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## HUD NEWS

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

Reg. VI: 20-70

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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.

<b>NAME</b>	<b>CDBG20-COVID Recovery</b>	<b>ESG20-COVID Recovery</b>	<b>HOPWA20-COVID Recovery</b>
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
<b>Total:</b>	<b>\$143,979,512.00</b>	<b>\$71,779,738.00</b>	<b>\$4,221,870.00</b>

###

*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](http://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](#)*

## FY 2005 Service Definition - Housing

HRSA Service Category Title:	<b>Housing Assistance*</b> <b>Housing Related Services*</b>
Local Service Category Title:	<b>Housing Coordination and Emergency Shelter Vouchers</b> <b>a) Housing Assistance</b> <b>b) Housing Related Services (Coordination)</b>  <b>*NOTE: These two HRSA categories are bundled together in this local service category</b>
Revision Date:	<b>04-04</b>
Service Category Code (HIV Services use only):	
Amount Available (HIV Services use only):	
Budget Type (HIV Services use only):	<b>Hybrid</b> 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):	<b>a. Housing Assistance and Coordination</b> 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 <b>not</b> change or alter):	<b>a. Housing Assistance:</b> 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>b. Housing Related Services (Coordination):</b> 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:	<p>Services to be provided include:</p> <ol style="list-style-type: none"> <li>1) Advocacy for and assistance to clients in accessing temporary short-term emergency housing;</li> <li>2) Linking clients with appropriate housing resources throughout the EMA;</li> <li>3) Providing referrals to Emergency Assistance programs;</li> <li>4) Networking with other urban and rural housing resources;</li> <li>5) Assisting clients in securing permanent housing.</li> <li>6) Providing short-term placement via emergency shelter vouchers.</li> </ol>
Service Unit Definition(s): <b>(HIV Services use only)</b>	<p><b>b. Housing Related Services (coordination).</b> 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.</p>
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
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:	<p>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.</p>
Special Requirements:	None.



FY 2005 Service Definition - Housing

***FY 2006 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: 06/09/05
Recommendations:	Approved: Y <input checked="" type="checkbox"/> No: <input type="checkbox"/> Approved With Changes: <input type="checkbox"/>	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: 06/02/05
Recommendations:	Approved: Y <input checked="" type="checkbox"/> No: <input type="checkbox"/> Approved With Changes: <input type="checkbox"/>	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: 05/18/05
Recommendations:	Approved: Y <input checked="" type="checkbox"/> No: <input type="checkbox"/> Approved With Changes: <input type="checkbox"/>	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: 05/03/05
Recommendations:	<b>Financial Eligibility:</b>	
1. Eliminate Housing Assistance and Housing Related Services.		
2.		
3.		
4.		

**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)
<b>Part 1: Services offered by Title I in the Houston EMA as of 03-01-05</b>						
<b>Housing Assistance*</b>  QA Motion: (Caldwell, Boyle) to accept the workgroup recommendations. Votes: Y = 10; N = 0; Abstentions = 0	___ Yes <input checked="" type="checkbox"/> 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: <u>Emergency Shelter Vouchers</u> : # served: 183. Alloc/client: \$737. Units/client: n/a. Disb/client: \$702. <u>Housing Related Services (Coor.)</u> : # served: 271. Alloc/client: \$342. Units/client: 24. Disb/client: n/a.  '05 NA: <u>Rental Assistance</u> : U: 14, N: 8, B: 1, G: 2; <u>Emergency Shelter Vouchers</u> : 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.
<b>Housing Related Svcs</b> (Housing Coordination)  <i>See Housing Assistance for motion.</i>	___ Yes <input checked="" type="checkbox"/> 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.

## 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.**

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

The eligibility requirements for HOPWA-funded services are very basic, but there are several housing options for HIV + persons living on a fixed income, as well as for those with special needs. Participants in the HOPWA Program must meet the following requirements to be eligible to receive services:

- Meet the definition of low income to medium income; for Tenant Based Rental Assistance and Community Resources must be at 50% or below;
- Have an HIV positive diagnosis; and
- Live in the Houston EMSA (Eligible Metropolitan Statistical Area) Principal Cities: Houston, The Woodlands, Sugarland, Baytown, Conroe Counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller.

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

**If you have any questions, please contact: Melody Barr at 832-394-6124**

## HOPWA (Housing Opportunities for People with AIDS) Funded Agencies

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

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.*

### Agencies | Agencias

#### **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) 763-2437

#### **AIDS Foundation Houston (CR, SS)**

Four community residences with supportive services. (713) 623-6796

#### **AAMA (SS)**

Supportive services program. (713) 926-9491

#### **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) 852-1452

#### **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) 874-6589

#### **Corder Place Apartments (CR, SS)**

Community residence with supportive services. (713) 741-4070

#### **Goodwill Industries of Houston (SS)**

Supportive services job training program. (713) 590-3123

#### **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) 739-7752

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



Most agencies have limited funding for the services they offer. If you need additional resources, please call the United Way Helpline at 2-1-1, (713) 957-HELP (4357). The Helpline is available 24 hours a day and is offered in over 150 languages. If you would like to email your inquiry to the helpline, you may do so at [help@unitedwayhouston.org](mailto:help@unitedwayhouston.org).

You can search the United Way Community Resource Database online at: <http://referral.uwtgc.org/>. The database gives the option to search by zip code, service category, agency or program name and key word.

# 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<sup>3</sup>.

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<sup>3</sup>).

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<sup>3</sup> 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<sup>3</sup> 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 approach*. Social Science & Medicine, <https://doi.org/10.1016/j.socscimed.2018.07.051>