

2021

Carolinas *care* Partnership

**HOPWA NEEDS
ASSESSMENT**



**CAROLINAS CARE
PARTNERSHIP**

Seeking justice through health and housing







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1. EXECUTIVE SUMMARY

The Carolinas CARE Partnership (CCP) partnered with the Florida Housing Coalition to conduct this Housing Needs Assessment in order to describe the housing needs of people living with HIV/AIDS (PLWHA) and detail effective strategies to address those housing needs. CCP oversees the Housing Opportunities for Persons with AIDS (HOPWA) program as the project sponsor for the City of Charlotte. The City of Charlotte serves as the federal grantee for the HOPWA program. The HOPWA program is a federal program administered by the U.S. Department of Housing and Urban Development (HUD) and earmarked to meet the housing needs of PLWHA. HOPWA provides a wide range of housing and social service needs; including, but not limited to, the acquisition; rehabilitation; or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. HOPWA can also provide a wide array of support services to address behavioral health, nutrition, employment, and daily living.

The two main goals of the CCP's HOPWA program are to: 1) Increase access to affordable and stable housing, and 2) Improve HIV/AIDS housing provider collaboration with other systems at the local, state, and federal level through outreach and engagement. CCP's far-reaching geographic area requires a broad network of providers. These providers employ a trauma-informed, strengths-based, and consumer-centered approach, while offering HIV prevention/intervention services; HIV counseling and testing; linkage to medical care; medical case management; housing and supportive services; and training and education.

Now more than ever, the role housing plays in healthcare is evident. Housing is one of the strongest predictors of PLWHA's access to treatment, their health outcomes, and how long they will live. Stable housing enhances access to treatment, medical care, and case management leading to an improved quality of life. Conversely, unstable housing poses significant health risks. Many low-income households move frequently or double up with friends and relatives if they cannot find affordable housing. Frequent moves are associated with stress and depression and overcrowding can lead to physical health risks. Homelessness exacerbates a person's pre-existing health problems and living on the streets or in shelters poses unique health risks (including exposure to weather, violence, and potentially disease). Homelessness also makes it challenging to rest and recuperate after illnesses, find a place to store medications, or keep wounds clean and dry.

Stable housing creates healthier communities and strong economies. Individuals and families with stable housing realize increased education and income opportunities, increased food security, and better quality of life. By recognizing the current housing needs among PLWHA, solutions can be recognized and strategies achieved. This report describes the current housing needs PLWHA face, an analysis of the broader affordable housing landscape, and proven strategies to increase housing stability.

2. INTRODUCTION AND BACKGROUND

Carolinas CARE Partnership (CCP) administers the HOPWA program in a ten-county MSA that includes: Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union Counties in North Carolina and Chester, Lancaster, and York Counties in South Carolina. CCP organizes a regional network of programs for persons directly affected by HIV and AIDS, addressing the complex prevention and service challenges for PLWHA through a regionally coordinated approach to health and housing. Eligible beneficiaries are households at or below 80 percent of area median income that are medically diagnosed with HIV/AIDS.

CCP has received an average of \$2,406,398 formula allocation HOPWA funding over the past 6 years, ranging from \$1,794,703 in 2015 to \$2,806,489 in 2020. For Fiscal Year 2019, the following activities were funded:

1. Permanent Housing Placement (PHP) – financial assistance to assist the household find and obtain permanent housing (i.e., first month's rent and security deposit)
2. Short-Term Rental, Mortgage, and Utility Assistance (STRMU) – financial assistance payments for rent, mortgage, and/or utility assistance to prevent homelessness
3. Tenant-Based Rental Assistance (TBRA) – monthly rental payments to assist the household in affording their rental unit
4. Supportive Services – holistic services that assist eligible consumers with the support needed to stabilize their health and housing
5. Housing Information Services (HIS) – Counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing.
6. Transitional/short-term facilities that receive operating subsidies/leased units
7. Permanent housing facilities that receive operating subsidies/leased units

Additionally, Mecklenburg County funds supportive services for 45 HOPWA-funded vouchers designated for individuals experiencing chronic homelessness.

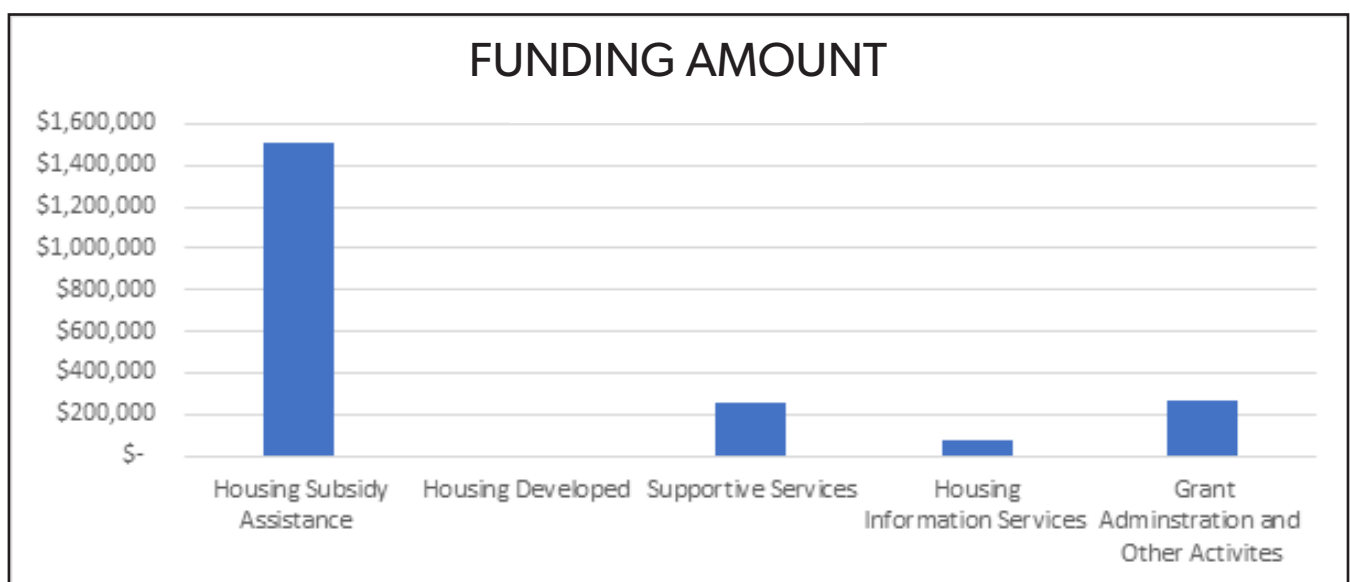


Figure 1: HOPWA CAPER. City of Charlotte, NC. Operating year 07/01/2019-06/30/2020.

Illustrated by the chart above, consumers receiving services through the CCP in operating year 2019-2020 accessed various housing and supportive services, with the majority of funding going towards housing subsidy assistance. During this timeframe, HOPWA providers served 371 individuals with HIV/AIDS and their families with HOPWA housing subsidy assistance. A total of 551 unduplicated consumers and 234 of their family members were served in total by all HOPWA program funding, including supportive services. There has been a 101.6% increase in persons served by the HOPWA program between 2015 and 2020, suggesting growing need. To evaluate the most pressing needs and barriers preventing PLWHA from obtaining and maintaining housing, this needs assessment evaluates historical data and future projections, along with feedback from a variety of stakeholders through survey participation and interviews.

2.1 Methodology

This report relies on data collected from three main sources: (1) state and federal data; (2) local government and providers' housing policies, programs, and resources; and (3) feedback, interviews, focus groups, and surveys from PLWHA and their providers. Each data source provides a piece of the picture of the housing needs within CCP's footprint.

State and Federal Data

By using data available through the US Census Bureau, Bureau of Labor Statistics, Center for Disease Control and Prevention, AIDSvu, HOPWA's Consolidated Annual Performance and Evaluation Report (CAPER) reports, and state sources, this report provides an outline of the housing needs in CCP's coverage area.

Local Government

An important part of this assessment involved talking with local governments about what they are currently doing to meet the housing needs of people living with HIV/AIDS (PLWHA). As a HOPWA entitlement jurisdiction, the City of Charlotte is required to gather information about needs, including housing, of PLWHA. The Consolidated Plan(s) and Annual Action Plan(s) provide details on what the local government is doing and plans to do about addressing community needs. By studying the Consolidated plans, local initiatives aimed at planning for PLWHA and people who are housing insecure, as well as talking with local government officials and CCP, this report helps to understand the climate of the local government and the extent to which they are meeting the needs of PLWHA. The local government also serves as a major stakeholder in the development of affordable housing. Understanding the strategies in place, or the lack thereof, helps inform CCP's strategic planning.

People Living with HIV/AIDS and Their Providers

Finally, to get the most localized and specific data on PLWHA, surveys, focus groups, and interviews were conducted with consumers and their providers. This data fills in the gaps of the other larger but less precise data from state and federal sources. Nonprofit housing and service providers meet individuals and families where they are at, seeing face to face the housing instability of PLWHA. Consumer surveys and interviews illuminated the personal need, including housing stability, security, and ongoing housing needs. The surveys were developed to ensure the collection of all relevant information for the needs assessment. While the sample size and sampling methodology for these surveys and interviews are inherently less scientific than the large scale federal and state data, they provide this report with an invaluable look into how people actually living with HIV/AIDS see their housing situation in the CCP coverage area.

3. RECOMMENDATIONS and OVERVIEW

This needs assessment combined quantitative data with the provider and consumer survey and organization interviews conducted, resulting in the identification of five broad issues. The housing needs of PLWHA are part of larger, more systemic challenges like lack of affordable and available housing, transportation, unemployment, and underemployment. With CCP's leadership, the network of stakeholders working to address the needs of PLWHA have the opportunity to expand partnerships and advocacy efforts beyond the existing network to ensure PLWHA have access to housing and services that ultimately provide healthy, economically stable communities. None of these strategies can be achieved alone. A strategic, coordinated, geographically diverse approach is needed to address the housing needs of PLWHA.

RECOMMENDATIONS	ISSUES ADDRESSED
RECOMMENDATION 1	
Increase the Availability of Affordable Housing	<ul style="list-style-type: none"> • High cost of housing • Lack of smaller units • Lack of units in proximity to services and transit
Strategies: <ul style="list-style-type: none"> • Lobby for zoning reform to increase the supply of smaller units and higher density around transit and services • Partner with development nonprofits, such as the West Side Community Land Trust, to build, rehab, or purchase homes to be kept affordable in perpetuity • Utilize local, state, and federal funding to invest in construction, rehabilitation, or subsidies to increase the number of affordable and available units 	
RECOMMENDATION 2	
Provide Deeper, Longer-term Housing Subsidies	<ul style="list-style-type: none"> • Rising housing costs • Low service wages and low disability benefits • Extremely low income • Significant housing instability
Strategies: <ul style="list-style-type: none"> • Partner with PHAs to ensure PLWHA are connected to long term subsidies • Create move-on strategies to ensure movement within the TBRA program, connecting PLWHA to housing subsidies outside of HOPWA assistance • Invest more HOPWA and local government funding into permanent supportive housing for those with the most housing instability • Rehab small properties or obtain set-asides in multi-family developments to increase the number of units specifically for PLWHA 	
RECOMMENDATION 3	
Improve System-Wide Coordination	<ul style="list-style-type: none"> • Fragmented services and efforts among providers • Lack of system-wide coordination with agencies outside of HOPWA critical to serving PLWHA • Lack of understanding of available assistance
Strategies: <ul style="list-style-type: none"> • Host ongoing training for HOPWA providers in best practices utilizing HOPWA services • Develop a resource collaborative with at least one representative from each HOPWA agency 	

<ul style="list-style-type: none"> • Provide HOPWA providers with a guidebook on affordable housing specific to each county and update annually • Ensure HOPWA providers are connected to their local homeless Continuum of Care (CoC) to help those with the greatest housing instability 	
RECOMMENDATION 4	
Prioritize Households with the Greatest Housing Needs	<ul style="list-style-type: none"> • Extremely low incomes • Homelessness • PLWHA who have significant behavioral health needs • Costly services
Strategies: <ul style="list-style-type: none"> • Expand current housing interventions that prioritize PLWHA who are experiencing homelessness, including rapid re-housing, permanent supportive housing, and TBRA • Screen in households with the highest needs and lowest incomes, including those with no income, to existing housing interventions • Partner with behavioral health agencies in the community to reduce the strain on the HOPWA program to provide behavioral health services, including substance use and mental health services 	
RECOMMENDATION 5	
Reduce Barriers to Obtaining and Maintaining Housing	<ul style="list-style-type: none"> • Credit history, criminal history, eviction history • Bias and discrimination against PLWHA • Very low and extremely low incomes • No income
Strategies: <ul style="list-style-type: none"> • Build upon and strengthen existing relationships with community partners specializing in landlord engagement • As stated in recommendation 4, screen in households with the highest needs and lowest incomes ensuring those with the greatest barriers to obtaining and maintaining housing are served • Train HOPWA case managers in the skills of landlord engagement and housing navigation to better help PLWHA locate housing and negotiate with landlords • Utilize financial landlord incentives to increase the likelihood of landlord engagement 	

1. Increase the Availability of Affordable Housing

The lack of available affordable housing is the most common housing barrier when looking at both quantitative and qualitative data. Affordable housing is significantly limited across the service region. The Market Analysis section of this report provides insight into the housing landscape of the Charlotte-Concord-Gastonia MSA. The lack of affordable housing options creates downstream issues like overcrowding, couch surfing, and literal homelessness. Without a stock of affordable and available rental units that can be obtained by various income bands, residents are left with no immediate housing options when a crisis occurs. The National Low Income Housing Coalition's Gap Report states there is a deficit of 41,923 affordable and available rental units for renters at or below 30% of the area median income (AMI) and 36,800 for renters at or below 50% AMI in the Charlotte-Concord-Gastonia, NC-SC MSA.

Because housing is the foundation for health and stability, it is essential for PLWHA to have access to affordable housing. Affordable housing paired with community-based services increase the likelihood that a household will stabilize and contribute to the economic success of a community. Options such as master leasing, landlord engagement initiatives, new construction supported by Low Income Housing Tax Credits, rehabilitation of existing housing, and HUD subsidies can help address the affordable housing deficit. Below are some ideas for increasing the availability of affordable housing.

Housing Subsidies

Investing into solutions like tenant-based rental assistance (TBRA) is one of the fastest ways to increase affordable housing units. Construction, acquisition, and rehabilitation can take years and be costly. Many different funding sources are required to make those projects work, while TBRA is already an existing line item. Additionally, rural areas do not typically have as much access to affordable housing funding as urban areas. Below are just a few examples of funding for housing subsidies providing scattered-site housing.

Tenant-Based Rental Assistance through HOPWA (TBRA) – Funding is provided to an eligible client and the client selects a housing unit of their choice. HUD’s HOPWA Rental Assistance Guidebook offers an excellent look into designing an effective TBRA program. While TBRA currently exists in the continuum of services, it should be expanded to serve a broader population with high housing needs and no income.

Rapid Re-Housing (RRH) – RRH is an intervention designed mostly for people experiencing literal homelessness. It provides a combination of short-term rental assistance and support services to help exit households out of homelessness quickly. RRH can be provided by multiple funding streams, including Continuum of Care Program, Emergency Solutions Grant, HOME-TBRA, Supportive Services for Veteran Families, and local government general revenue. RRH rolled out on a federal level in 2009 and has since become a nationwide best practice. When households are offered quick returns to stable housing and support services, they become more economically self-sufficient than if they were to remain homeless.

Permanent Supportive Housing (PSH) – PSH is an intervention that provides longer-term supports, including both financial assistance to make housing affordable and intensive case management to ensure high acuity consumers are able to stabilize in housing. PSH can be funded a variety of ways, including site-based housing (described below), master leasing, HOPWA TBRA, HOME-TBRA, local government general revenue, and Continuum of Care Program. PSH is an evidence-based intervention demonstrating that people with long periods of housing instability and a disability(ies) have improved health and housing outcomes when provided with stable housing and comprehensive support services.

Scattered-site housing provides an opportunity for consumers to integrate more fully into the community and be connected into their local neighborhood. Scattered-site housing is considered a best practice for people with disabilities as site-based housing is less integrated and can marginalize communities.

Site-Based Housing

Site-based housing refers to multi-family style properties, where there are many units in one area and tenants in the program are living in one site or complex. Site-based housing is obtained through constructions, acquisition, or rehabilitation and is most often financed through local, state, and federal sources. An overview of how these sources can be utilized for rental is listed below.

Community Development Block Grant (CDBG) – CDBG is a HUD-administered federal program. Funds may be provided as a subsidy to housing developers. HUD provides CDBG grants on a formula basis directly to urban counties and larger cities, and to state governments to award on a competitive basis to non-entitlement communities. Eligible activities include acquisition, rehabilitation and, in limited circumstances, new construction.

HOME Investment Partnerships Program (HOME) – HOME is a HUD-administered federal program that provides funding for local communities to provide affordable housing for low- and very low-income residents. HOME funds can provide construction or acquisition/rehabilitation subsidies for affordable housing developers and tenant-based

rental assistance. The recent American Rescue Plan Act provided an additional \$5 billion in HOME funding to be utilized for the following eligible activities:

- Production or Preservation of Affordable Housing
- Tenant-Based Rental Assistance
- Supportive Services, Homeless Prevention Services, and Housing Counseling
- Purchase and Development of Non-Congregate Shelter

These HOME-ARP funds present an incredible opportunity to create a new source of for either TBRA for PLWHA and/or development of affordable housing. These funds are targeted towards people experiencing homelessness and prioritize those most in need.

Low Income Housing Tax Credits (LIHTC) – LIHTC are provided by the federal government to rental housing developers in exchange for a commitment to provide affordable rents and are usually sold to investors to raise project equity. In North Carolina, LIHTC are awarded by the North Carolina Housing Finance Agency and owners must agree to a period of affordability between 15 and 30 years for families and individuals with incomes at or below 80% of the local median income. In South Carolina, LIHTC are awarded by the South Carolina State Housing Finance & Development Authority (SC Housing).

USDA Rural Housing Service (RHS) – RHS loans provide financing for multifamily properties and group homes in rural areas in exchange for ensuring the units are affordable to low- and moderate-income families. Project-based rental assistance may also be provided.

Other Financing

Both the NC and SC Housing Finance Agencies provide opportunities for supportive housing, rural development, and small rental developments. Nonprofits can often get interest-free loans and technical assistance from these agencies for the development process. Financial institutions with federal funding for affordable housing can provide reasonable loans to help nonprofits and developers access capital for affordable housing developments. If not already an experienced developer, nonprofits should secure a development partner in order to complete the project more successfully.

Community Land Trusts

A Community Land Trust (CLT) refers to the vehicle of separating land from building (house) for the purpose of transferring title to the property without selling the land. Fundamentally, CLTs keep housing permanently affordable. CLTs are a way for communities to control land and development. They are typically nonprofit organizations and can develop affordable rental and cooperative housing projects. CLTs are typically geared toward homeownership. With assistance from the local government in identifying land, nonprofits are at the helm of making CLTs work. CLTs across the country have partnered with organizations to target specific groups, such as people with disabilities or those in need of supportive housing. By partnering with a CLT, CCP could gain a development partner and ensure long term affordability, while the CLT could gain a source of funding and a partner with a deep knowledge of helping at-risk individuals. West Side Community Land Trust could serve as an opportune partner to help CCP move into rental development or help PLWHA move on into homeownership.

Zoning Regulations

Local government partners are critical to the production of affordable housing. Not only are they a conduit for funding, but local governments also set the rules for community development. Local zoning ordinances can enhance affordability and offer a significant path to expanding the production of affordable housing. Zoning can make it more difficult to construct housing, reducing the supply and driving up the cost of development. Reducing burdensome zoning regulations and allowing more types and sizes of housing in more areas lowers the cost of housing.

As is evident by the sizable deficit, the private market does not always provide the housing for low-income households most in need. Inclusionary zoning is one way local governments can ensure that apartments being developed set aside affordable housing units to those most in need, across a range of incomes. In addition to inclusionary zoning, the Urban Institute provides two community examples of density bonuses which incentivize the production of affordable housing in exchange for increases in allowable building heights – Austin, Texas and Arlington, Virginia. Both the City of Charlotte and Mecklenburg County demonstrated commitment to expanding affordable housing initiatives. Zoning provides a great vehicle to create inclusive communities.

2. Provide Deeper, Longer-Term Housing Subsidies

Limited economic mobility is a factor for many PLWHA and their families living within CCP's coverage area. Table 9: Common Occupations provides an analysis of data from the Bureau of Labor Statistics, identifying the top 15 occupations in the region, including the three most common jobs: Retail Salespersons, Fast Food and Counter Workers, and Cashiers. It is important to note these three most common jobs have some of the lowest wages. To prevent cost burden and not exceed spending more than 30% of income toward housing costs, these most common occupations are limited by maximum rents between \$565-\$471 per month, far below actual rents.

The situation is even more dire for households who rely on benefits from the Social Security Administration, which is discussed in more detail in Table 8: Maximum Rent Based on 2021 Social Security Benefits. Such income limitations, especially for persons reporting no income in the consumer survey, prevent households from preparing for an unexpected expense. Without a financial safety net to cover security deposits, high utility/water bills, medical expenses, or other housing-related costs, households in the region are vulnerable to a housing crisis. While HOPWA assistance provides for these costs for many households, there remains a great need for short- and longer-term solutions. Housing assistance and supports providing deeper, long-term subsidies would enable PLWHA to regain housing stability and offer the opportunity for improved economic mobility.

Many of these individuals and families, who are simultaneously managing medical needs, would benefit from long-term deep-end subsidies that can stabilize the household and avoid future housing crises from occurring. Subsidies such as Permanent Support Housing (PSH) provide housing in conjunction with supportive services. While Public Housing Authorities (PHAs) administer Housing Choice Vouchers, special purpose voucher programs, and project-based and/or affordable housing, creating partnerships between the network of CCP service providers and PHAs can help consumers "move on" from other service-based housing projects or apply for a Housing Choice Voucher when lotteries/wait lists open. With this proactive coordination, persons served in the region who require long-term housing assistance can receive the hands-on assistance to apply and obtain housing subsidies outside of the HOPWA program. Expanding the existing TBRA program should be considered as this was repeatedly mentioned

as a critical resource in stabilizing consumers long-term. Current and expanded TBRA funding, move-on strategies, and strengthened partnerships with organizations with long-term subsidies will help low-income PLWHA with the greatest housing instability stabilize.

3. Improve System-Wide Coordination

Consumer and provider survey respondents, along with interviewed staff, express that better coordination between support, medical, and housing services is a significant need for PLWHA in the region. Coordination needs improvement to reduce fragmentation and adequately address the needs of the persons served within the region. In addition to developing increased coordination among HOPWA providers, coordination needs to be improved system-wide among a variety of providers: medical care, employment supports, transportation, behavioral health care, and community-based supports.

Incorporating navigation tools and cross-training opportunities will better help providers and consumers navigate the systems responsible for managing and equitably distributing resources. As it stands, while providers are assessing consumer's housing situation, they are not tracking the consumer at a system-wide level. Improving system-wide tracking and coordination of services will benefit the CCP network's ability to offer the right services at the right time, which aids in preventing duplication of services, in addition to taking an interdisciplinary approach to service and care coordination. Housing navigation specialists may already exist within the specific region or county, and with these experts already established, CCP can create partnerships with established resources to train network staff, update and increase participation in landlord databases, and develop a region-wide, multi-system strategy that will improve the housing navigation needs of HOPWA consumers. In the absence of established resources of this kind, existing positions (e.g., case managers) can be re-purposed to increase the focus on system-wide navigation. Strategically enhancing the coordination among network providers and external systems will create the opportunity to maximize the distribution and utilization of HOPWA resources.

Develop a Resource Collaborative

A resource collaborative brings agencies serving a specific population together to identify and discuss resources, troubleshoot service gaps, and circulate best practices in service delivery. The interviews revealed that most agencies do not have a formalized method of gathering or distributing resources among staff, training in best practices was limited, and agencies did not work together as needed. A resource collaborative will bring together at least one representative from each agency, in a geographic way that makes sense, to ensure coordination is being maximized in order to benefit PLWHA.

Connection to the Continuum of Care

Another area of improvement identified through the interviews, was coordination with the Continuum of Care (CoC). Most agencies were somewhat familiar with the CoC and their process of assisting people experiencing homelessness, but rural areas demonstrated they were less familiar with the resources available. This is not unusual given the lack of homeless resources in rural areas. However, even an annual training from the CoC to HOPWA providers on the process would be a good start. CoCs often have committees and governing boards where HOPWA providers could get more involved.

Affordable Housing Resource Guide

Affordable housing can be complex to navigate, especially to providers who have not worked in the field very

long. Consumers are often required to find their own housing because case managers are ill-equipped to help them navigate opportunities. An affordable housing resource guide could offer an overview of the different types of housing assistance, inside and outside of HOPWA, and detail where affordable housing resources are in each community. This guide is not meant to be an all-encompassing guide to where to find landlords, but rather a basic guide to understanding subsidized, tax credit, special needs, and other housing opportunities.

4. Prioritize Households with the Greatest Housing Needs

Access to permanent supportive housing and other permanent housing subsidies would benefit PLWHA. Consumers and providers alike echo broader trends in the region, which is that a significant number of persons receiving services do not earn enough income to obtain or maintain housing. Households with the lowest incomes often have the greatest housing needs. Among the consumers who participated in the Housing Needs Assessment Survey, 15.8% reported being currently homeless; staying at an emergency shelter, a transitional housing project for homeless individuals or families, or experiencing unsheltered homelessness and sleeping in places not meant for human habitation. Roughly 58.6% of the respondents also self-disclosed having experienced homelessness, either currently or in the past.

Housing instability has costly repercussions. Further increasing coordination among the Homeless Continuums of Care (CoC), in addition to Public Housing Authorities (PHAs), can be a means to advocate for PLWHA who have long histories of homelessness, housing instability, and acute service needs. Persons served by CCP's network may overlap into other networks, such as behavioral health, criminal justice, domestic violence, and child welfare. Working in coordination with this broader network and prioritizing acute, overlapping households for affordable housing is fiscally and socially beneficial.

Screen in Households with the Greatest Need

Currently, some HOPWA programs are looking for signs of stability in a household to indicate they will be able to sustain the housing opportunity given prior to providing assistance. However, there is no evidence that one household will maintain housing stability over another. For example, households with no income will often have less access to a housing subsidy because they might not be considered sustainable. This results in people with the greatest need and lowest incomes being unable to obtain housing. These households are often the most impacted from housing instability and will be unable to access housing resources anywhere else. Once housed, people are more likely to access treatment, find employment, find childcare, adhere to medical care, and access behavioral health services. Screening households into HOPWA housing programs regardless of income offers the opportunity to everyone to have access to an improved quality of life, better health, and economic stability.

Partner with Community Services

People with the greatest housing needs often have high service needs as well. In order to expand HOPWA housing assistance, services such as behavioral health should be sought out in the community. While there is a great shortage of behavioral health services in most communities, partnerships should be pursued to the extent possible to take the burden off HOPWA funding. PLWHA who have access to health insurance, Medicaid, or services through other community-based programs should be accessing those community services as a priority or in conjunction with HOPWA support services.

5. Reduce Barriers to Obtaining and Maintaining Housing

Barriers to obtaining and maintaining housing are reported consistently among consumers and providers, which includes availability and affordability of units, poor credit, rental/eviction history, criminal background, eligibility for subsidy programs, lack of transportation, and lack of sustainable employment. Renters are also challenged by landlords who will not accept vouchers (income source discrimination) and apartments charging additional move-in costs. Using the data projections to identify population growth in rural and urban areas as illustrated in Table 4: Projected Population Growth, CCP can work with local governments with an emphasis on entitlement communities or state funding for non-entitlement communities to use community development resources to improve public services and housing. This may include strategies to address transportation needs, social services, short-term housing subsidies aimed at hard to housing populations, move-in expenses such as security and utility deposits, landlord incentives, and supportive services.

Landlord Engagement and Incentives

Landlord engagement strategies and incentives have proven to be very effective in helping case managers and consumers identify housing quicker, increase landlord partnerships, and overcome significant housing barriers. Landlord engagement strategies include housing location, housing navigation, and financial incentives to minimize the risk to the landlord. Housing location staff have a primary responsibility of identifying housing in the community that will work with people with housing barriers. This is a shift from housing location being a case manager's or consumer's sole responsibility. Similarly, housing navigation is the work that is done with a household prior to them moving in to the housing. Everything from inspection to lease-up. Housing location and navigation help speed up the process of finding the household housing and minimizes the likelihood that the consumer might be unsuccessful in finding housing and negotiating with a landlord. Landlord incentives include things like a risk mitigation fund, extra security deposits, and signing bonuses. As was highlighted in the interviews, surveys, and focus groups, many households have significant barriers like poor credit history, criminal history, and evictions. These barriers can be an immediate turn-off to landlords, but financial incentives can make up the difference. Existing providers, such as Socialserve's Housing CLT, already employ best practices in landlord engagement and incentives. Strengthening those partnerships will make certain PLWHA are being assisted to find housing as efficiently as possible



4. COMMUNITY CHARACTERISTICS

CCP's coverage area is comprised of both rural and urban areas within the 10-county region, including all but 1 county in the Charlotte MSA (Anson is excluded). This needs assessment considers the unique characteristics that comprise the service region. It is important to note that each municipality served under the HOPWA program has their own funding to address the needs of their residents and those resources may be used to further leverage the HOPWA funding through housing and services in each community. Looking at the community characteristics by demographic category in comparison to the overall population and number of PLWHA helps illustrate the common themes, overarching needs, and elements available to further augment the scope of services provided by the current system of care.

CCP COVERAGE AREA PROFILE		
	Number	Percentage
All PLWHA	10,192	100%
PLWHA who received HOPWA housing assistance	371	3.6%
Gender		
Female	130	36%
Male	235	63%
Transgender	6	1%
Race/Ethnicity		
Black/African American	314	84.64%
White	55	14.82%
Black/African American & White	2	0.54%
Hispanic/Latinx	9	2.4%
Age		
Under 18	0	0%
18-30	50	14%
31-50	177	48%
51 years and Older	144	38%
Median Income		
0-30% AMI	338	91%
31-50% AMI	25	7%
51-80% AMI	8	2%

Table 1: CCP Coverage Area Profile

4.1. Cases of HIV/AIDS and Growth at the County Level

The Number of PLWHA in the 10-county region continues to increase, as demonstrated by Figure 2: HIV/AIDS Population in the 10-county Area, which illustrates the total area real and projected number of PLWHA in the area. Between 2018 (the last year where data is available) and 2038, the number of Persons Living with HIV or AIDS in the service region is projected to increase by 91%. Based on the 2018 American Census Survey (ACS) population of the 10-county region, an estimated 10,192 persons, or .41% of the total regional population, are living with HIV or AIDS today

AIDSVu, 2018

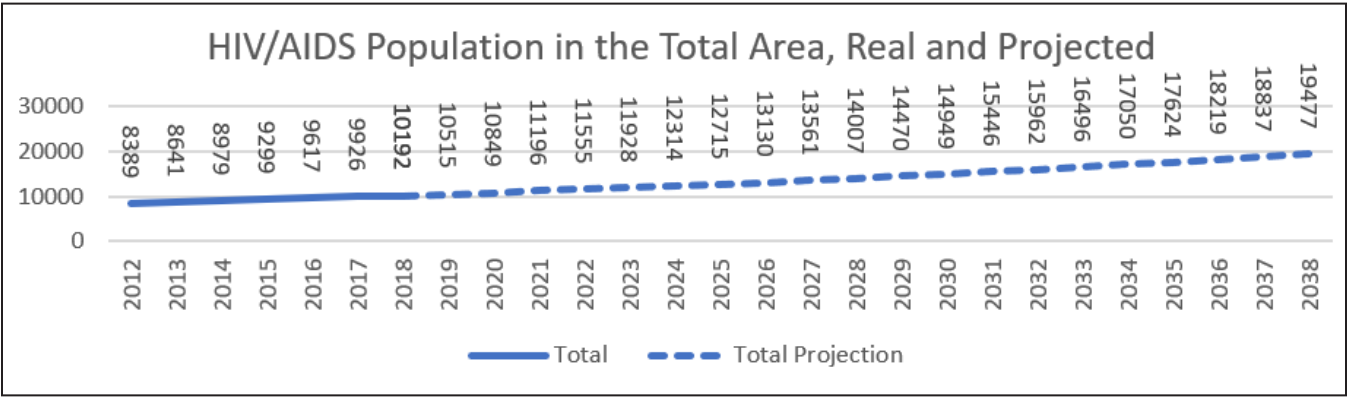
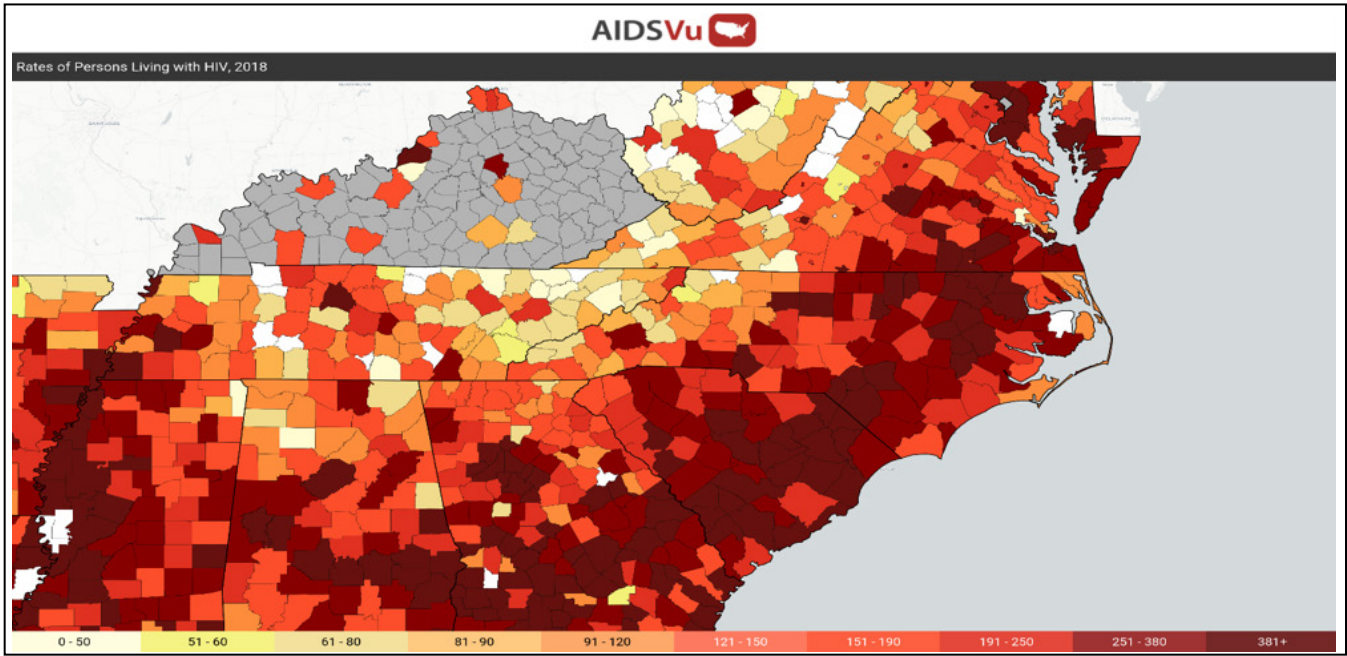


Figure 2: HIV/AIDS Population in the 10-county Area

The CCP coverage area sits on the edge of a larger region (stretching from Fayetteville, NC to north Florida in the south and central Alabama to the west) where HIV/AIDS cases are extremely high. To the north and west of Charlotte HIV/AIDS cases are far lower. This holds within the region, where Mecklenburg and Gastonia have extremely high cases per 100,000, while Iredell, to the north has far lower cases of incidence.



Source: AIDSVu

Figure 3: Cases per County in the Region around Charlotte, NC

Mecklenburg County, NC, the most populous among the 10 counties served by the CCP coverage area, accounts for both the largest incidence of new cases (26.7 new cases per 100,000 people) and the largest total of cases of HIV/AIDS totaling 6,963 persons in 2018. The county's high rate of HIV/AIDS incidence along with its far larger population means that the county represents about two-thirds of all HIV/AIDS cases in CCP's coverage area. At a rate of 15 new cases per 100,000 persons, Gaston County has the second highest rate of new cases, as well as the second largest population of PLWHA (783 people). While population size correlates with a higher overall population of people with HIV/AIDS, Gaston County has only the fourth largest overall population in the region.

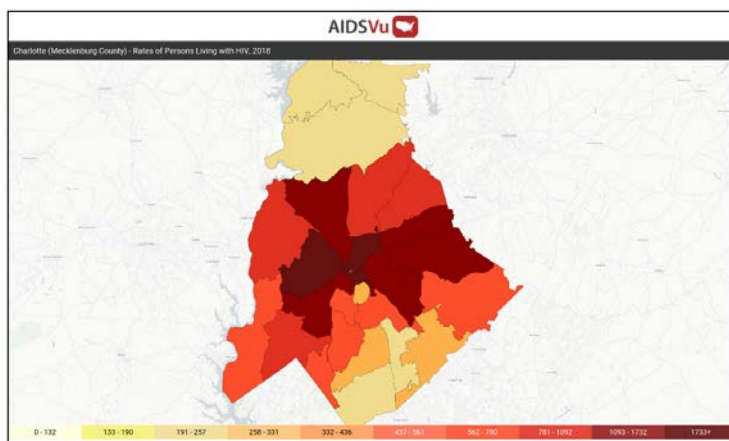
County	Rates of Persons Living with HIV per 100,000	New Cases per 100,000	Overall Population	PLWHA	New Cases of HIV/AIDS
Cabarrus, NC	214	7.5	206,615	442	15
Gaston, NC	357	15	219,271	783	33
Iredell, NC	114	6	175,538	200	11
Lincoln, NC	123	11.2	82,919	102	9
Mecklenburg, NC	648	26.7	1,074,475	6963	287
Rowan, NC	285	11.7	140,296	400	16
Union, NC	137	9.3	231,053	317	21
Chester, SC	343	N/A	32,311	111	0
Lancaster, SC	355	N/A	92,308	328	0
York, SC	206	9.7	265,872	548	26
Source: AIDSvU, 2018					

Table 2: HIV/AIDS in the CCP Area

4.2. HIV/AIDS in Mecklenburg

AIDSvU, a partnership of Emory University's Rollins School of Public Health, Gilead Sciences, Inc., and the Center for AIDS Research at Emory University, provides a more in-depth breakdown for Mecklenburg County than the other nine counties in the region. The following section lays out those maps and statistics and discusses how generalizable they are to the entire 10-county area. Mecklenburg is compared to the US as a whole and to the South (defined by the US Census as Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia) to see similarities and differences that might affect the demographics of those with HIV/AIDS in the surrounding areas.

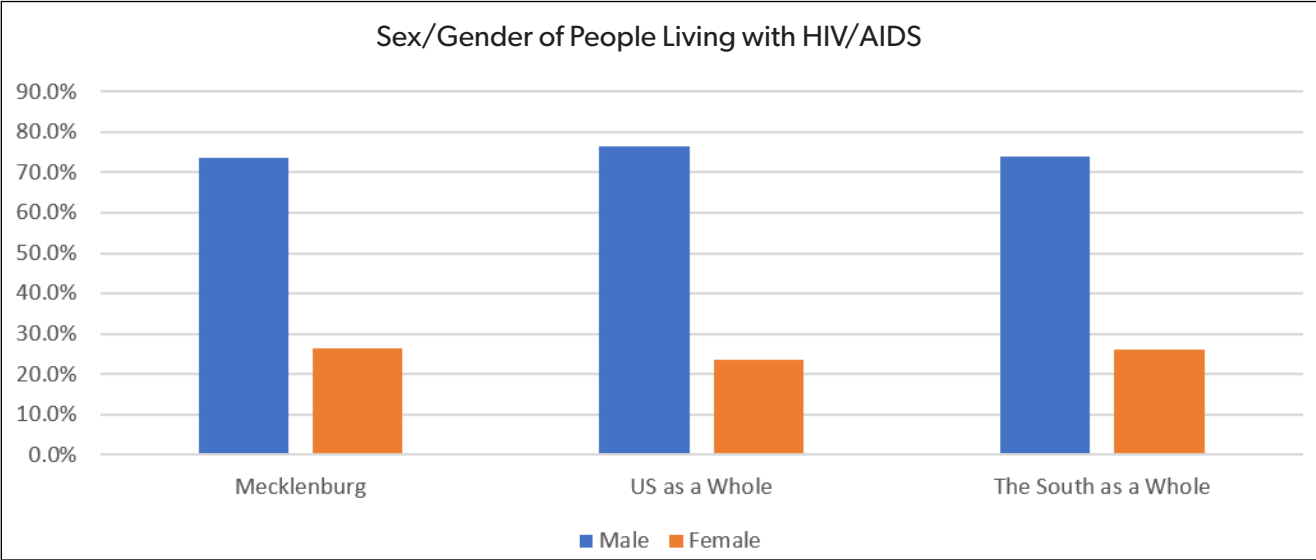
In Mecklenburg, the highest concentration of HIV/AIDS is in downtown and northwest Charlotte. Four zip codes: 28208, 28202, 28204, and 28206 fall within AIDSvU highest bracket with over 1,733 cases per 100,000 people. Cases of HIV/AIDS drop near the edges of the county, particularly in the far north and south of the county where there are 90% fewer cases per 100,000 people in the 28078, 28031, 28036, 28277, and 28270 zip codes.



AIDSvU, 2018

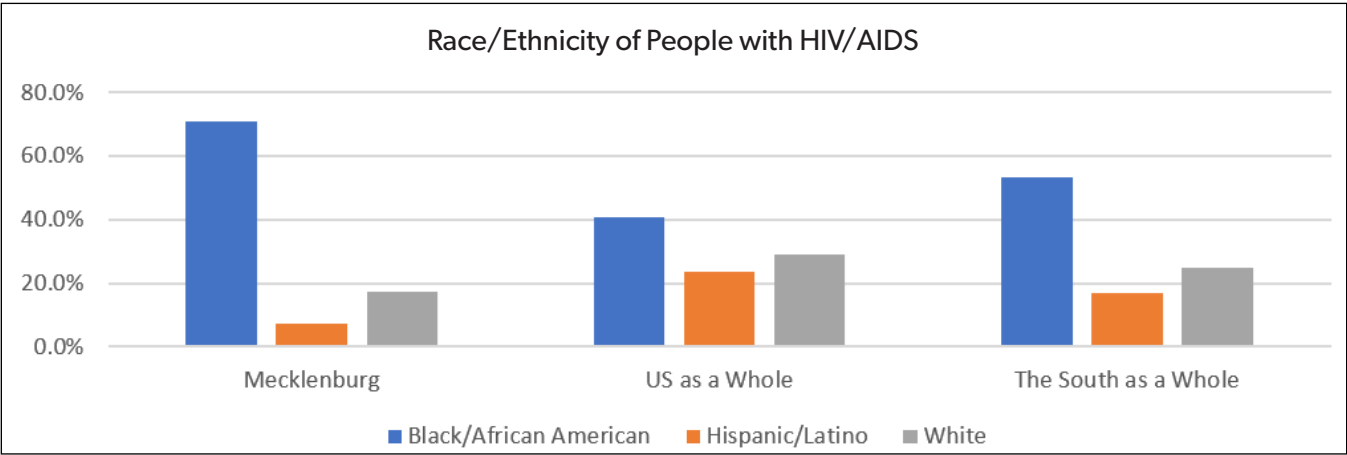
Figure 4: HIV/AIDS by Zip Code in Mecklenburg County

Across the US and in the South, the vast majority (three-fourths) of people with HIV/AIDS are men. This holds true in Mecklenburg, where 73.6% of people with HIV/AIDS are men. It is likely that this is similar across the 10-county region.



Source AIDSvu, 2018
Figure 5: Sex/Gender of People Living with HIV/AIDS in Mecklenburg, US, and Region

The most significant difference between Mecklenburg, the US as a whole, and the South is that 70.8% of those living with HIV/AIDS in the county are Black/African American, compared to 40.6% of people living with HIV/AIDS in the US and 53.3% in the South. Mecklenburg has a higher concentration of Black/African American residents (33%) compared to the 19.3% in the South as a whole and 13.4% in the country as a whole. This data suggests a particular concentration in Mecklenburg’s low-income Black communities. According to UNAIDS, the US has a concentrated HIV epidemic, primarily among men who have sex with men (MSM) and injection drug users in economically disadvantaged urban areas. In Charlotte, this describes the areas directly north northwest of the center city, and to a less extent in the east of the county. In all likelihood, the other nine counties with lower black/African American populations regress closer to the regional mean of 53.3% of HIV/AIDS cases for African Americans and, similarly, cases are most likely concentrated in regional centers, like Gastonia.



Source: AIDSvu, 2018
Figure 6: Race/Ethnicity of People with HIV/AIDS

The age of first diagnosis for HIV/AIDS holds relatively steady between Mecklenburg, the US as a whole, and the South. Fifty-five percent (55%) of Mecklenburg's new diagnosis are for people between 25-44, mirroring the larger areas. Twenty-four percent (24%) of new cases were for people under 24 years of age, slightly higher than the US as a whole.

Age Of Diagnosis Of New Cases Of HIV/AIDS				
	Mecklenburg		US as a Whole	The South as a Whole
Less than 24	24.3%	Less than 24	20.8%	22.0%
25-44	55.0%	25-44	54.8%	54.3%
45-59	16.8%	45-54*	14.2%	13.9%
60+	3.9%	55+*	10.1%	9.8%
AIDSVu, 2018				
*AIDSVu uses different age cohorts for local and regional data. Mecklenburg's information uses a 60+ Cohort, while the US and the South use a 55+ cohort				

Table 3: Age of People with HIV/AIDS in Mecklenburg, US, and Region

4.3. Population

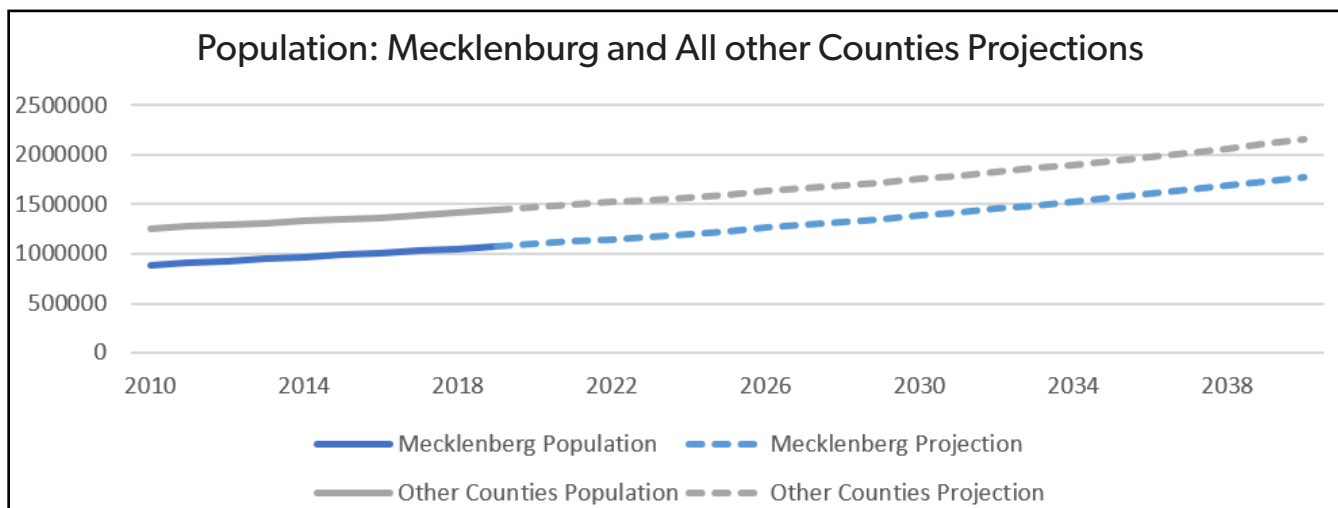
The total regional population steadily increased between 2010 and 2019. Between 2019 and 2040, the population is anticipated to increase by 55.85% from roughly 2.52 million to 3.93 million across the 10-county area. The three counties with the most significant population increases are Lancaster County, SC projected to increase by 84.46%, York County, SC where the population is expected to increase by 70.95%, and Union County, NC where it is anticipated to grow by 66.70% (though all from far lower base populations than Mecklenburg which is anticipated to have the largest growth in real numbers). The three counties experiencing the lowest or negative population growth are Chester County, SC where the population is expected to decrease by .97%, Rowan County, NC projecting a population increase of only 9.37%, and Gaston County, NC where there is an anticipated population increase of 23.94%.

Real Populations and Projections									
	Real Population			Projections					% Change
	2010	2015	2019	2020	2025	2030	2035	2040	
Total Area	2,133,412	2,338,792	2,520,658	2,569,038	2,833,788	3,142,187	3,503,281	3,928,337	55.85%
Cabarrus	169,990	188,375	206,615	211,069	235,071	262,275	293,177	328,357	58.92%
Gaston	202,642	209,807	219,271	221,260	231,866	243,692	256,919	271,754	23.94%
Iredell	154,632	165,066	175,538	178,147	192,256	208,356	226,799	248,000	41.28%
Lincoln	75,697	79,578	82,919	83,831	88,983	95,277	102,958	112,325	35.46%
Mecklenburg	882,761	990,288	1,074,475	1,098,948	1,232,183	1,386,029	1,564,498	1,772,521	64.97%
Rowan	136,880	138,361	140,296	140,666	142,855	145,662	149,162	153,438	9.37%
Union	190,346	213,422	231,053	235,941	263,258	296,230	336,269	385,169	66.70%
Chester	33,246	32,556	32,311	32,230	31,920	31,773	31,796	31,998	-0.97%
Lancaster	72,302	81,263	92,308	94,649	107,872	124,180	144,543	170,267	84.46%
York	214,916	240,076	265,872	272,298	307,527	348,713	397,161	454,507	70.95%
Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition									

Table 4: Projected Population Growth

Population growth, in conjunction with disease incidence per 100,000, is one of the primary indicators of the probability of new HIV/AIDS cases. As populations grow, the real number of people experiencing HIV/AIDS will increase as well if the incidence rate stays constant. If current rates stay constant, thousands of new people will be diagnosed with HIV/AIDS in the region as the population increases.

Population growth is also tied to the government services required to serve people with HIV/AIDS. Local jurisdiction plan infrastructure and transportation improvements to support and respond to population growth are important factors in access to housing and supportive services. The projection predicts continued growth in rural and suburban areas, which means community needs will change and CCP will have to serve more people in less urban areas. Population growth can result in increased federal funding for HOME Investment Partnership and Community Development Block Grant (CDBG) funding to improve access to housing and public services for low-and moderate-income households which can be blended with HOPWA funding to augment the housing and service needs for PLWHA in the service region.



Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition

Figure 7: Population and Population Projections

4.4. Age

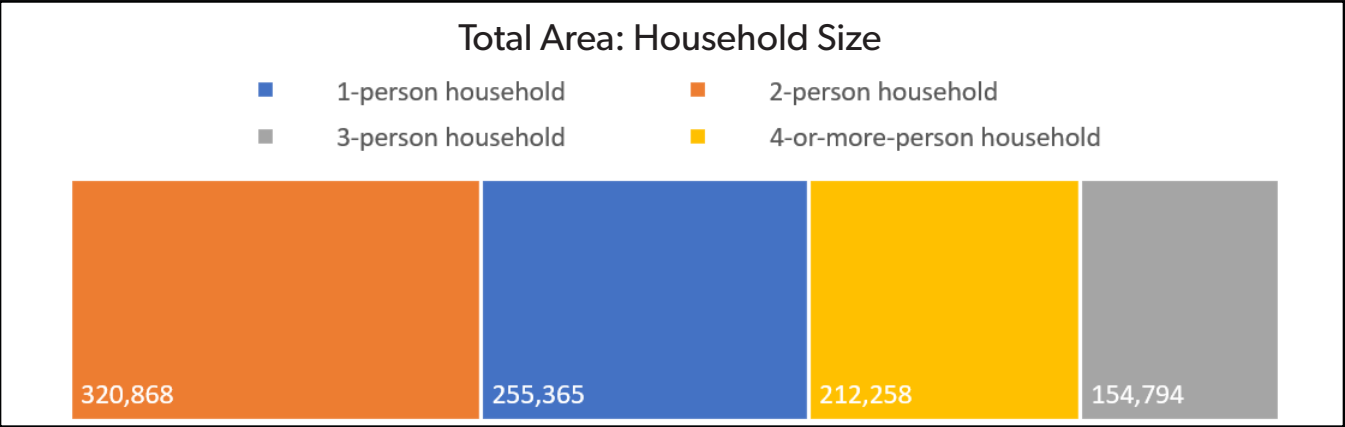
As shown in Table 3: Age of People with HIV/AIDS in Mecklenburg, US, and Region, nearly 80% of people diagnosed with HIV/AIDS are under 45. Not pictured in the graph, most older adults diagnosed with HIV/AIDS are late diagnoses, and thus most likely contracted HIV/AIDS at a younger age. As the coverage area ages, and particularly more rural parts of the coverage area that are aging more quickly, new cases will likely decline as a share of total population.

Real Age and Projections									
	Real Age			Projections					% Change Projected 2019- 2040
	2010	2015	2019	2020	2025	2030	2035	2040	
Under 20	605,699	639,713	666,919	673,636	708,824	746,817	787,818	832,043	24.76%
20-44	770,527	810,988	856,749	866,989	920,807	979,258	1,042,728	1,111,637	29.75%
44-64	531,404	607,501	661,997	678,087	765,380	865,339	979,899	1,111,302	67.87%
65+	225,782	280,590	334,993	350,326	438,777	550,773	692,836	873,356	160.71%
Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition									

Table 5: Age and Age Projections

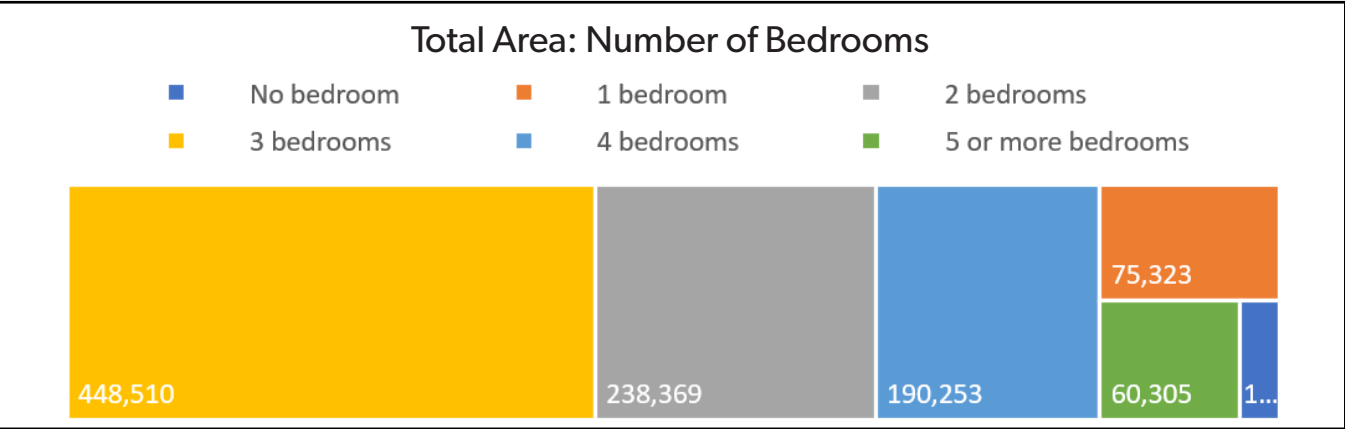
The age projections for the 10-county area estimates that persons under the age of 20 years will grow by only 24.76%. This indicates a slowing birth rate that will impact household size and the future labor force, as well as leaving fewer people

in the age cohorts most likely to contract HIV/AIDS. The most significant category in which populations is projected to increase between 2019 and 2040 are persons aged 65 and older, projected to grow by 160.71%. At the current growth rate, these retirement age adults will outnumber children by 2040. The 44-64 age group is projected to grow by 67.87% in Mecklenburg County, the second highest growth rate. As a community ages, housing needs change: with fewer families with children the area needs fewer large homes, while more retirees require age friendly designs and more walkability. The growth for persons aged 20-44 was projected at 29.75% in the region. This rate, only slightly higher than the growth in the youth population, suggests relatively low in-migration for these young workers. Persons aged 20-44 years comprise the largest share of population of all age categories today and, even with a far lower growth rate, are still forecast to be the largest group in 2040.



Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition
Figure 8: Total Area: Household Size

As the area ages, the need for larger homes will decline. Already, most households in the area are two or fewer people, while most homes have three or more bedrooms. Fewer children will lead to smaller households. To ensure that housing is affordable and better serves changing demographics, local governments will need adjust zoning laws to allow smaller units, which are now banned in most residential areas in the region, and increase density to allow more, smaller units in less auto dependent neighborhoods.



Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition
Figure 9: Total Area: Number of Bedrooms

In interviews and discussions with CCP, local housing authorities, and emergency shelters for homeless persons, housing professionals that work with PLWHA have noted the need for smaller units. These organizations are, in order to serve their population, looking for single bedroom units to house their mostly one and two-person households and having difficulty finding available smaller units. In order to house people, these organizations are having to providing larger units for these households, driving up costs. There is demand for these units that the market is not serving because of local zoning regulations.

As the overall population continues to age, PLWHA who are elderly and aging (a growing share of people with HIV/AIDS as treatment extends the lifespan of people with the disease) will need access to age-specific supports through community-based service providers, further supplementing resources offered through the HOPWA program. This pivot to prioritize elderly services in conjunction with HIV/AIDS services includes resources to help persons age in place. This can include in-home care, financial assistance such as rent or mortgage assistance to supplement monthly benefits, and home modifications such as ramps or grab bars.

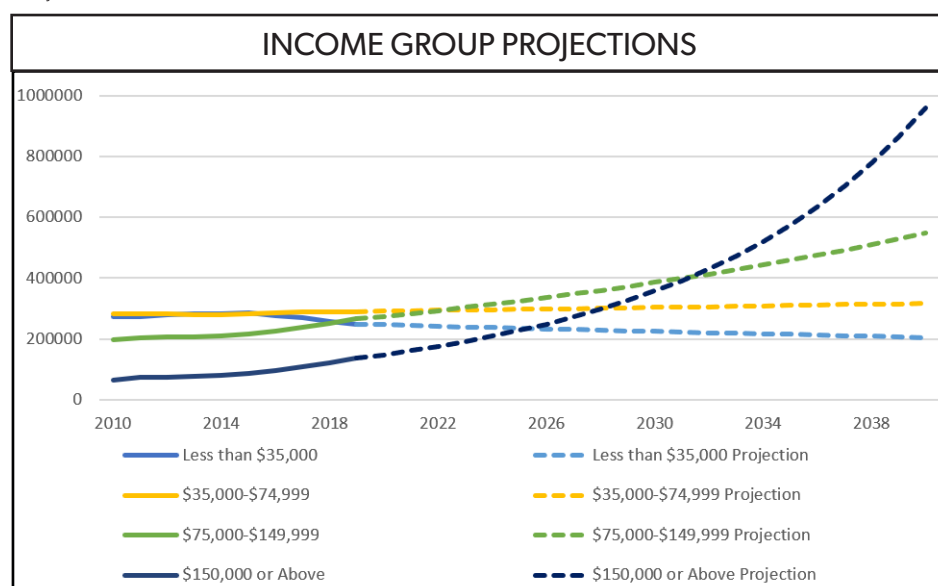
4.5. Area Income

Incomes in the 10-county MSA are projected to rise, with a declining number of low-income households (\$35,000 annually), dropping far faster than the inflation from 26.46% of the population in 2019 to 10.13% in 2040. Incomes tend to rise as inflation decreases the real value of the dollar, but incomes in the Charlotte area are increasing more quickly than inflation. Alternatively, the number of households in the highest income band, earning \$150,000 or greater is anticipated to increase from 14.50% of the population to 47.23% of the overall population, further widening the income disparity. By 2040, it is anticipated that there will be a significant increase of persons within the 44-64 years of age range, which is a factor contributing to the increased income. As a generalization, the households within this age range have moved beyond entry level jobs to high-level, well-paying career roles. With the decrease in persons under the age of 20 living in the region, this also impacts the number of households made up of persons in the two lower income bands.

TOTAL AREA INCOME PROJECTIONS										
	Real Income			% Overall 2019 Population	Income Projections					% Estimated 2040 Population
	2010	2015	2019		2020	2025	2030	2035	2040	
Less than \$35,000	273,063	285,329	249,547	26.46%	247,190	235,840	225,177	215,154	205,726	10.13%
\$35,000-\$74,999	281,800	282,298	290,986	30.85%	292,105	297,885	303,989	310,436	317,244	15.62%
\$75,000-\$149,999	198,349	216,021	265,928	28.19%	274,940	325,277	385,918	459,412	549,116	27.03%
\$150,000 or Above	66,373	88,064	136,726	14.50%	148,685	228,237	357,331	574,879	959,474	47.23%

Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition

Table 6: Total Area Income Projections

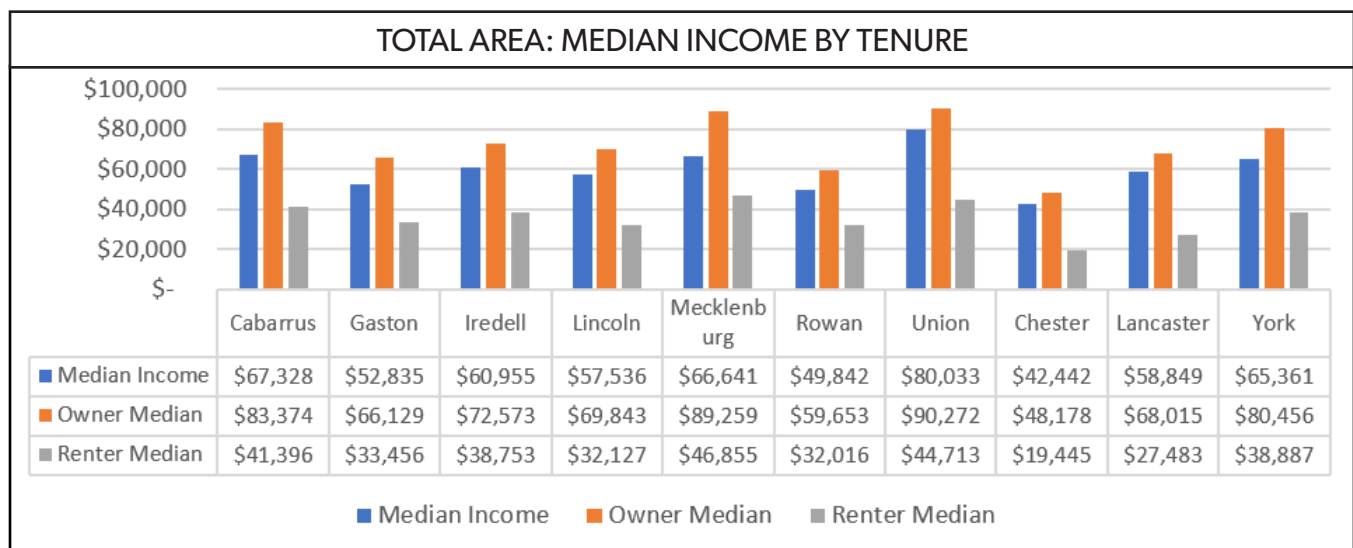


Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition

Figure 10: Income Group Projections, Total Area

4.6. Median Income

According to the 2019 5-Year ACS Estimates among the 10 counties, the median incomes range from \$80,033 in Union County, NC to \$42,442 in Chester County, SC. Renter households have significantly lower median incomes in comparison to the homeowners within the same counties. As an example, Lancaster County, SC's median renter household has an income of \$27,483 compared to the median owner income of \$68,015. While low income is usually defined from the "all households median income," far lower renter incomes may mean that the majority of renters qualify as low income, and a broad swath of the population may lack access to affordable housing. Among consumers served with HOPWA housing assistance, 91% were at 30% of the area median income or below demonstrating that the people with the lowest incomes have very high housing needs. The high cost of getting into rental housing, including a security deposit and first/last month's rent, serves as an additional barrier to housing stability and further limits housing choice.



Source: Census Bureau, American Community Survey, 2019 5 Year Estimates.

Figure 11: Total Area: Median Income by Tenure

The most significant economic disparity between renter and owner households exists in Union County where there is a difference between tenures of \$45,559 annually. Conversely, Rowan County renters and owners have less significant income disparity with a difference of \$27,637 in annual median income. Owner households with a mortgage pay higher housing costs but are able to build and tap into equity. Additionally, owner households without a mortgage pay far lower housing costs than any other group.

DIFFERENCE IN MEDIAN INCOME BY TENURE			
County	Difference Between Owner and Renter Median Incomes	County	Difference Between Owner and Renter Median Incomes
Cabarrus County	-\$41,978	Rowan County	-\$27,637
Gaston County	-\$32,673	Union County	-\$45,559
Iredell County	-\$33,820	Chester County	-\$28,733
Lincoln County	-\$37,716	Lancaster County	-\$40,532
Mecklenburg County	-\$42,404	York County	-\$41,569

Table 7: Difference in Median Income by Tenure

To further illustrate financial limitations for persons with disabilities, which includes many PLWHA, Table 8: Maximum Rent Based on 2021 Social Security Benefits details the 2021 Social Security benefit amount and the maximum rent based on 30% of the monthly income for benefit recipients. This snapshot further emphasizes that economic disparity between owner households and persons who rely on benefits and are in desperate need of affordable housing options.

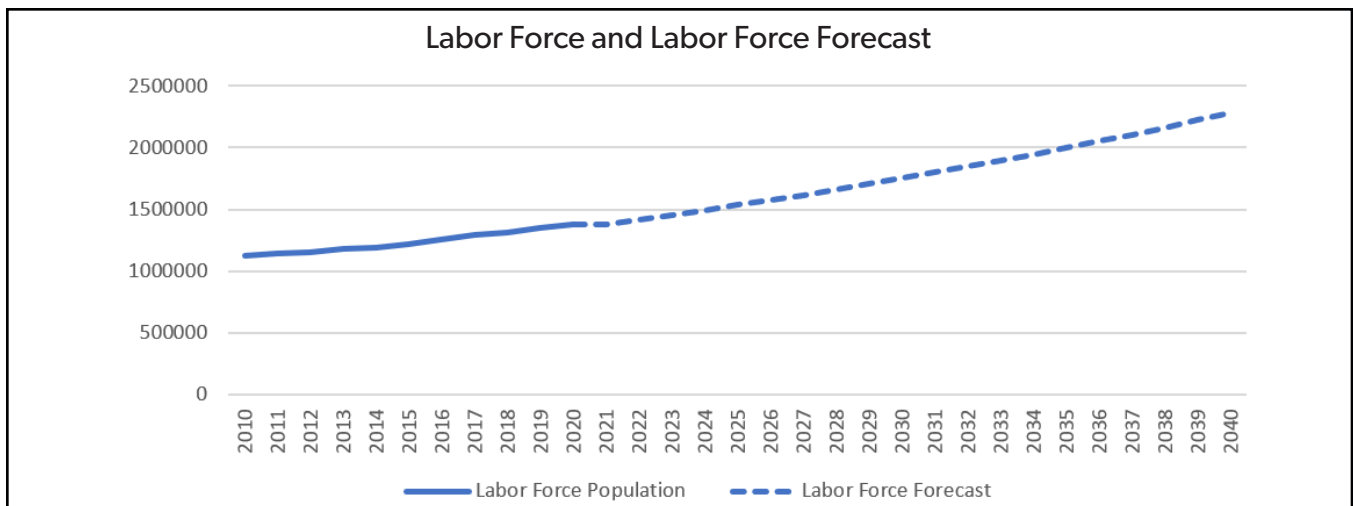
Maximum Rent Based on 2021 Social Security Benefits (30% of Monthly Income)			
Income Type	Monthly Benefit Amount	Annualized Income	Estimated Maximum Monthly Rent or Mortgage (Not Including Utilities)
Supplemental Security Income (SSI)	\$794	\$9,528	\$238
Social Security Disability Insurance (SSDI)	\$1,277*	\$15,324	\$383
Social Security (Retirement)	\$1,543*	\$18,516	\$463
Source: Social Security Administration, Cost of Living Adjustment Information. Fact Sheet: 2021 Social Security Changes. *estimated average			

Table 8: Maximum Rent Based on 2021 Social Security Benefits

Both providers and consumers who participated in the Housing Needs Assessment Survey identified income as the most significant barrier when trying to obtain independent, permanent housing. While 42.0% of consumers surveyed report earning employment income, 39.1% rely on Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) as their primary income source.

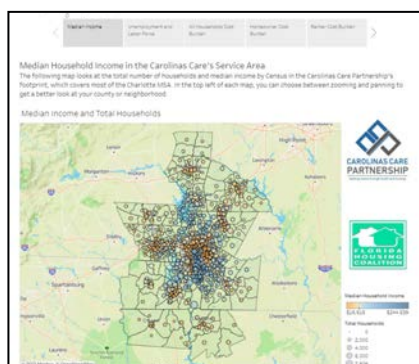
4.7. Employment and Top Occupations

The labor force between the years of 2020 to 2040 is projected to grow slowly while the share of population in the labor force is projected to decline as people age.



Source: U.S. Bureau of Labor Statistics. Labor Force Projections.

Figure 12: Labor Force and Labor Force Forecast



To better understand the economic factors affecting housing affordability at a neighborhood level, the map on the left provides income, employment rate, and cost burden at the Census tract level. Click **on the map** to see where people can and cannot afford housing in the CCP coverage area.

Source: US Census, 2019 5-Year ACS | Interactive Map 1: Economic Maps



OCCUPATIONS

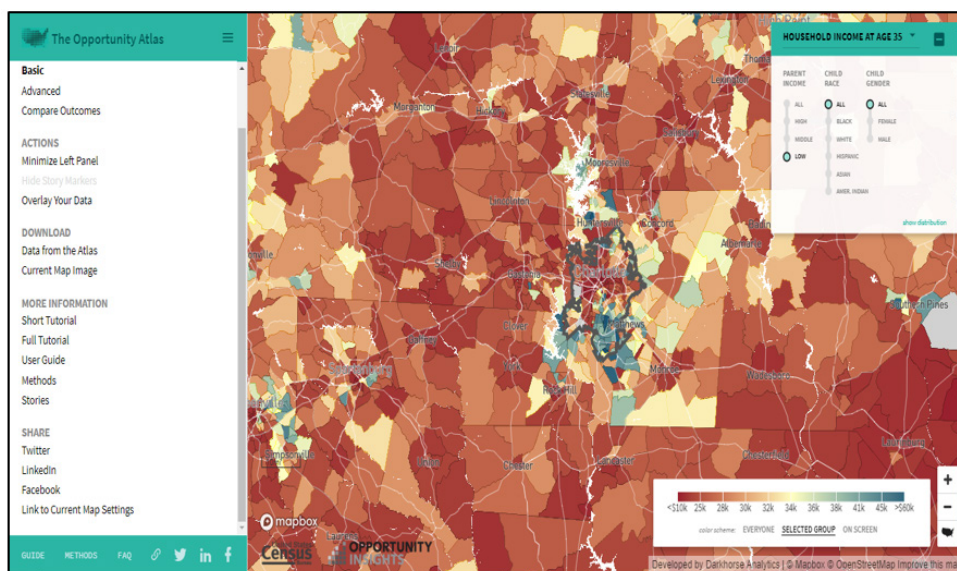
Occupation data is only available at the MSA level, rather than for the 10-county area. In the Charlotte MSA, Retail salesperson is the most common occupation. If a retail salesperson works full time at 40 hours per week, 50 weeks a year, their annualized income supports a monthly rental amount of \$565, which is 30% of their gross income toward housing expenses. The lowest paid workers among the top 15 occupations are Fast Food and Counter Workers, accounting for 2.94% of all workers. Their annualized earnings of \$18,820 support a maximum monthly rent of \$471 to ensure these households are not cost burdened. Fast food workers must either live with another worker or work multiple jobs to afford even low-cost housing in the MSA. General Operations and Managers are the highest paid common occupation, accounting for 1.57% of all workers in the MSA and earning an estimated \$108,280 annually if they work full time, allowing them to afford a home far above the median. Nine of the 15 most common jobs pay less than \$15 an hour.

15 Most Common Occupations in the Charlotte MSA and Median Wages					
Job Title	Number of Workers	% of Workers	Median Hourly Wage	Estimated Annualized Income	Estimated Maximum Monthly Rent (Not Including Utilities)
All Workers	1,211,240	100%	\$19.91	\$39,820	\$996
Retail Salespersons	36,770	3.04%	\$11.30	\$22,600	\$565
Fast Food and Counter Workers	35,580	2.94%	\$9.41	\$18,820	\$471
Cashiers	33,400	2.76%	\$9.93	\$19,860	\$497
Laborers and Freight, Stock, and Material Movers	32,970	2.72%	\$13.28	\$26,560	\$664
Customer Service Representatives	29,480	2.43%	\$17.59	\$35,180	\$880
Registered Nurses	23,720	1.96%	\$31.07	\$62,140	\$1,554
Waiters and Waitresses	22,710	1.87%	\$9.28	\$18,560	\$464
Office Clerks, General	21,980	1.81%	\$15.58	\$31,160	\$779
Stockers and Order Fillers	21,170	1.75%	\$12.78	\$25,560	\$639
General and Operations Managers	18,980	1.57%	\$54.14	\$108,280	\$2,707
Heavy and Tractor-Trailer Truck Drivers	18,430	1.52%	\$21.53	\$43,060	\$1,077
Sales Representatives, Wholesale and Manufacturing, Except Technical and Scientific Products	17,030	1.41%	\$31.90	\$63,800	\$1,595
Miscellaneous Assemblers and Fabricators	15,720	1.30%	\$14.97	\$29,940	\$749
Cooks, Restaurant	14,640	1.21%	\$12.59	\$25,180	\$630
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	13,800	1.14%	\$11.75	\$23,500	\$588
Source: Bureau of Labor Statistics					

Table 9: Common Occupations

OPPORTUNITY ATLAS

The Opportunity Atlas provides in depth analysis of the way that the places we live impact our long-term economic opportunity. Tracking households over decades, the Atlas looks at how kids' Census track of origin relates to their income at 35. By clicking on the image to the right, you can see the areas of the city that promote or discourage economic success for low-income children in the 10-county area. Opportunity in the 10-county area is concentrated in a few Census tracts, primarily in the southeast portion of Mecklenburg County and in and around Huntersville. In the areas in the north of Mecklenburg where HIV/AIDS cases are high, opportunity for low-income children is extremely low.



Source: Opportunity Atlas, 2020

Interactive Map 2: Opportunity Atlas for the Region

4.8 Race and Ethnicity

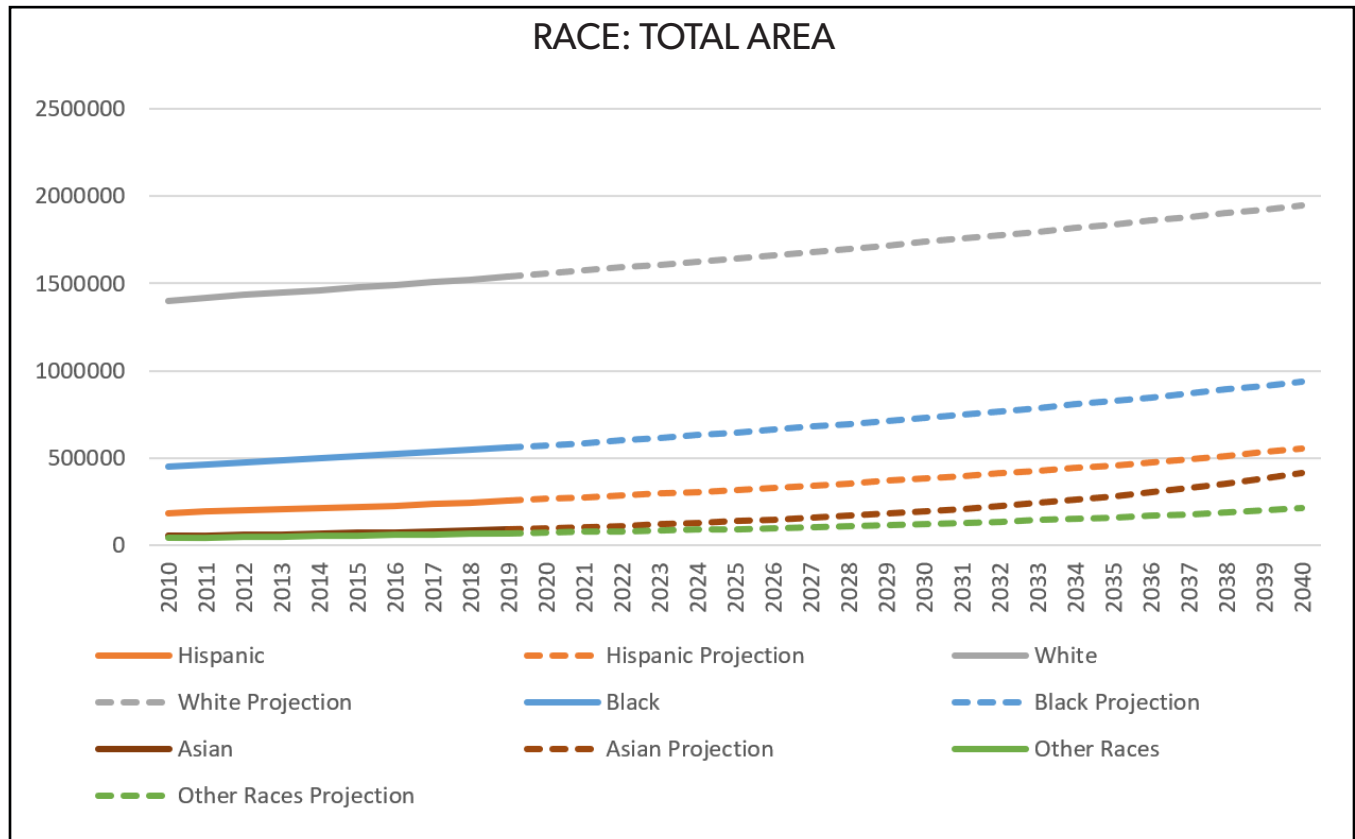
As of 2019, White alone persons comprise the majority of the total area population, accounting for 61.10% of the population, but account only for only a small minority (14.82%) of HOPWA households served with housing assistance during the 2019-2020 fiscal year (Figure 6: Race/Ethnicity of People with HIV/AIDS). The White alone population is projected to grow through 2040 but decrease as a share of the population as the Hispanic, Asian, and other race(s) increase dramatically. Other races include two or more races, a growing category as Americans become more likely to marry outside of their racial group. Black/African American persons are the second most represented racial group in the service area, accounting for 22.21% of the population. Current trends point to a slowly growing Black population, increasing by an estimated 378,665 persons (23.89%) by 2040. However, persons who are Black or African American account for 84.64% of HOPWA households served with housing assistance during the 2019-2020 fiscal year in all counties; again, roughly in line with the race/ethnicity of people with HIV/AIDS in Mecklenburg County outlined in Figure 6: Race/Ethnicity of People with HIV/AIDS. The most significant projected population increase is anticipated among Asian persons, increasing from 3.71% to 10.56% of the area population. Persons who are Hispanic living in the service region are anticipated to increase from 10.20% in 2019 to 14.09% in 2040.

Demographic Changes to Race and Ethnicity				
	2019	2019%	2040	2040%
Total Area	2,520,658		3,928,337	
Hispanic	257,181	10.20%	553,470	14.09%
White	1,540,178	61.10%	1,946,373	49.55%
Black	559,737	22.21%	938,392	23.89%
Asian	93,524	3.71%	415,014	10.56%
Other Races	70,038	2.78%	212,159	5.40%

Source: US Census, American Community Survey, Various Years. Projections by the Florida Housing Coalition

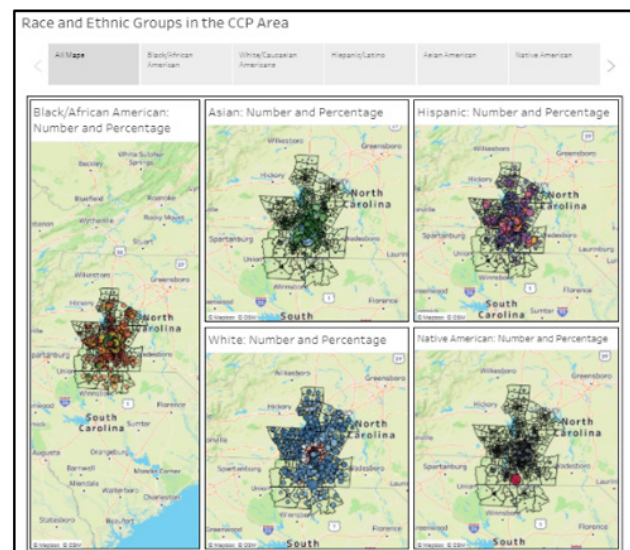
Table 10: Demographic Changes to Race and Ethnicity

As the racial and ethnic composition of the region is changing, HOPWA service providers may seek out opportunities to improve cultural and linguistic service provision. Providing services in a person's home language can help the consumer better communicate their needs to best address preventing the spread of HIV/AIDS and supporting PLWHA. When services are provided in a way that aligns with the consumer's cultural identity, this can help them navigate complexity of personal support systems in addition to community and medical services that help PLWHA live independently and maintain their housing.



Source: US Census, ACS 5-Year Estimates, Various Years. Projections by the Florida Housing Coalition.

Figure 13: Race Projections in the Total Area



Source: Census Bureau, American Community Survey, 2019 5 Year Estimates.

Interactive Map 3: Race and Ethnicity in the Service Area

INTERACTIVE TABLEAU MAPS

To provide a more in depth look at the geography of race in the 10-county area, interactive Tableau maps were created for each Census tract in the region. The interactive maps can be accessed by clicking on the picture to the left.

TOTAL AREA RACE PROJECTIONS									
Real Population			Projections						
	2010	2015	2019	2020	2025	2030	2035	2040	Projected % Change 2019-2040
Total Area	2,133,412	2,338,792	2,520,658	2,569,038	2,833,788	3,142,187	3,503,281	3,928,337	55.8%
Hispanic	181,885	223,248	257,181	266,603	319,392	383,123	460,175	553,470	115.2%
White	1,399,614	1,475,138	1,540,178	1,556,729	1,643,285	1,736,621	1,837,402	1,946,373	26.4%
Black	452,974	510,878	559,737	573,261	646,682	730,855	827,445	938,392	67.6%
Asian	55,080	72,955	93,524	99,733	138,732	196,082	282,277	415,014	343.8%
Other Races	43,859	56,573	70,038	73,719	95,473	124,133	161,998	212,159	202.9%
Source: Census Bureau, American Community Survey, 5 Year Estimates, Various Years. Projections by the Florida Housing Coalition									

Table 11: Race and Race Projections

4.9. Sex/Gender

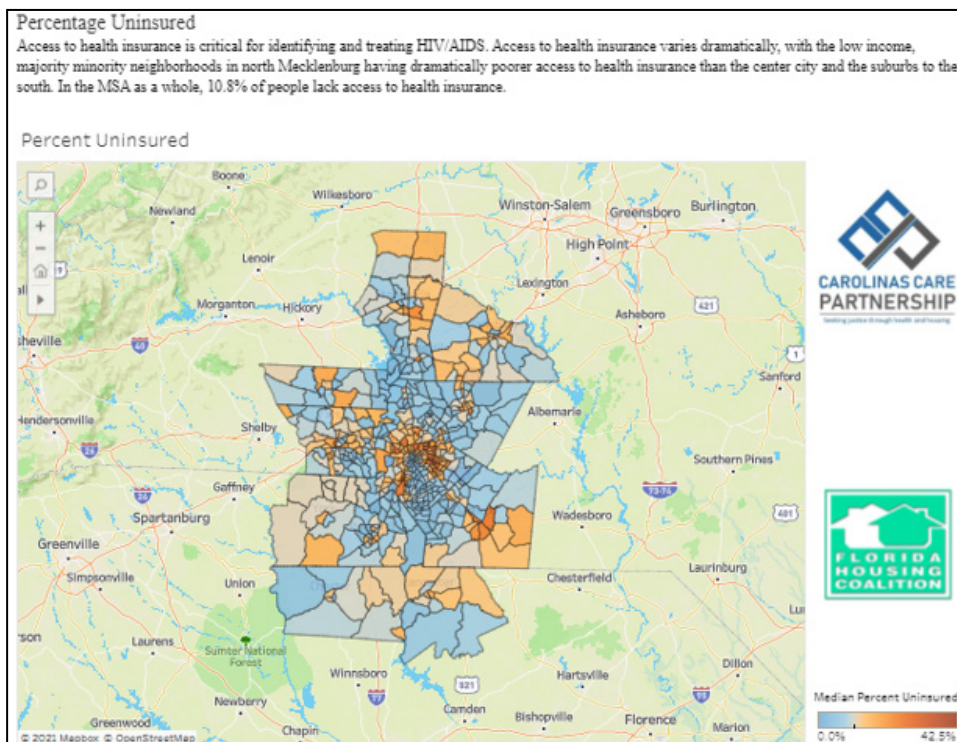
According to the Census Bureau, the total CCP coverage area population in 2019 was 52% female and 48% male. These numbers have shown very little change over the last decade, and 2040 projections estimate the same sex ratio. Among the 371 HOPWA eligible consumers served in the 2019-2020 operating year, 63.34% identified as male, 35.04% as female, and 1.62% individuals identify as transgender (all from male to female). Similarly, consumers served were 38% female and 61% male in the 2018-2019 operating year. 73.6% of PLWHA in Mecklenburg County and 74% in the South are male. This may suggest that males are underserved by HOPWA services, or females may be more likely to accept help and/or may have higher levels of need.

TOTAL AREA GENDER PROJECTIONS								
	Real Population			Projections				
	2010	2015	2019	2020	2025	2030	2035	2040
Male	1038,828	1,136,473	1,222,439	1,244,539	1,361,959	1,491,841	1,635,559	1,794,641
% Male	49%	49%	48%	48%	48%	48%	48%	48%
Female	1,094,584	1,202,319	1,298,219	1,323,535	1,458,931	1,610,333	1,779,705	1,969,260
% Female	51%	51%	52%	52%	52%	52%	52%	52%
Source: Census Bureau, American Community Survey, 2019 5 Year Estimates. Projections by the Florida Housing Coalition								

Table 12: Sex/Gender and Projections

4.10. Health Insurance Access

Access to health insurance is key for identifying and treating HIV/AIDS. Unfortunately, healthcare coverage is not uniform. While only 10.8% of people lack any health insurance in the MSA, an inverted U-shaped area above and around downtown Charlotte boasts far higher numbers of uninsured individuals. People in these areas are less likely to seek testing or to be able to afford treatment. As shown in Figure 4: HIV/AIDS by Zip Code in Mecklenburg County, these same areas have far higher rates of HIV/AIDS than the surrounding zip codes and counties. Click on the picture at the top of the next page to see the percent uninsured in the CCP coverage area.



Source: US Census, 2019 5 Year ACS | Interactive Map 4: Rate of Un-insurance

5. INTERSECTION OF PERSONS WITH HIV/AIDS AND THE HOUSING CRISIS RESPONSE SYSTEM

There are four lead agencies that are responsible for applying for and passing-through funding to a coordinated network of direct service providers for homeless specific housing and services within the 10-county region. These coordinating agencies, known as homeless Continuums of Care (CoCs), are NC-505 Charlotte/Mecklenburg County CoC, NC-503 North Carolina Balance of State CoC (Union, Cabarrus, Rowan, and Iredell Counties), NC-509 Gaston and Lincoln Counties, and SC-502 Columbia/Midlands CoC. In addition to annual reporting based on the number of persons experiencing homelessness, the CoCs are also responsible for conducting the annual Point in Time Count (PIT Count) to capture a snapshot of persons experiencing sheltered and unsheltered homelessness over a one-day period every year in January.

The data collected from the PIT Count in January 2020 exhibits low numbers of PLWHA who are also experiencing homelessness. Among the total number of persons experiencing homelessness in each of the four CoCs, NC-505 Charlotte/Mecklenburg has the highest rate of persons overlapping, with 3.18% of the total homeless individuals self-disclosing a HIV/AIDS diagnosis. The lowest rate of homeless persons who are also reporting having HIV or AIDS is within the NC-503 North Carolina Balance of State CoC which is responsible for preventing and ending homelessness in very rural areas of North Carolina. People with HIV/AIDS are disproportionately likely to be experiencing homelessness but represent a relatively small portion of the overall population of homeless persons.

In January 2018, HUD required that all CoCs have a coordinated process, often referred to as coordinated entry, to assess and prioritize homeless households for housing and services. This is an opportunity for increased collaboration among the CoC and HOPWA providers to identify consumers experiencing literal homelessness and coordinate housing and service provision among both systems, and ensure households are prioritized for housing based on the CoC's coordinated entry system. Strategically identifying contributions from both the CoC and HOPWA programs can maximize resources and address housing need among the most vulnerable consumers overlapping into publicly funded systems.

Total Number of Persons Experiencing Homelessness and Living with HIV/AIDS Point in Time Count							
	2015	2016	2017	2018	2019	2020	% PLWHA of Total Homeless Persons in 2020
NC-503 North Carolina Balance of State CoC	7	14	16	14	13	15	0.47%
NC-505 Charlotte/Mecklenburg County CoC	30	16	0	28	36	51	3.18%
NC-509 Gaston and Lincoln Counties CoC	1	3	1	0	2	4	1.23%
SC-502 Columbia/Midlands CoC	17	22	8	27	33	24	2.11%

Source: U.S. Department of Housing and Urban Development. Point in Time Count 2015-2020.
<https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Table 13: Total Number of Persons Experiencing Homelessness Living with HIV/AIDS

Although the PIT Count relies on self-disclosure, the Count provides a snapshot of the potential number of PLWHA and experiencing homelessness across the region on any given night. The NC-505 Charlotte/Mecklenburg CoC reports the highest numbers of PLWHA experiencing unsheltered homelessness in the 2020 Point in Time Count, which reflects both its larger population and higher rate of HIV/AIDS.

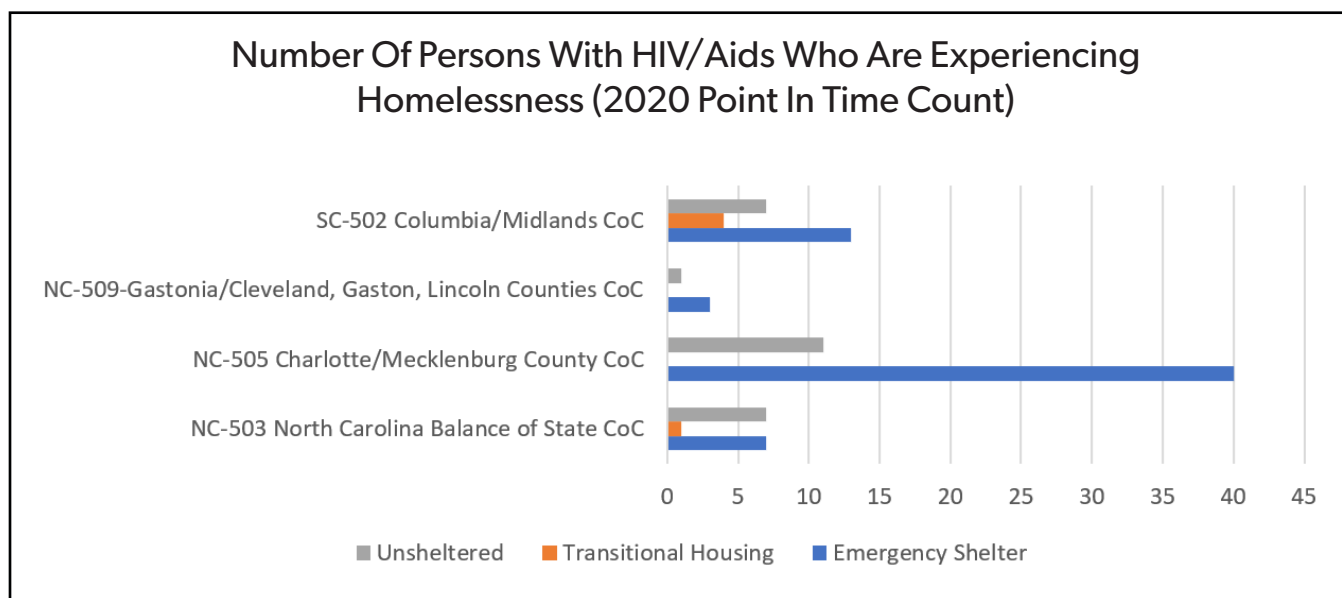


Figure 14: U.S. Department of Housing and Urban Development. 2020 Point in Time Count

As stated previously, 15.8% of consumers who participated in the Housing Needs Assessment Survey reported being currently homeless, staying at an emergency shelter or transitional housing, or experiencing unsheltered homelessness and sleeping in places not meant for human habitation. Roughly 58.6% of the respondents also self-disclosed having experienced homelessness, either currently or in the past. Although persons doubled up, couch surfing, or paying out of pocket for a hotel/motel room do not meet HUD's definition of literally homeless, people living in these circumstances are at an elevated risk of homelessness. These at-risk households, while they may have a roof over their head, are in temporary living situations without a lease of their own.

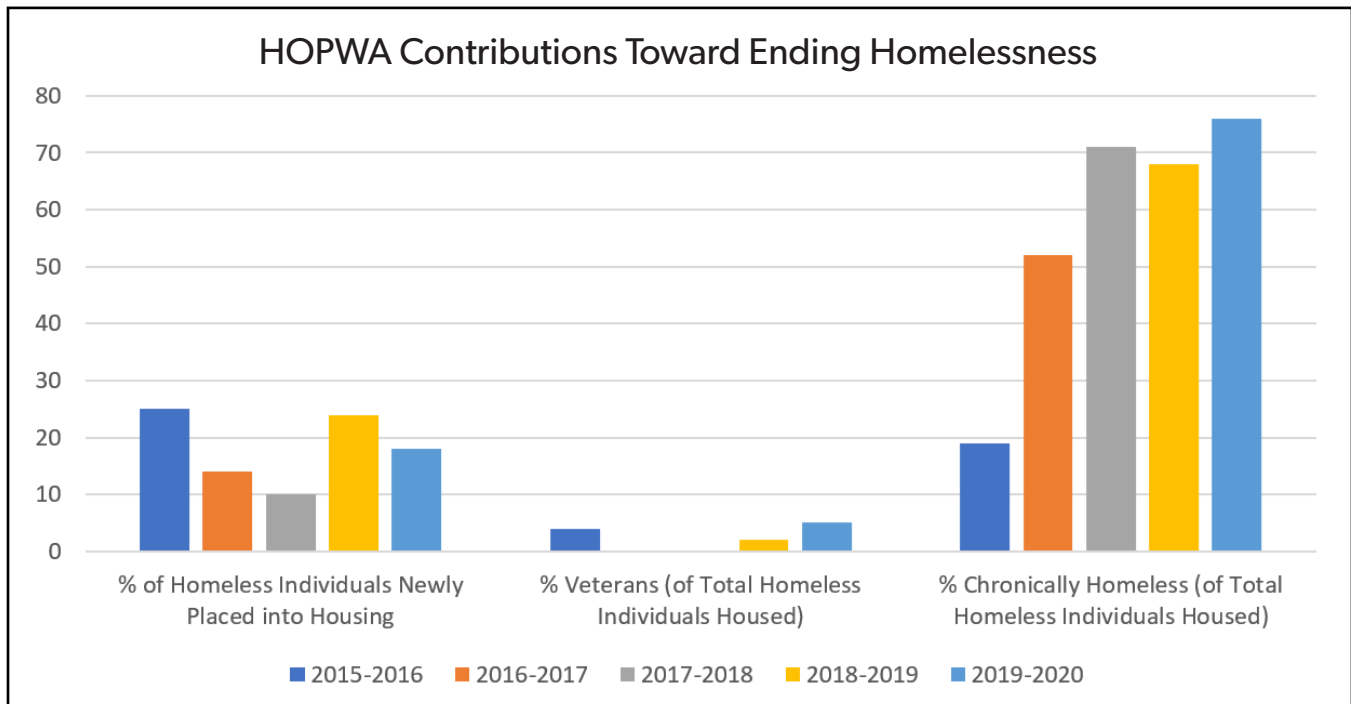


Figure 15: U.S. Department of Housing and Urban Development. HOPWA Grant Performance Profile. 2015-2020.

CoCs are tasked with prioritizing the most vulnerable persons with the longest homeless histories and most acute service needs. The HOPWA program partners with local governments and the CoC in order to provide permanent supportive housing to 45 individuals, with the goal of addressing chronic homelessness among PLWHA. These vouchers receive their referrals from the Mecklenburg CoC coordinated entry system and are consistently full demonstrating more need than availability. Out of the 371 assisted with HOPWA housing assistance during the 2019-2020 operating year, 25 (6.7%) were staying in a place not meant for human habitation, and 16 (4.3%) were in emergency shelter. Persons experiencing chronic homelessness, due to the number and depth of services they need, often benefit from the combination of a housing subsidy and supportive services related to that person's disabling condition or housing stabilization needs. Providers in focus groups and interviews disclosed they often have no resources when trying to refer consumers to homeless services. They also reported a lack of availability of emergency services like shelter and transitional housing. They are experiencing that consumers experiencing homelessness are often falling out of services. Providers had mixed feedback on the ease of utilizing their local coordinated entry system. Each of the 4 CoCs have their own system which can cause confusion to providers serving consumers who overlap CoCs. To reduce fragmentation when serving overlapping populations, increased coordination among service systems can positively impact persons served by linking and referring consumers to the right intervention which can provide the most appropriate unique services to support that individual.

6. HOUSING MARKET ANALYSIS

The following section provides an overview of the housing market in the CCP coverage area and the Charlotte MSA. While this data is broad and may not directly detail the situation of PLWHA (who generally make far lower incomes and face higher levels of discrimination than most individuals) it is important to understand the types of housing units available, the median and fair market price of those units, how many new units have been permitted compared to rising population, and the gap between affordable and available units and low income households. This section begins to describe trends more fully explored in the housing needs assessment survey.

6.1. MSA Total Housing Units by Type

The vast majority (79.6%) of housing units in the service region are single family homes, with the majority of these being single family detached homes. Single family detached homes tend to be more expensive than other types of homes and do not provide the same density that allows car free access to services and amenities.

Total Area Housing Types	
Type of Housing	Total Units
Total Housing Units	1,041,602
1 Units	829,419
2 units	14,112
3-4 Units	24,089
5 Units or More	173,645
Mobile Homes	75,458
Source: US Census, 2019 5-Year American Community Survey	

Table 14: Total Area Housing by Type

6.2. Housing Permits Over Time (2010-2020)

Housing is a basic need but also a commodity: as market demand increases, prices go up and developers construct more housing. Thus, brisk housing construction is a sign of rising housing prices. One way to track this is using the number of housing permits issued.

After the Great Recession, housing permits in the Charlotte MSA plummeted. While permits have steadily increased since, housing permits are still far below the levels set before the Great Recession and seemed to have plateaued over the last few years, particularly for multi-family housing developments. New housing developments have fallen far below the number of homes that would need to be constructed to match population growth and household formation over the last decade.

Total Area Number of New Housing Units Housing Unit Permits					
	Total	1 Unit	2 Units	3-4 Units	5 Units or More
2010	5,593	4,518	4	241	830
2011	6,184	4,890	12	160	1,122
2012	12,248	6,704	18	162	5,364
2013	14,009	8,792	34	126	5,057
2014	17,811	11,156	56	89	6,510
2015	18,790	11,742	56	141	6,861
2016	19,353	12,989	54	17	6,293
2017	21,425	13,974	72	42	7,337
2018	24,953	15,282	66	44	9,561
2019	23,293	15,007	40	88	8,158
2020	24,225	17,807	64	22	6,332

Table 15: Homes Permitted by Type (2010-2020)

Source: US Census, Building Permit Survey



6.3. Affordable and Available Rental Unit Gap

An interesting way to measure the affordability of housing is the rental gap: how many low-income renters are there compared to homes that are affordable to them and which someone of a higher income is not already renting. In the Charlotte-Concord-Gastonia MSA there are 60,675 rental households making less than 30% AMI with only 20,130 homes affordable and available to them. This produces a gap of 40,545. For households making below 50% AMI, that gap increases to 45,867 homes.

Charlotte-Concord-Gastonia, NC-SC	
Renter Households Making Below 30% of the Area Median Income	60,675
Affordable and Available Rental Homes	20,130
Surplus/Deficit of Affordable and Available Rental Units for Renters at <30% AMI	-40,545
Surplus/Deficit of Affordable and Available Rental Units for Renters at <50% AMI	-45,867

Source: National Low Income Housing Coalition, The Gap Report (2019)

Table 16: Housing Gap

6.4. MSA Fair Market Rent, Median Rent, and Median Owner Costs by Mortgage Status

Fair Market Rent (FMR, set at 40th percentile of rent prices in the area) is used as a benchmark for what a low-income family should reasonably expect to pay and is used to set payment standards for various HUD programs offering housing assistance. Below are the 2020 FMRs for various home sizes.

There is a huge jump between the FMR for a 2-bedroom and a 3-bedroom, while little difference between 0- through 2-bedroom units. HOPWA providers interviewed pointed to a shortage of smaller units as driving up costs and forcing consumers to pay for more housing than they need.

	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
FY 2020 HUD FMR	\$976	\$1,005	\$1,144	\$1,531	\$1,967

Source: HUD FMR

Table 17: Fair Market Rent

Below are the 2019 1-Year American Community Survey estimates for the median price of housing in the Charlotte MSA. Homeowners with a mortgage pay the highest overall housing costs (\$1,430), while homeowners without a mortgage pay over \$1,000 less (\$401). Renters pay \$1,077 – far above the rents affordable for most common jobs (Table 9: Common Occupations).

Median Housing Costs by Housing Tenure	
	Charlotte MSA Costs
Housing units with a mortgage (dollars)	\$ 1,430
Housing units without a mortgage (dollars)	\$ 401
Median gross rent	\$ 1,077
Source: US Census, 2019 1-Year American Community Survey	

Table 18: Median Housing Costs by Tenure

While the housing gap in the Charlotte MSA is not as high as many more expensive coastal cities, it faces similar problems of rising demand without a corresponding increase in supply. As shown in Table 20: Survey, Housing Costs, most of the PLWHA that participated in the survey had housing costs at or below market rate rents. Low-income people like the majority of PLWHA must compete in the same housing market and, as population continues to rise faster than new homes are constructed, will face higher housing prices and require deeper subsidies.

7. HOUSING NEEDS ASSESSMENT SURVEYS

7.1. Consumer Housing Needs Assessment Survey

To capture direct feedback about housing needs from consumers in the service region, the Housing Needs Assessment Survey invited persons with HIV/AIDS or interacting with the HOPWA system to provide insight about their real-life experiences, further contributing to the comprehensive housing needs assessment in the CCP coverage area. The far-reaching impact of COVID-19 was evidenced by the 35.7% of respondents who listed COVID-19 as impacting their housing. Eighty-nine (89) consumers completed the survey. Respondent highlights from the Housing Needs Assessment Survey include:

- 80.9% of respondents live in Mecklenburg County
- 15.8% reported experiencing an episode of literal homelessness or staying in transitional housing for homeless individuals and families at the time of the survey
- 86.84% pay less than \$1,000/month in rent
- 71.1% do not receive any help to pay for housing

The Housing Needs Assessment Survey collected information from a diverse group of survey participants. Respondent demographic information includes persons of Hispanic or Latino/a/x ethnicity (5.9%); persons who are Black or African American (80.9%), White or Caucasian (10.3%), and persons who are Indian/Black African and Spanish American. These numbers roughly match the racial and ethnic breakdown of those served by the HOPWA program. The sex/gender breakdown saw persons who identify as transgender (1.5%), non-binary (1.5%), gender non-conforming (2.9%) in addition to female (50.0%) and male (47.1%) respondents, a disproportionately high number of females. The most represented age group completing the survey are persons between ages 55-64 years old, accounting for 32.4% of the participants. The second most prevalent age group are persons age 45-54 years (23.5%) and third are persons age 35-44 years (19.1%). Respondents shared additional information about their housing needs, available in the Appendix.

People are homeless because they lack a home. It is valuable to identify among the survey respondents who is experiencing a housing crisis or who has experienced an episode in their past. While supportive services are often an important component of obtaining and retaining housing, it is the housing itself that resolves the homeless episode. Among the respondents that completed Question 13: “Have You Ever Been Homeless,” 41.4% report never having experienced homelessness, 12.9% report that they are currently experiencing homelessness, 11.4% of those who answered report that they experienced homelessness within the last year but were not currently without a home, and 34.3% report to have experienced homelessness over one year ago. Identifying the contributing factors to homelessness, respondents expressed their experiences and various challenges when trying to obtain their own housing, which includes 48.57% of the respondents reporting not having enough or no income and 34.3% expressing that poor credit history is a barrier to securing housing. Persons who replied “other” included additional comments describing challenges including substance use, long waiting lists, lack of support and assistance obtaining long-term housing, and difficulty finding affordable housing.

Q14. What challenges have you experienced when trying to get housing on your own? Choose ALL that apply.		
Answer Choices	Responses	
None of the above	24.29%	17
No rental history	14.29%	10
Past eviction(s)	17.14%	12
Sporadic employment history	2.86%	2
Criminal history	8.57%	6
Not enough or no income	48.57%	34
Poor credit history	34.29%	24
Large family (3+ children)	1.43%	1
Physical or behavioral health issues	7.14%	5
Substance use related issues	0.00%	0
My immigration status	2.86%	2
Landlord discrimination based on my race, color, national origin, religion, sex, familial status, or disability	1.43%	1
Discrimination from my family based on race, color, national origin, religion, sex, familial status, or disability	1.43%	1
Discrimination based on my HIV/AIDS status	7.14%	5
Domestic violence	0.00%	0
Conflict with family (parents, grandparents, siblings, etc.)	4.29%	3
Discrimination from my family based on my HIV/AIDS status	0.00%	0
Other (please specify)	5.71%	4

Table 19: Survey, Challenges Experienced

Identified as a barrier contributing to obtaining housing, limited or no income directly correlates to the need for affordable housing. The most prevalent income source among respondents is earned income from employment, accounting for 42.0% of survey participants. The second most common income source among persons who completed the survey is Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) which is received by 39.1% of the respondents. The third most common response regarding household income is no income, accounting for 11.6% of respondents. Respondents' households are comprised of one-person (60.7%), two-person households (24.6%), three-person households (4.9%), and four-person households (9.8%). No households of five or more persons were identified based on survey responses.

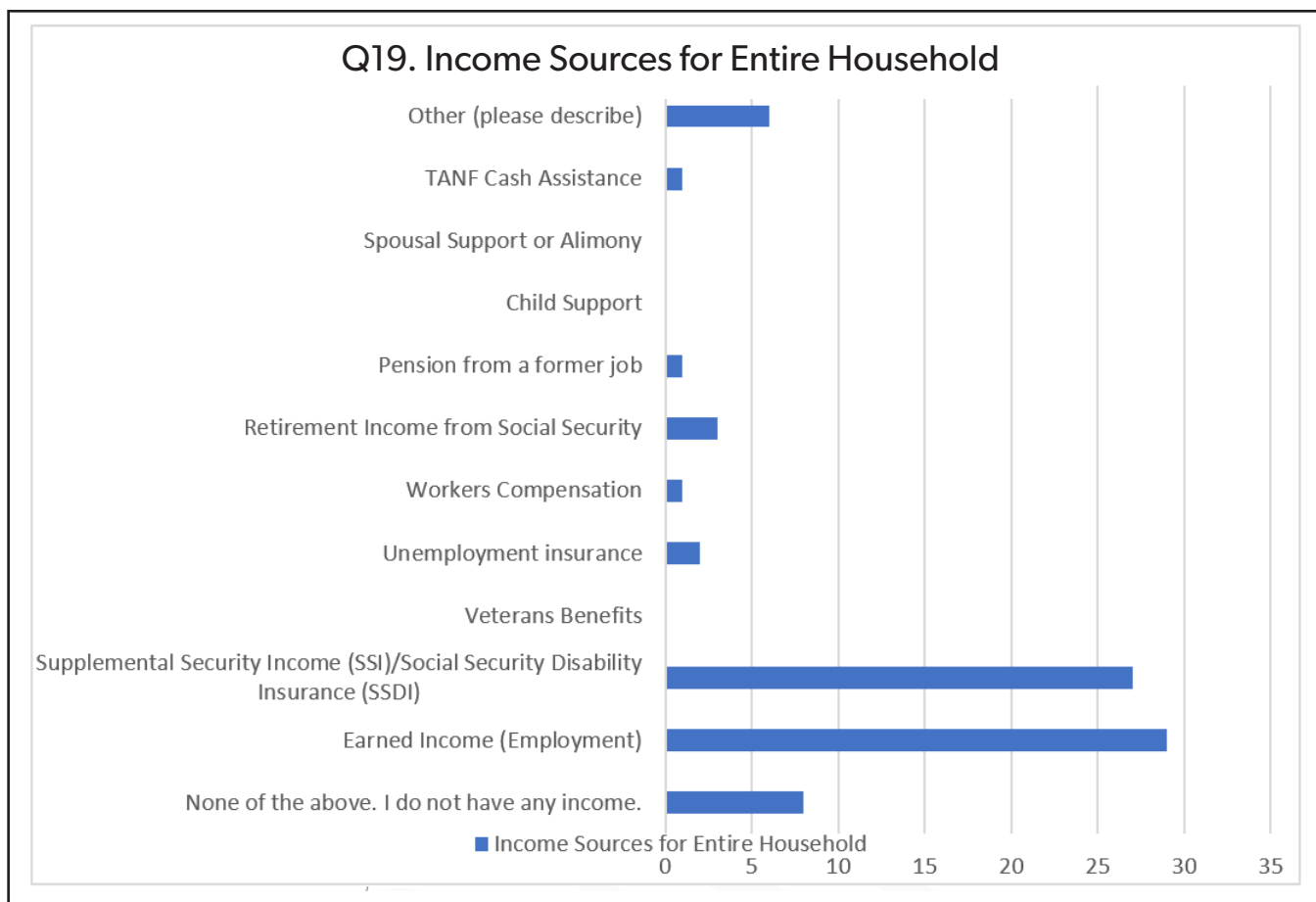


Figure 16: Survey, Income Source

Limited financial mobility severely impacts one's housing choice. The largest plurality of households receiving income received between \$0 and \$1,000, 44.3% of the responses. The next income group was households with incomes between \$1,000 and \$1,999 per month, accounting for 37.7% of the responses. Households whose income ranges between \$2,000 and \$3,999 during a month period accounted for 16.39% of the responses. Only 1.6% of households surveyed had income exceeding \$4,000 monthly.

Q8. How Much Do You Pay Each Month for Your Housing?		
Category	% Respondents	# Respondents
I do not pay anything	21.05%	16
Under \$500	26.32%	20
\$500-\$1,000	39.49%	30
\$1,000-\$1,500	11.84%	9
More than \$1,500	1.32%	1

Table 20: Survey, Housing Costs

Households reported how much they are paying for their current housing situation, as shown in Table 20: Survey, Housing Costs. To prevent housing cost burden, housing expenses should not exceed 30% of the monthly income. As an estimate (not including utilities), the household group earning up to \$1,000 per month should not exceed a monthly rent of \$300 to prevent cost burden. The second most prevalent cohort of households earning between \$1,000 and \$1,999 should not exceed \$600, if assessing maximum rent based on \$1,999. To prevent cost burden, households whose income ranges between \$2,000 and \$3,999 during a month period should aim at monthly rent of \$1,200.



While 22.4% of respondents do receive some type of rental assistance, 71.1% do not receive any help. No respondents are receiving a Housing Choice Voucher through the Public Housing Authority and 9.2% are receiving rental assistance specific to persons living with HIV or AIDS.

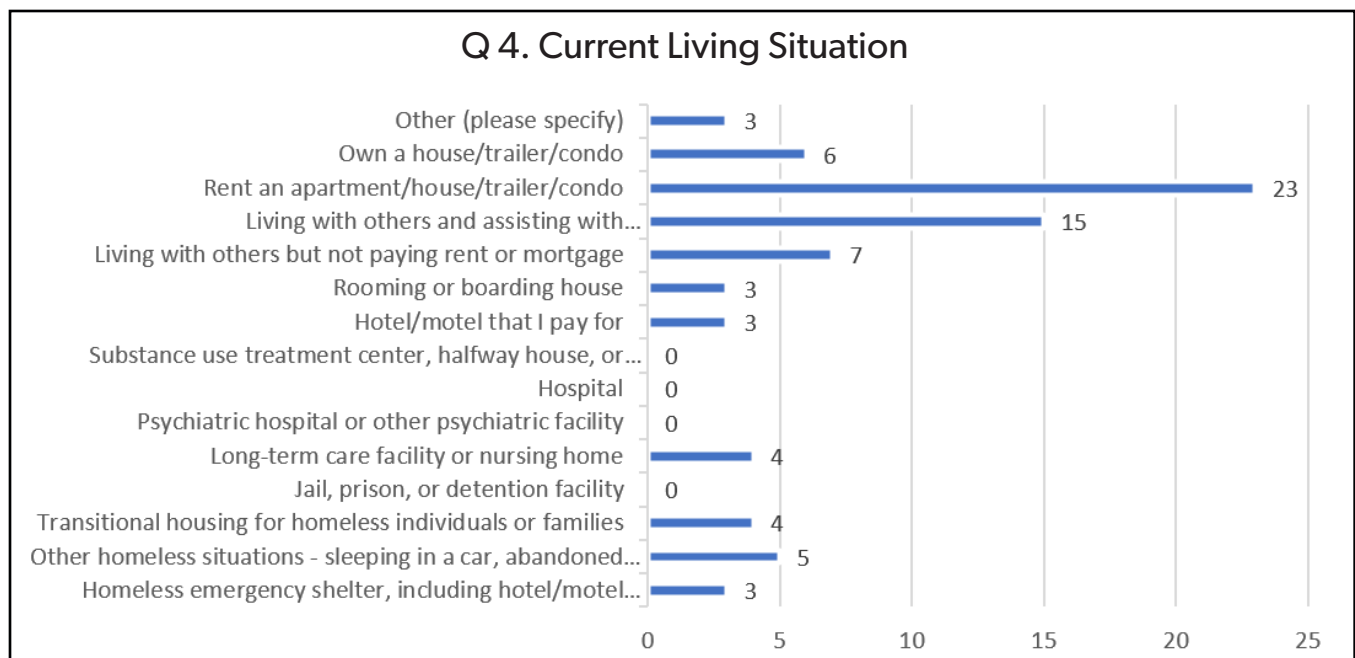


Figure 17: Survey, Current Living Situation

Accounting for a significant portion of the respondents, 30.3% report that they are living in their own rental apartment/house/trailer/condo. The next most prevalent living situations include living with others and assisting with paying the rent or mortgage, which accounts for 19.7% of respondents; 9.2% of respondents are living with others but not paying rent or mortgage; and 7.9% of respondents own a house/trailer/condo.

Q12. Have you considered moving from your current living situation because of these problems?		
Answer Choices	Responses	
I have not considered moving	37.14%	26
Illegal or criminal activity	12.86%	9
Noise	18.57%	13
Substandard housing conditions	14.29%	10
Location	18.57%	13
Transportation	14.29%	10
Space/Overcrowding issues	21.43%	15
High cost	21.43%	15
Program rules or requirements	2.86%	2
Conflict with family or roommates	12.86%	9
Other (please specify)	8.57%	6

Table 21: Survey, Considered Moving

The survey data demonstrates that respondents are maintaining consistency in their housing placement, with 68.4% of persons reporting staying in their current living situation between 1-5 years and 37.1% of respondents reporting that have not considered moving. Those staying in their current living situation for less than one year account for 30.3% of respondents. Respondents who moved zero times in the past five years account for 39.5% of those who answered and 35.5% moved between one and two times in the last five years. Only 5.3% of respondents report moving more than four times to different housing in the past five years.

Less than half (37.1%) of respondents are happy in their living situation and 42.9% of respondents report feeling safe in their current living situation. Alternatively, 31.4% of respondents report that they are not happy at all with their current living situation and 14.3% report not feeling safe at all where they live. Table 24: Receiving HOPWA Assistance provides details, listing the reasons why respondents have considered moving. Additional feedback from respondents concerning problems that cause potential relocation included not having enough money to move into another place, currently living in an unhealthy situation, issues with privacy and stability, and one person shared that they are currently living in their car. Respondents are most commonly living alone, accounting for 38.2% of persons who participated in the survey, followed by 36.8% of respondents who report living with their family (spouse, partner, children, grandparents, siblings, etc.). Roughly 14.5% of respondents are living with a roommate(s) who are not family.

Among the respondents who self-disclosed whether they have received HOPWA assistance, 54.3% report to have never received HOPWA assistance and 22.9% have received HOPWA assistance. Respondents also described assistance through the Ryan White Program and receiving HOPWA longer than one year ago. Persons who are unsure as to whether or not they ever received HOPWA account for 17.1% of respondents. Figure 17: Provider Housing Needs Assessment Survey identifies which HOPWA assistance survey/program participants received. Forty-five percent of respondents reported receiving short-term/emergency rent, mortgage, or utility assistance (STRMU) and 35.0% received on-going/long-term or transitional monthly rental assistance.

The full consumer Housing Needs Assessment Survey is located in Appendix B.

7.2. Provider Housing Needs Assessment Survey

The Provider Housing Needs Assessment Survey solicited feedback from a breadth of service providers in various roles who serve persons in each county within the CCP coverage area. Among the respondents, 78.1% of the organizations represented serve one or more rural county(s), exhibiting a comprehensive perspective of the housing needs across the service region. While respondents ranged in roles from senior leadership to direct services, Case Manager/Support Service Workers accounted for the largest share of respondents (32.4%). The majority of organizations represented by respondents are HOPWA-funded (70.6%) and/or Ryan White funded (73.5%).

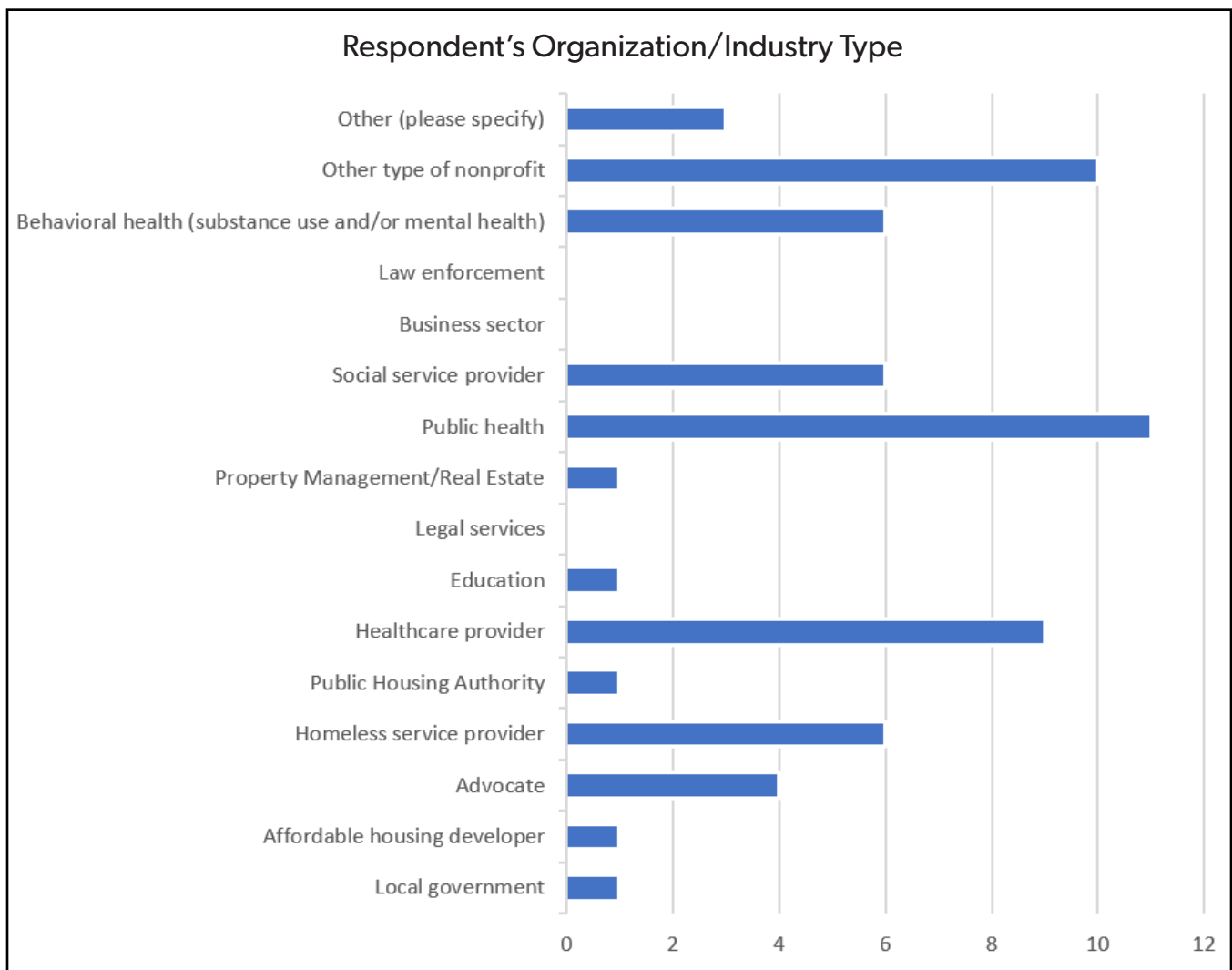


Figure 18: Provider Housing Needs Assessment Survey

The respondents are overwhelmingly serving persons living with HIV or AIDS, which accounted for 97.1% of those surveyed, and address co-existing needs by providing services to the following populations who overlap into the HOPWA service system:

- People experiencing homelessness or housing instability (67.6%)
- People with disabilities (55.9%)
- Youth (Under 25) (50.0%)
- Veterans (47.1%)
- People over 62 years of age (55.9%)
- Low-income residents (70.6%)
- People with a substance use disorder and/or mental health diagnosis (64.7%)
- Individuals returning from jail or prison (47.1%)

The survey respondents are experienced in providing services to persons living with HIV or AIDS who often have co-occurring needs relating to housing and supportive services. The most represented barriers in the significant barrier category identified



by the respondents are lack of affordable housing stock (81.2%) and the issue that the demand for housing assistance is greater than what can be offered with the available funding (71.9%). These two barriers are also the most represented among all categories in Question 6, emphasizing that providers are lacking the resources, both financial assistance and physical housing stock, to address the needs of persons served. This is further magnified by the identified common barriers to obtaining housing in Question 10 with 96.9% of respondents who pinpoint affordability and 93.8% of respondents associating consumers lack of income as prohibitive to securing housing.

Q6. Please rate the following from "Not a barrier" and "Significant barrier."						
	Not a barrier	Slight barrier	Neutral	Moderate barrier	Significant barrier	Don't know
Demand for housing assistance is greater than available funding	0.00%	6.25%	0.00%	18.75%	71.88%	3.13%
Lack of affordable housing stock	0.00%	0.00%	6.25%	9.38%	81.25%	3.13%
Insufficient funding for rental assistance (security deposits, rent payments)	0.00%	6.25%	3.13%	40.63%	46.88%	3.13%
Insufficient funding for support services	3.13%	3.13%	12.50%	34.38%	40.63%	6.25%
Funding is not prioritized for those who need it most	0.00%	12.50%	25.00%	21.88%	31.25%	9.38%
Complexity of funding for the housing programs	3.13%	0.00%	15.63%	31.25%	43.75%	6.25%

Table 22: Survey, Barriers Identified

Additional feedback from the survey respondents includes immediately assessing consumers for economic hardship to quickly remove the barriers, eliminating the barriers “we” create, and providing transitional housing and education about maintaining housing stability. Providers recognize that consumers who are over income cannot be assisted, even when it is a one-time hardship. Although so many of the persons served within the CCP coverage area need housing, providers cannot help everyone. Housing program restrictions or eligibility requirements are also recognized as a significant barrier (65.6%), further highlighting the challenges of serving persons in need of assistance.

Survey respondents further describe the lack of transportation in rural areas as a significant barrier, recognized by 56.3% of respondents. Furthermore, the three following barriers each individually collected 53.1% of responses in the significant barrier category: (1) the service area has limited programs to help PLWHA with no income, (2) there is a lack of job training resources and income support, and (3) lack of understanding to navigate housing assistance.

Q8. Please rate the following from "Not a need" to "Significant need."						
	Not a need	Small need	Neutral	Moderate need	Significant need	Don't know
Capacity building in providers who are serving PLWHA	3.13%	9.38%	3.13%	28.13%	37.50%	18.75%
Coordination to link PLWHA to support services	3.13%	6.25%	12.50%	34.38%	34.38%	9.38%
Coordination to link PLWHA to medical services	12.50%	9.38%	18.75%	28.13%	21.88%	9.38%
Strategies for the distribution of HOPWA vouchers	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Exit strategies to non-HOPWA funded permanent housing programs	0.00%	6.25%	3.13%	25.00%	46.88%	18.75%
Tools and training to help providers better navigate housing assistance	0.00%	6.25%	9.38%	28.13%	46.88%	9.38%
Improved coordination among providers to help maximize resources and improve knowledge	0.00%	3.13%	3.13%	31.25%	56.25%	6.25%
Better reporting mechanisms	3.13%	9.38%	3.13%	34.38%	37.50%	12.50%
Improved local government coordination related to housing programs	0.00%	9.38%	0.00%	28.13%	53.13%	9.38%

Table 23: Survey, Significant Needs

Collecting the most responses in the significant need category, 56.3% of the respondents identify the need for improved coordination among providers to help maximize resources and improve knowledge. Similarly, and recognized as the second most significant need capturing 53.3% of the responses, is the need for improved local government coordination related to housing programs. Throughout the survey, providers demonstrated the significant need of exit strategies to non-HOPWA funded permanent housing programs and tools and training to help providers better navigate housing assistance, with both of these needs individually accounting for 46.9% of the responses in that category. The distribution of HOPWA vouchers appears to have no responses in any need category, possibly highlighting the effectiveness of the service and utilization rates as it is currently administered

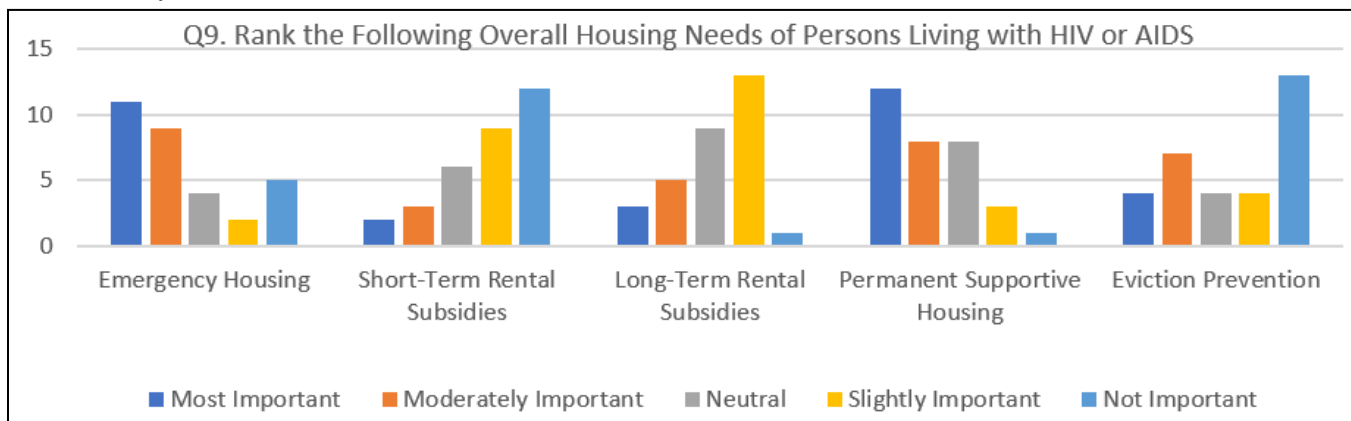


Figure 19: Housing Needs

Figure 18: Housing Needs emphasizes the need for Permanent Supportive Housing (PSH) for PLWHA. PSH is ranked the most important need based on the number of responses in each importance category and collecting the fewest number of responses in the least important category. The second most important need, as identified by participating providers, is the need for Emergency Housing, accounting for 35.5% of the responses in the most important category. Eviction prevention and short-term rental subsidies account for the most responses in the least important category.

The full provider Housing Needs Assessment Survey is located in Appendix C.

8. HOUSING & SUPPORTIVE SERVICES for PLWHA

8.1. Existing Housing Supports and Services Structure

Q 17. You responded that you have received HOPWA assistance. What types of HOPWA assistance have you received?		
Answer Choices	Responses	
None of the above	10.00%	2
Short-term/emergency rent, mortgage, or utility assistance	45.00%	9
On-going/long-term or transitional monthly rental assistance (Example: Tenant-based rental assistance or Section 8 Housing Choice Voucher)	35.00%	7
Housing within an agency's apartment building	0.00%	0
Other services like case management, job training, or transportation	15.00%	3
Other (please specify)	10.00%	2

Table 24: Receiving HOPWA Assistance

Housing and supportive services are offered to persons living with HIV or AIDS by various contracted direct service providers across the region. CCP is the project sponsor acting as a conduit to coordinate funding, passing it through to an organized network of providers while simultaneously operating the Regional Housing Partnership, LLC to further advance the organization's mission and ensure all housing and service gaps are filled for persons living with HIV or AIDS.

While urban areas may organically offer ease of access to resources due to public transportation, proximity of providers, and expanded housing choice, rural areas may lack those qualities, creating additional hurdles for low income households with severe service needs. CCP utilizes a broad network of providers to ensure each county in the CCP coverage area is covered to provide a service array to meet the needs of both urban and rural counties. This regional approach adopted by CCP helps prevent the spread of HIV and AIDS by providing compassionate and consumer-driven services to those most impacted by HIV and AIDS.

Carolinas CARE Partnership Contracted Provider Service Array							
	Tenant Based Rental Assistance	Short Term Rental, Mortgage and Utility Assistance	Housing Services	Supportive Services & Resource Identification	Residential Substance Use Treatment	End of Life Care	Facility Based Housing (including Emergency Shelter)
Affinity Health		✓	✓	✓			
Mecklenburg County Health Department		✓	✓	✓			
Salvation Army Center of Hope				✓	✓		✓
Hope Haven			✓	✓	✓		
Roof Above (formerly Urban Ministry and Men's Shelter of Charlotte)			✓	✓			✓
House of Mercy				✓		✓	

McLeod Addictive Disease Center				✓	✓		
RAO Community Health		✓	✓	✓			
Positive Wellness Alliance		✓	✓	✓			
Rowan Helping Ministries		✓	✓	✓			
Nsideout Excellence		✓	✓	✓			
Gaston Family Health Services		✓	✓	✓			
Regional Housing Partnership, LLC	✓	✓	✓	✓			

Source: HOPWA Program CAPER, 07/01/2019-06/30/2020

Table 25: Carolinas CARE Partnership Contracted Provider Service Array

The services provided by regional subcontracted partners are short term rent assistance, mortgage and utility assistance, supportive services—intensive residential end-of-life care, residential substance abuse treatment, permanent housing placement, facility-based housing operating expenses, emergency shelter, housing information services, housing case management, mental health services, transportation services, tenant-based rental vouchers and resource identification activities.

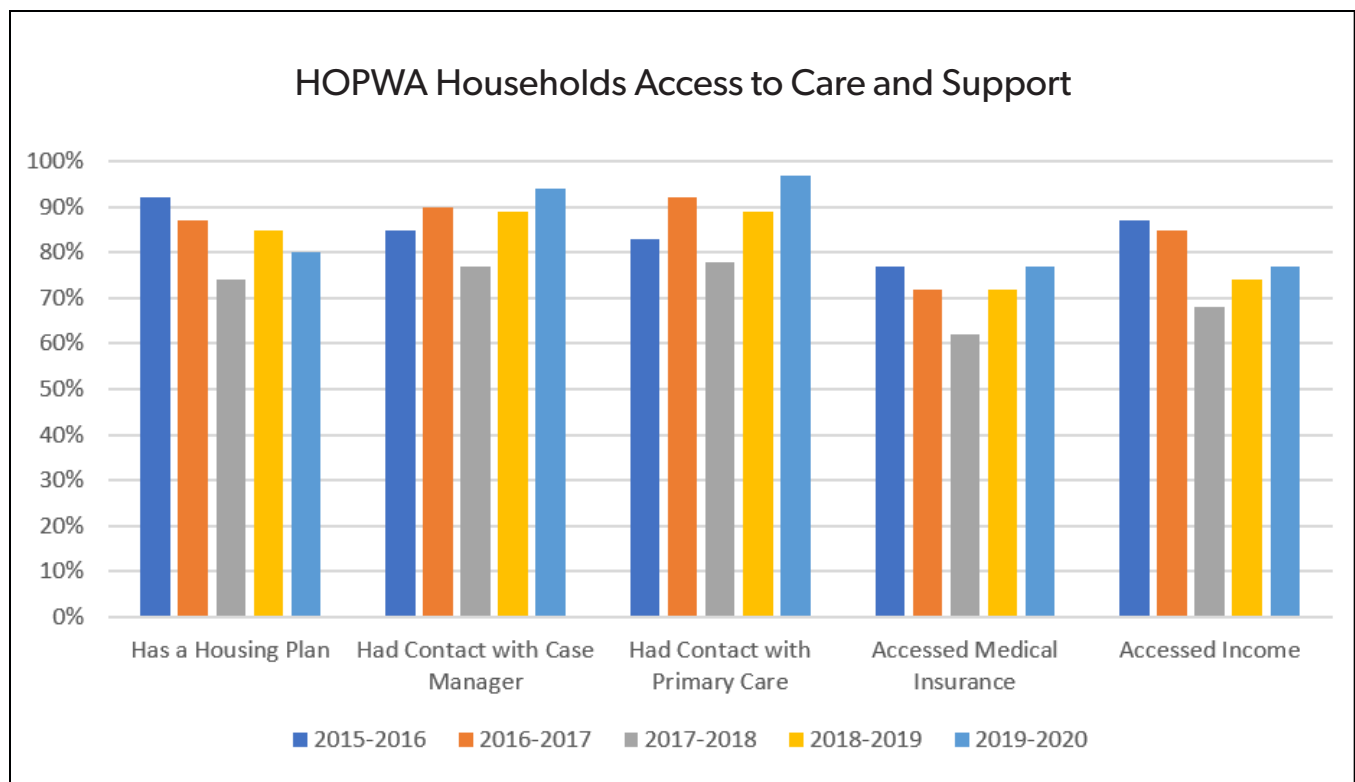


Figure 20: U.S. Department of Housing and Urban Development. HOPWA Performance Profile. City of Charlotte, NC, 2015-2020.

Households participating in HOPWA-funded services have, over a five-year reporting period, demonstrated increased access of primary care and case management services. The percentage of households with a housing plan have fluctuated, with a decrease of this service since 2015. As consumers who participated in the Housing Needs Assessment Survey emphasized the need of assistance with securing housing, the foundation of this support is developing a housing plan based on the consumer's housing needs. Therefore, increasing access to housing plan development services will contribute to addressing the unique housing needs of HOPWA participants.

8.2. Use of Housing Services

CCP and its provider network are serving 40.6% more consumers in the 2019-2020 operating year than in the 2015-2016 operating year. As the increase occurred in the operating year prior to COVID-19, it can be assumed that the need for housing assistance is not a direct result of the pandemic.

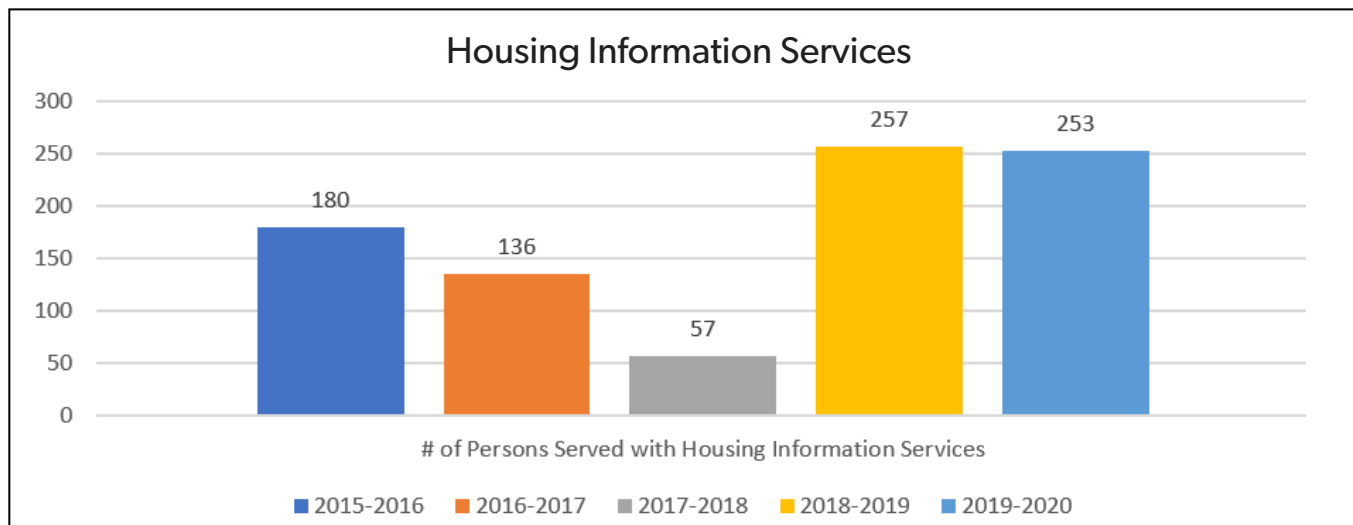


Figure 21: U.S. Department of Housing and Urban Development. HOPWA Performance Profile. City of Charlotte, NC, 2015-2020

Other than the CCP allocation of \$107,431.57 in operating year 2015-2016 for Housing Development activities that funded facility-based units being developed with capital funding but not yet opened, no additional funding has been dedicated to this activity since. However, CCP's increase in housing assistance and services shows the need for Tenant-Based Rental Assistance, Short Term Rent, Mortgage and Utility Assistance (STRMU), Permanent Housing Placement Services, and Supportive Services.

Type of Activity		Operating Year				
		2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
	Tenant-Based Rental Assistance (TBRA)	61	78	78	96	93
	HH in PH Facilities that Receive Operating Subsidies/Leased Units	28	3	3	4	11
	Short Term Rent, Mortgage and Utility Assistance (STRMU)	66	91	62	103	149
	Households in transitional/short-term facilities that receive operating subsidies	0	0	0	57	61
	Permanent Housing Placement Services	42	67	112	99	101
	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	8	0	87	147	206

Source: U.S. Department of Housing and Urban Development. HOPWA Performance Profile. City of Charlotte, NC, 2015-2020.

Table 26: Activities

Although the funding allocated to Resource Identification to establish, coordinate, and develop housing assistance resources has increased by 162.2% since 2015, there was a decrease of \$37,324 between operating years 2018-2019 and 2019-2020. Feedback from the survey respondents, both providers and consumers, highlight the importance of resource identification and the lack of housing resources. Increasing access and provision of resource identification is a housing need in the CCP coverage area.

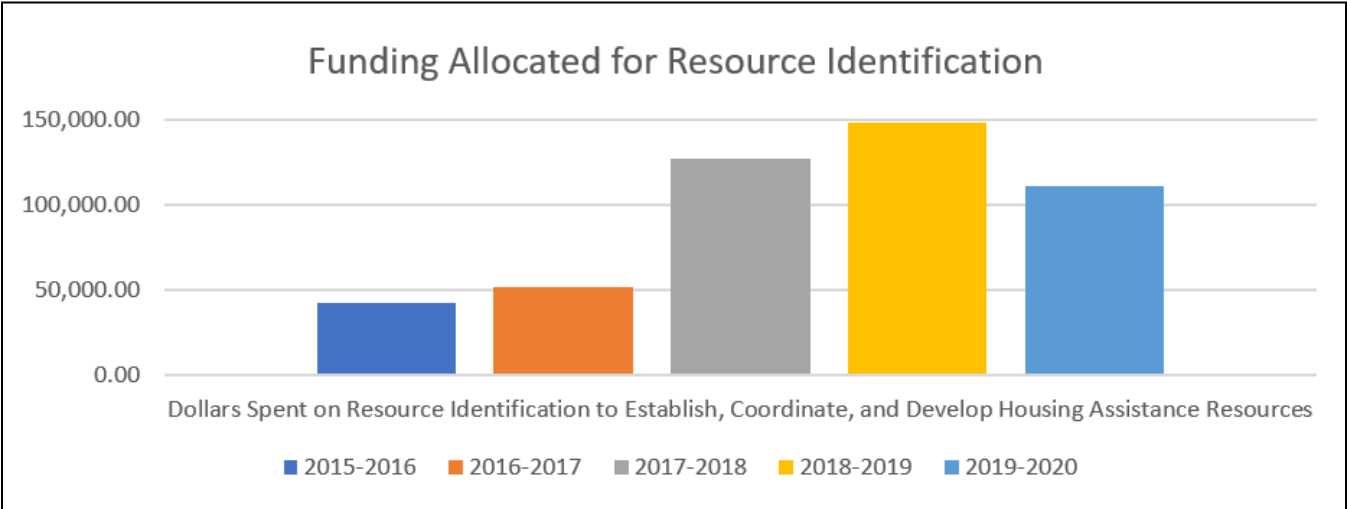


Figure 22: U.S. Department of Housing and Urban Development. HOPWA Performance Profile. City of Charlotte, NC, 2015-2020.

Increasing development of housing plans and funding for Resource Identification are essential components that support HOPWA consumers. With the foundation of housing stability, HOPWA consumers and providers can then shift focus from the housing crisis to addressing medical needs and other services available through community-based organizations.

9. SUMMARY

This needs assessment has identified several housing needs of PLWHA and provided recommendations and strategies for addressing these housing needs. PLWHA repeatedly face barriers trying to find suitable, affordable housing. Even if housing that is affordable is identified, there are often personal barriers like poor credit history, criminal history, lack of transportation, insufficient income, and past evictions that prevent people from moving forward. This report identifies 5 key recommendations and several strategies to address these housing needs. While it is not possible to implement every strategy in a timely manner, it is recommended that the planners and decision-makers for the HOPWA program look at adopting a handful of strategies over the next 3-5 years to increase affordable housing opportunities for PLWHA. The need continues to rise.

The City of Charlotte, CCP, and the larger provider network have many strengths to implement these strategies. The providers' survey demonstrated diverse geographic coverage, indicating PLWHA have at least one HIV-related resource in each county. Providers also range in type of organization and size which can lead to increased outreach to PLWHA who may not access traditional HIV organizations and providers. A large amount of HOPWA assistance is currently targeted toward TBRA. This allows for long-term housing stability and support services. The TBRA program boasts many success stories of long-term stability and upward economic mobility.

Interview and survey participants were eager to provide input and are committed to meeting the housing needs of PLWHA. A strong backbone agency like CCP and dedicated providers, combined with public and private resources, can lead the community forward to ensure stable housing is for all. When consumers thrive, communities thrive.

We would like to thank the many consumers who contributed their valuable feedback via surveys and interviews. We would also like to thank the following organizations for engaging and providing input throughout this process.

Mecklenburg County	Affinity Health	Kintegra Health
RAO Community Health	Atrium ID Consultants	City of Charlotte
Carolinas CARE Partnership	Regional Housing Partnerships	Gastonia Housing Authority
Statesville Housing Authority	Rowan Helping Ministries	RAIN
House of Mercy	Dudley's Place	Nside Out Excellence
Positive Wellness Alliance	Bradley Reid Corporation	ROOF Above
Salvation Army Center of Hope	Socialserve	Supportive Housing Communities
Time Out Youth	NCAAN	Quality Home Care
CREW Project	Anuvia Prevention & Recovery Center	Mcleod Addictive Disease Center
North Carolina Balance of State CoC	Charlotte/Mecklenburg CoC	

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