

Memphis TGA

2011 Housing Needs Assessment



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Prepared by
Ryan White Part A Program
Planning Council
Memphis TGA

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Executive Summary

Statement of the purpose

Annual needs assessments are conducted in the Memphis Transitional Grant Area (TGA) to determine service gaps and barriers in the continuum of care for Persons Living with HIV/AIDS (PLWHA). The Memphis TGA is composed of eight counties across three states. Three counties are located in Tennessee (Shelby, Fayette and Tipton), while four counties are located in Mississippi (Desoto, Tunica, Tate, Marshall) and one in Arkansas (Crittenden). The needs assessment is one component of a comprehensive planning process which guides the development of priorities and allocation of funds to address needs and improve upon existing services for PLWHA.

This year's assessment documents need and barriers related to housing services from the perspective of both PLWHA and service level providers. According to the National AIDS Housing Coalition, housing status is one of the strongest predictors for health outcomes among PLWHA.¹ Lack of housing can create barriers to care, while increased housing stability enables clients to obtain and adhere to medical care and anti-retroviral therapy.

Three surveys were implemented to better understand the needs and barriers to housing: a client survey among PLWHA, and two provider surveys among Ryan White service providers (for case managers, social workers, early intervention specialists, patient advocate liaisons) and administrators. The following objectives guided the development of each survey tool:

Client Survey:

1. Assess current living situation, housing history and housing services received among PLWHA;
2. Assess perceptions around barriers in accessing and maintaining housing among PLWHA; and
3. Examine the predictors of unstable housing among PLWHA.

Provider Survey:

1. Determine the type of housing services offered to clients by providers;
2. Assess administrators' perceptions around barriers to provide or refer clients to housing services;
3. Assess providers' perceptions around client needs for specific housing services and the barriers faced in accessing housing services; and
4. Document administrators' and providers' suggestions to reduce barriers in accessing housing services.

Overview of the Needs Assessment and Planning Process

Part A Ryan White Programs are required to conduct a comprehensive needs assessment every

three years. The Memphis TGA Planning Council elects to focus on specific service needs in the years between conducting comprehensive assessments. Priority-setting and resource allocation activities guide particular service needs that warrant further investigation. Areas of focus are chosen by the Planning Council and the needs assessment process is assigned to the Priorities and Comprehensive Planning Committee.

As guided by the Health Resources and Services Administration (HRSA) recommendations², this needs assessment includes five specific components:

Epidemiologic Profile: Data was collected from the state and county health departments within the Memphis TGA to describe the current status of the epidemic in the TGA, specifically the overall prevalence of HIV and AIDS among defined subpopulations affected by the epidemic. Changing trends in HIV disease incidence are also described. Appendix A provides an epidemiologic data table.

Assessment of Service Needs: This assessment gathers information through client-level survey interviews to better understand the current living situation, housing history housing services received and existing barriers that prevent PLWHA from receiving housing services. Predictors of housing instability were also assessed.

Resource Inventory: As provided in Appendix F, this inventory describes organizations and individuals providing housing services accessible to PLWHA. It includes information related to the type and description of services as well as eligibility and contact information.

Profile of Provider Capacity and Capability: Provider capacity is assessed by examining the resource inventory and provider-level survey responses to identify the extent to which housing services are available and being utilized for PLWHA. Administrators and providers were included in the assessment to examine perceptions around barriers related to providing housing referrals and services from the perspectives of administrators and case managers, social workers, early intervention specials and patient advocate liaisons.

Assessment of Unmet Need/Service Gaps: HRSA recommends that an assessment of “unmet need” is included with needs assessments. “Unmet need” defines the group of PLWHA who have been diagnosed with HIV disease but are not receiving primary medical care. Efforts were made to recruit and include individuals who know their status but are not in care. Primary medical care was assessed as a predictor for unstable housing among PLWHA. In addition, an overview of unmet need for the entire Memphis TGA can be found in the epidemiologic profile.

Critical Issues Identified

This needs assessment identified five subgroups of client respondents who were likely to experience a gap in obtaining housing service needs. These groups are characterized as physical disability, mental health problems, low income or unemployment, criminal history and those that

previously experienced long wait times for housing services. Although there is presumably a greater need for housing and supportive housing services for these subgroups, the HUD programs-including HOPWA- and other local service providers in the Memphis TGA are limited in the availability of resources that focus specifically on services for PLWHA.

The needs assessment also cited administrator and provider comments on services most needed for PLWHA and suggestions to improve existing services to address client needs. Expanding the availability of emergency short-term financial assistance for rent and utilities, long-term rental mortgage and transitional housing services can increase HIV/AIDS resources to assure stable and affordable housing services. While such services are available to most all residents, unless otherwise specified, maintaining better collaborative efforts with other local organizations in Memphis TGA would enhance the ability of linking clients to housing and supportive housing services.

Recommendations and Priorities

The following recommendations and priorities were developed based on the findings of the needs assessment:

- Utilize Ryan White housing funding to support transitional housing services for PLWHA, while working with other housing programs to assist clients in obtaining assistance with permanent housing;
- Ensure that Ryan White service providers are informed about all available housing services, eligibility criteria and application processes;
- Develop strategies to advertise housing services available for PLWHA to ensure individuals are aware of housing opportunities; and
- Develop more linkages between housing programs and service providers.

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Characteristics of the Memphis TGA

General Population

According to the 2009 American Community Survey, the Memphis Metropolitan Statistical Area (MSA) has a population just over 1.3 million people, making it the 41st largest MSA in the nation and the second largest in Tennessee. The Memphis MSA, which mirrors the boundaries of the Memphis Transitional Grant Area (TGA), includes eight counties: Tennessee, Mississippi and Arkansas. The city of Memphis, the urban hub of the region, is located on the Mississippi River in Shelby County, TN; it contains 70% (920,232 persons) of the total TGA population. DeSoto County, located south of Shelby County in Mississippi, accounts for the second largest population with 158,719 persons. The remaining counties range in population from 27,000 to 60,000 persons. Half of the TGA population is White, while 44% are Black/African American and 5% are Hispanic.³

A high rate of poverty continues to affect the Memphis TGA, with 19% of the population living below the poverty level in 2009, compared to the national rate of 14%. The rate of poverty was even higher among female householder families; with 35.5% living below the poverty level (national rate was 30% in 2009). In addition, poverty among African Americans within the TGA is significantly higher than the general population at 30% in 2009. High poverty rates may be attributed to challenges of lower educational levels, underemployment and low wage services jobs within the Memphis TGA. Nineteen percent of adults over the age of 25 years do not have a high school diploma.³

Homelessness

The federal definition of homeless includes individuals who lack a fixed, regular, and adequate nighttime residence or an individual who has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- An institution that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.⁴

Partners for the Homeless administers point-in-time surveys to assess capacity of shelter housing in Memphis, as well as an annualized report to document the number of unduplicated persons receiving services from agencies participating in the Homeless Management Information System (HMIS). Data provided by participating providers reflects that a total of 3,842 unaccompanied individuals and 1,635 families were documented to have received emergency shelter or transitional housing and services at some point in time, for some period of time during the year ending September 30, 2009. Of the persons served in families, approximately 70% were children.⁵

Factors that contribute to homelessness in the Memphis TGA include aging of the general unaccompanied adult homeless population and low educational levels, which make it unlikely that persons can secure housing and retain employment. In 2009, twenty-eight percent of unaccompanied individuals documented to have experienced homelessness were over the age of 50. In addition, 46% of unaccompanied homeless individuals for whom educational status was reported had less than a high school diploma.⁶

Annualized statistics from the Homeless Management Information System do not capture data on the prevalence of HIV/AIDS.⁴ Therefore, little is known about the seroprevalence of HIV among the homeless and transitionally housed in Memphis. A study conducted by the University of Memphis in 2003 reported that 16% of homeless youth aged 14 to 23 years tested positive for HIV.⁷

Methodology

Several methodologies were used to collect data for this needs assessment.

- 1) A client survey of any person living with HIV disease (N=340) conducted through face-to-face interviews;
- 2) Two online, self-administered surveys with both Ryan White and non Ryan White providers (N=18) and administrators (N=15);
- 3) Site visits to non Ryan White providers to complete the administrator surveys; and
- 4) Data sources provided by Tennessee, Mississippi and Arkansas state and county health departments.

The client survey consists of a convenience-based sample of respondents (N=340) living with HIV or AIDS within the eight-county Memphis TGA. The provider surveys also consists of a convenience-based sample of administrators (N=15) and providers identified as case managers, social workers, early intervention specialist, patient advocate liaisons, etc. (N=18) that are Ryan White and non-Ryan White service providers.

Existing housing needs assessment surveys implemented by other Ryan White programs were reviewed to guide the creation of the client and provider surveys. In addition, local case managers were consulted to suggest questions that would best address learning more about housing needs among PLWHA. Each survey tool was reviewed and finalized by the Part A Priorities and Comprehensive Planning Committee.

The client survey consisted of a six-page document containing multiple choice and open-ended questions. The survey is included in Appendix A. It was piloted through the Consumer/Affected Communities Committee. Survey data was collected from February through March. Structured

face-to-face interviews were held to complete the survey tool on-site at Ryan White medical service provider locations and during Consumer Input meetings held by the Ryan White program. In total, 56 medical and nonmedical case managers, social workers, patient advocate liaisons, early intervention specialists, Ryan White Part A staff members and consumers administered the survey interviews. Consumer volunteers conducted surveys at non-medical service providers and throughout the community in an effort to recruit out-of-care clients.

Invitations were sent to all administrators about training for all providers interested in administering consumer surveys; completion of the training was required for all interviewers. The two-hour training workshop was conducted by a consultant to ensure the survey tool was administered in a standardized method and ethical concerns along with Health Insurance Portability and Accountability Act (HIPAA) regulations were reviewed.

HRSA recommends that consumers are involved in the needs assessment process, as this strategy allows for outreach within the out-of-care PLWHA population. Consumers were first involved in reviewing survey questions followed by their participation in pretesting survey questions during the Consumer/Affected Communities Committee Meeting. Those who were interested in conducting client survey interviews were required to go through a formal application process and participate in the required training session to ensure data integrity. Six consumers completed the application and four were recruited to administer the survey after attending the training session. As an incentive, any consumer completing the survey interview was offered a ticket to attend a consumer appreciation luncheon organized by the Part A Grantee office.

The two provider surveys were initially piloted with a select group of Ryan White medical service providers. The final survey format had nine multiple choice and open-ended questions; a copy of each of the surveys is located in Appendix B. The surveys were conducted with all Ryan White service providers through Survey Monkey, an online, anonymous survey tool through the months of February and March. The administrative survey focused on documenting housing referral services, the types of housing services offered to clients and barriers in referring or providing housing services. The provider survey assessed similar items, but focused specifically on case manager's perceptions around client's need for specific housing services, barriers faced in accessing services and also provided an opportunity for case managers to document suggestions for reducing barriers in accessing housing services.

All data were entered into a database created in Epi Info (Centers for Disease Control, Atlanta, GA). Descriptive statistics were analyzed with automated procedures in Epi Info. SAS (SAS Institute Inc., Cary, NC) was also used for data cleaning purposes, categorizing variables and for the regression analysis to examine predictor variables for unstable housing.

Sampling and Limitations

The sample for this population-based survey was targeted at completing 395-480 surveys;

however, 340 completed surveys were obtained. Additional time for recruitment would have been needed to reach the target sample. To keep the sample representative of the PLWHA population across each county, a quota for each county was created according to the prevalence of PLWHA. Specific quotas for service providers within each county were set according to the overall county quotas and by the number of clients served at each service provider. Furthermore, demographic data and unmet need among PLWHA were assessed against respondents' demographic and in-care status to determine how accurately the sample population represented the PLWHA population in the Memphis TGA. Figure 1 outlines the target quotas and respondent population.

Figure 1. Demographic Profile and Convenience Sample of Survey Respondents Comparison

	PLWHA in the Memphis TGA		Survey Respondents	
	N	%	N	%
TOTAL	7563	100%	340	100%
County				
Shelby, TN	955	89.0%	297	87.4%
Tipton, TN	94	1.2%	*	*
Fayette, TN	65	1.0%	0	0.0%
Crittenden, AR	228	3.0%	23	6.8%
DeSoto, MS	283	3.7%	6	1.8%
Tunica, MS	59	0.8%	5	1.5%
Tate, MS	27	0.4%	*	*
Marshall, MS	86	1.0%	*	*
Gender				
Male	5158	68.0%	216	63.5%
Female	2405	32.0%	116	34.1%
Transgender	*	*	8	2.4%
Race/Ethnicity				
Black, not Hispanic	6173	81.0%	307	90.3%
White, not Hispanic	1198	16.0%	24	7.1%
Hispanic	129	2.0%	*	*
Other Race, not Hispanic	56	1.0%	*	*
Age				
0-14	53	0.9%	0	0.0%
15-24	571	7.4%	34	10.0%
25-34	1688	22.1%	67	19.7%
35-44	2348	31.1%	96	28.2%
45-54	1985	26.3%	101	29.7%
55-64	732	9.8%	37	10.9%
65+	173	2.4%	5	1.5%
Unmet Need				
In-Care	*	59.0%	301	88.5%
Out-of-Care	*	41.0%	31	9.1%
* HIV/AIDS surveillance data does not capture transgender status. Unmet need percentages based on 2009 unmet need analysis. Case counts of less than 5 are included. Column totals may not equal the total because unknowns are not included				

The convenience sample of PLWHA closely resembles the gender, age and geographic

composition of PLWHA population in the Memphis TGA. Crittenden County may be slightly over-represented while DeSoto may be slightly under-represented. In addition, the survey sample over represents Black, not Hispanic individuals while under representing White, not Hispanic individuals. The survey was translated into Spanish by Shelby County translation services, and efforts were made to include service providers with Spanish-speaking capacity for outreach to the Hispanic population. In addition, one consumer also conducted the survey in Spanish.

Approximately 9% of the survey respondents were not receiving primary medical care at the time of the survey interview, but the 2009 unmet needs analysis estimated that 41% of PLWHA in the Memphis TGA are out-of-care. This survey sample under-represents those aware of their status but not receiving primary medical care. As previously discussed, past needs assessment processes have included consumers to conduct outreach within the PLWHA population in an effort to capture those who are out-of-care. Several changes may have contributed to less consumer involvement this year. In addition to the application process and required training, paid incentives were not provided to consumers conducting survey interviews as in previous years. The majority of consumers participating in this needs assessment process conducted surveys at Friends for Life Food Pantry service, which provided access to out-of-care clients.

Epidemiologic Profile of HIV/AIDS

The Shelby County Health Department Epidemiology Section collected data from several sources to create an overall Memphis TGA epidemiological profile presented in Appendix C. Epidemiological data presented in this section were requested from the Shelby County Health Department⁷, the Mississippi Department of Health⁸, and the Arkansas Department of Health⁹. All 2010 data are preliminary and subject to revision. Use of preliminary data is restricted to planning purposes for the Ryan White Planning Council and should not be used in the general public or media.

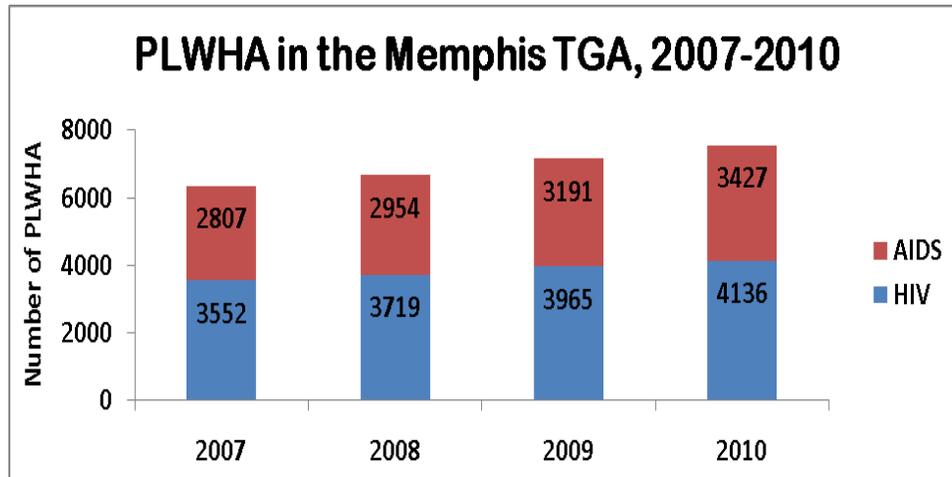
People Living with HIV or AIDS

As of December 31, 2010, a total of 7,563 people were living with HIV (4,136) or AIDS (3427) in the Memphis TGA. The majority of HIV/AIDS prevalence is reported in Shelby County (89%), DeSoto County (4%) and Crittenden County (3%). Men represent 68% of PLWHA; Black, not Hispanic individuals account for the largest racial and ethnic group (82%), followed by White, not Hispanics (16%) and Hispanics (2%). Persons aged 45+ years account for the majority PLWHA (39%), followed by persons aged 35-44 years (31%) and persons aged 25-34 (22%). Youth below the age of 25 years account for 8% of the overall prevalence.

As shown in Figure 2, the number of PLWHA in the Memphis TGA has steadily increased over

the past four years. Since 2007, the prevalence of PLWHA has grown from 6,359 persons to 7,563 persons. Increases among people living with AIDS and HIV can be seen each year.

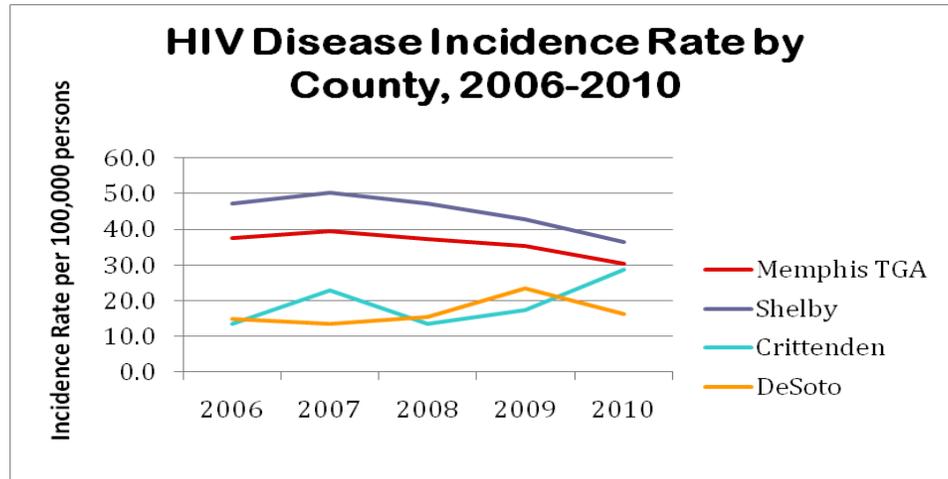
Figure 2



HIV Disease Incidence

A total of 392 new HIV disease cases were reported among residents of the Memphis TGA in 2010. The majority of these cases are residents of Shelby County (334), DeSoto County (24) and Crittenden County (15); the remaining 19 cases are spread across the rural counties of Tennessee and Mississippi. Men represent 75% of new HIV disease cases in 2010; Black, not Hispanic individuals account for the largest racial and ethnic group (85%), followed by White, not Hispanics (9%) and Hispanics (4%). Approximately 26% of new infections are reported among youth between the ages of 15-24 years, while an additional 26% are reported among adults aged 25-34 years. A large majority of new cases do not have any identified or reported risk (52%), while men who have sex with men account for 27% and high-risk heterosexuals account for 21%.

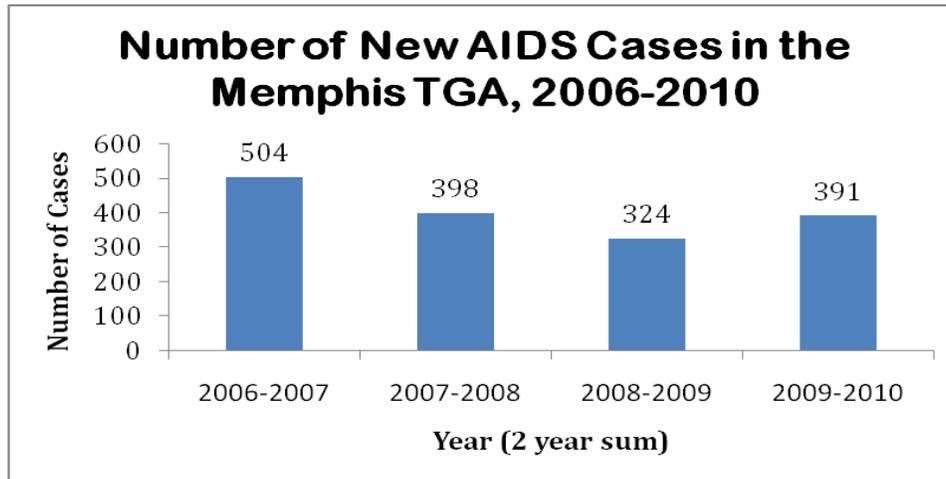
As shown in Figure 3, the HIV disease incidence rate in the Memphis TGA peaked in 2007 and has decreased over the past four years. The rate among Shelby County residents has followed a similar pattern, while Crittenden and DeSoto counties have peaked within the past two years. The HIV disease incidence rate in Crittenden County has been increasing for the past three years, but the actual numbers of cases reported has increased from seven cases in 2008 to 15 cases in 2010.

Figure 3

AIDS Incidence

The Part A HRSA grant guidance for transitional grant areas requires AIDS incidence to be examined over two calendar years. From January 1, 2009 to December 31, 2010, 391 new AIDS cases were reported in the Memphis TGA. Similar to HIV disease incidence, the majority of new AIDS cases are male (70%) and Black, not Hispanic individuals (88%), followed by White, not Hispanic individuals (8%) and Hispanics (3%). Approximately 18% of new AIDS cases are among youth aged 15-24 years, followed by 28% among adults aged 25-34 years and an additional 28% among adults aged 35-44 years. Among the new AIDS cases diagnosed in 2009-2010 within the Memphis TGA, heterosexual contact was the most frequently reported exposure category (35%), followed by male-to-male sexual contact (32%) and injection drug use (2%).

As shown in Figure 4, the 2-year AIDS incidence in the Memphis TGA increased during calendar years 2009-2010. As AIDS cases represent late stage HIV disease, an increase in AIDS incidence could reflect treatment failures or late diagnoses of new HIV disease cases. The rising AIDS incidence, along with unmet need data, indicates not only a need for early linkage-to-care services but also retention-in-care services.

Figure 4*Unmet Need*

Unmet Need for HIV Primary Medical Care in the Memphis TGA is defined as no evidence of any of the following three components during a calendar year:

1. Viral Load Testing; or
2. CD4 Count; or
3. Provision of Antiretroviral Therapy (ART).

Met need for HIV Primary Medical Care is defined as evidence of any one or more of these three measures during calendar year 2009. These definitions are in accordance with the HRSA Unmet Need Framework Operational Definitions.

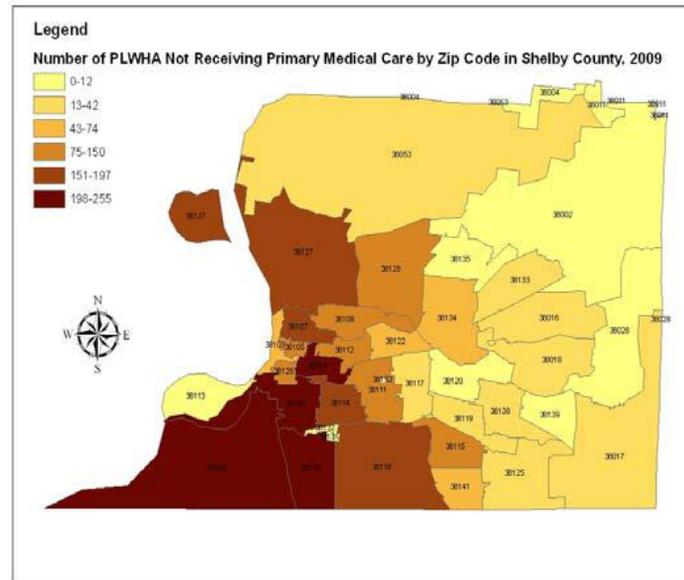
The Epidemiology Section at the Shelby County Health Department was consulted to collect and analyze data for the unmet need framework. While it is mandatory to report all CD4 and viral load tests to the health department, the receipt of antiretroviral therapy is not reportable. To account for this, a list of persons receiving ADAP (AIDS Drug Assistance Program) and IAP (Insurance Assistance Program) services were linked to the EHARS (Electronic HIV/AIDS Reporting System) database to determine the number of PLWHA receiving any one of the three components required for HIV Primary Medical Care. In addition, HIV-infected individuals who receive pharmacy benefits through TennCare, the Tennessee Medicaid program, were also included in the framework.

The percentage of unmet need among PLWHA has remained relatively stable over the past three years, fluctuating between 41% and 42%. Demographics such as race, age and sex were analyzed among persons out-of-care, as well as current residence. Eighty percent of the total persons not receiving primary medical care are non-Hispanic Blacks, while 84.6% are male. Persons aged 45-54 account for 27% of persons not receiving primary medical care, followed by

16.5% of persons aged 40-44. The reported transmission risk categories for those not in-care were male-to-male sexual activity (37.9%), heterosexual activity (29.2%), injection drug use (4.5%) and male-to-male sexual activity and injection drug use (1.8%). A significant percentage (24.9%) of out-of-care individuals have no identified or reported risk exposure category.

Shelby County accounts for the highest number and percentage of PLWHA who are not receiving primary medical care (86.2%), followed by Crittenden County (4.9%) and DeSoto County (4.3%). The current residence of PLWHA not receiving primary medical care in Shelby County was identified by zip code mapping. As indicated by the zip code map in Figure 5, the majority of PLWHA not receiving primary medical care are within Memphis city limits, particularly in South Memphis neighborhoods.

Figure 5



Income, Housing and Homelessness among Ryan White clients

According to the 2010 Ryan White Data Reports, 76% of all clients receiving core medical services are equal to or below the federal poverty line; approximately 9% of clients receiving these services are either non-permanently housed or living in an institution. In addition, over 42% of Ryan White clients receiving core medical services report having no medical insurance coverage, while 36% of clients reported receiving Medicaid or Medicare in 2010.

Housing Opportunities for Person with AIDS (HOPWA)

The National AIDS Housing Coalition documents housing as the most important unmet service need for people living with HIV/AIDS. It further notes it would require approximately \$1.08 billion for the estimated 140,000 people living with HIV/AIDS to obtain housing for the FY2012.¹⁰ To respond to housing needs, the Housing Opportunities for Person with AIDS (HOPWA) program was created under the AIDS Housing Opportunities Act in 1990 and amended in 1992 by the Housing and Community Development Act. The essential goal of the program is to provide state and local governments with needed resources relative to creating long-term strategies for providing housing and associated supportive services to the disadvantaged low-income individuals living with HIV/AIDS and their affected family members. Managed by the U.S. Department of Housing and Urban Development (HUD), this program authorizes entitlement and competitive grants to areas hardest hit by the HIV/AIDS epidemic.

HOPWA in the City of Memphis

Like many other cities experiencing an increase in the number of persons living with HIV/AIDS, the city of Memphis along with other HUD initiatives ensure decent and affordable housing options are available to reduce the risk of homelessness for low-income residents living with both HIV/AIDS and special needs in the Memphis TGA. According to the City of Memphis Division of Housing and Community Development, the HOPWA program is designed to.

- Provide a stable living environment in housing that is safe, decent and sanitary and reduced risks of homelessness for persons with HIV/AIDS, and improve access to HIV treatment and other health care services for the program participants;
- Serve low and moderate income persons diagnosed with HIV/AIDS and their family members living with them by providing HOPWA-eligible housing and services;
- Serve persons with HIV/AIDS living in Fayette, Shelby and Tipton counties in Tennessee, DeSoto, Marshall, Tate and Tunica counties in Mississippi, and Crittenden County in Arkansas;
- Award funding for housing and supportive service programs to nonprofit agencies to serve eligible client populations;
- Develop and maintain a continuum of affordable housing assistance programs to prevent homelessness, serve the homeless, and provide other permanent housing opportunities and related supportive services for HOPWA-eligible clients;
- Work primarily with existing housing resources; and
- Provide services to program participants based on need since this is not an entitlement and;
- Provide one year of funding for approved projects.¹²

HOPWA Services

The City of Memphis administers the HOPWA program, and the jurisdiction area is identical to the Memphis TGA. The program currently funds five housing activities for people living with HIV/AIDS through five providers. Figure 6 outlines the HOPWA-funded providers and activities in FY 2010.

Figure 6. HOPWA Providers, Services and Expenditures in the Memphis TGA, FY 2010

Agency	Number of Households Served	Services Provided to Clients	Total Expenditures	Average Cost/ Person (year)
Friends for Life	470	<ul style="list-style-type: none"> • Tenant-Based Rental Assistance (TBRA) • Permanent Housing Facility – Operating • Short-term Rent, Mortgage & Utility Assistance (STRMU) • Permanent housing placement i.e. first month’s rent, rent/utility deposits • Support Services 	\$1,393,765	\$2,965
Hope House	10	<ul style="list-style-type: none"> • Tenant-Based Rental Assistance • Support Service 	\$202,012	\$20,201
Case Management, Inc. Peabody House	116	<ul style="list-style-type: none"> • Short-term Housing Facility • Support Services • Housing information 	\$306,992	\$2,646
Family Services of the Mid-South	85	<ul style="list-style-type: none"> • Short-term Rent, Mortgage & Utility Assistance • Support Services • Permanent housing placement 	\$226,709	\$2,667
Urban Family Ministries	9	<ul style="list-style-type: none"> • Tenant-Based Rental Assistance • Supportive Services i.e. case management, transportation 	\$159,828	\$17,759
Meritan	35	<ul style="list-style-type: none"> • Homemaker Services • Support services 	\$96,059	\$2,745

The Consolidated Annual Performance and Evaluation Report (CAPER) for the City of Memphis in FY 2010 identified 376 individuals living with HIV/AIDS receiving HOPWA assistance. An additional 267 individuals who reside with PLWHA also benefit from HOPWA-assisted housing.¹²

HOPWA funding the City of Memphis

Memphis has been a recipient HOPWA funding since 2001. The city was awarded over \$1.7 million in HOPWA funds for the program year 2010 (FY 2011), which covers the period of July 1, 2010 through June 30, 2011.¹² Figure 7 below depicts changes in HOPWA formula allocations and compares it to the number of PLWHA served on a yearly basis in Shelby County^{13, 7}.

Figure 7. Percent Change in HOPWA Funding Compared to Change in Number of PLWHA* in Shelby County, 2006-2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
HOPWA Funding	\$913,000	\$1,801,000	\$1,242,000	\$2,134,000	\$1,462,000	\$1,882,000	\$1,879,000	\$2,115,000	\$2,019,277	\$1,701,201	\$1,810,416
% Change in HOPWA Funding	—	97%	-31%	72%	31%	29%	-0.2%	13%	-5%	-16%	6%
PLWHA	3,005	3,399	3,900	4,073	4,507	4,880	5,306	5,784	6,304	6,721	N/A
% Change in PLWHA	—	13%	15%	4%	11%	8%	9%	9%	9%	7%	N/A

PLWHA only represent those in Shelby County since prevalence of HIV infection was not available for the entire Memphis TGA prior to 2006. Different methodologies can be used to assess prevalence of HIV infection. Data were exported from EHARS on December 6, 2010 and current residence variable was assessed by year of diagnosis. Deaths reported into HARS as of December 6, 2010 were excluded from the prevalence estimates for each calendar year. Data are subject to change due to update.

The City of Memphis used the *2009 Memphis TGA Ryan White HIV/AIDS Care Needs Assessment* to guide housing and supportive service needs covered by FY 2011 funding. As summarized in the needs assessment report, utility assistance (37%) and emergency housing (30%) were two indicators highly ranked as services need by people living with HIV/AIDS to stay in care.¹⁴ As part of the Action Plan for FY2012, the City of Memphis included an objective to increase the number of HOPWA-funded activities dedicated to implementing more housing for PLWHA.¹²

Results from Client Survey

A total of 340 surveys were analyzed for the client housing needs assessment survey. Since some individuals did not respond to all questions, the number of observations in each question will vary.

Case Manager/Social Worker Involvement

Three questions assessed the presence of a case manager or social worker.

- Do you currently have a case manager/social worker or someone who helps you get HIV/AIDS care and housing services?
- Do you currently have more than one case manager/social worker?
- Has your case manager/social worker informed or updated you on housing options?

According to Figures 8-10 below, 87% of respondents have access to a case manager/social worker. Of those reporting having access to a case manager/social worker, 47% reported having more than one case manager or social worker, and 37% reported that case managers/social workers had not informed or updated them on housing options.

Figure 8

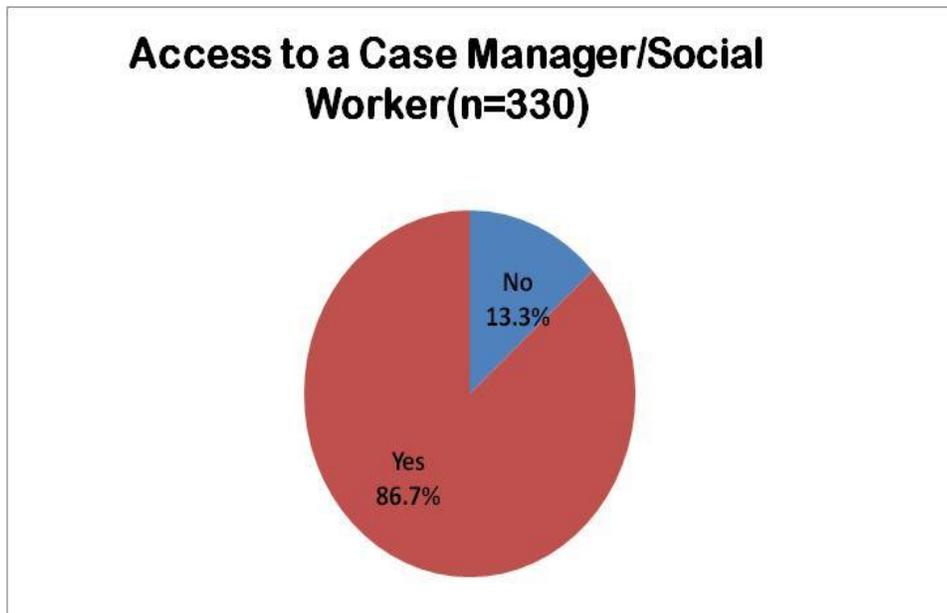


Figure 9

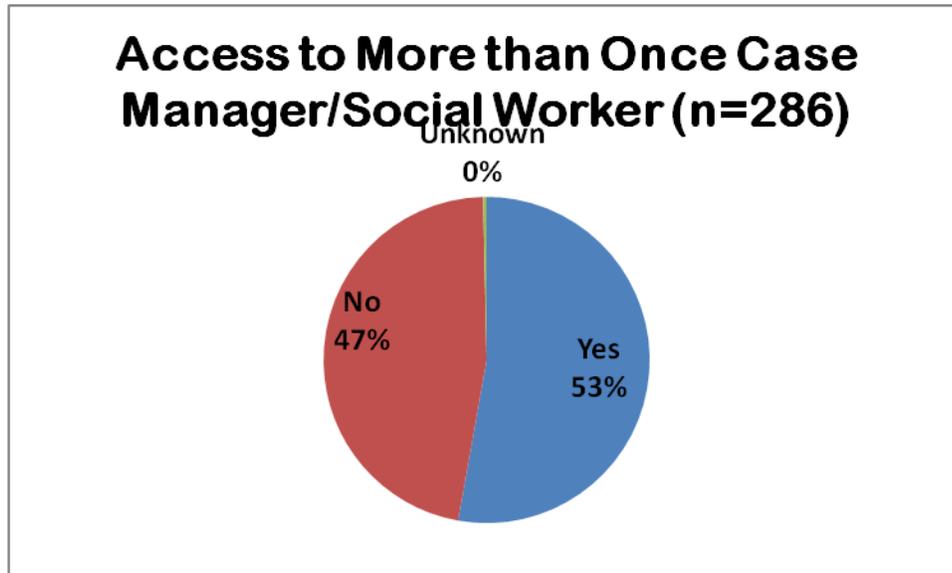
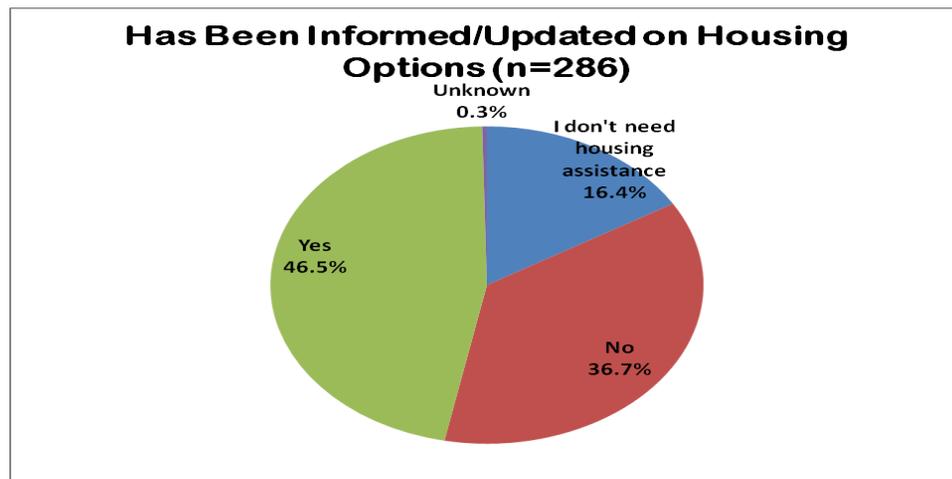


Figure 10



Disability

Forty-seven percent (173) of respondents reported no physical or mental disabilities. However, clients reported at least one of the the following disabilities: developmental disabilities (20), mental/emotional illness (74), deaf/hearing impaired (9) or physical disabilities (87). The responses represent a self-report of disabilities currently experienced and do not reflect whether or not the respondent has permanently experienced the diasability.

Figure 11. Self-Report of Disabilities Among Survey Respondents

Disabilities Experienced by Respondents (n=370)	Percent of All Response	Number of All Responses
Physical Disability	25.6%	87
Mental/emotional illness	21.8%	74
Developmental Disability	5.9%	20
Deaf/Hearing Impaired	2.6%	9
Blind	*	*

**Case counts of less than five are not reported due to statistical reliability.*

Mental Health

Three questions assessed respondents' mental health status.

- Have you ever been diagnosed by a doctor with a mental health problem?
- Are you currently on medication for mental health issues?
- Have you been to a doctor or counselor/therapist for mental health service in the last 12 months?

The results presented in Figure 12 indicates that 39% reported being diagnosed with a mental health problem by a doctor. Approximately 24% of the respondents reported currently taking medication for mental health issues at the time of the survey, as shown in Figure 13. Eighteen percent of respondents reported going to a counselor or therapist in the past 12 months for an evaluation, while 2% reported receiving supportive housing services for mental health issues.

Figure 12

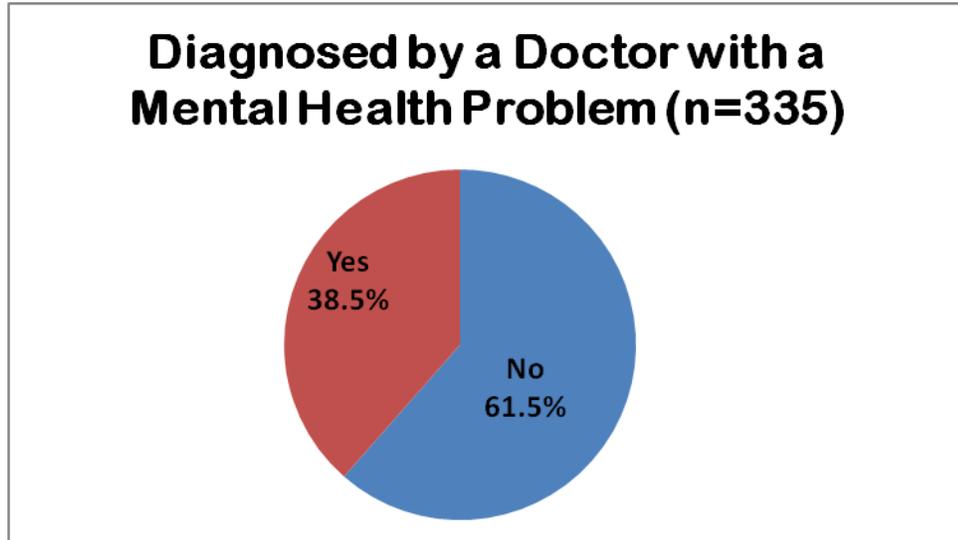


Figure 13

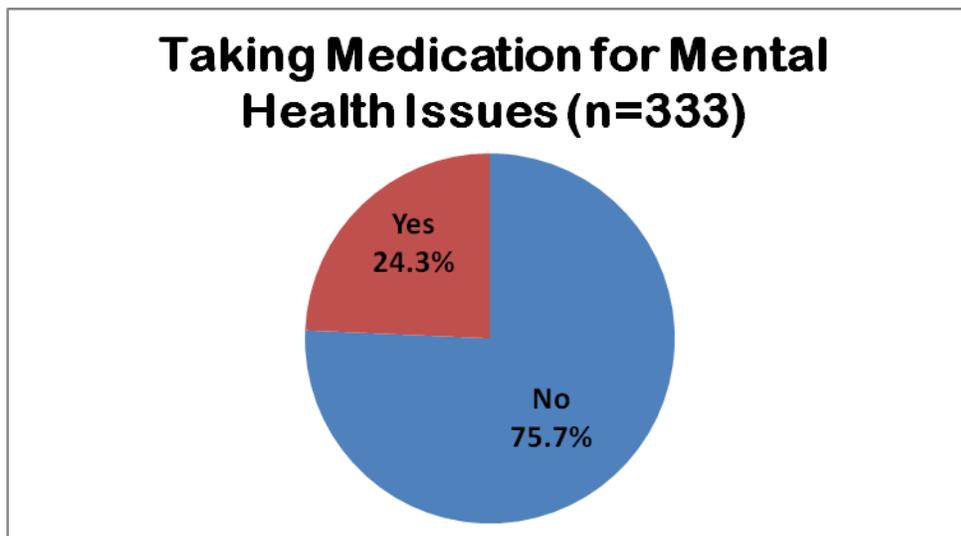


Figure 14. Mental Health Services Received in the Last 12 Months

Mental Health Services Received in the Last 12 Months (n=340)	Percent of All Response	Number of All Responses
Yes, I have been to a doctor to get medications	21.5%	73
Yes, I have been to a counselor/therapist for evaluation	17.6%	60
Yes, I have had supportive housing services for mental health issues	2.1%	7

**Case counts of less than five are not reported due to statistical reliability.*

Drug and Alcohol Use

Figure 15 indicates how often drugs and alcohol were consumed by each respondent. Almost half (47%) of respondents reported never using drugs and/or alcohol, followed by those who occasionally (25%) and rarely (16%) use any drugs and/or alcohol.

Figure 15

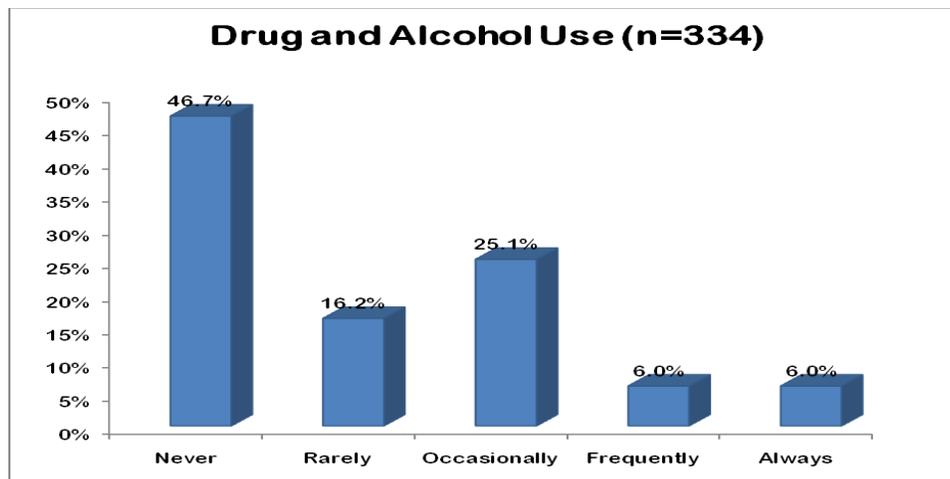


Figure 16 summarizes the types of drugs/alcohol survey respondents reported using. Twenty three percent of respondents reported using alcohol or liquor, while approximately 21% reported drinking beer or wine. Seventeen percent of respondents reported currently using marijuana, while approximately 8% currently use crack/cocaine.

Figure 16. Current Use of Alcohol and Dugs Among Survey Respondents

Current Use of Alcohol/Drugs (n=334)	Percent of All Responses	Number of All Responses
Alcohol/Liquor	27.4%	93
Beer/Wine	21.2%	72
Marijuana	16.8%	57
Crack/Cocaine	7.6%	26
Methamphetamine/speed	*	*
Heroin	*	*
Pills not prescribed for me by my doctor	*	*

**Case counts of less than five are not reported due to statistical reliability.*

Income and Benefits

Survey respondents were asked about current employment situations and financial benefits. Figures 17-18 provide a breakdown of the reported status of employment and source of benefits by various types. Over half (66%) of the all respondents identified their current employment status as “not able to work/ currently unemployed.” Approximately 11% reported being employed full-time for pay, while an additional 10% reported being employed part-time for pay. Five respondents identified themselves as students and/or held an internship or workstudy. As for respondents working less than full-time, 45% (153) reported receiving Food Stamps as a common source of benefits.

Figure 17. Employment Status of Survey Respondents

Employment Status (n=340)	Percent of All Respondents	Number of All Respondents
Unemployed/ unable to work	66.5%	226
Employed Full- Time	10.9%	37
Employed Part-Time	9.7%	33
Student, Intern or work-study	5.0%	17
Odd jobs (any job that generates money)	4.1%	14
Self-employed	5.0%	17
Retired	2.1%	7

Twenty five percent of respondents receive Supplemental Security Income (SSI), while approximately 22% receive Social Security Disability Income and approximately 2.6% receive Temporary Assistance for Needy Families (TANF). Twenty one percent of respondents receive Medicaid, 11% receive Medicare and 6% have private health insurance.

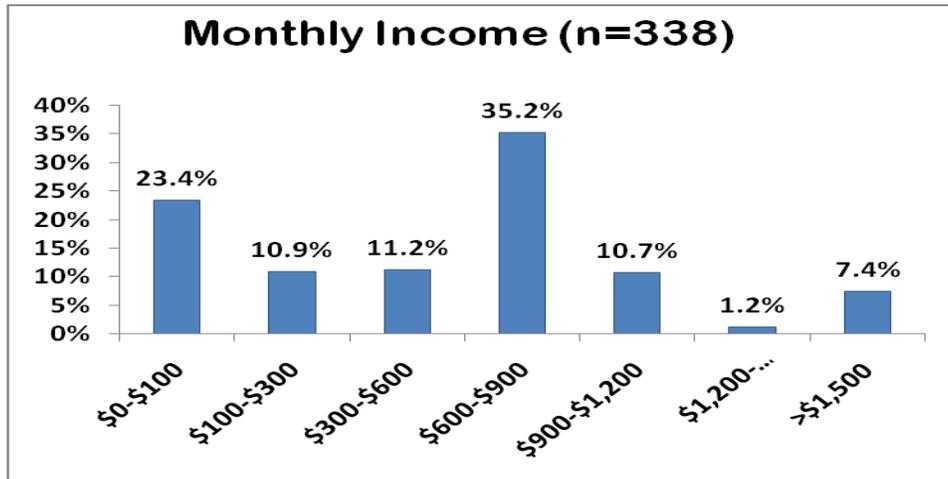
Figure 18. Benefit Sources Among Survey Respondents

Benefit Sources (n=340)	Percent of All Respondents	Number of All Respondents
Food Stamps	45.0%	153
SSI	25.3%	86
SSDI	22.4%	76
TANF	2.6%	9
Medicaid	20.9%	71
Medicare	11.2%	38
Private Health Insurance	5.6%	19
Veteran's benefits or retirement	*	*
Home-based Services	*	*
Private Disability Insurance	*	*

**Case counts of less than five are not reported due to statistical reliability.*

Monthly household income among respondents ranged from \$0 - \$1,500+. Figure 19 demonstrates the distribution of income with 35% (119) earning between \$600-\$900 per month while 23% (79) respondents receive less than \$100.

Figure 19

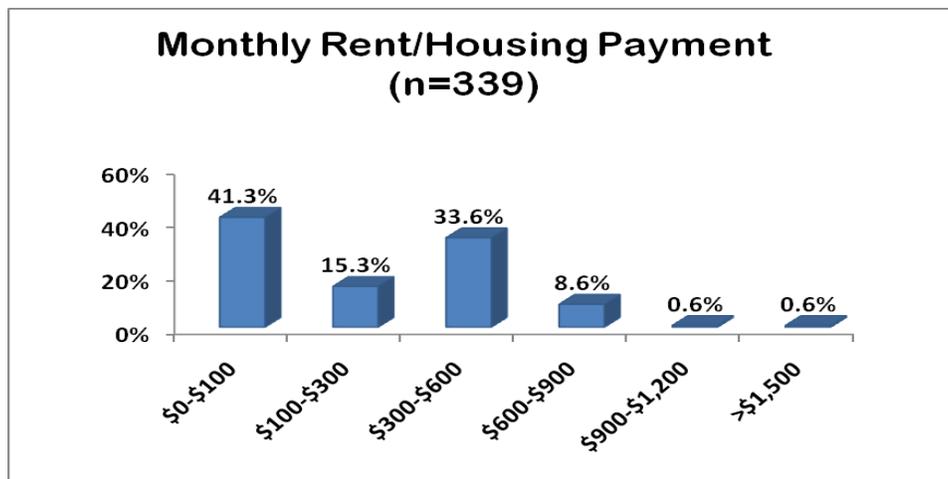


Housing Situation

Monthly Rent/Housing and Utility

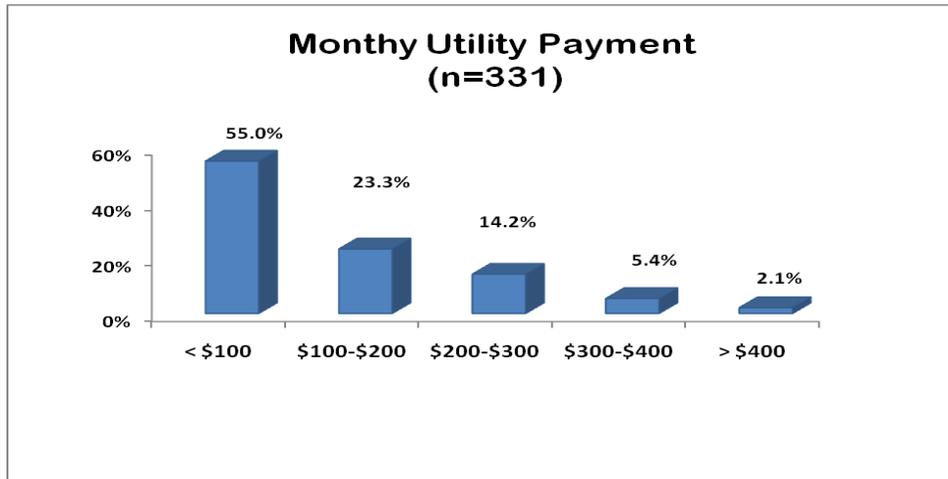
The amount of money spent on monthly rent/housing and utility payments varied among survey respondents. As shown in the Figure 20 below, the majority of respondents (41%) make rent/housing payments of less than \$100 per month, while 34% of respondents make rent/housing payments of \$300-\$600. Just over one percent of respondents make payments of \$900 + per month.

Figure 20



In Figure 21, respondents were asked to report the amount they spent each month for utility bills. More than 50% of the respondents had monthly utility payments of less than \$100, while 23% of respondents make utility payments between \$100-\$200.

Figure 21



Current living situations were assessed among each respondent. The majority of respondents rent an apartment, house or other type of housing unit (39%), followed by 37% living/crashing/staying with friends or relatives. Other current housing facilities included owning a house (5%), renting a room in a house (4%), shelters (3%), HIV/AIDS housing facilities (3%), drug/ alcohol treatment centers (3%) and housing authority buildings (2%).

Figure 22. Current Living Situation Reported Among Survey Respondents

Type of Housing Situation (n=340)	Percent of All Respondents	Number of All Respondents
Rent a house, apartment, condo or mobile home	38.8%	132
Stay/crash with friends or relatives	36.5%	124
Own a house, condo or mobile home	5.0%	20
Rent a room in a house	3.0%	13
In a shelter	3.0%	11
In a HIV/AIDS housing facility or building	3.0%	11
Drug/ alcohol treatment center	2.6%	9
Housing authority building	2.1%	7
Homeless, on the streets/car/vacant building, etc.	1.5%	5
Other	*	*
In a halfway house	*	*
In a hospital	*	*
In a hotel or motel	*	*

**Case counts of less than five are not reported due to statistical reliability.*

Living Arrangements

Respondents were asked to indicate the current number of people living in their household. The average household size was 2.7 persons. Women reported a larger average household size (2.9) than men (2.6). As reported in Figure 23, the majority of respondents live with either parents or family (30%), followed by 28% of respondents living alone, 18% with children, 15% with a roommate and 13% with a spouse or partner. Approximately 3% of respondents identified themselves as homeless.

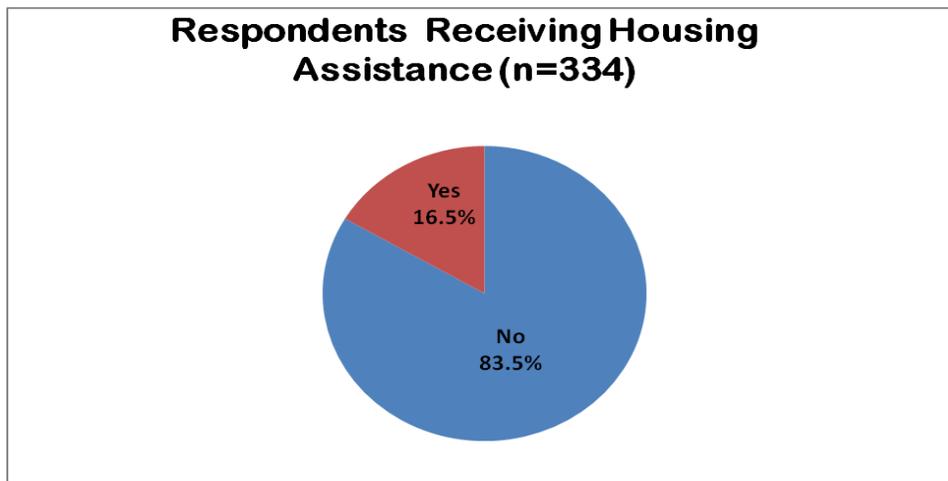
Figure 23. Living Arrangements of Survey Respondents

Household Composition (n=340)	Percent of All Respondents	Number of All Respondents
Parent(s)/Family	29.7%	101
Live Alone	28.2%	96
Children	18.2%	62
Friend(s)/Roommate(s)	15.0%	51
Spouse/Partner	12.9%	44
Homeless	2.9%	10
Pet(s)	2.1%	7

Rental Assistance

As presented in Figure 24, 84% of respondents receive some type of assistance with rent or housing.

Figure 24



An additional question was asked to better understand sources used to help consumers with rent or housing. Space was also provided to allow respondents to identify other sources that may not have been included in the checklist. Several participants reported HOPWA or Ryan White as a form of rental assistance. However, these comments were condensed and included in the “federal funding sources” answer choice. The majority of respondents do not receive any type of rental assistance, but 11% reported receiving assistance from federal funding sources.

Figure 25. Type of Rental Assistance Reported among Respondents

Rental Assistance (n=334)	Percent of All Respondents	Number of All Respondents
Federal funding sources	11.1%	37
Friend/family member	3.3%	11
Don't Know	1.5%	5
Local church/faith-based organization	*	*

**Case counts of less than five are not reported due to statistical reliability.*

Barriers to Housing

Barriers among survey respondents were determined by assessing issues that may make it difficult to access and/or maintain housing or rental assistance. Low or no income (33%) and bad credit (22%) were the most common issues affecting consumer’s ability to access or maintain housing. A summary of housing barriers are identified below in Figure 26.

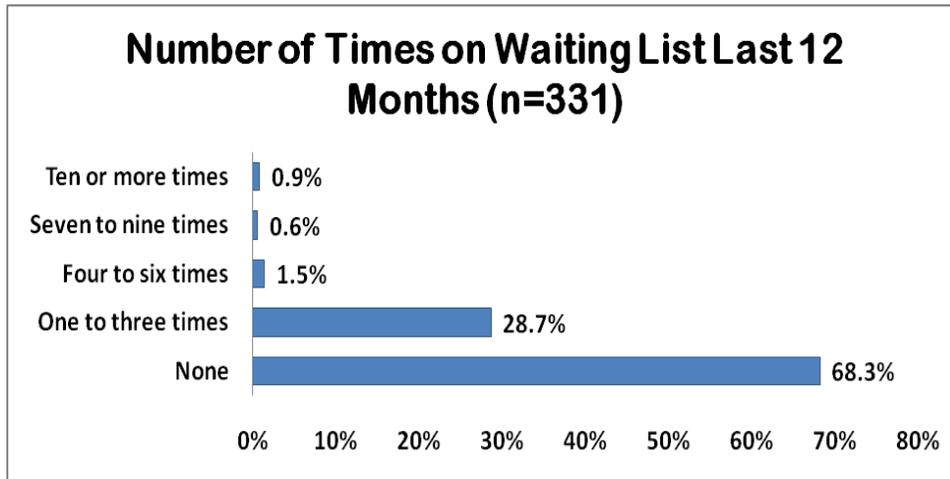
Figure 26. Barriers Reported Among Survey Respondents

Barriers	Percent of All Respondents	Number of All Respondents
Low or no income	33.0%	112
Bad credit history	22.1%	75
Long waiting list for housing assistance	17.6%	60
Not knowing how to access services	11.7%	40
Criminal history	11.2%	38
Availability and/or location of housing options	8.5%	29
Previous evictions	6.5%	22
Substance/alcohol/drug abuse	6.5%	22
Rental assistance is not enough to get a decent place	8.2%	28
Lack of self-motivation	5.6%	19
Physical disability	5.6%	19
Mental health problem(s)	4.7%	16
Passing a drug test (required to stay in a shelter/emergency housing)	4.1%	14
Help filling out housing application/forms	3.5%	12
Stigma because of HIV/AIDS status	3.2%	11
Following rules, if staying in shelter/emergency housing	3.2%	11
Curfews, if staying in a shelter/emergency housing	2.9%	10
Owning your home	2.6%	9
Number of children/family size	1.8%	6
Pet(s)	*	*
Language	*	*

**Case counts of less than five are not reported due to statistical reliability.*

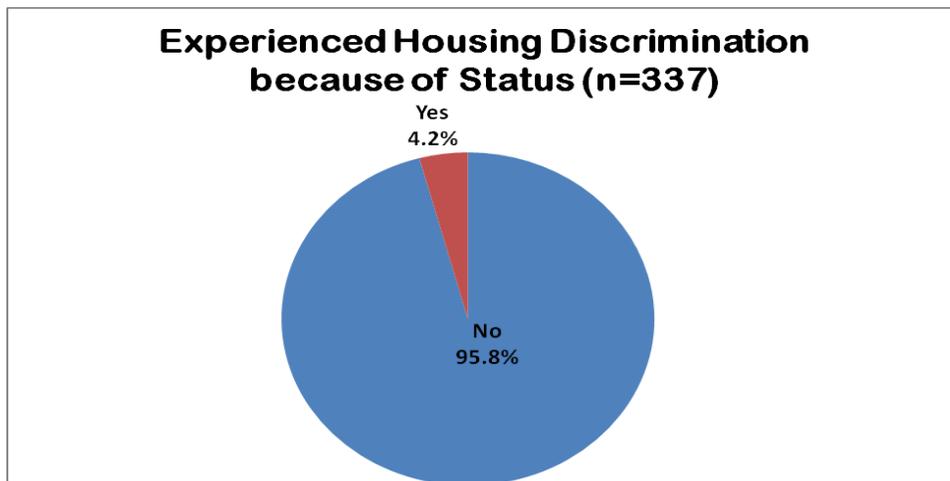
A separate question was developed to examine how many times survey respondents had been on the waiting list for housing or rental assistance. Over half (68%) reported never being on a waiting list in the last 12 months, while 29% reported being on a waiting list between one and three times during the same period. The figure below summarizes the number of times respondents have been put on wait lists over the past 12 months.

Figure 27



Perceived discrimination related to obtaining housing or housing assistance due to HIV status was assessed among each respondent. As shown in Figure 28, the majority of respondents felt that stigma due to HIV status has not been a factor in obtaining housing or housing assistance.

Figure 28

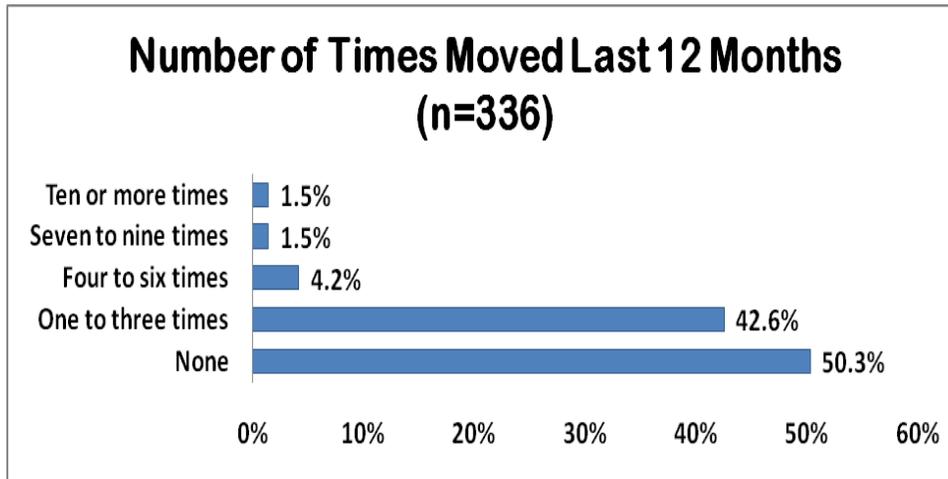


Housing History and Homelessness

History of Moving

To evaluate respondent’s housing stability, Figure 29 reports the number of times consumers have moved in the last twelve months. Among the 336 persons responding to this question, 50% had not moved in the past 12 months, while 43% moved 1 to 3 times and approximately 4% moved four to six times. Three percent moved at least seven times.

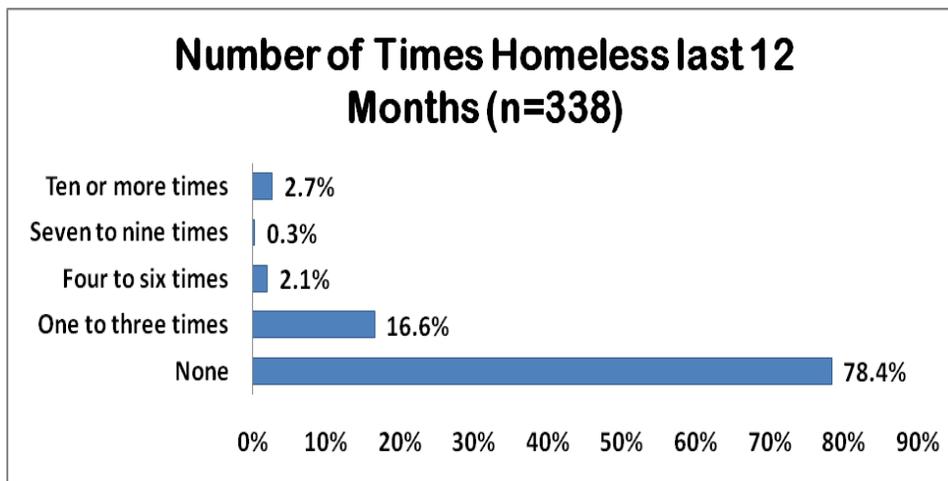
Figure 29



History of Homelessness

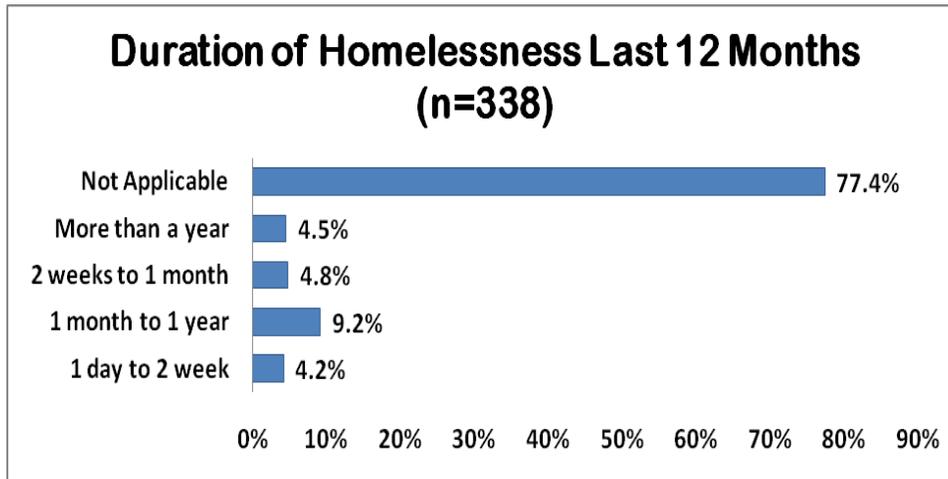
As indicated by Figure 30, the majority of respondents (78%) did not report a history of homelessness over the past 12 months. Seventeen percent reported being homeless one to three times, and 5% reported being homeless four or more times over the past 12 months.

Figure 30



The duration of the last homeless occurrence was assessed among the respondents reporting homelessness over the past 12 months. Figure 31 presents the duration of homelessness was not applicable to living situation in the last twelve months. For 77% of respondents, homelessness was not applicable to their living situation in the last twelve months. Approximately 5% percent indicated they experienced homelessness for more than a year and another 5% of clients reported that they were homeless two weeks to one month in the last 12 months. The other 13% reported being homeless one year of less.

Figure 31



The reasons for the last homeless occurrence was assessed among respondents. As indicated by Figure 32, the following reasons were cited. family/partner/roommate made them move (34%), no longer able pay rent (34%), leaving an abusive relationship (12%), new to an area and lack resources (11%), released from jail (9%), or eviction (8%). Fifteen respondents chose ‘other’ reasons for homelessness, with responses indicating substance abuse, death of a family member, and being released from a hospital or homeless program had been factors affected housing status.

Figure 32. Reasons for Being Homeless the Last Time among Persons Reporting Homelessness

Reason for being homeless the last time (n=76)	Percent of All Respondents	Number of All Respondents
Family/partner/roommate made me move	34.2%	26
Could no longer pay rent	34.2%	26
To get away from an abusive domestic living situation	11.8%	9
Newly arrived in are and had no resources	11.0%	8
Released from jail or county prison	9.2%	7
Evicted	7.9%	6
Other	19.7%	15
Substandard unit or condemned building	*	*

*Case counts of less than five are not reported due to statistical reliability.

Predictors for Unstable Housing

Housing stability should be assessed not only by taking into consideration a person's current housing situation but also by assessing the frequency of moves over a period of time. Multiple moves may suggest inappropriate or unsatisfactory living situations. Alternatively, if a person has remained in a particular residence for an extended period of time, it is likely that the living situation is affordable and satisfactory.

To examine predictors of unstable housing, the current housing situation and frequency of moves over the past 12 months was assessed among each survey respondent. Of the 340 survey respondents, nine were excluded from the analysis because of a missing or unknown housing situation, which created a total sample size of 331.

Unstable housing was defined as any respondent who reported themselves as:

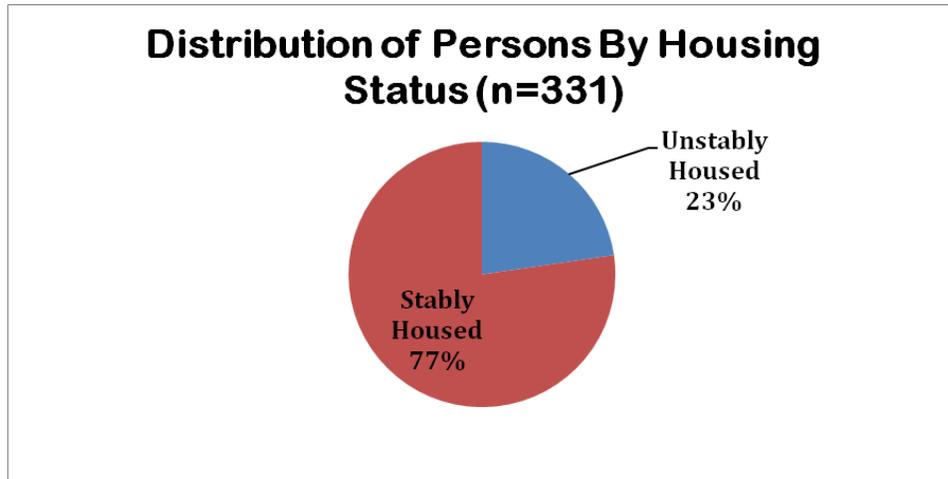
- Homeless; or
- Currently living in a shelter, drug or alcohol treatment center, halfway house, housing authority building, HIV/AIDS housing facility or building, hotel or motel or in a hospital; or
- Having moved three or more times in the past 12 months.

Stable housing was defined as any respondent who reported:

- Owning a home; or
- Moving two or less times in the past 12 months.

As shown in Figure 33, the majority (77%) of respondents are stably housed (n=256), while 23% are unstably housed (n=75). Several factors related to socio-demographic information, mental and physical health, income, and benefits and housing history were assessed to determine their relationship with housing stability among PLWHA.

Figure 33



The distribution of each sociodemographic-factor was assessed by housing status; however, examining the differences between percentages among the groups alone will not determine if the factor may be significantly associated with housing instability. Figure 34 documents selected demographic factors by housing status. For a complete list of other factors by housing status, refer to Appendix D.

Figure 34. Selected Demographic Factors by Housing Status (n=331)

Characteristic	Stable		Unstable	
	N	%	N	%
TOTAL	256	100%	75	100%
Race/Ethnicity				
Black, not Hispanic	230	92.4%	68	93.2%
White, not Hispanic	19	7.6%	5	6.8%
Gender				
Male	159	63.1%	51	71.8%
Female	93	36.9%	20	28.2%
Age				
15-24	25	9.8%	8	10.7%
25-34	47	18.4%	18	24.0%
35-44	72	28.1%	21	28.0%
45-54	78	30.5%	20	26.7%
55+	34	13.3%	8	10.7%
Employment status				
Unemployed/unable to work	161	62.9%	62	82.7%
Not unemployed	95	37.1%	13	17.3%

Figure 35 reports the characteristics found to be statistically significant predictors of housing instability. Odds ratios are used to describe the extent to which a predictor variable increases the likelihood of housing instability. For the methodology in determining statistically significant predictors, refer to Appendix E.

Among the mental and physical health variables, physical disability and previous diagnosis of a mental health problem were both significantly associated with housing instability. Respondents who report having a physical disability are 2.6 times more likely to have unstable housing than those who did not report a physical disability. Additionally, respondents who reported being diagnosed with a mental health problem are 3.4 times more likely to have unstable housing than persons who did not report a previous diagnosis of a mental health problem.

Among the income and benefits variables, monthly income was the only significant predictor of unstable housing; persons who have a monthly income of less than \$300 are 2.6 times more likely to be unstably housed than persons who make \$900 or more a month.

Two other factors related to housing history were significantly associated with housing instability. Persons who reported that a criminal activity had made it difficult to maintain housing or rental assistance were almost 3 times more likely to be unstably housed than persons who did not. In addition, persons who reported being on a wait list for housing or rental assistance in the past 12 months were approximately 2 times more likely to be unstably housed than those who have not been on a wait list.

Figure 35. Significant Predictors for Unstable Housing

Characteristics	Odds Ratio	95% Confidence Limits*	
		Lower	Upper
Physical disability	2.6	1.4	4.7
Diagnosis of a mental health problem	3.4	1.1	10.5
Income (\$0-\$300 vs. \$900+)	2.6	1.1	5.9
Criminal activity made it difficult to maintain housing	2.9	1.4	6.3
On a housing waitlist in the past 12 months	2.1	1.1	4.0

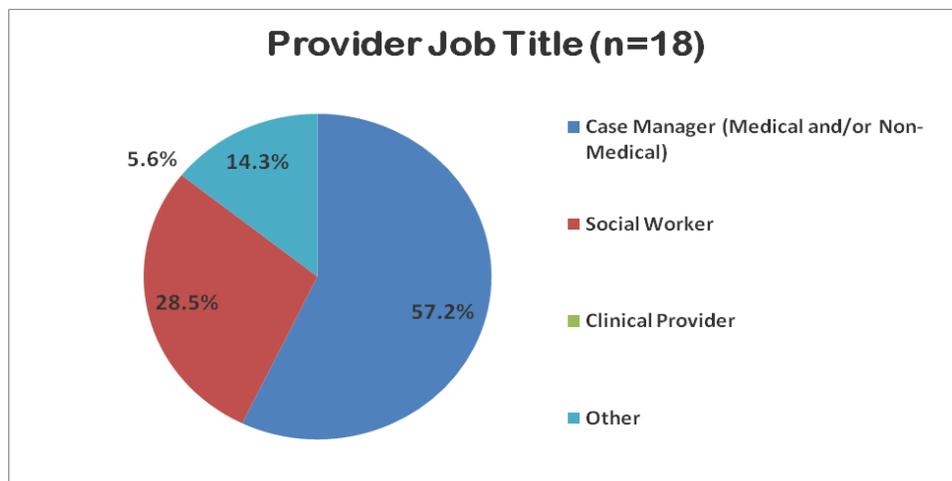
*A factor is found to be statistically significant if the 95% confidence limits do not include the value of 1.

Results from Provider Survey

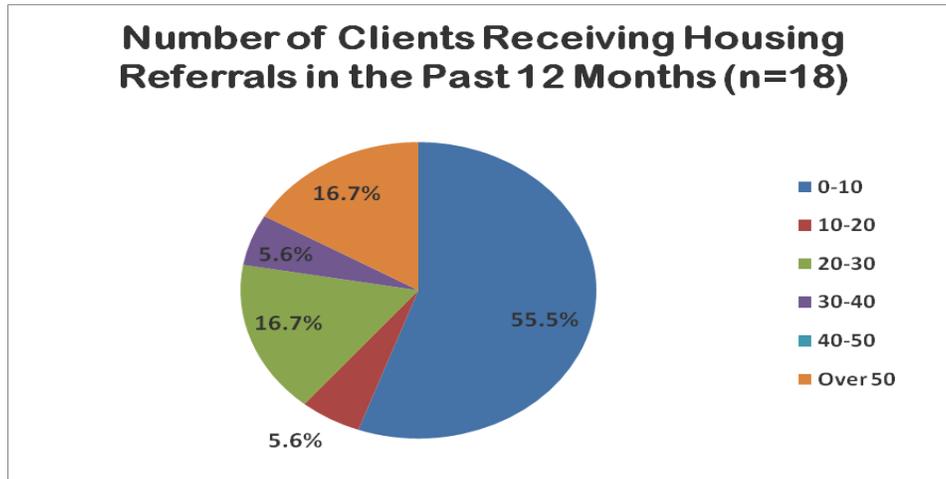
Twenty-one surveys were analyzed to assess housing needs for PLWHA in the Memphis TGA from the perspective of Ryan White and non-Ryan White funded providers offering HIV/AIDS medical or supportive services. Some individuals did not respond to one or more of the questions, thus, the total number of complete answers in each question will differ. Survey responses presented in this section report the percentages and/or total number of individuals who selected an answer to questions. Responses to open-ended questions were also used to provide additional comments or suggestions, and select qualitative comments are included. Appendix B includes the provider survey instrument.

Among the case manager/social worker respondents, 14 (78%) are Ryan White providers, while four (22%) providers do not receive Ryan White funding. When asked to describe present job titles, over half (n=12) of the providers were identified as a medical or non-medical case manager, 6 are social workers and the additional 3 identified themselves as a Patient Advocate Liaison, Housing Manager and an Early Intervention Specialist.

Figure 36



Providers reported the number of clients that received housing referrals at their agency within the last twelve months. Results are provided in Figure 37 with 56% reporting from zero to ten referrals. These numbers only represent responses per provider and are not intended to be representative of the total for an HIV/AIDS agency.

Figure 37

Provider Perceptions of Housing Needs

As displayed in Figure 38, providers ranked their perceptions of client’s housing service needs on a scale from one to ten, one representing least need and ten representing most need. Of the ten service needs assessed, emergency/short-term financial assistance for rent and utilities was identified as the most needed service, followed by transitional/bridge housing, which includes life skills and job skills training.

Providers were offered additional writing space to provide comments related to specific housing service needs. One provider expressed a need for emergency shelters that are free of charge for those homeless individuals that mostly live on the streets. In discussing housing concerns for children, a provider noted that some clients need housing that would be sufficient for a large family with several children. Another comment suggested, “*disabled clients need more affordable, long-term, subsidized housing through housing programs such as Memphis Housing Authority.*”

Figure 38. Ranking of Housing Service Needs as Determined by Case Managers

Housing Option	Rank
Emergency/short-term financial assistance for rent and utilities	9 & 10*
Long-term rental/mortgage assistance to keep people in their own home	9 & 10*
Transitional/bridge housing (with life skills/job skills training)	8
Halfway /housing for people with past convictions	7
Shared houses/apartments with little or no on-site support services	6
Subsidized independent living in an apartment with no on-site services	5
Housing program that tolerates drug/alcohol use off-premises	4
Shared houses/apartments with some on-site support services	3
Clean and sober housing program	1 & 2*
Homeless shelter	1 & 2*

*Priority ranking were determined by categories with the greatest percentage of respondents assigning a number, 1-10, as least needed to most needed. It was noted to only use each number one time during the ranking process. However, some category placed held the same percentage, thus, a few were double ranked.

Providers also assessed service categories as they relate to clients' need to maintain housing. As displayed in Figure 39, 14 providers (67%) indicated alcohol, drug treatment and counseling as one of the most common services needed by consumers to maintain stable housing. Other needed services to maintain housing include conflict resolution assistance (57%), followed by transportation assistance (52%) and adherence to core medical care (52%).

Figure 39. Case Managers' Perceived Service Needs for Clients to Maintain Housing

Perceived Needs for Clients to Maintain Housing (n=21)	Percent of All Respondents	Number of All Respondents
Alcohol/drug treatment/counseling	66.7%	14
Conflict resolution assistance	57.1%	12
Transportation assistance	52.4%	11
Adherence to core medical services	52.4%	11
Protective payee/money management	47.6%	10
Mental health counseling	42.9%	9
Meals/nutrition counseling	33.3%	7
Emotional support/buddy	33.3%	7
Homemaker services	23.8%	5
Personal care/personal hygiene assistance	23.8%	5
Childcare assistance	23.8%	5
Home health care	*	*

**Case counts of less than five are not reported due to statistical reliability.*

Providers Perception Around Barriers

Perceived barriers to accessing housing services were also assessed by providers. As displayed in Figure 39, fourteen providers (67%) cited bad credit history, low or no income and long waiting lists for housing assistance as a barrier to accessing housing. Fourteen providers (67%) also cited both criminal history and substance/alcohol/drug abuse as barriers to accessing housing. In addition, twelve providers (57%) reported that criminal history and substance, alcohol or drug use and following rules (if staying in a shelter/emergency housing) contribute to clients' barriers in accessing housing.

Figure 40. Case Managers' Perceived Barriers for Clients to Access and Maintain Housing

Perceived Barriers in Accessing and Maintaining Housing (n=21)	Percent of All Respondents	Number of All Respondents
Bad credit history	66.7%	14
Low or no income	66.7%	14
Long waiting list for housing assistance	66.7%	14
Criminal history	57.1%	12
Substance/alcohol/drug abuse	57.1%	12
Following rules, if staying in shelter/emergency housing	47.6%	10
Lack of client motivation	47.6%	10
Mental health problems	42.9%	9
Passing a drug test, if staying in a shelter/emergency housing	42.9%	9
Availability and/or location of housing options	42.9%	9
Rental assistance is not enough to get a decent place	42.9%	9
Number of children/family size	33.3%	7
Previous evictions	28.6%	6
Stigma because of HIV/AIDS status	28.6%	6
Curfews, if staying in a shelter/emergency housing	23.8%	5
Not knowing how to access services	23.8%	5
Help filling out housing application and other forms	23.8%	5
Physical disability	19.0%	4
Other	9.5%	2
Pet(s)	4.8%	1

Reducing Housing Barriers

Open-ended questions were included so providers had an opportunity to discuss suggestions to reduce housing barriers among clients. Select comments are summarized below.

“We have several problems with clients telling people their status...this information does not have to be disclosed to anyone...they don't need to be singled out as having a disability because of their HIV status.”

“Second chance programs, which will assist those with a criminal history with daily living skills, independent living skills, job training and basic skills, are needed to overcome barriers...Offering increase in pay and more job opportunities....job training programs for individuals with misdemeanors would help out a lot.”

“Remove all barriers by not [for housing] screening people and trusting that if they are asking for it, then the services are needed.”

Increasing Availability of Housing Services

Open-ended questions were also included to document suggestions for strategies to increase the availability of housing and assistance to clients. Most comments implied that more information should be circulated, by printed materials and other forms of advertisements, to educate and discuss housing services. Two providers mentioned that individuals working at both Ryan White and non Ryan White provider offices become more involved by encouraging providers to be more engaged in client’s housing concerns and document whether these services are needed and/or if clients qualify for the services upon each visit.

Results from Administrator Survey

Among the 15 administrator respondents, nine are Ryan White providers, while four do not receive Ryan White funding and two did not report whether or not they were a Ryan White provider. The majority (n=12) identified themselves as a Program Manager, Program Coordinator, Program Director or Program Administrator.

HOPWA Assistance

Administrators were asked to identify the type of HOPWA (Housing Opportunities for People with HIV/AIDS) funding currently offered to clients. As presented in Figure 41, 6 administrators reported not receiving any HOPWA funding, while 5 (39%) have funding for the Tenant-Based Rental Assistance (TBRA) program and 3 have Short-Term Rent, Mortgage, and Utility (STRMU) programs. Two other HOPWA programs, Short-term Supported Housing and Permanent Housing Placement, are offered at two agencies.

Figure 41. HOPWA Assistance Offered and Received by Clients

HOPWA Assistance Offered to Clients (n=13)	Percent of All Respondents	Number of All Respondents
Not Applicable	46.2%	6
TBRA(Tenant-Based Rental Assistance)	38.5%	5
STRMU (Short-Term Rent, Mortgage, and Utility) Assistance	23.1%	3
Permanent Housing Placement Services	7.7%	1
Short-Term Supported Housing	7.7%	1

Among administrators working for a service provider that does not receive HOPWA funding, an additional question was asked to understand barriers that may prevent applying for HOPWA funds. Two respondents offered similar comments regarding the length of the process for completing the appropriate paperwork and extended amounts of time to received reimbursement. Other comments include not being interested in HOPWA services at an agency.

Reducing Housing Barriers

Open-ended questions were included to document suggestions on strategies to reduce housing barriers and increase housing services for clients. Of the nine administrators offering suggestions.

- Three reported improving how information is processed and the length of time for clients to receive a response relative to housing;
- Five respondents suggested a need to offer more housing for those lacking employment, unfavorable credit and criminals histories; and
- One provider that currently offers housing recommended providing more detailed information about the housing services available to PLWHA to increase access.

Resource Directory for Housing

Each administrator was asked to assist the Grantee's office in developing a housing resource directory for PLWH/A by listing agencies/facilities along with an address, website, contact information, eligibility and restrictions. Housing entries were also gathered from resource available from the City of Memphis, Division of Housing and Community Development, Partners for the Homeless and by site visits to non Ryan White service providers. Each entry

was grouped according to the type of services offered and whether it was a HOPWA recipient. The three categories used to classify current housing options are as follows.

- *Emergency Shelter*: provides short-term housing to place those unable to maintain stable living arrangements in a safe place until they are able to establish or re-establish permanent shelter.
- *Transitional Housing*: gives residents who are not able to access or maintain permanent housing due to various personal reasons (lack income, released from jail, housing, moved from emergency shelter, etc.) a time sensitive placement in a home.
- *Permanent Supportive Housing*: offers supportive services on an affordable, permanent basis for clients seeking to live independently, but whom also need help with treating an illness.

Appendix F presents a housing resource inventory of services available in the Memphis TGA.

Client Survey Summary

At the time of the survey, approximately 13% of respondents fit the federal definition of homelessness; 23% were categorized as having unstable housing. The following critical issues were identified:

Low Income and Unemployment

Thirty three percent of clients cited low or no income as a barrier to maintaining housing. Clients earning \$0-\$300 per month are at a 2.6 increased likelihood for experiencing housing instability compared to those who earn \$900 or more a month. Though not a significant predictor for housing instability, 82% of clients with unstable housing are unemployed or unable to work, compared to 63% among clients with stable housing. In addition, 22% of respondents' reported bad credit as a barrier to maintaining housing.

Drug and Alcohol Use

Twelve percent of respondents reported frequently or always using drugs and/or alcohol. Although not found to be a significant predictor for housing instability, 20% of frequent drug/alcohol users reported unstable housing compared to 10% of frequent drug/alcohol users in stable housing.

Physical Disability

Twenty six percent of respondents reported a physical disability. Self-report of a physical disability was a significant predictor of housing instability. Persons with a physical disability are 2.6 times more likely to experience unstable housing than those who did not report a physical disability.

Mental Health

Thirty-nine percent of respondents had been diagnosed with a mental health problem by a doctor. Those who had been diagnosed with a mental health issue were 3.4 times more likely to

experience unstable housing than those who had not been diagnosed by a doctor with a mental health problem.

Criminal History

Eleven percent of respondents reported criminal activity as a barrier to accessing housing. Previous criminal activity was significantly associated with housing instability; persons who had reported that criminal activity made it difficult to obtain housing were 2.9 times more likely to experience unstable housing.

Waiting Lists

Over thirty percent of respondents reported being on a housing wait list within the past 12 months, while 18% cited being on a wait list as a barrier to accessing housing. Those who reported being on a wait list as a barrier to maintaining housing were approximately 2 times as likely to experience housing instability.

Access to Services

Twelve percent of respondents identified not knowing how to access services as a barrier to receiving housing assistance. A large majority of respondents reported receiving other benefits such as SSI (25%), SSDI (22%), food stamps (45%) and Medicaid (21%), but only 16% reported receiving any sort of housing benefits. In addition, 37% of respondents who had access to a case manager or social worker had not been updated on housing options in the past 12 months.

Provider Survey Summary

Providers identified the following issues related to needs for specific housing services and barriers to clients accessing or maintaining housing:

- Service categories for emergency short-term financial assistance for rent and utilities and long-term rental mortgage assistance were tied as the most important service needs for PLWHA. Transitional/ bridge housing services that include life-skills and job training were ranked as the second most important service category need.
- 14 of 21 providers identified alcohol and drug treatment counseling as a service needed for PLWHA to maintain housing.
- 14 of 21 providers cited bad credit history, low or no income, and long waiting lists for housing services as a barrier to access or maintain housing, while 12 of 21 providers also cited criminal history and substance abuse as a barrier to access or maintain housing services.

Administrators identified the following HOPWA services offered to clients:

- 5 of 13 providers offer Tenant-Based Rental Assistance (TBRA).
- 3 of 13 providers offer Short-Term Rent, Mortgage/ Utility Assistance (STRMU).
- 6 of 13 providers do not directly administer any HOPWA funds to clients.

Among suggestions and strategies to reduce housing barriers and increase housing services for clients, administrators and case managers suggested:

- More workers to process referrals and decrease the length of time for clients to receive services.
- Making housing services specifically available to those who lack employment and have unfavorable credit and criminal histories.
- Provide and advertise more detailed information about the housing services available to PLWHA.
- Encourage providers to become more engaged in clients' housing concerns and assess whether or not they qualify for these services at each visit.

Profile of Provider Capacity and Capability

Results from the provider surveys, data from the City of Memphis Housing and Urban Development (HUD) report for FY 2010 services (July 1, 2009-June 30, 2010), and information from the Housing Resources Inventory (provided as Appendix F) were used to assess provider capacity for housing services. The two largest resources for housing assistance for low-income individuals with unstable housing in the Memphis TGA are HUD and the Housing Opportunities for People with AIDS (HOPWA) program, which is a component of HUD. Both HUD and HOPWA programs are administered by the City of Memphis. HOPWA programs provide a range of services through subcontracting agencies, including Short Term Rental and Utility Assistance (STRMU), Tenant Based Rental Assistance (TBRA), and Permanent Housing Placement assistance in addition to supportive services that are not considered direct housing assistance.

In the Memphis FY 2010 report of HOPWA activities, there were 376 PLWHA who were provided with housing assistance. While it is not known the number of PLWHA who needed but did not receive housing assistance from HOPWA, we do know that HOPWA FY 2011 funding decreased by 14% from FY 2008, while the number of PLWHA increased by 16.6% during the same time period.

There is currently no data available regarding the number of PLWHA receiving housing assistance through HUD programs other than HOPWA. The resource inventory reports that there are 26 emergency shelters, 43 transitional housing programs and 30 permanent housing programs in the Memphis TGA, but data is not available regarding capacity, or for the total number of individuals served.

Assessment of Service Needs

Client surveys indicate that 13% of respondents were homeless, and 23% of respondents did not have stable housing; FY 2010 Ryan White Data Report (RDR) indicates that 7% of Part A/MAI clients reported having unstable housing. Case managers report in the provider surveys that 56% of clients needed a housing referral during the past year. This needs assessment identified five subgroups of client respondents who were more likely to experience unstable housing; PLWHA with a physical disability, a mental health problem, low income and/or unemployment, a criminal history and those who have experienced a long wait time for housing services. Although there is presumably a greater need for housing and supportive housing services for these subgroups, the HUD programs-including HOPWA- and other local service providers in the Memphis TGA are limited in the availability of resources that focus specifically on PLWHA.

Clients and providers both report that barriers to housing services include lack of information about available services and how to access them, a lengthy and difficult application process, a long wait period, and eligibility criteria that exclude some PLWHA from receiving services. Survey results suggest that many housing service needs could be addressed with more information about and coordination of existing services, with additional funding for transitional and permanent housing assistance and supportive housing services.

Strategies to Address Service Needs

- Utilize Ryan White housing funding to support transitional housing services for PLWHA, while working with other housing programs to assist clients in obtaining assistance with permanent housing.
- Ensure that Ryan White service providers are informed about all available housing services, eligibility criteria and application processes.
- Develop strategies to advertise housing services available for PLWHA to ensure individuals are aware of housing opportunities.
- Develop more linkages between other housing programs and service providers.

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Appendix A: 2011 Housing Needs Assessment Survey for Consumers

Survey Interview Script: Hello my name is _____ and I will be administering the Housing Needs Assessment survey for the Ryan White HIV/AIDS Program with you today! The survey is being conducted to assess the current living situation, housing history and housing services received for people living with HIV/AIDS. The survey include questions relative to your demographics, mental health services and drug/alcohol use, income and benefits, housing situation, housing history and your perceptions around barriers in accessing and maintaining housing. Do you have any questions or concerns about participating in this survey that I can answer for you at this time? Did you understand everything that was outlined in the consent form?

Demographic Information

- 1. How old are you? _____
- 2. What is your ethnic identity? (Check all that apply)
 - White
 - Black/African American
 - Hispanic/Latino (a)
 - American Indian/Alaskan Native
 - Other _____

- 3. Which best describes your gender identity?
 - I am female
 - I am male
 - I am transgender

- 4. Do you currently have any of the following: (Check all that apply)

<input type="checkbox"/> Physical disability	<input type="checkbox"/> Developmental disability
<input type="checkbox"/> Deaf/hearing impaired	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Blind	<input type="checkbox"/> Other (please specify)_____
<input type="checkbox"/> Mental/emotional illness	

- 5. What is your current zip? _____

- 6. What county do you live in?

<input type="checkbox"/> Crittenden	<input type="checkbox"/> Shelby
<input type="checkbox"/> Desoto	<input type="checkbox"/> Tate
<input type="checkbox"/> Fayette	<input type="checkbox"/> Tipton
<input type="checkbox"/> Marshall	<input type="checkbox"/> Tunica

- 7. Have you received HIV/AIDS medical treatment in the last 12 months?
 - Yes
 - No

8. Do you currently have a case manager/social worker or someone who helps you get HIV/AIDS care and housing services?

- Yes
- No

9. Do you currently have more than one case manager/social worker?

- Yes
- No

10. Has your case manager/social worker informed or updated you on housing options?

- Yes
- No
- I do not need housing assistance

11. Please add any other information about yourself that may be helpful to us.

Mental Health Services and Drug/ Alcohol Use

12. Have you ever been diagnosed by a doctor with a mental health problem (depression, anxiety, etc.)?

- Yes
- No

13. Have you been to a doctor or counselor/therapist for mental health services in the last 12 months?

- Yes, I have been to a doctor to get medications
- Yes, I have been to a counselor/therapist for evaluation
- Yes, I have had supportive housing services for mental health issues
- No

14. Are you currently on medication for mental health issues?

- Yes
- No

15. How often do you use alcohol/drugs? (*This would include any alcohol/drugs as listed in question #16.*)

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Always
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16. What alcohol/drugs do you currently use? (Check all that apply)

<input type="checkbox"/> None, I only take prescription medications	<input type="checkbox"/> Pills not prescribed for me by my doctor
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Alcohol/Liquor
<input type="checkbox"/> Crack/Cocaine	<input type="checkbox"/> Beer/Wine
<input type="checkbox"/> Methamphetamine/speed	<input type="checkbox"/> Other _____
<input type="checkbox"/> Heroin	

17. Have you ever been denied housing or rental assistance because of alcohol/drug use or mental health issues?

Yes

No

Income and Benefits

18. What is your current employment situation? (Check all that apply)

<input type="checkbox"/> Employed FULL-TIME for pay	<input type="checkbox"/> Odd jobs (any job that generates money)
<input type="checkbox"/> Employed PART-TIME for pay	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Unemployed/ unable to work	<input type="checkbox"/> Retired
<input type="checkbox"/> Student, Intern or work-study	<input type="checkbox"/> Other _____

19. Do you receive any of the following benefits? (Check all that apply)

<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> Medicaid or TennCare
<input type="checkbox"/> SSA/SSDI (Social Security Disability Income)	<input type="checkbox"/> Medicare
<input type="checkbox"/> TANF (formerly AFDC - Aid to Families with Dependent Children)/ Families First	<input type="checkbox"/> Home-based services
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Private health insurance
<input type="checkbox"/> Veteran's benefits or retirement	<input type="checkbox"/> Private disability insurance
	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Other _____

20. What is your total *monthly* income from all sources of benefits and/or employment? (This does not include the household income, only the individual income of the consumer.)

<input type="checkbox"/> \$0-\$100	<input type="checkbox"/> \$600-\$900
<input type="checkbox"/> \$100-\$300	<input type="checkbox"/> \$900-\$1,200
<input type="checkbox"/> \$300-\$600	<input type="checkbox"/> >\$1,500

Housing Situation

21. What is your monthly rent or housing payment?

<input type="checkbox"/> \$0-\$100 <input type="checkbox"/> \$100-\$300 <input type="checkbox"/> \$300-\$600	<input type="checkbox"/> \$600-\$900 <input type="checkbox"/> \$900-\$1,200 <input type="checkbox"/> >\$1,500
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22. What is your monthly utility payment? *(This includes the amount you have to pay someone for living somewhere.)*

<input type="checkbox"/> < \$100	<input type="checkbox"/> \$100- \$200	<input type="checkbox"/> \$200- \$300	<input type="checkbox"/> \$300-\$400	<input type="checkbox"/> >\$40 0
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23. Where do you currently live? (Check only one answer)

<input type="checkbox"/> Homeless, on the streets or in a car, in a vacant building, etc. *In what neighborhood do you stay most frequently? _____ _____ <input type="checkbox"/> In a shelter <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> Stay or 'crashing' with friends or relatives <input type="checkbox"/> In a drug or alcohol treatment center	<input type="checkbox"/> In a halfway house <input type="checkbox"/> In a housing authority building <input type="checkbox"/> HIV/AIDS housing facility or building <input type="checkbox"/> Rent a room in a house <input type="checkbox"/> Rent a house, apartment, condo, or mobile home <input type="checkbox"/> Own a house, condo, or mobile home <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____
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24. Including yourself, how many people currently live in your household? _____

25. Who currently lives with you now? (Check all that apply)

<input type="checkbox"/> Live alone <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Children <input type="checkbox"/> Parent(s)/family	<input type="checkbox"/> Friend(s)/roommate(s) <input type="checkbox"/> Homeless <input type="checkbox"/> Pet(s) <input type="checkbox"/> Other _____
--	---

26. Are you currently receiving assistance with rent or housing?

- Yes
- No

27. If you are receiving assistance with rent or housing, where does it come from? (Check all that apply)

<input type="checkbox"/> Federal funding sources <input type="checkbox"/> Friend/family member <input type="checkbox"/> Local church/faith-based organization	<input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Other _____
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28. Have any of the following made it *difficult* to access and/or maintain housing or rental assistance? (Check all that apply)

<input type="checkbox"/> Criminal history If yes, when was your last release date (year)? _____ <input type="checkbox"/> Bad credit history <input type="checkbox"/> Previous evictions <input type="checkbox"/> Low or no income <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental health problems <input type="checkbox"/> Substance/alcohol/drug abuse <input type="checkbox"/> Stigma because of HIV/AIDS status <input type="checkbox"/> Number of children/family size <input type="checkbox"/> Language <input type="checkbox"/> Pet(s)	<input type="checkbox"/> Owning your home <input type="checkbox"/> Curfews, if staying in a shelter/emergency housing <input type="checkbox"/> Passing a drug test, if staying in a shelter/emergency housing <input type="checkbox"/> Following rules, if staying in shelter/emergency housing <input type="checkbox"/> Availability and/or location of housing options <input type="checkbox"/> Long waiting list for housing assistance <input type="checkbox"/> Not knowing how to access services <input type="checkbox"/> Lack of self-motivation <input type="checkbox"/> Help filling out housing application/forms <input type="checkbox"/> Rental assistance is not enough to get a decent place
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Please discuss any additional comments.

29. Have you ever had to live or stay somewhere you did not desire to because of your HIV status?

- Yes
- No

Please discuss any additional comments.

30. Have you ever had to do something that made you uncomfortable in order to live/stay somewhere?

- Yes
- No

Please discuss any additional comments.

Housing History

31. How many times have you moved in the last 12 months? _____

32. How many times have you been homeless in the last 12 months? _____

a. How long were you homeless this last time?

<input type="checkbox"/> 1 day to 2 week	<input type="checkbox"/> more than a year
<input type="checkbox"/> 2 weeks to 1 month	<input type="checkbox"/> Not applicable
<input type="checkbox"/> 1 month to 1 year	

b. Why did you become homeless the last time? (Check all that apply)

<input type="checkbox"/> Family/partner/roommate made me move	<input type="checkbox"/> Released from jail, county or prison
<input type="checkbox"/> To get away from an abusive domestic living situation	<input type="checkbox"/> Evicted
<input type="checkbox"/> Substandard unit or condemned building	<input type="checkbox"/> Could no longer pay rent
<input type="checkbox"/> Newly arrived in area and had no resources	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Other: _____

33. How many times have you been on the waiting list for housing or rental assistance in the last 12 months? _____

34. Have you ever experienced discrimination or had problems in obtaining housing or housing assistance because of your HIV status?

- Yes
- No

Please discuss any additional comments.

Housing in Rural Areas

If a consumer lives in Tunica, Desoto, Tate, Marshall, Fayette, or Tipton County, please collect additional information in order to understand the consumers' perspective with housing by asking the following question:

35. Please discuss your overall perception of housing services by including any problems or challenges that you have experienced. *(Tell a short story about your housing situation that would explain your experience(s) as a consumer in the rural area. Tell how your status has made it difficult for you to access/maintain housing and rental assistance.)*

Appendix B: 2011 Housing Needs Assessment Survey (Provider)

1. Is your agency currently a Ryan White service provider?
 Yes
 No

2. How would you best describe your job title?
 Case Manager (Medical and/or Non-Medical)
 Social Worker
 Clinical Provider
 Program Administrator/Manager/Coordinator (**IF YOU CHECKED THIS BOX, PLEASE STOP HERE AND COMPLETE “ADMINISTRATION” SURVEY**)
 Other (please specify) _____

3. How many of your clients received housing **referrals** in the past 12 months?

<input type="checkbox"/> 0-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-30	<input type="checkbox"/> 30-40	<input type="checkbox"/> 40-50	<input type="checkbox"/> Over 50
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4. How many of your clients received housing **services** in the past 12 months ?

<input type="checkbox"/> 0-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-30	<input type="checkbox"/> 30-40	<input type="checkbox"/> 40-50	<input type="checkbox"/> Over 50
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5. Please prioritize the following housing options that are *needed* by your clients with ten (10) being most needed and one (1) as least needed. (Please use each number only once.)
 - ___ Homeless shelter
 - ___ Emergency/short-term financial assistance for rent and utilities
 - ___ Transitional/bridge housing (with life skills/job skills training)
 - ___ Halfway /housing for people with past convictions
 - ___ Shared houses/apartments with little or no on-site support services
 - ___ Subsidized independent living in an apartment with no on-site services
 - ___ Long-term rental/mortgage assistance to keep people in their own home
 - ___ Shared houses/apartments with some on-site support services
 - ___ Housing program that tolerates drug/alcohol use off-premises
 - ___ Clean and sober housing program

Please discuss any comments you have regarding your clients’ needs for housing and housing assistance.

6. Based on your experience as a provider, please indicate what you perceive is needed in order for clients to maintain housing. (Check all that apply)

<input type="checkbox"/> Meals/nutrition counseling	<input type="checkbox"/> Mental health counseling
<input type="checkbox"/> Homemaker services	<input type="checkbox"/> Conflict resolution assistance
<input type="checkbox"/> Transportation assistance	<input type="checkbox"/> Emotional support/buddy
<input type="checkbox"/> Personal care/personal hygiene assistance	<input type="checkbox"/> Protective payee/money management
<input type="checkbox"/> Childcare assistance	<input type="checkbox"/> Home health care
<input type="checkbox"/> Alcohol/drug treatment/counseling	<input type="checkbox"/> Adherence to core medical services

Please discuss any comments you have regarding your clients' ability to maintain housing.

7. Based on your experience as a provider, please indicate what you perceive are the barriers clients face in accessing housing and housing assistance? (Check all that apply)

<input type="checkbox"/> Criminal history	<input type="checkbox"/> Passing a drug test, if staying in a shelter/emergency housing
<input type="checkbox"/> Bad credit history	<input type="checkbox"/> Following rules, if staying in shelter/emergency housing
<input type="checkbox"/> Previous evictions	<input type="checkbox"/> Availability and/or location of housing options
<input type="checkbox"/> Low or no income	<input type="checkbox"/> Long waiting list for housing assistance
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Not knowing how to access services
<input type="checkbox"/> Mental health problems	<input type="checkbox"/> Lack of client motivation
<input type="checkbox"/> Substance/alcohol/drug abuse	<input type="checkbox"/> Help filling out housing application and other forms
<input type="checkbox"/> Stigma because of HIV/AIDS status	<input type="checkbox"/> Rental assistance is not enough to get a decent place
<input type="checkbox"/> Number of children/family size	
<input type="checkbox"/> Language	
<input type="checkbox"/> Pet(s)	
<input type="checkbox"/> Curfews, if staying in a shelter/emergency housing	
<input type="checkbox"/> Owning your home	

Please discuss any comments you have regarding your clients' ability in accessing housing and housing assistance.

8. Please provide suggestions to reduce the housing barriers for clients.

9. Please provide suggestions to increase the availability of housing and housing assistance to clients.

10. To assist the Grantee's office in developing a housing resource directory for PLWH/A, please list any agencies/facilities in your community and rural areas by including the name, address, website and contact information.

2011 Housing Needs Assessment Survey (Administrator)

1. Is your agency currently a Ryan White service provider?

- Yes
- No

2. How would you best describe your job title?

- Program Administrator
- Program Manager
- Program Coordinator
- Program/Executive Director
- Other (please specify) _____

(IF YOU ARE NOT AN ADMINISTRATOR, PLEASE STOP AND COMPLETE THE “PROVIDER” SURVEY)

3. What type of Housing Opportunities for Persons with AIDS (HOPWA) assistance does your agency currently offer to clients?

- a. TBRA(Tenant-Based Rental Assistance)
- b. STRMU (Short-Term Rent, Mortgage, and Utility) Assistance
- c. Permanent Housing Placement Services
- Short-Term Supported Housing
- d. HUD Assistance (please specify)_____
- e. Other(please specify)_____
- f. Not Applicable

4. If your agency **is a HOPWA recipient**, please provide the following:

- HOPWA program contact information_____
- HOPWA program requirements and restrictions_____
- The average wait time for clients to receive housing and housing assistance_____

5. If your agency **is not a HOPWA recipient**, please discuss any barriers experienced in receiving/applying for HOPWA funding.

6. At your agency, how many clients have received housing **referrals** in the past 12 months?

<input type="checkbox"/> 0-50	<input type="checkbox"/> 50-100	<input type="checkbox"/> 100-200	<input type="checkbox"/> 200-300	<input type="checkbox"/> 300-400	<input type="checkbox"/> Over 400
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7. At your agency, how many clients received housing **services** in the past 12 months?

<input type="checkbox"/> 0-50	<input type="checkbox"/> 50-100	<input type="checkbox"/> 100-200	<input type="checkbox"/> 200-300	<input type="checkbox"/> 300-400	<input type="checkbox"/> Over 400
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8. Please provide suggestions to reduce the housing barriers for clients.

9. Please provide suggestions to increase the availability of housing and housing assistance to clients.

Appendix C: HIV/AIDS Incidence and Prevalence in the Memphis TGA

	1-Year HIV Disease Incidence, 2010		2-Year AIDS Incidence, 2009-2010 [†]		People Living with HIV, as of 12/31/2010		People Living with AIDS, as of 12/31/2010	
	N	%	N	%	N	%	N	%
Race/Ethnicity								
White, not Hispanic	37	9.4%	32	8.2%	637	15.4%	561	16.4%
Black, not Hispanic	334	85.2%	342	87.5%	3405	82.3%	2768	80.8%
Hispanic	15	3.8%	12	3.1%	63	1.5%	66	1.9%
Other Race, not Hispanic	*	*	5	1.3%	24	0.6%	32	0.9%
Not Specified	*	*	0	0.0%	7	0.2%	0	0%
Gender								
Male	294	75.0%	273	69.8%	2723	65.8%	2435	71.1%
Female	98	25.0%	118	30.2%	1413	34.2%	992	28.9%
Age[§]								
0 - 14 years	*	*	*	*	47	1.1%	6	0.2%
15 - 19 years	25	6.4%	17	4.3%	94	2.3%	6	0.2%
20 - 24 years	76	19.4%	54	13.8%	387	9.4%	84	2.5%
25 - 34 years	102	26.0%	110	28.1%	1101	26.6%	587	17.1%
35 - 44 years	85	21.7%	111	28.4%	1152	27.9%	1196	34.9%
45 - 54 years	71	18.1%	64	16.4%	932	22.5%	1053	30.7%
55 - 64 years	28	7.1%	29	7.4%	332	8.0%	400	11.7%
65+	*	*	*	*	79	1.9%	94	2.7%
Not Specified	0	0.0%	0	0.0%	12	0.3%	0	0%
Risk Exposure Category								
Heterosexuals	82	20.9%	138	35.3%	1215	29.4%	1038	30.3%
Men who have sex with men (MSM)	105	26.8%	124	31.7%	1473	35.6%	1520	44.4%
Injection drug users (IDU)	*	*	8	2.0%	129	3.1%	184	5.4%
MSM & IDU	*	*	*	*	60	1.5%	84	2.5%
Other/hemophilia/blood transfusion	0	0.0%	*	*	12	0.3%	11	0.3%
Risk not reported or identified	201	51.3%	117	29.9%	1186	28.7%	580	16.9%
Mother with/at risk for HIV infection	*	*	*	*	61	1.5%	10	0.3%
TOTAL	392	100.0%	391	100.0%	4136	100.0%	3427	100%

* Case counts of less than five are not released due to statistical reliability and confidentiality. (EHARS):

[†]2-Year AIDS incidence reported because case counts for one year would be too small and 2010 data reporting likely incomplete.

[§] Age at diagnosis reported for HIV Disease and AIDS incidence, current age as of 12/31/2010 reported for HIV and AIDS prevalence.

This data is provisional and intended for use by the Ryan White Planning Council; it may not be released to the general public or media. Source: Enhanced HIV/AIDS Reporting System

(1) Shelby County Health Department, Epidemiology Section. 814 Jefferson Ave. Memphis TN, 38104.

(2) Mississippi Department of Health, STD/HIV Office. P.O. Box 1700 Jackson, MS 39215.

(3) Arkansas Department of Health, HIV/AIDS Registry Section. 4815 W. Markham, Little Rock AR 72205. The HIV/AIDS Registry Section is fully funded by a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC).

Appendix D: Participant’s demographic factors and select responses related to income and benefits, physical and mental health and housing history by housing status (stable vs. unstable).ⁱ

Selected Demographic Factors by Housing Status

Characteristic	Stable		Unstable	
	N	%	N	%
TOTAL	256	100%	75	100%
Race/Ethnicity				
Black, not Hispanic	230	92.4%	68	93.2%
White, not Hispanic	19	7.6%	5	6.8%
Gender				
Male	159	63.1%	51	71.8%
Female	93	36.9%	20	28.2%
Age				
15-24	25	9.8%	8	10.7%
25-34	47	18.4%	18	24.0%
35-44	72	28.1%	21	28.0%
45-54	78	30.5%	20	26.7%
55+	34	13.3%	8	10.7%
Employment status				
Unemployed/unable to work	161	62.9%	62	82.7%
Not unemployed	95	37.1%	13	17.3%

Selected Factors Related to Income and Benefits by Housing Status

Characteristic	Stable		Unstable	
	N	%	N	%
TOTAL	256	100%	75	100%
Income				
\$ 0-300	77	30.2%	36	48.0%
\$ 300-600	31	12.2%	5	6.7%
\$ 600-900	91	35.7%	25	33.3%
\$ 900+	56	22.0%	9	12.0%
Supplemental income from SSI/SSA/SSDI				
Yes	110	43.0%	32	42.7%
No	146	57.0%	43	57.3%
Receiving assistance with rent or housing				
Yes	37	14.6%	17	23.0%
No	217	85.4%	57	77.0%

Selected Factors Related to Physical and Mental Health by Housing Status				
Characteristic	Stable		Unstable	
	N	%	N	%
TOTAL	256	100%	75	100%
Primary care status				
In-Care	226	90.0%	68	93.2%
Out-of-Care	25	10.0%	5	6.8%
Physical disability				
Yes	55	21.5%	31	41.3%
No	201	78.5%	44	58.7%
Diagnosis of mental health problem				
Yes	7	2.7%	9	12.0%
No	249	97.3%	66	88.0%
Received mental health services in past 12 months				
Yes	41	16.0%	18	24.0%
No	215	84.0%	57	76.0%
Currently taking medication for mental health issues				
Yes	52	20.7%	28	37.3%
No	199	79.3%	47	62.7%
Alcohol and drug use				
Frequently/Always	25	9.9%	15	20.0%
Occasionally	64	25.4%	17	22.7%
Rarely/Never	163	64.7%	43	57.3%
Access to case manager or social worker				
Yes	213	85.9%	68	90.7%
No	35	14.1%	7	9.3%

Selected Factors Related to Housing History by Housing Status				
Characteristic	Stable		Unstable	
	N	%	N	%
TOTAL	256	100%	75	100%
Reported criminal activity made it difficult to maintain housing				
Yes	21	8.2%	17	22.7%
No	235	91.8%	58	77.3%
Reported bad credit made it difficult to maintain housing				
Yes	53	20.7%	20	26.7%
No	203	79.3%	55	73.3%
Reported being on a waiting list for housing or rental assistance				
Yes	38	14.8%	21	28.0%
No	218	85.2%	54	72.0%
Number of persons living in same household				
1 to 2 persons	144	59.0%	42	65.6%
3 to 4 persons	64	26.2%	13	20.3%
5+ persons	36	14.8%	9	14.1%

¹ Note: Case counts of less than five were excluded to ensure statistical reliability; totals may not equal sample size of 331. Select variables have been re-categorized from survey data.

Appendix E: Regression Methodology

To examine predictors of unstable housing, the current housing situation and frequency of moves over the past 12 months was assessed among each survey respondent. Of the 340 survey respondents, nine were excluded from the analysis because of a missing or unknown housing situation, which created a total sample size of 331.

Unstable housing was defined as any respondents who reported themselves as:

- Homeless; or
- Currently living in a shelter, drug or alcohol treatment center, halfway house, housing authority building, HIV/AIDS housing facility or building, hotel or motel or in a hospital; or
- Having moved three or more times in the past 12 months.

Stable housing was defined as any respondent who reported:

- Owning a home; or
- Moving two or less times in the past 12 months.

Crude associations between selected factors hypothesized to have an association with housing instability were examined through chi-square analysis. Factors with significant crude associations, as well as select demographic variables, were included for the regression analysis.

A backwards, stepwise multivariate logistic regression model was used to assess which factors had statistically significant ($p < .05$) associations with housing instability. The final model included five significant factors found to be independently associated with housing instability. Frequencies of less than five were not included in the predictor analysis due to statistical reliability.

Appendix F Housing Resource

Directory

Emergency Shelters

Agency/Service Provider	Address	Contact Person	Phone #	Website	Eligibility/Restrictions	Description
House of Prayer Homeless Ministries	1237 North McLean, Memphis, TN 38108	N/A			Adults with mental illness or health problems	
Hospitality HUB	146 Jefferson Avenue, Memphis, TN 38103	Beatrice Kimmoms	901-522-1808	www.hospitalityhub.org	Homeless	Assistance in obtaining identification
Project Safe Place	1582 Poplar Avenue, Memphis, TN 38104	N/A	901-725-6911	www.youthvillages.org	Youth 13-18	Emergency shelter provided
Living for Christ		N/A			Single men and women must pay a daily fee	
Calvary Colony (Memphis Union Mission)	4535 Benjestown Road, Memphis, TN 38127	N/A	901-357-9641		Men in recovery from substance abuse	
Memphis Union Mission	393 Poplar Avenue, Memphis, TN 38105	Jeff Patrick	901-526-8434	www.memphisunionmission.org	Single men ID required. Four free nights in a calendar year.	Men's Shelter
Memphis Family Shelter	383 Poplar Avenue, Memphis, TN 38105	N/A	901-278-2728		Mothers must be drug-free, employable, age 18 or older, at or below 50% median income with custodial minor children.	
Moriah House (Memphis Urban Mission)	383 Poplar Avenue, Memphis, TN 38103	N/A	901-526-8434		Women in crisis, victims of domestic violence, maybe in recovery from substance abuse.	
The Wright Transitional House (Memphis Union Mission)	170 Tillman Avenue, Memphis, TN 38111	N/A	901-526-8403	www.memphisunionmission.org	Provides emergency shelter for men, long-term drug/alcohol rehabilitation for men, long-term recovery for abused women, and transitional housing for families. Eligible residents include Battered women, homeless men, homeless families, alcoholic/substance-abusing men	
Seek for the Old Path Home Shelter	1169 Linden Avenue, Memphis, TN 38104	Ms. Blakley	901-274-2989		Families with children and women unaccompanied by children. (Capacity for families is based on size of families and demand)	
YWCA of Greater Memphis, Crisis Shelter	766 South Highland, Memphis, TN 38111	N/A	901-323-2211	www.memphisywca.org	Serves women and children	Emergency shelter provided to abused women and their children.
Missionaries of Charity	700 North Seventh, Memphis, TN 38107	N/A	901-526-5456		For Women and women with children	
Porter Leath Children Services	868 N. Manassas, Memphis, TN, 38107	Michael Warr or Pamela Coleman	901-577-2500	www.porterleath.org	Services available for children and families dependent upon program of interest and based on need.	
Memphis Interfaith Hospitality Network	200 E. Parkway North, Memphis, TN 38112	N/A	901-452-6446		Married couples with or without children, families with single male or female headed households	Emergency Shelter
SHIELD, Inc. Family Shelter	2522 Poplar Avenue, Suite 215, Memphis, TN 38112	Hotline 260-4663	901-454-9755	http://www.shieldmidsouth.org	Families with older children or families with a single male head of household.	
Harbor House Incorporated	1979 Alcy Road, Memphis, TN, 38114	Ms. Evans	901-743-1836 x 2230	www.harborhousememphis.org	Men only. Must be a TN resident, have NO insurance coverage, have used substances in the last 30 days, not be presently incarcerated, not a veteran	Program is a 24 to 28-day inpatient facility for men with alcohol and substance addictions. After completing the program, the facility offers a "halfway" residence for up to 6 months. Harbor House also provides transportation to its inpatient residents
Memphis Hospitality Network	200 E. Parkway North, Memphis, TN 38112	N/A	901-452-6446			Emergency Shelter
Southaven Samaritans	2600 Goodman Rd., Horn Lake, MS, 38637	N/A	662-393-6439	N/A	Must be a resident of Horn Lake or Southaven, Mississippi	
8th Street Mission for Christ	717 East Broadway, West Memphis, AR 72301	N/A	870-733-9789			
Love and Charity Homeless Shelter	2195 South Third Street, Memphis, TN 38109	N/A	N/A		Men only emergency shelter	
Memphis Day Shelter	383 Poplar Avenue, Memphis, TN 38105	N/A	N/A			Walk-ins during the day
Rebecca's Rest	103 South Eighth Street, West Memphis, AR 72301	William West	870-735-6010	www.8thstmission.org	Drug addiction	Food, Shelter, cloths, gasoline and bus voucher and prescription assistance
Porter Leath Children Services	868 N. Manassas, Memphis, TN 38107	Michael V. Warr or Pamela Coleman	901-577-2500	www.porterleath.org	Services available for children and families dependent upon program of interest and based on need.	
Trinity Community Coalition Outreach, Inc.	425 West Pebbles Road, Memphis, TN 38109	N/A	901-786-1220	www.trinitycommunityoutreach.org	Offers transitional housing as part of their Recidivism Program. Applicants must be at least 18 years old and be on probation or parole. They must be able to provide institutional records and be able to administer their own prescribed medications.	
Lighthouse Ministries Fresh Start Women's Program	3030 Jackson Avenue, Memphis, TN 38108	Pastor Peggy Bowie pj@lhmm.org	901-568-9389	www.lhmm.org	Women in recovery from substance abuse and/or abuse	For Women Only
Grace House Residential Program	329 North Bellevue, Memphis, TN 38105	N/A	901-722-8460	http://www.gracehousememphis.org	Women in recovery from substance abuse who have completed the detox program	Residential Treatment facility for women

Transitional Housing

Agency/Service Provider	Address	Contact Person	Phone #	Website	Eligibility/Restrictions	Description
The Wright Transitional House (Memphis Union Mission)	170 Tillman Avenue, Memphis, TN 38111	N/A	901-357-9641	www.memphisunionmission.org	Provides emergency shelter for men, long-term drug/alcohol rehabilitation for men, long-term recovery for abused women, and transitional housing for families. Eligible residents include Battered women, homeless men, homeless families, alcoholic/substance-abusing men	
Synergy Transitional Living Center	1157 Peabody Avenue, Memphis, TN 38104	N/A	901-332-2227	http://www.synergytc.org	Adult men and women who have successfully completed a local substance abuse treatment program and are currently employed with non-violent legal history	1 year stay
Barron Heights Community Development Center	1385 Lamar Avenue, Memphis, TN 38104	N/A	901-728-5873		Male veterans in recovery from substance abuse	Provides dormitory-style transitional shelter with three meals a day for homeless men, preferably those referred by VA hospital or area homeless shelters.
Dozier House (Catholic Charities)	85 North Cleveland, Memphis, TN 38104	Mildred Jones	901-722-4719		Men and women in recovery from substance abuse	30-bed alcohol and drug rehabilitation facility for women and their children who are victims of domestic violence and homeless
Genesis House (Catholic Charities)	85 North Cleveland, Memphis, TN 38104	N/A	901-722-9786		Individuals in recovery from severe mental illness and co-occurring substance abuse.	30 transitional beds and 30 emergency beds, and is an alcohol and drug rehabilitation facility for adult persons who are homeless and have a dual diagnosis of mental illness.
CAAP, Inc. Extended Residential Program	4041 Knight Arnold, Memphis, TN 38118	Delois Boatman: Intake Coordinator	901-367-7550	caapincorporated.com		CAAP operates a 58 bed residential rehabilitation program for alcohol and drug dependency. Maximum stay of 6 months. On entering program, an assessment will be completed to help determine the client's level of functioning. Transportation available for those in the residential program.
Grace House Residential Program	329 N. Bellevue Memphis, TN 38105	N/A	901-722-8460	http://www.gracehousememphis.org	Women in recovery from substance abuse who have completed the detox program	Residential Treatment facility for women
Grace House Extended Halfway House Program	151 N. Montgomery Memphis, TN 38104	N/A	901-276-2364	http://www.gracehousememphis.org	Women in recovery from substance abuse who have completed a residential program	Halfway House for women
Karat Place Transitional Housing Program	558 Boyd Street, Memphis, TN 38126	N/A	901-525-4055	karatplace.org	Women re-entering society having fully served jail terms	
Trinity Community Coalition Outreach, Inc.	425 West Pebbles Road, Memphis, TN 38109	N/A	901-786-1220	trinitycommunityoutreach.org	Offers transitional housing as part of their Recidivism Program. Applicants must be at least 18 years old and be on probation or parole. They must be able to provide institutional records and be able to administer their own prescribed medications.	
Transitions Halfway Ministries	3515 Summer Avenue, Memphis, TN 38122		901-414-9267	http://www.forgivenesshouse.org	Men coming out of incarceration	
Sophia's House (Catholic Charities)		Ms. Chasity Taylor	901-728-4229		Mothers over the age 18 who are victims of domestic violence, accompanied by children under age 11	30-bed alcohol and drug rehabilitation facility for women and their children who are victims of domestic violence and homeless

Transitional Housing

Agency/Service Provider	Address	Contact Person	Phone #	Website	Eligibility/Restrictions	Description
Westcore	111 South Highland #174, Memphis, TN 38111	N/A	901-218-5423	http://www.westcore.org		Referral and service linkage organization
Lighthouse Ministries	3630 Jackson Avenue, Memphis, TN 38108	N/A	901-382-0966	www.lhmm.org	Men willing and able to work through agency work program. Some recovery services provided.	For Men Only
Lighthouse Ministries Fresh Start Women's Program		Pastor Peggy Bowie pj@lhmm.org	901-382-8077	www.lhmm.org	Women in recovery from substance abuse and/or abuse.	For Women Only
Mission Global Ministries	1600 South Lauderdale, Memphis, TN 38106	N/A	901-948-9333		Single Women	
Alpha Omega Veterans Services	1154 Central, Memphis, TN	N/A	901-726-4155	http://www.aovs.org	Convalescing or Terminally Ill Homeless Veterans	Veterans Life House, 8-Bed Residence
Alpha Omega Veterans Services	1183 Madison, Memphis, TN 38104	Latonya Johnson	901-726-5066	http://www.aovs.org	Homeless and Displaced Veterans	Transitional Supportive Housing, 19-Bed Residence
Alpha Omega Veterans Services	1266 Vinton, Memphis, TN 38104	Mr. Shackleford	901-726-9737	http://www.aovs.org	Independent Veterans	Transitional Supportive Housing, 15-Bed Residence
Baby Love	427 Linden Avenue, Memphis, TN 38126	N/A	901-271-5348		Pregnant/postpartum mothers with co-occurring mental and substance abuse disorders, accompanied by their children.	Residential long-term treatment
Peabody House	1076 Peabody Avenue, Memphis, TN 38103	Brandy Bledsoe	901-527-3863	N/A	Single men must be homeless with a positive HIV test	Transitional housing and meals also provided
Peabody House	1076 Peabody Avenue, Memphis, TN 38103	Brandy Bledsoe	901-527-3863	N/A	Single women must be homeless with a positive HIV test	
The Wright Transitional House (Memphis Union Mission)	170 Tillman Avenue, Memphis, TN 38111	N/A	901-526-8403	www.memphisunionmission.org	Provides emergency shelter for men, long-term drug/alcohol rehabilitation for men, long-term recovery for abused women, and transitional housing for families. Eligible residents include Battered women, homeless men, homeless families, alcoholic/substance-abusing men	
First Congregational Church (First Congo)	1000 S. Cooper, Memphis, TN 38104	Julia Hicks	901-278-6786	www.firstcongo.com	Must be referred by an agency, case manager, or medical doctor; client must meet with committee first; both males and females allowed; strict rules must be observed	Clothes closet available every Tuesday, Wednesday and Thursday, 1PM - 4PM
Memphis Family Shelter	383 Poplar Avenue, Memphis, TN 38105	N/A	901-278-2728		Mothers must be drug-free, employable, age 18 or older, at or below 50% median income with custodial minor children.	
Youth Diagnostic Assessment Center (YDAC) through the Midtown Mental Health Center	427 Linden Avenue, Memphis, TN 38126	NONE	901-577-0200	www.midtownmentalhealth.org	Serves youth ages 8-18 years old in DCS custody	Residential treatment facility for youth 8-18 in state custody.
Mainstream	300 South Rodney Parham, Suite 5, Little Rock, AR 72205	Ginger Robertson	501-280-0012 TDD: 501-280-9262 Toll Free: 800-371-9026	www.mainstreammilrc.com	An adult 18 years and older with a disability.	Non residential Independent Living Center
Friends for Life	43 N. Cleveland, Memphis, TN 38104	Kim Daugherty	901-272-0855	www.friendsforlifecorp.org	Must have picture ID, proof of HIV + status, and proof of income	
Harbor House Incorporated	1979 Alcy Road, Memphis, TN 38114	Ms. Evans	901-743-1836 x 2230	www.harborhousememphis.org	Men only. Must be a TN resident, have NO insurance coverage, have used substances in the last 30 days, not be presently incarcerated, not a veteran	Program is a 24 to 28-day inpatient facility for men with alcohol and substance addictions. After completing the program, the facility offers a "halfway" residence for up to 6 months. Harbor House also provides transportation to its inpatient residents
Lowenstein House	821 Barksdale, Memphis, TN 38114	Billy Heard (Bus. Manager)	901-274-5486	www.orgsites.com/tn/lowensteinhouse/	Adults, at least 18 years of age and older, who have been diagnosed with mental illness	A housing facility that provides independence and self-sufficiency through counseling, skills training, job placement, housing assistance, emotional support and guidance.

Transitional Housing

Agency/Service Provider	Address	Contact Person	Phone #	Website	Eligibility/Restrictions	Description
Lowenstein House	6590 Kirby Center Cove Memphis, TN 38115	Billy Heard (Bus. Manager)	901-344-3200	www.orgsites.com/tn/lowensteinhouse/	Adults, at least 18 years of age and older, who have been diagnosed with mental illness	A housing facility that provides independence and self-sufficiency through counseling, skills training, job placement, housing assistance, emotional support and guidance.
Lowenstein House	1086 South Bellevue Memphis, TN 38104	Billy Heard (Bus. Manager)	901-344-3200	www.orgsites.com/tn/lowensteinhouse/	Adults, at least 18 years of age and older, who have been diagnosed with mental illness	A housing facility that provides independence and self-sufficiency through counseling, skills training, job placement, housing assistance, emotional support and guidance.
Serenity Recovery Center	1094 Poplar Avenue, Memphis, TN 38105	N/A	901-545-0343	http://www.serenityrecovery.org	TN resident, at least 18 years old, medically stable, and uninsured for substance abuse	Halfway program; remain at SRC for a minimal commitment of 90 days while they work toward self sufficiency
Ursuline Sisters/Dorothy Day House	1429 Poplar Avenue, Memphis, TN 38104	N/A	901-725-2714	http://www.dorothydaymemphis.org/	Families with children-No reported substance abuse or mental health issues. Couple must provide marriage certificate.	Provides temporary housing and support services for intact homeless families in Memphis, TN. Facility can house up to four families at one time
Families In Transition	PO Box 435 West Memphis, AR 72302	Ms. Peden	870-732-4077		Abused women and children; Homeless	Provide temporary housing and counseling
Porter Leath Children Services	868 N. Manassas, Memphis, TN , 38107	Michael Warr or Pamela Coleman	901-577-2500	www.porterleath.org	Services available for children and families dependent upon program of interest and based on need.	
Intact Family Ministry (Memphis Union Mission)	383 Poplar Avenue, Memphis, TN 38015	Kenneth E. Walt	901-526-8434x1004		Families with children, with 2 parents present, one of which is able to work. Must have transportation.	
Renewal Place (Salvation Army)	696 Jackson Avenue, Memphis, TN 38105	Ms. Sharon Cash	901-543-8586	www.salvationarmysouth.org/kt/Memphis	Mothers over the age 18, in recovery from drugs/alcohol addictions, accompanied y 3 or fewer children under age 10. Must be eligible for TANF/Family First.	
Adult Rehabilitation Center (Salvation Army)	4741 Winchester Memphis, TN 38118	N/A	901-365-6128		Men in recovery from substance abuse	
Salvation Army Purdue Center of Hope	696 Jackson Avenue, Memphis, TN 38108		901-543-8586	http://www.salvationarmymemphis.org	Women on family shelter	
Renewal Place (Salvation Army)	696 Jackson Avenue, Memphis, TN 38105	NONE	901-543-8586	www.salvationarmysouth.org/kt/Memphis	Mothers over the age 18, in recovery from drugs/alcohol addictions, accompanied y 3 or fewer children under age 10. Must be eligible for TANF/Family First.	
Estival Communities (MIFA)			901- 527-0208		Drug-free parents, employed or employable Shelby County residents, with no felonies in the past five years, accompanied by custodial children under the age 18.	65 apartments
Satellite Housing (MIFA)			901- 527-0208		Drug-free parents, Shelby County residents, with no felonies in the past five years, accompanied by custodial children under the age 18.	

Permanent Supportive Housing

Agency/Service Provider	Address	Contact Person	Phone #	Website	Eligibility/Restrictions	Description
A Hand Up Not a Hand Out	2300 Frayser Blvd., Memphis, TN 38127	N/A	901-598-7062	http://www.ahandupforlife.org/	Disadvantaged individuals	Referral and service linkage organization
Mission Global Ministries	1600 South Lauderdale, Memphis, TN 38106	N/A	901-948-9333		Single Women	
Alpha Omega Veterans Services	2242 Ball Road Memphis, TN 38114	N/A	901-774-1188	http://www.aovs.org	Homeless/displaced veterans with low/very low income	Eight 4-Bedroom Units/32 Beds
Alpha Omega Veterans Services	1467 Court Avenue Memphis, TN 38104	N/A	901-452-5678	http://www.aovs.org	Disabled Homeless Veterans	32 1-2 Bed Apartments
Alpha Omega Veterans Services	2226 Ball Road Memphis, TN 38114	N/A	901-774-6768	http://www.aovs.org	Homeless Veterans with mental health and other disabilities	10-Bed Residence
Alpha Omega Veterans Services	1183 Madison Memphis, TN 38104	Latonya Johnson	901-726-5066	http://www.aovs.org	Men who complete a 90-day program may stay for up to 24 months at the 8 halfway house locations. Ninety-day program includes shelter, counseling, clothing, and meals. Also provides a hospice with palliative care for terminally ill or convalescent male veterans	Homeless male veterans with a dual diagnosis; no provisions for children. Hospice accepts terminally ill or convalescent homeless male veterans
Behavior Health Initiatives Homes	55 S Barksdale, Memphis, TN 38104	N/A	901-452-6691		Males with mental illness	Income-based group home
Behavior Health Initiatives Homes	1816 Jackson Avenue Memphis, TN 38107	N/A	901452-6691		Females with mental illness	Income-based group home
Behavior Health Initiatives Homes	Vance Street, Memphis, TN.	N/A	901-275-9231		Chronically homeless males and females with mental illness	Income-based apartments Single Bedrooms,
Behavior Health Initiatives Homes	2310 Point Church, Memphis, TN.	N/A	901-275-9231		Males and Females with mental illness	Income-based apartments 1-3 Bedrooms
Door of Hope	245 North Bellevue Memphis, TN 38105	Sandy Parnell	901-725-1140	http://door-of-hope-memphis.org/	Chronically homeless adults with serious metal illness and/or chronic substance abuse disorders	Limited housing available, mainly supportive services at this time
Meritan, Inc.	4700 Poplar Avenue Suite 400 Memphis, TN 38117	Phyllis Jones	901-766-0600	http://meritan.org	Referral for services must come from case manager only	Homemaker Health Services
Memphis Family Shelter	383 Poplar Avenue, Memphis, TN 38105	N/A	disconnected		Mothers must be drug-free, employable, age 18 or older, at or below 50% median income with custodial minor children.	
Dozier House (Catholic Charities)	85 North Cleveland, Memphis, TN 38104	N/A	901-722-4719		Men and women in recovery from substance abuse	30-bed alcohol and drug rehabilitation facility for women and their children who are victims of domestic violence and homeless
Hope Center	1383 Kney Street, Memphis, TN 38107	N/A	901-523-8894		Men and women in recovery from substance abuse or recently released from jail	
Genesis House (Catholic Charities)	85 North Cleveland, Memphis, TN 38104	N/A	901-722-4719		Individuals in recovery from severe mental illness and co occurring substance abuse.	30 transitional beds and 30 emergency beds, and is an alcohol and drug rehabilitation facility for adult persons who are homeless and have a dual diagnosis of mental illness.
Sophia's House (Catholic Charities)		Ms. Chasity Taylor	901-728-4229		Mothers over the age 18 who are victims of domestic violence, accompanied by children under age 11	30-bed alcohol and drug rehabilitation facility for women and their children who are victims of domestic violence and homeless
CAAP, Inc. (Cocaine and Alcohol Awareness Program)	4041 Knight Arnold, Memphis, TN 38118	Delois Boatman: Intake Coordinator	901-821-5600; Intake: 901-821-5865	www.cmi-memphis.com	Men, including veterans, in recovery from substance abuse	program for alcohol and drug dependency. Maximum stay of 6 months. On entering program, an assessment will be completed to help determine the client's level of functioning. Transportation available for those in the residential program.
Phoenix House (Behavioral Health Initiatives)	1816 Jackson Avenue Memphis, TN 38107	N/A	901-722-3558		Chronically homeless men with serious metal illness and/or chronic substance abuse disorders	
Agape Child and Family Services	111 Racine Street, Memphis, TN 38111	N/A	901-323-3600		Pregnant women over the age 18, Shelby County resident, accompanied by no more than three children; can be in recovery.	
Ecumenical Village	217 West Jackson, West Memphis, AR 72301	Linda Vaughn	870-735-1115	www.ncr.org	Primarily for the elderly and disabled.	Must be at least 65 years old
Friends for Life Southeast Community Mental Health Center - Housing Developer	43 N. Cleveland, Memphis, TN 38104	Kim Daugherty	901-272-0855	www.friendsforlifecorp.org	Must have picture ID, proof of HIV + status, and proof of income	
Urban Family Ministries	3810 Winchester Rd., Memphis, TN 38118	N/A	901-452-6941	N/A		
Arkansas Cares / Center for Addictions Research	2174 Lamar Ave., Memphis, TN 38114	Annie Ivory	901-239-5846	www.wroc.us		
(YDAC) through the Midtown Mental Health Center	5821 W. 20th Street, Little Rock, AR 72204	N/A	501-661-7979	www.arcares.iams.edu	for women and their children. Children must be under age 13	Long-term residential alcohol and drug treatment program.
Arkansas Cares / Center for Addictions Res	427 Linden Ave., Memphis, TN 38126	N/A	Disconnected	www.midtownmentalhealth.org	Serves youth ages 8-18 years old in DCS custody	Residential treatment facility for youth 8-18 in state custody.
Professional Care Services	5821 W. 20th Street, Little Rock, AR 72204	N/A	501-661-7979	www.arcares.iams.edu	for women and their children. Children must be under age 13	Long-term residential alcohol and drug treatment program.
Trinity Community Coalition Outreach, Inc.	5281 Navy Rd., Millington, TN 38053	N/A	901-873-0305	www.pcswn.org	Tipton and Fayette county residents only for medical care	
Whitehaven Southwest Mental Health Center	425 West Pebbles Road, Memphis, TN 38109	N/A	901-786-1220	trinitycommunityoutreach.org	Offers transitional housing as part of their Recidivism Program. Applicants must be at least 18 years old and be on probation or parole. They must be able to provide institutional records and be able to administer their own prescribed medications.	
	1087 Alice Ave., Memphis, TN 38106	Tonya Ferguson	901-259-1920	http://www.wswmhc.net/	Chronically homeless men with serious metal illness and/or chronic substance abuse disorders	Limited rental assistance available.