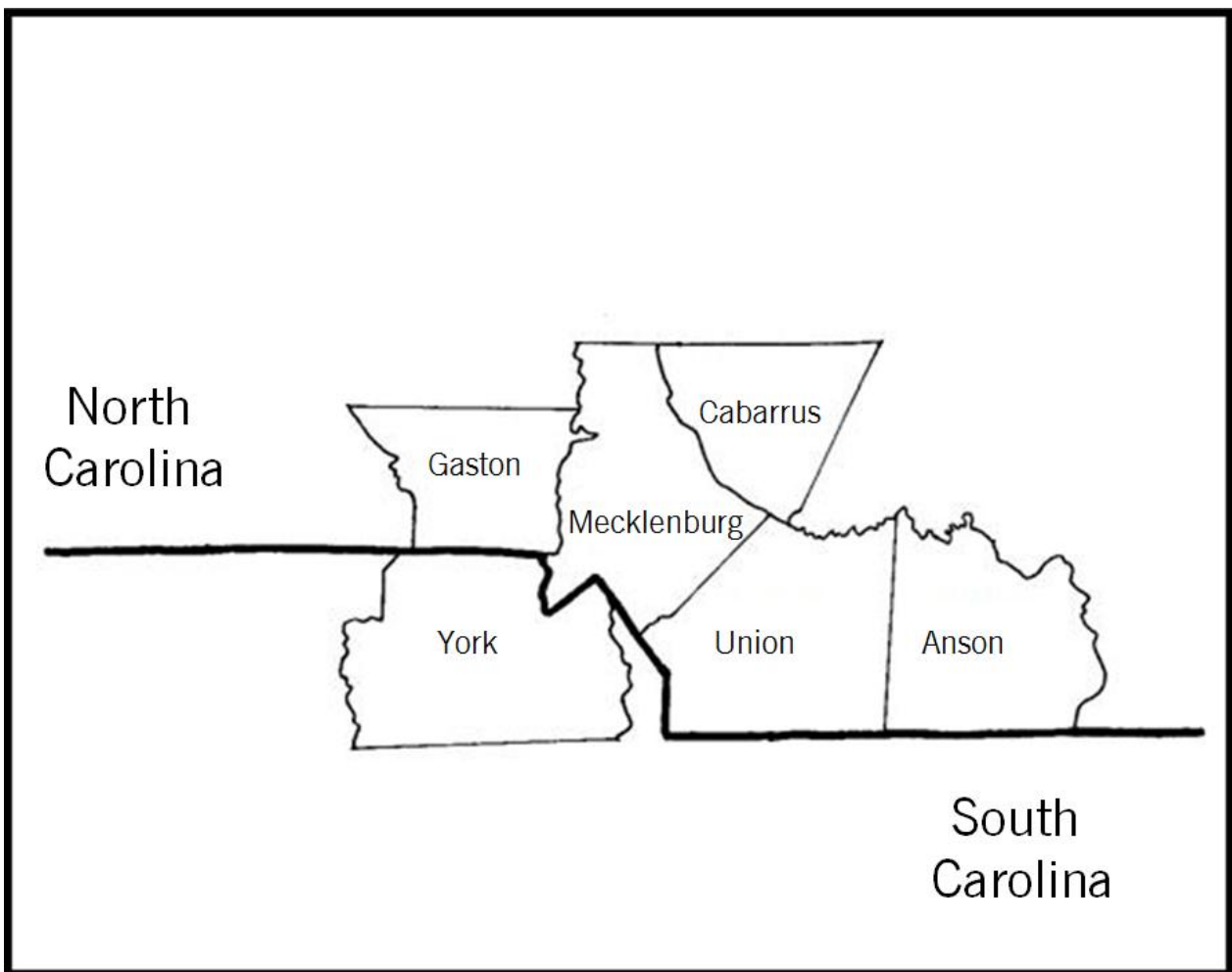




# HIV/AIDS Housing Action Plan

*for the*  
**Charlotte Eligible Metropolitan  
Statistical Area (EMSA)**



**Adopted by the  
Carolinas CARE Partnership  
June 24, 2011**



**Prepared for:**

Carolinas CARE Partnership  
7510 East Independence Blvd., Suite 105  
Charlotte, North Carolina 28227  
704-531-2467  
[www.carolinascare.org](http://www.carolinascare.org)

Carolinas CARE Partnership Staff

Terry Ellington  
*Executive Director*

Lorie Goble  
*Housing Manager*

Roger Traynham  
*Housing Coordinator*

Shannon Warren  
*Program Manager*

**Prepared by:**

Building Changes  
2014 East Madison, Suite 200  
Seattle, Washington 98122  
206-805-6100  
[www.BuildingChanges.org](http://www.BuildingChanges.org)

Building Changes Consulting Team

Mark Putnam  
*Director of Consulting and Technical Assistance*

Kari Hill  
*Homeless Programs Specialist*

Donald Chamberlain  
*Principal, Sound Thinking*

Anand Balasubrahmanyam  
*Program Assistant*

## Steering Committee

---

**Zeta Chandler-Roberts**

Artist and Angels Against AIDS

**Patricia Concepcion**

Tu Agencia Latina

**Luis Cruz**

Senior Health Manager, Ryan White Part A Program

**Carson Dean**

Charlotte Men's Shelter

**Fred Dodson**

Charlotte-Mecklenburg Housing Partnership

**Alice Harrison**

Hope Haven

**Faye Marshall**

Positive Connections

**Luevinia Massey**

Catawba Care

**Rebecca Pfeiffer**

City of Charlotte Neighborhood & Business Development

**Susan Reif, *Committee Chair***

Duke University for Health Policy

**Cheryl Robierge**

Regional AIDS Interfaith Network (RAIN)

**Diana Rowan**

Assistant Professor at the University of North Carolina at Charlotte, CCP Board Member

## Key Stakeholders

---

**Sharlene Abbott**

U.S. Department of Housing and Urban Development (HUD)

**Karen Calder**

Charlotte Housing Authority

**Jim Curtin**

Homeless Continuum of Care – Balance of MSA

**Floyd Davis**

Homeless Continuum of Care – Balance of MSA

**Fred Dodson**

The Charlotte Mecklenburg Housing Partnership

**Linda Flanagan**

Mecklenburg County Health Department Public Health Department

**Lorie Goble**

Carolinas CARE Partnership

**Dr. Wynn Mabry**

Public Health Department

**Stan Patterson**

House of Mercy – Belmont

**Lori Thomas**

Charlotte/Mecklenburg Housing Coalition

**Roger Traynham**

Carolinas CARE Partnership

**Shannon Warren**

Carolinas CARE Partnership



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# Introduction

The 2011 Charlotte EMSA HIV/AIDS Housing Action Plan provides community-wide goals, strategic recommendations, and action steps for the region's Housing Opportunities for Persons with AIDS (HOPWA) program. It builds on a 2007 comprehensive needs assessment, also completed for Carolinas CARE Partnership by Building Changes. It is action-oriented with the overall aim of increasing and improving housing opportunities and stability for people who are living with HIV/AIDS in a six-county area (see title page for map). The recommendations set forth in this Action Plan emphasize:

- Increasing housing opportunities for persons with HIV/AIDS through development of housing units and expansion of voucher programs;
- Leadership;
- Service partnerships; and
- Increasing systems collaboration to maximize resources.

The Action Plan was funded by Carolinas CARE Partnership, which administers the HOPWA program for the six-county area. Additional information on their program can be found at <http://www.carolinascare.org>.

Creating the necessary leadership structure is essential to ensure coordination and implementation of the action plan. The proposed structure would include creating a Regional HIV/AIDS Housing Action Committee to provide overall plan coordination and implementation oversight. As needed, the Committee would create ad-hoc work groups to guide and implement specific elements of the plan, such as housing, outreach and engagement, and service integration. For more details on the plan leadership, please see the section called, 'HIV/AIDS Housing Action Plan Leadership Model' on page 15.

## **The Need**

In the Charlotte EMSA, it is estimated that there are over 5,000 people living with HIV/AIDS. Across the United States there are an estimated 56,000 new cases of HIV/AIDS each year.

Research clearly indicates that stable housing improves the health outcomes of people living with HIV/AIDS and reduces the number of new HIV infections. Lack of stable housing for people living with HIV/AIDS also makes it more difficult to access and adhere to antiretroviral medications while stable housing contributes to reducing the outlay for emergency room visits, incarceration and other publically funded programs.

Housing is Healthcare for people living with HIV/AIDS.

## **Overview of the Planning Process**

The HIV/AIDS Housing Action Planning Process conducted between February and June 2011 provided an opportunity for community members to identify gaps and develop strategies and action steps toward increasing access to housing opportunities for people living with HIV/AIDS in the Charlotte region. The approach involved community input both to guide the process and to form the development of the recommendations. Approximately 60 community members participated in the process.

To identify strengths, gaps, and opportunities in the community, we relied on the following sources:

- **Focus Groups:**

Forty people living with HIV/AIDS participated in two different focus groups. The individuals either had recently tried to find housing or were currently in the process of finding housing. They shared their experiences and their opinions on housing-related issues for people living with HIV/AIDS.

- **Stakeholder Interviews:**

In addition to the Steering Committee, other key stakeholders in the community were identified and shared their input on things that are working well in their community and could be expanded on; challenges and gaps; opportunities for partnerships or new funding sources; and issues at the local, state, or federal level that threaten housing for people with HIV/AIDS and low-income housing in general. Ten stakeholders were interviewed, including representatives from direct service agencies, funders, and housing providers.

- **Steering Committee:**

The 16-member Steering Committee met four times over the course of four months and was critical in guiding the process; providing assistance in focus group and key stakeholder identification; identifying successes, challenges, and gaps; and developing recommendations and action steps.

## **Goals**

This action plan outlines two key goals:

1. Increase **access** to affordable and stable **housing** by people living with HIV/AIDS.
2. Improve HIV/AIDS housing provider **collaboration with other systems** at the local, state and federal level through outreach and engagement.

These goals were formed through analysis of what was learned from the Steering Committee members, focus group participants, and stakeholder interviews. The goals are intentionally aligned with the U.S. Department of Housing and Urban Development's (HUD) HOPWA program goals of increasing access to care and the availability of decent, safe, and affordable housing for low-income people living with HIV/AIDS. Housing and collaboration are also key themes from national strategies, including the National AIDS Strategy and the



Federal Plan to End Homelessness; and local strategies, including the Consolidated Plan and the Ten-Year Plan to End Homelessness.

### **Strategies**

#### **Goal 1: Increase access to housing**

1.1 Increase long-term housing options for people living with HIV/AIDS through partnering with low-income and affordable housing providers to provide access to units that they own and/or manage.

1.2 Address barriers to housing for people living with HIV/AIDS who have difficulty accessing existing housing programs.

#### **Goal 2: Improve systems-level collaboration**

2.1 Improve access to housing resources for both consumers and case managers/care coordinators through increased communication with service, medical, and employment providers.

2.2 Continuously seek out opportunities to educate community members about issues that people living with HIV/AIDS face.

2.3 Encourage members, service and housing providers, and consumer advocates to attend and participate in community planning processes to ensure that people living with HIV/AIDS are included and prioritized in funding allocations.

2.4 Make information on programs easily available to consumers and providers in a variety of different languages and formats.

2.5 Stay informed of state-wide trends and issues. Encourage local providers to participate in systems-level advocacy at the State level.

2.6 Join with partners to advocate and fight for policies that help further your common vision of ending homelessness.

Ensure that goals and strategies are aligned with federal priorities by staying up to date and informed of regional and national level issues and trends.



# HIV/AIDS Housing Recommendations

## Goal 1: Housing

Increase access to affordable housing and stability in housing for People Living with HIV/AIDS in the Charlotte EMSA

**Strategy 1.1:** Increase long-term housing options for people living with HIV/AIDS through partnering with low-income and affordable housing providers to provide access to units that they own and/or manage.

### Action Steps:

1.1a. Use HOPWA funds to incentivize housing providers to “set aside” current units and housing developers to “set aside” new units (for life of the units) for people living with HIV/AIDS.

Key Partners (including but not limited to):

- Low-income housing developers with special tax credit experience such as the Charlotte Mecklenburg Housing Partnership, Prosperity Unlimited, The Affordable Housing Group, and Fort Mill Housing, Inc.
- Local housing authorities
- Property owners
- Carolinas CARE Partnership
- Local governments

1.1b. Develop, strengthen, and nurture strong relationships with developers and operators of low-income and affordable housing, homeless and other special needs housing, so as to be poised to partner when funding opportunities arise.

*Key to the success of these partnerships is mutual leveraging of resources. Some housing providers already house people living with HIV/AIDS, and most residents require and/or would benefit from access to services targeted to their needs. HOPWA-funded HIV/AIDS services providers have something tangible to offer to their housing partners: leveraged services funding.*

Key Partners (including but not limited to):

- Low-income housing developers such as Charlotte Mecklenburg Housing Partnership, Prosperity Unlimited, The Affordable Housing Group, Fort Mill Housing, Inc.
- Local housing authorities
- Carolinas CARE Partnership

1.1c. Collaborate with service agencies and local housing authorities in the region to assure outreach and enrollment of eligible persons living with HIV/AIDS and their families in targeted voucher programs.

Key Partners (including but not limited to):

- Local housing authorities in the region

1.1d. Coordinate with homeless Continua of Care housing and service providers to increase access for homeless persons living with HIV/AIDS to federally-funded programs such as Supportive Housing Program (SHP) and Shelter Plus Care (S+C), as well as other homeless assistance programs like Homelessness Prevention and Rapid Re-housing (HPRP).

*“Opening Doors: the Federal Plan to Prevent and End Homelessness” calls for better coordination, and ultimately integration, across mainstream housing and service systems with the twin goals of both better meeting the unique needs of various homeless subpopulations and creating cost savings and other efficiencies. Charlotte’s HOPWA-funded housing programs neatly parallel those funded through HUD’s Homeless Assistance Grants and will soon be using the same Homeless Management Information System (HMIS) to collect and report key service data. Stronger collaboration between the two systems will be mutually beneficial and could serve as an example for how systems integration could proceed between other housing and service systems in the Charlotte EMSA.*

Key Partners (including but not limited to):

- Homeless Services Network
- Charlotte-Mecklenburg Housing Coalition
- Care Connection – Gaston County
- Piedmont Continuum of Care
- Catawba Area Coalition for the Homeless

1.1e. Increase the awareness of people living with HIV/AIDS regarding first-time homebuyer assistance programs, including classes, one-on-one counseling, loans, and incentives.

Key Partners (including but not limited to):

- Community-based lenders and affordable housing developers, such as The Affordable Housing Group; Charlotte-Mecklenburg Housing Partnership; Community Link; Prosperity Unlimited; Habitat for Humanity
- HUD-approved housing counseling agencies
- Other homeownership counseling and classes

**Strategy 1.2:** Address barriers to housing for people living with HIV/AIDS who have difficulty accessing existing housing programs.

**Action Steps:**

1.2a. Consider the feasibility of implementing a master leasing strategy to house clients who face barriers in accessing mainstream housing.

Key Partners (including but not limited to):

- Property management companies, such as Dynasty Asset Management and Development and First Investor Realty & Management, LLC
- Housing providers, such as Carolinas Care Partnership

1.2b. Expand housing-related outreach and engagement activities to the Latino community.

Key Partners (including but not limited to):

- Local housing providers, such as Carolinas Care Partnership
- Members of Latino community
- Latin American Coalition
- Tu Agencia Latina

1.2c. Partner with agencies that work with ex-offenders and individuals recently released from corrections facilities to improve their knowledge of people living with HIV/AIDS.

Key Partners (including but not limited to):

- The Center for Community Transitions
- State Department of Corrections
- Local Corrections Facilities

1.2d. Partner throughout the EMSA with legal aid clinics that can help consumers with criminal histories understand how to talk about their records with potential landlords and management agencies, as well as to assist in expunging their criminal histories when possible.

Key Partners (including but not limited to):

- Legal Services of Southern Piedmont
- Legal Aid of North Carolina
- South Carolina Legal Services

1.2e. Partner with credit repair agencies to assist people living with HIV/AIDS with poor credit histories which impede a person's abilities to access housing.

Key Partners (including but not limited to):

- Consumer Credit and Counseling Services
- Charlotte Saves

## Goal 2: Systems-level Collaboration

Improve HIV/AIDS housing providers' collaboration with other systems at the local, state and federal level through advocacy, outreach and engagement

### Local Systems-level Collaborations

**Strategy 2.1:** Improve access to housing resources for both consumers and case managers/care coordinators through increased communication with service, medical, and employment providers.

#### **Action Steps**

2.1a. Encourage HOPWA and Ryan White planning groups to collaborate to increase coordination between medical and housing systems.

Key Partners:

- Mecklenburg County Public Health Department
- Carolinas CARE Partnership

2.1b. Encourage HIV/AIDS service providers throughout the EMSA to work with the lead agency for making referrals to SOAR (the SSI/SSDI (Supplemental Security Income/Social Security Disability Insurance) Outreach, Access and Recovery Initiative).

*The North Carolina Coalition to End Homelessness (NCCEH) is the Team Lead for the SOAR initiative, and trainers are available through a variety of agencies located in Asheville, Durham, and Raleigh.*

Key Partners (including but not limited to):

- NCCEH
- Mecklenburg County Department of Social Services

2.1c. Create or join information networks amongst providers.

Key Partners (including but not limited to):

- Homeless Services Network (Mecklenburg County)
- Care Connection (Gaston County)
- Piedmont Continuum of Care (Cabarrus County)

2.1d. Learn about, attend and participate in local and state-level health care systems redesign planning forums to help assure that people living with HIV/AIDS have continued and improved access to needed medical, behavioral and social services.

Activities can include:

- Sharing information about the health and social service needs of people living with HIV/AIDS and the resources provided by HIV/AIDS, housing, and homeless services agencies
- Working to create seamless referral pathways – commonly known as the “no wrong door” approach – for people living with HIV/AIDS.

Key Partners (including but not limited to):

- Mecklenburg County Health Department
- NCCEH

**Strategy 2.2:** Continuously seek out opportunities to educate community members about issues that people living with HIV/AIDS face.

**Action Steps:**

2.2a. Invite new partners (i.e. affordable housing developers) to participate on the Regional HIV/AIDS Housing Action Committee meetings to give them an opportunity to learn more about the special needs of people living with HIV/AIDS and to discover partnership opportunities.

Key Partners:

- Low-income Housing Developers

2.2b. Invite mainstream housing developers and providers to attend HIV/AIDS related meetings and events to learn more about the impacts of HIV/AIDS in their community, especially as it relates to increased rates of homelessness.

Key Partners (including but not limited to):

- Low-income housing developers with special tax credit experience such as the Charlotte Mecklenburg Housing Partnership, Prosperity Unlimited, The Affordable Housing Group, and Fort Mill Housing, Inc.



**Strategy 2.3:** Encourage members, service and housing providers, and consumer advocates to attend and participate in community planning processes to ensure that people living with HIV/AIDS are included and prioritized in funding allocations.

**Action Steps:**

2.3a. Participate in the Ryan White Planning Council

*As the Ryan White program focuses its spending on medical care due to federal budget cuts, it will become increasingly important to collaborate to ensure effective referrals.*

Key Partners:

- Mecklenburg County Health Department
- Carolinas CARE Partnership

2.3b. Participate in local government Consolidated Planning and provide local governments with the goals and strategies of this HIV/AIDS Housing Action Plan for inclusion in their Consolidated Plan updates.

Key Partners:

- Local governments in the six-county EMSA

2.3c. Participate in local Housing Authority planning processes.

Key Partners:

- Local Housing Authorities

2.3d. Participate in homeless planning processes, including 10 Year Plans to End Homelessness and HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act planning.

Key Partners (including but not limited to):

- Continua of Care
- Charlotte-Mecklenburg Housing Coalition
- Homeless Services Network

**Strategy 2.4:** Make information on programs easily available to consumers and providers in a variety of different languages and formats.

**Action Steps:**

2.4a. Ensure that case managers have up-to-date and accurate information to pass on to their clients through signed Memoranda of Understanding (MOUs) between agencies and participation in regular coordination meetings throughout the EMSA.

Key Partners (including but not limited to):

- Carolinas CARE Partnership

2.4b. Create documents about housing programs for people living with HIV/AIDS in different languages (including Spanish) and in different formats (radio and television announcements; brochures; flyers posted in public places; email notices; and internet announcements/postings).

Key Partners (including but not limited to):

- Carolinas CARE Partnership
- Service providers, such as Care Connections; Catawba Care; Hope Haven; Positive Connections

**Strategy 2.5:** Stay informed of state-wide trends and issues. Encourage local providers to participate in systems-level advocacy at the State level.

**Action Steps:**

2.5a. Participate in the North Carolina Interagency Coordinating Council for Homeless Programs (ICCHP) or stay connected with their work through other community partners.

Key Partners (including but not limited to):

- Carolinas CARE Partnership

2.5b. Strengthen partnership with the NCCEH through engaging in activities such as dialogue opportunities at the NCCEH about housing and service-related topics, including discharge planning or the SOAR initiative.

Key Partners (including but not limited to):

- Carolinas CARE Partnership
- NCCEH

2.5c. Join North Carolina Housing Partnership and stay connected to their work through participating in their events.

Key Partners (including but not limited to):

- Carolinas CARE Partnership
- North Carolina Housing Partnership

**Strategy 2.6:** Join with partners to advocate and fight for policies that help further your common vision of ending homelessness.

**Action Steps:**

2.6a. Encourage local advocacy efforts to address zoning policies and ordinances that prevent developers from building new low-income units through attending hearings and sending letters to policy makers.

Key Partners (including but not limited to):

- Charlotte Mecklenburg Housing Partnership
- North Carolina Housing Coalition

**National/Federal/Regional Level Collaboration**

**Strategy 2.7:** Ensure that goals and strategies are aligned with federal priorities by staying up to date and informed of regional and national level issues and trends.

**Action Steps:**

2.7a. Attend National Conferences or ask partners to share information gathered from national conferences at community-wide meetings.

Key Partners (including but not limited to):

- Carolinas CARE Partnership

2.7b. Join the Southern AIDS Coalition to align advocacy interests with other AIDS advocates in the Southern region.

Key Partners (including but not limited to):

- Carolinas CARE Partnership
- Southern AIDS Coalition



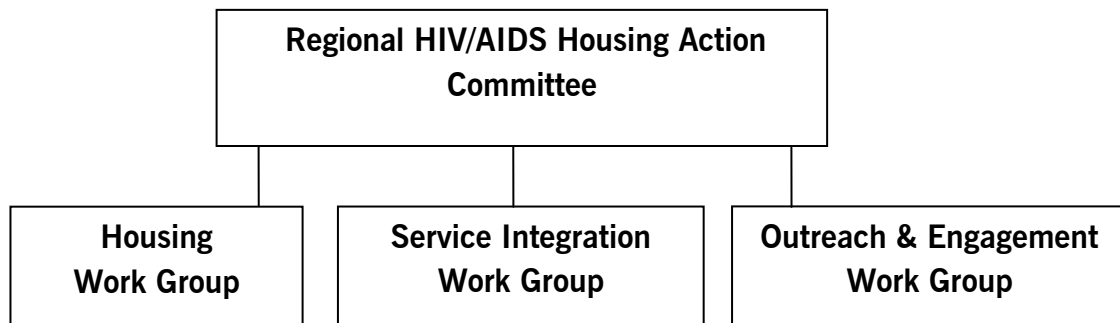
# Recommended HIV/AIDS Housing Action Plan Leadership Model

A sustainable structure to oversee Action Plan implementation is necessary to ensure that people living with HIV/AIDS can better access the housing and the services they need to achieve increased stability and health. One such leadership model is a Regional HIV/AIDS Housing Action Committee composed of experts from the EMSA, key partners in the community, and consumers. Ideally, it would be wholly accountable for implementing the Charlotte EMSA HIV/AIDS Housing Action Plan.

Suggested committee members include people living with HIV/AIDS and representatives from EMSA: housing authorities, developers of affordable housing, property managers, the Ryan White program, HIV/AIDS and mainstream service providers, the mental health and substance abuse treatment system, credit repair, economic development, Goodwill Industries, criminal justice, the Latino and faith-based communities, and elected officials.

Ad hoc work groups can be created by the Committee as needed to help implement the plan and provide subject matter expertise around strategy and action step implementation. These work groups might include Housing, Service Integration, and Outreach and Engagement. Examples of work group membership and responsibilities are outlined below.

## Recommended HIV/AIDS Housing Action Plan Leadership Model



## Regional HIV/AIDS Housing Action Committee

**Recommended No. of Members:** 12 – 15 stakeholders

**Meeting frequency:** Quarterly & Annually

**Roles and responsibilities:**

- Accountable for implementation of HIV/AIDS Housing Action Plan
- Oversee three work groups (Housing, Service Integration, and Outreach & Engagement)
- Recruit work group members
- Develop work group objectives
- Meet quarterly to review work plan progress
- Annual review of goals, objectives, and progress
- Stay informed of regional and federal funding opportunities and best practice developments
- Ensure objectives are in line with the National AIDS Strategy

## Housing Work Group

**Recommended No. of Members:** 4 – 6 stakeholders

**Meeting frequency:** Determined by the Regional HIV/AIDS Housing Action Committee

**Focus:** Access to housing and stability in housing

**Goal:** Increase the availability of affordable and stable housing for People Living With HIV/AIDS.

**Roles and Responsibilities:**

- Responsible for implementation of Housing strategies of HIV/AIDS Housing Action Plan
- Refine and finalize work plan
- Identify Key Partners
- Complete SMART Timeline
- Submit regular reports to the Regional HIV/AIDS Housing Action Committee

### Service Integration Work Group

**Recommended No. of Members:** 4 – 6 stakeholders

**Meeting frequency:** To be determined by the Regional HIV/AIDS Housing Action Committee

**Focus:** Integrating Housing, Healthcare, and Supportive Services

**Goal:** Increase the delivery of housing, medical/behavioral healthcare, and supportive services at the client level to ensure a seamless support system for consumers.

**Roles and Responsibilities:**

- Responsible for implementation of Service Integration strategies of HIV/AIDS Housing Action Plan
- Refine and finalize work plan
- Identify Key Partners
- Complete SMART Timeline
- Submit regular reports to the Regional HIV/AIDS Committee

### Outreach and Engagement Work Group

**Recommended No. of Members:** 4 – 6 stakeholders

**Meeting frequency:** Determined by Regional HIV/AIDS Housing Action Committee

**Focus:** Conduct outreach to identify and engage additional partners.

**Goal:** Increase collaboration among other systems to increase housing opportunities for people living with HIV/AIDS.

**Roles and Responsibilities**

- Responsible for implementation of Collaboration/Outreach and Engagement strategies of HIV/AIDS Housing Action Plan
- Refine and finalize work plan
- Identify Key Partners
- Complete SMART Timeline
- Submit regular reports to the Regional HIV/AIDS Housing Task Force
- “Market” the action plan to stakeholders and partners
- Keep current network and supporters informed on current issues, trends, and plans





# Keys to Success

This is a dynamic and living plan that will continue to evolve as issues and funding streams change. As things change, keep the following principles in mind:

## **1. Set an overarching, multi-year goal to build momentum**

For example, Ten-year plans to end homelessness in communities around the country have generated excitement and energy around ending homelessness because they have clearly stated a goal.

## **2. Conduct a regular review of progress, goals, and strategies**

- A quarterly review of progress around implementing each action step will help keep the group on track and ensure outcomes are achieved during the intended timeline.
- Goals and strategies should be evaluated and revised as necessary on an annual basis when the progress made during the course of the year is reviewed and analyzed. Align goals with local, regional, and national strategies to increase broader support and partnership opportunities.
- Celebrate! Be sure to celebrate wins and annual progress publicly both to maintain energy and to keep stakeholders informed and engaged.

## **3. Set SMART goals (Specific, Measurable, Accountable, Realistic, and Time-specific) and identify responsible parties to increase ownership and accountability.**

(See Appendix B)

## **4. Build political will and increase advocacy through stakeholder awareness and education.**

Continue to engage stakeholders and build support through providing education about the unique issues that people living with HIV/AIDS face and the resources the HIV/AIDS housing and service provider community can offer.



**HIV/AIDS Housing Action Plan for the  
Charlotte Eligible Metropolitan  
Statistical Area (EMSA): Appendices**

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# Appendix A: Work Plan Sample

The Committee will require ongoing leadership and strong project management to move it towards its goals. The RACI (Responsible – Accountable – Consulted – Informed) framework can help set clear roles and expectations for members of the Task Force.

<b><u>RACI Model</u></b>
<b>Responsible:</b> Those who do the work to achieve the task.
<b>Accountable:</b> The one ultimately answerable for the correct and thorough completion of the deliverable or task, and the one from whom <i>Responsible</i> is delegated the work.
<b>Consulted:</b> Those whose opinions are sought, typically subject matter experts; and with whom there is two-way communication.
<b>Informed:</b> Those who are kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one-way communication.

<b>Housing Work Group Work Plan</b>					
<b>Now (September 2011 – September 2012)</b>					
<b>Strategy</b>	<b>Strategy Description</b>	<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
1a.	Use HOPWA funds to incentivize housing developers to “set-aside” units (for life of the units) for PLWAs.	Housing Work Group	HIV/AIDS Housing Task Force;  Carolinas CARE Partnership	Collaborative Solutions, Inc.	Partners, including housing developers and Local Housing Authorities Potential partners; Consumers
<b>Later (July 2012 – July 2013)</b>					
<b>Strategy</b>	<b>Strategy Description</b>	<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
1e.	Increase the awareness of people living with HIV/AIDS regarding first-time homebuyer assistance programs, including classes, one-on-one counseling, loans, and incentives.	Housing Work Group	HIV/AIDS Housing Collaborative	Community Link; Housing Providers; Charlotte Mecklenburg Housing Partnership	Consumers Local Housing Authorities Service provider partners

# Appendix B: Work Group Reporting Tool Sample

## SMART (Specific, Measurable, Accountable, Realistic, Time-specific) Progress Report

Reporting Period:

Work Group:

Activities Completed	Outcomes
Set up meeting with Charlotte Housing Partnership representative	Agreed to collaborate on future Section 811 funding when NOFA is released
Participated in the North Carolina Partnership monthly dialogue for SOAR caseworkers	Identified SOAR programs in Gaston County and agreed to set up 1:1 meeting with case manager to finalize referral process through MOU signing

# Appendix C: 2010 National AIDS Strategy Highlights

1. Increase General Public Awareness
2. Take bold actions to stop the epidemic
3. All must take part – government, business, faith, philanthropy, people living with HIV/AIDS, scientific, medical, educational, and others
4. Mobilize all Americans – similar to cancer and education efforts even though people may not be directly impacted
5. Get people early into seamless care
6. Identify and address gaps in care system
7. Support people with co-occurring conditions (housing) to have access to other basic needs
8. Address healthcare disparities – those who have less access to prevention and treatment
9. Address stigma that prevents people from getting tested due to feelings of discrimination
10. Integrate HIV prevention and care with more comprehensive responses to social services needs (crime, unemployment, housing and other issues).
11. Develop an unprecedented commitment to collaboration, efficiency, and innovation and adjust the course as needed.
12. Increase coordination of HIV programs across the Federal, State and local governments.





# **Appendix D: Federal Strategic Plan to Prevent and End Homelessness Vision, Goals, and Objectives**

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## VISION

*No one should experience homelessness—  
no one should be without a safe, stable place to call home.*

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## GOALS

- ▶ **Finish the job of ending chronic homelessness in 5 years**
  - ▶ **Prevent and end homelessness among Veterans in 5 years**
  - ▶ **Prevent and end homelessness for families, youth, and children in 10 years**
  - ▶ **Set a path to ending all types of homelessness**
- 

## THEMES

### INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

- Objective 1:* Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness
- Objective 2:* Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

### INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

- Objective 3:* Provide affordable housing to people experiencing or most at risk of homelessness
- Objective 4:* Provide permanent supportive housing to prevent and end chronic homelessness

### INCREASE ECONOMIC SECURITY

- Objective 5:* Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness
- Objective 6:* Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

### IMPROVE HEALTH AND STABILITY

- Objective 7:* Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness
- Objective 8:* Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice
- Objective 9:* Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

### RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

- Objective 10:* Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing
-

# Appendix E: Glossary of HIV/AIDS- and Housing-Related Terms Used in the Plan

**AFFORDABLE HOUSING** Housing is generally defined by the U.S. Department of Housing and Urban Development as affordable when the occupant is paying no more than 30 percent of their adjusted gross income for housing costs, including utilities. Affordable housing may refer to subsidized or unsubsidized units.

**AIDS** - Acquired Immunodeficiency Syndrome. A person with HIV infection is diagnosed with AIDS when either a) they develop an opportunistic infection defined by the Centers for Disease Control and Prevention as an AIDS indication, or b) on the basis of certain blood tests related to the immune system.

**CASE MANAGEMENT** One key component of HIV/AIDS care is case management. Case managers coordinate all the care a client receives from all providers in the community. Typically, case management services are provided by agencies separate from the housing providers. When a case management client resides in a residence, however, the residential staff members have the most frequent contact with the resident and often are responsible for the care coordination. Case management is also provided through other social service systems.

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)** A federal grant program (and part of the Consolidated Plan process), administered by the U.S. Department of Housing and Urban Development, authorized under Title I of the Housing and Community Development Act of 1974 and administered by state and local governments. CDBG funds may be used in various ways to support community development, including acquisition, construction, rehabilitation, and/or operation of public facilities and housing.

**CONSOLIDATED PLAN** A document written by a state or local government and submitted annually to the U.S. Department of Housing and Urban Development that serves as the planning document of the jurisdiction and an application for funding under any of the community planning development formula grant programs:

- Community Development Block Grant (CDBG)
- Emergency Shelter Grant (ESG)
- HOME Investment Partnerships Program
- Housing Opportunities for Persons with AIDS (HOPWA)

The document describes the housing needs of the low- and moderate-income residents of a jurisdiction, outlining strategies to meet the needs and listing all resources available to implement the strategies.

**CONTINUUM OF CARE** Generally, an approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons. The approach is based on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social. Designed to encourage localities to develop a coordinated and comprehensive long-term approach to homelessness, the Continuum of Care consolidates the planning, application, and reporting documents for the U.S. Department of Housing and Urban Development’s following programs:

- Shelter Plus Care (S+C)
- Section 8 Moderate Rehabilitation Single-Room Occupancy Dwellings (SRO)
- Supportive Housing Program (SHP)

**EMSA** - Eligible metropolitan (statistical) area. Geographic area based on population and cumulative AIDS cases, to receive federal funds through the Ryan White CARE Act and Housing Opportunities for Persons with AIDS (HOPWA) Program.

**EMERGENCY SHELTER GRANTS (ESG)** - Part of the Consolidated Plan process, this federal program administered by the U.S. Department of Housing and Urban Development provides funds to local governments to help provide additional emergency shelters or improve the quality of existing emergency shelters and helps meet operating costs of essential social services to homeless individuals. Funds are provided to grantees through both a formula-based process for eligible metropolitan areas and urban counties and through a national competition for non-formula-eligible counties. This name may change to the Emergency Solutions Grants.

**HEARTH** - Homeless Emergency Assistance and Rapid Transition to Housing. This act, signed into law in May 2009, makes several changes to HUD’s homeless assistance programs, including expanding homelessness prevention; placing more emphasis on rapid re-housing; creating permanent supportive housing for people experiencing chronic homelessness; and offering rural communities the option of applying under guidelines that offer more flexibility and more capacity building assistance.

**HIV** - Human Immunodeficiency Virus. The virus that causes AIDS. HIV disease is characterized by a gradual deterioration of immune functions. During the course of infection, crucial immune cells, called CD4 T cells, are disabled and killed, and their numbers progressively decline. People infected with HIV may or may not feel or look sick.

**HOME** - HOME Investment Partnerships Program. Also a part of the Consolidated Plan process, this program is administered by the U.S. Department of Housing and Urban Development, providing grants for low-income housing through rental assistance, housing rehabilitation, and new construction.

**HOPWA** - Housing Opportunities for Persons with AIDS. A U.S. Department of Housing and Urban Development program which pays for housing and support services for people living with HIV/AIDS and their families. Also part of the Consolidated Plan process, HOPWA was created by an Act of Congress in 1990.

**HOUSING CHOICE VOUCHER PROGRAM** A federal program operated by local housing authorities providing rental assistance to low-income persons and administered by the U.S. Department of Housing and Urban Development. Under the Housing Choice Voucher (HCV) program, the local housing authority determines a standard amount of rental assistance an individual or family will receive. The tenant would pay the difference between the amount of assistance and the actual rent, which may require the tenant to spend more than 30 percent of their income on rent. The HCV program is a tenant-based program, meaning the subsidy is specific to the tenant as opposed to the unit. The following are HCV programs:

- **Housing Opportunities for Persons with Disabilities (Mainstream Program)**

The Mainstream Program, created in 1997 and administered by the U.S. Department of Housing and Urban Development, utilizes up to 25 percent of the funds originally earmarked for Section 811 to a separate tenant-based rental assistance program for persons with disabilities. Also see Section 811.

- **Moderate Rehabilitation for Single-Room Occupancy Dwellings**

This program provides Section 8 rental assistance for moderate rehabilitation of buildings with SRO units (single-room occupancy dwellings). The program, administered by the U.S. Department of Housing and Urban Development, is designed for the use of an individual person. Units often do not contain food preparation or sanitary facilities. A public housing authority makes Section 8 rental assistance payments to the landlords for the homeless people who rent the rehabilitated units.

**HUD** - U.S. Department of Housing and Urban Development. HUD is a cabinet-level agency designed to advocate for the housing needs of people with low incomes through programs for public housing, special needs housing, and first time homebuyers.

## **KEY PARTNERS**

Key partners are agencies or entities who will need to be engaged with the Carolinas Care Partnership and the committee to successfully implement the strategy. The list of suggested key partners for each action step is not exhaustive. Some examples of key partners are included, but the list should be continually updated by the Regional HIV/AIDS Housing Action Committee and/or the work groups.

**LOW INCOME HOUSING TAX CREDIT PROGRAM** Formula allotment of federal income tax credits administered by states and distributed to nonprofit and for-profit developers of and investors in low-income rental housing to encourage capacity development. Since its creation in 1986 by the Tax Reform Act, more than a million units have been funded nationwide, utilizing the equivalent of more than \$7.5 billion dollars in funding annually.

**MASTER LEASING** A housing strategy in which a sponsor agency leases housing units from private or nonprofit housing landlords and subleases the units to individuals and families that meet the sponsor agency's eligibility criteria. This housing option is used mainly as transitional housing. In a transitional housing master leasing scenario, subleases with individuals and families can include stipulations for duration of tenancy and responsibilities of tenancy, such as a requirement to participate in support services. Master Leasing can be an alternative for landlords, since the sponsor agency absorbs some portion of the risk and responsibility for hard-to-house clients.

**PERMANENT HOUSING** Housing which is intended to be the tenant's home for as long as they choose. In the supportive housing model of permanent housing, services are available to the tenant, but accepting services cannot be required of tenants or in any way impact their tenancy. Tenants of permanent housing sign legal lease documents.

**RENTAL ASSISTANCE** Cash subsidy for housing costs provided as either project-based rental assistance or tenant-based rental assistance. HOPWA short-term rental assistance is available for up to 21 weeks. HOPWA long-term rental assistance is provided for longer than 21 weeks. Due to HOPWA regulations, rental assistance cannot be guaranteed for longer than three years. Ryan White funds can be used for short-term, transitional, or emergency housing defined as necessary to gain or maintain access to medical care. The following are the various types of rental assistance:

- **Project-based Rental Assistance**

Rental assistance that is tied to a specific unit of housing, not a specific tenant. Tenants receiving project-based rental assistance give up the right to that assistance upon moving from the unit. Also see Rental Assistance, Shallow Rent Subsidy, and Tenant-based Rental Assistance.

- **Tenant-based Rental Assistance**

A form of rental assistance in which the assisted tenant may move to a different housing unit while maintaining their assistance. The assistance is provided for the tenant, not a specific housing unit. Also see Project-based Rental Assistance, Rental Assistance, and Shallow Rent Subsidy.

- **Shallow Rent Subsidy**

Short-term or ongoing cash subsidy for housing costs provided as either project-based rental assistance or tenant-based rental assistance. Typically, shallow subsidies are for a set amount and are not related to the percentage of income paid to rent. Also see Project-Based Rental Assistance, Rental Assistance, and Tenant-Based Rental Assistance.

**RYAN WHITE CARE ACT** Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. A program of the Health Resources and Services Administration (HRSA) providing funds for health care and supportive services for people living with AIDS, including emergency housing. Created by an Act of Congress in 1990. Also see HRSA.

**SECTION 8** See Housing Choice Voucher Program

**SECTION 811** Provides grants to nonprofit organizations for acquisitions, new construction, and/or rehabilitation of rental housing with support services for very low-income persons with disabilities. The program is administered by the U.S. Department of Housing and Urban Development and includes a capital advance and project-based rental assistance payments. (See HCV Mainstream Program)

**SHELTER PLUS CARE** A national grant program administered by the U.S. Department of Housing and Urban Development providing rental assistance, linked with support services, to homeless individuals who have disabilities (primarily serious mental illness, chronic substance abuse, and disabilities resulting from HIV/AIDS) and their families.

**SOCIAL SECURITY DISABILITY INSURANCE (SSDI)** A federal government benefit for individuals who are medically disabled and have worked for enough years to be covered under Social Security. (See Medicare, SSI)

**SUPPLEMENTAL SECURITY INCOME (SSI)** SSI is a federal government benefit for individuals who are 65 or older, or blind, or have a disability and earn a low income. (See Medicaid, SSDI)

**SUPPORTIVE HOUSING** Housing, including housing units and group quarters, which include on- and off-site support services. (See Permanent Housing, Housing First)

**SUPPORTIVE HOUSING PROGRAM (SHP)** Provides grants to develop housing and related support services for people moving from homelessness to independent living. Program funds help homeless people live in a stable place, increase their skills or income, and gain more control over the decisions that affect their lives. Funding may be used for capital costs, facility operations, and/or support services. (See Continuum of Care)

**SUPPORT SERVICES** Services provided to individuals to assist them to achieve and/or maintain stability, health, and improved quality of life. Some examples are case management, medical or psychological counseling and supervision, child care, transportation, and job training.

**TAX CREDIT** See Low Income Housing Tax Credit Program

**TRANSITIONAL HOUSING** A project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within

24 months, or a longer period approved by the U.S. Department of Housing and Urban Development (HUD). (For purposes of the HOME program, there is not a HUD-approved time period for moving to independent living.)