

**Housing Opportunities for Persons With AIDS (HOPWA) Program**

**Consolidated Annual Performance and**

**Evaluation Report (CAPER)**

**Measuring Performance Outcomes**

**OMB Number 2506-0133 (Expiration Date: 11/30/2023)**

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD’s requirements for reports submitted by HOPWA formula grantees are supported by 42 U.S.C. § 12911 and HUD’s regulations at 24 CFR § 574.520(a). Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number. While confidentiality is not assured, HUD generally only releases this information as required or permitted by law.

**Housing Opportunities for Person With AIDS (HOPWA)**

**Consolidated Annual Performance and Evaluation Report (CAPER)**

**Measuring Performance Outputs and Outcomes**

**OMB Number 2506-0133 (Expiration Date: 11/30/2023)**

**Part 1: Grantee Executive Summary**

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by 24 CFR 574.3.

***Note****: If any information does not apply to your organization, please enter N/A. Do not leave any section blank.*

**1. Grantee Information**

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| **HUD Grant Number**IAH20-F999 and IAH20-FHW999 | **Operating Year for this report*****From (mm/dd/yy)*** 1/01/2021 ***To (mm/dd/yy)*** 12/31/2021 |
| **Grantee Name**Iowa Finance Authority |
| **Business Address** | 1963 Bell Avenue, Suite 200 |
| **City, County, State, Zip**  | Des Moines | Polk | Iowa | 50315 |
| **Employer Identification Number (EIN) or** **Tax Identification Number (TIN)**  | 52-1699886 |
| **DUN & Bradstreet Number (DUNs):**  | 614823722 | **System for Award Management (SAM)::****Is the grantee’s SAM status currently active?**[x]  **Yes** [ ]  **No****If yes, provide SAM Number:** 391Y6 |
| **Congressional District of Grantee’s Business Address** | IA3 |
| **\*Congressional District of Primary Service Area(s)** | IA1 IA2 IA3 IA4       |
| **\*City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Statewide                    | **Counties:** Statewide (all 99 counties)             |
| **Organization’s Website Address**[www.iowafinance.com](http://www.iowafinance.com)  | **Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area?** [x]  Yes [ ]  No**If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.** |

**\* Service delivery area information only needed for program activities being directly carried out by the grantee.**

**2. Project Sponsor Information**

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

***Note:*** *If any information does not apply to your organization, please enter N/A.*

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| **Project Sponsor Agency Name**Primary Health Care | **Parent Company Name*, if applicable***      |
| **Name and Title of Contact at Project Sponsor Agency** | Darla Krom, LISW, HIV Program Director |
| **Email Address** | dkrom@phcinc.net |
| **Business Address** | 1200 University Avenue |
| **City, County, State, Zip,**  | Des Moines, Polk, Iowa, 50314 |
| **Phone Number *(with area code*)**  | 515-248-1517 |       |       |       |
| **Employer Identification Number (EIN) or** **Tax Identification Number (TIN)** | 421350092 | **Fax Number (with area code)** 515-248-1522 |
| **DUN & Bradstreet Number (DUNs):** | 843498812 |
| **Congressional District of Project Sponsor’s Business Address** | IA3 |
| **Congressional District(s) of Primary Service Area(s)** | IA3 |
| **City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Des Moines and surrounding cities/rural areas | **Counties:** Adair, Boone, Cerro Gordo, Clarke, Dallas, Decatur, Franklin, Greene, Guthrie, Hamilton, Hancock, Hardin, Humboldt, Jasper, Kossuth, Lucas, Madison, Marion, Marshall, Polk, Ringgold, Story, Union, Warren, Wayne, Webster, Winnebago, Worth Wright |
| **Total HOPWA contract amount for this Organization for the operating year** | $321,040 |
| **Organization’s Website Address** | [**www.PHCTheProject.org**](http://www.phctheproject.org) **and www.PHCIowa.org** |
| **Is the sponsor a nonprofit organization?**   **☒ Yes** **☐ No***Please check if yes and a faith-based organization. ☐* *Please check if yes and a grassroots organization. ☐* | **Does your organization maintain a waiting list?** ☒ Yes ☐ No**If yes, explain in the narrative section how this list is administered.**  |

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| **Project Sponsor Agency Name**Cedar AIDS Support System (CASS) | **Parent Company Name*, if applicable***Cedar Valley Hospice |
| **Name and Title of Contact at Project Sponsor Agency** | Elizabeth Wilson, CASS Case Manager |
| **Email Address** | ewilson@cvhospice.org  |
| **Business Address** | 2101 Kimball Ave. Ste. 401PO Box 2880 |
| **City, County, State, Zip,**  | Waterloo, Black Hawk, Iowa 50704 |
| **Phone Number *(with area code*)**  | 319-272-2437 |       |       |       |
| **Employer Identification Number (EIN) or** **Tax Identification Number (TIN)** | 42-1135294 | **Fax Number (with area code)**319-272-2071 |
| **DUN & Bradstreet Number (DUNs):** | 180350860 |
| **Congressional District of Project Sponsor’s Business Address** | IA1 |
| **Congressional District(s) of Primary Service Area(s)** | IA1 |
| **City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Waterloo, Cedar Falls, Waverly, Independence, Decorah, and surrounding rural areas  | **Counties:** Allamakee, Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Fayette, Floyd, Grundy, Howard, Mitchell, Winneshiek |
| **Total HOPWA contract amount for this Organization for the operating year** | $43,684 |
| **Organization’s Website Address**<http://www.cvhospice.org>  |  |
| **Is the sponsor a nonprofit organization?**   **☒ Yes** **☐ No***Please check if yes and a faith-based organization. ☐* *Please check if yes and a grassroots organization. ☐* | **Does your organization maintain a waiting list?** ☐ Yes ☒ No**If yes, explain in the narrative section how this list is administered.**  |

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| **Project Sponsor Agency Name**Ruby Slippers | **Parent Company Name*, if applicable***Siouxland Community Health Center |
| **Name and Title of Contact at Project Sponsor Agency** | Dawn Thomas, HIV Program Manager |
| **Email Address** | dthomas@slandchc.com  |
| **Business Address** | 1021 Nebraska Street |
| **City, County, State, Zip,**  | Sioux City, Woodbury, Iowa 51105 |
| **Phone Number *(with area code*)**  | 712-202-1021 |       |       |       |
| **Employer Identification Number (EIN) or** **Tax Identification Number (TIN)** | 411374894 | **Fax Number (with area code)** 712-252-9792 |
| **DUN & Bradstreet Number (DUNs):** | 7945500830 |
| **Congressional District of Project Sponsor’s Business Address** | IA4 |
| **Congressional District(s) of Primary Service Area(s)** | IA4 |
| **City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Sioux City, Council Bluffs, and surrounding rural areas | **Counties:** Lyon, Osceola, Dickinson, Sioux, O’Brien, Clay, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Sac, Monona, Crawford, Carroll, Greene, Emmet, Palo Alto, Pocahontas, Calhoun Harrison, Shelby, Audubon, Pottawattamie, Cass, Mills, Montgomery, Adams, Fremont, Page, Taylor |
| **Total HOPWA contract amount for this Organization for the operating year** | $105,351 |
| **Organization’s Website Address** | [www.slandchc.com](http://www.slandchc.com) |
| **Is the sponsor a nonprofit organization?**   **☒ Yes** **☐ No***Please check if yes and a faith-based organization. ☐* *Please check if yes and a grassroots organization. ☐* | **Does your organization maintain a waiting list?** ☐ Yes ☒ No**If yes, explain in the narrative section how this list is administered.**  |

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| **Project Sponsor Agency Name**The Project of the Quad Cities | **Parent Company Name*, if applicable***N/A |
| **Name and Title of Contact at Project Sponsor Agency** | Caitlin Wells, CEO |
| **Email Address** | Cwells@tpqc.org |
| **Business Address** | 1701 River Dr Suite #110  |
| **City, County, State, Zip,**  | Moline, Rock Island, Illinois, 61265 |
| **Phone Number *(with area code*)**  | 309-762-5433  |       |       |       |
| **Employer Identification Number (EIN) or** **Tax Identification Number (TIN)** | 421358032 | **Fax Number (with area code)**309-762-4481  |
| **DUN & Bradstreet Number (DUNs):** | 005435491 |
| **Congressional District of Project Sponsor’s Business Address** | IA2 |
| **Congressional District(s) of Primary Service Area(s)** | IA1 IA2 |
| **City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Davenport, Bettendorf, Clinton, Dubuque, Maquoketa, Muscatine, Le Claire, and surrounding rural areas | **Counties:** Clayton, Clinton, Dubuque, Jackson, Muscatine, Scott |
| **Total HOPWA contract amount for this Organization for the operating year** | $93,055 |
| **Organization’s Website Address** | <http://www.tpqc.org/> |
| **Is the sponsor a nonprofit organization?**   **☒ Yes** **☐ No***Please check if yes and a faith-based organization. ☐* *Please check if yes and a grassroots organization. ☐* | **Does your organization maintain a waiting list?** ☒ Yes ☐ No**If yes, explain in the narrative section how this list is administered.**  |

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| **Project Sponsor Agency Name**University of Iowa Hospitals & Clinics | **Parent Company Name*, if applicable***University of Iowa |
| **Name and Title of Contact at Project Sponsor Agency** | Dr. Jack Stapleton, Executive Director |
| **Email Address** | jack-stapleton@uiowa.edu  |
| **Business Address** | 200 Hawkins Dr. SW 54GH |
| **City, County, State, Zip,**  | Iowa City, Johnson, Iowa 52242 |
| **Phone Number *(with area code*)**  | 319-356-3168 |       |       |       |
| **Employer Identification Number (EIN) or** **Tax Identification Number (TIN)** | 42-6004813 | **Fax Number (with area code)** 319-353-8070 |
| **DUN & Bradstreet Number (DUNs):** | 062761671 |
| **Congressional District of Project Sponsor’s Business Address** | IA 2 |
| **Congressional District(s) of Primary Service Area(s)** | IA1 IA2 |
| **City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Iowa City, Burlington, Cedar Rapids, Fort Madison, Keokuk, Marion, Mount Pleasant, Washington, Ottumwa, North Liberty, and surrounding rural areas | **Counties:** Appanoose, Benton, Cedar, Davis, Delaware, Des Moines, Henry, Iowa, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Mahaska, Monroe, Poweshiek, Tama, Van Buren, Wapello, Washington |
| **Total HOPWA contract amount for this Organization for the operating year** | $186,764 |
| **Organization’s Website Address**[www.uihealthcare.org](http://www.uihealthcare.org)  |  |
| **Is the sponsor a nonprofit organization?**   **☒ Yes** **☐ No***Please check if yes and a faith-based organization. ☐* *Please check if yes and a grassroots organization. ☐* | **Does your organization maintain a waiting list?** ☐ Yes ☒ No**If yes, explain in the narrative section how this list is administered.**  |

**5. Grantee Narrative and Performance Assessment**

**a. Grantee and Community Overview**

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD’s website. ***Note****: Text fields are expandable.*

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| **Primary Health Care:** Primary Health Care, Inc. (PHC) is a non-profit, federally qualified community health center dedicated to serving the medically insured, uninsured and underinsured with their health care needs. The Project of Primary Health Care, Inc. provides a broad continuum of HIV services for those at risk for and living with HIV. This includes HIV specialty care, primary care, supportive services, AIDS Drug Assistance Program, mental health counseling and support groups, food assistance, transportation assistance, linguistic services and HIV and STI testing through our Prevention program. The Project of PHC’s goal is to reduce the number of HIV transmissions in the community, improve access to medical care and social services needs, and enhance quality of life for people living with HIV. The Project of PHC currently has 11 case managers and one benefit liason on our Part B team. In 2021, Ryan White Part B program at the Project of PHC served a total of 613 clients who are all living with HIV. Through our HOPWA TBRA, STRMU, PHP and our Ryan White housing assistance we were able to assist 156 eligible clients throughout our service area. The primary area of service for The Project of PHC is Polk County and the surrounding communities. For grant year 2021, the primary contacts were Darla Krom, HIV Program Director, Jodi Sowden, Supportive Services Manager, and Sarah Wignall, Housing Case manager.**University of Iowa:**In 2021, the University of Iowa HOPWA program continued to serve 22 Eastern Iowa counties. This is the ninth year that the University of Iowa served as the HOPWA Program Sponsor for this area. The HOPWA program coordinator for the University of Iowa this reporting period was Jennifer Keeler, Social Worker. Dr. Jack Stapleton served as the Executive Director for the HOPWA program during this reporting period. The University of Iowa HOPWA program offers TBRA, STRMU, and PHP housing services. In 2021, we assisted 56 unduplicated households through our HOPWA program. The University of Iowa HIV clinic has been providing medical services to HIV + individuals since 1988. In 1998, we received funding to provide Ryan White Services through Parts C and B. Since the clinic began in 1988, the University of Iowa has cared for over 2,500 patients. In 2021, our team provided medical care to just over 760 individuals from 56 counties. Our Ryan White program has seven case managers that provide medical case management services to approximately 263 individuals in 37 counties through Ryan White Part B. This team also provides care coordination and support to all of the clinic patients. In 2019, we also added two subcontracted case managers in Des Moines and Wapello counties to provide case management services to those communities. We continue to be diligent in our efforts to ensure that our eligible clients have insurance coverage. Approximately 99% of patients seen in our clinic had medical insurance coverage for the 2021 period.Through our Ryan White grants, we are able to provide the following services: case management, emergency financial assistance, food resources, smoking cessation access, medication access, access to medical services, access to mental health services, access to substance abuse services, and assistance with the transportation costs of attending a medical appointment. We have a Prevention with Positives Program- CLEAR- through Ryan White Part B. We are also able to continue to evolve our medication adherence work by utilizing a part-time pharmacist who specializes in HIV care. We also have a Behavioral Health Consultant on our team that can provide brief intervention counseling to individuals who may need a bridge to long term therapy/counseling options. Our case management team also provides referrals to community resources such as food stamp assistance, LIHEAP, Section 8 housing, health care benefits teams for medical coverage or SSI/SSDI benefits, and General Assistance. **Siouxland Community Health Center:**Siouxland Community Health Center (SCHC) is in Sioux City and subcontracts with the Nebraska Aids Project (NAP) to provide service for several counties in Northwest Iowa through HOPWA. Dawn Thomas is the main contact for Siouxland Community Health Center, (712) 226-8969, dthomas@slandchc.com, and other contacts include the HIV Program Manager, Brandi Steck: (712) 226-8968, bsteck@slandchc.com, and our controller, Michael Nitz: (712) 226-8983, mnitz@slandchc.com. Contacts for NAP include: Samantha Willey: (402) 552-9260 ext. 108, samanthaw@nap.org, Lisa Bautista: (402) 552-9260 ext. 114, lisab@nap.org, and Hayley Solarana: (402) 552-9260 ext. 118, hayleys@nap.org. We provide the following HOPWA services to eligible individuals: Short Term Rent, Mortgage, Utility assistance (STRMU), Tenant Based Rental Assistance (TBRA), and Permanent Housing Placement (PHP). This year we assisted 11 clients on TBRA. For STRMU we assisted a total of 14 clients and for PHP we assisted 4 clients. Through our Ryan White grants, we can provide the following services: case management, emergency financial assistance, food resources, smoking cessation, medication access, access to medical and dental services, access to mental and behavioral health services, access to substance abuse services, and assistance with transportation. Our case management team also provides referrals to community resources such as immigration services, SNAP and WIC benefits, LIHEAP, Housing Choice vouchers, health care benefits, and SSI/SSDI benefits.**Cedar AIDS Support System:**Now in its 3rd year, the mission of the Cedar AIDS Support System (CASS) of Cedar Valley Hospice is to provide HIV case management for persons living with HIV, their significant others, families and friends. While CASS will serve any person living with HIV in Iowa, our primary service area includes clients living in 12 counties in Northeast Iowa. The communities we serve exhibit some unique factors that increase the demand for services. Black Hawk County has a higher percentage of Black/African American residents compared to the state average for this population. According to the latest U.S. Census Bureau data for, Waterloo, which is the largest city we serve, has a Black population of 16.7%, a foreign-born population of 9.2%, the median rent is $765, and 17.4% are living in poverty.In addition to HOPWA funding, CASS receives a Ryan White Part B grant to fund HIV case management.The HOPWA program contact for services in northern Iowa is Elizabeth Wilson. The following is broad overview of the principal housing activities provided by Cedar AIDS Support System:• Short term housing• Limited tenant based rental assistance (long term housing)• Housing case management and information services to assist clients in securing and maintaining permanent housing• Assistance with landlords and tenant lease agreements• Assistance in applying for other benefits, particularly Section 8 housing• Assistance in locating documentation necessary for housing applications• Assistance with creating and completing housing goals**The Project of the Quad Cities:**The Project of the Quad Cities (TPQC) has been providing services for HIV+ individuals and those that are at risk since 1986. These services include: medical case management; food, housing, and utility support; mental health services; medical planning, management, and financial assistance for remaining in care; HIV/STI testing; on-site pharmacy and ADAP program assistance; partner services/PrEP; transportation assistance; and linguistic services. TPQC serves the following counties: Clayton, Clinton, Dubuque, Jackson, Muscatine, and Scott. In the 2021 program year, TPQC administered the HOPWA program for residents of Scott, Clinton and Dubuque counties in Eastern Iowa. TPQC served 15 unduplicated HIV+ individuals/ 13 unduplicated households through the HOPWA TBRA program; three households with STRMU support; and two households with PHP assistance. There is currently a small active waitlist, due to transitions in management of the HOPWA program at TPQC. The Housing Case Manager/Program Coordinator, along with Ryan White Case Managers, act in collaboration to assess and place individuals in programs for appropriate care and support. The primary contacts are Caitlin Wells, CEO, and Sarah Lohse, Director of Public Health Services.TPQC strives to prevent homelessness, allow participants to live in safe, affordable housing, and obtain self-sufficiency. The Project of the Quad Cities provides the following housing services: long-term tenant-based rental assistance; short-term rent, mortgage and utility assistance; assistance with deposits/first month’s rent; housing case management; housing information services; assistance with brokering between landlords and management companies; assistance in benefit application; and progress monitoring on housing-based goals. |

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

**1. Outputs Reported.** Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your operating year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

**Primary Health Care:**

The Project of Primary Health Care (PHC) served 83 unique households through the HOPWA program during 2021. The TBRA program supported 20 households in 2021. The Project of PHC utilizes TBRA for people who are chronically unable to afford housing while they wait for public housing or Section 8 if eligible. One client was discharged from TBRA in 2021 due to obtaining other subsidized housing. Five households exited TBRA in 2021, and Five households entered TBRA in 2021. The Project of PHC maintains a waitlist for our TBRA HOPWA program. The process for selecting participants with a TBRA opening includes an acuity scale to determine highest needs as well as working down the list in order of date applied.

In 2021, 54 households received STRMU assistance. This exceeds our projected outcome of 45 households. 20 clients received PHP assistance in 2021. PHP assistance helped clients who would have otherwise been unable to save enough money for both rent and deposit while paying moving expenses.

 In 2021, The Project of PHC served Seven households connected with the Northern Iowa Community Action Agency, NICAA, that has a Ryan White Part B program. Their case managers and our Housing Case Manager worked together to verify eligibility and collect paperwork and documentation.

**University of Iowa:**

The University of Iowa provided HOPWA services to 56 unduplicated household during 2021. Two of those households received TBRA services, both of which were active in 2020 as well. Our goal for TBRA services was to maintain the TBRA services provided to the two existing TBRA households and have the capacity to add another household should the need arise. Of the two households receiving TBRA services, one resides in Des Moines county and one household resides in Linn County. No additional households were added to the TBRA program in 2021. Both TBRA clients exited the TBRA program in 2021 due to personal successes and are living without subsidies. The largest challenge to adding a household to this service category is finding a residence that meets FMR and safety standards. Our STRMU goal for 2021 was to ensure we had funds available for eligible households during all four quarters of the calendar year while ensuring that clients receiving STRMU assistance received the necessary support to reach their goal of housing stability. We provided STRMU support to 52 households in 2021. These recipients lived in eight of the 22 counties in this service area. 90% of STRMU households were case managed by Linn County Community Services or UIHC. Approximately 66% of those participants resided in Linn County. The University of Iowa placed a small portion of the grant money into Permanent Housing Placement services in 2021. The goal was to assist individuals that may not be housed in safe environments or that were literally homeless in establishing safe, affordable housing. In 2021, we provided Permanent Housing Placement services to 4 households. All of the recipents of PHP services resided in Linn County in 2021. Eight households utilized HOPWA-CV funds in 2021.

**Siouxland Community Health Center:**

We served 26 unique households consisting of 48 clients through the HOPWA program during 2021. The TBRA program supported 11 households in 2021. We utilize TBRA for people who are chronically unable to afford housing while they wait for public housing or a Housing Choice Voucher and those who are ineligible for those programs. We provided STRMU support to 14 households in 2021. Four clients received PHP assistance in 2021. PHP assistance helped clients who would have otherwise been unable to save enough money for both rent and deposit while paying moving expenses.

We had a total of $105,351 in funding for 2021, $97,236 in regular HOPWA funding and the remainder coming from 2020 from the CARES Act funding, which we spent most of. Our agency also had to request a budget revision towards the end of the year since some of our TBRA clients’ rent went up and what had been allocated to TBRA was not enough. At the end, our regular funding grant had $24,080 allocated to STRMU, $55,500 allocated to TBRA, $2,500 allocated to PHP, $8,800 to staff costs, and $6,356 to administration costs. We spent $87,777 with $9,459 left over. Both SCHC and NAP are working together to get more people on TBRA so that this does not occur for the 2022. Most of our clients live in either Sioux City or Council Bluffs as we subcontract with NAP. For clients that lived out of town and could not make it into the city, applications were mailed to them.

**Cedar AIDS Support System:**

CASS served 8 clients with STRMU, 3 clients with TBRA, and 4 clients with PHP in 2021. Clients and their families were provided housing information services regarding qualifications for HOPWA and Section 8. All clients were case managed through in-take interviews, needs assessments, assistance with rental agreements, and housing plans. Payments were made from Cedar AIDS Support System directly to landlords on behalf of clients. We served 12 clients in Black Hawk county, 1 in Buchanan county, and 1 in Story.

**The Project of the Quad Cities:**

For the program year 2021, our HOPWA program served clients in Scott, Clinton and Dubuque counties. Approximately 87% of the clients lived in, or relocated to, Scott County. TPQC provided HOPWA services to 15 unduplicated individuals across 13 unduplicated households. We served 13 households through TBRA, three through STRMU, and two households through PHP (as they were onboarded programmatically into TBRA).

Our Ryan White Part B funding for housing support was increased in 2020, as a result of the CARES Act fiscal distribution, but in 2021 Cares Act fiscal distribution was not provided. As a result, we were still able to maintain clients with lines of support from that program and reduce certain aspects of funding (eg supportive services) from our HOPWA-allocated funds in comparison to previous years.

There was also a nation-wide moratorium on evictions which provided short-term relief to clients who would have otherwise needed emergency housing support through HOPWA. While there was an increase of safety nets in place in 2021, we are preparing for the removal of those safety nets and an uptick in service needs in 2022. We also experienced the barrier of employee transition during this award year; our housing case manager was internally promoted to a new role, and a new supervisor was onboarded for the stewardship of the program. This created a slight bottleneck for onboarding new TBRA recipients, though by close of fiscal year, two new households were successfully brought on to begin utilizing TBRA services.

**2. Outcomes Assessed.** Assess your program’s success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

**Primary Health Care:**

The HOPWA program assisted The Project of PHC in preventing homelessness, ensuring safe and affordable housing, stabilizing living situations, increasing self-sufficiency, and ensuring access to health care and supportive services. All HOPWA clients complete an annual psychosocial assessment with their case managers and develop service plans and goals based on identified needs, which often include plans for housing stability. PHC provides a wide range of resources on-site, from medical care to food assistance, and also makes referrals to community agencies to fulfill other needs. The Housing Case Manager works closely with PHC’s Homeless Support department to maximize resources and share knowledge. The housing landscape in Central Iowa continues to be an area where gaps exist, and COVID-19 has made that situation even more critical. The financial resources granted to our agency has made it possible for our agency to meet and succeed the goals and objectives we established for ourselves. We continue to work with landlords and other homeless programs in order to maximize the community support for our clients. We feel that we were able to meet the housing needs due to the hard work of our care team to quickly assess needs, and determine eligibility. Our staff is diligent in their efforts to bridge new relationships with the community, and slowly we are finding housing for people who historically have issues in securing and maintaining a stable environment.

**University of Iowa:**

The University of Iowa provided HOPWA services to 56 unduplicated households. 52 households received STRMU funding, 8 received STRMU-CV, two received TBRA funding, and four received PHP funding. 42% of households that received STRMU in 2021, did not receive STRMU assistance in 2020. 48% of HOPWA enrollees identified as Black, African-American, or African in 2021. 20% percent of the 56 unduplicated households included children under the age of 18. 92% of STRMU households were able to maintain their housing and not face eviction. Of the 45 unduplicated households: 100% were engaged in case management services and had housing plans that were evaluated on a regular basis, 98% had medical insurance/coverage, and 100% were engaged in medical care. UIHC strives to ensure all persons enrolled in HOPWA services have access to quality medical care, medical insurance, and medication access.

**Siouxland Community Health Center:**

In 2021 two households were able to receive a Housing Choice Voucher and exited TBRA. Three household was added to TBRA in 2021. Of the 14 clients who received STRMU, eight of the households that received services in 2021 did not receive STRMU services in 2020. At the end of the year, 9 of our STRMU households were able to remain in their home, 1 moved in with family, 3 moved out of the area, and 1 was unable to maintain housing. These recipients lived in three of the 31 counties in our service area.

Of the 26 unduplicated households, 20% included children under the age of 18, 100% had contact with a case manager, 100% had contact with a primary health care provider, and 88% accessed or maintained income. We continue to serve a diverse community, with 35% of our 48 household members identifying as Black or African-American and 8% identifying as Hispanic. The households we assisted struggle to meet financial obligations with 50% of them earning less than 30% of the area median income.

**Cedar AIDS Support System:**

CASS continued to strive to meet the housing needs of clients in the service area. 14 households received HOPWA assistance. We served 3 clients with TBRA, 8 with STRMU, and 4 with PHP. Our clients have continually found it challenging to find housing that will pass a home inspection; while their homes may be mostly adequate and safe, their landlords regularly do not respond to the need for routine repairs such as broken windows. The program continually assesses the need and determines the allocations based on need. All households with HOPWA assistance were able to maintain housing and avoid evictions which enhanced their ability to receive HIV care. Of the households assisted, all remained in and participated in HIV medical care.

Short and long-term goals are established in client housing plans to provide stability and positive outcomes. Assistance with budgeting and managing household finances is commonly incorporated into case management.

CASS continues to support HOPWA clients and families with ancillary services that complement housing services. CASS works with persons living with HIV in securing primary medical and dental care, mental health, and pharmacy services through Ryan White grant funding. Transportation for such appointments is provided as necessary. Referrals to Section 8 housing, Department of Human Services, food banks, and specialty medical providers were provided.

100% of all persons living with HIV receiving rental payment assistance had housing plans and case managers. Income remained stable for 100% of clients. This percentage is a measurement of housing stability outcomes with HOPWA clients, and therefore reduces the risk of homelessness. 100% of HOPWA-funded clients had a health care provider and had at least one visit with their provider. This indicates a continually high level of access to care for HOPWA clients.

**The Project of the Quad Cities:**

TPQC noted annualized success in enabling HOPWA beneficiaries in establishing and/or maintaining safe, decent, and sanitary housing. This occurred through timely assessments of housing quality and income on behalf of the case management team. We understand that housing is health care, and its stabilization directly affects people living with HIV and their ability to maintain medical care and treatment adherence. Of the 15 individuals (across 13 households) receiving HOPWA services in 2021, 100% remained virally suppressed and medication-adherent throughout the service year. By the close of 2021, the percentage of HOPWA clients achieving viral suppression/treatment adherence rose to 100%. Our organization-wide rate of viral suppression in Iowa ranged between 89% and 95%, which shows the benefits inherent to stabilized housing for clients against our baseline results and its relationship in moving clients towards long-term care-related success and improved health outcomes.

A notable element to our program that assisted with stabilizing clients involved the work of our Client Experience Coordinator. This individual serves in a role that complements those in case management to assure that clients’ basic needs are met in terms of appointment scheduling, attendance, and access to food and hygienic supplies. This role collaborated with HOPWA beneficiaries to ensure budgets were kept and support was available with maintenance of services in mind.

One area of improvement to be pursued in 2022 is ensuring a more streamlined process for HOPWA waitlist management and TBRA enrollment. A consistent barrier has been maintaining successful relationships with landlords and property management companies who work in alignment with TPQC and client needs. At the close of 2021, staff was moved back into the programmatic support position to oversee HOPWA funds, and in 2022 will be responsible for establishing more collaborative relationships with local property owners and re-evaluating waitlists to triage based on systemic gaps in care.

Finally, the demand for income-based one-bedroom rental units in the area is still surpassing the supply. Current clients who are single individuals, or couples with no children, need affordable one-bedroom apartments. Many one-bedroom, income-based units are intended for the 62+ community. This does not fit our diverse age ranges and limits where clients can apply.

**3. Coordination**. Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.

**Primary Health Care:**

The Project of PHC continues to receive funds for housing through the Iowa Department of Public Health Ryan White Part B Program. Ryan White funds are intended to coordinate with the HOWPA program and not duplicate it. Ryan White housing can be used for maintaining adequate housing when no other resources are available, but cannot be used for long-term stability or costs associated with securing housing.

The Project of PHC coordinates with numerous internal and external programs to address the diverse needs of the population we serve. The Homeless Support department, which is a Primary health Care program and located in the same building as The Project is a resource for our clients who are experiencing homelessness. Homeless Support offers many programs such as Centralized Intake services, Support Services for Veteran Families, Rapid Rehousing programs, and Broadlawns CAP for those who qualify.

In 2021, The Project of Primary Health Care worked with many clients to obtain and maintain housing. The Project of PHC had a client who was chronically homeless and was unsafe living outside or in a shelter due to severe mental health concerns. The client was temporarily provided a hotel with Ryan White funds while working with the housing Case Manager on permanent housing options. The Project of PHC was able to provide the client with food assistance, sanitation products as well as transportation. After collaborating with the clients mental health provider at Eyerly Ball the Project of PHC was able to obtain a permanent apartment for the client. The Project of PHC was able to partially furnish the apartment with the help of the Homeless outreach department at PHC.

The Housing case manager at The Project of PHC maintains up-to-date information on housing resources such as General assistance, HOME Inc., Des Moines Public Housing Authority, and IMPACT and shares that information with other case managers on the team. Case managers typically instruct clients to utilize community resources whenever reasonable; clients are asked to try Polk County General Assistance, IMPACT, St. Vincent DePaul, and other agencies for assistance before utilizing HOPWA funds. This allows us to use funds for people who have no other options, and also helps clients learn what other assistance is available in the community.

**University of Iowa:**

We continue to work closely with the other AIDS Service Organization in our service area, Linn County Community Services, to ensure that clients that are dually case managed by HOPWA and their program have access and information regarding local resources. We communicate consistently with local case managers regarding any need or concern that may arise during intake, housing plan updates, and regular communication. We continue to monitor the Section 8 waiting lists and alert program enrollees when the Section 8 waiting list in their area is accepting applications. We encourage all current HOPWA clients as well as prospective HOPWA clients to apply for and seek out all available resources to them including but not limited to: food stamps, General Assistance, financial assistance from local churches, Social Security Disability or SSI if applicable, LIHEAP, free cell phones, and services through food banks. The University of Iowa did not participate in the acquisition, rehabilitation, or new construction of any new housing units.

**Siouxland Community Health Center:**

We work with several community agencies. These include the Community Action Agency of Siouxland, Center for Siouxland, the Salvation Army, the Housing Authority of Sioux City and outlying areas, Neighborhood Services of Sioux City, and Coordinated Entry through the Institute for Community Alliances. These agencies provide several services including food pantries, energy and utility assistance, financial counseling, along with housing assistance. It is more difficult to assist clients who live outside of the city limits in finding resources in their area. Clients who live outside the city are either not eligible for services or must drive to the city to receive services which is a barrier if they have limited access to transportation

SCHC continues to receive funds for housing through the Iowa Department of Public Health Ryan White Part B Program. Ryan White funds are intended to coordinate with the HOWPA program and not duplicate it. Ryan White housing can be used for maintaining adequate housing when no other resources are available but cannot be used for long-term stability or costs associated with securing housing. We encourage all clients to apply for all available resources to them including but not limited to: food stamps, General Assistance, financial assistance from local churches, Social Security Disability or SSI if applicable, LIHEAP, free cell phones, and services through food banks.

**Cedar AIDS Support System:**

CASS applied for multiple grants in 2020 and was awarded $7,500 from Broadway Cares which can be used for utility/housing assistance. In addition, we received housing funds from the Iowa Department of Public Health Ryan White Part B Program which we can access when a client is not eligible for HOPWA funding. CASS also has funds to gift cards for groceries and basic needs.

**The Project of the Quad Cities:**

For the program year 2021, TPQC continued to receive funds from the Iowa Department of Public Health Ryan White Part B Program—this was an essential component of committed leveraging in funding housing needs and rental assistance. Having Ryan White Part B funding allows TPQC to serve more individuals that are facing housing barriers and homelessness risk, as well as those who are not eligible for the HOPWA program. TPQC also continued to collaborate with De La Cerda House, a provider of transitional housing and permanent supportive housing (via HUD) for people living with HIV/AIDS in the Quad Cities. Communication across all available resources was the key to serving the diverse needs and barriers of each client. Establishing and maintaining an ongoing line of communication between Ryan White Case Managers, medical providers at Genesis Health Group’s Infectious Disease Clinic, mental health providers, lawyers, and other social service agencies was crucial to providing for our clients and their overall well-being and in addressing needs for eligible individuals.

**4. Technical Assistance.** Describe any program technical assistance needs and how they would benefit program beneficiaries.

**Primary Health Care:**

The Project of PHC Housing Case Manager would benefit from attending USCHA in 2022 in an effort to gain knowledge and information on other HOPWA and housing programs around the nation. This training would provide an opportunity for our Housing case manager to grow professionally as well as improve our Housing program to ultimately better serve our clients and community.

The Project of Primary Health Care (PPHC) Housing case manager would benefit from a more in depth training on the Violence against Women Act (VAWA). As well as, an in- person, in- depth training on HOPWA funds; how they can be spent and creative ways to utilize the funds.

The Project of PHC would also benefit from a training by HomeINC or Legal services to assist in better understanding laws for tenant and landlords as well as law around accepting section 8 or other housing programs such as HOPWA.

**University of Iowa:**

No current technical assistance needs identified.

**Siouxland Community Health Center:**

There is no program technical assistance that we currently need.

**Cedar AIDS Support System:**

No current technical assistance needs identified.

**The Project of the Quad Cities:**

For the program year of 2021, TPQC navigated two significant challenges that we can identify a need for future assistance with. The first relates to the ongoing COVID-19 pandemic with its now well-known challenges and changes that affect all our communities. We have identified that there is virtual burnout to some extent and have attempted re-engagement with in-person events and trainings as safety has allowed. As numbers continue to rise in our area, we find ourselves needing to decrease many in-person interactions. We would request any innovative ideas for engaging virtual events and trainings, as well as assistance accessing necessary technologies should there be a need. The second need identified is as it relates to transitions in our staffing. There was a lapse in the organization regarding those who typically manage our HOPWA program and onboarding has taken place at the beginning of this new year. We have been well-supported internally so far, though should extra support be required that is not available within our organization, we simply request help in answering our questions as received in a timely manner as to allow for congruent data collection and reporting. A final note, TPQC is always interested in creative ways to utilize program funding and enhance accessibility for our clients should new eligible recommendations become available.

c. Barriers and Trends Overview

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program’s ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered in the administration or implementation of the HOPWA program, how they affected your program’s ability to achieve the objectives and outcomes discussed, and, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

|  |  |  |  |
| --- | --- | --- | --- |
| [x]  HOPWA/HUD Regulations[ ]  Discrimination/Confidentiality[ ]  Supportive Services[x]  Housing Affordability  | [ ]  Planning[ ]  Multiple Diagnoses[x]  Credit History | [x]  Housing Availability[x]  Eligibility [x]  Rental History  | [x]  Rent Determination and Fair Market Rents[x]  Technical Assistance or Training[x]  Criminal Justice History |
| [x]  Geography/Rural Access [ ]  Other, please explain further       |

**Primary Health Care:**

In 2021, the barriers in administration of the HOPWA program lies in areas of continued education on HOPWA rules and documentation that is needed from other service providers especially in rural areas. We provide to a large number of counties in Iowa and their may be more opportunities in the smaller communities to access housing resources, but more education and marketing should be deployed.

Also in 2021 the continuance of COVID caused a strain between landlords, tenants and programs. This was typicaly due to clients’ inability to pay rent when out of work with COVID and not obtaining or asking for assistance in a timely manner. There was also a moratoriam put in place related to COVID that did not permit landlords to evict tenants despite their inability to pay rent. This caused hardships for landlords and ultimately strained their relationships with tenants.

Rental costs remain a barrier that impacts our STRMU program as well. Many of our clients survive on social security income benefits, and paying rent or mortgage along with other bills such as electricity, water, medical bills, phone, groceries, etc. becomes very difficult. The Project of PHC used almost all of our total funding in 2021 to help clients maintain housing.

Another barrier often faced at the Project of PHC is with housing people who have been incarcerated or who have items on their background checks. Often times landlords are not able to be flexible in renting to tenant with such items despite the Project of PHC Housing Case managers’ efforts of working with the landlord and client.

**University of Iowa:**

The University of Iowa’s service area covers 22 counties. The majority of this service area is rural, and transportation services are minimal even in the most urban parts of the service area. The 80% of households served during the grant year were at 50% or less of the Area Median Income. To resolve this concern, the Program Coordinator would either conduct a telephone interview with the prospective enrollee and mail the required documents for signatures or she would conduct an in-person interview with the enrollee at their home or the office of their Ryan White B case manager. Housing affordability continues to be an area of concern in this service area. It is very difficult to find housing that would meet the FMR standards and still pass an inspection, especially in our more urban areas like Cedar Rapids and Iowa City. This has precluded the enrollment of any other households in the TBRA program in our area. To resolve this concern, the Program Coordinator works with other Ryan White Part B case managers in our area to make sure clients housing needs are met once STRMU resources are exhausted. The HOPWA Coordinator also continues to work with enrollees to make sure they are taking the steps necessary to meet their housing plan goals for employment, medical stability, and/or social security disability applications are being actively pursued. FMR continues to fluctuate in most our counties as well. A decrease of $50-75 in FMR proves to be difficult when trying to maintain housing stability for clients. We continue to see the impacts from COVID-19 and the 2020 derecho in our service area. 2021 brought about new variants of COVID-19. Individuals continued to be required to quarantine from work after exposures or positive test results. This resulted in unpaid leave for many HOPWA recipients. The State of Iowa chose to discontinue participation in the federal COVID unemployment program in June of 2021, eliminating a possible source of income for those without paid leave. Housing in areas impacted by the 2020 derecho continues to be a struggle. Several rental properties were damaged during this storm. Supply chain issues and increased prices has slowed the rebuilding of these properties. FMR in these areas has not kept up with the supply and demand of affordable housing units in these impacted areas.

**Siouxland Community Health Center:**

Housing affordability and availability continue to be one of the biggest barriers to housing. While the FMR did go up in 2021, it is still below what most available landlords are charging in rent. The few places that are below or at FMR are either not accepting ongoing assistance of any kind, are in neighborhoods that are not safe, or are unable to pass an inspection. The supply of safe affordable units is much lower than supply so landlords are often unwilling to lower rent to meet FMR standards. Sioux City has seen many new housing developments the last few years but the asking rent for all of them is well over FMR.

Covid-19 also created barriers in TBRA housing inspections as some clients were not comfortable with someone coming into their home or home visits were limited by sponsor sites. Waivers did allow for electronic inspections but not all clients had access to the necessary equipment or data.

One of the ways we use out TBRA program is to assist clients who are waiting to apply for a Housing Choice Voucher or other rental subsidy. The majority of our TBRA clients are located in Council Bluffs. Council Bluffs’ waiting list was not open in 2021 so no TBRA clients in Council Bluffs were able to transition to another housing subsidy.

**Cedar AIDS Support System:**

CASS covers a 12-county area. Many clients live one, two or more hours from case managers at CASS. CASS has addressed this barrier by having case managers have telephone conversations with the individuals to explain the program and explain the necessary documentation, as well as having the case manager meet in the client's home.

**The Project of the Quad Cities:**

One of the biggest barriers to housing continues to be FMR. The current standardized amounts provide clients with limited access to finding suitable housing in a safe, decent neighborhood. FMR amounts are particularly limiting to individuals with a history of substance use, as the available options are often in neighborhoods that could encourage access to substances and the potential for relapse. This is particularly notable as approximately a third of our HOPWA clients exclusively attribute injection drug use for their HIV+ status.

Another barrier continues to be the requirement of landlords and property managers for spotless background checks, positive rental history, good credit scores, and in many cases, income three times the price of the apartment. Most property managers or landlords are not willing to rent to clients who have previous convictions, evictions, and low/limited/fixed income. Additionally, we have clients who are on the lifelong sex offender registry, and therefore, cannot be assisted with HOPWA funding. Clients with zero income are also presented with a programmatic barrier to housing stability. Finally, the demand for one-bedroom apartments within the FMR in the Quad City area currently exceeds the supply.

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

**Primary Health Care:**

In 2021, the trends continue to be the same as other years, with the current pandemic creating additional barriers. Our LGBTQ+ clients, as well as, our clients that have a criminal record struggle with finding adequate living arrangements. They also struggle with stable employment and accessing equitable health care. More work needs to be done to end stigma and closeted discrimination towards the population that we serve. Rental agencies and individual landlords need more education to end historical stigma and discrimination. For example, people never get the chance to show rehabilitation, so a criminal record is never forgiven. The landlords that do provide safe and affordable need to be provided more incentives to continue to open up housing units at an affordable price.

**University of Iowa:**

There continue to be extensive wait lists for Section 8 housing, especially in our more urban areas like Cedar Rapids and Iowa City. These waiting lists are 5-8 years long depending on the client's circumstances. Linn County's waiting list has remained closed, and they are not taking additional applications. There continues to be a shortage of safe, affordable housing in our service area.

The Iowa Department of Human Services continues to provide access to medical coverage for Iowans living in poverty. Many DHS office remain closed to the public due to COVID-19. They have waived eligibility reviews due to the pandemic. However, it remains difficult to get a timely response when a client has a change in circumstance and needs additional assistance or a change. In 2016, we saw the modernization of the Medicaid system in Iowa. We now have two private companies (Managed Care Organizations/ MCOs) that coordinate services for members that qualify for Medicaid. There are concerns about timeliness of reimbursements from these MCOs to providers. This limits options for consumers on who they can see for providers.

We continue to see an increase in substance use in our services area, particularly meth and heroin usage. Unfortunately, there are not enough treatment programs in our area and when individuals decide to seek treatment, they face long wait lists or are turned away due to lack of staff availability.

We continue to have clients that are struggling with mental health issues. The demand for mental health services outweighs the resources available in our area. Add in concerns for reimbursement by Managed Care Organizations and some clients aren't able to find appropriate mental health care. Mental health issues may also impact their ability to keep appointments, complete paperwork, and access or maintain appropriate housing. The University of Iowa has added a Behavioral Health Consultant to our team that is able to meet with clients for a short period of time while they wait for an opening with a mental health specialist in their area.

The major HIV medical provider in our service area is the University of Iowa. We continue to have two private physicians in our area that will see patients living with HIV/AIDS. However, those providers have turned away patients that are non-adherent to medical appointments or medications. Some patients prefer to see local providers when able due to limited transportation resources in the service area. However, their options are limited when providers have restrictions around which patients they will see. For many, transportation to the University of Iowa may take 1-2 hours one way in order for them to receive comprehensive medical care. We added case management services in Wapello and Des Moines counties in 2019. UIHC did offer telehealth visits to patients during the pandemic. Another barrier that came to light during this time, is that clients may not have the internet or cell phone capabilities to participate in telehealth visits. Infrastructure such as appropriate high speed internet in some areas is also lacking in Iowa.

In an effort to control expenses, many insurance companies require patients to use certain mail-order pharmacies for their medications. These mail-order pharmacies create many barriers for patients regarding medication formularies and 3rd party payments for copays. Many insurance companies will not count payments made by a 3rd party, such as ADAP, towards a patient’s deductible or out of pocket expenses. This results in higher copays for patients for longer periods of time.

**Siouxland Community Health Center:**

Lack of affordable housing has been and continues to be an issue. Most employment opportunities are in the food or meatpacking industry. Jobs in the food industry are often part-time with sporadic schedules. The jobs available in the meatpacking industry are physically demanding and require long hours.

We have seen an increase in employers requiring patients to use their mail-order pharmacies for all prescriptions for HIV medications. Some of them are also requiring the use of only certain brick-and-mortar pharmacies for their other prescriptions. This is creating a barrier, especially for our patients who do not speak English or have access to the internet. The only to get their prescriptions filled by the specialty pharmacy is to call or go online. The phone line is only available in English and Spanish. Many of the patients being required to fill this way do not speak those languages. The specialty pharmacy has assured us they will call the patient back with an interpreter, but patients are claiming they never receive those calls. Patients also report that the delivery service is claiming the medications are delivered but the patient is not receiving the medications. The specialty pharmacy states they are unable to deliver to a PO box. This has caused undue stress, worries about disclosure, and missed doses.

We continue to see an issue with substance use in our services area. Unfortunately, there are not enough treatment programs in our area. Even when a patient can find a placement, payment is often being denied by their insurance company, especially those with Medicaid or one of the Medicaid MCOs. The same issues are faced by those seeking mental health issues.

**Cedar AIDS Support System:**

There continue to be long waiting lists for Section 8 housing. This is an issue throughout the project area, but especially in Waterloo and Cedar Falls. Currently the Waterloo waiting list is 4 years.

Many persons living with HIV presenting for medical treatment also require on-going substance abuse treatment and mental health treatment. Staff continues to monitor for Medicaid and Iowa Health and Wellness eligibility, but both mental health and substance abuse issues often cause clients to be less responsive the requirements of these programs.

There are an increasing number of foreign-born persons living with HIV living in the project area. Many of these individuals do not speak any English and are very concerned with confidentiality, often not letting their HIV status be known to anyone. CASS has the use of a language line which has proved helpful in dealing with the language barrier. We also have a case manager who is fluent in Spanish.

**The Project of the Quad Cities:**

We are seeing two major trends in individuals living with HIV in the Quad City area: first, many new diagnoses are taking place in foreign-born populations obtaining, or with, legal resident status, which indicates a necessity to develop and strengthen relationships with service providers that work with asylum-seekers and legal immigrants, as we do not see that direct correlation in services provided through local HOPWA services. Secondly, Covid -19 continues to exist with different variants of strains, and we are continuing to see an uptick in client relocation to the Quad Cities—more individuals are moving to this area due to job availability and in relation to major cities and former economic hubs being affected by mass shutdowns and residual lay-offs. We believe this will directly impact the level of need for HOPWA services in 2022.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.

This annual HOPWA CAPER report plus the annual HUD assessments of program utilization are available to sponsors and to the public. Additionally, the larger HUD CAPER that includes CDBG, HOME, ESG, and HOPWA, is also made available for public comment and review. There are not currently any additional independent studies of the HOPWA program in Iowa.

**End of PART 1**

**PART 2: Sources of Leveraging and Program Income**

1. **Sources of Leveraging**

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars. In Column [1], identify the type of leveraging. Some common sources of leveraged funds have been provided as a reference point. You may add Rows as necessary to report all sources of leveraged funds. Include Resident Rent payments paid by clients directly to private landlords. Do NOT include rents paid directly to a HOPWA program as this will be reported in the next section. In Column [2] report the amount of leveraged funds expended during the operating year. Use Column [3] to provide some detail about the type of leveraged contribution (e.g., case management services or clothing donations). In Column [4], check the appropriate box to indicate whether the leveraged contribution was a housing subsidy assistance or another form of support.

***Note****: Be sure to report on the number of households supported with these leveraged funds in Part 3, Chart 1, Column d.*

**A. Source of Leveraging Chart**

|  |  |  |  |
| --- | --- | --- | --- |
|  **[1] Source of Leveraging** | **[2] Amount of Leveraged Funds** | **[3] Type of Contribution** | **[4] Housing Subsidy Assistance or Other Support** |
| Public Funding |   |   |   |
| Ryan White-Housing Assistance |  $69,781 | Rental/utility assistance | [x]  Housing Subsidy Assistance[ ]  Other Support |
| Ryan White-Other | $1,705,553 | HIV case management, transportation, health insurance cost sharing, food bank, linguistic services, benefit coordination,insurance premium assistance, emergency financial assistance | [ ]  Housing Subsidy Assistance[x]  Other Support |
| Housing Choice Voucher Program |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Low Income Housing Tax Credit |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| HOME |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Continuum of Care |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Emergency Solutions Grant |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Other Public: Ryan White C | $572,826 | Primary health care | [ ]  Housing Subsidy Assistance[x]  Other Support |
| Other Public: Broadway Cares | $7,500  | Rent, utility, medication assistance | [x]  Housing Subsidy Assistance[x]  Other Support |
| Other Public: |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Other Public: |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Other Public: |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Private Funding |  |  |  |
| Grants |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| In-kind Resources |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Other Private:  |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Other Private: |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |
| Other Funding |  |  |  |  |
| Grantee/Project Sponsor (Agency) Cash |  |  | [ ]  Housing Subsidy Assistance[ ]  Other Support |  |
| Resident Rent Payments by Client to Private Landlord | $19,896 |  |  |  |
| **TOTAL (Sum of all Rows)** | $2,375,556 |  |   |  |

1. **Program Income and Resident Rent Payments**

In Section 2, Chart A, report the total amount of program income and resident rent payments directly generated from the use of HOPWA funds, including repayments. Include resident rent payments collected or paid directly to the HOPWA program. Do NOT include payments made directly from a client household to a private landlord.

***Note:*** *Please see report directions section for definition of program income. (Additional information on program income is available in the HOPWA Grantee Oversight Resource Guide).*

**A. Total Amount Program Income and Resident Rent Payment Collected During the Operating Year**

|  |  |
| --- | --- |
| **Program Income and Resident Rent Payments Collected** | **Total Amount of Program Income** **(for this operating year)**  |
|  | Program income (e.g. repayments) | $802.50 |
|  | Resident Rent Payments made directly to HOPWA Program | 0 |
|  | **Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)** | $802.50 |

**B. Program Income and Resident Rent Payments Expended To Assist HOPWA Households**

In Chart B, report on the total program income and resident rent payments (as reported above in Chart A) expended during the operating year. Use Row 1 to report Program Income and Resident Rent Payments expended on Housing Subsidy Assistance Programs (i.e., TBRA, STRMU, PHP, Master Leased Units, and Facility-Based Housing). Use Row 2 to report on the Program Income and Resident Rent Payment expended on Supportive Services and other non-direct Housing Costs.

|  |  |
| --- | --- |
| **Program Income and Resident Rent Payment Expended on HOPWA programs** | **Total Amount of Program Income Expended****(for this operating year)**  |
| 1. | Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs | $802.50 |
| 2. | Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs | 0  |
| **3.** | **Total Program Income Expended (Sum of Rows 1 and 2)** | 0  |

**End of PART 2**

**PART 3: Accomplishment Data Planned Goal and Actual Outputs**

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families.

**1. HOPWA Performance Planned Goal and Actual Outputs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HOPWA Performance Planned Goal** **and Actual** |  | **[1] Output: Households** | **[2] Output: Funding** |
|  |  | **HOPWA Assistance** | **Leveraged Households** | **HOPWA Funds** |
|  |  | a. | b. | c. | d. | e. | f. |
|  |  | Goal | Actual | Goal | Actual | HOPWA Budget | HOPWA Actual |
|  | **HOPWA Housing Subsidy Assistance** |  | **[1] Output: Households** | **[2] Output: Funding** |
| 1. | Tenant-Based Rental Assistance |   |  48 |  49 |  0 |  0 |  $259,494 | $245,272 |
| 2a. | **Permanent Housing Facilities:**Received Operating Subsidies/Leased units (Households Served) |  | 0 | 0 | 0 | 0 | 0 | 0 |
| 2b. | **Transitional/Short-term Facilities:** Received Operating Subsidies/Leased units (Households Served)(Households Served) |   |  0 | 0 | 0 | 0 | 0 | 0 |
| 3a. | **Permanent Housing Facilities**:Capital Development Projects placed in service during the operating year(Households Served) |   |  0 | 0 | 0 | 0 | 0 | 0 |
| 3b. | **Transitional/Short-term Facilities:**Capital Development Projects placed in service during the operating year(Households Served) |  | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. | Short-Term Rent, Mortgage and Utility Assistance |  | 100 | 131 | 0 | 0 | $366,146 | $358,782 |
| 5. | Permanent Housing Placement Services |   |  10 |  39 |  0 |  0 |  $51,315  |  $42,390  |
| 6. | Adjustments for duplication (subtract) |  | 8 | 29 | 0 | 0 |  |  |
| 7. | **Total HOPWA Housing Subsidy Assistance****(Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)** |  | 150 | 190 | 0 | 0 | $676,955 | $646,444 |
|  | **Housing Development (Construction and Stewardship of facility based housing)** |  | **[1] Output: Housing Units** | **[2] Output: Funding** |
| 8. | Facility-based units;Capital Development Projects not yet opened (Housing Units) |   |  0 | 0 | 0 | 0 | 0 | 0 |
| 9. | Stewardship Units subject to 3- or 10- year use agreements  |   |  0 | 0 |   |   |  |  |
| 10. | **Total Housing Developed** **(Sum of Rows 8 & 9)** |   |  0 |  0 |  0 |  0 |  0 |   0 |
|  | **Supportive Services** |   | **[1] Output: Households** | **[2] Output: Funding** |
| 11a. | Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance |  |  150 |  190 |   |   | $17,925  |  $12,652  |
| 11b. | Supportive Services provided by project sponsors that only provided supportive services.  |  | 0 | 0 |  |  | 0 | 0 |
| 12. | Adjustment for duplication (subtract) |  | 0 | 0 |  |  |   |   |
| 13. | **Total Supportive Services** **(Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)** |  | 150 | 190 |  |  | $17,925 | $12,652 |
|  | **Housing Information Services** |   | **[1] Output: Households** | **[2] Output: Funding** |
| 14. | Housing Information Services |   |  150 |  115 |   |   |  $22,116 | $22,116 |
| 15. | **Total Housing Information Services**  |  | 150 | 115 |   |   | $22,116 | $22,116 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Grant Administration and Other Activities** |   | **[1] Output: Households** | **[2] Output: Funding** |
| 16. | Resource Identification to establish, coordinate and develop housing assistance resources |   |   |   |   |   |  0 | 0 |
| 17. | Technical Assistance (if approved in grant agreement) |  |  |  |  |  | 0 | 0 |
| 18. | Grantee Administration (maximum 3% of total HOPWA grant)  |   |  |  |  |  | $21,452 | $21,452 |
| 19. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) |   |   |   |   |   |  $55,014 | $50,367 |
| 20. | **Total Grant Administration and Other Activities** **(Sum of Rows 16 – 19)** |  |   |   |   |   | $76,466 | $71,819 |
|  |
|  | **Total Expended** |  |  | **[2] Outputs: HOPWA Funds Expended** |
|  |  |  |  |  | **Budget** | **Actual** |
| 21. | **Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)** |  |  |  |  | $793,462 | $753,031 |

**Note:**

* **HOPWA-CV funds may be utilized beyond the 2021 calendar year, but are included in this table in the budgeted totals, excluding amounts that had already been spent in 2020. In the actuals above, only CV funds spent in CY 2021 are included.**

**2. Listing of Supportive Services**

Report on the households served and use of HOPWA funds for all supportive services. Do NOT report on supportive services leveraged with non-HOPWA funds.

***Data check:*** *Total unduplicated households and expenditures reported in Row 17 equal totals reported in Part 3, Chart 1, Row 13.*

|  |  |  |
| --- | --- | --- |
| **Supportive Services**  | **[1] Output: Number of Households**  | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance | 0 | 0 |
| 2. | Alcohol and drug abuse services | 0 | 0 |
| 3. | Case management | 190 | $12,652 |
| 4. | Child care and other child services | 0 | 0 |
| 5. | Education | 0 | 0 |
| 6. | Employment assistance and training | 0 | 0 |
| 7. | Health/medical/intensive care services, if approvedNote: Client records must conform with 24 CFR §574.310 | 0 | 0 |
| 8. | Legal services | 0 | 0 |
| 9. | Life skills management (outside of case management) | 0 | 0 |
| 10. | Meals/nutritional services | 0 | 0 |
| 11. | Mental health services | 0 | 0 |
| 12. | Outreach | 0 | 0 |
| 13. | Transportation | 0 | 0 |
| 14. | Other Activity (if approved in grant agreement). **Specify**:     | 0 | 0 |
| 15.  | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** |  |  |
| 16. | **Adjustment for Duplication (subtract)** | 0 |  |
| 17. | **TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 190 | $12,652 |

**3. Short-Term Rent, Mortgage and Utility Assistance (STRMU)** **Summary**

In Row a, enter the total number of households served and the amount of HOPWA funds expended on Short-Term Rent, Mortgage and Utility (STRMU) Assistance. In Row b, enter the total number of STRMU-assisted households that received assistance with mortgage costs only (no utility costs) and the amount expended assisting these households. In Row c, enter the total number of STRMU-assisted households that received assistance with both mortgage and utility costs and the amount expended assisting these households. In Row d, enter the total number of STRMU-assisted households that received assistance with rental costs only (no utility costs) and the amount expended assisting these households. In Row e, enter the total number of STRMU-assisted households that received assistance with both rental and utility costs and the amount expended assisting these households. In Row f, enter the total number of STRMU-assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended assisting these households. In row g, report the amount of STRMU funds expended to support direct program costs such as program operation staff.

***Data Check:*** *The total households reported as served with STRMU in Row a, column [1] and the total amount of HOPWA funds reported as expended in Row a, column [2] equals the household and expenditure total reported for STRMU in Part 3, Chart 1, Row 4, Columns b and f, respectively.*

***Data Check:*** *The total number of households reported in Column [1], Rows b, c, d, e, and f equal the total number of STRMU households reported in Column [1], Row a. The total amount reported as expended in Column [2], Rows b, c, d, e, f, and g. equal the total amount of STRMU expenditures reported in Column [2], Row a.*

|  |  |  |
| --- | --- | --- |
| **Housing Subsidy Assistance Categories (STRMU)** | **[1] Output: Number of Households Served** | **[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year**  |
| a. | **Total Short-term mortgage, rent and/or utility (STRMU) assistance** | 131 | $358,782 |
| b**.** | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | 25 | $58,535 |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 3 | $7,350 |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY. | 87 | $202,172 |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | 15 | $49,327 |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | 1 | $650 |
| g. | Direct program delivery costs (e.g., program operations staff time) |  | $40,748  |

 **End of PART 3**

**Part 4: Summary of Performance Outcomes**

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type.

In Column [2], enter the number of households that continued to access each type of housing subsidy assistance into next operating year. In Column [3], report the housing status of all households that exited the program.

***Data Check****: The sum of Columns [2] (Number of Households Continuing) and [3] (Exited Households) equals the total reported in Column[1].*

***Note****: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.*

**Section 1. Housing Stability: Assessment of Client Outcomes on Maintaining Housing Stability (Permanent Housing and Related Facilities)**

**A. Permanent Housing Subsidy Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **[1] Output: Total Number of Households Served** | **[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year**  | **[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting** | **[4] HOPWA Client Outcomes** |
| **Tenant-Based Rental Assistance** | 49 | 26 | 1 Emergency Shelter/Streets  |  0 | *Unstable Arrangements* |
| 2 Temporary Housing  |  0 | *Temporarily Stable, with Reduced Risk of Homelessness* |
| 3 Private Housing  |  8 | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA  |  0 |
| 5 Other Subsidy  |  15 |
| 6 Institution  |  0 |
| 7 Jail/Prison  |  0 | *Unstable Arrangements* |
| 8 Disconnected/Unknown  |  0 |
| 9 Death  |  0 | *Life Event* |
| **Permanent Supportive Housing Facilities/ Units** | N/A | N/A | 1 Emergency Shelter/Streets  |  N/A | *Unstable Arrangements* |
| 2 Temporary Housing  |  N/A | *Temporarily Stable, with Reduced Risk of Homelessness* |
| 3 Private Housing  |  N/A | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA  |  N/A |
| 5 Other Subsidy  |  N/A |
| 6 Institution  |  N/A |
| 7 Jail/Prison  |  N/A | *Unstable Arrangements* |
| 8 Disconnected/Unknown  |  N/A |
| 9 Death  |  N/A | *Life Event* |

**B. Transitional Housing Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **[1] Output: Total Number of Households Served** | **[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year** | **[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting** | **[4] HOPWA Client Outcomes** |
| **Transitional/ Short-Term Housing Facilities/ Units** | N/A | N/A | 1 Emergency Shelter/Streets  |  N/A | *Unstable Arrangements* |
| 2 Temporary Housing  |  N/A | *Temporarily Stable with Reduced Risk of Homelessness* |
| 3 Private Housing  |  N/A | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA  |  N/A |
| 5 Other Subsidy  | N/A |
| 6 Institution  | N/A |
| 7 Jail/Prison  |  N/A | *Unstable Arrangements* |
| 8 Disconnected/unknown  |  N/A |
| 9 Death  |  N/A | *Life Event* |
| B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months | N/A |

**Section 2. Prevention of Homelessness:** **Assessment of Client Outcomes on Reduced Risks of Homelessness**

**(Short-Term Housing Subsidy Assistance)**

Report the total number of households that received STRMU assistance in Column [1].

In Column [2], identify the outcomes of the households reported in Column [1] either at the time that they were known to have left the STRMU program or through the project sponsor’s best assessment for stability at the end of the operating year.

Information in Column [3] provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

* In Row 1a, report those households that received STRMU assistance during the operating year of this report, and the prior operating year.
* In Row 1b, report those households that received STRMU assistance during the operating year of this report, and the two prior operating years.

***Data Check:*** *The total households reported as served with STRMU in Column [1] equals the total reported in Part 3, Chart 1, Row 4, Column b.*

***Data Check****: The sum of Column [2] should equal the number of households reported in Column [1].*

**Assessment of Households that Received STRMU Assistance**

|  |  |  |
| --- | --- | --- |
| **[1] Output: Total number of households**  | **[2] Assessment of Housing Status**  | **[3] HOPWA Client Outcomes** |
| 131 | **Maintain Private Housing without subsidy** (*e.g. Assistance provided/completed and client is stable, not likely to seek additional support*) | 106 | *Stable/Permanent Housing (PH)* |
| **Other Private Housing without subsidy**(e.g. client switched housing units and is now stable, not likely to seek additional support)  | 3 |
| Other HOPWA Housing Subsidy Assistance  | 2 |
| Other Housing Subsidy (PH)  | 3 |
| **Institution** (*e.g. residential and long-term care*) | 0 |
|  |  |
| Likely that additional STRMU is needed to maintain current housing arrangements | 9 | *Temporarily Stable, with Reduced Risk of Homelessness* |
| **Transitional Facilities/Short-term** (e.g. *temporary or transitional arrangement*)  | 0 |
| **Temporary/Non-Permanent Housing arrangement** (*e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days*) | 0 |
|  |  |
| Emergency Shelter/street  | 1 | *Unstable Arrangements* |
| Jail/Prison  | 1 |
| Disconnected  | 6 |
|  |  |
| Death  | 0 | *Life Event* |
| 1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years). | 65 |
| 1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years). | 33 |

**Section 3. HOPWA Outcomes on Access to Care and Support**

# 1a. Total Number of Households

Line [1]: For project sponsors that provided HOPWA housing subsidy assistance during the operating year identify in the appropriate row the number of households that received HOPWA housing subsidy assistance (TBRA, STRMU, Facility-Based, PHP and Master Leasing) and HOPWA funded case management services. Use Row c to adjust for duplication among the service categories and Row d to provide an unduplicated household total.

Line [2]: For project sponsors that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

***Note:*** *These numbers will help you to determine which clients to report Access to Care and Support Outcomes for and will be used by HUD as a basis for analyzing the percentage of households who demonstrated or maintained connections to care and support as identified in Chart 1b below.*

|  |
| --- |
| **Total Number of Households**  |
| 1. **For Project Sponsors that provided HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded services:
 |
| * 1. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing
 | 219 |
| * 1. Case Management
 | 190 |
| * 1. Adjustment for duplication (subtraction)
 | 219 |
| * 1. **Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)**
 | 190 |
| 1. **For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded service:
 |
| * 1. HOPWA Case Management
 | N/A |
| * 1. **Total Households Served by Project Sponsors without Housing Subsidy Assistance**
 | N/A |

# 1b. Status of Households Accessing Care and Support

Column [1]: Of the households identified as receiving services from project sponsors that provided HOPWA housing subsidy assistance as identified in Chart 1a, Row 1d above, report the number of households that demonstrated access or maintained connections to care and support within the operating year.

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report the number of households that demonstrated improved access or maintained connections to care and support within the operating year.

***Note:*** *For information on types and sources of income and medical insurance/assistance, refer to Charts below.*

|  |  |  |  |
| --- | --- | --- | --- |
| Categories of Services Accessed | **[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:** | **[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:**  | **Outcome Indicator** |
| 1. Has a housing plan for maintaining or establishing stable on-going housing | 188 | N/A  | *Support for Stable Housing* |
| 2. Had contact with case manager/benefits counselor consistent with the schedule specified in client’s individual service plan (may include leveraged services such as Ryan White Medical Case Management) | 189 | N/A  | *Access to Support* |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client’s individual service plan | 190 | N/A  | *Access to Health Care* |
| 4. Accessed and maintained medical insurance/assistance | 188 | N/A  | *Access to Health Care* |
| 5. Successfully accessed or maintained qualification for sources of income | 173 | N/A  | *Sources of Income* |

**Chart 1b, Line 4: Sources of Medical Insurance and Assistance include, but are not limited to the following (Reference only)**

|  |  |  |
| --- | --- | --- |
| * MEDICAID Health Insurance Program, or use local program

 name* MEDICARE Health Insurance Program, or use local program name
 | * Veterans Affairs Medical Services
* AIDS Drug Assistance Program (ADAP)
* State Children’s Health Insurance Program (SCHIP), or use local program name
 |  * Ryan White-funded Medical or Dental Assistance
 |

**Chart 1b, Row 5: Sources of Income include, but are not limited to the following (Reference only)**

|  |  |  |
| --- | --- | --- |
| * Earned Income
* Veteran’s Pension
* Unemployment Insurance
* Pension from Former Job
* Supplemental Security Income (SSI)
 | * Child Support
* Social Security Disability Income (SSDI)
* Alimony or other Spousal Support
* Veteran’s Disability Payment
* Retirement Income from Social Security
* Worker’s Compensation
 | * General Assistance (GA), or use local program name
* Private Disability Insurance
* Temporary Assistance for Needy Families (TANF)
* Other Income Sources
 |

**1c. Households that Obtained Employment**

Column [1]: Of the households identified as receiving services from project sponsors that provided HOPWA housing subsidy assistance as identified in Chart 1a, Row 1d above, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or related case management/counseling services.

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or case management/counseling services.

**Note:** This includes jobs created by this project sponsor or obtained outside this agency.

**Note:** Do not include jobs that resulted from leveraged job training, employment assistance, education or case management/counseling services.

|  |  |  |
| --- | --- | --- |
| **Categories of Services Accessed** | **[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:** |  **[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:** |
| Total number of households that obtained an income-producing job  | 111 | N/A |

**End of PART 4**

**PART 5: Worksheet - Determining Housing Stability Outcomes (optional)**

Optional section; not completed.

**PART 6: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)**

Not Applicable.

**Part 7: Summary Overview of Grant Activities**

**A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)**

***Note:*** *Reporting for this section should include ONLY those individuals, beneficiaries, or households that received and/or resided in a household that received HOPWA Housing Subsidy Assistance as reported in Part 3, Chart 1, Row 7, Column b. (e.g., do not include households that received HOPWA supportive services ONLY).*

**Section 1. HOPWA-Eligible Individuals Who Received HOPWA Housing Subsidy Assistance**

**a. Total HOPWA Eligible Individuals Living with HIV/AIDS**

In Chart a., provide the total number of eligible (and unduplicated) low-income individuals living with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance during the operating year. This total should include only the individual who qualified the household for HOPWA assistance, NOT all HIV positive individuals in the household.

|  |  |
| --- | --- |
| **Individuals Served with Housing Subsidy Assistance** | **Total**  |
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.  | 190 |

**Chart b. Prior Living Situation**

In Chart b, report the prior living situations for all Eligible Individuals reported in Chart a. In Row 1, report the total number of individuals who continued to receive HOPWA housing subsidy assistance from the prior operating year into this operating year. In Rows 2 through 17, indicate the prior living arrangements for all new HOPWA housing subsidy assistance recipients during the operating year.

***Data Check:*** *The total number of eligible individuals served in Row 18 equals the total number of individuals served through housing subsidy assistance reported in Chart a above.*

|  |  |
| --- | --- |
| **Category** | **Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance** |
| 1. | Continuing to receive HOPWA support from the prior operating year | 110 |
| **New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year** |  |
| 2. | Place not meant for human habitation(such as a vehicle, abandoned building, bus/train/subway station/airport, or outside) | 1 |
| 3. | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher) | 0 |
| 4. | Transitional housing for homeless persons | 0 |
| 5. | **Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)** | 1 |
| 6. | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) | 0 |
| 7. | Psychiatric hospital or other psychiatric facility | 0 |
| 8. | Substance abuse treatment facility or detox center | 0 |
| 9. | Hospital (non-psychiatric facility) | 0 |
| 10. | Foster care home or foster care group home | 0 |
| 11.  | Jail, prison or juvenile detention facility | 0 |
| 12. | Rented room, apartment, or house | 50 |
| 13. | House you own | 15 |
| 14. | Staying or living in someone else’s (family and friends) room, apartment, or house | 9 |
| 15. | Hotel or motel paid for without emergency shelter voucher | 5 |
| 16. | Other | 0 |
| 17.  | Don’t Know or Refused | 0 |
| **18.** | **TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)** | 190 |

**c. Homeless Individual Summary**

In Chart c, indicate the number of eligible individuals reported in Chart b, Row 5 as homeless who also are homeless Veterans and/or meet the definition for Chronically Homeless (See Definition section of CAPER). The totals in Chart c do not need to equal the total in Chart b, Row 5.

|  |  |  |
| --- | --- | --- |
| **Category** | **Number of Homeless Veteran(s)** | **Number of Chronically Homeless** |
| **HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance** | 0 | 0 |

**Section 2. Beneficiaries**

In Chart a, report the total number of HOPWA eligible individuals living with HIV/AIDS who received HOPWA housing subsidy assistance (*as reported in Part 7A, Section 1, Chart a*), and all associated members of their household who benefitted from receiving HOPWA housing subsidy assistance (resided with HOPWA eligible individuals).

***Note:*** *See definition of HOPWA Eligible Individual*

***Note:*** *See definition of Transgender.*

***Note:***  *See definition of Beneficiaries.*

***Data Check:*** *The sum of each of the Charts b & c on the following two pages equals the total number of beneficiaries served with HOPWA housing subsidy assistance as determined in Chart a, Row 4 below.*

**a. Total Number of Beneficiaries Served with HOPWA Housing Subsidy Assistance**

|  |  |
| --- | --- |
| **Individuals and Families Served with HOPWA Housing Subsidy Assistance** | **Total Number** |
| 1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)  | 190  |
| 2. Number of ALL other persons **diagnosed** asHIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance  | 10  |
| 3. Number of ALL other persons **NOT diagnosed** as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy | 97  |
| **4.** **TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)** |  297  |

**b. Age and Gender**

In Chart b, indicate the Age and Gender of all beneficiaries as reported in Chart a directly above. Report the Age and Gender of all HOPWA Eligible Individuals (those reported in Chart a, Row 1) using Rows 1-5 below and the Age and Gender of all other beneficiaries (those reported in Chart a, Rows 2 and 3) using Rows 6-10 below. The number of individuals reported in Row 11, Column E. equals the total number of beneficiaries reported in Part 7, Section 2, Chart a, Row 4.

|  |
| --- |
| **HOPWA Eligible Individuals (Chart a, Row 1)** |
|  | **A.** | **B.** | **C.** | **D.** | **E.** |
|  **Male** | **Female** | **Transgender M to F** | **Transgender F to M** | **TOTAL (Sum of Columns A-D)** |
| 1. | Under 18 | 0 | 1 | 0 | 0 | 1 |
| 2. | 18 to 30 years | 14 | 12 | 0 | 0 | 26 |
| 3. | 31 to 50 years | 49 | 29 | 1 | 0 | 79 |
| 4. | 51 years and Older | 64 | 19 | 1 | 0 | 84 |
| **5.** | **Subtotal (Sum of Rows 1-4)** | 127 | 61 | 2 | 0 | 190 |
| **All Other Beneficiaries (Chart a, Rows 2 and 3)** |
|  |  | **A.** | **B.** | **C.** | **D.** | **E.** |
|  |  **Male** | **Female** | **Transgender M to F** | **Transgender F to M** | **TOTAL (Sum of Columns A-D)** |
| 6. | Under 18 | 29 | 32 | 0 | 0 | 61 |
| 7. | 18 to 30 years | 10 | 9 | 0 | 0 | 19 |
| 8. | 31 to 50 years | 8 | 3 | 0 | 0 | 11 |
| 9. | 51 years and Older | 7 | 8 | 0 | 0 | 15 |
| **10.** | **Subtotal (Sum of Rows 6-9)** | 54 | 52 | 0 | 0 | 106 |
| **Total Beneficiaries (Chart a, Row 4)** |
| **11.** | **TOTAL (Sum of Rows 5 & 10)** | 181 | 114 | 2 | 0 | 297 |

**Note: One female beneficiary is reported as “age missing”; therefore, the total of 106 rather than 107.**

**c. Race and Ethnicity\***

In Chart c, indicate the Race and Ethnicity of all beneficiaries receiving HOPWA Housing Subsidy Assistance as reported in Section 2, Chart a, Row 4. Report the race of all HOPWA eligible individuals in Column [A]. Report the ethnicity of all HOPWA eligible individuals in column [B]. Report the race of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [C]. Report the ethnicity of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [D]. The summed total of columns [A] and [C] equals the total number of beneficiaries reported above in Section 2, Chart a, Row 4.

|  |  |  |
| --- | --- | --- |
| **Category** | **HOPWA Eligible Individuals**  | **All Other Beneficiaries**  |
| **[A] Race** **[all individuals reported in Section 2, Chart a, Row 1]** | **[B] Ethnicity****[Also identified as Hispanic or Latino]** | **[C] Race****[total of individuals reported in Section 2, Chart a, Rows 2 & 3]** | **[D] Ethnicity****[Also identified as Hispanic or Latino]** |
| 1. | American Indian/Alaskan Native | 0 | 0 | 0 | 0 |
| 2. | Asian | 2 | 0 | 5 | 0 |
| 3. | Black/African American | 78 | 0 | 61 | 1 |
| 4. | Native Hawaiian/Other Pacific Islander | 1 | 0 | 1 | 0 |
| 5. | White | 104 | 10 | 33 | 6 |
| 6. | American Indian/Alaskan Native & White | 0 | 0 | 0 | 0 |
| 7. | Asian & White | 0 | 0 | 0 | 0 |
| 8. | Black/African American & White | 0 | 0 | 0 | 0 |
| 9. | American Indian/Alaskan Native & Black/African American | 0 | 0 | 0 | 0 |
| 10. | Other Multi-Racial | 5 | 1 | 7 | 0 |
| 11. | Column Totals (Sum of Rows 1-10) | 190 | 11 | 107 | 7 |
| ***Data Check:*** *Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4.*  |

*\*Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)*

**Section 3. Households**

**Household Area Median Income**

Report the income(s) for all households served with HOPWA housing subsidy assistance.

***Data Check****: The total number of households served with HOPWA housing subsidy assistance should equal Part 3C, Row 7, Column b and Part 7A, Section 1, Chart a. (Total HOPWA Eligible Individuals Served with HOPWA Housing Subsidy Assistance).*

***Note:*** *Refer to* [*https://www.huduser.gov/portal/datasets/il.html*](https://www.huduser.gov/portal/datasets/il.html) *for information on area median income in your community.*

|  |  |
| --- | --- |
| Percentage of Area Median Income | **Households Served with HOPWA Housing Subsidy Assistance** |
| 1. | 0-30% of area median income (extremely low) | 95 |
| 2. | 31-50% of area median income (very low) | 49 |
| 3. | 51-80% of area median income (low) | 46 |
| **4.**  | **Total (Sum of Rows 1-3)** | 190 |

**Part 7: Summary Overview of Grant Activities**

**B. Facility-Based Housing Assistance**

Not Applicable.