

Executive Summary

This Executive Summary includes an overview of the needs assessment and planning process, a summary of key findings, and the critical issues and recommendations developed during the process.

The *Greenville EMSA HIV/AIDS Housing Plan* culminates a ten-month planning process that brought together a wide range of community stakeholders to consider and plan for the housing needs of individuals living with HIV/AIDS and their families in Anderson, Cherokee, Greenville, Laurens, Pickens, and Spartanburg Counties. Housing and services providers, people living with HIV/AIDS, and other key community members from across the six counties participated in the needs assessment process and provided input and feedback on the plan document.

Overview of the Needs Assessment and Planning Process

The City of Greenville, Community Development and Relations Division determined that better information was needed about the housing needs of people living with HIV/AIDS in the Greenville Eligible Metropolitan Statistical Area (EMSA).¹ As the local grantee of the Housing Opportunities for Persons with AIDS (HOPWA) program, funded by the U.S. Department of Housing and Urban Development (HUD), the City contracted with AIDS Housing of Washington (AHW) to facilitate a community-based needs assessment and planning process leading to a region-wide HIV/AIDS housing strategy. HOPWA funds were made available for the needs assessment and plan by the City of Greenville and by HUD's National HOPWA Technical Assistance Program.

A Steering Committee was formed in February 2003 to oversee and guide the needs assessment and planning process. The committee was comprised of representatives from community-based organizations from each county that provide housing and services to low-income people, including those living with HIV/AIDS, mental illness, substance use issues, and those who are homeless. Members of the Steering Committee reviewed background information and other written data related to HIV/AIDS, housing affordability, homelessness, and dedicated resources; identified critical issues; developed recommendations; and approved the final plan.

The planning process began in February 2003 and continued through November 2003, and included a review of housing, homelessness, demographic, and HIV/AIDS data; interviews with key informants; and focus groups and a survey of people living with HIV/AIDS.

In June 2003, the federal Office of Management and Budget established revised definitions for Metropolitan Statistical Areas (MSAs) and HUD implemented the MSA changes for all fiscal year 2004 HOPWA grantees. As a result, the City of Greenville will no longer serve as the HUD grantee for the HOPWA program and the original five-county EMSA—comprised of Anderson, Cherokee,

¹ The Greenville EMSA, as currently defined by the federal government, includes Anderson, Cherokee, Greenville, Pickens, and Spartanburg Counties. Proposed redefinitions of metropolitan areas by the federal government led the City of Greenville to add Laurens County in July 2003 to the region covered by this plan.

Greenville, Pickens, and Spartanburg Counties—will no longer receive HOPWA funds separate from the State of South Carolina.

Starting in fiscal year 2004, the State of South Carolina Department of Health and Environmental Control (DHEC) will serve as the HUD grantee for all HOPWA funds in the former Greenville EMSA. Discussions were underway as of November 2003 between DHEC and the City of Greenville with both entities seeking to allow the City of Greenville to continue to administer the funds to the original five-county region, with the addition of Laurens County. Representatives from DHEC and Laurens County served on the HIV/AIDS needs assessment Steering Committee. For the purposes of the *Greenville HIV/AIDS Housing Plan*, all six counties were included in the needs assessment process.

The research, development, and publication of this plan was funded in part by the Housing Opportunities for Persons with AIDS (HOPWA) National Technical Assistance Program in partnership with the U.S. Department of Housing and Urban Development's Office of HIV/AIDS Housing.

Needs Assessment Findings

Survey of People Living with HIV/AIDS

A total of 192 people living with HIV/AIDS completed a housing survey that addressed individuals' housing histories, needs, and preferences. The following themes emerged:

- The majority of respondents were HIV-positive, had no symptoms, and received regular medical care. Nearly half of those who reported a disability identified HIV/AIDS as a complicating factor in their daily lives.
- Respondents were most likely to be renting and living with a partner or children.
- The median income of respondents was 73 percent of the poverty threshold and 18 percent of the median family income for an individual in the Greenville EMSA.
- The majority of respondents paid more than half of their income in housing costs (including utilities) each month.
- Respondents were most likely to be denied access to housing based on poor credit history or inability to pay move-in costs. More than a quarter of respondents have experienced homelessness.
- Respondents would prefer to live in their own place that is not identified as HIV/AIDS housing with services nearby and in a safe neighborhood.
- In addition to housing preferences, respondents identified the lack of transportation and other support services as barriers to finding and maintaining stable housing.

Focus Groups with People Living with HIV/AIDS

People living with HIV/AIDS were also included in the needs assessment process through focus groups. These allowed for more qualitative and broader-ranging information than the survey. A total of 56 people living with HIV/AIDS in Anderson, Cherokee, Greenville, Laurens, Pickens, and Spartanburg Counties participated in seven focus groups. The following themes emerged:

- Stigma and discrimination significantly influence how, where, and when people living with HIV/AIDS seek housing and service assistance, particularly for those living in rural areas.
- Quality, affordable housing in safe neighborhoods is difficult to secure and maintain for people living on limited incomes, especially for those living with HIV/AIDS seeking to stabilize their health.
- People living with HIV/AIDS who earn low incomes face significant financial obstacles to housing stability, such as move-in costs, utility bills, and high rents.
- People with criminal records, poor credit, or poor rental histories face major impediments to securing housing on the private market and rental assistance from public housing authorities.
- Housing stability is enhanced through a range of support services that extend beyond monetary subsidies, including transportation, job training, literacy programs, and support groups.
- A diverse range of housing assistance, financial support, and support services would be most helpful to people living with HIV/AIDS in the Greenville EMSA.

Interviews with Key Service and Housing Informants

Key informants, identified by Steering Committee members and other community members, were interviewed individually and in groups in each of the six counties. Sixty-one people were interviewed, including case managers, housing and service providers, housing developers, government representatives, clinical social workers, and other concerned community members, including members of the Steering Committee. The following themes emerged:

- People living with HIV/AIDS who have limited resources are seeking the same housing and support services as other people with low incomes.
- The primary barrier to finding and maintaining stable housing throughout the Greenville EMSA is the lack of safe, affordable housing units in both rural and urban areas. A continuum of housing services is needed in order to meet the diverse needs of people living with HIV/AIDS who earn low incomes.
- Criminal history, poor credit, and utility and move-in costs are significant barriers to securing and maintaining housing on the private market and with public housing authorities.
- Stigma, discrimination, and the desire for confidentiality impact all facets of housing and services for people living with HIV/AIDS.
- Formal coordination and better education among multiple service systems would greatly benefit people living with HIV/AIDS.

Critical Issues and Recommendations

Steering Committee members reviewed findings from the needs assessment based on input from people living with HIV/AIDS, service and housing providers, and other community stakeholders. During a two-day meeting in September 2003, Steering Committee members identified critical issues and developed recommendations to address HIV/AIDS housing and related service priorities.

Within each of the seven sections below is a description of the critical issue and a listing of recommendations to address that issue, in order of priority, as adopted by the Steering Committee.

1. **Affordable, quality housing in safe neighborhoods is limited, difficult to secure, and costly to maintain for all people earning low incomes, including people living with HIV/AIDS, in both rural and urban areas of the Greenville EMSA.**

Recommendations

- Conduct an assessment to determine the need for housing units for people living with HIV/AIDS in each of the six counties.
- Solicit county and city officials to take a leading role in addressing housing issues through policy formulation. Encourage all jurisdictions to adopt the recommendations from the *Greenville EMSA HIV/AIDS Housing Plan*.
- Solicit and secure state HOME Investment Partnership Program (HOME) grant funds for rental assistance to maintain current affordable housing.
- Seek funding at federal, state, county, and city levels to develop affordable housing units and/or rental assistance vouchers.
- Form an ad-hoc committee, including city and county officials, religious organizations, developers, and other stakeholders with a mission of increasing the number of housing units dedicated to people living with HIV/AIDS.

2. **Limited service capacity and restrictive administrative requirements create multiple barriers to securing and maintaining housing, particularly for people living with HIV/AIDS who desire independent housing. These barriers include limited funds for move-in costs; criminal, rental, and credit histories; and lack of transportation.**

Recommendations

- Clarify HOPWA regulations in order to continue using funds for security and utility deposits.
- Develop preference-based admission policies and exception criteria for people living with HIV/AIDS by advocating to local housing authorities.
- Develop partnerships with the newly developed “Transportation Coalition” to address transportation barriers.
- Develop a tenant-based rental assistance program to supplement the existing Section 8 program.

3. **The lack of public education and understanding about HIV/AIDS has created an environment in which stigma and discrimination influences how and where services are delivered and housing is developed for people living with HIV/AIDS.**

Recommendations

- Develop strategies to reach the broader community, including schools, churches, and neighborhood organizations.
- Develop and implement a multi-session media campaign featuring local, state, and national leaders.
- Develop formal Memoranda of Understanding with providers that address confidentiality and other pertinent information.

- 4. Ongoing coordination among multiple service systems would greatly benefit people living with HIV/AIDS by maximizing utilization of services and increasing the effectiveness of local, state, and federal resources.**

Recommendations

- Identify specific services provided throughout the region that could be streamlined.
 - Create linkages between providers by identifying key contacts at housing and service provider agencies.
 - Create a referral and tracking system among providers to increase communication among service providers and increase client accountability.
- 5. Existing programs that are successfully preventing homelessness should be preserved and enhanced through agency capacity building and partnership development to more effectively meet the needs of people living with HIV/AIDS.**

Recommendations

- Expand local HIV/AIDS consortium memberships to include non-traditional service providers.
 - Develop partnerships with mainstream housing and service providers through education about existing programs.
 - Maintain successful existing programs through the allocation of local, state, and federal funds.
 - Develop program evaluation standards to maintain program accountability and develop a formal referral process among housing and service providers that requires providers to respond to all referrals.
- 6. Access to and utilization of existing mainstream housing and services needs to be expanded for people living with HIV/AIDS who have limited resources.**

Recommendation

- Publish a resource directory for distribution to providers that is also available on the Internet and coordinates with existing directories.
- 7. Adequate assisted living or skilled nursing care and other housing options for people in transition are not available in the state of South Carolina for people living with HIV/AIDS.**

Recommendation

- Develop partnerships and obtain funding for two new skilled nursing facilities in the EMSA that serve a mixed population and have beds dedicated to people living with HIV/AIDS.