Houston Area HIV Services Ryan White Planning Council

FY 2021 How to Best Meet the Need Workgroup Meeting
A Subcommittee of the Quality Improvement Committee

How to Best Meet the Need Special Workgroup #3 - HOUSING

Agenda

1:00 pm, Wednesday, May 27, 2020

Meeting Location: Online or via phone
Join Zoom Meeting by clicking on:
https://us02web.zoom.us/j/8899837982?pwd=anE5RjczelRhT0RFcTlxTmlsQXZBZz09
Meeting ID: 889 983 7982 Password: Ryanwhite
Or, join by telephone at: 346 248 7799
Meeting ID: 889 983 7982 Password: 895480

I.	Call to Order (20 min.) A. Moment of Reflection and Welcome B. Helpful Information • Purpose of the meeting • Voting process C. Review Workgroup Guidelines (over for *Guidelines*) D. Roll call for name, agency & conflict – yes or no (see Chat Box)	Pete Rodriguez and Marcely Macias, Workgroup Co-Chairs Tori Williams, Director Office of Support Pete Rodriquez and Marcely Macias
II.	Public Comment – see attached	
III.	2020 Houston HIV Services Needs Assessment: Housing Profile	Amber Harbolt, Health Planner Ryan White Office of Support
IV.	History of Ryan White Planning Council and Housing	Tori Williams, Director Ryan White Office of Support
V.	Recent Activities and Recommendations A. EFA*-Other – COVID-19 funding B. EFA-Other – Possible Ryan White funding	Carin Martin, Manager
VI.	Tentative: Housing for the Recently Released	A Representative from The Resource Group
VII.	Use Ryan White funds for housing or coordinate with HOPWA?	Tori Williams
VIII.	Next Steps	Tori Williams
IX.	Adjournment	

Houston Area FY 2021 How to Best Meet the Need Process

Workgroup Guidelines

1. **This meeting is using Zoom software, which means that participants are being audio and video taped. The tape is for use in capturing the motions made throughout the meeting. The videotape is public record. If you state your name or HIV status it will be on public record.**

2. All workgroup participants must familiarize themselves with the Ryan White Planning Council's Conflict of Interest Policy. (This will be reviewed at the beginning of each workgroup meeting.)

3. **All workgroup participants are required to state their name, agency name (if they work for an agency) and if they are conflicted.**

4. Workgroups will use Robert's Rules of Order as a guideline for conducting business. Therefore, if there are enough participants eligible to vote, workgroup co-chairs will ask for motions, a second to a motion and a vote on all workgroup recommendations. The staff from the Office of Support will record all recommendations.

5. **According to the bylaws of the Ryan White Planning Council, *"Only one voting member per agency will be permitted to vote."* Therefore, agencies sending more than one representative to a particular workgroup must declare at the beginning of the meeting which participant will be casting the vote throughout the meeting.**

6. The participant selected to represent the agency can vote on any recommendation unless the individual has a conflict of interest with the recommendation. (See the Ryan White Planning Council's Conflict of Interest Policy for further clarification.)

7. **All recommendations made by the "How to Best Meet the Need" Workgroups are sent to the Quality Improvement Committee for review, possible revision and possible approval. Recommendations that are not approved by the Quality Improvement Committee are not forwarded to the Steering Committee or full Council.**

PUBLIC COMMENT – 04—24-20

Esteemed Ryan White Planning Councilmembers,

I am writing in support of using, under the Emergency Financial Assistance service category, funds to provide rapid response financial assistance to People With HIV (PWH) impacted by the COVID-19 pandemic and other disasters. Our current system is not built to act swiftly. Many PWH experience frustration when they need financial assistance and realize the monthly expenses owed tomorrow may not be available for two weeks to a month. And this is after the time taken to secure appointments, gather requested documentation, fill out paperwork, sign Consent forms, etc. "Rapid response" would need to be part of this service definition for processes to be developed which simplify or streamline eligibility and reduces the time between requesting and receiving help which resolves or alleviates the crisis. The community expects an emergency response when they reach out for emergency assistance, financial or otherwise. When our community hears "emergency" they anticipate a quick response as calls placed to the police, fire department or for an ambulance. Though such a response may not be feasible within our systems of care, it is a worthy goal and could yield better than a response which takes a couple of weeks to a month and does not meet the immediate need.

Some may consider such situations a result of poor planning, or an inability to maintain or cultivate a healthy support system. This may be the case for some. For many in our EMA, this situation may present itself as a result of COVID-19 ravaging their communities, disrupting their places of employment, schooling, even worship and interrupting their flow of funds to maintain housing, utilities and food needs; interrupting their plans for the future and career plans; and interrupt the very ability to be with others for comfort or solace as they scramble to help themselves and seek help from others..

We are rapidly approaching hurricane season and still do not know when we will be completely through the COVID-19 pandemic. These two could coincide and our area could experience what Polk County just did with dealing with COVID-19 and being hit by a destructive tornado. Some PWH in our area may not be eligible for federal relief funds at that point either for a variety of reasons, including but not limited to, being undocumented. Our current funded services may not cover some of their circumstances or needs. Imagine a PWH needing to relocate temporarily due to the presence of COVID-19 in their household. Or need supplies in order self-isolate due to exposure. What about PWH living out of motels due to the same situation? Moratoriums on evictions from homes or apartments do not cover motel stays. Our HOPWA funds do not prioritize emergency shelter vouchers so do not fund them. If we intend to prevent or minimize the impact of this pandemic or other disasters on People With HIV, being able to answer their calls for help and deliver that help with a rapid response could be the difference between a Person With HIV staying in or falling out of care. It could be the difference between being safe from acquiring another life-threatening virus or hospitalization with an uncertain outcome. It could be the difference between helping to flatten the curve and not, this one or a future one.

My hope, my request, and if necessary, my demand, is "support for increased demand for emergency housing for RWHAP clients"[1] via an Emergency Financial Assistance definition which allows a rapid response to emergency situations arising from events similar to what we are experiencing now with the COVID-19 pandemic. This service definition would need to be flexible enough to accommodate the unpredictable circumstances which may arise from the variety of events which affect our area and negatively impact our efforts to end the HIV epidemic. See the attached "PBS NewsHour" report for additional information.

– Steven Vargas, HIV Advocate and Long-Term Survivor, April 23, 2020

(continued on next page)

PUBLIC COMMENT – 04—24-20

1. Quoted from the "HRSA Website Questions and Answers from 04-15-20 Conference Call, Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions" under the CARES Act Funding on the last page, ninth bullet from the top.

S. Vargas submission for Public Comment. Excerpts from the report on "PBS NewsHour" (4/20/2020). For the full report, please go to https://www.pbs.org/newshour/politics/millions-of-americans-are-receiving-relief-payments-this-week-but-who-is-being-left-out

But tens of thousands of the country's most vulnerable residents will not receive this form of financial assistance this week — or, in some cases, at all. Undocumented immigrants and adult dependents don't qualify. Lower income individuals and those with disabilities will, in some cases, face extra hurdles in seeking to claim the money. And inconsistent communication about the legislation from lawmakers and the U.S. Department of Treasury has raised questions over who exactly qualifies for the relief and why certain groups are left out.

Beyond the potential challenges for those who are eligible in accessing the coronavirus aid, there are still others who have been completely left out and aren't eligible. Adults claimed as dependents, including many students and people with disabilities, will not receive anything. Parents or guardians who claim adult children on their taxes also will not receive the $500 credit provided to those with children under 17. On social media platforms, many are expressing their frustration with the decision to omit them.

Yazmin Franco, 25, came to the U.S. from Mexico as a child, but is temporarily protected from deportation under the Obama-era Deferred Action for Childhood Arrivals program. Some DACA recipients like Franco who have social security cards are eligible for payments; Franco's parents, however, are among the estimated 11 million undocumented immigrants in the United States who aren't eligible for the payment. Franco's mother was recently laid off from a grocery store position, and her father also lost his job as a landscaper due to the pandemic. In addition to daily living expenses, Franco's father has to pay for insulin to treat his diabetes without health insurance. "Having an underlying condition like my dad does, it's such a horrible feeling to not be sure what would happen to him if he were to get sick with the coronavirus," Franco said.

The legislation excludes "any nonresident alien" foreigners from receiving money. The law also denies the money to eligible taxpayers who either file a joint tax return with an undocumented person or claim an undocumented child, said Francine Lipman, a tax expert and professor with the University of Nevada, Las Vegas School of Law.

Many noncitizens who work and pay taxes, including undocumented immigrants and those with legal work visas, have lost jobs as a result of the pandemic. H-1, TN, and O-1 work visa holders are considered resident aliens and can receive aid only if they've been in the U.S. long enough to meet the "substantial presence" test.

Here is the link to an additional report from National Public Radio:

What Happens If Undocumented Immigrants Get Infected With Coronavirus? https://www.npr.org/2020/03/29/823438906/what-happens-if-undocumented-immigrants-get-infected-with-coronavirus?sc=18&f=

PUBLIC COMMENT – 04-23-20

Dear Ryan White Planning Council,

The ongoing COVID-19 pandemic has shed light on the struggle and disproportionate burden that vulnerable populations face daily. The requests for financial assistance from our patients – who mainly come from underrepresented communities – has rocketed since the "Stay Home, Work Safe" order was put in place. Many have lost their jobs and cannot afford rent or buying essential goods.

Moreover, the fact that many residents are not eligible for federal financial assistance only makes matter worse. Undocumented people are not eligible, even though they pay taxes. Additionally, people who file their taxes jointly with an undocumented person, or claim an undocumented child, are also ineligible. People with work visas can only receive their stimulus check if they can prove "substantial presence" in the country. The obstacles do not stop there.

The financial crisis that is emerging in the wake of the COVID-19 pandemic disproportionally affects those who have less access to healthcare, an impact that can be directly correlated with known social determinants of health. People are afraid to use public transportation and cannot afford ride share apps; affordable housing is becoming more and more problematic; and fear of exorbitant medical expenses continues to drive people away from care. On top of this, we are still researching the impact of this crisis on mental health – we foresee that mental health services, though costly, will emerge as a pivotal service.

There is a vulnerable population that is suffering in silence and fear. In extraordinary times like these, we need to lead with extraordinary example. Please, consider the use of emergency financial assistance funds as a rapid response aid for those ineligible for assistance.

Jonatan Gioia, MD
Research Associate
Preferred Pronouns: He/Him/His

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Williams, Victoria (County Judge's Office)

From: Richard Gamez <rcgamez@aol.com>
Sent: Thursday, April 23, 2020 3:57 PM
To: Williams, Victoria (County Judge's Office)
Cc: Richard Gamez
Subject: Emergency Financial Assistance for those ineligible

Good afternoon, Ms. Williams,

Please include this report as support for the Emergency Financial Assistance funding as a rapid response aid for those ineligible for other more immediate assistance.

https://www.washingtonpost.com/business/2020/04/05/undocumented-immigrants-coronavirus/

Thank you.
Richard Gamez
Member of the Latino HIV Task Force

The Washington Post

Business

Undocumented workers among those hit first — and worst — by the coronavirus shutdown

By Tracy Jan
April 4

Evilin Cano was dismantling a rooftop skating rink in Manhattan's Seaport district when her construction crew was notified that the venue would be closing, along with much of New York — and that she would be out of a job.

The next night, the 33-year-old undocumented day laborer from Guatemala fell ill with a fever. Her head pounded. Her throat hurt. She could not stop coughing or vomiting. And she was short of breath. She does not know whether she has covid-19 because three hospitals told her not to bother coming in for testing unless she's gasping for air.

"They told me to stay at home, don't go out, and when I can no longer breathe, call 9-1-1 for them to pick me up," Cano said.

The collapse of the U.S. economy brought about by the coronavirus pandemic has exposed the extreme vulnerabilities of millions of undocumented workers like Cano, who are disproportionately employed in industries undergoing mass layoffs as well as high-risk jobs that keep society running while many Americans self-isolate at home.

Many of the undocumented, working in construction, restaurants and other service sectors, have already lost their jobs. Others, in industries like agriculture and health care that have been declared essential, work in jobs that typically require close quarters or interacting with the public, putting them at higher risk of getting sick.

Unlike many American workers, undocumented immigrants can't count on the social safety net if they lose their jobs or get sick. Most do not have health insurance or access to paid sick leave — putting them and the people they encounter at risk. Most aren't eligible for unemployment insurance or the cash payments included in the $2 trillion relief package Congress passed last month — even if they pay taxes or their children are U.S. citizens.

"The government has announced it was going to support people affected by the coronavirus but that's for Americans — not for people like us who are undocumented," said Cano, who applied for asylum in November. "My fear is if I seek help, this country will see me as just trying to take advantage of the system."

Cano said she had been a police officer living a middle-class life in Guatemala when a gang tried to kidnap her teenage daughter, and she fled with her two eldest to New York.

She was just five days into a three-month job at the Seaport transforming what had been a temporary winterscape into a summer oasis when the contractor pulled her crew aside on March 20 and told them not to return.

Soon after Cano got sick, her daughter developed a fever, too. So did her boyfriend. Unable to seek care, Cano spent five days in bed and remains quarantined in her Brooklyn home.

Construction had been a step up for Cano. When she first came to the U.S. more than a year ago, she patched together a living at a Salvadoran restaurant, earning $50 for 13 hours of overnight work cleaning and preparing pupusas for delivery. When the till came up short, she said, the cashier would dock the difference from Cano's earnings. One night, she made so little that she had to borrow the $2.75 bus fare home.

Last June, she became a day laborer in construction — doing demolition work, painting and the finishing touches. She made $150 per nine-hour shift — enough to support her 17- and 16-year-old and still send money back to the 11- and 7-year-old she left behind with her mother.

Now, she is broke — with no savings and no income. She felt heartsick during a recent phone call home, telling her mother that no money would be coming this month.

The Brooklyn community job center where Cano and other day laborers used to gather each morning is deserted, like similar centers around the country. New contracts, now fielded over the phone, have dropped from about 20 a week before the coronavirus crisis to around five, said Ligia Guallpa, executive director of the Worker's Justice Project, which runs the center.

"I'm trying to figure out how to find another job, but I'm not healthy — and there are no jobs," Cano said. "At this point, I'm looking for anything just to support my kids."

Once she recovers, Cano plans to sell homemade tamales for $3 each — the way she supported her family over the winter when construction work was slow. She hopes it will be enough to cover their groceries.

"I cannot go back to Guatemala," Cano said. "I'd be sentencing my kids to death."

The 7 million immigrants without authorization to work in the United States make up just over 4 percent of the country's labor force, but account for at least 12 percent of workers in construction, 10 percent in hotels, and 8 percent in restaurant and food service — among the hardest hit sectors in the pandemic, according to an analysis of 2018 Census data by New American Economy. The analysis shows that undocumented immigrants also make up 14 percent of agricultural workers and 7 percent of home health aides, two industries considered critical to the health of the U.S. economy and its citizens during the coronavirus crisis.

Researchers and industry groups say undocumented laborers are significantly undercounted and comprise more than half of the workforce in some occupations, such as farmworkers.

"A lot of undocumented immigrants will be hit first — and worst — by this recession," said Orson Aguilar, director of economic policy at UnidosUS.

In the absence of a federal safety net, advocates from California to New York are pushing cities and states to provide economic relief to workers regardless of immigration status. Some have begun cobbling together funds to help undocumented workers pay rent and buy food.

Even workers who thought they had stability are discovering that no job is secure in the coronavirus-induced recession.

Juan, a 36-year-old head cook at a diner in Berkeley, Calif., saw his hours cut in half — to just five hours a day, for takeout and delivery only — once the governor ordered the state to shelter in place.

He donned a mask and gloves when he left for work and sanitized all equipment at the restaurant before touching it, fearful that he'd carry the virus home to his 9-year-old daughter, who has asthma.

Then last Friday, he learned that the restaurant was shutting its doors, even for takeout.

"I'm in shock," said Juan, who asked that only his first name be used because of his immigration status. "I was kind of afraid to go to work, but now I don't know what to do."

Others say their undocumented status prevents them from demanding protective equipment as they continue to go about their jobs.

An undocumented farmworker in northern Ohio, who spoke on the condition of anonymity for fear of losing her $10 an hour job, said she has been planting tomatoes, onions and other produce — without the protection of gloves and masks and without access to soap and running water.

The 36-year-old farmworker, who came to the U.S. from Monterrey, Mexico, when she was 15, brings her own liquid soap from home and uses drinking water to wash her hands during breaks.

She works alongside migrant workers who live in crowded quarters at a labor camp and who she fears wear the same dirty clothes all week because they don't have laundry facilities on site.

The county health department has instructed the farmworkers to work six feet apart — an edict she says is impossible to follow when they unload plants from the trailers to bring into the nurseries. For one week, her employer took workers' temperatures. But no longer.

The mother of four follows a strict routine when she returns from work — removing her shoes outside, washing her clothes daily, and not allowing her children to hug her until she's taken a shower "because I'm not sure if I have the virus or not."

The backdrop for many of the undocumented is the fear of deportation — despite a recent commitment from Immigration and Customs Enforcement to halt most enforcement during the coronavirus outbreak, especially near health-care facilities.

"That provides little comfort," said Anu Joshi, vice president of policy at the New York Immigration Coalition. "ICE field offices have a lot of leeway in moments of crisis to implement their own prioritization rules."

Others worry about jeopardizing their chances to gain permanent status in the U.S. The administration implemented a rule in February that would make it more difficult for low-income immigrants, including those who entered the country legally, to become permanent residents if they have received public benefits, including health coverage for the poor such as Medicaid. But it recently made an exception for those seeking medical attention for the coronavirus.

The most terrifying part of Lydia Nakiberu's day has become her two-hour commute — on two trains and a bus — to her job as a home health aide outside Boston.

She shoves her hands in her pockets so as not to touch anything, wears a mask, scrubs her hands every chance she gets — but worries about spreading the virus to the 86-year-old man she cares for. Or to her family.

"They tell us, 'When you get sick, you have to go to the hospital,' but all the undocumented domestic workers I know are so scared that ICE might get their information and come for them," said Lydia, 41, who does not have health insurance.

Both Lydia and her husband, Jerry, are undocumented immigrants from Uganda who have raised their children — ages 13, 12 and 8 — in the United States. Jerry spent three months in an immigration detention center in 2012 after losing an asylum case and missed the birth of his youngest son.

At the nursing home where Jerry works as a nurse, masks are rationed, with caregivers allotted just one for the entire day. They have gloves, but no protective gowns. He thinks the government should be doing more to help workers on health care's front line — even if they are not authorized to work.

"They need us more than ever before," said Jerry, 54.

Perhaps when this is all over, he said, the American public will recognize how undocumented immigrants risked their lives to help during a time of crisis. In another burst of optimism, he said he hopes that the government would grant legal status to parents of U.S. citizens and other immigrants who have long paid taxes.

But until then, Lydia said: "We are scared about the virus. We are scared about ICE. We are scared about almost everything right now."

Tracy Jan
Tracy Jan covers the intersection of race and the economy for The Washington Post, a beat she launched in December 2016. She previously was a national political reporter at the f

Williams, Victoria (County Judge's Office)

From: James Williams <jastaswillias@gmail.com>
Sent: Thursday, April 23, 2020 3:58 PM
To: Williams, Victoria (County Judge's Office)
Subject: Support for Emergency Financial Assistance funds proposal

I am writing in support of the use of Emergency Financial Assistance funds for a rapid response to help those ineligible for other more immediate assistance. I was offended to hear that families with at least one person without a Social Security number would also not be eligible for COVID-19 Relief funds from our Republican government. Anything we can do to offset this misguided and unfair situation should be done. If any person is being cut-off for having at least one person without a SSN in their household is being deemed guilty by association. This is inherently wrong. I am grateful that the Ryan White Program is there to make things better for at least some suffering from this injustice.

-- James Thomas Williams

April 23, 2020

To: Ryan White Office of Support

From: Latino HIV Task Force

Latino HIV Task Force (LHTF) would like to express its concerns about how the Covid-19 has impacted the Latino community.

Harris County as a whole has 43% Hispanic, 29% White, 20% African American, and 7% Asian in population composition.

The Covid-19 breakdown as of April 21, 2020 is 25% Hispanic, 23% African American, 18% White, 4% Asian and 1% other.

As the Covid-19 continues to spread across Harris County and the City of Houston, the Latino communities are among those who will continue to be disproportionally affected by the virus. Barricading access to governmental programs; services; and benefits through means of discrimination on the basis of immigration status, socio-economic status, race, color, age, gender identification and sexual orientation will further exacerbate health and economic inequities.

Latino Children are affected by the following supportive services received by school districts. Many children will be impacted by lack of nutritional supplements provided by the school. They will suffer due to unavailable free lunch programs. Many children and youth access school facilitated health care, for vaccinations and mental health services. Children ages 5 – 17 years old will miss the WHO recommendation of 60 minutes a day of moderate-to-vigorous physical activities. This will increase their risk of establishing bad habits like increased TV or Video Games or other electronics' use. But also, snacking that can damage future cardiovascular and musculoskeletal health. In addition, the current situation impacts the health of our children and youth who suffer from living with HIV. Many of these children did not have the tools needed to complete their school-work because of the lack of internet access and most importantly their lack of laptops, computers or tablets.

Adolescents are impacted because of school closures and social distancing is challenging. Adolescents at this age are growing independent and begin to prioritize connections with peers over parents. They may grieve their rites of passage they were due to experience, like proms and graduations. Anxiety could increase in adolescents as they try to understand the Covid-19 pandemic.

In general, Latino seniors tend to seek less medical and counseling help than African-American and Anglo seniors do. Fearful of government policies with regard to the Latino communities, especially immigrants, they avoid dealing with governmental agencies and CBOs that might report them to immigration authorities. This reluctance to seek help is especially true for the undocumented, or those with undocumented family members. Many Latino seniors serve as the backbone of their families, caring for grandchildren and other children in their community while schools are closed; and these children may have been infected, which puts them at a higher risk of infection themselves. If these seniors become infected and do not get the help they need, the entire family structure will be disrupted, with huge social and financial repercussions to the greater society. This is why getting this financial aid is so very urgent.

Many in the Latino communities are ineligible for unemployment insurance or the $1,200 stimulus check that the government just released. Our undocumented are unable to rely on the government's relief aid, some despite having paid taxes and living in the U.S. for more than two decades. If they are stricken with the Covid-19, they will question whether to seek medical attention because of facing deportation, or being separated from family. If they are not faced with being undocumented, many work as cooks, cleaners, janitors, industries which have been hit the hardest by the pandemic. The majority of this group do not have health insurance or are under insured. If living with HIV, many can access Ryan White Services. These will not cover loss of wages, or some high medical bills associated with treatment due to this Pandemic.

Many of our agencies have reached their limits in assisting clients with rental and utilities assistance. Transportation, while always a barrier, continues to be as such with the added dangers of acquiring COVID-19 from the need to use public transportation. Metro reports an increase of COVID-19 diagnoses for bus drivers, Quality Assurance staff, bus cleaners, etc. Access to Food Pantry has been challenging to more families than usual.

The Emergency Financial Assistance service category provided by Ryan White with COVID-19 Relief Funds, while a great help if no restrictions are put in place, will not assist the Latino community if they continue to uphold restrictions that discriminate and will be a tremendous negative impact on our communities if they do. But, if this category is created to provide a more equitable situation for those ineligible for other financial assistance, and maintains the flexibility and agility to respond quickly, then we will have finally created a financial relief category which truly serves ALL people with HIV in our area, including immigrants of undocumented status and the families which include them.

Gloria Sierra, Chair

Steven Vargas, Co-Chair

Richard Gamez, Secretary

PUBLIC COMMENT – as of 04-15-20

From: Steven Vargas <sivargas68@yahoo.com>
Sent: Wednesday, April 15, 2020 12:28 PM
To: Williams, Victoria (County Judge's Office); Martin, Carin (PHS); Tana Brown; Barr, Melody - HCD
Subject: Fwd: Coronavirus eviction rules don't always help people in motels

This is something I was thinking an emergency response fund could address and help alleviate.

I hope to be proven wrong, but I don't think HOPWA's STRUMA or TBRA programs would be able to assist in such cases.

Back in in 2006-2008, the Ryan White Program did fund temporary stays in motels for those returning to society from incarceration. This made it easier to assist with accessing medical care and more stable housing. At the time, PC members thought HOPWA would be able to do something similar and supplant those funds and recreate something similar.

I see similar functions for such funds for:

1. PWH returning from incarceration,

2. PWH needing temporary stay away from home due to something like COVID, whether the PWH needs isolating or need to be somewhere away from home where someone in their home has COVID or something similar

3. PWH needing a temporary stay if home is unlivable due to a fire or other disaster (hurricane, tornado, flood, infestation)

I have worked at two Houston ASOs and both have had to fund such stays for PWH during my tenure with them. Sometimes the agency had to use general funds to do so to address the need in a timely and useful fashion.

---------- Forwarded message ---------
From: **Stateline Daily** <outreach@pewtrusts.org>
Date: Wed, Apr 15, 2020, 11:31 AM
Subject: Coronavirus eviction rules don't always help people in motels
To: <sivargas68@yahoo.com>

View in web browser

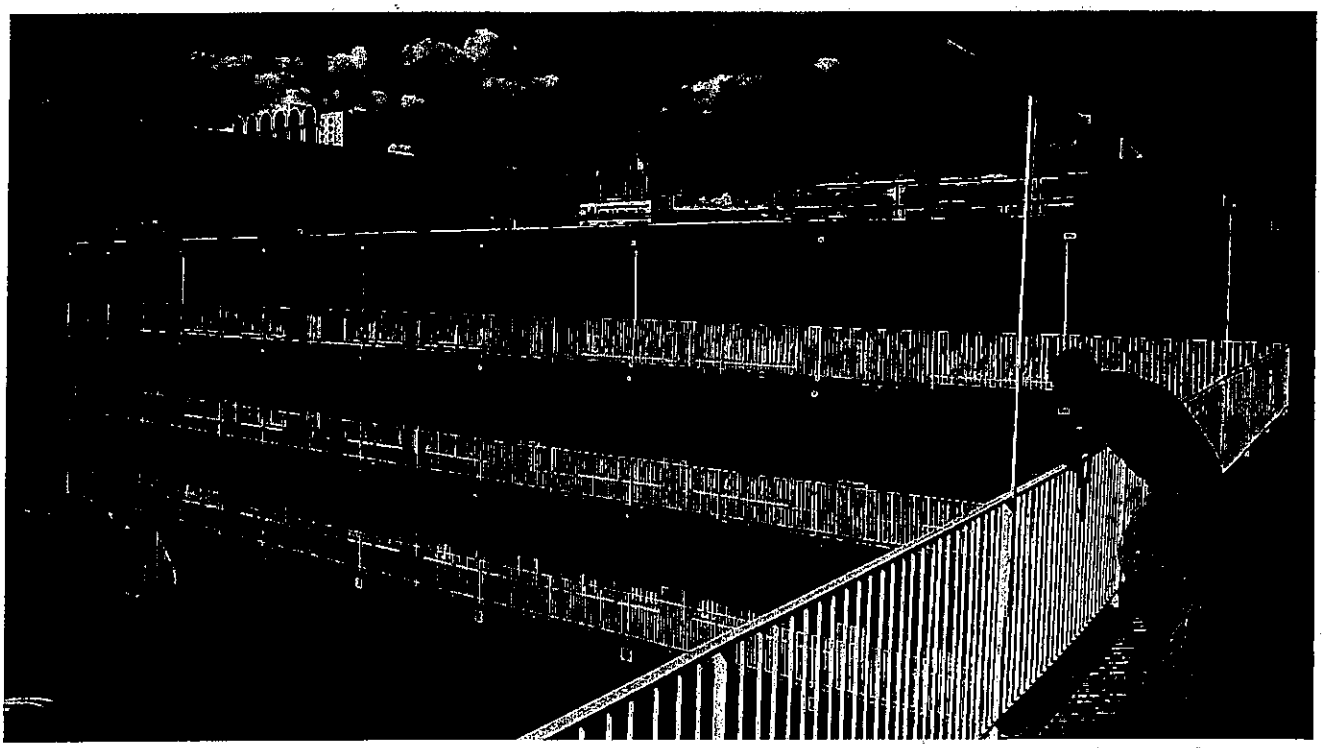
PEW

Stateline Daily

Stateline

Coronavirus Eviction Rules Don't Always Help People in Motels

STATELINE ARTICLE April 15, 2020 By: Teresa Wiltz Topics: Business of Government & Health Read time: 5 min



A man stands outside of his Reno, Nevada, motel room before the pandemic. Many families and individuals living in extended-stay motels are facing eviction during the pandemic.

John Locher/The Associated Press

Read *Stateline* coverage of the latest state action on coronavirus.

For the past few months, Stefanie Craft, her five kids and two pets, a cat and a dog, have been camped out in the Economy Inn and Suites in North Charleston, South Carolina. It wasn't her first choice: Black mold crawling up the walls of their rental house forced her hand.

Still, it's home, for now, so they're riding out the pandemic in one room with a "sink-sized kitchen."

Now Craft, 44, who says she has always paid her $325 weekly motel rent on time, is facing eviction. She lost her job supervising a local car wash when the coronavirus shuttered her city. A local church paid her rent this week, she said, but she's terrified about what will happen next. The motel's manager could not be reached for comment about Craft's case.

"I have no clue what I'm going to do," Craft told *Stateline* in a telephone interview. "We have nowhere to go. That's why we're here."

States have reached different conclusions.

This month, North Carolina Attorney General Josh Stein, a Democrat, ordered local motels and hotels to stop threatening to evict tenants during the pandemic.

Hotels have been devastated by the pandemic, said Lynn Minges, president and CEO of the North Carolina Restaurant and Lodging Association. Eight out of 10 hotels in the state either were forced to close or are operating at less than 20% capacity, she said, adding that many are sheltering homeless families and individuals.

"We're clear that it is unlawful for a hotel to evict a guest if that is how they are finding shelter," Minges said. "They are still responsible for the payment of those rooms," but those are matters that can be resolved later, she said.

In neighboring South Carolina, however, the state's April no-eviction order does not apply to people living in motels.

And sometimes states and localities don't agree. In Michigan, for example, tenant protection laws do not cover motel residents.

But after Kent County, Michigan, motels evicted more than a dozen families and threatened to evict roughly 75 more last month, local officials got involved, said Casey Gordon, who works with homeless students and families for the Kent County Intermediate School District.

County officials, Grand Rapids city administrators and the county public health department told motel owners that they were essential businesses and evicting residents would violate the local eviction moratorium, Gordon said.

But many motels shut down anyway and kicked families out, according to Gordon, and some families ended up in shelters. Others are living in "doubled-up situations," couch-surfing with friends. Some ended up in other motels.

"It's getting really difficult," Gordon said. "Hotels are saying, 'We can't continue to provide staffing. People aren't coming into work.'"

In some places, evictions are happening at the same time that cities, in an effort to protect people who experience chronic homelessness, are commandeering empty motels to house them.

Many federal agencies, such as the U.S. Department of Education, consider people to be homeless if they're living in hotels or motels. But there are no clear statistics tracking this population.

Motel residents are a difficult population to pin down because they live in a motel when they can afford it and when they can't they often move to their cars or a friend's couch. Nor

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Housing Profile

2020 Houston HIV Care Services Needs Assessment

Disclaimer:
This Housing Profile uses data from the 2020 Houston Area HIV Care Services Needs Assessment (approval pending). The 2020 Needs Assessment summarizes primary data collected from April 2019 to February 2020 from 589 self-selected, self-identified people living with HIV (PLWH) using either a self-administered written or electronic survey, or verbal interview. Most respondents resided in Houston/Harris County at the time of data collection. Data were statistically weighted for sex at birth, primary race/ethnicity, and age range based on a three-level stratification of HIV prevalence in the Houston EMA (2018). Though quality control measures were applied, limitations to the raw data and data analysis exist, and other data sources should be used to provide context for and to better understand the results. Data collected through this process represent the most current *primary* data source on PLWH in the Houston Area. Census, surveillance, and other data presented here reflect the most current data available at the time of publication.

Funding acknowledgment:
The 2020 Houston Area HIV Care Services Needs Assessment is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $24,272,961 and was not financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

Incentives were provided by the Houston Regional HIV/AIDS Resource Group, Inc.

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HOUSING SERVICE NEEDS AND BARRIERS

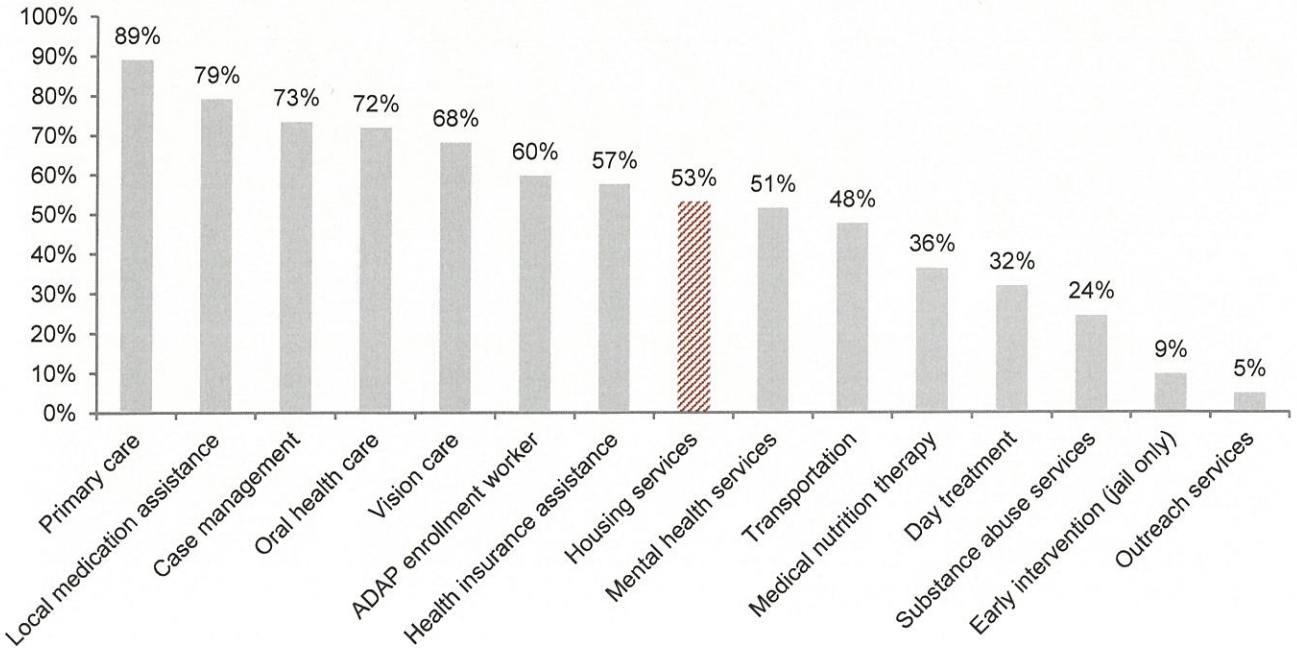
As payer of last resort, the Ryan White HIV/AIDS Program provides a spectrum of HIV-related services to people living with HIV (**PLWH**) who may not have sufficient resources for managing HIV. The Houston Area HIV Services Ryan White Planning Council identifies, designs, and allocates funding to locally-provided HIV care services. Housing services for PLWH are provided through the federal Housing Opportunities for People with AIDS (**HOPWA**) program through the City of Houston Housing and Community Development Department and for PLWH recently released from incarceration through the Houston Regional HIV/AIDS Resource Group (**TRG**). The primary function of HIV needs assessment activities is to gather information about the need for and barriers to services funded by the local Houston Ryan White HIV/AIDS Program, as well as other HIV-related programs like HOPWA and the Houston Health Department's (**HHD**) prevention program. This Profile assesses the need, accessibility, and barriers to housing for PLWH in the Houston area.

Overall Ranking of Housing and Funded Services, by Need

At the time of survey, 17 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program. For the first time, the 2020 Houston Area HIV Needs Assessment also collected data on the need for and accessibility to 10 additional services that are allowable under Ryan White, but not currently funded through Ryan White in the Houston area, such as housing services. Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded and unfunded services they needed in the past 12 months.

(**Graph 1**) All funded and unfunded services except hospice and linguistics were analyzed and received a ranking of need. Housing services was identified as the most commonly needed unfunded service at 53% of survey participants indicating need. When ranked with currently funded services, housing was the 8th highest ranked for need. This places the need ranking for housing services before mental health services, transportation, medical nutrition therapy, adult day treatment, substance abuse services, early intervention services, and outreach services.

GRAPH 1-Ranking of Housing and Funded HIV Services in the Houston Area, By Need, 2020
Definition: Percent of needs assessment participants stating they needed the service in the past 12 months, regardless of service accessibility.
Denominator: 569-573 participants, varying between service categories



Overall Ranking of Housing and Funded Services, by Accessibility

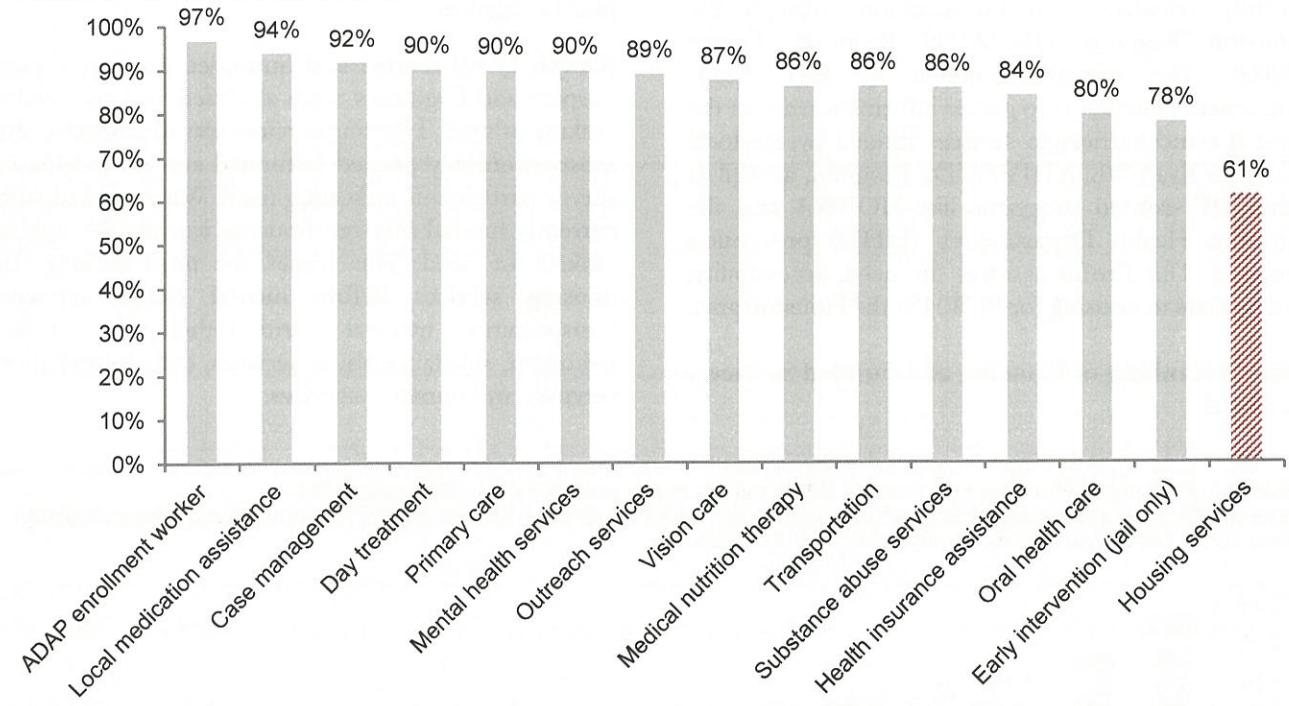
Participants were asked to indicate whether each of the funded and unfunded services they needed in the past 12 months was easy or difficult for them to access.

(**Graph 2**) All funded and unfunded services except hospice and linguistics were analyzed and received a ranking of accessibility. Housing was identified as the least accessible unfunded service as only 61% of the participants who needed housing services found it easy to access. When ranked with currently funded services, housing the lowest ranked for accessibility. This places the accessibility ranking for housing services below every funded and unfunded service.

GRAPH 2-Ranking of Housing and Funded HIV Services in the Houston Area, By Accessibility, 2020

Definition: Of needs assessment participants stating they needed the service in the past 12 months, the percent stating it was easy to access the service.

Denominator: 569-573 participants, varying between service categories



Housing Services Need and Accessibility by Demographic Categories and Select Special Populations

(**Table 1 and Table 2**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For housing services, this analysis shows the following:

- More females than males found the service accessible.
- More Black/African American PLWH found the service accessible than other race/ethnicities.
- More PLWH age 25 to 49 found the service accessible than other age groups.

In addition, more transgender, homeless, and MSM PLWH found the housing difficult to access when compared to all participants.

TABLE 1-Housing Services, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not need service	48%	42%	53%	40%	55%	29%	70%	41%	53%
Needed, easy to access	31%	38%	24%	41%	24%	38%	30%	35%	28%
Needed, difficult to access	22%	19%	24%	19%	20%	33%	0%	24%	19%

TABLE 2-Housing Services, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not need service	23%	52%	52%	22%	80%	28%
Needed, easy to access	35%	25%	32%	8%	3%	28%
Needed, difficult to access	42%	23%	16%	9%	17%	44%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

Barriers to Accessing Housing Services

Since the 2016 Houston Area HIV Needs Assessment, participants who reported *difficulty* accessing needed services have been asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. In 2016, staff used recursive abstraction to categorize participant descriptions into 39 distinct barriers, then grouped together into 12 nodes, or barrier types. This categorization schema was applied to reported barriers in the 2020 survey.

(**Table 3**) When barriers to housing services were reported, the most common barrier type was wait-related issues at 28% of reports, followed by education and awareness issues (24%), interactions with staff (13%), administrative issues (9%) and eligibility issues (6%). Wait-related issues most commonly experienced were being placed on a housing waitlist (often in excess of 2 years) or being told a waitlist for housing was unavailable. Education and awareness issues were most often lack of knowledge about housing service availability or where to go to access housing services. Barriers regarding interactions with staff were most often poor or no communication from staff and staff who were not knowledgeable about area housing resources. Administrative issues were almost exclusively long, complex, or confusing processes required for accessing housing services. Barriers related to eligibility were most often having difficulty obtaining documentation needed for housing eligibility.

TABLE 3: Top 5 Reported Barrier Types for Housing Services, 2020

	No.	%
1. Wait-related (W)	31	28%
2. Education and Awareness (EA)	27	24%
3. Interactions with Staff (S)	14	13%
4. Administrative (AD)	10	9%
5. Eligibility (EL)	7	6%

ADDITIONAL HOUSING DATA

The 2020 Houston Area HIV Needs Assessment collected additional data relevant to housing needs, homelessness, housing instability, and housing quality. These additional data are presented below.

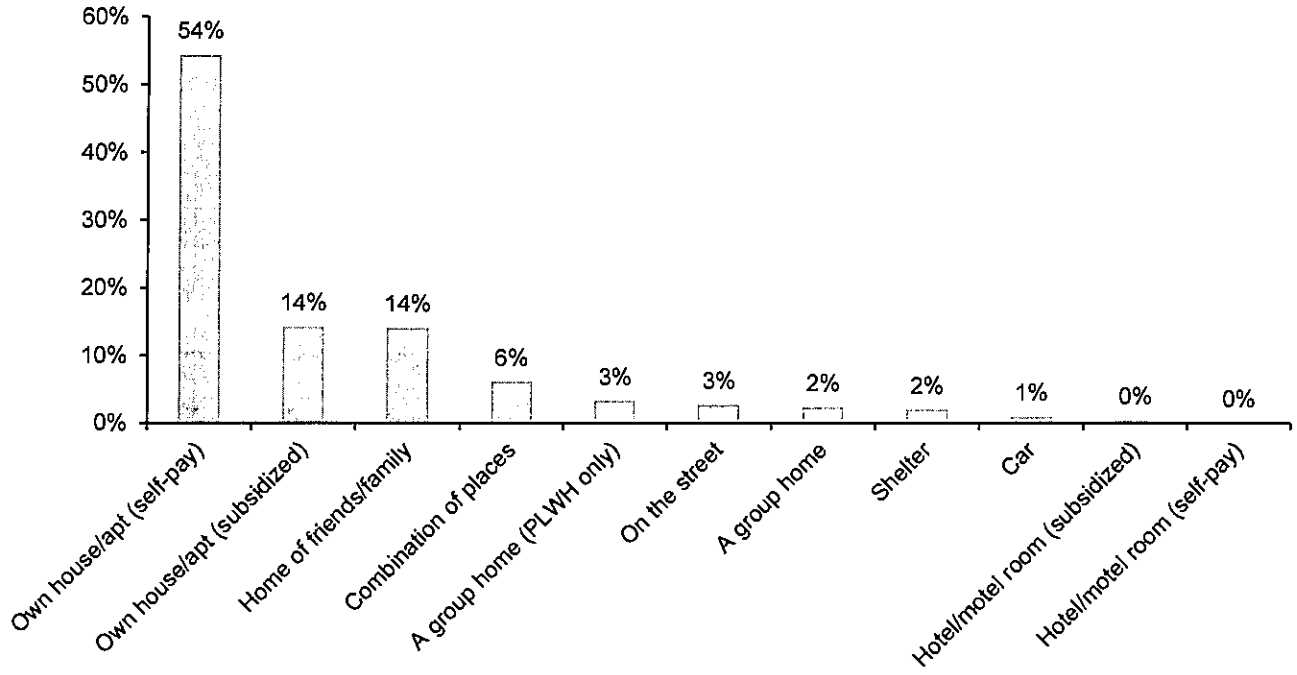
Housing Type, Homelessness, and Housing Instability

Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to select on response for where they sleep most often from a list of 11 possible housing types. Participants were also encouraged to write in where they sleep most often if they did not see it listed among the housing type options. Another question asked they felt their current housing situation was stable.

(**Graph 3**) A majority of participants slept most often in a house or apartment that they paid for (54%). This was followed by sleeping most often in a subsidized house or apartment (14%), staying with friends or family (14%), sleeping in a combination of places (6%) staying in a group home for PLWH (3%), or sleeping on the street (3%).

Participants who indicated they slept most often at a shelter, in a car, on the street, or in a combination of places that changes were identified as experiencing homelessness. By this metric, 11% of participants were experiencing homelessness as the time of survey. Regardless of housing type, 32% of participants indicated that they felt their current housing situation was unstable.

GRAPH 3 -Ranking of Housing Types for PLWH in the Houston Area, 2020
Definition: Percent of needs assessment participants stating they slept most often at each housing type.
Denominator: 563 participants



Current Housing Problems

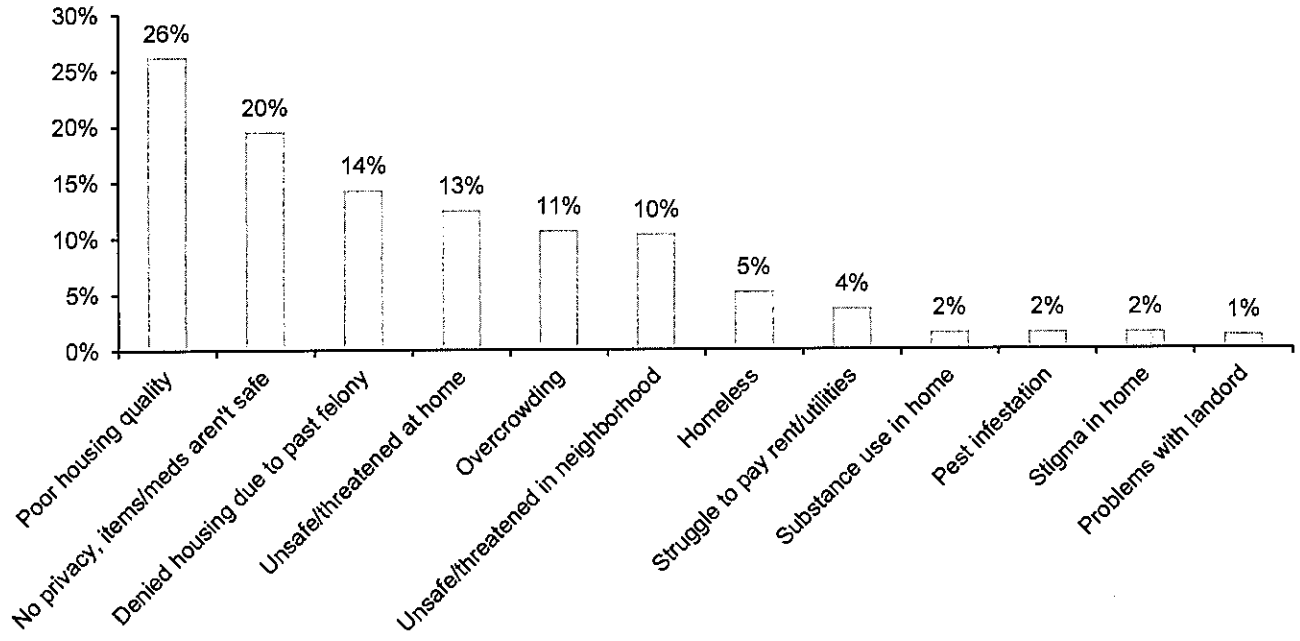
Regardless of housing status and stability, other housing-related issues may present barriers to access and retention in care. Twelve-percent (12%) of participants indicated that their housing situation has interfered with them getting HIV medical care.

Participants were asked to indicate whether they were currently experiencing any of a list of housing quality, safety, or access issues. Participants were also encouraged to write-in any current housing problems, which at analysis were added to the list or condensed into existing options. Forty-percent (40%) of survey participants indicated they were currently experiencing housing quality, safety, or access issues.

(**Graph 4**) The most common housing problem participants were experiencing at the time of survey was poor housing quality at 26%. Examples given in the survey for poor housing quality were presence of mold or asbestos, exposed wires, broken windows, leaks, poor insulation, broken plumbing, or broken appliances. This was followed by having no privacy and feeling that possessions and medications were not safe (20%), being denied housing due to a past felony (14%), feeling unsafe or threatened at home (13%), and overcrowding (11%). Write-in responses with enough cases to justify inclusion in the list currently experiencing homelessness, struggling to pay rent/utilities, substance use in the home, pest infestation, stigma at home, and difficulties with landlords.

GRAPH 4-Current Housing Problems Experienced by PLWH, 2020

Definition: Of needs assessment participants stating they were currently experiencing problems with housing quality, safety, or access, the percent stating they were experiencing each problem.
Denominator: 328 participants



FY 2005 Service Definition - Housing

HRSA Service Category Title:	**Housing Assistance* Housing Related Services***
Local Service Category Title:	**Housing Coordination and Emergency Shelter Vouchers a) Housing Assistance b) Housing Related Services (Coordination) *NOTE: These two HRSA categories are bundled together in this local service category**
Revision Date:	**04-04**
Service Category Code **(HIV Services use only):**	
Amount Available **(HIV Services use only):**	
Budget Type **(HIV Services use only):**	**Hybrid** Maximum allowable unit cost for direct client housing coordination services, including emergency shelter voucher disbursements = $xx.xx/unit
Budget Requirements or Restrictions: **(HIV Services use only):**	**a. Housing Assistance and Coordination** No more than $47,000 may be used for Coordination units. The remaining funds must be allocated to the cost of shelter vouchers. MAI funds may only be used for targeted populations.
HRSA Service Category Definition **(do not change or alter):**	**a. Housing Assistance:** This assistance is limited to short-term or emergency financial assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. Use of CARE Act funds for short-term or emergency housing must be linked to medical and/or health-care or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment. **b. Housing Related Services (Coordination):** Includes assessment, search, placement, and advocacy services provided by professionals who possess an extensive knowledge of local, State and Federal housing programs and how they can be accessed.
Local Service Category Definition:	The provision of assistance to eligible clients in accessing temporary short-term emergency housing, disbursement of emergency shelter vouchers, linkage of clients to appropriate housing resources throughout the EMA, networking with other urban and rural housing resources, and assisting clients in securing long term housing.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals living within the Houston Eligible Metropolitan Area (EMA) who need short-term or emergency housing linked to medical and/or health care services or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment. This includes individuals who are homeless; women with children; clients with NO income; and clients who are medically unable to work.

FY 2005 Service Definition - Housing

Services to be Provided:	Services to be provided include: 1) Advocacy for and assistance to clients in accessing temporary short-term emergency housing; 2) Linking clients with appropriate housing resources throughout the EMA; 3) Providing referrals to Emergency Assistance programs; 4) Networking with other urban and rural housing resources; 5) Assisting clients in securing permanent housing. 6) Providing short-term placement via emergency shelter vouchers.
Service Unit Definition(s): **(HIV Services use only)**	**b. Housing Related Services (coordination).** One unit of service is defined as 15 minutes of direct client housing coordination services on behalf of an HIV-infected individual, including emergency shelter voucher disbursements.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	HIV-infected individuals.
Agency Requirements:	Agency must document that housing assistance is essential to a client's ability to gain/maintain access to HIV-related medical care or treatment.
Staff Requirements:	Housing Coordinator: A minimum of one (1) FTE who meets the following requirements: 2 years of college 2 years of recent housing referral experience at local, state, and federal levels 2 years of recent HIV/AIDS work experience.
Special Requirements:	None.

FY 2005 Service Definition - Housing

FY 2006 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: 06/09/05
Recommendations:	Approved: Y ✓ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: 06/02/05
Recommendations:	Approved: Y ✓ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Assurance Committee**		Date: 05/18/05
Recommendations:	Approved: Y ✓ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup**	Date: 05/03/05
Recommendations:	Financial Eligibility:
1. Eliminate Housing Assistance and Housing Related Services.	
2.	
3.	
4.	

Housing

Description:
Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

Program Guidance:
RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

See PCN 11-01 The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs

HUD NEWS

U.S. Department of Housing and Urban Development - Ben Carson, Secretary
Region VI: Leslie Bradley, Deputy Regional Administrator

Reg. VI: 20-70
Patricia Campbell/Scott Hudman/Ty Petty
817-681-0741/ 713-295-9675/202-380-7369
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FOR RELEASE
Thursday
April 2, 2020

HUD MAKES $220 MILLION OF COVID-19 RELIEF FUNDING AVAILABLE TO TEXAS

In addition to funding, FHA single family mortgage servicers instructed to offer deferred or reduced mortgage payments for up to six months

FORT WORTH - President Trump signed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) into law last Friday, providing much needed assistance to the American people as the country works diligently to combat COVID-19. Thanks to the President's leadership, families and communities across the country will immediately feel the impact of this relief package as the federal government works to make these funds available.

After the President signed the CARES Act, Secretary Ben Carson directed the U.S. Department of Housing and Urban Development (HUD) to immediately begin allocating $3.064 billion to help America's low-income families and most vulnerable citizens. These funds will be awarded quickly by using existing grant formulas; they will also be accompanied by new guidance that cuts red tape so grantees can quickly help their communities.

HUD is making a total of $219,981,120 in grants to Texas through its Community Development Block Grant, Emergency Solutions Grant, and Housing Opportunities for Persons with AIDS programs. Please see the chart at the end of the release for the Texas grantees and amounts allocated to them.

"President Trump has said repeatedly that combating coronavirus will take a whole-of-government response, so we are glad to see Congress come together and join in our efforts to provide relief for the American people," said Secretary Carson. "During this national emergency, HUD has taken quick action to help our country's most vulnerable citizens and this additional support from Congress will help us continue to fulfill that mission."

Funding for Texas includes:

- **$144 million through HUD's Community Development Block Grant Program to help states, communities, and non-profits. Funds can be used to:**
  - Construct **medical facilities** for testing and treatment.

- Acquire a motel or hotel building to **expand capacity of hospitals** to accommodate isolation of patients during recovery.
- **Replace HVAC systems** to temporarily transform commercial buildings or closed school buildings into clinics or treatment centers.
- Support **businesses manufacturing medical supplies.**
- Construct a **group living facility** to centralize patients undergoing treatment.
- Carry out **job training of health care workers and technicians** who are available to treat disease within a community.

➢ **$71.7 million through HUD's Emergency Solutions Grant Program to keep America's homeless citizens safe. Funds can be used to:**
- Build **more emergency shelters** for homeless individuals and families.
- **Operate emergency shelters** by providing maintenance, rent, repair, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation.
- **Provide Hotel/Motel Vouchers** for homeless families or individuals.
- Provide essential **services to people experiencing homelessness** including **childcare, education services,** outreach, employment assistance, outpatient health services, legal services, mental health services, substance abuse treatment services, and transportation.
- **Prevent individuals from becoming homeless** and rapidly rehouse homeless individuals.

➢ **$4.2 million through HUD's Housing Opportunities for Persons with AIDS program to help American's with compromised immune systems. Funds can be used to:**
- Increase the level of safe, stable housing for Persons Living with HIV/AIDS and their household members, by providing rental and utility assistance and other short-term lodging assistance to address isolation and self-quarantine needs.
- Ensure access to HIV medical care and treatment, chemical dependency treatment, and **mental health** treatment.
- Provide persons with compromised immune systems with **nutritional services** and assistance with daily living.
- Assist in **job training** and placement assistance.

➢ **Cuts Red Tape to Allow for Targeting of COVID-19 Response:**
- The authority to provide housing assistance payments for **rent, mortgage, and utilities for up to 24 months.**
- The authority to use funds to self-isolate, quarantine, or provide other CDC-recommended infection control services for household members not living with HIV/AIDS.
- The authority to use funds to provide relocation services (including lodging at hotels, motels, or other locations) for persons living with HIV/AIDS and household members not living with HIV/AIDS.

Additional funds will follow this first tranche. The CARES Act allows HUD to broaden the reach of its existing grant programs for the remaining $9.136 billion in relief funding to meet our country's unique needs during this time. To do this, new grant formulas must be written. HUD began writing new formulas immediately and will continue to work quickly to address communities' needs and ensure these funds go to people and do not get delayed by bureaucratic red tape.

NAME	CDBG20-COVID Recovery	ESG20-COVID Recovery	HOPWA20-COVID Recovery
Abilene	$512,341.00	$0.00	$0.00
Allen	$256,477.00	$0.00	$0.00
Amarillo	$997,449.00	$0.00	$0.00
Arlington	$2,004,017.00	$991,890.00	$0.00
Austin	$4,620,659.00	$2,354,866.00	$272,065.00
Baytown City	$401,242.00	$0.00	$0.00
Beaumont	$801,000.00	$0.00	$0.00
Brownsville	$1,597,695.00	$819,241.00	$0.00
Bryan	$494,864.00	$0.00	$0.00
Carrollton	$504,713.00	$0.00	$0.00
College Station	$697,507.00	$0.00	$0.00
Conroe	$342,971.00	$0.00	$0.00
Corpus Christi	$1,622,820.00	$803,100.00	$0.00
Dallas	$8,899,802.00	$4,453,269.00	$1,088,138.00
Denison	$173,668.00	$0.00	$0.00
Denton	$618,736.00	$0.00	$0.00
Desoto	$182,823.00	$0.00	$0.00
Edinburg	$612,766.00	$0.00	$0.00
El Paso	$3,757,367.00	$1,902,228.00	$91,258.00
Flower Mound	$124,587.00	$0.00	$0.00
Fort Worth	$4,360,291.00	$2,202,959.00	$246,806.00
Frisco	$374,362.00	$0.00	$0.00
Galveston	$714,670.00	$0.00	$0.00
Garland	$1,335,725.00	$648,962.00	$0.00
Grand Prairie	$885,933.00	$0.00	$0.00
Harlingen	$522,136.00	$0.00	$0.00
Houston	$14,523,741.00	$7,252,552.00	$1,501,211.00
Irving	$1,356,538.00	$678,434.00	$0.00
Killeen	$613,676.00	$0.00	$0.00
Laredo	$2,264,939.00	$1,130,386.00	$0.00
League City	$264,907.00	$0.00	$0.00
Lewisville	$452,305.00	$0.00	$0.00
Longview	$409,551.00	$0.00	$0.00
Lubbock	$1,242,859.00	$632,362.00	$0.00

Mc Allen	$1,005,274.00	$0.00	$0.00
McKinney City	$500,444.00	$0.00	$0.00
Marshall	$212,544.00	$0.00	$0.00
Mesquite	$672,453.00	$0.00	$0.00
Midland	$570,875.00	$0.00	$0.00
Mission	$573,402.00	$0.00	$0.00
Missouri City	$174,516.00	$0.00	$0.00
New Braunfels	$243,102.00	$0.00	$0.00
Odessa	$514,553.00	$0.00	$0.00
Orange	$204,975.00	$0.00	$0.00
Pasadena	$1,010,137.00	$0.00	$0.00
Pearland	$251,873.00	$0.00	$0.00
Pflugerville city	$158,241.00	$0.00	$0.00
Pharr	$665,558.00	$0.00	$0.00
Plano	$828,593.00	$0.00	$0.00
Port Arthur	$678,123.00	$0.00	$0.00
Round Rock	$397,375.00	$0.00	$0.00
Rowlett	$161,028.00	$0.00	$0.00
San Angelo	$388,646.00	$0.00	$0.00
San Antonio	$7,707,015.00	$3,902,645.00	$297,456.00
San Benito	$227,241.00	$0.00	$0.00
San Marcos	$425,261.00	$0.00	$0.00
Sherman	$215,775.00	$0.00	$0.00
Temple	$368,691.00	$0.00	$0.00
Texarkana	$218,921.00	$0.00	$0.00
Texas City	$249,887.00	$0.00	$0.00
Tyler	$514,341.00	$0.00	$0.00
Victoria	$355,657.00	$0.00	$0.00
Waco	$803,915.00	$0.00	$0.00
Wichita Falls	$733,264.00	$0.00	$0.00
Bexar County	$1,407,897.00	$696,845.00	$0.00
Brazoria County	$1,066,823.00	$526,152.00	$0.00
Dallas County	$1,353,221.00	$667,003.00	$0.00
Fort Bend County	$1,948,558.00	$936,303.00	$0.00
Harris County	$8,294,559.00	$4,077,193.00	$0.00
Hidalgo County	$4,559,466.00	$2,229,055.00	$0.00
Montgomery County	$1,640,976.00	$775,483.00	$0.00
Tarrant County	$2,490,600.00	$844,131.00	$0.00
Travis County	$700,683.00	$0.00	$0.00
Williamson County	$939,026.00	$0.00	$0.00
Texas Nonentitlement	$40,000,886.00	$33,254,679.00	$724,936.00
Total:	**$143,979,512.00**	**$71,779,738.00**	**$4,221,870.00**

###

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all.

More information about HUD and its programs is available on the Internet at www.hud.gov and https://espanol.hud.gov.

You can also connect with HUD on social media and follow Secretary Carson on Twitter and Facebook or sign up for news alerts on HUD's Email List

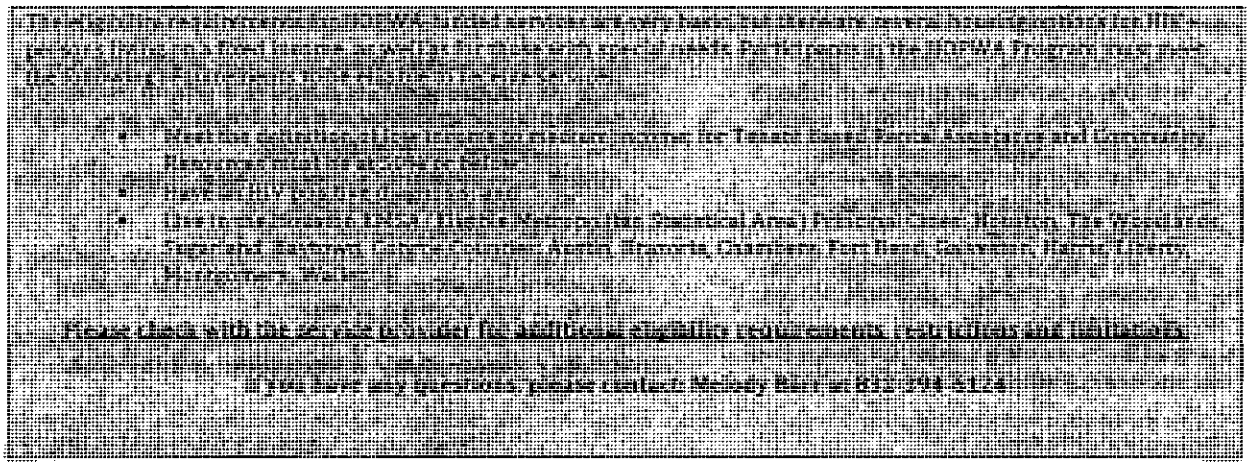
HOPWA (Housing Opportunities for People with AIDS) Funded Agencies as of April 2019

City of Houston Housing and Community Development

The City of Houston's HOPWA Program offers several housing options for persons living with and affected with HIV. The agencies listed below receive HOPWA funds to provide Housing and Housing-related services.

Scan the list of agency's below to find an agency that provides the service that you need.

A Caring Safe Place, Inc. Administers and operates two community residences, which provides housing and supportive services for persons with chemical addiction and/or alcohol dependency problems. **713-225-5441**	**Avenue 360** Administers a short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. **713-426-0027**
Access Care of Coastal Texas, Inc. Administers a short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. **409-763-2437**	**Houston HELP, Inc.** Operates a community residence, and provides supportive services. **713-741-4070**
AIDS Foundation Houston, Inc. Operate four community residences, and provides supportive services. **713-623-6796**	**Houston SRO Housing Corporation** Operates community residence for individuals and couples, and supportive services for homeless veterans. **713-526-9470**
AMMA **Association for the Advancement of Mexican American** Administers a supportive services program. Administran programas de servicios de apoyo. **713-967-6700**	**Houston Volunteer Lawyers Program, Inc.** Operates a legal services program, which provides counsel and advice on civil matters including housing, family law, public benefits, disability, employment and discrimination. **713-228-0735 x 121**
Brentwood Community Foundation Administers a short-term rent, mortgage and utility assistance program, operates a community residence and provides supportive services. **713-852-1452**	**Montrose Counseling Center** Administers a short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. **713-529-0037**
Catholic Charities of the Archdiocese of Galveston-Houston Administers a short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. **713-526-4611**	**SEARCH, Inc.** Provides childcare and early childhood education to children between the ages of 12 months and six years. Provides case management/education. **713-739-7752**
Goodwill Industries of Houston Administers a supportive services job training program. **713-692-6221**	**The Men's Recenter** Nonprofit striving to aid homeless men and woman with alcohol and drug addictions. **713-524-3682**



HOPWA (Housing Opportunities for People with AIDS) Funded Agencies

City of Houston Housing and Community Development (as of 05/17/17)

The Houston area offers several housing options for persons living with HIV on a fixed income, as well as for those with families or special needs. The agencies listed below receive HOPWA funds to provide the following housing and/or housing-related services:

El área de Houston ofrece varias opciones de vivienda para las personas que viven con el VIH con un ingreso fijo, así como para aquellos con familias o necesidades especiales. Las agencias indicadas a continuación reciben fondos de HOPWA para proveer los siguientes servicios de vivienda y/o relacionados con la vivienda:

STRMU: Short Term Rent, Mortgage, Utility Assistance Program | **TBRA**: Tenant Based Rental Assistance | **SS**: Supportive Services | **CR**: Community Residences

Scan the list below to find an agency that provides the particular service that you need. Please see the next page for a full description of these services.

Busque en la lista a continuación la agencia que provee el servicio particular que necesita. Por favor vea la próxima página para una descripción completa de estos servicios.

Agencias / Agencies

A Caring Safe Place (CR, SS)
Two community residences which provide housing and supportive services for persons with chemical and/or alcohol dependency issues. (713) 225-5441

AIDS Coalition of Coastal Texas. (STRMU, TBRA, SS)
Short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. (409) 762-2437

AIDS Foundation Houston (CR, SS)
Four community residences with supportive services. (713) 623-6796

AAMA (SS)
Supportive services program. (713) 926-5431

Avenue 360 (STRMU, TBRA, SS)
Short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. (713) 341-3767

Brentwood Community Foundation (STRMU, CR, SS)
Short-term rent, mortgage and utility assistance program, community residence and supportive services. (713) 552-1452

Catholic Charities of the Archdiocese of Galveston-Houston (STRMU, TBRA, SS)
Short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. (713) 874-6553

Corder Place Apartments (CR, SS)
Community residence with supportive services. (713) 741-4070

Goodwill Industries of Houston (SS)
Supportive services job training program. (713) 599-3123

Houston SRO Housing Corporation (CR, SS)
Community residence and supportive services for homeless veterans. (713) 526-9470

Houston Volunteer Lawyers (SS)
Legal services program, which provides counsel and advice on civil matters including housing, family law, public benefits, disability, employment and discrimination. (713) 228-0735, Ext 121

Montrose Center (STRMU, TBRA, SS)
Short-term rent, mortgage and utility assistance and tenant-based rental assistance program with supportive services. (713) 529-0037

SEARCH Homeless Services (SS)
Childcare and early childhood education to children between the ages of 12 months and six years. Provides case management and education. (713) 799-7752

The eligibility requirements for HOPWA services are very basic, but some agencies may have additional restrictions placed on them by other funding sources that are more stringent. To be eligible you must:

1. Meet the definition of low to medium income; resources of 50% or below for TBRA and CR;
2. Have an HIV diagnosis; and
3. Live in one of the following ten counties: Austin, Brazoria, Chambers, Ft Bend, Galveston, Harris, Liberty, Montgomery or Waller.

Please check with the service provider for additional eligibility requirements, restrictions and limitations.

Los requisitos para elegibilidad a los servicios HOPWA son muy básicos, pero algunas agencias puede que tengan restricciones adicionales exigidas por otras fuentes financieras que son más estrictas. Para ser elegible usted debe:

1. *Cumple la definición de ingreso bajo a medio; recursos de 50% o menos para TBRA y CR;*
2. *Estar diagnosticado con el VIH; y*
3. *Vivir en uno de los diez siguientes condados: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery o Waller.*

Por favor hable con el proveedor para conocer de requisitos, restricciones y limitaciones adicionales.

HOPWA (Housing Opportunities for People with AIDS) Funded Agencies

City of Houston Housing and Community Development (as of 08/17/17)

Service Descriptions / *Descripción de los servicios*

Short Term Rent, Mortgage, Utility Assistance Program (STRMU):
STRMU will pay an eligible client's rent, mortgage and/or utility payments for up to 21 weeks in a 52-week period.
These funds are NOT used to support:

* Move-in Deposits
* Security and credit checks
* Move-in supplies, furniture, minor repairs, etc.
* Emergency shelter vouchers for hotel or motel.

Rent and utility payments are made to the owner or management of the property.

Programa de asistencia de corto plazo para la renta, la hipoteca, y los servicios públicos (STRMU):
STRMU pagará la renta, la hipoteca y/o los servicios públicos por 21 semanas en un periodo de 52 semanas.
Estos fondos NO asisten con:

* *Depósito inicial para la renta*
* *Comprobaciones de seguridad y crédito*
* *Pagos para provisiones, muebles, reparaciones, etc.*
* *Emergencia de refugio a hotel o motel.*

Los pagos de la renta y servicios públicos se entregan al dueño o administrador de la propiedad.

Tenant Based Rental Assistance (TBRA):
TBRA will pay for rent or utility for 12 to 24 months at a location determined by the client.
Locations must:

* Meet Housing Quality Standards established by HUD/HCD; and
* Cost of rent must meet federal median income

Rent and utility payments are made to the owner or management of the property.

Asistencia para la renta al arrendatario (TBRA):
TBRA pagará para la renta o los servicios públicos (luz, etc.) por 12 a 24 meses. El cliente determina la ubicación de la vivienda que debe:

* *Cumplir con el estándar de calidad de vivienda establecido por HUD/HCD; y*
* *Costo de renta debe cumplir con el ingreso federal del punto medio*

Los pagos de la renta y servicios públicos se entregan al dueño o administrador de la propiedad.

Supportive Services (SS):
All agencies that receive HOPWA funds offer supportive services in establishing permanent housing to eligible clients. Each agency provides different supportive services including child care, case management, housing counseling, professional counseling, nutritional services, etc.

Servicios de apoyo (SS):
Todas las agencias que reciben fondos de HOPWA ofrecen servicios de apoyo a los clientes elegibles para establecerse en una vivienda permanente. Cada agencia provee diferentes servicios de apoyo incluyen cuidado de los niños, administración de casos, consejería profesional, servicios nutricionales, etc.

Community Residences (CR): Community residences provided through an agency. Contact the agencies providing CR for information on services.
Currently existing residences focus on:

* Single men/Substance abuse
* Single women/Substance abuse
* Women and Children
* Recently released men/women

Residencias comunitarias (CR): *Estas son proveídas por medio de una agencia. Póngase en contacto con las agencias que proveen CR para mayor información. Actualmente, las residencias existentes sirven a:*

* *Hombres solteros/abuso de sustancias*
* *Mujeres solteras/abuso de sustancias*
* *Mujeres y sus niños/niñas*
* *Hombres/mujeres recientemente liberado de la prisión*

The Way Home

Coordinated Access

Coordinated Access is a centralized or collaborative process designed to coordinate program participant intake, assessments, and referrals to housing and/or income.

The Department of Housing and Urban Development (HUD)'s regulations require that all Continuums of Care (CoCs) develop and implement a coordinated access system for all HUD-funded programs.

Assessment

- A common screening tool that collects a participant's homeless history, disability history, criminal background history, etc. to determine the best housing intervention: Permanent Supportive Housing (PSH) or Rapid Re-housing (RRH). Assessments also result in an income intervention for all homeless clients.
- The ***only way*** to access PSH or RRH in our CoC is through Coordinated Access.

Housing & Income: PSH
PSH has been prioritized for participants who are chronically homeless. Those who receive a PSH referral are also connected to an income intervention.

Housing & Income: RRH
RRH has been prioritized for families with minor children. Those who receive an RRH referral are also connected to an income intervention.

Income Only:
Income Now connects homeless people who are not placed in PSH or RRH with income as quickly as possible to secure and maintain housing.

What Coordinated Access ISN'T:

It is not a program...	... it is an entry point to determine an individual's housing eligibility.
It does not increase housing inventory...	... it helps us access the existing inventory more efficiently.
It does not eliminate program eligibility...	... clients still need to meet programs' and landlords' eligibility criteria.

Locations:

AIDS Foundation Houston
6260 Westpark, #100
By Appointment Only
T, W, Th, 11:00 am - 3:00 pm
Phone: 713-623-6796

Covenant House Texas
1111 Lovett
W & Th, 9:00 am - noon
Phone: 713-523-2331

Northwest Assistance Ministries
15555 Kuykendahl
By Appointment Only
Thursdays, 9:00 am - 2:30 pm
Phone: 281-885-4567

Salvation Army Red Shield Lodge
2407 N. Main
Must be a shelter resident.
Intake: M-F, 4:30 - 7:30 pm
Phone: 713-224-2875

Salvation Army Young Adult Resource Center
2208 Main
M, 11a - 3p; T, 11a - 1p;
W&Th, 1-3 pm
Phone: 713-658-9205

Star of Hope Women & Families, 419 Dowling
Must be a shelter resident.
Su- Sa, 8:30 am - 2:30 pm
Phone: 713-222-2220

The Beacon, 1212 Prairie St.
First come, first served appointments
M-F, 9:30 am - noon
M, T, Th, F, 1:30 - 4:00 pm
Phone: 713-220-9737

The Harris Center: Bristow Center/PATH Program
2627 Caroline
Must be enrolled in PATH program
M-F, 7:00 am - 4:00 pm
Phone: 713-970-7413

Salvation Army Family Residence
1603 McGowen
Must be a shelter resident
8:30 am - 4:00 pm
Phone: 713-650-6530

Salvation Army Transient Women's Center
1717 Congress
Must be a shelter resident
Intake: M-F, 3:00 - 5:00 pm
Phone: 713-223-8889

Star of Hope Men's Development Center, 1811 Ruiz
Must be a shelter resident.
M-Sa, 8-11 am, 1-3 pm,
Su, 9 am - noon, 1-3 pm
Phone: 713-227-8900

VA Drop-In Center, 1418 Preston
M, 8 am - 2:30 pm, T-F, 8 am - 5 pm
Sa, 8 am - 4 pm, Su, 9 am - 4 pm
Phone: 713-797-2913

The information above, including locations, times, and requirements for Coordinated Access assessments are subject to change. This Fact Sheet will be updated as information changes.

Rapid rehousing support for homeless people living with HIV improves housing and HIV outcomes

Michael Carter

Homeless people with HIV who are provided with rapid rehousing and intensive, tailored case management are placed in stable housing more quickly and are twice as likely to be virally suppressed when compared to individuals receiving standard homelessness support, according to research conducted in New York City and published in *AIDS and Behavior*.

The rapid rehousing intervention involved intensive case management and support to overcome potential obstacles to stable housing and viral suppression, such as mental health problems and substance abuse. Support was temporary, lasting 12 months.

"Results from this trial suggest that how a rapid re-housing program is implemented can potentially impact housing and health outcomes among homeless populations," comment the authors. "The overall importance of placing participants as quickly as possible in housing was captured in this study."

In a case-control study, a process to make the cases and the controls comparable with respect to extraneous factors. For example, each case is matched individually with a control subject on variables such as age, sex and HIV status.

Homelessness is a widespread problem in the US, especially for people with HIV. Lack of stable, secure or adequate housing has been associated with poorer HIV-related, overall health and social outcomes.

Housing in New York City (NYC) is among the most expensive in the US, and people with HIV often face multiple barriers to finding affordable, secure and appropriate housing, such as stigma, mental and physical health problems, substance abuse, a history of imprisonment and institutional racism.

A team of investigators therefore wanted to see if a rapid rehousing initiative involving short-term intensive case management had a positive impact on both housing outcomes and viral suppression.

They designed a study involving 236 homeless adults living with HIV in NYC. Recruited from HIV homelessness shelters across the city between 2012 and 2013, participants were randomised to receive the rapid rehousing or standard homelessness support.

Individuals in the rapid rehousing group were immediately assigned a case manager. The case manager worked to quickly identify affordable and appropriate housing, travelled with participants to housing appointments and viewings, ensured that individuals received assistance with moving and rent, and delivered intensive housing stabilisation services (for example substance abuse, mental illness, financial management) for up to a year post enrolment.

Individuals in the standard-of-care group received referral to an organisation engaged by NYC authorities to find housing for individuals with HIV. Housing stabilisation services were provided as needed and usually ended within three months of enrolment. Individuals assigned to the standard-of-care arm had to travel to housing programme offices to access services.

Participants were followed for 12 months post-enrolment. Outcomes were speed and rate of placement in stable housing and the rate of viral load suppression, data which were accessed through registries.

Ten people died during the study and one individual could not be matched to HIV registry databases, leaving a final study population of 225 people.

The majority were male, black or Hispanic, aged 40 years and older, medically unfit for work, and in chronic housing need. Over three-quarters had a history of incarceration, over half had a mental health diagnosis and over 80% reported substance abuse in the year prior to enrolment. Almost all were enrolled in HIV care, but just 40% were virally suppressed and the majority had a CD4 cell count below 350 cells/mm^3.

Individuals assigned to the rapid rehousing initiate were significantly more likely to have been placed in stable housing within 12 months compared to those who received the standard of care (45% vs 32%, $p = 0.02$). It took 150 days to place a quarter of people in the rapid rehousing group into stable housing. It took almost 100 days longer (243) to achieve the same outcome for a quarter of individuals in the standard-of-care group.

Provision of rapid rehousing support was associated with an 80% higher rate of housing placement (aHR = 1.8; 95% CI, 1.1-2.8).

As regards HIV-related outcomes, 97% of people in both study groups were in HIV care at the 12-month follow-up point.

A significant improvement in the proportion of people with viral suppression was observed among those assigned to rapid rehousing, from 28% at baseline to 47% at the end of follow-up ($p < 0.01$). The rate of viral suppression in the standard-of-care group increased modestly from 52% to 57%. (One limitation of the study is that the two study groups were unbalanced in their baseline viral suppression, despite randomisation.)

The rate of improvement in viral suppression was twice as high in the rapid rehousing group (aOR = 2.1; 95% CI, 1.1-4.1).

The authors conclude that their study showed that, compared with usual housing services for people with HIV, immediate case management lasting up to a year is associated with higher rates of housing placement and a greater rate of improvement in viral suppression.

References

Towe VL et al. *A randomized controlled trial of a rapid re-housing intervention for homeless persons living with HIV/AIDS: impact on housing and HIV medical outcomes*. AIDS and Behavior, online edition: https://doi.org/10.1007/s10461-019-02461-4.

Unstable housing associated with low CD4 cell count and detectable viral load for HIV-positive women in US

Michael Carter

Unstable housing is associated with an increased risk of a detectable viral load and low CD4 cell count among HIV-positive women, according to US research published in *Social Science & Medicine*. Women with unstable housing were around 50% more likely to have adverse HIV treatment outcomes than women living in more secure accommodation. Reasons for the poorer outcomes observed in women with unstable housing included poorer continuity of health care.

"We find that unstable housing drastically reduces both HIV suppression and CD4 T-cells for PLHIV [people living with HIV]; thus worsening clinical outcomes and further exacerbating health disparities," write the investigators. "We show specific pathways for the effects, including use of any mental health/counselling, any healthcare, and continuity of care."

Understanding the impact of socio-economic factors, including housing, on health is a research priority. Previous research has shown that PLHIV are at increased risk of experiencing unstable housing. However, the impact of homelessness on key HIV outcomes including viral load and CD4 cell count is unclear.

Investigators from the US therefore used data obtained from the large Women's Interagency HIV Study (WIHS) and funding data from the Housing Opportunities for People with AIDS (HOPWA) programme to determine the relationship between unstable housing, a detectable viral load (above 200 copies/ml) and low CD4 cell count (below 350 cells/mm^3).

The study population consisted of 3082 WIHS participants who received care between 1995 and 2015 at sites in the Bronx, Brooklyn, Chicago, Washington DC, Los Angeles and San Francisco. Unstable housing was defined as living in the previous 12 months on the street, beach, a shelter, a welfare hostel, a jail or correctional facility, or in a halfway house.

About a third of participants were high school graduates, 57% were African American and 23% Hispanic, 33% were married or living with a partner, 30% had ever injected drugs and three-quarters reported using recreational drugs.

The availability of resources to address housing instability among people living with HIV was estimated with funding allocations to Housing Opportunities for Persons with AIDS (HOPWA). This is a federal programme which provides housing and supportive services (such as substance abuse treatment, job training and assistance with daily living) to people living with HIV who have a low income.

For each location and each year, the researchers calculated HOPWA funding per 1000 people newly diagnosed with HIV. There was considerable variability in HOPWA funding between study sites.

The investigators' model examined the impact of unstable housing on the two key HIV treatment outcomes after taking into account HOPWA funding allocations.

The study participants attended 57,323 follow-up appointments. Unstable housing was reported at 4.8% of these visits. Viral load was suppressed at 48% of visits, with CD4 cell count was above 350 cells/mm^3 at 56% of visits.

The probability of unstable housing fell with increasing HOPWA funding. Lower HOPWA funding allocations were strongly associated with an increased likelihood of unstable housing, a relationship that remained robust after taking into account covariates such as age, education, relationship status and drug use.

The investigators' calculations showed that unstable housing had a negative impact on health, decreasing the probability of viral suppression and of an adequate CD4 cell count, both by 8%. When HOPWA allocations were included as the key variable, unstable housing reduced viral suppression by 51% and it decreased the likelihood of having a CD4 cell count above 350 cells/mm^3 by 53%.

The authors also examined the potential pathways between unstable housing and adverse viral load and CD4 cell outcomes. Unstable housing was shown to affect use of healthcare resources and continuity of care. It was associated with 25% less use of counselling and mental health services, 37% less use of any healthcare services and a 76% reduction in the probability of seeing the same provider.

"This paper shows a strong negative effect on viral suppression and adequate CD4 cell count, and it elucidates specific channels by which unstable housing can affect these HIV treatment outcomes," conclude the researchers. "These findings suggest that increasing efforts to improve housing assistance, including HOPWA allocations, and other interventions to make housing more affordable for low-income populations, and HIV-positive populations in particular, may be warranted not only for the benefits of stable housing, but also to improve HIV-related biomarkers."

References

Galárraga O et al. *The effect of unstable housing on HIV treatment biomarkers: an instrumental variables approac*h. Social Science & Medicine, https://doi.org/10.1016/j.socscimed.2018.07.051

hiv.gov

Housing and Health

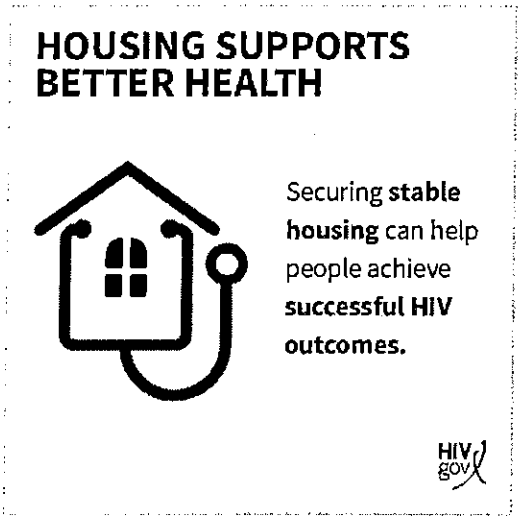
Why Do People with HIV Need Stable Housing?

Stable housing is closely linked to successful HIV outcomes. With safe, decent, and affordable housing, people with HIV are better able to access medical care and supportive services, get on HIV treatment, take their HIV medication consistently, and see their health care provider regularly. In short: the more stable your living situation, the better you do in care.

Individuals with HIV who are homeless or lack stable housing, on the other hand, are more likely to delay HIV care and less likely to access care consistently or to adhere to their HIV treatment.

Throughout many communities, people with HIV risk losing their housing due to such factors as stigma and discrimination, increased medical costs and limited incomes or reduced ability to keep working due to HIV-related illnesses.

What Federal Housing Assistance Programs Are Available for People with HIV?



To help take care of the housing needs of low-income people living with HIV and their families, the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing manages the Housing Opportunities for Persons With AIDS (HOPWA) program. The HOPWA program is the only Federal program dedicated to addressing the housing needs of people living with HIV. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income people living with HIV and their families. (View grantee eligibility requirements.)

Many local HOPWA programs and projects provide short-term and long-term rental assistance, operate community residences, or provide other supportive housing facilities that have been created to address the needs of people with HIV.

Find a HOPWA Grantee or Local Program: Search HIV.gov's HIV Services Locator to search for housing assistance near you.

Are People with HIV Eligible for Other HUD Programs?

In addition to the HOPWA program, people living with HIV are eligible for any HUD program for which they might otherwise qualify (such as by being low-income or homeless). Programs include public housing, the Section 8 Housing Choice Voucher Program, housing opportunities supported by Community Development Block Grants, the HOME Investment Partnerships Program, and the Continuum of Care Homeless Assistance Program.

Find Housing Assistance: If you are homeless, at risk of becoming homeless, or know someone who is, help is available. Use HUD's Resource Locator to find housing assistance programs near you.

Access Other Housing Information: Find resources for homeless persons, including, youth, veterans, and the chronically homeless, as well as rental, homebuyer, and homeowner assistance.

This page was developed in collaboration with HUD's Office of HIV/AIDS Housing.

State policymakers are making affordable housing problems worse in Texas, by Mary Cunningham and Martha Galvez

By Mary Cunningham and Martha Galvez, April 17, 2019

By blocking jurisdictions from making housing voucher discrimination illegal, the Texas Legislature is tying the hands of local governments. It is also blocking families from getting the most out of housing vouchers.

Like many states, Texas has a shortage of affordable housing. The problem is particularly bad in the Dallas–Fort Worth and Houston metropolitan areas, which have only 19 affordable and available rental homes for every 100 extremely low–income households. Dallas-Fort Worth and Houston are among the six largest metro areas in the U.S. with the most severe shortages of affordable homes, according to the National Low Income Housing Coalition

Housing vouchers can be lifelines for Texan families who can't afford places to live. Under the Housing Choice Voucher Program, participants rent housing in the private market, pay 30 percent of their monthly income toward rent, and the federal government covers the rest. About 151,000 families currently use vouchers in Texas, and these families tend to have the lowest incomes in their communities. About half of these families include children and many recipients are elderly or disabled.

But many landlords refuse to take vouchers. In our recent study of housing voucher discrimination in Fort Worth, we found that 78 percent of landlords rejected voucher holders without even meeting them. This level of rejection means vulnerable families in Texas face an arduous housing search and may be at risk of losing their vouchers.

Voucher holders are not protected by the Fair Housing Act, but 81 jurisdictions, 12 states, and the District of Columbia have passed laws banning discrimination against them. Recently, the Los Angeles County Board of Supervisors took steps to do just that. These antidiscrimination laws don't require landlords to rent to voucher holders — only that landlords screen them the same way they screen everyone else. If voucher holders fail to meet standard criteria, only then can landlords turn them down.

Roughly one in three voucher holders nationwide is protected by an antidiscrimination law, according to the Center on Budget and Policy Priorities.

But in Texas, that number is zero.

No voucher holders in the state are protected because, in 2015, the Legislature banned local jurisdictions from enacting antidiscrimination laws, also known as source-of-income discrimination laws. That means that landlords are free to deny applicants simply because they use vouchers, regardless of whether they are suitable tenants. The state ban came after Austin amended its local fair housing ordinance to protect voucher holders from discrimination.

Families who do find landlords willing to accept vouchers often end up living in extremely distressed, high-poverty neighborhoods. Although voucher holders are not protected under the Fair Housing Act, the program disproportionally serves members of protected classes — families with children, racial and ethnic minorities and people with disabilities — so saying no to vouchers can be a backdoor way to legally discriminate and circumvent fair housing laws.

Voucher discrimination also sabotages opportunities for families to move out of poverty. Evidence shows that moving to neighborhoods with lower poverty rates improves children's chances of going to college and increases their annual incomes later in life. But, in Fort Worth, the rejection rate for voucher holders in lower-poverty neighborhoods is 85 percent. Discrimination effectively undermines the value of vouchers, funnels families into high-poverty areas and perpetuates racial segregation.

Landlords hold all the power in deciding if families can use their housing vouchers and where they can live. Local antidiscrimination laws coupled with enforcement and landlord education can help local governments level the playing field. In Texas, state law takes this option away.

State policymakers need to take a step back and let local jurisdictions protect voucher holders and punish discriminatory practices. This decision could transfer more power and autonomy to families assisted by the voucher program, allowing them to make the best decisions for their families.

More Texas renters are struggling to find affordable housing, new report finds

Juan Pablo Garnham

The percentage of Texans who rent instead of own their homes is rising at a faster rate than the state's population. So, too, is the number of households spending more than 30% of their income on rental housing costs.

According to a Harvard University Joint Center for Housing Studies analysis released late Thursday, by 2018, nearly half of Texas households that rent were considered moderately or severely cost burdened by 2018. Moderately cost burdened means people spend between 30% and 50% of their household income on rent. And severely cost burdened means they spend more than 50%.

> ***"Texas is seeing affordability pressures grow maybe faster than the rest of the country."***
> *— Whitney Airgood-Obrycki, research associate, Joint Center for Housing Studies*

"In terms of other states, this is kind of in the middle of the pack," said Whitney Airgood-Obrycki, research associate at the Joint Center for Housing Studies. "But Texas is seeing affordability pressures grow maybe faster than the rest of the country."

In 2008, 1.3 million Texas households that rent were moderately or severely cost burdened. By 2018, that number rose to 1.7 million.

Meanwhile, the number of renter households in Texas is growing at twice the rate of owner households, according to census data. Airgood-Obrycki said this can have long-term effects on families' wealth.

"This decreases the number of people that are gaining equity through home ownership," the researcher said. "Also tenants don't have as many protections in Texas as in other states. So it creates a greater percentage of folks in vulnerability."

One of the problems that Texas has, according to experts, is that although housing is being built, almost none of it is affordable.

"New construction is almost entirely at the high end," said Airgood-Obrycki.

The Dallas area is the most extreme example of this in Texas. There, the market added more than 199,000 units available for $1,400 per month or more between 2008 and 2018. But the number of units renting available for less than $800 decreased 73%. Similar trends happened in the Houston area and, to a lesser degree, in the Austin and San Antonio regions.

"In Dallas it seems there is a really strong growth in high-income households who can actually afford those units, and you do see new construction to be able to absorb the demand [for that segment]," said Airgood-Obrycki. "Hopefully over time, those units will filter down to low incomes, but that's going to take a long time. We need to think about different segments of renter households and what they each need in terms of supply."

Texas as a whole has lost around 586,000 units under $800 a month in 10 years while gaining more than a million rental units costing $1,000 a month or more.

"Texas is very unaffordable for the lowest income households," said Airgood-Obrycki. "This is true everywhere across the country, but when we look across the states, Texas does have one of the highest burden rates for low-income renters who are making less than $15,000."

In the Austin region in particular, 91.2% of the households that earn under $15,000 a year spend at least half of their incomes on rent. This percentage of severely cost-burdened families is bigger than in any other metropolitan area in the country for that income bracket.

"Anyone who is that poor is probably having to work another job or work on the weekends just to be able to make ends meet," said Nora Linares-Moeller, executive director of HousingWorks Austin, a housing advocacy organization. "More than likely don't have health insurance, so it just takes one incident in which you go in the hole. And it also just takes one or two months where you don't pay your rent and then you could get kicked out."

Between 2008 and 2018, the Austin area had the third-highest growth rate of renter households in the country. That was fueled by a dramatic increase in upper-income renters.

"Part of the story is that there's pressure coming from these high-income renters, and that's filtering down through the market and affecting the middle income," said Airgood-Obrycki. "The higher-income renters are pulling rents up."

Advocates and researchers say that these conditions, added to the fact that Austin has the lowest vacancy rates and the lowest percentage of units under $600 per month of any metropolitan area in Texas, might be contributing to homelessness.

"When you [own] a home, you have the ability to go and work out some kind of payment process," said Linares-Moeller. "But with renters, they can kick you out if you haven't paid your rent. So, yes, I absolutely think that's another reason why we are seeing people and families experiencing homelessness."

Disclosure: HousingWorks Austin has been a financial supporter of The Texas Tribune, a nonprofit, nonpartisan news organization that is funded in part by donations from members, foundations and corporate sponsors. Financial supporters play no role in the Tribune's journalism. Find a complete list of them here.

Texas Has 'Significant Shortages' Of Low-Income Rentals, Study Finds | Houston Public Media

Andrew Weber, KUT

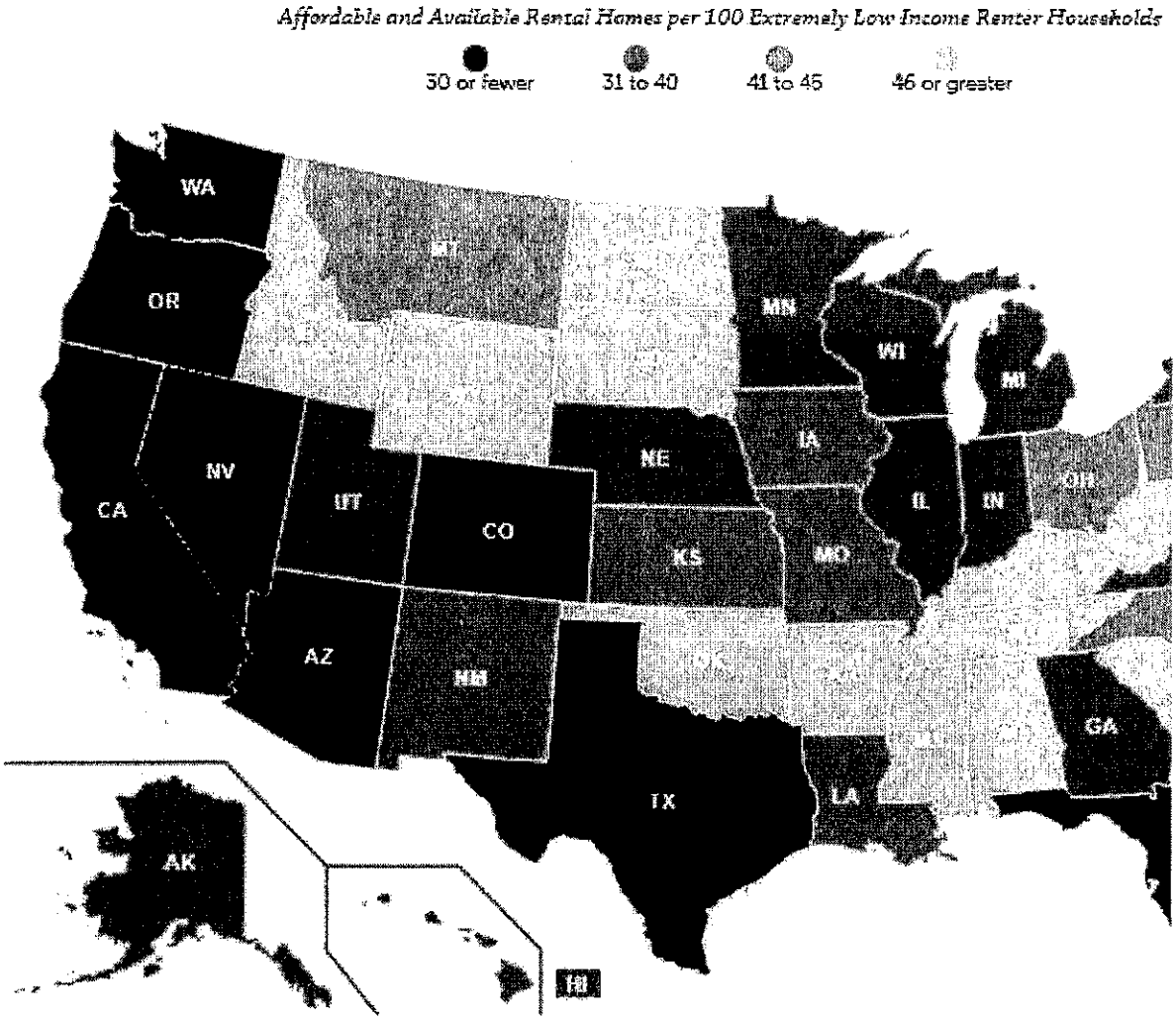
The Jeremiah Program Moody Campus, an affordable housing development in Austin.

Texas is lacking in low-income housing, according to a new study from the National Low Income Housing Coalition. As far as availability, Houston had the lowest per-capita rate of available affordable units, followed by Dallas, Austin and San Antonio.

The availability of affordable rental housing for extremely low-income renters in Texas – those making below the federal poverty level or 30 percent of an area's median income – was 29 homes available for every 100 renters. The national rate is 37 homes.

"There's a supply problem throughout the country," said NLIHC Senior Vice President of Research Andrew Aurand. "In Texas, the supply is even worse, relatively speaking."

The report found a shortage of 600,000 homes across the state; nationally that gap was more than 7.2 million. Overall, no state had an adequate amount of affordable housing.



But, Aurand says, every large metropolitan area in Texas has "significant shortages."

The analysis also found that those renting – or trying to rent – in Texas have financial hurdles on top of a diminished stock.

Three-quarters of the 843,000 households with extremely low-incomes in Texas had severe cost burdens – meaning they spend more than half of their household income on rent.

- In Houston, 19 affordable rental units were available for every 100 extremely low-income renters.
- In Dallas, 20 affordable rental units were available for every 100 extremely low-income renters.
- In Austin, 21 affordable rental units were available for every 100 extremely low-income renters.
- In San Antonio, 31 affordable rental units were available for every 100 extremely low-income renters.

Aurand said significant federal investment in housing vouchers and the National Housing Trust Fund could close that gap. Both programs, however, have been targets of the Trump administration's latest budget proposal, which suggests Congress drastically reduce funding for housing vouchers and calls for a complete dissolution of the National Housing Trust Fund.

San Francisco Homeless Have 27-Fold Greater Risk of Dying Following HIV Diagnosis

Alexandra Ward *Jul 10, 2019*

Individuals in San Francisco experiencing homelessness at the time of HIV diagnosis are 27 times more likely to die, according to a new study evaluating the impact of potentially intervenable factors on mortality for people living with HIV (PLWH).

Driven by the "Getting to Zero SF" (GTZ-SF) coalition's goal of reducing preventable deaths among PLWH, investigators with the University of California, San Francisco, and the San Francisco Department of Public Health sought to assess why the age-adjusted mortality rate among PLWH in San Francisco has not decreased since 2013 despite a 44% reduction in new HIV diagnoses. Their findings were published in the journal *AIDS*.

"The goal of this investigation was to identify factors associated with death among [PLWH] using an incidence-density case-control study, to inform programs designed to meet the GTZ-SF goal of reducing preventable deaths among [PLWH]," the research team wrote. "We hypothesized that substance use, housing status, and mental health would contribute to increased odds of HIV mortality."

Using data on PLWH pulled from the SF Department of Public Health surveillance registry, investigators randomly selected 50 of 171 decedents for enhanced mortality review and matched them with living controls based on age +/- 3 years and date of diagnosis +/- 6 months. The research team extracted demographic, transmission group, housing status at diagnosis, CD4 counts, and HIV viral load data from the registry, and performed unadjusted and adjusted conditional logistic regression in order to assess risk factors for mortality. In total, data from 156 individuals, 48 decedents, and 108 matched controls were included.

"As clinicians, we know that HIV viral load and CD4 count are important prognostic factors, and we know that housing is also important. However, I was surprised by the extent of the impact of housing status on mortality," Matthew Spinelli, MD, with the Division of HIV, ID, and Global Medicine at the University of California, San Francisco, and lead author of the study, told *Contagion*®. "Our findings were a stark reminder that housing status may be as important and perhaps more important than traditional markers of disease control that I follow closely among my patients."

In the adjusted analysis, factors associated with death among PLWH in San Francisco included: homelessness at diagnosis [adjusted odds ratio (AOR)=27.4; 95% CI=3.0-552.1], injection drug-use in the past year (AOR=10.2; 95% CI=1.7-128.5), tobacco use in the past year (AOR=7.2; 95% CI=1.7-46.9), not using antiretroviral therapy (ART) at any point in the prior year (AOR=6.8; 95% CI=1.1-71.4), and being unpartnered/living alone vs. married/partnered (AOR=4.7; 95% CI=1.3-22.0).
Spinelli further explained what clinicians can take away from the study results.

"Housing is a key vital sign for our patients. I would recommend working closely with social workers and case managers to help your patients access additional services

that may be available, including housing," he said. "Unfortunately, the housing supply is not currently sufficient to meet the need. We need to continue to advocate that policy makers increase the supply of supportive housing in San Francisco and elsewhere and ensure there are protections for those who are at risk of losing their housing, such as legal aid and rental subsidies."

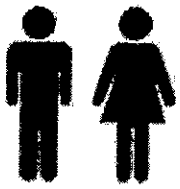
Carlos del Rio, MD, FIDA, co-director of the Emory Center for AIDS Research and *Contagion*® Editorial Advisory Board member who was not involved in the study, also weighed in on the significance of the findings.

"Causes of death included an HIV-associated condition in about a third, non-AIDS cancer and overdose in 15% each, and in 10% cardiovascular disease," he said. "Substance use, mental illness, and housing status were the major contributors to mortality and suggests that mental health care, treatment of drug use, and housing should be considered lifesaving interventions necessary to end the HIV epidemic in the US."

Future research should focus around exploring innovative care delivery models that integrate substance use treatment, housing support, and case management with medical care, Spinelli said.

"We need to develop new strategies, as well as scale up strategies that we know save lives, such as supportive housing, to prevent deaths among PLWH," he concluded. "Developing evidence that shows the impact of these strategies will be key for advocating for wider adoption from policy makers. The clinic where I work (Ward 86) has recently developed the Positive-Health Onsite Program for Unstably-Housed Populations (POP-UP), which seeks to provide low-barrier care, incentives, and enhanced outreach to try to improve outcomes for our unstably housed patients."

To stay informed on the latest in infectious disease news and developments, please sign up for our weekly newsletter.



2016 Houston HIV Care Services Needs Assessment: Profile of the Recently Released

PROFILE OF THE RECENTLY RELEASED

The Texas Department of Criminal Justice (**TDCJ**) estimates that 386 people living with HIV (**PLWH**) with legal residence in Harris County were released from incarceration in 2015 (TDCJ, 2016). This represents 31% of estimated PLWH released from TDCJ in 2015, a greater proportion than any other county in Texas. Data about PLWH re-entering Harris County and the greater Houston area after incarceration of particular importance to local HIV planning as this information equips communities to provide timely and appropriate linkage to HIV medical care and needed support services.

Proactive efforts were made to gather a representative sample of all PLWH in the 2016 Houston HIV Care Services Needs Assessment as well as focus targeted sampling among key populations (See: *Methodology*, full document), and results presented throughout the full document include participants who were recently released. This Profile highlights results *only* for participants who were recently released from incarceration at the time of survey, as well as comparisons to the entire needs assessment sample.

Notes: "Recently released from incarceration" and "recently released" are defined in this analysis as PLWH who indicated at survey that they were released from jail or prison within the past 12 months at time of survey. Data presented in this in the Demographics and Socio-Economic Characteristics section of this Profile represent the *actual* survey sample, rather than the *weighted* sample presented throughout the remainder of the Profile (See: *Methodology*, full document). Proportions are not calculated with a denominator of the total number of surveys for every variable due to missing or "check-all" responses.

DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(**Table 1**) In total, 41 participants in the 2016 Houston HIV Care Services Needs Assessment were released from jail or prison within the 12 months prior to survey, comprising just over 8% of the total sample.

Ninety-seven percent (97%) of recently released participants were residing in Houston/Harris County at the time of data collection. Like all needs assessment participants, the majority of recently released participants was male (68%), African American/Black (80%), between the ages of 25 and 49 (46%) and identified as heterosexual (63%). No recently released participants reported being out of care. However, several differences were observed in comparison to the total sample. The proportion of recently released participants who identified as African American/Black was 22% higher than that the total sample. Compared to all needs assessment participants, greater proportions of recently released participants identified as bisexual (15% v. 8%) rather than gay or lesbian (17% v. 34%). Though representing a relatively small overall number, the proportion of transgender participants was 47% higher among recently released participants than the total sample.

Several socio-economic characteristics of recently released participants were also different from all participants. A lower proportion of recently released participants reported having private health insurance (7% v. 9%) or public health insurance in the form of Medicaid and/or Medicare (29% v. 50%). The average annual income among recently released participants who reported income was almost half the total sample ($4,800 v. $9,380). A greater proportion of recently released participants reported experiencing current housing instability compared to the total sample (50% v. 28%; *not shown*).

Characteristics of recently released participants (as compared to all participants) can be summarized as follows:

- Residing in Houston/Harris County
- Male
- African American/Black
- Adults between the ages of 25 and 49
- Heterosexual
- With higher occurrences of no health insurance coverage, lower average annual income, and a greater proportion unstably housed.

TABLE 1 Select Participant Characteristics, Houston Area HIV Needs Assessment, 2016

	No.	Released %	Total %
County of residence			
Harris	38	97.44%	93.40%
Fort Bend	1	2.56%	4.20%
Liberty	0	-	0.20%
Montgomery	0	-	1.20%
Other	0	-	1.00%
Primary race/ethnicity			
White	2	4.88%	11.80%
African American/Black	33	80.49%	62.70%
Hispanic/Latino	5	12.20%	23.90%
Asian American	0		1.00%
Other/Multiracial	1	2.44%	0.60%
Immigration status			
Born in the U.S.	37	92.50%	84.60%
Citizen > 5 years	2	5.00%	6.50%
Citizen < 5 years	0	-	0.80%
Undocumented	0	-	2.00%
Prefer not to answer	1	2.50%	4.40%
Other	0	-	1.80%

	No.	Released %	Total %
Age range (median: 50-54)			
13 to 17	0	-	0.20%
18 to 24	1	2.44%	3.40%
25 to 49	19	46.34%	43.20%
50 to 54	13	31.71%	24.30%
55 to 64	8	19.51%	26.20%
≥65	0	-	2.80%
Seniors (≥50)	21	51.22%	53.30%
Sexual orientation			
Heterosexual	26	63.41%	54.00%
Gay/Lesbian	7	17.07%	33.70%
Bisexual	6	14.63%	7.70%
Other	2	4.88%	4.50%
MSM	14	34.15%	42.60%
Yearly income (average: $4,800)			
Federal Poverty Level (FPL)			
Below 100%	21	80.77%	78.80%
100%	4	15.38%	12.70%
150%	0	-	3.70%
200%	1	3.85%	2.80%
250%	0	-	0.60%
≥300%	0	-	1.40%

	No.	Released %	Total %
Sex at birth			
Male	28	68.3%	67.30%
Female	13	31.7%	37.70%
Intersex	0	-	-
Transgender	3	7.32%	3.90%
Currently pregnant	0		0.20%
Health insurance (multiple response)			
Private insurance	3	6.67%	8.60%
Medicaid/Medicare	13	28.89%	49.80%
Harris Health System	20	44.44%	23.70%
Ryan White Only	9	20.00%	17.00%
None	0	-	1.00%

BARRIERS TO RETENTION IN CARE

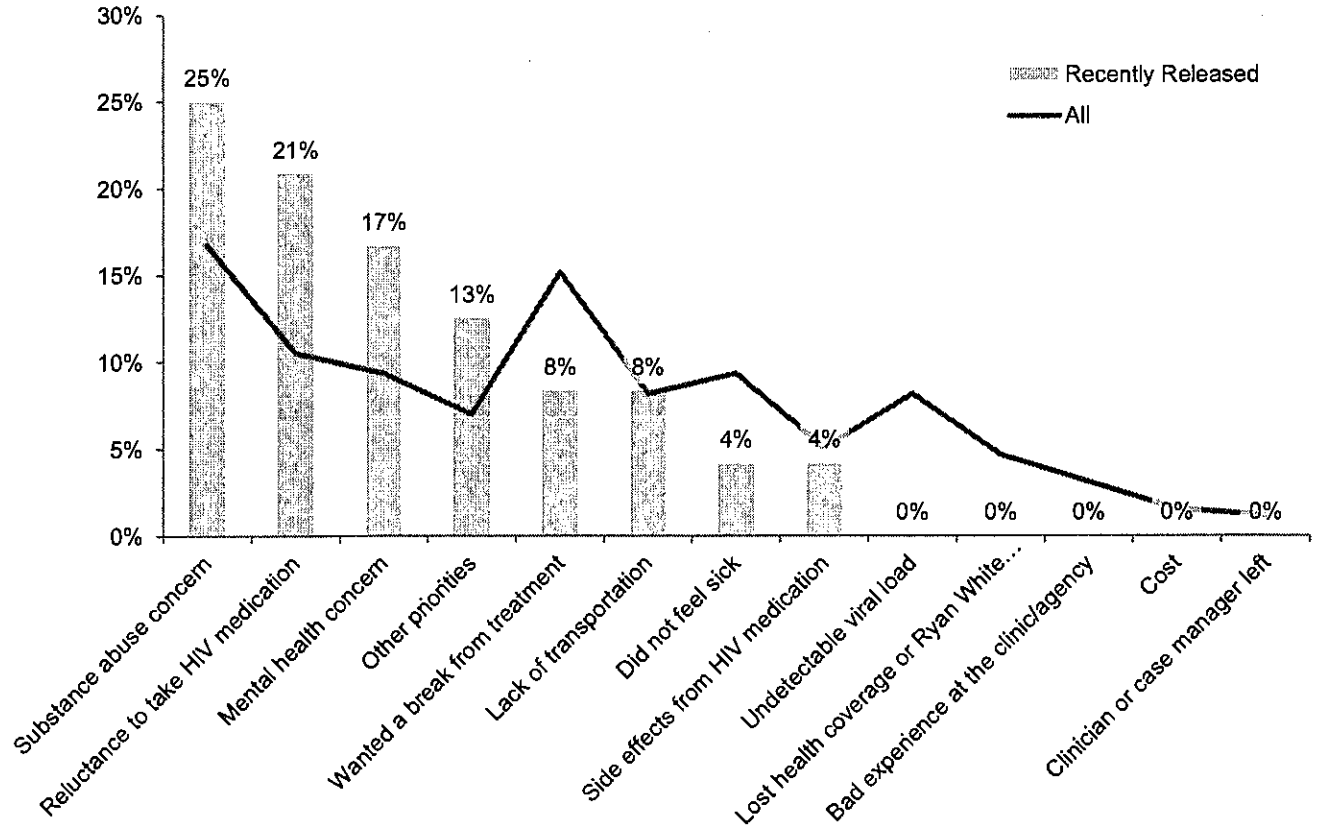
As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

While 71% of all needs assessment participants needs assessment participants reported no interruption in their HIV care for 12 months or more since their diagnosis, only 34% of recently released participants reported no interruption in care. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Thirteen commonly reported reasons were included as options in the consumer survey. Participants could also write-in their reasons.

(**Graph 1**) Among recently released participants, experiencing substance abuse concerns was cited most often as the reason for interruption in HIV medical care at 25% of reported reasons, followed by reluctance to take HIV medication (21%), experiencing mental health concerns (17%), and having competing priorities other than HIV (13%). The greatest differences between recently released participants and the total sample were in the proportions reporting reluctance to take HIV medication (21% v. 11%), substance abuse concerns (25% v. 17%), having an undetectable viral load (0% v. 8%), and wanting a break from treatment (8% v. 15%) as reasons for falling out of care. The only write-in reason for recently release participants falling out of care was experiencing homelessness.

GRAPH 1-Reasons for Falling Out of HIV Care among Recently Released PLWH in the Houston Area, 2016

Definition: Percent of times each item was reported by recently released needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.



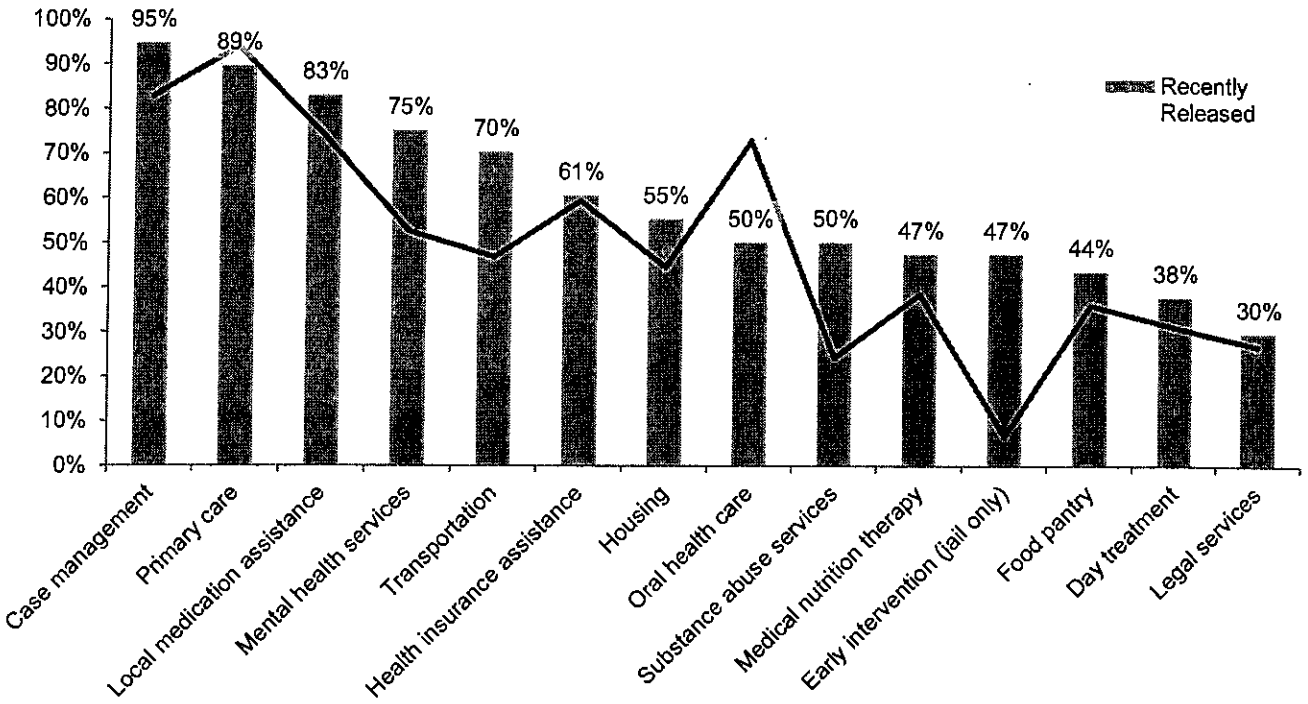
OVERALL RANKING OF FUNDED SERVICES, BY NEED

In 2016, 15 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program, and housing services were provided through the local HOPWA program. Though no longer funded through the Ryan White HIV/AIDS Program, Food Pantry was also assessed. Participants of the 2016 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

(**Graph 2**) Among recently released participants, case managements was the most needed funded service at 95% of recently release participants, followed by primary care (89%), local medication assistance (83%) mental health services (75%) and transportation assistance (70%). The greatest differences between recently released participants and the total sample were in the proportions reporting need for early intervention services (47% v. 7%), substance abuse services (50% v. 24%), and oral health care (50% v. 73%).

GRAPH 2-Ranking of HIV Services among Recently Released in the Houston Area, By Need, 2016

Definition: Percent of recently released needs assessment participants stating they needed the service in the past 12 months, regardless of ease or difficulty accessing the service.



Other Identified Needs

Twelve other/non-Ryan White funded HIV-related services were assessed to determine emerging needs for Houston Area PLWH. Participants were also encouraged to write-in other types of needed services.

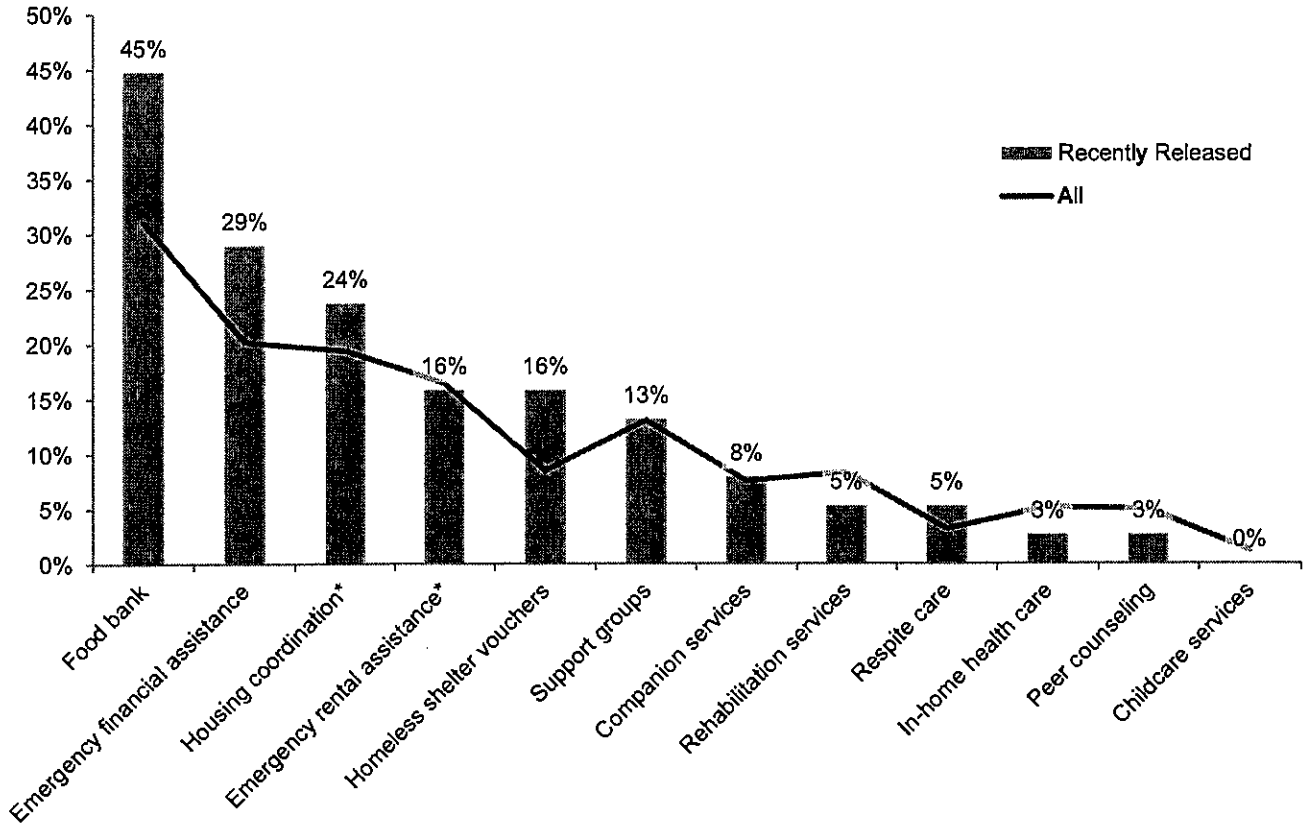
(**Graph 3**) From the 12 services options provided, the greatest proportion of recently released participants reported also needing food bank services (45%), followed by emergency financial assistance (29%), housing coordination (24%), emergency rental assistance (16%) and homeless shelter vouchers (16%). Compared to the total sample, greater proportions of recently released participants reported needing food bank (45% v. 31%), emergency financial assistance (29% v. 20%), homeless shelter vouchers (16% v. 8%), housing coordination (24% v. 19%), and respite care (3% v. 2%).

Recently released participants provided no write-in services.

GRAPH 3-Other Needs for HIV Services among Recently Released PLWH in the Houston Area, 2016

Definition: Percent of recently released needs assessment participants, who selected each service in response to the survey question, "What other kinds of services do you need to help you get your HIV medical care?"

*These services are not currently funded by the Ryan White program; however, they are available through the Housing Opportunities for People with AIDS (HOPWA) program.



OVERALL BARRIERS TO HIV CARE

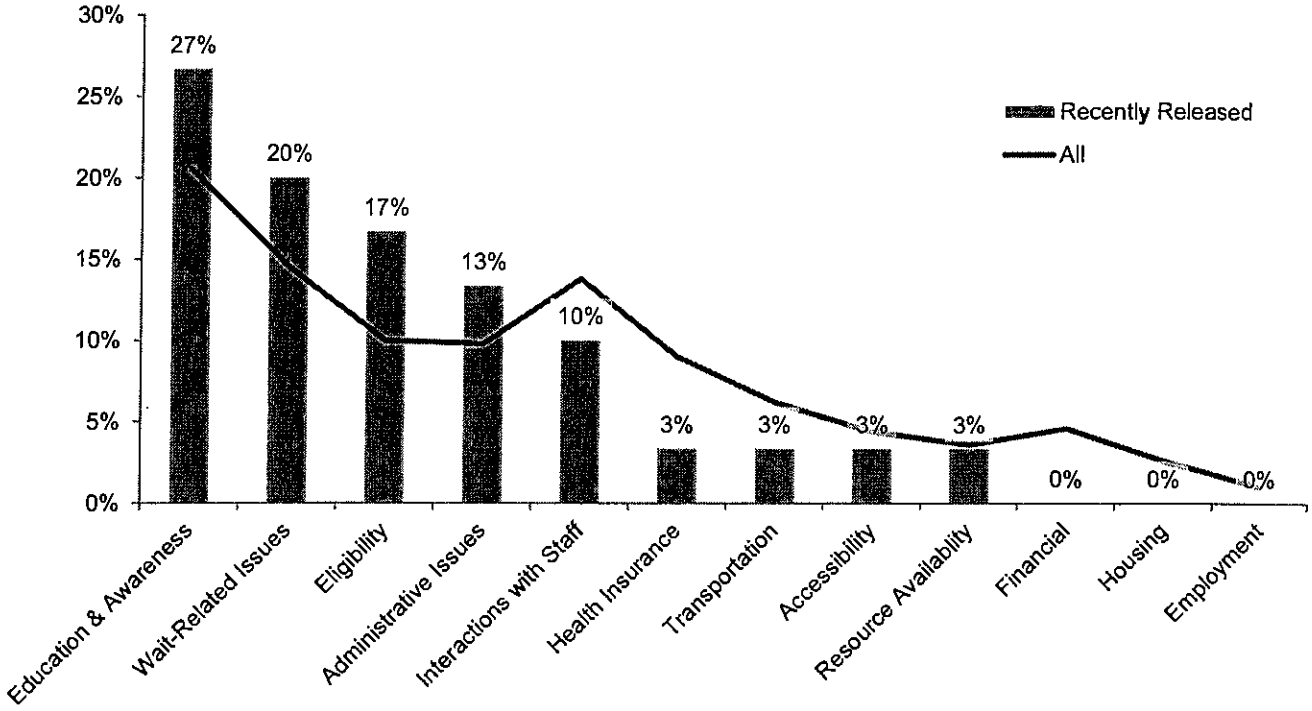
For the first time in the Houston Area HIV Needs Assessment process, participants who reported *difficulty* accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Recursive abstraction was used to categorize participant descriptions into 39 distinct barriers. These barriers were then grouped together into 12 nodes, or barrier types.

(**Graph 4**) Overall, the barrier types reported most often among recently released participants related to service education and awareness issues (27% of all reported barriers); wait-related issues (15%); eligibility issues (17%); administrative issues (13%); and interactions with staff (10%).

Compared to the total sample, recently released participants reported greater proportions of eligibility-related barriers (17% v. 10%) such as not meeting eligibility requirements for needed services; education and awareness barriers (27% v. 21%) like not knowing not knowing that a service exists or is available; and wait-related barriers (20% v. 15%) such as being placed on a waitlist for services.

Among all accessibility barriers reported in the survey, 32% of stemmed from for former incarceration status, i.e. being restricted from services due to probation, parole, or felon status. This was observed most often for housing services.

GRAPH 4-Ranking of Types of Barriers to HIV Services among Recently Released PLWH in the Houston Area, 2016
Definition: Percent of times each barrier type was reported by needs assessment participants, regardless of service, when difficulty accessing needed services was reported.



For more information or a copy of the full 2016 Houston HIV Care Services Needs Assessment contact:

Houston Area Ryan White Planning Council
2223 West Loop South #240
Houston, TX 77027
Tel: (713) 572-3724
Fax: (713) 572-3740
Web: www.rwpchouston.org

06/09/05 – UNLESS NOTED OTHERWISE, THE COUNCIL ACCEPTED ALL RECOMMENDATIONS

How To Best Meet the Need FY 2006 Justification for Each Service Category (as of 06-15-05)

Service Category	Is this a core service? If no, how does this svc support access to core services	A. Bundle Services? B. Elim. duplicative services/activities. C. Reduce svcs not directly related to assuring access to primary medical care. D. Make svc delivery more efficient.	Documentation of Need From the 2005 Needs Assessment (NA), 2002 Comp Plan (CP), 2004 Client Utilization Data (CUD), 2004 Outcome Measures (OM) and/or State of Emergency (SE)	Identify Alternative Funding Sources	Justify the use of Ryan White Title I funds for this service	Recommendation(s)
Part 1: Services offered by Title I in the Houston EMA as of 03-01-05						
Housing Assistance* QA Motion: (Caldwell, Boyle) to accept the workgroup recommendations. Votes: Y = 10; N = 0; Abstentions = 0	__Yes ✔ No		FY 04 OM: From 3/1/04 through 02/28/05 272 clients received Title I housing coordination. According to CPCDMS records, 180 of these clients (66.1%) accessed Title I/III/IV primary care at least once during this time period after utilizing housing coordination. 30% of clients who completed a baseline survey reported spending one or more nights outside in the past two weeks. 0% of clients who completed a follow-up survey reported spending one or more nights outside in the past two weeks. FY 04 CUD: Emergency Shelter Vouchers: # served: 183. Alloc/client: $737. Units/client: n/a. Disb/client: $702. Housing Related Services (Coor.): # served: 271. Alloc/client: $342. Units/client: 24. Disb/client: n/a. '05 NA: Rental Assistance: U: 14, N: 8, B: 1, G: 2; Emergency Shelter Vouchers: U: 37, N: 31, B: 9, G: 3 '03 CP: A1, A2, B1, B2, B3, C1	HOPWA, HUD COC and emergency shelter grants.	This service is not the purpose of Title I funds.	Eliminate Housing Assistance and Housing Related Services.
Housing Related Svcs (Housing Coordination) *See Housing Assistance for motion.*	__Yes ✔ No		'05 NA: U: 24, N: 16, B: 3, G: 6	HOPWA, HUD COC and emergency shelter grants.	This service is not the purpose of Title I funds.	Eliminate Housing Assistance and Housing Related Services.

FY 2021 How to Best Meet the Need Justification for Each Service Category – Special Workgroup #2

DRAFT: 03/24/20

Service Category	Justification for Discontinuing the Service
Part 2: Services *allowed* by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-01-20 *(In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than **5 p.m. on May 4, 2020**. This form is available by calling the Office of Support: 832 927-7926)*	
Buddy Companion/Volunteerism	Low use, need and gap according to the 2002 Needs Assessment (NA).
Childcare Services (In Home Reimbursement; at Primary Care sites)	Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.
Emergency Financial Assistance	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.)
Food Pantry (Urban)	Service available from alternative sources.
HE/RR	In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.
Home and Community-based Health Services (In-home services)	Category unfunded due to difficulty securing vendor.
Housing Assistance (Emergency rental assistance) **Housing Related Services** (Housing Coordination)	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.
Legal Assistance	Contractor returned funds because they did not need them to provide the service. No other organization bid on the service.
Minority Capacity Building Program	The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.
Outreach Services	Significant alternative funding.
Psychosocial Support Services (Counseling/Peer)	Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.
Rehabilitation	Service available from alternative sources.

‡ Service Category for Part B/State Services only.

Houston EMA/HSDA Ryan White Part A Service Definition **COVID-19 Emergency Financial Assistance – Other** (Revised April 2020)	
HRSA Service Category Title:	**Emergency Financial Assistance**
Local Service Category Title:	**COVID-19 Emergency Financial Assistance - Other**
Service Category Code **(RWGA use only):**	
Amount Available **(RWGA use only):**	
Budget Type **(RWGA use only):**	**Hybrid**
Budget Requirements or Restrictions:	Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA. The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary. At least **75%** of the total amount of the budget must be solely allocated to the actual cost of disbursements. Maximum allowable unit cost for provision of allowable COVID-19 EFA service to an eligible client = $xx.00/unit
HRSA Service Category Definition **(do <u>not</u> change or alter):**	**Emergency Financial Assistance** - Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
Local Service Category Definition:	**COVID-19 Emergency Financial Assistance** is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used. Emergency essential living needs include Personal Protective Equipment (PPE), cleaning supplies, COVID-19 self-isolation 14 day short term housing, food, telephone, and utilities (i.e. electricity, water, gas and all required fees) for eligible PLWH.
Target Population (age,	PLWH living within the Houston Eligible Metropolitan Area

gender, geographic, race, ethnicity, etc.):	(EMA).
Services to be Provided:	**Emergency Financial Assistance** provides funding through: • Short-term payments to agencies • Establishment of voucher programs • Disbursement of allowable COVID-19 related PPE and cleaning supplies Service to be provided include: • Food Vouchers • Utilities (gas, water, basic telephone service and electricity) • Personal Protective Equipment (PPE) • Cleaning supplies • COVID-19 self-isolation 14 day short term housing The agency must adhere to the following guidelines in providing these services: • Assistance must be in the form of vouchers made payable to vendors, merchants, etc. No payments may be made directly to individual clients or family members. • Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients. • Allowable support services with an $800/year/client cap.
Service Unit Definition(s): **(RWGA use only)**	A unit of service is defined as provision of allowable COVID-19 EFA service to an eligible client.
Financial Eligibility:	No more than 400% of Federal Poverty Level
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Agency must be dually awarded as HOWPA sub-recipient work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer of last resort, and for limited amounts, limited use, and limited periods of time. Additionally, agency must document ability to refer clients for food, transportation, and other needs from other service providers when client need is justified.
Staff Requirements:	None.
Special Requirements:	Agency must: Comply with the Houston EMA/HSDA Standards of Care and Emergency Financial Assistance service category program policies.

DRAFT

Houston EMA/HSDA Ryan White Part A Service Definition **Emergency Financial Assistance – Other** (Revised April 2020)	
HRSA Service Category Title:	**Emergency Financial Assistance**
Local Service Category Title:	**Emergency Financial Assistance - Other**
Service Category Code **(RWGA use only):**	
Amount Available **(RWGA use only):**	
Budget Type **(RWGA use only):**	**Hybrid**
Budget Requirements or Restrictions:	Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA. The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary. At least **75%** of the total amount of the budget must be solely allocated to the actual cost of disbursements. Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = $xx.00/unit
HRSA Service Category Definition **(do <u>not</u> change or alter):**	**Emergency Financial Assistance** - Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
Local Service Category Definition:	**Emergency Financial Assistance** is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used. Emergency essential living needs include food, telephone, and utilities (i.e. electricity, water, gas and all required fees) for eligible PLWH.
Target Population (age, gender, geographic, race, ethnicity, etc.):	PLWH living within the Houston Eligible Metropolitan Area (EMA).

Services to be Provided:	**Emergency Financial Assistance** provides funding through: • Short-term payments to agencies • Establishment of voucher programs Service to be provided include: • Food Vouchers • Utilities (gas, water, basic telephone service and electricity) The agency must adhere to the following guidelines in providing these services: • Assistance must be in the form of vouchers made payable to vendors, merchants, etc. No payments may be made directly to individual clients or family members. • Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients. • Allowable support services with an $800/year/client cap.
Service Unit Definition(s): **(HIV Services use only)**	A unit of service is defined as provision of food vouchers or and/or utility assistance to an eligible client.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Agency must be dually awarded as HOWPA sub-recipient work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer of last resort, and for limited amounts, limited use, and limited periods of time. Additionally, agency must document ability to refer clients for food, transportation, and other needs from other service providers when client need is justified.
Staff Requirements:	None.
Special Requirements:	Agency must: Comply with the Houston EMA/HSDA Standards of Care and Emergency Financial Assistance service category program policies.

Final Council approval 07/11/19

FY 2020 Houston EMA/HSDA Service Category Financial Eligibility

Ryan White Part A, Part B and State Services

Service Definition	Approved FY19 Financial Eligibility Based on federal poverty guidelines	Approved FY20 Financial Eligibility Based on federal poverty guidelines
Ambulatory/Outpatient Medical Care (includes Medical Case Management, Service Linkage, Local Pharmacy Assistance) CBO, Public Clinic, Rural & Pediatric – Part A	**300%,** (None, None, 300% non-HIV, 500% HIV meds)	**300%,** (None, None, **400% non-HIV meds,** 500% HIV meds)
Case Management (Clinical) - Part A	**No Financial Cap**	**No Financial Cap**
Case Management (Non-Medical, Service Linkage at Testing Sites) - Part A	**No Financial Cap**	**No Financial Cap**
Case Management (Non-Medical, targeting Substance Use Disorders) - State Services	**No Financial Cap**	**No Financial Cap**
Early Intervention Services (Incarcerated) - State Services	**No Financial Cap**	**No Financial Cap**
Emergency Financial Assistance Pharmacy Assistance – Part A	**500%**	**500%**
Health Insurance Premium and Cost Sharing Assistance - Part B/State Services - Part A	**0 - 400%** **ACA plans: must have a subsidy** (see Part B service definition for exception)	**0 - 400%** **ACA plans: must have a subsidy** (see Part B service definition for exception)
Home & Community-Based Health Services - Adult Day Treatment (facility-based) - Part B	**300%**	**300%**
Hospice Services - State Services	**300%**	**300%**
Linguistic Services - State Services	**300%**	**300%**
Medical Nutritional Therapy and Nutritional Supplements - Part A	**300%**	**300%**
Mental Health Services – SS	**300%**	**400%**
Oral Health - Untargeted – Part B - Rural (North) – Part A	**300%**	**300%**
Outreach Services - Primary Care Retention - Part A	**No Financial Cap**	**No Financial Cap**
Referral for Health Care and Support Services-ADAP Enrollment Workers – State Services-R	**No Financial Cap**	**No Financial Cap**
Substance Abuse Treatment - Part A	**300%**	**300%**
Transportation - Part A	**400%**	**400%**
Vision Care - Part A	**300%**	**300%**