Section Three
Five Year Strategic Plan Amendments

The following sections of the 2005-2011 Strategic Plan were amended during FY 2010-11:

Economic Opportunity Strategy:
- Microenterprise

Housing Strategy:
- HOPWA

For descriptions of all other Consortium programs, please consult the 2005-2011 Consolidated Plan. If you wish to confirm that you are working with the most recent version of a strategy, please consult the Five Year Strategy Revision Table. Both documents are available on the PHB website: www.portlandonline/phb

Economic Opportunity

Microenterprise

The goal of the Economic Opportunity Initiative's Microenterprise Program is to increase the incomes/assets of low-income microentrepreneurs over a three-year period by at least 25%.

Program Needs

Many low-income individuals believe that their best avenue to economic self-sufficiency is through operating their own very small business, rather than seeking employment in a company owned by some other entity. Their business success depends on many factors, including their ability to access technical services, legal services, capital, peer support and the assistance of experienced mentors, and their own skills and hard work. The EOI microenterprise program has been designed to meet these needs, as well as to address any personal barriers that may prevent success.

While the recession has generally been hard on very small businesses, the Economic Opportunity Initiative (EOI) has demonstrated great success in promoting microenterprise growth in its first two graduating classes. Most of the Microenterprise Program graduates came close to increasing their business revenues by 300%. Even in the downturn, we are finding that Microenterprises whose owners are participating in the EOI program or have graduated from it are, for the most part, holding on and losing less than other similar businesses. We attribute this to the support and training Initiative participants receive.

Program Description

The Economic Opportunity Microenterprise program funds eight non-profit community-based organizations to provide financial and/or technical assistance to specific groups of low-income people. Each organization has identified the specific group of low-income people it will serve, e.g. home-based child care providers, N/NE contractors, aspiring Latino businesses. The organization must have demonstrated competency at serving this group. The activity must increase the incomes and/or assets of the identified group by 25% over three years. The activity must also contain program elements tailored to the needs of the identified group, including support services and peer support.

The program funds financial and/or technical assistance to specific groups of low-income people, including home-based child care providers.

Microenterprise

Program Tools

Project Selection and Operations

Economic Opportunity Projects were initially selected by a Request for Proposals (RFP) process. Continuation in the program is determined annually based on performance. Project and Economic Opportunity staff work together constantly to identify performance issues, resource needs and potential policy recommendations as a result of their work.

The NW Area Foundation awarded funds to the EOI for FY 2010-11 to support a new Microenterprise project, Metropolitan Contractor Support Program (MCIP). NWAF wanted its funding to assist minority contractors fulfill the opportunity created by the Community Benefit Agreement which EOI staff helped draft for the Clean Energy Works Portland project.

Program Eligibility

In the past, EOI has limited enrollment in the program to owners of very small businesses whose incomes did not exceed 50% MFI. Beginning in FY 2010-2011, EOI will allow up to 50% of its Microenterprise participants to have incomes up to 80% MFI. This recognizes the consensus in microenterprise organizations in Portland and around the U.S. that microentrepreneurship entails a great deal of financial pressure and that the owners have a better chance of success if they enter with a greater degree of financial stability.

Potential Barriers

The skill and motivation of a small business owner affect the likelihood of success as much as the economic marketplace. Because funders and agencies do not have control over these variables, and because of the risks inherent in any small business enterprise, microenterprise projects have a greater chance of failure than conventional community development projects that produce tangibles like units of housing, miles of pavement, or community centers. However, a successful microenterprise will directly benefit the low-income participants and their families.

The credit freeze that has prevailed during this recession has a direct impact on micro-entrepreneurs who need capital investment. The EOI has developed a dedicated working capital program with Albina Bank for microenterprises that have been enrolled in EOI for at least six months and have completed an

application. Assistance with the application is available from the applicant's EOI technical assistance provider.

Partner Agencies and Organizations

- The Oregon Microenterprise Network (OMEN) and the ASPEN Institute review and assess the EOI Microenterprise Program's performance data.
- The United Way of the Columbia-Willamette, the NW Area Foundation and the Oregon Department of Labor all provide match for our funding of Microenterprise projects.
- Albina Bank supports the working capital needs of EOI participants.
- Metropolitan Family Services provides in-depth credit repair services.
- The Lewis & Clark Small Business Legal Clinic, established with the help of EOI, provides free legal services to EOI microenterprise participants.

Complementary Local, Regional and National Efforts

This program's strategy differs from, and complements, most regional, state, and federal economic development efforts. Those efforts commonly focus on investing loan capital in more developed, higher revenue businesses, or on developing infrastructure to attract businesses. Low-income business owners do not benefit from these investments, either directly or through trickle-down. EOI is focused on providing training and development for discrete groups of low-income residents, rather than just securing access to loan capital. Loan-led strategies for this group can result in bankruptcies. The EOI's approach is premised on best practice research indicating that when low-income small business owners participate in comprehensive programs that build and nurture their skills, increased incomes and assets will result.

Geographic Service Areas (Including Areas of Low-income Families and/or Racial Minority Concentration)

City-wide. Over 50% of EOI Microenterprise Program participants are members of minority racial and/or ethnic groups. An additional 10% are from white immigrant communities.

Monitoring

All contractors are pre-screened for CDBG compliance during the RFP process. A description of Portland Housing Bureau's monitoring program can be found in Section One.

Housing

HOPWA

The goal of the HOPWA program is to provide affordable housing and housing-related services to people living with HIV/AIDS (PLWHA). In the Portland Eligible Metropolitan Statistical Area (EMSA), there are more than 3,923* people living with HIV/AIDS. Research released at the National Housing and HIV/AIDS Research Summit in March 2008 shows that providing housing for homeless people living with HIV/AIDS improves health outcomes and saves millions in medical costs. Preliminary data showed that receipt of housing assistance is associated with fewer overnight hospitalizations, emergency room visits and opportunistic infections and significant improvements in medication adherence and mental health. The study also showed a 40% reduction in the number of people who traded sex for shelter – a significant prevention problem among homeless people living with HIV.

Hopwa Needs

The Portland EMSA has received direct allocations of HOPWA funds from HUD annually since 1994, when the cumulative number of AIDS cases diagnosed within its boundaries first exceeded 1,500. HUD has expanded the boundaries of the Portland EMSA over the years to its current configuration of seven adjoining counties in Northwest Oregon and Southwest Washington.

HOPWA funds are intended to address the housing and housing-related service needs of PLWH/A. In 2008, The National AIDS Housing Coalition released a groundbreaking study, "Examining the Evidence: The Impact of Housing on HIV Prevention and Care." The study concluded that housing status has been identified as a key structural factor affecting access to treatment and health behaviors among people living with HIV/AIDS (PLWHA), and research shows that receipt of housing assistance is associated over time with reduced HIV risk behaviors and improved health care outcomes, controlling for a wide range of individual characteristics (poverty, race/ethnicity, substance use, mental illness) and service use (primary care, case management, substance abuse treatment) variables. These are exciting findings, signifying the potential of housing interventions to improve the health of PLWH and reduce the number of new infections. For further detail, see www.nationalaidshousing.org.

The study supports the development and implementation of a new HIV prevention and care strategy in the United States, based upon the proven effectiveness of and primary importance of housing as a structural HIV

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prevention and treatment intervention. Among its many findings, the study confirmed that homelessness places people at heightened risk of HIV infection.

AIDS advocates have long held that stable housing is the cornerstone of HIV/AIDS treatment, because it is a necessary pre-condition for good self-care. Elaborate medication regimens may require that PLWHA refrigerate medications and administer them in accordance with a strict schedule. Moreover, stable housing contributes to sobriety and/or a decrease in substance abuse.

Some PLWHA find that, once they have permanent housing, they are able to return to productive work and social activities.

The Multnomah County Health Department's Health Assessment and Evaluation Group reported that as of December 31, 2008, an estimated 3,923 individuals with HIV/AIDs lived in the Portland EMSA. This number included 2,434 people living with a diagnosis of AIDS (PLWA), and 1,189 people living with HIV, who are HIV positive, but whose disease does not meet the diagnostic criteria for AIDS (PLWH). 303 new AIDS cases and 296 new HIV cases (non-AIDS) were reported during the last two years (1/1/07 through 12/31/08).

Because the Center for Disease Control (CDC) estimates that 25% of people infected with HIV are unaware of their HIV status, the true number of PLWH in the EMSA is probably closer to 1,486.

Although HIV is still primarily a disease of men, 12.8% of HIV cases and 12/5% of AIDS cases diagnosed in 2007 and 2008 occurred in women.

HIV in the EMSA continues to primarily impact adults. Youth (persons aged 13 to 24) now make up 6.9% of PLWH and 18.6% of new HIV cases. The EMSA's PLWH/A is aging. Persons aged 50 and older account for 30.8% of all PLWH/A in the EMSA.

Overall, the composition of the PLWHA in the EMSA has remained fairly constant over the past several years, with only slight increases in the percentages of Hispanic and older PLWH/A.

In the Portland EMSA HIV has disproportionately impacted Blacks/African Americans. Blacks/African Americans account for only 2.8% of the population, but make up 8.2% of PLWH/A – almost three times higher.

It is estimated that there are 37,491 homeless individuals in a one-year period living within the Portland EMSA, representing 17% of the total EMSA population. Based on case management and medical care databases and recent PLWHA surveys, there were an estimated 612 homeless individuals in 2008,

representing 15.6% of the total PLWH/A population in the EMSA. It is clear that HIV/AIDS disproportionately impacts the homeless population.

The Oregon Department of Corrections (ODOC) reports that as of October 2009 there were 65 identified inmates diagnosed with HIV/AIDS, and estimates that 1.2-1.8% of their incarcerated population is infected with HIV, up to 4 times the number of those who self-identified. In 2008, Multnomah County, the largest county in the EMSA, had 717,880 residents and 24,578 unduplicated inmates booked in its corrections systems (3.4% of the total population). Multnomah County Corrections reported that 216 inmates detained at its correctional facilities were identified as PLWH/A during 2008 either through jail testing or self-identification. Additionally, the HIV Health Services Center, the largest HIV primary care provider in the state, reports that approximately 5% of clients are incarcerated over the course of a year, with 15-20% of clients having been incarcerated sometime in their life. In 2009, Cascade AIDS Project, one of the largest HIV service providers in the EMSA, reported that of the 1680 clients it served, 42.9% reported a recent criminal history.

This chart provides HIV/AIDS data for individuals sorted by race and sex in the Portland EMSA. Data on familial status is not currently available.

Summary: Estimates of People Living with HIV and AIDS Aware of their Status as of 12/31/2008

Race/ethnicity for Census Comparison	Clackamas HIV/AIDS		Clark HIV/AIDS		Columbia HIV/AIDS		Multnomah HIV/AIDS		Washington HIV/AIDS		Yamhill HIV/AIDS		Skamania HIV/AIDS		EMA HIV/AIDS	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Hispanic	26	9.5	30	7.0	2	7.6	217	7.9	86	20.1	9	23.6			370	9.4
American Indian/Alaskan Native	5	1.8	4	0.9	0	0.0	29	1.2	0	0.0	0	0.0			38	0.9
Asian	1	0.3	11	2.6	0	0.0	48	1.7	6	1.4	0	0.0			66	1.7
Black/African American	11	4.4	40	9.5	2	7.6	231	8.4	32	7.4	1	2.6			317	8.1
Native Hawaiian/Pacific Islander	1	0.3	0	0.0	0	0.0	8	0.3	2	0.4	0	0.0			11	0.3
White	227	83.4	333	78.7	22	84.8	2193	80.	301	70.4	27	71.2			3,103	79.
Multiracial	1	0.3	3	0.8	0	0.0	15	0.5	1	0.3	1	2.6			21	0.5
Unknown	0	0.0	2	0.5	0	0.0	0	0.0	0	0.0	0	0.0			2	0.07
Total	272	100.0	423	100.0	26	100.0	2,741	100.0	428	100.0	38	100.0	1	100.0	3,928	100
Sex																
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Male	233	85.6	341	80.6	21	80.7	2,504	91.3	354	82.8	32	84.2			3,485	88.7
Female	39	14.4	82	19.4	5	19.3	237	8.7	74	17.2	6	15.8			443	11.3
Total	272	100.0	423	100.0	26	100.0	2,741	100.0	428	100.0	38	100.0	1	100.0	3,928	100
Age Group on 12/31/2004 (Title I)																
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
0-12 years	0	0	1	0.2	0	0.0	4	0.2	5	1.1	0	0.0			10	0.3
13-19 years	2	0.8	1	0.2	0	0.0	11	0.4	5	1.1	0	0.0			19	0.5
20-44 years	130	47.8	190	44.9	12	46.2	1209	44.1	230	53.8	19	50.			1,790	45.5
45+ years	140	51.4	231	54.7	14	53.8	1517	55.3	188	44.	19	50.			2,109	53.7
Total	272	100.0	423	100.0	26	100.0	2741	100.0	428	100.0	38	100.0	1	100.0	3,928	100

Source: HIV/AIDS Reporting System (eHARS), data extract 7/1/2009 Capizzi

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The Clark and Skamania County numbers are estimates as of 12/31/09 and are from Washington State Department of Health, Jeff Carr. This chart indicates there are 3,928 PLWHA, five more than the number listed in the introduction. This discrepancy is due to the Washington numbers including 2009.

PLWHA also typically have high medical expenses. As a group, they are less likely to have private health insurance to meet these expenses. Unless the PLWHA has secured long-term rent assistance (e.g. a Section 8 voucher), a public housing unit or a HOPWA unit, PLWHA is not going to be well equipped to compete in the housing market.

Although demand by PLWHA for affordable housing is strong, the supply is very limited. The HUD guideline for affordability is that a household should spend no more than 30% of its income on rent and utilities. The purpose of this guideline is to ensure that a household has enough money after rent to pay for food, health care, and other necessities. Using this 30% rent burden guideline, units at fair market rent are out of reach for the average PLWHA. This Consolidated Plan documents that there is a severe shortage of affordable housing for the lowest income households: there are more than 13,000 households with incomes below 30% MFI than there are units affordable to them (2000 Census Data). The following chart is a comparison between what an SSI recipient can afford to pay and current fair market rents.

Market Rate / Income Gap Chart

Household income for SSI recipient	Amount available monthly for rent & utilities	Monthly fair market rent for studio	Gap	Monthly fair market rent for one-bedroom unit	Gap
$674	$202	$626	$424	$726	$524

Households that pay more than 30% of their income for rent are considered rent-burdened. Households that pay more than 50% of their income for rent are severely rent-burdened and are at increased risk of homelessness.

A PLWHA on SSI would have to spend almost 100% of his/her income on housing to afford a studio at Fair Market Rent. Even if the PLWHA has found below-market housing, these numbers suggest that the PLWH/A must spend up to 60% of monthly income on rent, an intolerable rent burden that creates a significant risk of homelessness. A rent-burdened PLWHA will routinely choose between paying rent and purchasing food, health care and other necessities.

As a consequence of household poverty and limited housing resources available to PLWHA, an estimated one-third to one-half of PLWHA are either homeless or so rent-burdened that they are at risk of losing their homes.

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HIV Care Services and the Planning Council utilized results from 2008 client surveys and community forums to assess the service needs and gaps of PLWHA in the Portland EMSA. The methodology behind the service gaps section of the 2008 Client Satisfaction and Needs Assessment (completed in April of 2009) was based on We Listened: 2005 Survey for People Living with HIV and AIDS, which was a detailed assessment of service needs, gaps, and barriers for PLWHA in the Portland EMSA. The 2008 Client Satisfaction and Needs Assessment (CSNA) asked case management clients if they had needed 10 specific services in the past year, and whether they always received the services when they needed them. Those who had not always received services when needed were considered to have a service "gap". Respondents reported significant gaps in access to dental care (24%), money for housing/other housing help (35%), mental health counseling/treatment (15%), case management (15%), and supportive services (15%).

HOPWA PROGRAM DESCRIPTION

HOPWA is a flexible grant award that allows communities to design and implement long-term, comprehensive strategies for meeting the housing needs of people living with HIV/AIDS and their families. HOPWA gives participating jurisdictions the flexibility to provide a range of housing assistance, including:

a) Support services
b) Project- or tenant-based rental assistance
c) Resource identification and technical assistance

Each year since the Portland EMSA became eligible for HOPWA in 1994, a portion of the funds have been used for permanent housing development. The following table describes the geographic spread of HIV/AIDS housing and also the array of unit sizes. Ninety-nine of these units are part of the permanent HOPWA development portfolio. The remaining units are Shelter + Care units that Cascade AIDS Project has leveraged with match from HOPWA funded and Ryan White funded supportive services. As confidentiality is very important in HIV/AIDS housing, project names are not included.

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HIV / AIDS Permanent Housing Chart								
Location	# of Projects	# of Units	Number of Bedrooms					Additional Information
			Studio	1	2	3	4	
NE Portland, OR	3	42	27	13	2	0	0	Alcohol and drug free, PB Section 8, Family Units
N & NE Portland, OR (scattered site)	9	9	0	1	8	0	0	Houses
SE Portland, OR	3	20	14	2	0	3	1	Family units, sub-acute care
SW Portland, OR	3	11	8	0	1	2	0	PB Section 8, Youth
Gresham, OR	1	9	0	6	3	0	0	Family Units
Clackamas County, OR	1	5	0	5	0	0	0	Adult foster care
Washington County, OR	2	20	0	13	4	3	0	Shelter + Care
Clark County, WA	1	3	0	2	0	0	1	Floating Units
Multnomah County, OR	1	19	6	11	2	0	0	Mental Health, Shelter and Care
Washington County, OR	2	22	6	12	3	1	0	Shelter and Care
Total	24	140	61	52	19	6	2	

* The FY 2005-06 Action Plan reported 156 units. However, HUD determined that capitalizing operating subsidies was not an eligible use for HOPWA funds. The funds were re-allocated as project-based assistance and the units that were affected by the change have been removed from the total.

Program Tools

- Facility-based transitional housing
- Project-based rent assistance
- Tenant-based rent assistance
- Short-term mortgage, rent, and utility assistance
- Housing placement assistance
- Housing case-management
- Alcohol and Drug Counseling
- Mental Health Counseling
- Benefits Eligibility Specialist
- Employment Specialist
- Grants for rehab of existing housing

Project Selection

The Portland EMSA currently allocates approximately 45% of its HOPWA funds to rent assistance, 30% to support services, 18% to rehabilitation of the HOPWA development portfolio, and 7% to administration. This allocation formula is reviewed annually by the AIDS Housing Advisory Committee.

The funding available for the rehabilitation of the HOPWA development portfolio, the benefits eligibility specialist and the employment specialist are unspent entitlement funds awarded over several fiscal years and will not be available again. There will be two RFP's in the spring of 2010 to award funds to organizations for the benefit and employment specialists. Both of these positions will be for two years. Owners with HOPWA units in their portfolio will apply to PHB for the rehabilitation dollars available. Preference will be given to projects developed before 2000. Rent assistance and support service funds were awarded in the spring of 2009 through a competitive process. Contracts will be renewed based on subrecipient performance.

Program Eligibility

Individuals with HIV or AIDS and their families who reside in the seven-county Portland EMSA and have incomes up to 80% MFI are eligible to participate in HOPWA programs. Priority is given to households with incomes below 50% MFI. The EMSA includes Clackamas, Columbia, Multnomah, Washington, and Yamhill Counties in Oregon and Clark and Skamania Counties in Washington.

Potential Barriers

All of the AIDS service organizations have seen a significant increase in clients due to the economy over the past few years. This increase in clients has created a need for increased funding, which is frequently not possible.

CAREAssist (Oregon's AIDS Drug Assistance Program) pays for insurance premiums and prescription/medical services co-pays. CAREAssist clients have increased over 200% in the last six years. This increase has put a strain on the programs and the Department of Human Services are looking for ways to cut costs to avoid having a waiting list for services.

Over the past several years, the EMSA has experienced significant, on-going reductions in funding for clinical and non-clinical services for PLWHA. The Oregon Health Plan (OHP)/Medicaid is a source of insurance but it has been

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restricted for several years, thereby reducing the number of clients who are enrolled in this insurance. Most uninsured PLWHA enroll in the Oregon Medical Insurance Pool, a high-risk pool that provides fewer benefits and significantly lower reimbursement rates than OHP/Medicaid. In addition to these direct impacts, OHP restrictions have resulted in increased needs for case management to find alternative insurance coverage for clients. The OHP Plus program (which is for those who are categorically eligible for Medicaid) recently instituted reductions in dental and vision benefits for clients which will create a further burden on the continuum of care for PLWHA. In Washington, the Basic Health Plan is currently closed to new enrollment and needs to cut 43% of clients from their enrollment in this biennium. Because the health systems in both Oregon and Washington are complicated and the cost of losing coverage is so high, case managers spend as much as 50% of their time helping clients to obtain and maintain health coverage. If the insurance challenges could be resolved, the case managers would be able to better help clients stabilize.

Both the Washington State and Oregon State general funds are experiencing shortfalls which will most likely affect STD, HIV prevention and care funding. Washington State is anticipating a budget deficit, resulting in a 14% cut in state dollars for HIV prevention and HIV care services. As a result, Washington ADAP may face shrinking eligibility criteria and decreasing the formulary to include only antiretrovirals. The Oregon Ryan White Part B Care Assist program has had a 15% increase in 2009 program enrollment in comparison to 2008 reflecting the increase in unemployed clients on top of a double digit percentage increase in enrollment numbers for the past five years. Ryan White housing programs have seen an increase in requests for housing assistance, debt guidance, and consumer counseling. The Multnomah County HIV Health Services Clinic experienced a significant cut in its County General Fund allotment, and there were reductions in partner contributions to raise productivity within primary care services, and decreases in case management staffing during a time of increasing case loads. Basic needs funding has also seen a trend of fiscal cuts over the past few years and both the overall social service system and the Part A program are being bombarded with clients whose needs are severe and ongoing, a phenomenon that has been exacerbated during the recent economic downturn.

The HOPWA tenant-based rent assistance program, a time-limited program that allows a PLWHA to rent an apartment of his/her own choosing, was designed on the assumption that the tenant would qualify for a Section 8 voucher before the rent assistance was exhausted. That has not been true for

several years. The federal government is not funding Section 8 at a level that keeps pace with increased program costs and, indeed, has sought repeatedly to cut the program's budget and reorient it towards serving moderate-income households. Some local housing authorities have waitlists of almost 4,000 households, and waiting time for a voucher is in excess of 3 years. Accordingly, the tenant-based rent assistance (TBRA) program no longer depends on transitioning clients to a Section 8 voucher. Instead, TBRA programs operate with the hope that clients will secure income through employment or social security. As discussed earlier, most SSI recipients are severely rent-burdened, and PLWHA cannot always maintain consistent, full-time employment because of changes in their health

Partner Agencies And Organizations

- Cascade AIDS Project (CAP) provides case management to 59 units of HOPWA funded permanent supportive housing at the following sites: Carriage Hill, Cornerstone, McCoy Village, Nathaniel's Way, PCRI scattered sites, Project Open Door, Madrona Studios with Central City Concern, Outside In Transitional units, Northwest Housing Alternatives, Villa Capri and Howard House with Catholic Charities, and the Sandy Apartments with Luke-Dorf. The Luke-Dorf partnership began in 2009 and the units were filled in 2010. CAP also partners with the Housing Authority of Portland and Washington County Department of Housing to receive 69 Shelter Plus Care units for people living with HIV/AIDS in the Portland EMSA. The 69 Shelter Plus Care vouchers are leveraged with other support service programs such as HOPWA, HOPWA Special Projects of National Significance (SPNS), and Ryan White. CAP also operates a transitional housing program that houses 18-20 individuals and families with children each year. In 2009 CAP began to offer eviction prevention, utility, and mortgage assistance to 40 individuals and families with HOPWA Short-Term Rent, Mortgage, and Utility Assistance (STRMU). CAP manages and disburses a rent assistance fund to meet the HOPWA rent standard on all HOPWA units. CAP administers Ryan White funded emergency rental assistance and a Transitions to Housing Program to more than 190 households per year. CAP operates a client education program; Positive Directions that provides tenant education and Money Matters workshops for PLWHA. CAP also has a Warehouse Program to aid people that require furniture and/or moving assistance. CAP partners with Our House of Portland to provide housing and supportive services

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for those in the Neighborhood Housing and Care Program. In 2007, CAP partnered with the Oregon Department of Human Services to provide housing for 20 adults living with HIV/AIDS, who are exiting the criminal justice system, with no housing resources. In 2008 CAP again partnered with the Oregon Department of Human Services and Cascadia Behavioral Healthcare to provide housing and support services to 25 adults living with HIV/AIDS, who have a mental health diagnosis and are in need of mental health supportive housing. Both of these partnerships with Oregon DHS are HOPWA Special Projects of National Significance. CAP partners with the Housing Authority of Portland to receive short-term rental assistance funds (STRA) for eviction prevention, move-in costs and medical motel vouchers for approximately 30 individuals and families living with HIV/AIDS. These funds include the Homeless Prevention and Rapid Re-Housing Program (HPRP) stimulus funds. In collaboration with Transition Projects Inc. CAP receives supportive housing funds to assist two chronically homeless individuals and eight homeless women.

- Central City Concern (CCC) owns and operates 36 units of permanent supportive alcohol/drug free housing for PLWHA. CCC is both the housing and the service provider for residents in this development. In 2007, CCC instituted a priority for PLWHA at the Biltmore, a project with 76 units of single room occupancy (SRO) housing, each with an attached Project-based Section 8 certificate. In 2010, CCC began offering similar waitlist priorities for Project-Based Section 8 units at Madrona Studios and at the HAP-owned/CCC-managed Martha Washington Building (studios and one-bedrooms). CCC has partnered with Cascade AIDS Project for provision of coordinated services at all three properties. In addition, Ryan White Part A funds support the Healthshare Program which provides 96 rental months of alcohol and drug free housing as well as substance abuse treatment support for 32 PLWHA.
- Clark County Public Health has a program similar to CAP's that operates in Clark County, Washington. Clark County Public Health (CCPH) provides housing case management on the three permanent supportive housing units built with HOPWA investment and is prepared to provide housing case management to future housing developments. CCPH also operates a transition-in-place housing program.

HOPWA

- Multnomah County Health Department enjoys a longstanding collaborative relationship with the City of Portland's HOPWA program, allowing for coordination of resources and funding to maximize the efficiency and benefit of public dollars. In addition to administering the approximately $3 million in Ryan White Part A fund the STD/HIV/Hepatitis C Program also offers; Through individual, group, and community level strategies, persons at highest risk for acquiring and/or transmitting STDs, HIV, and viral hepatitis are offered Risk Reduction Classes and Community Education, Outreach & Recruitment to Testing, Community Testing, STD Screening and Treatment, Syringe Exchange and Disposal, Disease Intervention and Partner Services, African-American Sexual Health Equity Program (AASHEP), and a number of evidence based interventions to reduce transmission between men who have sex with men.
- Outside In provides long term transitional housing and case-management to HIV+ youth. They have an on-site housing facility.
- Our House of Portland provides the only housing with on-site sub-acute care for people living with advanced HIV/AIDS in the Portland metro area and throughout the state of Oregon. Our House provides food, support services, and specialized care through funding from various governmental and private funders. The program has approximately 160 volunteers who provide daily meals and support. In 2004, Our House of Portland became the first agency in the EMSA to receive a competitive HOPWA grant. Our House was awarded $1.3 million to reconstruct its building and to start the Neighborhood Housing Program to assist clients who are well enough to move back into the community. This grant was renewed in 2007 for $1.03 million to continue the NHCP program and help with operating costs for the new facility. Our House has applied for another three-year renewal starting September 2010. Our House provides a continuum of care for people with HIV/AIDS through the following programs:

  1. Our House of Portland is a 14-bed specialized residential care facility located in Portland where 24-hour nursing services are provided to those with advanced HIV/AIDS. Residents from this facility come from all over the state of Oregon.

  2. Swan House is a 5-bed adult foster care facility located in Clackamas County where care in a group setting is provided for those with HIV/AIDS that are not quite able to live independently and need assistance

with many of the daily tasks of medication management, money management, etc.

3. The Neighborhood Housing and Care Program (NHCP) is an innovative program where rental assistance, nursing, social work, and Occupational Therapy services are provided to those with HIV/AIDS who want to maintain living independently. Services are provided on a regular basis (frequency depends on client acuity) and is custom tailored to the needs of each client.

4. Community Services include Esther's Pantry, which is a food bank for HIV Positive individuals, and Tod's Corner which is a thrift shop for the same population. We also provide assistance with pet care and cremations.

Complementary Local, Regional, and National Efforts

This program complements other local efforts to meet the needs described above by partnering with Ryan White Title I Planning Council efforts to provide a continuum of care and services.

The AIDS Housing Advisory Committee (AHAC) is an advisory body to HOPWA program staff. AHAC's role is to advise, coordinate, and advocate. AHAC relies on three action steps to guide their 2010-11 work plan: coordination, employment, and evaluation.

Coordination

1. Support agencies and community leaders who are advocating for increased services funding in response to health care and services funding cuts.
2. Participate in and support upcoming systems integration trainings and planning sessions working for clear, structural linkages between housing and services systems.
3. Advocate for the representation of HIV/AIDS housing providers and consumers on housing and homelessness planning entities.
4. Review Homeless Management Information Strategies (HMIS) policy and procedures and advocate for appropriate and adequate confidentiality protection measures for people living with HIV/AIDS.

5. Work with Ryan White Title I Planning Council to establish linkage among housing and services as an expectation, and to consider housing as a function of case management.

Employment

1. Increase employment opportunities for people living with HIV/AIDS.

Evaluation

1. Use performance measurements for setting priorities and allocating funds.
2. Expand participation in AIDS Housing Advisory Committee.

Geographic Service Areas (Including Areas of Low-Income Famlies and/or Racial Minority Concentration)

The Portland Eligible Metropolitan Statistical Area includes Clackamas, Washington, Multnomah, Yamhill, and Columbia Counties in Oregon, and Clark and Skamania Counties in Washington.

Monitoring

A description of PHB's Monitoring program is in Section One.

HOPWA Performance Chart 1	Needs	Current	Gap	Year 1 Outputs Households HOPWA Assistance Goal	Year 1 Outputs Households HOPWA Assistance Actual	Year 1 Outputs Households Non-HOPWA Goal	Year 1 Outputs Households Non-HOPWA Actual	Year 1 Funding HOPWA Budget	Year 1 Funding HOPWA Actual	Year 1 Funding Leveraged Non-HOPWA
Tenant-based Rental Assistance	118	30	88	30				203,353		
Short-term Rent, Mortgage and Utility payments	317	220	97	30		190		82,000		105,000
Facility-based Programs	0	0	0							
Units in facilities supported with operating costs	475	74	401	74		64		263,217		88,065
Units in facilities developed with capital funds and placed in service during the program year	171	0	171	0						
Units in facilities being developed with capital funding but not yet opened (show units of housing planned)	30	24	6	24				687,000		343000
Stewardship (developed with HOPWA but no current operation or other costs) Units of housing subject to three- or ten-year use agreements	196	22	174	22				0		21,969
Adjustment for duplication of households (i.e., moving between types of housing)		24								
Subtotal unduplicated number of households/units of housing assisted										
Supportive Services				Outputs Individuals						
Supportive Services in conjunction with housing activities (for households above in HOPWA or leveraged other units)	0	123	-123	123		323				
Housing Placement Assistance										
Housing Information Services			0							
Permanent Housing Placement Services			0							
Housing Development, Administration, and Management Services										
Resource Identification to establish, coordinate and develop housing assistance resources										
Project Outcomes/Program Evaluation (if approved)										
Grantee Administration (maximum 3% of total) (i.e., costs for general management, oversight, coordination, evaluation, and reporting)										
Project Sponsor Administration (maximum 7% of total) (i.e., costs for general management, oversight, coordination, evaluation, and reporting)										
Other Activity (if approved in grant agreement) Specify:										
1	0	0	0							
2	0	0	0							
3	0	0	0							
4	0	0	0							
Totals										

** The funding on line 6 is redevelopment going to a facility receiving operating costs. On line 8 there is an adjustment.

Housing

Year 2							Year 3							Year 4						
Outputs Households				Funding			Outputs Households				Funding			Outputs				Funding		
HOPWA Assistance		Non-HOPWA					HOPWA Assistance		Non-HOPWA					HOPWA Assistance		Non-HOPWA				
Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual	Leveraged Non-HOPWA	Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual	Leveraged Non-HOPWA	Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual	Leveraged Non-HOPWA
30							35							38						
30		190					30		190							259				
74		64					74		64					37		64				
0							0							0						
24							24							24						
22							22							74						
Outputs Individuals							Outputs Individuals							Outputs Individuals						
162		323					172		323					152		323				

Housing

Year 5							Cumulative											
Outputs Households				Funding			Outputs Households						Funding			Priority Need: H, M, L	Plan to Fund? Y/N	Fund Source
HOPWA Assistance		Non-HOPWA					HOPWA Assistance			Non-HOPWA								
Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual	Leveraged Non-HOPWA	Goal	Actual	% of Goal	Goal	Actual	% of Goal	HOPWA Budget	HOPWA Actual	Leveraged Non-HOPWA			
38							171	0	0%	0	0	0%	203353	0	0			
30		190					120	0	0%	1019	0	0%	82000	0	105000			
							0	0	0%	0	0	0%	0	0	0			
37		64					296	0	0%	320	0	0%	263217	0	88065			
0							0	0	0%	0	0	0%	0	0	0			
24							120	0	0%	0	0	0%	687000	0	343000			
22							162	0	0%	0	0	0%	0	0	21969			
Outputs Individuals							Outputs Individuals											
152		323					761	0	0%	1615	0	0%	0	0	0			
							0	0	0%	0	0	0%	0	0	0			
							0	0	0%	0	0	0%	0	0	0			
							0	0		0	0		0	0	0			
							0	0		0	0		0	0	0			
							0	0		0	0		0	0	0			
							0	0		0	0		0	0	0			

Housing

HOPWA Performance Chart 3

Type of Housing Assistance	Total Number of Households	Average Length of Stay [in weeks]	Number Remaining in Project
Short-term Rent, Mortgage, and Utility Assistance	220	20	PY1
	220	20	PY2
	220	20	PY3
	220	20	PY4
	220	20	PY5
Tenant-based Rental Assistance	30	48	PY1
	30	48	PY2
	35	48	PY3
	38	48	PY4
	38	48	PY5
Facility-based Housing Assistance	96	52	PY1
	96	52	PY2
	96	52	PY3
	96	52	PY4
	39	52	PY5

Housing

[3] Number Remaining in Project							Housing Stability		
	PY1	PY2	PY3	PY4*	PY5*	Cumulative	Stable	Unstable	Percent Stable / Total
Emergency Shelter						0	PY1	PY1	
Temporary Housing						0	0	0	0%
Private Hsg						0	PY2	PY2	
Other HOPWA						0	0	0	0%
Other Subsidy						0	PY3	PY3	
Institution						0	0	0	0%
Jail/Prison						0	PY4	PY4	
Disconnected						0	0	0	0%
Death						0	PY5	PY5	
							0	0	0%
Emergency Shelter						0	PY1	PY1	
Temporary Housing						0	0	0	0%
Private Hsg						0	PY2	PY2	
Other HOPWA						0	0	0	0%
Other Subsidy						0	PY3	PY3	
Institution						0	0	0	0%
Jail/Prison						0	PY4	PY4	
Disconnected						0	0	0	0%
Death						0	PY5	PY5	
							0	0	0%
Emergency Shelter						0	PY1	PY1	
Temporary Housing						0	0	0	0%
Private Hsg						0	PY2	PY2	
Other HOPWA						0	0	0	0%
Other Subsidy						0	PY3	PY3	
Institution						0	0	0	0%
Jail/Prison						0	PY4	PY4	
Disconnected						0	0	0	0%
Death						0	PY5	PY5	
							0	0	0%