based Rental Assistance (TBRA); Short-Term Rent, Mortgage, and Utility (STRMU) assistance; and supportive services only. Each of these groups—and the participants individually—reviewed housing inventories for each type of housing. These inventories included the estimated need for housing, the total inventory, and the current gap. Participants were asked to identify other types of housing that HOPWA could fund, other resources for this housing that could be accessed in the community, other geographic areas that could be served, and other populations that should be prioritized for this type of housing. Finally, participants were asked to indicate whether the type of housing was a high, medium, or low priority going forward. (See Attachment A for the housing worksheets.)
- *Supportive Services* – The list of supportive services that participants of the first meeting identified as being necessary to prevent homelessness, access housing, and maintain housing was reviewed. Participants were given the opportunity to indicate if any services should be added to these lists. Once the lists of supportive services were finalized, participants reported for each type of service the other resources in the community that support the service and the level at which HOPWA should prioritize the service. (See Attachment B for the supportive services worksheets.)

- System of Care – An overview of previous planning efforts and results of the previous brainstorming session was summarized along four dimensions: collaboration and communication, standards of care, agency capacity, and data collection. Participants were asked to indicate if each of these dimensions should be prioritized at a high, medium, or low level. (See Attachment C for the system of care worksheet.)

### **Data Sources**

The data used to inform the needs assessment process were a combination of existing planning reports; information from Project Sponsors gathered through telephone interviews and a provider survey; HOPWA performance reports at the EMSA and Project Sponsor levels; and publicly available data regarding HIV/AIDS and housing indicators.

#### Existing Plans

There are two previous comprehensive plans: *1998 Atlanta EMSA HIV/AIDS Housing Plan* by AIDS Housing of Washington (AHW) and *2006 Atlanta EMSA Comprehensive Housing Needs Assessment for People Living with HIV* by the Southeast AIDS Training and Education Center (SEATEC). The AHW plan included an overview of housing, homelessness, and HIV/AIDS in the Atlanta EMSA as well as information collected through consumer surveys. The SEATEC plan included information gathered from key informant interviews, consumer focus groups, provider surveys, and provider discussion groups. These plans provided comprehensive background information and important consumer information.

In addition to these plans, the following documents were used:

- *2002–2003 Atlanta EMA HIV Consumer Survey* by SEATEC
- *2007–2008 Atlanta EMA HIV Consumer Survey* by SEATEC
- *FY 2009–2011 Atlanta EMA Comprehensive HIV Health Services Plan: Ryan White Part A, Atlanta Eligible Metropolitan Area* by The Comprehensive Planning Committee, Metropolitan Atlanta HIV Health Services Planning Council

#### Interviews with Project Sponsors

Interviews were conducted with agencies identified as points of entry to the HIV/AIDS system of care or that provide comprehensive intake services for housing. Telephone interviews were conducted with AID Atlanta, AID Gwinnett, Jerusalem House, and Living Room. Interviews focused on specific HOPWA services provided by these agencies, agency housing and related services inventories, system of care linkages among HOPWA providers and with other providers, and information related to data collection. When possible, agencies shared intake forms so some comparison could be made regarding data elements.

#### Provider Surveys

HOPWA Project Sponsors completed a survey that was administered through Survey Monkey, a Web-based application. The survey asked questions related to the agency's service population and location, the overall housing system of care for PLWHA, housing-related services, and housing resources provided by the agency. This information was used to create provider- and system-level profiles that include a housing and services inventory, geographic coverage area, and agency caseloads.

#### HOPWA Performance Data

HOPWA performance data for the entire Atlanta EMSA as well as each of the Project Sponsors funded in 2008 was reviewed. The City's Consolidated Annual Performance and Evaluation Report (CAPER) for the

years 2006, 2007, and 2008 was also used, as well as each of the Project Sponsors' Annual Progress Reports (APR) for 2008.

#### HIV/AIDS Prevalence Data

The HIV/AIDS Epidemiology Unit, Office of Epidemiology, Evaluation, and Health Information, Division of Public Health, Georgia Department of Community Health provided HIV/AIDS prevalence data for each of the 28 counties in the Atlanta EMSA. Due to confidentiality concerns, population demographics were only provided in the aggregate for the entire 28 county area. These numbers described the race/ethnicity, gender, and age for all persons diagnosed with HIV/AIDS as of December 31, 2008.

#### Comprehensive Housing Affordability Strategy (CHAS) Data

CHAS data are culled from the 2000 Census and intended to assist HOME and CDBG jurisdictions in the preparation of their Consolidated Plans. These data include information about housing problems and the availability of affordable housing at the county level. These data were used to represent the general population in Atlanta and to estimate the number and percentage of PLWHA that are low-income and have a housing cost burden.

## 2. OVERVIEW OF HIV/AIDS IN ATLANTA EMSA

The following sections provide an overview of HIV/AIDS in the Atlanta EMSA including the estimated number of HIV and AIDS cases and general characteristics of the population. Because county-level data regarding characteristics of PLWHA was not available for the entire EMSA (only those counties with high incidence rates of the disease), the Georgia Department of Community Health was only able to provide aggregate numbers for the 28 counties comprising the EMSA.

### ***Estimated Number of PLWHA in Atlanta EMSA***

As of December 31, 2008, a total of 24,679 persons were living with HIV or AIDS in the 28 counties that comprise the Atlanta EMSA; 39.3% of these individuals were living with HIV while the remaining 60.7% had a diagnosis of AIDS. This finding is consistent for the state of Georgia as a whole; all but one public health district (South Central, Dublin) had AIDS case rates that were higher than HIV case rates in 2008 (Georgia Department of Human Resources, 2009). It is important to note that 90.39% of the total persons living with HIV or AIDS in the 28 counties are actually living in the following five counties: Clayton, Cobb, DeKalb, Fulton, and Gwinnett (See Table 2-1).

Nationally, the number of persons living with AIDS increased between 2002 and 2007. The length of survival among persons with a diagnosis of AIDS tends to increase with the date of diagnosis (i.e., those diagnosed more recently tend to live longer) and decreases with age (i.e., the older one is when diagnosed with AIDS, the shorter the survival period) (CDC, 2009).

**2-1. Number of Persons Living with HIV (not AIDS) and  
AIDS in the 28 County Atlanta EMSA,  
as of December 31, 2008**

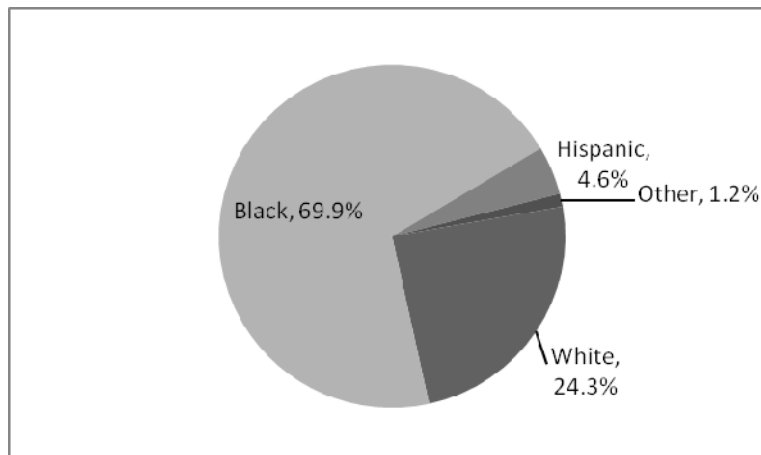
	HIV-NA	AIDS	Total
BARROW	33	67	100
BARTOW	90	124	214
BUTTS	99	86	185
CARROLL	118	107	225
CHEROKEE	136	134	270
CLAYTON	782	872	1654
COBB	830	1032	1862
COWETA	56	100	156
DAWSON	9	12	21
DEKALB	2795	3690	6485
DOUGLAS	84	107	191
FAYETTE	54	66	120
FORSYTH	22	49	71
FULTON	3617	7046	10663

GWINNETT	636	762	1398
HARALSON	12	12	24
HEARD	3	5	8
HENRY	79	103	182
JASPER	29	26	55
LAMAR	11	17	28
MERIWETHER	16	26	42
NEWTON	75	87	162
PAULDING	23	29	52
PICKENS	4	9	13
PIKE	2	10	12
ROCKDALE	22	47	69
SPALDING	12	57	69
WALTON	26	50	76

Note: 1) Numbers are based on cases entered through August 1, 2009, and have not been adjusted for reporting delays. 2) Prevalent cases are based on current residence in the health district regardless of state of diagnosis. 3) Data does not include cases with unknown current residence (n=494).

### **General Characteristics of PLWHA**

In general, PLWHA in the Atlanta EMSA primarily identify as African American or Black; 69.9% reported their race to be Black while 24.3% reported their race to be White. An additional 4.6% reported identifying as Hispanic and 1.2% reported other races, which included Hawaiian/Pacific Islander, American Indian/Alaska Native, multiracial, and unknown. (See Figure 2-1.)

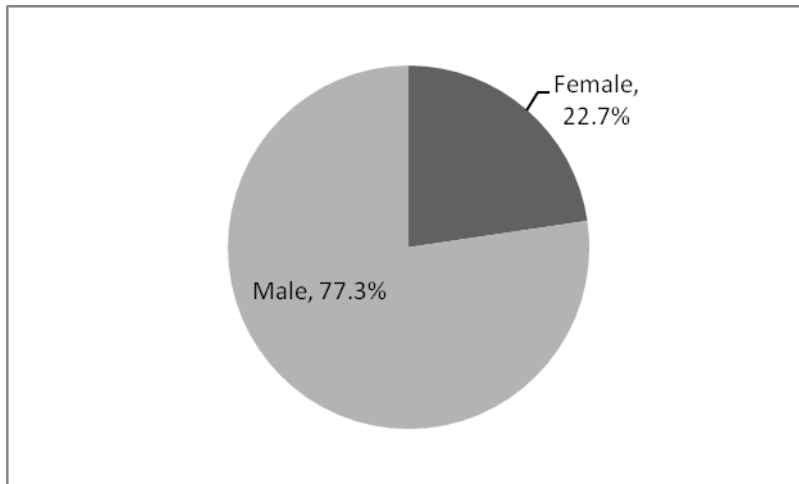


**Figure 2-1. Race/Ethnicity of PLWHA**

Even though estimates provided by the CDC indicate that nationally 51% of persons diagnosed with HIV/AIDS in 2007 identified as African American or Black, this proportion is still lower than the 2008 data for the Atlanta EMSA (CDC, 2009). The HIV research literature discusses at length the significant

relationship between Black or African American race and HIV incidence (Aral, O’Leary, & Baker, 2006; Peterman, Lindsey, & Selik, 2005; Qian, Taylor, Fawah, & Vermund, 2006). This relationship is particularly significant in the South where there is a larger proportion of Black or African American persons than in other parts of the country. The literature states that, even controlling for socioeconomic factors—poverty, education, family structure—there is a higher incidence of HIV infection among Black persons. Several researchers have provided explanations for this obvious disparity including higher rates of infection in the partner pool, segregated sexual networks, low male-to-female sex ratio—due to high rates of incarceration among Black men—leading to concurrent sexual partnerships (Adimora & Schoenbach, 2002), all of which may be related to racism, unequal access to care, and persistent poverty (Aral, et al., 2006).

The vast majority of PLWHA identified their gender as male: 77.3% identified as male with the remaining identifying as female. This finding is consistent over time as the majority of PLWHA in the Atlanta EMSA, and nationally, are men. In addition, men who have sex with men comprise the largest proportion of PLWHA. (See Figure 2-2.)



**Figure 2-2. Gender of PLWHA**

Finally, among PLWHA in the Atlanta EMSA, 38.3% were between the ages of 40 and 49 years. In fact, the vast majority of PLWHA (81.9%) were between 30 and 59 years. (See Figure 2-3.)

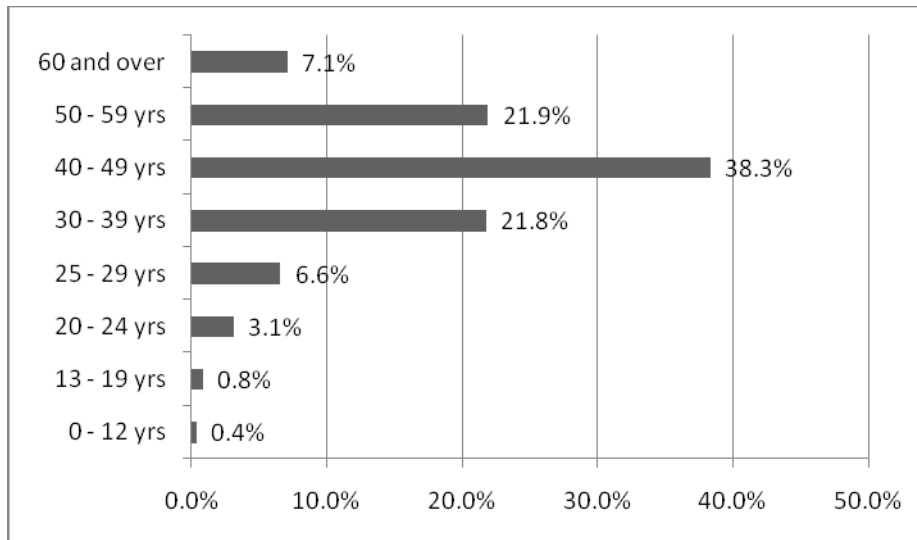


Figure 2-3. Age of PLWHA

Nationally, the number of PLWHA has increased over time, due primarily to two occurrences: the introduction of highly active antiretroviral therapy (HAART) as well as an increase in the incidence of new cases of HIV among persons older than 50 years of age. HAART is helping PLWHA live longer lives, thereby increasing the prevalence of older PLWHA. The CDC (2008) has identified a number of prevention challenges within this population including lack of information about HIV/AIDS, most frequent unprotected sexual intercourse, substance use, and increased stigma.

**Demographic Differences Among Persons Living with HIV and Persons Living with AIDS**

Some important demographic differences exist among those living with HIV (not AIDS) and those who have a diagnosis of AIDS. Among the 24,679 identified cases of HIV/AIDS in the Atlanta EMSA, 60.7% are persons who have been diagnosed with AIDS and the remaining 39.3% are living with HIV. Figure 2-4 provides a comparison of race and ethnicity for those living with HIV and those living with AIDS. A larger proportion of persons identifying as White and Hispanic have been diagnosed with AIDS (63.5% and 61.2%, respectively).

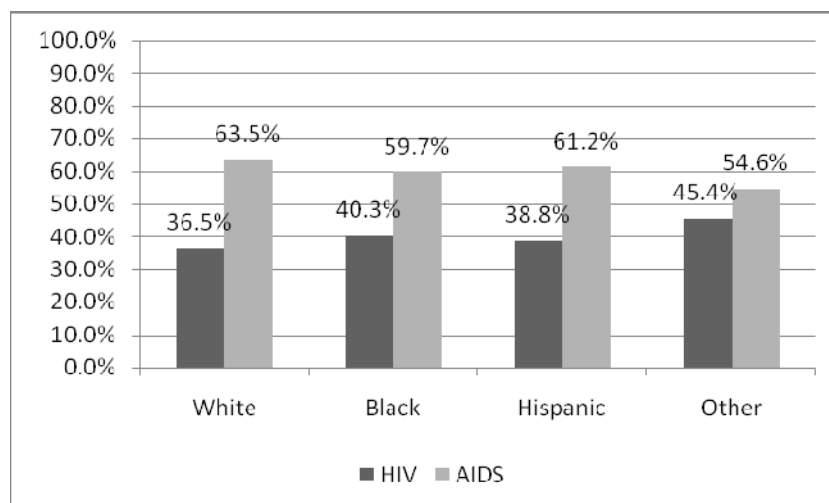
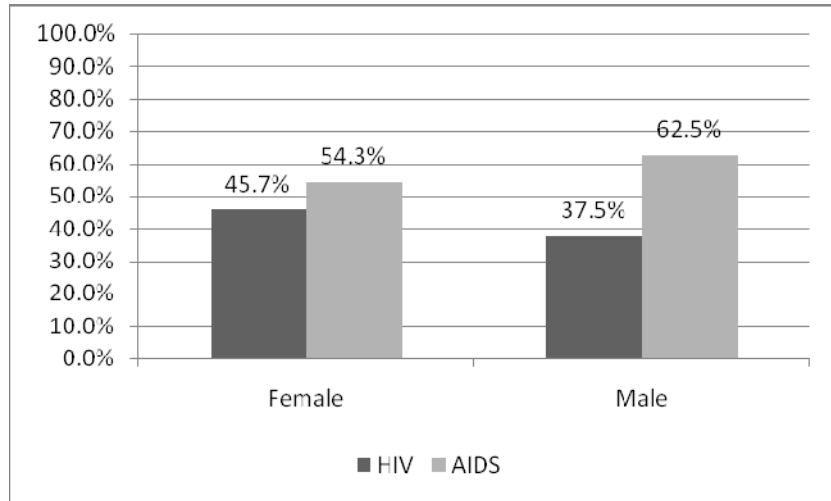


Figure 2-4. Race/Ethnicity of Persons Living with HIV and Persons Living with AIDS

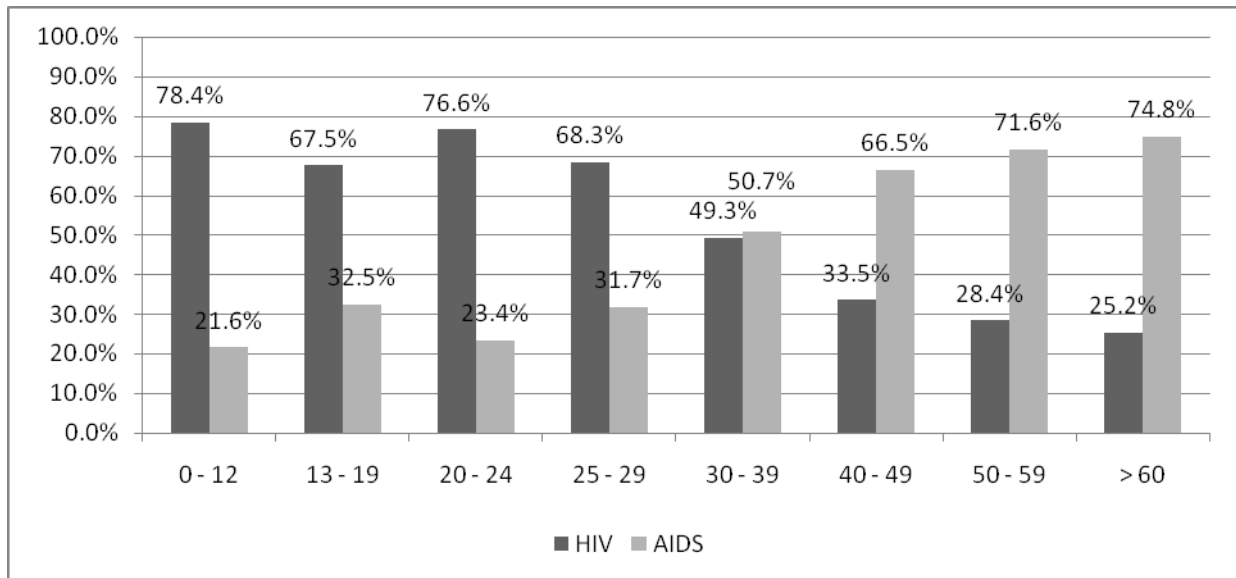


Males are also more likely to be diagnosed with AIDS rather than living with HIV; 62.5% of males have AIDS compared to 54.3% of females. (See Figure 2-5.)



**Figure 2-5. Gender of Persons Living with HIV and Persons Living with AIDS**

Finally, most striking is the increasing proportion of persons diagnosed with AIDS by age. That is, the older age groups have a significantly higher proportion of persons living with AIDS as opposed to HIV. Figure 2-6 provides a comparison of HIV and AIDS diagnoses by age group.



**Figure 2-6. Age of Persons Living with HIV and Persons Living with AIDS**

Table 2-2 provides a summary of demographic characteristics for PLWHA in the Atlanta EMSA.

**Table 2-2. Demographic Characteristics of PLWHA  
in the Atlanta EMSA**

<b>Age</b>	<b>HIV (not AIDS)</b>	<b>AIDS</b>	<b>Total</b>
0–12 years	80	22	102
13–19 years	139	67	206
20–24 years	585	179	764
25–29 years	1,110	514	1,624
30–39 years	2,650	2,720	5,370
40–49 years	3,164	6,290	9,454
50–59 years	1,536	3,864	5,400
60 years and older	444	1,315	1,759
<b>Gender</b>			
Female	2557	3036	5593
Male	7151	11935	19086
<b>Race and Ethnicity</b>			
Black or African American	6941	10298	17239
Hispanic of all races	439	691	1130
White	2191	3817	6008
Other	137	165	302

Other race and ethnicity includes Hawaiian/Pacific Islander, American Indian/Alaskan Native, multiracial, and unknown.

### 3. SYSTEM OF HOPWA-FUNDED HOUSING AND SERVICES

The following sections provide an overview of the system of care for PLWHA in the Atlanta EMSA, including descriptions of each of the 19 Project Sponsors that are providing housing and supportive services funded through HOPWA. In addition, housing and services inventories are provided.

#### ***Overview of System of Care for PLWHA in the Atlanta EMSA***

The HOPWA program funds a variety of eligible activities including emergency assistance, STRMU, permanent housing facilities, TBRA, and supportive services. According to HOPWA Project Sponsors and other providers, referrals to the system of care most often come through post-test counseling. AID Atlanta, AID Gwinnett, and AIDS Athens are easily identifiable agencies that serve as common points of entry to the system of care.

Living Room continues to serve as a system-wide contact for housing assessment and intake. Although Living Room does not appear to be the only point of entry for housing, the agency does maintain long-term relationships with providers as well as a unique relationship with Grady Hospital's Infectious Disease Program where many referrals for housing originate. Over the years, as providers have expanded their housing services they have also started undertaking intake assessments on their own.

Housing and services frequently are centrally located in the City. HOPWA funding is awarded for a large 28-county coverage area. An important challenge is how to address unmet need in the outlying coverage area, although approximately 81.5% of PLWHA are in the central counties.<sup>1</sup>

#### Provider Relationships

Interviews with providers indicate that they have a solid knowledge of the provider system and are successful at referral and linkage. Many agencies utilize memoranda of understanding with one another and, as with most systems, there is a wealth of institutional knowledge. Providers indicated that they have recently convened to improve coordination of STRMU services. This type of focus on coordination may be beneficial to replicate in other areas.

An integral piece of the system of care is the connection to Ryan White case management and other services. Providers agree that HOPWA case management is an important component that needs effective coordination with Ryan White case management and should focus on continually assisting clients to achieve the highest level of independent living possible. An important aspect of coordination among providers is the need to maintain a current housing directory that is accessible to all providers and includes mainstream housing resources in addition to those funded through HOPWA.

In the past, HOPWA providers convened more regularly for overall planning and coordination but, over time, these meetings have decreased in frequency. Additionally, there is inconsistent participation with the established homeless continuum of care groups.

#### System Elements

Previous planning efforts clearly identified four elements of the system of care that require ongoing attention:

- Collaboration and Communication
- Data Collection

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<sup>1</sup> For this purpose, central counties are defined as those in Public Health District 3 (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, Rockdale). The cumulative numbers of HIV/AIDS cases for these counties are based on 2007 Georgia HIV/AIDS surveillance data; therefore, this proportion is intended as an estimate only.

- Agency Capacity
- Standards of Care

### ***Provider Profiles***

Each of the 19 HOPWA-funded providers delivers a unique set of housing and services to PLWHA in the Atlanta EMSA. A brief synopsis of HOPWA-funded housing and services provided by these agencies is included below. In addition, a series of provider profiles for each of these agencies is located in Attachment E and include agency caseload and the proportion of the caseload receiving or needing housing; specific sub-populations prioritized by the provider; geographic coverage of services; services provided by the agency and whether they are funded with HOPWA; and a housing inventory.

#### AID Atlanta

Through the HOPWA program AID Atlanta provides several rental assistance programs including STRMU and long-term rental assistance. The STRMU program provides emergency financial assistance for PLWHA who are facing a crisis housing situation such as loss of employment or an increase in medical expenses and require assistance to prevent homelessness. AID Atlanta provides long-term rental assistance to individuals and families who are in the process of becoming financially self-sufficient; this assistance may be provided for up to 12 months and recipients must be actively engaged in a plan for self-sufficiency.

In addition to rental assistance, AID Atlanta uses HOPWA funds to provide supportive services carried out by a team of supportive personnel:

- **Housing Coordinator and Housing Assistant** – These HOPWA-funded staff positions refer clients to services, handle applications for the rental assistance programs, and facilitate the provision of supportive services to help clients remain housed. In addition, these staff coordinate with other community partners to increase access to housing and supportive services for PLWHA.
- **Housing Case Managers** – The Housing Case Managers provide intensive case management to clients living in housing dedicated for PLWHA as well as clients who may be at risk of homelessness. The housing facilities where the Housing Case Managers provide services include Matthew’s Place, The Edgewood Single Room Occupancy (SRO), The Living Room, Welcome House, Jerusalem House, Legacy House, and Legacy Village.
- **Substance Abuse Case Manager** – This staff person works with individuals who have a substance-related disorder or are homeless. In addition to case management duties such as assessment, outreach, and referral, the Substance Abuse Case Manager is responsible for helping clients in their transition into permanent housing.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide STRMU assistance to at least 300 PLWHA.
2. Provide long-term housing assistance, using long-term rental assistance funds, to at least 50 PLWHA and their families.
3. Provide or facilitate two workshops for long-term rental assistance program participants.
4. The Housing Coordinator and Housing Assistant will (a) process, verify, and select applications for at least 300 STRMU recipients, and (b) process, verify, and select applications for at least 50 recipients of the long-term rental assistance program.
5. Two Housing Case Managers will provide case management and supportive services to 200 PLWHA living in community housing facilities.

6. Substance Abuse Case Manager will provide substance abuse supportive services and case management to 100 PLWHA.

#### AID Gwinnett

AID Gwinnett serves PLWHA with an emphasis on those identifying as racial or cultural minorities. AID Gwinnett serves three counties—Gwinnett, Newton, and Rockdale—and is, in fact, the only AIDS Services Organization (ASO) in that area.

Using HOPWA funds, AID Gwinnett provides both STRMU and TBRA. STRMU is provided to clients who have received eviction notices or late notices for payment of rent, mortgage, or utilities. AID Gwinnett staff work with the STRMU recipient to identify permanent living situations and require that STRMU recipients complete a budgeting skills course prior to the receipt of additional assistance. TBRA is provided to individuals and families with a focus on those who have diagnoses in addition to HIV/AIDS but also have the capacity to live independently following receipt of assistance. Case management staff work with TBRA recipients to increase their independent living skills and identify permanent housing situations. In addition to housing funded through HOPWA, AID Gwinnett uses other types of funding to provide food vouchers for persons living in housing as well emergency shelter through extended stay hotels.

In addition to rental assistance and case management, AID Gwinnett also uses HOPWA funds to supplement transportation costs for clients to attend appointments related to medical care and housing. Transportation assistance is provided through bus tokens in areas that have public transportation and cab rides in counties that do not. Other non-HOPWA funded services include a medical clinic and prevention services as well as case management funded by Ryan White.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide STRMU assistance to prevent homelessness for 36 PLWHA.
2. Provide TBRA assistance to 24 PLWHA.
3. Provide case management to 500 PLWHA.
4. Maintain an updated Housing Resource Directory for the service area, assist clients with obtaining information about affordable housing, assist with the development of housing plans for clients eligible for rent assistance, and advocate for and work to maintain collaborative relationships and create linkages to affordable or subsidized housing and services for clients.
5. Provide transportation to medical, Social Security, Family and Children's Services, and housing-related appointments for 20 PLWHA.

#### AIDS Alliance of Northwest Georgia

Through the Narnia housing program, the AIDS Alliance of Northwest Georgia provides supportive housing for individuals and families, specifically those who have previously experienced homelessness. While the housing is funded through the Shelter Plus Care program, the supportive services, which include a Case Manager who provides referrals and case management, are funded through HOPWA.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Permanently house up to 9 previously homeless PLWHA plus eligible family members.
2. Fully fund the positions of part-time Case Manager and part-time Program Assistant.

#### AIDS Athens

Through HOPWA, AIDS Athens provides rental assistance and transportation assistance for PLWHA and their families who reside in either Barrow or Walton County. The housing assistance provided includes

both TBRA and STRMU. Transportation assistance is provided to help clients attend their medical appointments. These services are coordinated by a Case Manager who also provides additional supportive services aimed at helping residents to achieve housing stability.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide TBRA for 10 PLWHA and their households.
2. Provide STRMU for 15 PLWHA and their households.
3. Provide transportation assistance to medical appointments to 19 PLWHA.

#### Antioch Urban Ministries

Through the Matthew's Place housing program, Antioch Urban Ministries provides long-term transitional housing and supportive services to PLWHA. Residents of Matthew's Place are individuals who have the ability to live independently and have been clean and sober for six months prior to admission. Residents live in an SRO facility where they receive substance abuse and comprehensive supportive services provided by a Housing Director and a Supportive Service Coordinator. Residents attend two "Substance Abuse and Relapse Prevention" peer support meetings each week as well as a weekly "Motivation and Spirituality Workshop." Additional supportive services are provided by other community-based organizations.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide long-term transitional housing to 20 PLWHA who are homeless or imminently homeless.
2. Realize a 50% success rate of residents who transition from Matthew's Place to permanent housing.
3. Conduct "Substance Abuse and Relapse Prevention" group meetings twice a week.
4. Conduct "Motivation and Spirituality Workshops" group meetings once a week.
5. Fully fund the positions of a Housing Program Director, a Supportive Services Coordinator, and a Program Receptionist.

#### Atlanta Legal Aid Society, AIDS Legal Project

The AIDS Legal Project conducts housing-related legal casework for PLWHA and their families, including housing discrimination, landlord/tenant issues, and administrative hearings funded by HOPWA as well as issues related to healthcare such as public benefits, insurance, and access to care funded by Ryan White. The project also provides self-help housing information and community education through information seminars. Additionally, the Grantee can refer clients to Atlanta Legal Aid for assistance with landlord/tenant disputes.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide legal services to 150 PLWHA and their families.
2. Provide approximately 150 hours of outreach to clients of other ASOs, such as the Grady Hospital Infectious Disease Program, AID Atlanta, and AID Gwinnett.
3. Provide partial funding for salaries and benefits for three staff attorneys and one paralegal/intake staff person to provide legal services to low- and moderate-income PLWHA.

#### Cobb County Board of Health

The Cobb County Board of Health provides short-term rental and utility assistance and case management to PLWHA and their families in Cobb and Douglas Counties and the surrounding EMSA. HOPWA funds support two Case Managers to assess client needs and develop service plans for the coordination of housing and supportive services. Rental assistance is provided through the STRMU program.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Coordinate HIV/AIDS supportive services for 450–500 PLWHA.
2. Provide nutritional support to 50 PLWHA.
3. Fully fund the positions of one Case Manager and partially fund the positions of another case manager and four administrative personnel (Controller, Budget Analyst, Human Resources, Fiscal Clerk).
4. Provide 80 clients with STRMU assistance to prevent homelessness.

#### Cooperative Resource Center

The Cooperative Resource Center operates a 46-unit SRO permanent housing facility called The Edgewood. This facility is operated through a complement of staff including the Site Manager, who selects program participants and oversees the daily activities of the facility, as well as an Assistant Manager and security personnel and maintenance staff. In addition to facility operations, on-site supportive services at The Edgewood are provided by St. Joseph's Mercy Care as well as other community-based organizations.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide permanent housing for 65 PLWHA at The Edgewood facility.
2. Partially fund the position of Site Manager and fully fund the Assistant Manager, security personnel, and Maintenance Manager.

#### DeKalb County Board of Health

The DeKalb County Board of Health provides rental and utility assistance through the HOPWA STRMU program for clients receiving services at the DeKalb County Board of Health Ryan White Early Care Clinic. In addition to housing and utility assistance, the DeKalb County Board of Health provides transportation services between a client's home and DeKalb County Board of Health primary care HIV services, to specialty medical clinics in the community, and other service organizations including Matthew's Place, Living Room, Jerusalem House, and the Grady Hospital Infectious Disease Program. Transportation is provided through a van service or tokens for public transportation.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide STRMU assistance for 50 PLWHA.
2. Provide transportation to 120 PLWHA through direct van transportation or tokens.

#### Furniture Bank of Metro Atlanta

Clients who have been homeless previously are referred to the Furniture Bank by ASOs to access donated furniture and household items as they move into permanent housing. The objective for this project to be completed during the 12-month contract period is to provide and/or deliver furniture and household items to 180 PLWHA and their families.

#### Jerusalem House

Jerusalem House is specifically dedicated to meeting the needs of PLWHA and their families with a focus on those who are homeless or low-income based on HUD guidelines. Jerusalem House provides housing and services to both individuals and families and has the capacity to house up to 250 residents (approximately 100 of whom are children) in 138 housing units.

The primary work of Jerusalem House takes place in the following four programs:

- *Program for Single Adults* – This program is intended to serve homeless individuals with a diagnosis of AIDS. In addition to 23 private efficiency apartments, the program provides counseling, case management, personal care assistance as needed, support groups, and recreational and social activities.
- *The Family Program* – This program serves homeless single mothers living with HIV/AIDS and their children in 12 apartment units. Associated supportive services include counseling, case management, personal care assistance as needed, access to an on-site learning center, tutoring services, support groups, and recreational and social activities.
- *Scattered-Site I Program* – This program serves both homeless individuals and families living with HIV/AIDS. The housing offered is an array of 32 master-leased apartment units scattered throughout the Atlanta area. Supportive services are also available and may include counseling and case management.
- *Scattered-Site II Program* – This program serves primarily low-income individuals and families living with HIV/AIDS. Housing is located in 71 master-leased apartment units across the Atlanta area with supportive services that include counseling and case management.

Housing and services are provided in Fulton County, DeKalb County, and the City of Atlanta, but Jerusalem House will serve the entire 28-county EMSA. Jerusalem House has focused on providing housing in these areas due to geographic proximity to Jerusalem House offices, which keeps program overhead low, as well as the fact that the greatest need for HIV-dedicated housing has been demonstrated in these areas. Supportive services are provided by Jerusalem House as well as through collaborative agreements with 16 other agencies in the Atlanta area.

Objectives for the *Program for Single Adults* to be completed for each 12-month period in a 24-month HOPWA contract period are as follows:

1. Permanently house 23 single adults living with HIV/AIDS.
2. Partially fund the Resident Manager, Maintenance Supervisor, Volunteer Manager, Counselor, and the Director of Housing and Services.

Objectives for *The Family Program* to be completed for each 12-month period in a 24-month HOPWA contract period are as follows:

1. Permanently house approximately 12 PLWHA and their families.
2. Fully fund the positions of Maintenance Technician and part-time Residence Managers and partially fund the positions of Learning Center Coordinator, Director of Housing and Residential Services, Volunteer Manager, and Counselor.

Objectives for the *Scattered-Site I Program* to be completed for each 12-month period in a 24-month HOPWA contract period are as follows:

1. Permanently house 32 heads of households who were previously homeless PLWHA and their children, where applicable (any family configuration).
2. Fully fund the positions of Manager of Scattered-Site I and Scattered-Site I Case Manager; partially fund Scattered-Site Grants Manager and the Director of Housing and Services.

Objectives for the *Scattered-Site II Program* to be completed for each 12-month period in a 24-month HOPWA contract period are as follows:

1. Permanently house 71 heads of households who are primarily low-income and their children, where applicable (any family configuration).



2. Fully fund the positions of Manager of Scattered-Site II, four Scattered-Site II Case Managers, one Scattered-Site II Intake Specialist, one part-time Counselor; partially fund the administrative duties for Scattered-Site II and the Director of Housing and Services.

### Living Room

Living Room serves individuals and their families who are living with HIV/AIDS including those who are homeless or formerly homeless. Housing and services are provided throughout the 28-county Atlanta EMSA with the majority of services and housing administered in five counties: Clayton, Cobb, DeKalb, Fulton, and Gwinnett.

Living Room provides five primary services:

- *Housing Referrals and Placements* – This program helps PLWHA and their families locate affordable housing and can provide assistance with first month's rent, security deposits, and application fees.
- *Late Rent and Utility Assistance (STRMU)* – This program provides emergency assistance to cover late rent, mortgage, and utility payments to help clients maintain housing stability and prevent homelessness.
- *Long-Term Rental Assistance* – This program provides TBRA for at least 12 months to help 100 families increase their housing stability and address health and other issues associated with their HIV disease.
- *Special Needs Housing Assistance Program (SNHAP)* – This program provides housing for 50 homeless adults who experience co-occurring HIV disease and mental illness or substance-related disorders or are transgendered. Clients participate in residential and treatment programs and receive ongoing case management.
- *Shelter Plus Care Scattered-Site Housing* – This program includes 30 master-leased apartment units that are sublet to chronically homeless individuals and families at a subsidized rate. The program also includes on-site case management services to help each household reach its work, education and health goals.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide housing information and referrals for 1,000 PLWHA.
2. Provide STRMU to 350 Living Room clients.
3. Provide supportive services (emergency shelter to Grady Hospital discharges) to 90 PLWHA.
4. Provide rental assistance to 100 individuals or multi-person households.
5. Provide rental assistance to 50 individuals or multi-person households (SNHAP).
6. Provide Permanent Housing Placement as a supportive service to 100 households.
7. Provide supportive services to 30 households for the Clayton County Shelter Plus Care program.
8. Provide three additional Case Managers, one Data Manager, and increase the part-time Administrative Assistant to full-time.

### Marcus Jewish Community Center of Atlanta

The Marcus Jewish Community Center operates a program called “Home But Not Alone,” which matches PLWHA who are homeless or imminently homeless with individuals or households that are interested in shared housing. This program is intended to identify affordable and permanent housing options for

PLWHA. Homeowners and homeseekers will share the living environment, expenses, and household duties and will be matched based on their compatibility in these areas.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Facilitate matching 250 low- and moderate-income PLWHA.
2. Screen and verify the suitability of participants in housing placements through the verification of at least three references.
3. Make periodic followup calls to monitor the success and stability of matches.

#### Open Hand

Open Hand provides meals and nonperishable foods for PLWHA and their families living in HOPWA-funded facility-based housing programs such as The Edgewood and Jerusalem House. In addition to food, the program also provides nutritional counseling, education services, and health monitoring. The objectives for this project to be completed during each 12-month contract period is to deliver 60,221 home-delivered meals for PLWHA.

#### Positive Impact

Positive Impact operates a comprehensive mental health outreach program for residents of HIV-related housing facilities, with an emphasis on identifying individuals with acute psychiatric disorders and linking them to appropriate care. Positive Impact assesses individuals to facilitate their access to mental health care.

Objectives for this project to be completed during each 12-month contract period are as follows:

1. Provide intake and mental health assessment for a minimum of 60 PLWHA.
2. Provide individual mental health case management to assist 30 clients with maintaining connection with mental health and substance abuse day treatment services; and to identify and maintain stable housing.
3. Provide 50 weekly psycho-educational group counseling sessions for sites serving PLWHA, focusing on issues related to mental health and HIV education.
4. Provide group and individual mental health case management to a minimum of 20 participants at IMPACT, the substance abuse day treatment program at Positive Impact.
5. Link at least 20 PLWHA into on-site psychiatric care at Positive Impact.
6. Refer at least 30 PLWHA into additional services such as mental health or substance abuse housing or other community support programs.

#### Progressive Hope House

Progressive Hope House provides transitional housing for homeless men who have substance-related disorders; a portion of the beds are dedicated for PLWHA. Hope House is a structured program intended to lead to participant self-sufficiency. The program includes two phases: phase one lasts between two weeks and four months while new residents participate in a pre-treatment or day treatment program and phase two focuses on long-term recovery. On- and off-site supportive services include substance abuse recovery services, employment services, comprehensive supportive services such as counseling and therapy, and community responsibility for the property. The ultimate goal of the program is to help residents recover from substance abuse, obtain employment, and attain permanent housing.

The objective to be completed during the 12-month contract period is to provide seven dedicated beds as transitional housing, with supportive services.

### Saint Joseph's Mercy Care

Saint Joseph's Mercy Care provides the on-site supportive services at The Edgewood, which is operated by the Cooperative Resource Center. The supportive services, which include crisis intervention, development and monitoring of individual care plans, referrals, and program coordination, are intended to help residents of The Edgewood to obtain and maintain permanent housing. Residents are referred to off-site case management providers, such as AID Atlanta, as well as existing community resources.

Objectives for this project to be completed during the 12-month contract period are as follows:

1. Provide or facilitate supportive services to approximately 65 residents at The Edgewood facility.
2. Develop and monitor individualized "care plans" for each resident.
3. Fully fund the positions of Resident Director, Residential Services Coordinator, and four Resident Assistants.

### Southside Medical Center

Southside Medical Center provides housing to PLWHA through two programs: Legacy Village and Legacy House.

*Legacy Village* provides permanent housing to PLWHA in two facilities: a 15-unit apartment facility and a 3-bedroom house. Residents at Legacy Village may participate in supportive services such as personal care assistance, legal services, mental health counseling, substance abuse recovery support, nutrition counseling, employment and educational services, and health management provided by other ASOs.

Objectives for Legacy Village to be completed during each 12-month contract period are as follows:

1. Provide permanent housing to approximately 34 unduplicated persons.
2. Fully fund the full-time Provider Relations Representative.
3. Partially fund the Housing Director, Assistant Housing Director, and Maintenance Technician and Security positions.

*Legacy House* provides permanent housing for PLWHA who are medically, physically, and psychologically frail and require either (a) intensive personal care or assistance with activities of daily living or (b) are in the later stages of HIV disease. Supportive services are provided through a series of collaborative arrangements with other services providers in the community. In addition, on-site staffing provides transportation and coordination of supportive services.

Objectives for Legacy House to be completed during the 12-month contract period are as follows:

1. House 14 PLWHA who are homeless or imminently homeless and are medically frail or require assistance with personal care and activities of daily living.
2. Fully fund three program Resident Managers and other part-time Resident Managers who will fill in for regular staff on weekends and holidays.

### HOPE Atlanta Programs of Travelers Aid

Travelers Aid provides emergency, transitional, and permanent housing to PLWHA and their families through three programs: emergency shelter services, transitional rental assistance, and long-term permanent rental assistance. Emergency shelter services may be provided for up to two months while PLWHA and their families are waiting to enter transitional or permanent housing. Supportive services both on-site and at collaborating agencies will be provided during residents' stays in the emergency shelter. The emergency shelter will accept referrals from hospitals, ASOs, and other social service agencies, shelters, and jails.

The transitional rental assistance program provides stable and supportive housing for 6–12 months while residents work to identify permanent, affordable housing. Transitional housing is provided in seven scattered-site apartments throughout several counties in the metropolitan area.

The long-term permanent rental assistance program provides permanent housing for six families in which at least one person is living with HIV disease and at least one person in the family has income and, ideally, was referred by another transitional housing program. The program includes scattered-site apartments throughout the metropolitan area.

Objectives for this project to be completed during each 12-month contract period are as follows:

1. Provide emergency lodging assistance to 200 families or individuals who are low or moderate income and are living with HIV/AIDS.
2. Establish and maintain seven apartment units to be used as long-term rental assistance for PLWHA and their families.
3. Establish and maintain six apartment units to be used as transitional rental assistance for PLWHA and their families.

### ***Housing Inventory***

To determine the components of the existing system of care for PLWHA in the Atlanta EMSA, a housing inventory was developed using input from HOPWA-funded Project Sponsors and other HIV knowledgeable participants. The following sections describe HOPWA-funded housing along the following continuum of care: emergency and short-term housing, transitional housing, permanent supportive housing, intensive care housing, and short-term rent, mortgage, and utility assistance.

#### HOPWA-Funded Emergency and Short-Term Housing

Two Project Sponsors currently provide emergency or short-term housing (i.e., no longer than 60 days of assistance). Living Room provides up to two months of emergency lodging in a personal care home or assisted living facility, special shelter bed, or motel with cooking facilities. Travelers Aid provides emergency motel vouchers. See Table 3-1 for the emergency and short-term housing inventory.

**Table 3-1. HOPWA-Funded Emergency and Short-Term Housing**

Project Sponsor	Program	Funding			Housing Type			Number of Units		
		Other Federal	State	Local	Facility	Single-Family	Other	Individual	Family	Total
Living Room	Emergency Stay						>	115	0	115
Travelers Aid	Emergency Lodging Assistance Program	>	>	>			>			172
									<b>Total</b>	<b>287</b>

HOPWA-Funded Transitional Housing

Four Project Sponsors provide transitional housing for a variety of populations including persons with substance-related disorders, persons experiencing homelessness, and persons with serious mental illness. See Table 3-2 for the transitional housing inventory.

**Table 3-2. HOPWA-Funded Transitional Housing**

Project Sponsor	Program	Funding			Housing Type			Number of Units		
		Other Federal	State	Local	Facility	Single-Family	Other	Individual	Family	Total
Antioch Urban Ministries	Matthew's Place	>			>			18	0	18
Living Room	SNHAP						>	50	0	50
Progressive Hope House					>					7
Travelers Aid	Transitional Housing Program				>			0	7	7
<b>Total</b>										<b>82</b>

HOPWA-Funded Permanent Supportive Housing

The majority of HOPWA-funded housing units in the Atlanta EMSA are considered permanent supportive housing. These units are provided through a number of housing models including TBRA, facilities, and master leasing programs with scattered-site, single-family units located throughout the EMSA. Table 3-3 includes the permanent supportive housing inventory. Note that three of the Project Sponsors listed provide supportive services funded by HOPWA in conjunction with non-HOPWA housing: AIDS Alliance of Northwest Georgia, Narnia; Jerusalem House, Scattered-Site I; and Living Room, Shelter Plus Care.

**Table 3-3. HOPWA-Funded Permanent Supportive Housing**

Project Sponsor	Program	Funding			Housing Type			Number of Units		
		Other Federal	State	Local	Facility	Single-Family	Other	Individual	Family	Total
AID Atlanta	TBRA						>			55
AID Gwinnett	TBRA						>			24
AIDS Alliance of Northwest Georgia*	Narnia	>			>			1	7	8
AIDS Athens**	TBRA						>			10

**Table 3-3. HOPWA-Funded Permanent Supportive Housing**

Project Sponsor	Program	Funding			Housing Type			Number of Units		
		Other Federal	State	Local	Facility	Single-Family	Other	Individual	Family	Total
Cooperative Resource Center	The Edgewood				✓			46	0	46
Jerusalem House	Adult Program			✓	✓			23	0	23
Jerusalem House	Family Program	✓			✓			0	12	12
Jerusalem House*	Scattered-Site I	✓	✓		✓			0	32	32
Jerusalem House	Scattered-Site II				✓			0	71	71
Living Room*	Shelter Plus Care	✓					✓	10	20	30
Living Room	TBRA						✓	50	50	100
Southside Medical Center	Legacy Village		✓		✓			16	2	18
Travelers Aid	Permanent Housing Program				✓			0	6	6
<b>Total</b>									<b>435</b>	

\*These programs receive HOPWA supportive services funds and no HOPWA support for housing operations.

\*\*Housing information not verified by Project Sponsor.

HOPWA-Funded Intensive Care Housing

One Project Sponsor provides permanent supportive housing in a facility specifically for PLWHA who are medically frail and fragile. See Table 3-4.

**Table 3-4. HOPWA-Funded Intensive Care Housing**

Project Sponsor	Program	Funding			Housing Type			Number of Units		
		Other Federal	State	Local	Facility	Single-Family	Other	Individual	Family	Total
Southside Medical Center	Legacy House				✓			8	0	8
<b>Total</b>									<b>8</b>	

HOPWA-Funded Short-Term Rent, Mortgage, and Utility Assistance

Six Project Sponsors provide Short-Term Rent, Mortgage, and Utility Assistance for PLWHA and their families who are experiencing short-term housing problems. See Table 3-5 for a list of these providers.

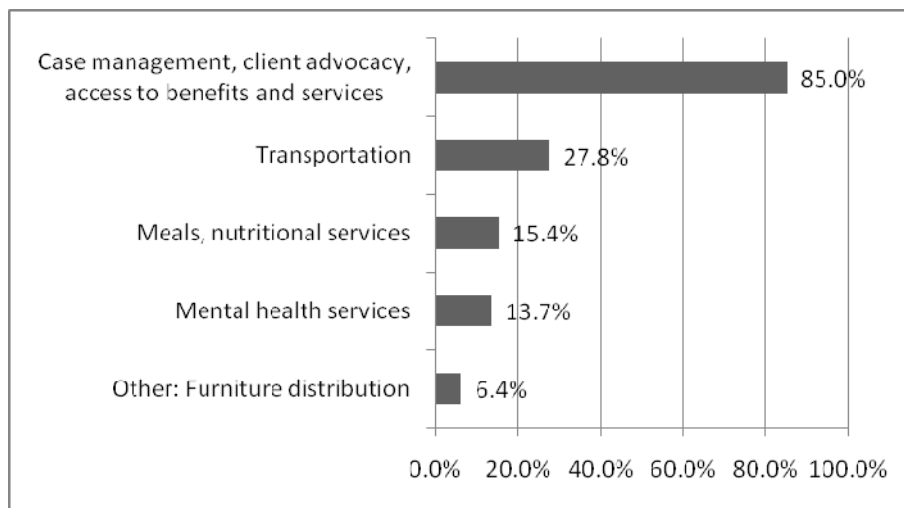
**Table 3-5. HOPWA-Funded Short-Term Rent, Mortgage, and Utility Assistance**

Project Sponsor	Program	Funding			Housing Type			Number of Units		Total
		Other Federal	State	Local	Facility	Single-Family	Other	Individual	Family	
AID Atlanta	STRMU						✓			300
AID Gwinnett	STRMU						✓			48
AIDS Athens*	STRMU						✓			15
Cobb County Board of Health*	STRMU	✓	✓				✓			80
DeKalb County Board of Health*	STRMU						✓			50
Living Room	STRMU						✓	175	75	250
<b>Total</b>									<b>743</b>	

\*Inventory not verified by Project Sponsor.

**Services Inventory**

During the 2008 program year, Project Sponsors provided all of the HOPWA-eligible supportive services with the exception of health, medical, and intensive care services and outreach services. The services provided most frequently were case management, client advocacy, access to benefits and services; transportation; meals and nutritional services; mental health services; and furniture distribution. Figure 3-1 shows the percentage of unduplicated households served that received each of these services.



**Figure 3-1. Proportion of Households Receiving HOPWA-Funded Supportive Services**

Project Sponsors indicated the supportive services that they currently provide at their agencies and whether these services were funded with HOPWA dollars. Table 3-6 indicates whether an agency provides HOPWA-eligible services and if the service is funded with HOPWA or other funds.



Table 3-6. Supportive Services by Project Sponsor

	AID Atlanta	AID Gwinnett	AIDS Alliance of Northwest Georgia	AIDS Athens	Antioch Urban Ministries	Atlanta Legal Aid Society/AIDS Legal Project	Cobb County Board of Health	Cooperative Resource Center	Dekalb County Board of Health	Furniture Bank of Metro Atlanta	Jerusalem House	Living Room	Marcus Jewish Community Center of Atlanta	Open Hand	Positive Impact	Progressive Hope House	Saint Joseph's Mercy Care Services	Southside Medical Center	Travelers Aid of Metropolitan Atlanta
Adult day care and personal assistance											H								
Alcohol and drug abuse services		O			H				O		H				O	O			O
Case management, client advocacy, access to benefits and services	H	O	H	H	O	H	H		H		H	H	H		H	O	H	O	H
Child care and other child services		O					O				H								
Education	O	O				O			H		H				O				O
Employment assistance and training		O	O								O					O			O
Health, medical, intensive care services	O	O							O		H							O	
Legal services			O			H					O								
Life skills management	O	H	H	H	H				H		H	H			H		H	O	O
Meals, nutritional services		O	O	O	O		H				H			H		O		H	O
Mental health services	O	O		O					O		H				H		H		O
Outreach	O	O	O			O			O		H		H		H				O
Transportation	O	H	H	H			H		O		H	H					O	H	O
Other	O						O	H		H		H	H					H	

H = service funded by HOPWA

O = service funded by other sources

#### 4. HOUSING NEED AMONG PLWHA IN THE ATLANTA EMSA

The following sections discuss housing need among PLWHA in the Atlanta EMSA as well as characteristics of their housing including affordability, accessibility, availability, and adequacy.

##### ***Determining Housing Need Among PLWHA***

In the 28-county area of the Atlanta EMSA, the Georgia Department of Community Health estimated that 24,679 individuals were living with HIV/AIDS as of December 31, 2008. To estimate the number of PLWHA in need of housing assistance and related supportive services, data were analyzed from the 2007–08 Atlanta EMA HIV Consumer Survey, 2008 HOPWA CAPER, and the CHAS datasets.

##### Estimate of Low-Income PLWHA

Table 4-1 provides six-year projections of PLWHA in the Atlanta EMSA as well as PLWHA who are considered low-income. The first column of the table estimates the increase in PLWHA in the Atlanta EMSA over the next six years. These figures are based on the fact that between 1,200 and 1,500 new cases of HIV have been identified in the state of Georgia every year for the past three years. It is estimated that 73.4% of the PLWHA living in Georgia reside in the 28-county Atlanta EMSA. Using this estimate as a guide, it is projected that between 881 and 1,101 new cases of HIV are diagnosed every year in the Atlanta EMSA. The population of PLWHA over time is projected by applying the midpoint of this range (991) to the current population of PLWHA in the Atlanta EMSA.

The HOPWA program targets PLWHA at or below 80% of the Area Median Income (AMI); however, income data on PLWHA are limited and are collected neither by the Georgia Department of Community Health nor Centers for Disease Control and Prevention (CDC). In their analysis of the *HIV Cost and Utilization Survey*, Bozzette and colleagues (1998) found that 72% of PLWHA had incomes below \$25,000, with 42% having incomes below \$10,000. Based on this finding, and adjusting for inflation, Humensky and Thornton (2005) estimated that 15,161 PLWHA living in the Atlanta EMSA earn less than \$30,000 annually. Applying the same methodology to the current number of PLWHA (24,679) results in an estimated 17,769 low-income PLWHA in the Atlanta EMSA. Table 4-1 also lists projected numbers of low-income PLWHA over time.

**Table 4-1. Estimates of PLWHA in the Atlanta EMSA, 2009–2015**

Year	PLWHA	Low-Income PLWHA
2009	24,679	17,769
2010	25,670	18,482
2011	26,661	19,196
2012	27,652	19,909
2013	28,643	20,623
2014	29,634	21,336
2015	30,625	22,050

##### Estimate of PLWHA with Housing Need

Over the last four years, the National AIDS Housing Coalition has hosted annual research summits that bring together leading national researchers to discuss HIV/AIDS housing issues and trends. A growing

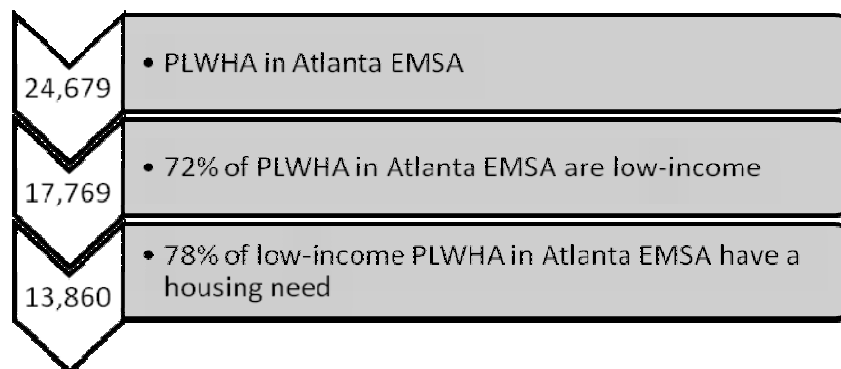
body of research points out that housing need among PLWHA goes beyond the immediate need for housing assistance and speaks more broadly to other housing conditions that may jeopardize a family's housing. The National AIDS Housing Coalition (2005) estimates that 16–60% of PLWHA will need some type of housing assistance in their lifetime. In their examination of housing need, Aidala and colleagues (2007) found that 70% of PLWHA had some type of housing need. This rate remained constant over the eight years of the study. Housing need was defined as living on the street or in an emergency or transitional housing situation; having trouble paying rent; experiencing eviction; not having heat or plumbing; feeling unsafe; losing a rental subsidy; and needing an accessible unit.

Bennett and colleagues (2007) found similar results when examining the housing needs of PLWHA engaged in care in the Tampa EMSA. In this study, over 85% of PLWHA were found to be unstably housed and had histories of homelessness, high housing cost burden, and living in their homes for only a short period of time. These findings suggest that housing need may be more prevalent among low-income PLWHA and involve broader issues beyond the need for a direct housing subsidy. Using these studies as a basis, it is estimated that approximately 78% or 13,860 low-income PLWHA in the Atlanta EMSA are currently in need of housing assistance. The estimate is expected to grow to over 17,199 by 2015. (See Table 4-2.)

**Table 4-2. Estimates of PLWHA in Need of Housing Assistance, 2009–2015**

Year	Low-Income PLWHA	PLWHA in Need of Housing Assistance
2009	17,769	13,860
2010	18,482	14,416
2011	19,196	14,973
2012	19,909	15,529
2013	20,623	16,086
2014	21,336	16,642
2015	22,050	17,199

Figure 4-1 provides a summary graphic of the methodology to determine housing need among PLWHA in the Atlanta EMSA.



**Figure 4-1. Estimate of Housing Need Among PLWHA in the Atlanta EMSA**

### **Demographic Profile of PLWHA Receiving Housing**

The following sections provide a demographic description of PLWHA who received HOPWA-funded housing assistance or supportive services during 2008.

#### Age, Gender, Race, and Ethnicity

Based on the 2008 HOPWA CAPER, HOPWA providers reported serving more than 1,213 households with housing assistance, which included emergency and transitional housing, permanent housing, and short-term housing. The majority of households ranged in age from 31–50 years. In comparing HOPWA assisted households to the known population of PLWHA, the program appeared to target assistance based on age, gender, race, and ethnicity, with some exceptions. (See Table 4-3.)

**Table 4-3. Demographic Characteristics of Households Served by HOPWA and PLWHA in the Atlanta EMSA**

Age	HOPWA		PLWHA	
	N	%	N	%
0–18 years	493	14.5%	308	1%
18–30 years	342	10.0%	2,388	10%
31–50 years	2,132	62.6%	14,824	60%
51 years and older	441	12.9%	7,159	29%
<b>Gender</b>				
Female	1,062	31.2%	5,593	22.7%
Male	2,346	68.8%	19,086	77.3%
<b>Race and Ethnicity</b>				
Black or African American	2,825	80.7%	17,239	69.9%
Hispanic of all races	108	3.1%	1,130	4.6%
White	456	13.0%	6,008	24.3%
Other	112	3.2%	302	1.2%

- Proportions of HOPWA consumers with demographic characteristics listed here are based on the total number of consumers for whom the demographic information was reported on Project Sponsors’ individual APRs.
- Age ranges for PLWHA in the 28-county EMSA are slightly different than those required for HOPWA reporting: 0–19, 20–29, 30–49, 50 and older.
- For HOPWA data, other races include American Indian/Alaskan Native; Asian; Native Hawaiian/Other Pacific Islander; American Indian/Alaskan Native and White; Asian and White; Black/African American and White; and other multi-racial. For PLWHA in the EMSA, other includes Hawaiian/Pacific Islander, American Indian/Alaskan Native; multi-racial; and unknown.

Of the PLWHA, it is estimated that 29% are 51 years or older. Of HOPWA assisted households, approximately 13% were in this age category, suggesting that older households are underserved. This seems to be consistent with provider data collected through the Consolidated Plan meetings; providers reported that housing for senior adults was a medium priority (3.0 on 5.0-point scale) for both accessibility and availability of housing. Females are served with more frequency than males. As described previously, population data suggest that males continue to be the predominate group living with HIV/AIDS; 77.3% of PLWHA in the Atlanta EMSA identify as male.

Persons identifying as Black or African American represent 81% of households receiving HOPWA housing assistance. It should be noted that the HOPWA program predominately serves households earning at or less than 30% of AMI. As described in the overview of HIV/AIDS in the Atlanta EMSA, extremely low-

income households are often minority households who have higher housing need; this may account for the disparity in services provided as compared to the known HIV/AIDS population.

Income

Of the low-income households receiving HOPWA housing assistance, the majority (62.2%) earn incomes at or below 30% of AMI. (See Table 4-4.) These households are considered extremely low-income. A review of CHAS data suggests that extremely low-income households are more likely to have a housing cost burden (paying over 30% of their income on housing costs) than households earning more than 30% AMI. Additionally, extremely low-income households are more likely to be extremely cost burdened, paying over 50% of their income toward housing-related costs.

**Table 4-4. Area Median Income of Households Served by HOPWA**

Percentage of Area Median Income	N	%
0–30% of Area Median Income (extremely low)	1,536	62.2%
31–50% of Area Median Income (very low)	174	7.1%
51–60% of Area Median Income (low)	652	26.4%
61–80% of Area Median Income (low)	106	4.3%

Proportions of HOPWA households at each level of income are based on the total number of households for whom income was reported on Project Sponsors’ individual APRs.

Prior Living Situation

Of the households receiving housing assistance, an estimated 15% were homeless or precariously housed upon entry into the HOPWA program. An additional 15% were living in emergency shelters or other facilities. Such households may require additional supports or programs to facilitate the transition to permanent housing. The remaining households (70% ) came from permanent living situations that may require housing assistance to remain stably housed. Table 4-5 lists the prior living situation of households served in 2008 as well as the type of housing needed based on prior living situation.

**Table 4-5. Prior Living Situation of Households Served by HOPWA**

Prior Living Situation	N	%	Type of Housing Needed
Place not meant for human habitation	79	3.9%	Emergency
Emergency shelter	242	11.8%	Transitional
Transitional housing for homeless persons	176	8.6%	Permanent Housing
Permanent housing for formerly homeless persons	106	5.2%	Permanent Housing
Psychiatric hospital or other psychiatric facility	4	0.2%	Transitional
Substance abuse treatment facility or detox center	32	1.6%	Transitional
Hospital	22	1.1%	Transitional
Foster care home or foster care group home	0	0.0%	Transitional
Jail, prison, or juvenile detention facility	6	0.3%	Transitional
Rented room, apartment, or house	970	47.3%	Permanent Housing
House you own	98	4.8%	Permanent Housing
Staying or living in someone else's room, apartment, or house	233	11.4%	Emergency
Hotel or motel paid for without emergency shelter voucher	83	4%	Permanent Housing

Proportions of HOPWA households from each prior living situation are based on the total number of households for whom this information was reported on Project Sponsors’ individual APRs. An additional 4 households reported other prior living situations and 161 households did not provide information about their prior living situation.

### Housing Assistance Received

Project Sponsors reported providing housing assistance to 1,213 households in 2008. Assistance included STRMU, TBRA, and facility-based housing. (See Table 4-6.) A complete inventory of housing for each provider can be found in Attachment E.

**Table 4-6. Households Receiving HOPWA Housing Assistance**

Type of Housing Subsidy Assistance	Households Served
Tenant-Based Rental Assistance	383
Short-Term Rent, Mortgage, and Utility Assistance	622
Facilities	208
<b>Total</b>	<b>1,213</b>

### Barriers to Housing Assistance

During the Consolidated Plan meetings, HOPWA providers and other community stakeholders brainstormed a series of housing needs currently faced by PLWHA. (See Attachment A.) A review of these needs identified six broad categories of housing need. There was overwhelming consensus among the group that a variety of housing was required to address the needs of PLWHA. This range of housing or housing continuum should include emergency/short-term, transitional, and permanent housing options. Additionally, housing services to promote access to housing as well as supportive services to enhance housing stability and ongoing access to care should be included within the continuum.

Four key priority areas considered when enhancing the continuum of housing and services for PLWHA are:

- *Affordable Housing* – housing where households pay no more than 30% of their adjusted income toward rent and utility costs. This is the affordability marker used by HUD.
- *Accessible Housing* – policies, procedures, and services that promote access to housing resources (e.g., legal services, fair housing).
- *Available Housing* – units of housing ready for occupancy by PLWHA, including housing supported through HOPWA or other funding sources.
- *Adequate Housing* – safe and decent, including the physical condition of the property as well as its location.

Attendees of the Consolidated Plan meetings prioritized the area as to be addressed over the next five years. Both affordability and accessibility of housing were determined to be the highest priorities (2.8 on 3.0-point scale); however, all the areas were seen as high priorities. (See Figure 4-2.)

A last category considered was housing capacity. Housing capacity was defined as increasing resources and organizational capacity to undertake new housing efforts. The sentiment of the group was that if new housing were to be undertaken, capacity building and training efforts should be considered to enhance the housing system of care.

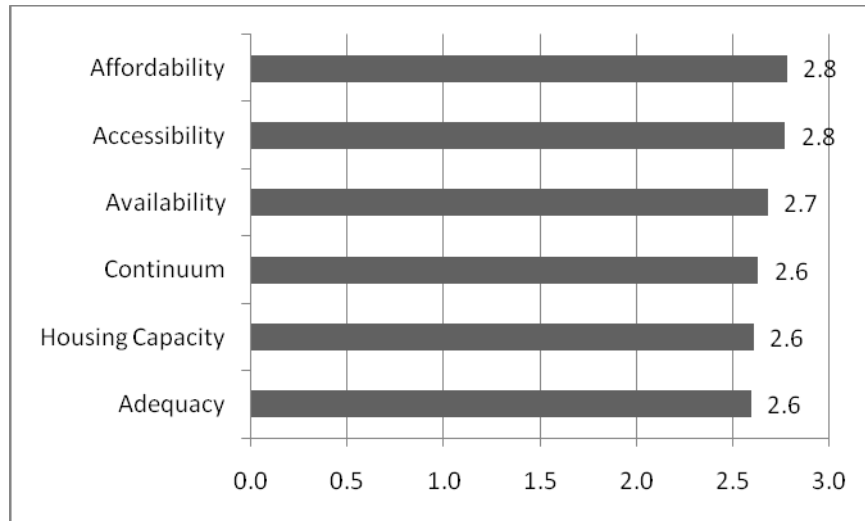


Figure 4-2. Priority Ranking of Housing Focus

### ***Housing Affordability and Cost Burden***

The affordability of housing was prioritized among HOPWA providers and other community stakeholders attending the Consolidated Plan meetings. Affordable housing was defined as housing where households pay no more than 30% of their income toward their rent and utilities. Participants stated that permanent housing—including eliminating housing cost burden and increasing the number of units—was a high priority.

Overall, it is estimated that 13,860 of the 17,469 low-income PLWHA are in need of housing assistance. Of this number, 4,158 are estimated to need emergency or transitional housing either due to homelessness or other personal needs. The remaining 9,702 are estimated to need permanent supportive housing. Two important concepts—affordability gap and housing cost burden—impact households’ abilities to maintain stable housing.

#### Affordability Gap

The affordability gap is the additional income required monthly to achieve housing affordability. According to *Out of Reach* (Pelletiere, Wardrip, & Crowley, 2009), a household in the Atlanta EMSA must earn \$2,927 per month or \$35,120 per year to afford a two-bedroom unit at the Fair Market Rent (FMR). At this level, a household would pay no more than 30% of its income toward rent and utility costs. A family of four earning \$35,120 per year would be considered very low-income earning less than 50% of AMI.

A single person receiving Supplemental Security Income (SSI) would receive approximately \$674 per month or \$8,088 per year, well below 30% of the AMI. To pay no more than 30% of income toward housing costs, this household would have to pay \$202 or less per month for rent. The current FMR for a one-bedroom unit in the Atlanta EMSA is \$789 per month, resulting in an affordability gap of \$587 per month.

Nowhere in the Atlanta EMSA can a single-person household earning less than 50% AMI afford a one-bedroom apartment at the FMR established by HUD. (See Table 4-7.) Considering that PLWHA needing housing assistance are more likely to be extremely low-income, earning at or below 30% of AMI, these households will need greater supports to achieve housing stability.

**Table 4-7. Affordability Gap for Low-Income Households in Atlanta EMSA**

	Household Income ≤30% AMI	Household Income >30% to ≤50% AMI	Household Income >50% to ≤80% AMI
<b>Annual Income</b>	\$15,050	\$25,100	\$40,150
<b>Monthly Income</b>	\$1,254	\$2,092	\$3,346
<b>30% for Housing Costs</b>	\$376	\$627	\$1,004
<b>Fair Market Rent (1-Bedroom Unit)</b>	\$789	\$789	\$789
<b>Affordability Gap</b>	(\$413)	(\$162)	\$215

Housing Cost Burden

Cost burden is related to housing affordability. Cost burden is the amount a household pays for housing and utility costs in relation to their income. As stated earlier, paying no more than 30% of income toward housing and utility costs is considered affordable. However, lower-income households tend to have higher housing cost burden than households with higher incomes.

CHAS data were used to estimate the number of low-income PLWHA with housing burdens. Housing cost burden was divided into two groups:

1. 30–50%, which is considered moderately burdened; and
2. Higher than 50%, which is considered extremely cost burdened.

Of all low-income households living in the Atlanta EMSA, 54% are housing cost burdened and nearly 47% are extremely housing cost burdened. For households earning at or less than 30% AMI, this percentage increases to nearly 80%, illustrating that high housing costs impact lower-income families dramatically. Using these data, estimates of housing cost burden were developed for low-income PLWHA. HOPWA service data suggest that assisted households predominately earn at or below 30% AMI; estimates of households with housing cost burden are higher than the general population. Again, this accounts for higher housing cost burdens among lower-income households. Based on these estimates, over 60% of low-income PLWHA have a housing cost burden. Nearly, 80% of households earning at or below 30% of AMI have extreme housing cost burden. Of all low-income PLWHA that have a housing cost burden, over 63% are extremely cost burdened. (See Table 4-8.)

**Table 4-8. Housing Cost Burden**

<b>Cost Burden of Low-Income Households Living in the Atlanta EMSA</b>				
	Household Income ≤30% AMI	Household Income >30% to ≤50% AMI	Household Income >50% to ≤80% AMI	Total Low-Income Households
<b>No Cost Burden</b>	50,078 (30.8%)	53,693 (35.6%)	166,260(61%)	207,031 (46%)
<b>Cost Burden</b>	112,933 (69.2%)	97,296 (64.4%)	106,444 (39%)	316,673 (54%)
<b>Cost Burden 30–50%</b>	22,929 (20.3%)	58,310 (59.9%)	86,849 (81.6%)	168,088 (53.1%)
<b>Cost Burden &gt;50%</b>	90,004 (79.7%)	38,987 (40.1%)	19,595 (18.4%)	148,586 (46.9%)
<b>Total Households</b>	163,011	150,989	272,704	586,704



**Table 4-8. Housing Cost Burden**

<b>Estimate of Cost Burden of Non-Homeless Low-Income PLWHA in the Atlanta EMSA<sup>1</sup></b>				
<b>No Cost Burden</b>	1,793 <sup>2</sup>	501 <sup>3</sup>	1,509 <sup>3</sup>	3,803(39.2%)
<b>Cost Burden</b>	4,028	906	965	5,899 (60.8%)
<b>Cost Burden 30–50%</b>	818	544	786	2,148 (36.4%)
<b>Cost Burden &gt;50%</b>	3,210	362	179	3,751(63.6%)
<b>Households</b>	5,821	2,079	3,465	13,860

<sup>1</sup> Cost burden is estimated using CHAS data; Non-homeless includes estimated persons needing permanent housing.

<sup>2</sup> Households reporting no housing burden but with very low-incomes were included as having a housing need for STRMU.

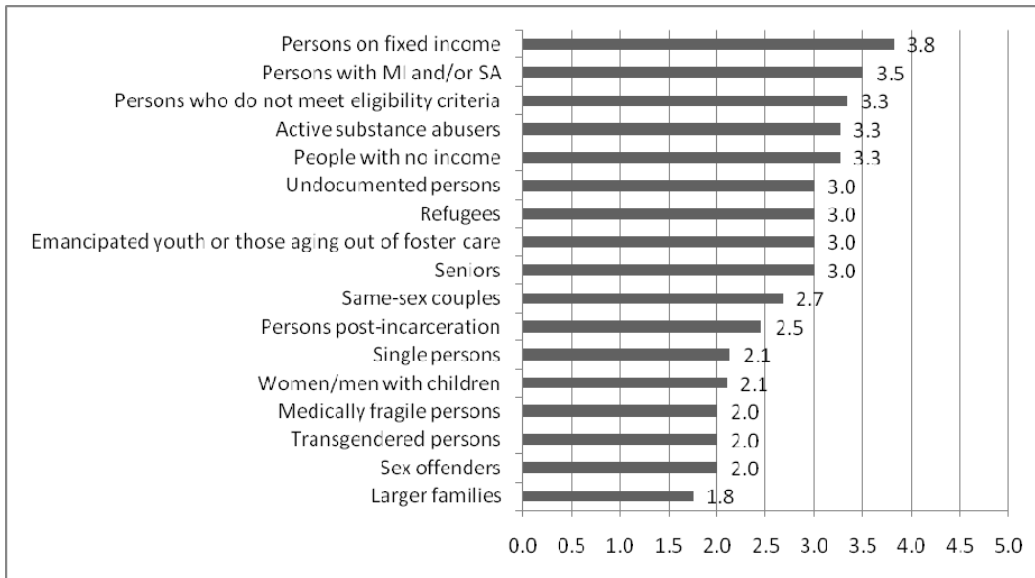
<sup>3</sup> Households considered not in need of direct housing assistance.

As illustrated by the data presented in this section, housing affordability and cost burden are two major factors contributing to the housing need among low-income PLWHA. Increasing affordable housing options and household income, and reducing housing burden, are strategies to create more affordable housing options for PLWHA.

***Accessible Housing***

Accessibility of housing was another high priority set by participants of the Consolidated Plan meetings. Accessibility was defined as equal access to housing and services. Equal access included policies and services that promoted access to housing. Participants stated that often housing may be available; however, landlords or programs would not accept PLWHA or services were inadequate to meet the needs of the household. Participants noted a variety of household types that had difficulty accessing available housing and were asked to prioritize five of these sub-populations. Through this prioritization, households on fixed incomes, persons with mental illness or substance use issues, households facing eligibility issues, active substance users, and households with no incomes were identified as the top five priorities for accessible housing. (See Figure 4-3.)

In addition to specific household types, meeting participants stated that NIMBYism (Not in My Back Yard), discrimination, and stigma still created problems for accessing available housing. Participants agreed that programs that provided legal assistance and addressed fair housing and discrimination issues were important to aiding households to access and maintain housing.

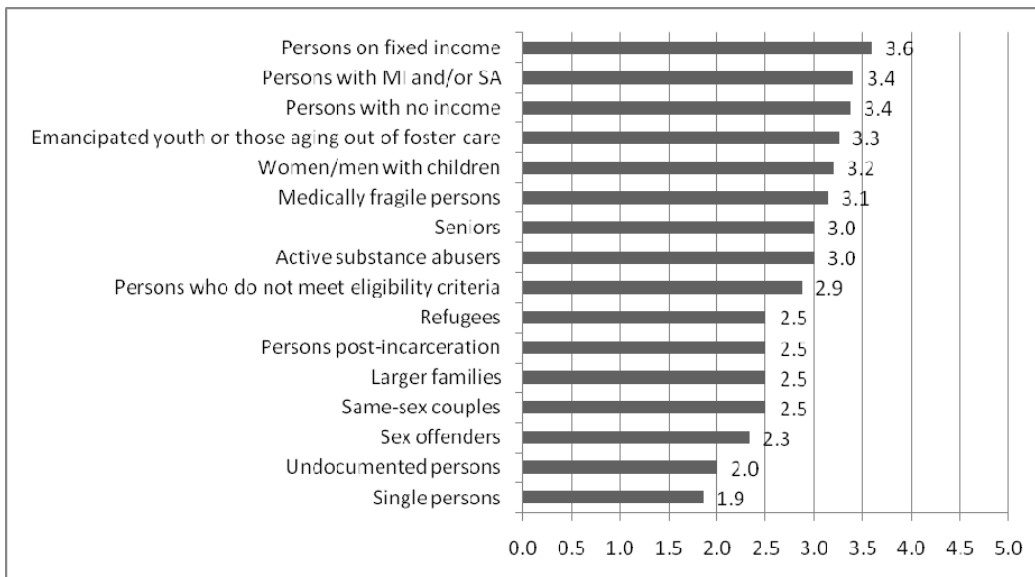


**Figure 4-3. Priority Ranking of Sub-Populations in Need of Accessible Housing**

**Available Housing**

The availability of housing was also a priority area addressed by meeting participants. In considering housing that is available in the Atlanta EMSA, participants stated that an array of housing was needed and currently not available, including assisted living, shared housing, and independent living.

In considering sub-populations, meeting participants were asked to rank their top five priorities. Priorities were based on the current availability of housing for a specific sub-population, thus populations were prioritized if additional housing units were needed. In the ranking, the top five priority populations were households on fixed incomes, persons with mental illness or substance use issues, households with no income, emancipated youth, and women or men with children. (See Figure 4-4.)



**Figure 4-4. Priority Ranking of Sub-Populations in Need of Housing (Available Housing)**

Meeting participants also discussed the geographic coverage of existing housing resources. In a review of the existing housing resources for PLWHA, as outlined in the provider profiles, housing resources serve households throughout the Atlanta EMSA. Additional housing resources are needed throughout the Atlanta EMSA, including in outlying counties where the demand may be less significant than in the urban center of the Atlanta EMSA. Although several agencies provide housing and supportive services funded by HOPWA in outlying areas, some eligible households may have to travel to Fulton County to access the housing assistance. There is currently no HOPWA-funded facility-based housing outside of the City of Atlanta. See Table 4-9 for a listing of Project Sponsors that provide housing and the counties where the housing is located.

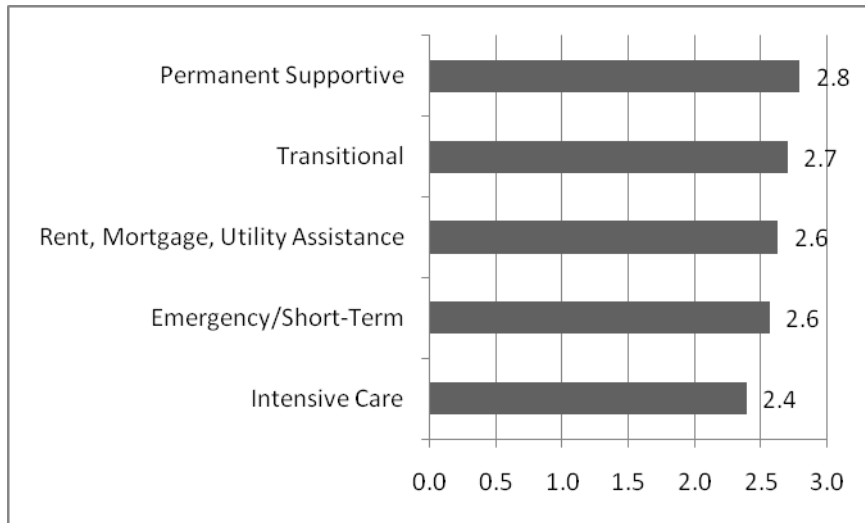
**Table 4-9. Location of Housing Resources, by County**

	AID Atlanta	AID Gwinnett	AIDS Alliance of Northwest Georgia	AIDS Athens	Antioch Urban Ministries	Cobb County Board of Health	Cooperative Resource Center	DeKalb County Board of Health	Jerusalem House	Living Room	Progressive Hope House	Southside Medical Center	Travelers Aid of Metropolitan Atlanta
Barrow	>			>						>			
Bartow	>		>							>			
Butts										>			
Carroll	>									>			
Cherokee	>									>			
Clayton	>									>			
Cobb	>					>				>			
Coweta	>									>			
Dawson										>			
DeKalb	>							>	>	>			
Douglas	>									>			
Fayette	>									>			
Forsyth	>									>			
Fulton	>				>		>		>	>	>	>	>
Gwinnett	>	>								>			
Haralson										>			
Heard										>			
Henry	>									>			
Jasper										>			
Lamar										>			
Meriwether										>			

**Table 4-9. Location of Housing Resources, by County**

Travelers Aid of Metropolitan Atlanta																			
Southside Medical Center																			
Progressive Hope House																			
Living Room																			
Jerusalem House																			
DeKalb County Board of Health																			
Cooperative Resource Center																			
Cobb County Board of Health																			
Antioch Urban Ministries																			
AIDS Athens																			
AIDS Alliance of Northwest Georgia																			
AID Gwinnett																			
AID Atlanta																			
Newton	>	>																	
Paulding	>																		
Pickens	>																		
Pike																			
Rockdale	>	>																	
Spalding	>																		
Walton	>																		

Lastly, meeting participants were asked to prioritize the type of housing that should be targeted over the next five years. Housing types included emergency or short-term housing; transitional housing; permanent supportive housing; intensive care housing; and rent, mortgage, and utility assistance. Participants were asked to rank each as a high (3), medium (2), or low priority (1). Permanent supportive housing units were the top priority; however, other types of housing assistance followed closely behind. This supports the need for a continuum of housing for PLWHA in the Atlanta EMSA. (See Figure 4-5.)



**Figure 4-5. Priority Ranking of Housing Types**

**Adequate Housing – Substandard Housing and Overcrowding**

Safe and decent housing was a priority of attendees of both Consolidated Plan meetings. Although it was the lowest-rated need by meeting attendees, it still received a high need rating (2.6 on 3.0-scale). Meeting participants stated that the location, standards, and quality of housing were all important considerations to ensure housing adequacy. Safety was a concern for such sub-populations as women, children, and individuals with mental illness or substance use issues.

In analysis of CHAS data, it is estimated that 3,537 low-income PLWHA have some type of housing problem, including lacking plumbing or kitchen facilities or overcrowding. (See Table 4-10.)

**Table 4-10. Housing Problems**

<b>Housing Problems of Low-Income Households Living in the Atlanta EMSA<sup>1</sup></b>				
	<b>Household Income &lt;=30% AMI</b>	<b>Household Income &gt;30% to &lt;=50% AMI</b>	<b>Household Income &gt;50% to &lt;=80% AMI</b>	<b>Total Low-Income Households</b>
<b>Housing Problems</b>	4,883 (16%)	6,582(22%)	18,580 (62%)	30,043

<b>Estimate of Housing Problems Among Non-Homeless Low-Income PLWHA in the Atlanta EMSA</b>				
<b>Housing Problems</b>	931	458	2,148	3,537

<sup>1</sup>Housing problems include a lack of plumbing, complete kitchen, and overcrowding (over 1.01 or more persons per room).

## 5. SUPPORTIVE SERVICES NEEDS AMONG PLWHA IN THE ATLANTA EMSA

Project Sponsors and other stakeholders who participated in the first Consolidated Plan meeting identified a list of supportive services that PLWHA in the Atlanta EMSA need.

- Assisted living
- Capacity building
- Case management
- Childcare
- Copay assistance and COBRA
- Cultural diversity and language services
- Extension of agency service hours
- Food and nutrition
- Harm reduction
- Legal services
- Life skills
- Massage
- Mental health services
- Moving assistance
- Personal financial management
- Primary healthcare
- Psychosocial services
- Rent and utility assistance
- Services for seniors
- Substance abuse services
- Transportation
- Tuition assistance
- Client assistance fund
- Visiting health services

Meeting participants were asked to identify services that were necessary to (a) prevent homelessness, (b) access housing, and (c) maintain housing. See Attachment B for participants' ranking of supportive services necessary to prevent homelessness, access housing, and maintain housing.

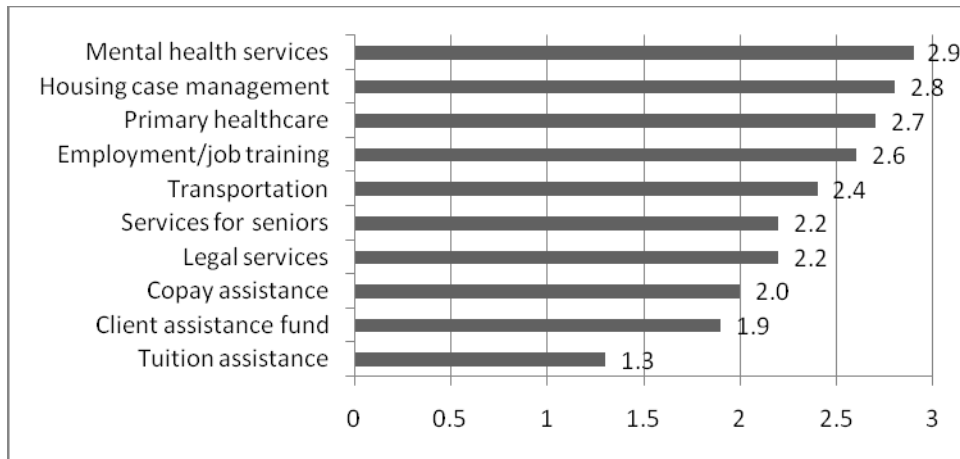
At the second Consolidated Plan meeting, participants were provided with three lists of supportive services—those necessary to prevent homelessness, those necessary to access housing, and those necessary to maintain housing. They were asked to identify any services—based on the previous brainstorming session as well as existing recommendations identified in planning reports—that should be added to the list.

Once the list of supportive services for each of the three categories was finalized, participants were asked to rank the priority for future funding of the service using a 3-point scale where 1 indicated that the service was a low priority, 2 indicated that the service was a medium priority, and 3 indicated that the service was a high priority. An average priority score was computed for each supportive service in the three services categories.

Figure 5-1 presents the relative priority of supportive services necessary to prevent homelessness. Providers and other stakeholders ranked mental health services, housing case management, and primary healthcare as the three most important supportive services to prevent homelessness.<sup>2</sup> The majority of the services were given at least a medium priority score, with the exception of a client assistance fund and tuition assistance.

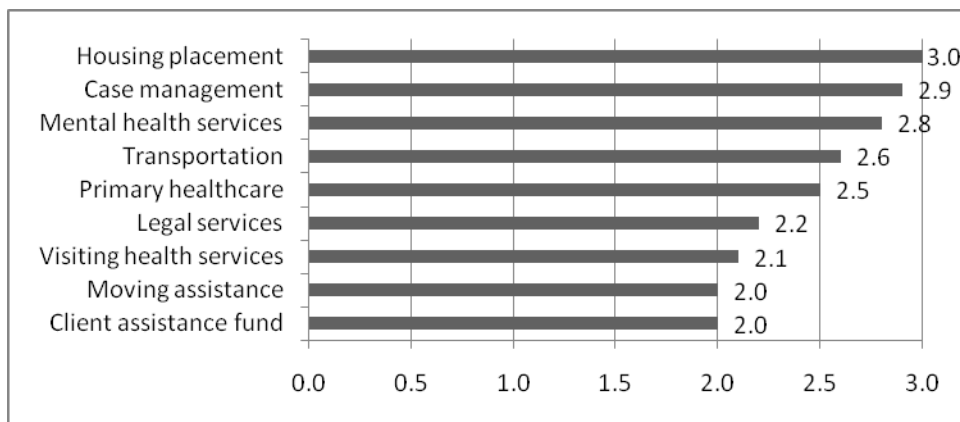
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<sup>2</sup> The meeting participants agreed that case management to prevent homelessness (referred to here as housing case management) included three additional services that were initially identified during the brainstorming session. These services individually were prioritized at a high level: life skills (2.9), personal financial management (2.6), and psychosocial services (2.7).



**Figure 5-1. Priority Ranking of Supportive Services to Prevent Homelessness**

Figure 5-2 presents the relative priority of supportive services intended to help clients access housing. Housing placement activities, which include client housing assessment and identification of housing resources, received the highest priority for future funding followed by case management and mental health services.<sup>3</sup> The remaining supportive services were all prioritized at least at the medium level.

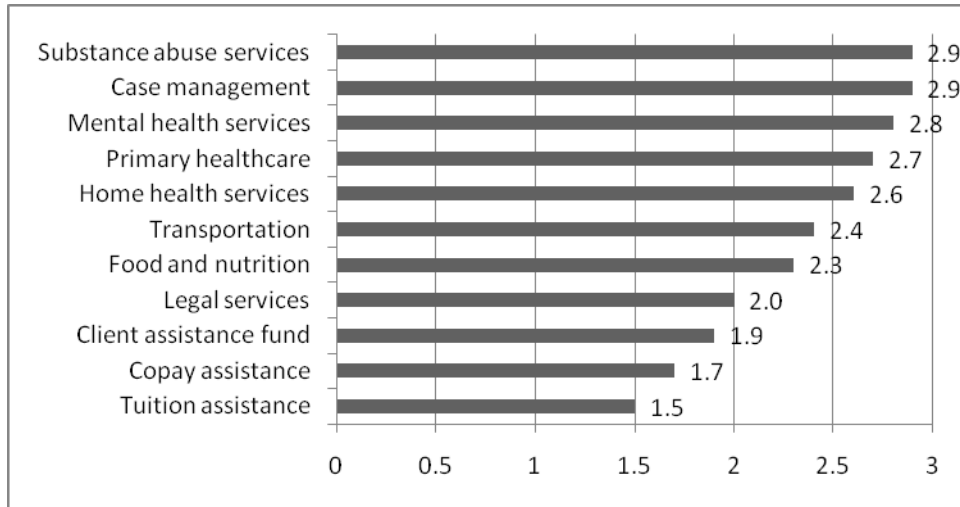


**Figure 5-2. Relative Priority of Supportive Services to Access Housing**

Finally, Figure 5-3 presents the relative priority of supportive services intended to help clients maintain their housing. Substance abuse services, case management, and mental health services were the top three prioritized services.<sup>4</sup> Three services were prioritized as less than a medium priority: client assistance fund, copay assistance, and tuition assistance.

<sup>3</sup> Case management to access housing included three additional services that were individually prioritized at a high level: life skills (2.8), personal financial management (2.4), and psychosocial services (2.7).

<sup>4</sup> Case management to maintain housing included three additional services that were individually prioritized at a high level: life skills (2.8), personal financial management (2.6), and psychosocial services (2.3).



**Figure 5-3. Relative Priority of Supportive Services to Maintain Housing**

In addition to the needs identified by the participants of the brainstorming and prioritization processes, other planning reports noted that both providers and consumers identified additional types of services. Providers noted that PLWHA need assistance accessing and navigating housing and health care systems, which may fall under housing and general case management. In addition, providers believed that PLWHA need services to enhance their communication skills as well as education about HIV.

Consumers reported that they needed additional education regarding their rights. They also agreed with providers in that they need referrals to housing and services agencies. Additional access to support groups was mentioned as well.

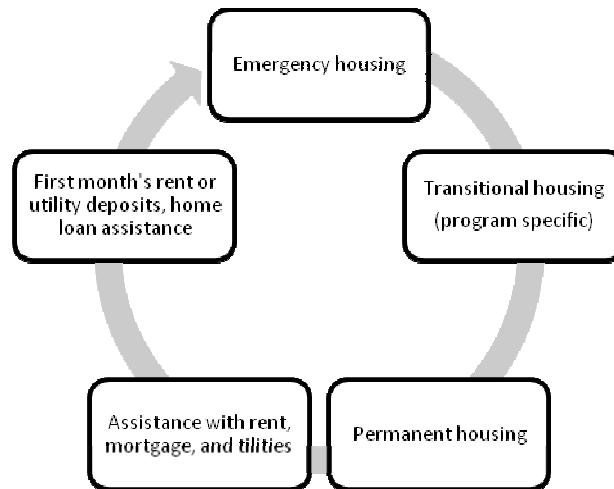


## 6. HOPWA PLAN

This section of the report describes the strategic plan for the HOPWA program and addresses planning issues required by the Consolidated Plan as well as the Action Plan for Project Year 1.

### ***Program Vision***

The direction of the HOPWA program over the next five years will focus on ensuring a continuum of housing and services for PLWHA. The continuum of housing will consider the various housing situations faced by households. (See Figure 6-1.)



**Figure 6-1. HOPWA Continuum of Housing**

Strengthening the existing continuum of housing will:

- Promote affordable, accessible, available, and adequate housing for low-income PLWHA;
- Increase housing options throughout the Atlanta EMSA by targeting HOPWA resources and connection to non-HOPWA housing resources
- Promote increased housing stability and maximum independence among low-income PLWHA;
- Ensure adequate supportive services that promote housing stability and ongoing access to care and support;
- Leverage HOPWA resources to connect to existing systems of healthcare, supportive services, and affordable housing—HOPWA becomes the bridge to these other systems of care and maximizes HOPWA resources (See Figure 6-2.);
- Build collaboration and planning among the City of Atlanta and HOPWA project sponsors; and
- Build the capacity of project sponsors to undertake housing efforts.

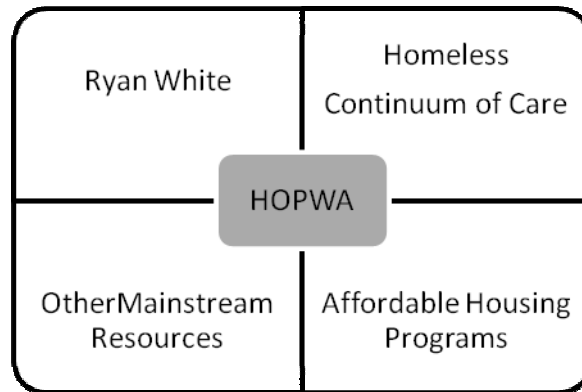


Figure 6-2. HOPWA's Connection to Other Systems of Care

**Method to Determine Annual HOPWA Output Goals**

The sections below describe the methodology used to compute the needs and expected outputs. These sections may include special features of the activities or needs being met and will connect the output goals with HOPWA’s goals of achieving housing stability, reducing the risks of homelessness, and improving access to care.

For the purpose of determining housing gaps and developing expected outputs for the next five years, a two step process was utilized. First, an estimation of housing need by type of housing was developed. Second, an inventory of the current continuum of HIV/AIDS housing was developed. Using both sets of data, five-year targets were developed based on the gaps in housing identified.

Estimate of Housing Need by Type

As discussed in Section 4, it is estimated that currently 13,860 low-income PLWHA are in need of housing assistance. Table 6-1 provides estimates of households needing housing by housing type. First, an estimation of households experiencing homelessness or in need of program supports to transition into permanent housing was calculated. Based on prior living situation data collected from the 2008 HOPWA CAPER, it was estimated that 15% of the population would need emergency or short-term support; this does not include STRMU assistance. An additional 15% of the population was estimated as needing additional supports to transition into permanent housing. Households experiencing homelessness, a recent release from incarceration, or discharge from other care facilities were included in this group. This resulted in an estimated 4,158 households that need emergency, short-term, or transitional housing.

Using 1998 HIV/AIDS consumer survey data collected by AHW (1998), it was estimated that 9% of PLWHA wanted to live in a place with on-site supportive service. An additional, 5% of respondents estimated that they would need intensive care (e.g., hospice). Based on these survey results, it was estimated that 526 households would need housing in permanent housing or intensive care facilities. It should be noted that the City of Atlanta supports emergency, short-term, and master leasing programs which are not reflected in this estimate. Emergency/short-term housing is considered in the homeless estimate and master leasing is considered a part of permanent housing.

**Table 6-1. Low-Income PLWHA In Atlanta EMSA – Estimate of Households in Need of Housing Assistance by Type of Housing**

	Households	%	Notes
<b>ESTIMATE OF LOW-INCOME PLWHA</b>	13,860		Estimated persons engaged in care per Ryan White 2007 Unmet Need Analysis
<b>HOUSING TYPE ESTIMATES</b>			
<b>Emergency and Transitional Housing</b>			
Emergency/Short-term	2,079	14%	HOPWA CAPER data estimates (1) 3.9% of clients were homeless; 2) 11.4% living some else's place
Transitional Housing (including facilities)	2,079	12%	HOPWA CAPER data estimates (1) 11.8% previously lived in an emergency shelter; (2) 3% came from Jail; (3) 2.9% were living in other facilities (hospital, psychiatric, substance use)
<b>Total Emergency/Transitional</b>	<b>4,158</b>		
<b>Permanent Supportive Housing Facilities</b>			
Facility-based Housing Options	338	3%	Based on the <i>1998 HIV/AIDS Consumer Survey</i> 9% of PLWHA would want to live in a place with on-site supportive services (Estimate does not include scattered-site options or mixed-use facilities.)
Facility-Based - Intensive Care	188	1%	Based on the <i>1998 HIV/AIDS Consumer Survey</i> 5% of PLWHA will need intensive care (e.g., hospice)
<b>Total Facility-based Housing</b>	<b>526</b>		
<b>Scattered-site Housing</b>			
Tenant-based or Other Permanent Housing Options	3,225	25%	Estimated PLWHA living in housing with cost burden greater than 50% and need of greater subsidized housing; other permanent housing options include scattered-site or other mainstream housing (Note: In HOPWA Performance Chart 1 and Table 5.3: need is split 60% TBRA, 40% facility-based to accommodate for the master-leasing program. It should be noted the need is permanent housing and the need split is only for planning purposes.)
<b>Homelessness Prevention</b>			
Short-Term Rent, Mortgage, and Utility Payments	3,941	30%	Estimated PLWHA living in housing with cost burden 30–50%; estimated population that can remain in own homes with limited support.
<b>No Direct Housing Assistance</b>	<b>2,012</b>	15%	Estimated PLWHA living in housing (21%) with no housing burden and would not require ongoing support. May need housing assessment and access to health care and other supportive services.

Of the remaining 9,178 households, CHAS data were utilized to estimate renter or owner households with a housing cost burden, as discussed in Section 4. In the review of this data, it was estimated that 2,012 low-income PLWHA earning over 50% of AMI had no housing cost burden. That is, these households had housing costs at or below 30%. Households with no housing burden were determined not to need direct housing assistance; however, these households may need supportive services or other housing assistance to remain stably housed.

Housing cost burden was also used to determine the estimated number of renter and owner households that would need HOPWA STRMU assistance or deep housing subsidies offered through permanent housing programs, such as TBRA. Since households with lower housing cost burdens (30–50%) may be able to retain existing housing with lower support, this constituted the estimated households in need of STRMU. Households with a housing cost burden of 50% or higher require deeper subsidies to gain housing stability and represent the estimate of households needing permanent supportive housing (i.e., TBRA). Following this methodology, it is estimated that 3,941 households are in need of STRMU and an additional 3,225 households are in need of TBRA or other permanent housing options.

Current Continuum of HIV/AIDS Housing

The second step in the goal setting process was the development of the current continuum of HIV/AIDS housing in the Atlanta EMSA. The current continuum of HIV/AIDS housing was categorized into three primary housing services, consistent with HOPWA reporting requirements:

- Tenant-Based Rental Assistance (See Table 6-2.)
- Short-Term Rent, Mortgage, and Utility Assistance (See Table 3-5.)
- Facility-Based Programs – These programs include those that use emergency vouchers or other assistance for less than 60 days, programs housed in bricks and mortar facilities, and programs comprised of scattered-site housing developed through a master leasing program. (See Table 6-3.)

**Table 6-2. Tenant-Based Rental Assistance Current Inventory**

Type of Housing	Project Sponsor	Program	Units
Transitional	Living Room	Special Needs Housing Assistance Program	50
Permanent Supportive Housing	AID Atlanta	Tenant-Based Rental Assistance	55
	AID Gwinnett	Tenant-Based Rental Assistance	24
	AIDS Athens	Tenant-Based Rental Assistance	10
	Living Room*	Shelter Plus Care	30
	Living Room	Tenant-Based Rental Assistance	100
<b>Total</b>			<b>269</b>

\*These programs receive HOPWA supportive services funds and no HOPWA support for housing operations. These are considered non-HOPWA households provided with TBRA.

The STRMU inventory was described in Section 3. In total, HOPWA funds 743 units of STRMU.

**Table 6-3. Facility-Based Housing Current Inventory**

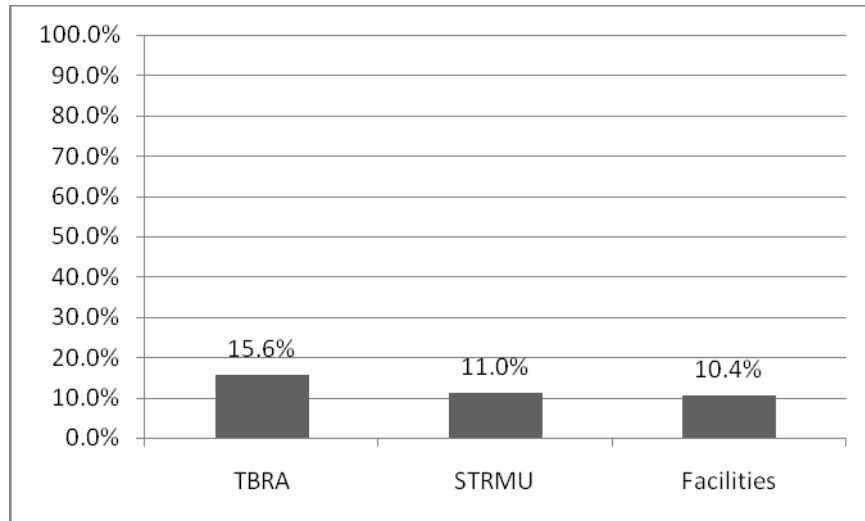
Type of Housing	Agency or Project Sponsor	Program	Units
Emergency/Short-Term Housing	Living Room	Emergency Stay	115
	Travelers Aid	Emergency Lodging Assistance Program	172
Transitional	Antioch Urban Ministries	Matthew's Place	18
	Progressive Hope House	Transitional Housing Program	7
	Travelers Aid		7
Permanent Supportive Housing	AIDS Alliance of NW Georgia*	Narnia	8
	Cooperative Resource Center	The Edgewood	46
	Jerusalem House	Adult Program	23
	Jerusalem House	Family Program	12
	Jerusalem House*	Scattered-Site I	32
	Jerusalem House	Scattered-Site II	71
	Southside Medical Center	Legacy Village	18
	Travelers Aid	Permanent Housing Program	6
Intensive Care	Southside Medical Center	Legacy House	8
<b>Total</b>			<b>543</b>

\*These programs receive HOPWA supportive services funds and no HOPWA support for housing operations. These are considered non-HOPWA households provided with TBRA.

These inventories were used as the basis for determining the gap in the number of available housing resources and the needs of PLWHA in the EMSA. The need for housing and services as well as five-year goals and budgets, are described in the following sections.

Housing Goals

To determine goals for HOPWA and non-HOPWA housing assistance going forward, historical trends in the use of HOPWA-funded housing resources, as reported in the annual CAPER, were applied to the existing inventory. For TBRA, STRMU, and facilities, the percent change in actual households served with each type of housing was computed for years 2006–2007 and 2007–2008. An average of these two values was used to project the increase in housing units over time. For TBRA and STRMU, this trend indicated an increase in units; however, the trend in facility-based housing was negative. Because stakeholders indicated that increasing housing units across the continuum of care was a high priority, the percent change in units of TBRA was extended to facility-based housing as well. (See Figure 6-3 for a comparison of the percent increase over time by type of housing resource.)



**Figure 6-3. Percent Increase in Housing Resources**

The percent increase in housing resources was applied over time to not only HOPWA-funded housing but also non-HOPWA housing as well. Non-HOPWA housing included housing programs for PLWHA that are supported by HOPWA-funded services. The HOPWA budget is based on the average cost per unit of HOPWA-funded housing over time.

Supportive Services and Housing Placement Services

It was determined that all PLWHA with low incomes were in need, at some level, of supportive services. These individuals, with the exception of those who were not in need of any direct housing assistance (i.e., those living in housing with no housing burden), were determined to be in need of housing information. Persons in need of permanent housing placement were determined to be those who needed permanent housing through either facility-based or TBRA options.

Between 2006 and 2008, the average number of households receiving supportive services was 2.2 for every household receiving housing. This number was applied to the five-year housing goals listed below to determine the five-year goals for households provided supportive services. Housing information and housing placement is proposed to increase by 10% annually.

**Five-Year Goals**

To achieve its vision, the City of Atlanta has developed the following strategic goals and objectives.

Housing

The City of Atlanta will continue to provide housing for PLWHA along the continuum from emergency/short-term housing through permanent options as well as rental and utility assistance. The City will focus on ensuring that housing is affordable, accessible, available, and adequate. Specifically, the City of Atlanta will work to meet the following goals by 2015:

Subject to the availability of HOPWA resources, The City of Atlanta will:

1. Endeavor to increase the households served with HOPWA-funded TBRA at one point in time from 269 to 493 by 2015. In addition, the City of Atlanta will endeavor to increase the capacity of non-HOPWA resources to provide assistance to 62 households by 2015.

2. Endeavor to increase the households served with HOPWA-funded STRMU at one point in time from 743 to 1,252 by 2015.
3. Endeavor to increase the households served with HOPWA-funded facilities at one point in time from 543 to 825 by 2015 and increase the capacity of non-HOPWA resources to provide facility-based housing to PLWHA to 66 households by 2015.

Table 6-4 outlines the needs, current inventory, and gap in services for TBRA, STRMU, and facility-based housing. In addition, it provides five-year goals for HOPWA and non-HOPWA assistance for each category of housing as well as the projected annual HOPWA budget.

**Table 6-4. HOPWA Housing Needs and Output Goals, Years 1–5**

		<b>TBRA</b>	<b>STRMU</b>	<b>Facilities</b>	<b>Total</b>
<b>Needs</b>		2,044	4,160	5,534	11,738
<b>Current</b>		269	743	543	1,555
<b>Gap</b>		1,775	3,417	4,991	10,183
<b>Outputs and Funding</b>		<b>TBRA</b>	<b>STRMU</b>	<b>Facilities</b>	<b>Total</b>
<b>Year 1</b>	Goal: HOPWA Assistance	276	825	555	1,656
	Goal: Non-HOPWA Assistance	35		44	79
	HOPWA Budget	\$650,315	\$346,461	\$2,903,932	\$3,900,707
<b>Year 2</b>	Goal: HOPWA Assistance	319	915	613	1,848
	Goal: Non-HOPWA Assistance	40		49	89
	HOPWA Budget	\$751,764	\$384,572	\$3,205,941	\$4,342,276
<b>Year 3</b>	Goal: HOPWA Assistance	369	1,016	677	2,062
	Goal: Non-HOPWA Assistance	46		54	100
	HOPWA Budget	\$869,039	\$426,874	\$3,539,359	\$4,835,272
<b>Year 4</b>	Goal: HOPWA Assistance	427	1,128	747	2,302
	Goal: Non-HOPWA Assistance	54		59	113
	HOPWA Budget	\$1,004,609	\$473,831	\$3,907,452	\$5,385,891
<b>Year 5</b>	Goal: HOPWA Assistance	493	1,252	825	2,570
	Goal: Non-HOPWA Assistance	62		66	128
	HOPWA Budget	\$1,161,328	\$525,952	\$4,313,827	\$6,001,107

#### Housing Placement and Information

The City of Atlanta will continue to provide housing information and housing placement services for PLWHA and their families. These services are important in preventing homelessness, supporting access to permanent housing, and assisting households in maintaining their housing. Specifically, the City of Atlanta will work to meet the following goals by 2015:

1. Increase the number of households receiving housing information each year from 1,000 to 1,611 by 2015.
2. Increase the number of households receiving permanent housing placement each year from 250 to 403 by 2015.

Table 6-5 outlines the needs, current inventory, and gap in services for housing information and housing placement. In addition, it provides five-year goals for HOPWA and non-HOPWA assistance for each type of service as well as the projected annual HOPWA budget.

**Table 6-5. HOPWA Housing Placement and Information Needs and Output Goals, Years 1–5**

		Housing Information	Housing Placement	Total
<b>Needs</b>		11,738	3,961	15,699
<b>Current</b>		1,000	250	1,250
<b>Gap</b>		10,738	3,711	14,449
<b>Outputs and Funding</b>		Housing Information	Housing Placement	Total
<b>Year 1</b>	Goal: HOPWA Assistance	1,100	275	1,375
	Goal: Non-HOPWA Assistance			0
	HOPWA Budget	\$457,314	\$118,151	\$575,465
<b>Year 2</b>	Goal: HOPWA Assistance	1,210	303	1,513
	Goal: Non-HOPWA Assistance			0
	HOPWA Budget	\$503,045	\$129,966	\$633,011
<b>Year 3</b>	Goal: HOPWA Assistance	1,331	3,333	4,664
	Goal: Non-HOPWA Assistance			0
	HOPWA Budget	\$553,350	\$142,963	\$696,313
<b>Year 4</b>	Goal: HOPWA Assistance	1,464	366	1,830
	Goal: Non-HOPWA Assistance			
	HOPWA Budget	\$608,685	\$157,259	\$765,944
<b>Year 5</b>	Goal: HOPWA Assistance	1,611	403	\$2,014
	Goal: Non-HOPWA Assistance			
	HOPWA Budget	\$669,553	\$172,985	\$842,538

Supportive Services

The City of Atlanta will continue to provide a variety of supportive services necessary to assist PLWHA and their families in preventing homelessness, accessing permanent housing, and maintaining housing. As described in this report, these services are varied and meet a variety of needs.

By 2015, the City of Atlanta will work to provide supportive services to 5,935 households.

Table 6-6 outlines the needs, current inventory, and gap in supportive services. In addition, it provides five-year goals for HOPWA and non-HOPWA assistance for supportive services as well as the projected annual HOPWA budget.



**Table 6-6. HOPWA Supportive Services  
Needs and Output Goals, Years 1–5**

<b>Needs</b>		13,860
<b>Current</b>		3,421
<b>Gap</b>		10,439
<hr/>		
	<b>Outputs and Funding</b>	<b>Supportive Services</b>
<b>Year 1</b>	Goal: HOPWA Assistance	3,817
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$3,303,891
<b>Year 2</b>	Goal: HOPWA Assistance	4,261
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$3,687,707
<b>Year 3</b>	Goal: HOPWA Assistance	4,757
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$4,117,280
<b>Year 4</b>	Goal: HOPWA Assistance	5,313
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$4,598,231
<b>Year 5</b>	Goal: HOPWA Assistance	5,935
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$5,136,896

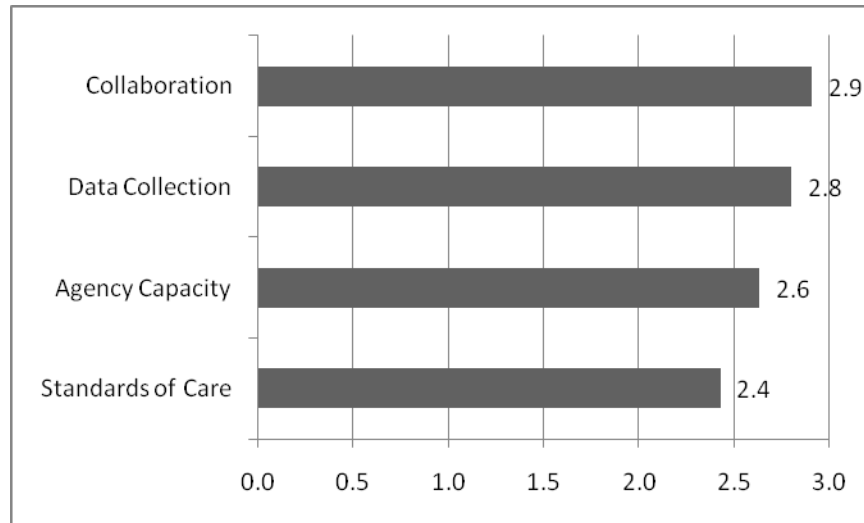
System of Care

Previous planning efforts clearly identified four elements of the system of care that require ongoing attention:

- *Collaboration and Communication* – The City of Atlanta will establish a housing coalition that will meet regularly. Although the City has limited resources, it is committed to supporting the coordination of such a coalition to address issues related to HOPWA. The group of providers suggested creating a planning committee to identify current issues and think long-term about coalition leadership, committee structure, meaningful and interesting meeting agendas, training opportunities, communication, and other coalition components. Different needs exist for different agency staff. This should be considered when planning meetings. Participants do not want a complicated planning structure but do want consideration given to the needs of front-line staff and agency management.
- *Data Collection* – Agencies use different management information systems and have invested time and energy to make these systems meet their agency needs. However, the need exists for the provider community to collect individual client data to inform housing and services planning. The coalition will identify and agree upon standard data elements to collect going forward.
- *Agency Capacity* – The coalition will also explore resources that can be utilized to help increase agency capacity throughout the system. Suggestions to consider include training, technical assistance, agency assessment, and long-range agency planning.

- *Standards of Care* – The City and HOPWA providers would both like the system of care to uphold a high standard of care. They are interested in researching current standards of care used in other communities and updating standards for the Atlanta community.

Although participants believed that each of these elements should be addressed over time, they prioritized collaboration at the highest level; it received a rank of 2.9 on a 3.0-scale in which 1 indicates low priority and 3 indicates high priority. In addition to general collaboration and communication among HOPWA-funded Project Sponsors, participants believe that collaboration with other systems of care and mainstream resources is particularly important. (See Figure 6-4.)



**Figure 6-4. Priority Ranking of System of Care Elements**

Understanding that HOPWA is one resource in the overall system of care for PLWHA, the City will continue to educate providers about mainstream resources and improve access to these resources. The City is committed to ensuring that HOPWA funds provide a full continuum of housing and related services for PLWHA and build a bridge between the HOPWA system of care and other related systems. People are living longer with HIV and the hope is that many PLWHA can remain healthy and continue to move toward independent living.

The providers will continue to assess the current state of HOPWA case management to ensure that it focuses on client empowerment and movement through the system. Coordination with Ryan White case management is critical and staying abreast of current resources is important. Creating collaboration with other systems will be improved. A current initiative that has the potential to impact positively PLWHA is the SSDI Outreach, Access, and Recovery (SOAR) Initiative, which is focused on assisting PLWHA to access mainstream benefits such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

In addition, the provider community has expressed the need to improve collaborative efforts to identify and increase access to mainstream affordable housing in the community. Building relationships with landlords is imperative and developing relationships with other housing-related organizations is important as well. The City intends to hire a Resource Identification staff person who will be able to lend support to these types of efforts.

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## ATTACHMENTS

- A. Housing Worksheets***
- B. Supportive Services Worksheets***
- C. System of Care Worksheet***
- D. Provider Survey***
- E. Provider Profiles***