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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:	<p>Services to be provided include:</p> <ol style="list-style-type: none"> 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)	<p>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.</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

Step in Process: Council		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.		
Step in Process: Steering Committee		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.		
Step in Process: Quality Assurance Committee		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.		
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](#)

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 <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.
Housing Related Svcs (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.

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

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.

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/mm³.

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/mm³).

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/mm³ 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/mm³ 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>

[hiv.gov](https://www.hiv.gov)

Housing and Health

QUALITY HOUSING AND HIV

With **safe and affordable** housing, people with HIV are better able to **start and stay** on HIV treatment.



HIV
gov

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 disproportionately 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.

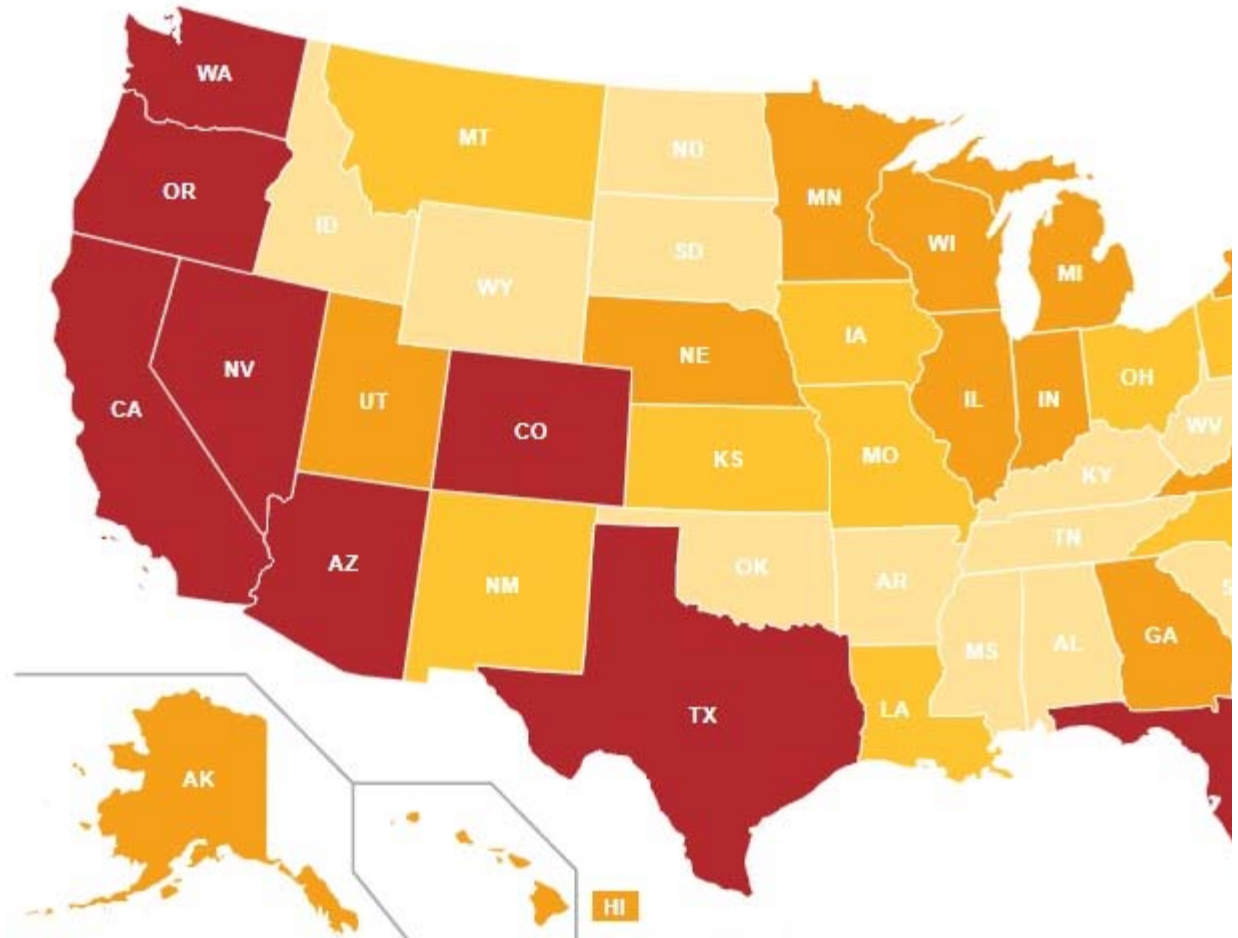
The availability of affordable rental housing for extremely low-income renters in Texas – those making below the federal poverty level or 30 percent of an area’s median income – was 29 homes available for every 100 renters. The national rate is 37 homes.

“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.

Affordable and Available Rental Homes per 100 Extremely Low Income Renter Households

30 or fewer 31 to 40 41 to 45 46 or greater



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.”

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**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 %				No.	Released %	Total %			
County of residence					Age range (median: 50-54)					Sex at birth				
	Harris	38	97.44%	93.40%	13 to 17	0	-	0.20%		Male	28	68.3%	67.30%	
	Fort Bend	1	2.56%	4.20%	18 to 24	1	2.44%	3.40%		Female	13	31.7%	37.70%	
	Liberty	0	-	0.20%	25 to 49	19	46.34%	43.20%		Intersex	0	-	-	
	Montgomery	0	-	1.20%	50 to 54	13	31.71%	24.30%		Transgender	3	7.32%	3.90%	
	Other	0	-	1.00%	55 to 64	8	19.51%	26.20%		Currently pregnant	0	-	0.20%	
					≥65	0	-	2.80%						
					Seniors (≥50)	21	51.22%	53.30%						
Primary race/ethnicity					Sexual orientation					Health insurance (multiple response)				
	White	2	4.88%	11.80%	Heterosexual	26	63.41%	54.00%		Private insurance	3	6.67%	8.60%	
	African American/Black	33	80.49%	62.70%	Gay/Lesbian	7	17.07%	33.70%		Medicaid/Medicare	13	28.89%	49.80%	
	Hispanic/Latino	5	12.20%	23.90%	Bisexual	6	14.63%	7.70%		Harris Health System	20	44.44%	23.70%	
	Asian American	0	-	1.00%	Other	2	4.88%	4.50%		Ryan White Only	9	20.00%	17.00%	
	Other/Multiracial	1	2.44%	0.60%	MSM	14	34.15%	42.60%		None	0	-	1.00%	
Immigration status					Yearly income (average: \$4,800)									
	Born in the U.S.	37	92.50%	84.60%	Federal Poverty Level (FPL)									
	Citizen > 5 years	2	5.00%	6.50%	Below 100%	21	80.77%	78.80%						
	Citizen < 5 years	0	-	0.80%	100%	4	15.38%	12.70%						
	Undocumented	0	-	2.00%	150%	0	-	3.70%						
	Prefer not to answer	1	2.50%	4.40%	200%	1	3.85%	2.80%						
	Other	0	-	1.80%	250%	0	-	0.60%						
					≥300%	0	-	1.40%						

BARRIERS TO RETENTION IN CARE

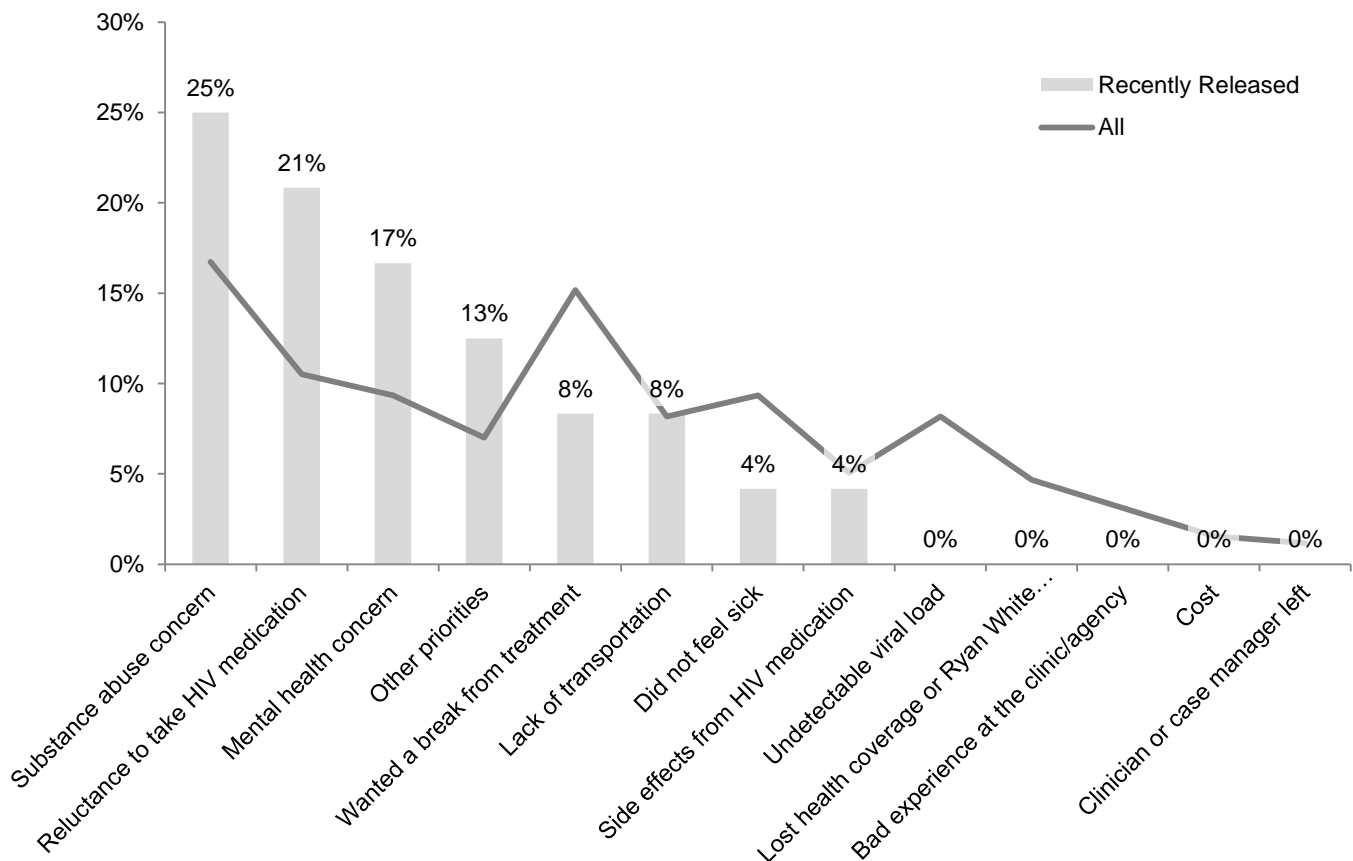
As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

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.



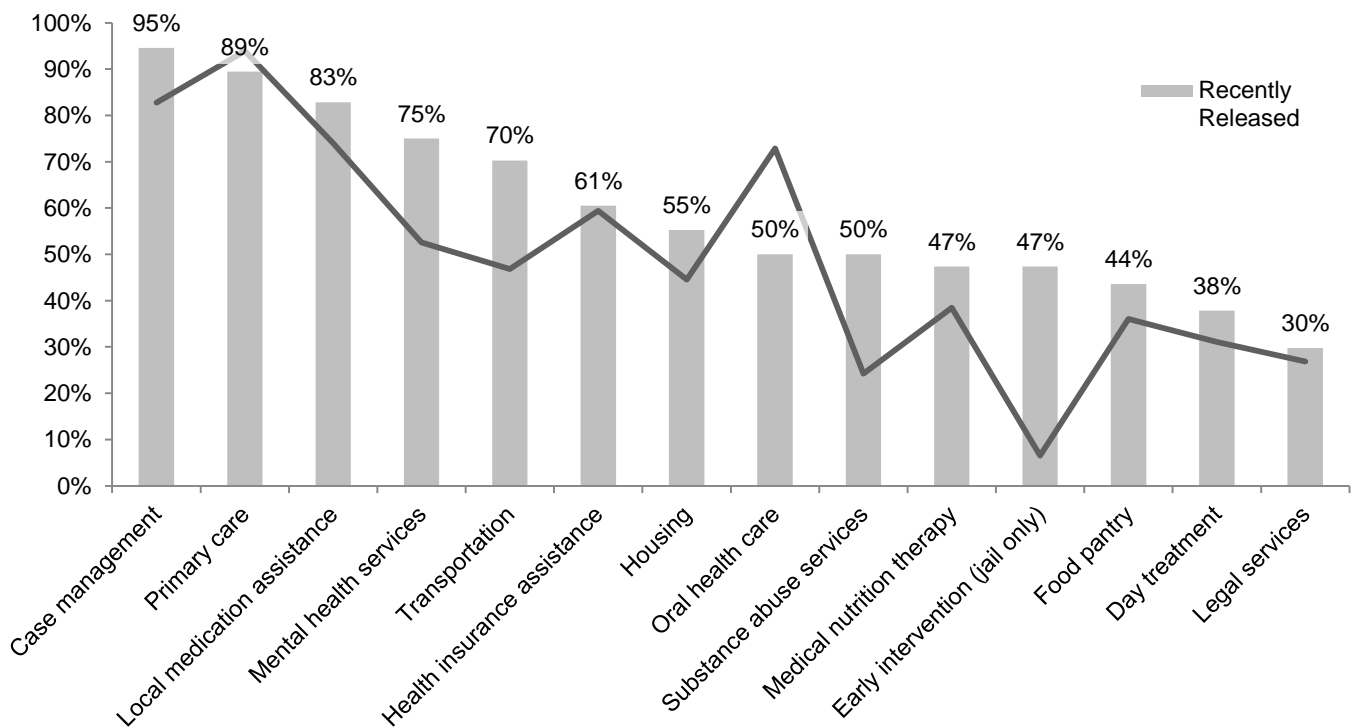
OVERALL RANKING OF FUNDED SERVICES, BY NEED

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

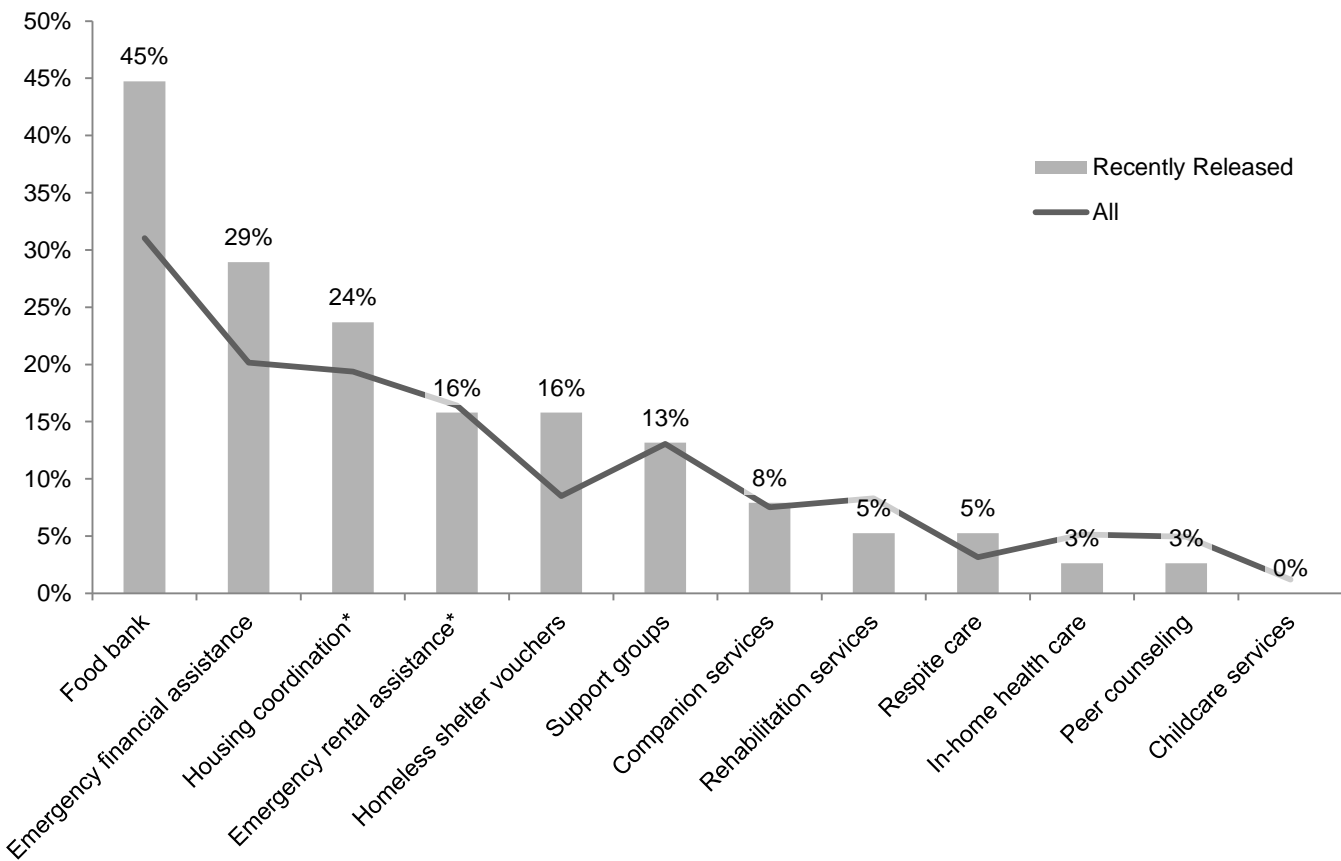
assistance (16%) and homeless shelter vouchers (16%). Compared to the total sample, greater proportions of recently released participants reported needing food bank (45% v. 31%), emergency financial assistance (29% v. 20%), homeless shelter vouchers (16% v. 8%), housing coordination (24% v. 19%), and 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.

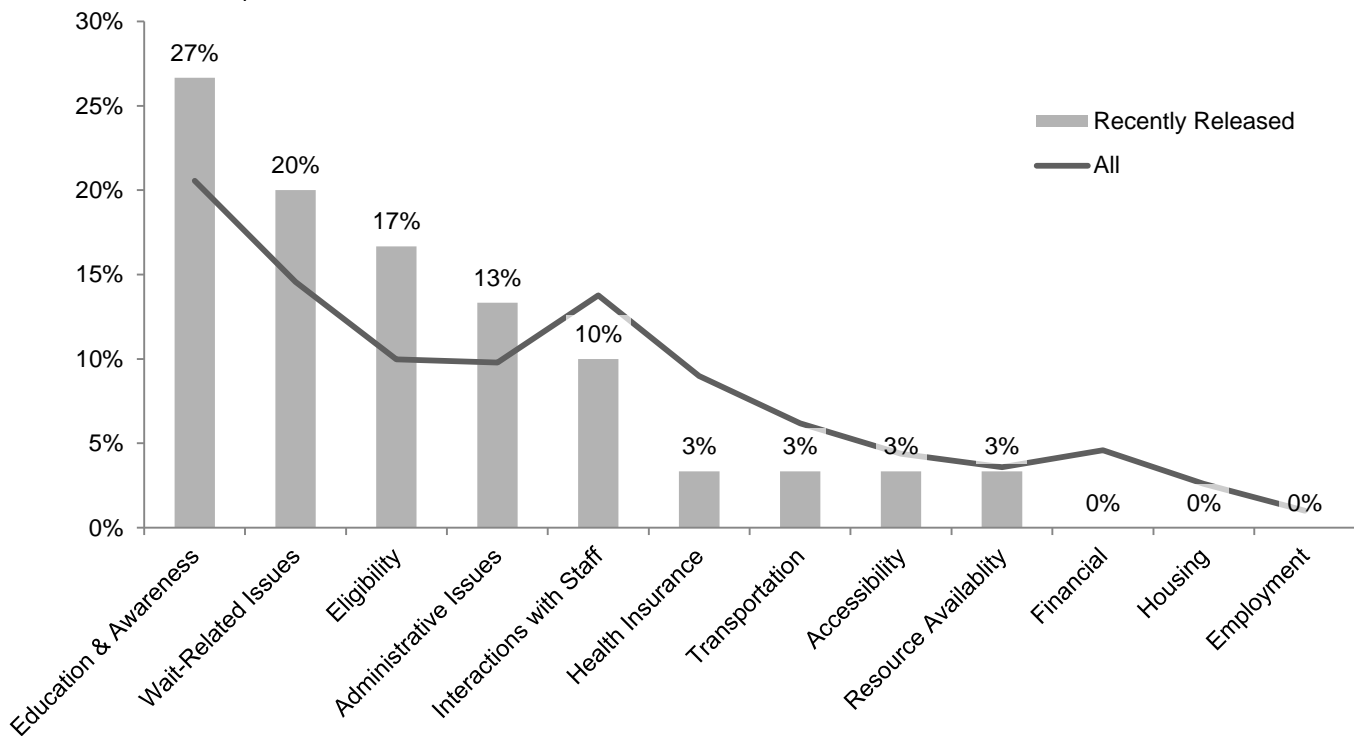
(Graph 4) Overall, the barrier types reported most often among recently released participants related to service education and awareness issues (27% of all reported barriers); wait-related issues (15%); eligibility issues (17%); administrative issues (13%); and interactions with staff (10%).

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
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