

**A REPORT ON HOUSING FOR
PERSONS LIVING WITH HIV/AIDS
IN THE CITY AND THE COUNTY OF LOS
ANGELES**

Prepared for the City of Los Angeles for:

the AIDS Coordinator's Office,

the Los Angeles Housing Department, and

the Los Angeles Countywide HOPWA Advisory Committee

Prepared by:

Shelter Partnership, Inc.

523 West Sixth Street, Suite 616

Los Angeles, CA 90014

(213) 688-2188

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EXECUTIVE SUMMARY

Background

To address the housing needs of persons living with HIV/AIDS, Congress approved the Cranston-Gonzalez National Affordable Housing Act in 1990, as amended by the Housing and Community Development Act of 1992, authorizing Housing Opportunities for Persons with AIDS (HOPWA), also known as the AIDS Housing Opportunity Act. Under HOPWA, states and localities receive funding annually to develop long-term comprehensive strategies for meeting the housing needs of persons living with HIV and their families. Additionally, since 1991, Ryan White CARE Act funds have been available to provide housing-related services such as housing referrals, emergency financial assistance, emergency housing, transitional housing, and supportive services.

Over the past several years, various regions across the country have prepared HIV/AIDS housing needs assessments and/or plans to assist in the development of appropriate housing options with supportive services for persons living with HIV/AIDS. These needs assessments and plans have sought to: describe the housing needs of people living with HIV/AIDS; identify and evaluate the available housing and services; identify gaps in housing and services; develop strategies for filling gaps in housing and services; coordinate HOPWA and Ryan White CARE Act funding activities; and prioritize future funding allocations.

Although Los Angeles was one of the earliest communities that saw the first cases of HIV, and quickly developed housing for persons living with HIV, no comprehensive study has ever been conducted on the housing system for persons living with HIV in Los Angeles. Because of this, the City of Los Angeles commissioned Shelter Partnership, Inc. to prepare this report on the housing and social service needs of persons living with HIV/AIDS in the County of Los Angeles.

Methodology

The following three survey instruments were designed: (1) HIV/AIDS Housing Provider Survey, (2) HIV/AIDS Social Services and Health Care Provider Survey, and (3) Persons Living With HIV/AIDS (PWA) Survey. Data from sixty-one housing programs were collected from June through November 1997. Data from thirty-four social services and health care programs were collected from July through December 1997. Surveys from 785 PWAs at seventy-seven housing, social services, and health care sites were collected from July through December 1997.

Findings

Demographics of the PWA Survey Respondents

At the time of survey completion, almost half (47%) of the PWA survey respondents lived in SPA 4/Metro and thirteen percent each lived in SPA 2/San Fernando Valley and in SPA 8/South Bay/Harbor.

Seventy-eight percent of the PWA survey respondents were males, twenty percent were females, and two percent were transgenders.

Almost half (48%) of the PWA survey respondents were between 31 and 40 years old, twenty-four percent were between 41 and 50 years old, twenty-one percent were between 18 and 30 years old, and seven percent were between 51 and 64 years old.

Thirty-seven percent of the PWA survey respondents were Latino/Hispanic, thirty percent were African American, twenty-eight percent were White, four percent were Native American/American Indian, and three percent were Asian/Pacific Islander.

Twenty-eight percent of the PWA survey respondents had some college or trade school education, twenty-three percent had a high school diploma or GED certificate, nearly twenty-three percent had less than a 12th grade education, and thirteen percent had less than an 8th grade education.

The majority (59%) of the PWA survey respondents were single/never married. A smaller number (11%) were living with a partner or lover.

Eighty-six percent of the PWA survey respondents were not employed at the time of survey completion, while fourteen percent were employed either full-time or part-time.

Fifty percent of the PWA survey respondents identified as gay, thirty-four percent as heterosexual, and twelve percent as bisexual. Three percent of the PWA survey respondents did not know their sexual orientation.

Approximately three-fourths (73%) of the PWA survey respondents received less than \$700 per month as follows: twenty-four percent of the PWA survey respondents received between \$600 and \$700 per month, fourteen percent received between \$301 and \$600 per month, nineteen percent received between \$1 and \$300 per month, and sixteen percent received \$0 per month.

Thirty-eight percent of all the PWA survey respondents reported some type of current substance use. Forty-one percent reported using alcohol, thirty percent prescription tranquilizers or anti-depressants, twenty-six percent marijuana, and twenty-five percent prescription pain medications.

Sixty-five percent of the surveyed PWAs had been homeless at some point in their lives and had experienced homelessness an average of 2.3 times in the past 3 years. Forty-six percent of the PWA survey respondents who had ever experienced homelessness were currently homeless. (Per the U.S. Department of Housing and Urban Development (HUD), an individual is considered homeless if he or she is living on the streets, in a car or abandoned building, or in a homeless shelter.) Fifty-one percent of the PWA survey respondents who had ever been homeless were homeless between two to twelve months. Fifty percent of the PWAs who were not currently homeless believed that they were at risk of becoming homeless.

Accessing Housing

More than fifty percent (53%) of the PWA survey respondents indicated that they had to move at least once since becoming HIV+. The average number of times respondents moved since becoming HIV+ was 2.06 times, with one respondent having to move 10 times since becoming HIV+.

The two most significant factors that prevented PWAs from getting housing were not having enough money to pay for housing and not knowing what was available or how to access available housing.

The five subpopulations of PWAs that were least able to access housing were: chronically mentally ill persons, active substance abusers, persons with HIV mental illness (dementia), persons who were chronically homeless, and persons without TB clearance.

Thirty percent of the PWA survey respondents found out about their current housing through family or friends. Nearly thirty percent found out about their housing through caseworkers or managers. Other sources of locating housing included self-referral (21%), health care workers or professionals (7%), street outreach (7%), and flyers or letters (4%).

Persons living with HIV/AIDS were referred to HIV/AIDS housing programs primarily through HIV/AIDS service providers (24.1%), and then government agencies (12.0%), social service agencies (10.7%), health care providers (10.6%), and self-referrals (9.9%).

About one-half (52%) of the PWA survey respondents had ever applied for any type of housing assistance or subsidy, about one-half (45%) had never applied for any type of housing assistance or subsidy, and about four percent did not know whether they had ever applied for any type of housing assistance or subsidy. Of those who had ever applied for any type of housing assistance or subsidy, eighty percent had received or were currently receiving some type of housing assistance or subsidy and twenty percent had never received any kind of housing assistance or subsidy. Twenty-four percent of the PWA survey respondents that had ever received some type of housing assistance did not know what type of assistance they were receiving or had received in the past.

HIV/AIDS Housing Programs

Twenty-nine agencies operated sixty-one housing programs. Thirty-eight (62%) were located in the City of Los Angeles and twenty-three (38%) were located outside the City but within the County of Los Angeles. Twenty-five housing programs (41%) were located in SPA 4/Metro, fourteen (23%) were in SPA 8/South Bay, and eleven (18%) were in SPA 2/San Fernando Valley.

The total number of HIV/AIDS beds in the 61 surveyed housing programs was 561. Of these, 359 (64%) were located in the City of Los Angeles and 202 (36%) were located outside the City of Los Angeles but within the County of Los Angeles. The average number of HIV/AIDS-specific beds in the various housing programs was 10, from a range of 1 to 50.

Of the surveyed housing programs, fourteen (23%) were transitional housing programs; twelve (20%) were Residential Care Facilities for the Chronically Ill (RCFCIs); eleven (18%) were substance abuse treatment programs; six (10%) were emergency shelters; six (10%) were group homes; five (8%) were permanent housing; four (7%) were Adult Residential Facilities (ARFs); and three (5%) were Congregate Living Health Facilities (CLHFs).

The subpopulations of PWAs that were least served by the surveyed housing programs were families, men with children, pregnant teens, runaway and homeless youth, women with children, and emancipated youth.

All eight of the surveyed housing program types required potential clients or residents to do at least one of the following before being admitted into their programs: be interviewed, fill out an application, have a TB clearance, be referred by a doctor or social service provider, be clean and sober, and get a drug test.

All eight of the surveyed housing program types had waiting lists that ranged from an average of six days for the CLHFs to nine months for permanent housing.

The average vacancy rates varied for the different types of housing programs. The emergency shelters had the lowest average annual vacancy rate of 1% and the group homes had the highest average annual vacancy rate of 34%.

Housing Preferences of Persons Living with HIV/AIDS

Almost half (47%) of the PWA survey respondents indicated that they lived in an apartment, condominium, townhouse, or house. Seventeen percent of the PWA survey respondents lived in a licensed AIDS residential facility. Ten percent of the respondents lived in a drug or alcohol treatment facility. Eight percent lived in a homeless shelter. Seven percent were temporarily staying in a family member's or friend's home and six percent were permanently staying in a family member's or friend's home. Three percent were living in a hotel or motel. Two percent were living on the streets, in a car, or in an abandoned or condemned building.

Thirty-five percent of the PWA survey respondents indicated that they had lived in their current housing for one to six months, sixteen percent had lived in their current housing for six to twelve months, sixteen percent had lived in their current housing for one to two years, and fourteen percent had lived in their current housing for less than one month.

One-third of the surveyed PWAs spent between 0% and 30% of their monthly income on housing, twenty-nine percent spent between 31% and 50% of their monthly income on housing, twenty-four percent spent between 51% and 70% of their monthly income on housing, and fifteen percent spent more than 71% of their monthly income on housing.

The three most important neighborhood features to the PWA survey respondents in their choosing their current housing were liking the neighborhood, accessibility to public transportation, and being near the doctor or health care. The building features that were most

important to the PWA survey respondents in their choosing their current housing were building amenities; individual bathroom, kitchen, etc.; and individual sleeping spaces. The three program features that were most important to the PWA survey respondents in their choosing their current housing were affordability, no waiting list, and sober living environment.

The PWA survey respondents were nearly equally divided on whether they would have to move if they got sicker: 34% said that they would not have to move, 33% did not know whether they would have to move, and 33% said that they would have to move. More than half (54%) of the PWA survey respondents would have to move if they became healthier. The other half of the respondents either did not know whether they would have to move if they got healthier (25%) or would probably have to move if they got healthier (22%).

The neighborhood features that would be important to PWAs if they had to move were accessibility to public transportation, near doctor or health care, and low crime rate. The building features that would be most important to PWAs in their choosing their housing if they had to move were building amenities, individual sleeping spaces, and paid utilities. The program features that would be most important to PWAs in their choosing their housing if they had to move were affordability, no waiting list, and quick intake/application process.

Supportive Services Available to Persons Living with HIV/AIDS

The following five supportive services were offered through all of the surveyed housing programs: advocacy, case management, food, referrals to community agencies, and support groups. These five services were offered either on-site (i.e., at the housing site), off-site (i.e., not at the housing site), or both on-site and off-site.

Social services and health care providers offered the following social services to PWAs to improve their quality of lives and to allow them to remain in housing: advocacy (91%), referrals to community agencies (91%), transportation (91%), case management (85%), health care counseling (76%), support groups (74%), benefits counseling (71%), mental health services (68%), food (65%), recreation and/or social activities (62%), nutritional counseling (56%), and substance abuse counseling (53%).

Medical care was identified by sixty-seven percent of the surveyed housing providers as the most important social service to PWAs in improving their quality of lives and in allowing them to remain in housing.

For seventy-four percent of the surveyed social services and health care providers, case management was the most important social service to PWAs in improving their quality of lives and in allowing them to remain in housing.

According to the PWAs, the five most important social services in improving their quality of lives and in allowing them to remain in their housing were: food (41%), financial assistance (39%), medical care (26%), transportation (25%), and case management (17%).

If the PWAs were to move to a housing program that offered on-site and off-site social services, the five social services that would be most important to them in improving their quality of life and in allowing them to remain in their housing were: food (42%), financial assistance (40%), medical care (26%), transportation (26%), and dental care (20%).

Developing HIV/AIDS Housing

The surveyed housing, social services, and health care providers and PWAs were all in agreement regarding the top four housing options most needed by persons living with HIV/AIDS: (1) long-term rental/mortgage assistance to keep PWAs in their own homes (47%, 63%, and 53%, respectively); (2) subsidized independent living in an apartment with linkages to social services (46%, 51%, and 43%, respectively); (3) transitional housing (43%, 33%, and 31%, respectively); and (4) emergency shelter (42%, 48%, and 41%, respectively).

While both the surveyed housing and social services and health care providers thought that SPA 3/San Gabriel Valley and SPA 1/Antelope Valley were the two areas most unserved by HIV/AIDS housing programs, the PWA survey respondents thought that SPA 6/South and SPA 4/Metro were the two areas most unserved by HIV/AIDS housing programs.

Both the surveyed housing providers and the PWA survey respondents thought that SPA 6/South was the area most underserved by HIV/AIDS housing programs. The social services and health care providers thought that SPA 8/South Bay/Harbor was the area most underserved by HIV/AIDS housing programs.

According to the surveyed housing and social services and health care providers, the number one barrier to the development of HIV/AIDS housing in unserved and underserved areas was the lack of knowledge of need for HIV/AIDS specific housing (69% and 77%, respectively).

Fourteen (25%) of the surveyed housing providers did not access any public funding for capital costs. HOPWA was the most accessed public funding source with twenty-four (67%) of the surveyed housing providers accessing this funding source. All of the surveyed ARFs and all but one of the RCFCIs accessed HOPWA. The City of Los Angeles Community Redevelopment Agency (CRA) was accessed by fifteen (42%) of the surveyed housing providers. Twelve (33%) of the surveyed housing providers accessed Community Development Block Grant (CDBG), ten (28%) accessed HOME Investment Partnership Program (HOME), and eight (22%) accessed HUD's Supportive Housing Program (SHP).

Operating HIV/AIDS Housing Programs

Almost two-thirds (63%) of the surveyed housing providers owned the properties in which the housing was provided.

Most (66%) of the housing providers received the majority of their funding to support the operation of their housing programs from public sources. Thirteen percent of their funding was from third party reimbursements, twelve percent was from private sources, five percent was from client fees, and four percent was from tenant rents.

Eighty-five percent of the surveyed housing programs indicated that they had some type of provision for alcohol and drug relapse by clients.

Impact of Protease Inhibitors on Housing

Most (80%) of the surveyed housing providers did not think that protease inhibitors and combination therapy had changed their occupancy and vacancy rates since they have not had any changes in occupancy, their clients were not taking the new medications, or the medications were too new to have had an effect on the vacancy rates.

Seventy-two percent of the surveyed social services and health care providers believed that protease inhibitors and combination therapy had changed the housing needs of PWAs. These changes included PWAs living longer and needing independent housing, along with subsidies to afford the independent housing, and on-site social, psychological, and mental services to meet the changed needs.

Three-fourths of the surveyed housing providers anticipated changes in the housing needs of PWAs, twenty-two percent did not know if there would be any changes, and three percent did not anticipate any changes.

The majority (81%) of the surveyed social services and health care providers also anticipated changes in the housing needs of PWAs due to the apparent effectiveness of protease inhibitors and other anti-HIV drugs.

Thirty-one percent of the PWAs said that they did not anticipate any changes in their housing needs, twenty-eight percent did not know whether they anticipated any changes in their housing needs, twenty-two percent did anticipate changes in their housing needs, and nineteen percent have not thought about this particular issue.

Policy Questions

When given the difficult task of choosing which government program should be the priority, both the surveyed housing providers and the social services and health care providers agreed on the order of programs that should be prioritized. Forty-three percent of the surveyed housing providers and fifty-five percent of the social services and health care providers believed that getting people on new anti-HIV medications should be the number one priority. Twenty-eight percent of the surveyed housing providers and twenty-seven percent of the social services and health care providers believed that services that allow people to remain in their homes should be the second priority. Twenty-four percent of the surveyed housing providers and eighteen percent of the social services and health care providers believed that housing payments to prevent people from becoming homeless should be the third priority.

Recommendations

The following are some recommendations resulting from the surveys and interviews conducted. The recommendations are not listed by priority or weight but in order of the report sections.

1. Increase the financial resources available to PWAs so that they can improve their quality of life and remain housed.
2. Increase the availability of substance abuse treatment programs to poor persons.
3. Increase homeless prevention activities so that PWAs remain housed.
4. Increase the awareness of PWAs regarding available housing and how to access the available housing.
5. Increase the ability of PWAs with mental illness, substance addictions, and dementia, and those who are chronically homeless, to access housing.
6. Increase the number of emergency shelter and transitional housing beds for PWAs.
7. Determine if the following subpopulations need more access to HIV/AIDS housing programs: families, men with children, pregnant teens, runaway and homeless youth, women with children, and emancipated youth.
8. Determine why PWAs are moving frequently and what, if any, actions should be taken to slow this movement.
9. Increase the financial resources available to PWAs so that they can access affordable housing.
10. Facilitate the movement of PWAs into appropriate housing when their health declines and increase the housing options available to PWAs in their communities.
11. Consider the following features when developing new housing:
(a) neighborhood features: accessibility to public transportation, near doctor or health care, and low crime rate; (b) building features: building amenities, individual sleeping spaces, and paid utilities; (c) program features: affordability, no waiting list, and quick intake/application process.
12. Ensure the availability of the following services to PWAs: food, financial assistance, medical care, transportation, and case management.
13. Ensure the availability of the following housing options to PWAs: (1) long-term rental/mortgage assistance to keep PWAs in their own homes and (2) subsidized independent living in an apartment with linkages to social services.
14. Increase the awareness of the need for HIV/AIDS specific housing.
15. Encourage all stakeholders need to engage in planning processes that maximize resources to persons living with HIV/AIDS.

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