



MIAMI-DADE HIV/AIDS PARTNERSHIP

Housing Committee Meeting Thursday, August 20, 2026

2:00 p.m. – 4:00 p.m.

Care Resource Community Health Centers
3510 Biscayne Blvd., 1st Floor Community Room
Miami, FL 33137

AGENDA

I. Call to Order	Lileaus Hill
II. Introductions	All
III. Meeting Housekeeping	Marlen Meizoso
IV. Floor Open to the Public	Lileaus Hill
V. Review/Approve Agenda	All
VI. Review/Approve Minutes of June 18, 2026	All
VII. Reports	
• HOPWA Program Updates	Roberto Tazoe
• Vacancies	Marlen Meizoso
VIII. Standing Business	
• HOPWA Program TBRA Program Shortfalls and Options:	All
○ Additional Data	
○ Assessments	
○ One-page Informational Flyer	
IX. New Business	
• Extension of Housing Options-Creating Exit Opportunities	Rolando Hallmon
• Bylaws Review-Housing Section	All
X. Open Discussion	
• Questions from the Community	All
XI. Announcements	All
• Get on Board September 2, 2026	
XII. Next Meeting: September 17, 2026 at Care Resource	Lileaus Hill
XIII. Adjournment	Lileaus Hill

Please turn off or mute cellular devices – Thank you

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Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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Meeting Housekeeping Housing Committee

Created by Behavioral Science Research

Disclaimer and Code of Conduct

- ❑ Audio of this meeting is being recorded and will become part of the public record.
- ❑ Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- ❑ Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- ❑ Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

General Housekeeping

- ❑ You must sign in to be counted as present.
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.

About the Partnership

- ❑ The Miami-Dade HIV/AIDS Partnership is the official Ryan White Program Planning Council for Miami-Dade County.
- ❑ Partnership Members are appointed by the Mayor of Miami-Dade County based on recommendations by the Community Coalition.
- ❑ The Housing Committee is one of six Standing Committees of the Partnership.
- ❑ All Partnership and Standing Committee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.



Meeting Participation

Everyone has a role to play!

- ❑ All attendees may address the board as time allows and at the discretion of the Chair.
- ❑ Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
 - Raise your hand to be recognized by the Chair or added to the queue during discussions.
 - Avoid repeating points previously addressed.
- ❑ Only Housing Committee members vote at today's meeting.
- ❑ Announcements can be made at the end of the meeting as time allows. Announcements should inform or educate the community and must not be used to advance personal interests or any form of financial gain.

Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.



Remember **People First** Language . . .

People with HIV, **People** with substance use disorders,
People who are unhoused, etc.

Please don't say **RISKS** . . . Instead, say **REASONS**.
Please don't say, **INFECTED with HIV** . . . Instead, say
ACQUIRED HIV, DIAGNOSED with HIV, or
CONTRACTED HIV.

Please **do not** use these terms . . .

Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . . 6

Meeting Terminology

Meetings can be fast-paced and confusing!

- ❑ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.

	
Meeting Guide	
Meetings can be fast-paced and confusing! These terms and acronyms can help you follow along. Please raise your hand at any time if you need more information!	
Partnership, PC, or Planning Council	The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County
RWP or RWHAP	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
EHE	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
EMA	Eligible Metropolitan Area (locally, Miami-Dade County).
FDOH or FDOH-MDC	Florida Department of Health in Miami-Dade County.
FPL	Federal Poverty Level. Used to determine RWP eligibility and benefits.
HOPWA	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: STRMU: Short-Term Rental, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; LTRA: Long-Term Rental Assistance (voucher program); and FMR: Fair Market Rents.
HRSA	The Health Resources and Services Administration. The source of federal RWP grant funds.
Integrated Plan or IP	The Miami-Dade County Integrated HIV Prevention and Care Plan.
JIPRT	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
MAI	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
NHAS	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
PE-Miami or Provide Enterprise	Provide Enterprise® by Groupware Technologies (RWP client database system).
The Recipient, The County, or OMB	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
TTRA	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.
More terminology at www.aidsnet.org/the-partnership/#getonboard1 .	

Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ Today's presentation and supporting documents are online at <https://partnershipmiami.org/partnership/#housing1> or by scanning the QR code on your agenda.

Housing Committee

Next Meeting: June 18, 2026, at 2:00 p.m.

Care Resource Community Health Centers, Midtown Miami, 3510 Biscayne Boulevard, 1st Floor Community Room, Miami, FL 33137

-  **AGENDA**
June 18, 2026
-  **MINUTES**
March 19, 2026
-  **PARTNERSHIP REPORT**
Partnership Report of Approved Motions, June 1, 2026
-  **BYLAWS**
[Click here.](#)

Meeting Documents

- June 18, 2026
 - FY 2025 AMI and HOPWA Program Clients
 - HOPWA Fact Sheet: Shrinking a HOPWA Program
 - Housing Committee Calendar of Activities 2026
- Join the Housing Committee!
 - Committee Application
 - Mentoring Opportunity

Next Housing Meeting Coming Up In

001: 19 : 13 : 46
Day Hrs Min Sec





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Floor Open to the Public

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

“BSR has a dedicated line for statements to be read into the record. No statements were received.”



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Housing Committee Meeting
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June 18, 2026 Minutes

#	Members	Present	Absent
1	Burks, Laurie Ann		x
2	Davis, Debra	x	
3	Gomez, Francisco	x	
4	Hallmon, Rolando	x	
5	Hill, Lileaus	x	
6	Michel, Marie Kerna		x
7	Robinson, Patera	x	
8	Sarria, Manuel		x
9	Tazoe, Roberto	x	
Quorum: 4			

Guests	
Bigler, Erin	
Diaz Jesus	
Ellis, Marvin	
Jones, Sandara E.	
Sanders, Carol	
Tello, Cynthi	
Staff	
Meizoso, Marlen	

All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at <https://partnershipmiami.org/partnership/#housing1>.

I. Call to Order

Lileaus Hill

Lileaus Hill, the Chair, called the meeting to order at 2:07 p.m. and reviewed the main task of the meeting.

II. Introductions

All

Members and guests introduced themselves.

III. Meeting Housekeeping

Marlen Meizoso

Marlen Meizoso reminded attendees of housekeeping items, including meeting recording, public records, that questions should go through the Chair, and if there are any additional questions they can be asked of staff after the meeting.

IV. Floor Open to the Public

Lileaus Hill

Ms. Hill opened the floor to the public with the following statement:

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated telephone line and email address for statements to be read into the record. No statements were received.”

There were no comments, so the floor was closed for public comments.

V. Review/Approve Agenda

All

The Committee reviewed the agenda which was posted in advance of the meeting and voted to approve the agenda with no changes.

Motion to approve the agenda as presented.

Moved: Rolando Hallmon

Seconded: Debra Davis

Motion: Passed

VI. Review/Approve Minutes of March 19, 2026

All

The Committee reviewed the minutes of March 19, 2026, and approved them as presented.

Motion to accept the minutes of March 19, 2026, as presented.

Moved: Debra Davis

Seconded: Rolando Hallmon

Motion: Passed

VII. Reports

▪ HOPWA Program Updates

Roberto Tazoe

Roberto Tazoe indicated that the program was still formalizing the FY 2025-2026 third quarter expenses. Based on projections, the Housing Opportunity for Persons with AIDS (HOPWA) program can has funding to provide services to 540 clients. While there was a \$850,000 increase in the HOPWA program award, this amount does not cover the fair market rate increases. There are no additional HOME (HOME Investment Partnerships Program) dollars to supplement, so by next year the program will need to be reduced. Current HOPWA providers must ensure rate comparables are being done properly and family size ratios may need to be adjusted to maximize funding. Attrition rates vary, with the program losing 40-50 clients a year. Currently the program is serving 639 clients.

▪ Vacancies

Marlen Meizoso

Mrs. Meizoso reviewed the vacancy report. There are vacancies on both the Partnership and the Housing Committee. Anyone who is interested in membership on this or any of the other committees can see staff after the meeting or attend New Member Orientation.

VIII. Standing Business

▪ HOPWA Program TBRA Program Shortfalls and Options

All

The Committee reviewed the HUD HOPWA Tenant-Based Rental Assistance (TBRA) Shortfalls information which was previously shared. Additionally, Mr. Tazoe reviewed data on area mean income (AMI) of the current clients in the program. Based on the carrying capacity for the program, an estimated 93 clients will need to be removed. The new fiscal year begins October 1, and funding may tentatively be available until April/May for those clients who will need to be removed due to the capacity shortage. The Committee discussed the four approaches that could address the shortfall.

- 1) First in, first out. Mr. Tazoe indicated he can provide a report on the last 60 families that entered the program and their income levels.
- 2) Household incomes. Data on current household incomes was provided.
- 3) Risk assessments. Additional data on this option would be helpful. A short tool that could be given to clients would be ideal to cover health and housing. Staff can bring some short options for evaluation. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool captures social determinants of health.

- 4) Random selection. This is the least favored since it does not take into account either acuity or income of the clients.

The Committee determined that for the next meeting a possible one-pager to offer clients who would be removed from the program will be developed and shared along with the other requested information.

Staff indicated that because of the Needs Assessment, the one-pager would not be available until the following meeting. Additionally, there was a conflict with the October meeting. The Committee voted to cancel the July meeting and move their October meeting.

Motion to cancel the July 16, 2026, Housing Committee meeting.

Moved: Roberto Tazoe

Seconded: Patera Robinson

Motion: Passed

Motion to move the October 15 meeting to October 22.

Moved: Roberto Tazoe

Seconded: Patera Robinson

Motion: Passed

IX. New Business

▪ **Special Projects Discussion**

All

As part of the annual staff support budget process approved in 2024, the committees and subcommittee are invited to submit requests for support for special projects beyond their regular annual activities. Examples of eligible special projects include needs assessment, comprehensive planning, PSRA, and administrative-efficiency work. The Committee did not offer a suggestion since it will be working on addressing the TBRA issues.

X. Open Discussion

▪ **Questions from the Community**

All

There were no additional questions from the community.

XI. Announcements

All

Staff announced the New Member Orientation training, scheduled for July 1, 2026, online. Registration is required and accessible via the QR code which was projected on the meeting screen.

XII. Next Meeting

Lileaus Hill

The next meeting is scheduled for August 20, 2026, at Care Resource.

XIII. Adjournment

Lileaus Hill

With business concluded, the Chair requested a motion to adjourn the meeting.

Motion to adjourn the meeting.

Moved: Roberto Tazoe

Seconded: Debra Davis

Motion: Passed

Ms. Hill adjourned the meeting at 3:19 p.m.



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Follow Us: www.PartnershipMiami.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership/

MAKE A DIFFERENCE IN HIV CARE IN MIAMI-DADE COUNTY!

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners.



YOUR VOICE. YOUR COMMUNITY. REAL IMPACT.



Influence how more than
\$27 MILLION
in Ryan White funds
are used



Help improve HIV care
and support services for
9,000+ PEOPLE
living with HIV



Advise Miami-Dade County
leaders on HIV-related
issues and policies



Build leadership, policy
and community
engagement skills

OPEN SEATS ON THE PARTNERSHIP



5 RYAN WHITE CLIENT SEATS

For Ryan White Program Clients
who are not affiliated or employed
by a Ryan White Part A funded
service provider.



5 COMMUNITY & PROFESSIONAL SEATS

For people with HIV, service providers,
and community stakeholders with
experience, skills, and a commitment
to our community.



Your voice is needed. Your community counts.
Join us in making an impact!

BECOME A MEMBER IN 3 EASY STEPS

1

CONFIRM ELIGIBILITY

See requirements
to the right.

2

CONTACT US

Email us to learn more
and request an
application.

3

ENGAGE & SERVE

Meet with the Membership
Committee and start
making a difference!



For more information, contact:

mdcpartnership@behavioralscience.com

DO YOU QUALIFY?

If you answer "YES" to these
questions, you could qualify
for membership!



Are you a resident of
Miami-Dade County?



Are you a registered
voter in Miami-Dade County?
Note: Some seats for people with
HIV are exempt from this
requirement.



Can you volunteer
three to five hours
per month for
Partnership activities?



THANK YOU FOR YOUR SERVICE TO PEOPLE WITH HIV!

Be sure to bring a Ryan White
client to your next meeting!

COMMITTEE OPPORTUNITIES

Work with a dedicated team of volunteers on these Partnership committees
PEOPLE WITH HIV ARE ENCOURAGED TO JOIN!

**YOUR INTEREST.
YOUR IMPACT.
YOUR COMMUNITY.**

CARE & TREATMENT COMMITTEE



8

OPEN SEATS



4

PEOPLE
WITH HIV



4

GENERAL
MEMBERS

Allocate Ryan White funds, set priorities for
health and support services, and improve
care for people with HIV.

HOUSING COMMITTEE



7

OPEN SEATS



1

PEOPLE
WITH HIV



6

GENERAL
MEMBERS

Work with the City of Miami Housing Opportunities
for Persons with AIDS Program to address
housing challenges for people with HIV.

MEDICAL CARE SUBCOMMITTEE



6

OPEN SEATS



5

PEOPLE
WITH HIV



1

PHYSICIAN OR
MENTAL HEALTH
PROVIDER

Oversee updates to medical treatment guidelines
and the Ryan White Prescription Drug Formulary.

PREVENTION COMMITTEE



6

OPEN SEATS



4

PEOPLE
WITH HIV



2

GENERAL
MEMBERS

Develop and monitor local Ending the HIV Epidemic activities and
mobilize community action on HIV prevention initiatives.

STRATEGIC PLANNING COMMITTEE



10

OPEN SEATS



5

PEOPLE
WITH HIV



5

GENERAL
MEMBERS

Develop and monitor the official HIV Prevention and
Care Integrated Plan and the State of HIV report.



For more information, contact:

mdcpartnership@behavioralscience.com



Your voice matters.

Help shape the future of HIV care and prevention
in Miami-Dade County.





MIAMI-DADE HIV/AIDS PARTNERSHIP

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SHRINKING A HOPWA TBRA PROGRAM

Tenant-Based Rental Assistance (TBRA) is designed to provide long-term, safe, stable, and affordable housing. Many households receiving this assistance may otherwise face housing instability and, in some cases, homelessness. Grantees and project sponsors who may need to decrease their HOPWA TBRA program are, therefore, facing a challenge. The reality of decreasing a HOPWA TBRA program may require providers to serve fewer households or make changes to their existing programs. Presented here are strategies to help grantees and project sponsors make decisions that are most appropriate for their community's needs.

This resource is prepared by technical assistance providers and intended to help grantees and project sponsors understand HOPWA program guidance. The contents of this document, except when based on statutory or regulatory authority or law, do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

PLANNING STRATEGIES USING FINANCIAL PROJECTIONS

The goal of developing financial projections is to help you determine how many households you can support in your HOPWA TBRA program going forward. The process is a budgeting exercise using estimates based on past experience and future funding projections. Reviewing cost data from recent years can provide helpful insights in predicting future costs. Listed below are factors that may be considered when developing financial projections – the relevance and impact of each will vary depending on your local circumstances.

- Federal budget allocation
- Non-HOPWA resources (Federal, State, and Local)
- Affordable housing units available
- Unspent HOPWA funds, if any
- FMRs and rent comparables
- Staff and program costs
- Attrition patterns of current households
- Trends in income and family size
- Future lease renewals

TARGETING RESOURCES

An assessment of your current HOPWA TBRA program and local realities can help you target resources for households most in need. Working with stakeholders can help you determine which services are the highest priority in your community. Evaluating the current housing needs of HOPWA-eligible households helps identify which services or programs may be the most effective at addressing those needs. Strengthening partnerships can improve overall system efficiency. Identifying how the needs of the community have changed and what trends may be emerging ensures the best use of existing resources.

MAKING CHANGES TO YOUR PROGRAM

The process of decreasing your HOPWA TBRA program will require some tough choices. Advanced planning with a multi-phased approach may help mitigate potential negative impacts as changes are made. For some, undertaking steps 1 and 2 below will be sufficient. For others, ending housing assistance for currently served households will be required. In all cases, working with households is key in helping them through the transition and maintaining their housing stability to the greatest extent possible.



1

MAXIMIZING EXISTING RESOURCES

Making the most out of existing resources is a top priority when facing future funding decreases. Targeting existing HOPWA TBRA resources to those households most in need and connecting current HOPWA TBRA households are two strategies to maximize your existing HOPWA TBRA resources.

Making changes that are designed to target assistance to households that are most in need can have a significant impact on which households your program serves. These types of changes focus on your program's eligibility standards and intake process. For example, grantees and project sponsors may impose a lower income standard than required by the HOPWA program. In addition, providers can implement an acuity scale as part of the intake process. An acuity scale is a series of questions that are designed to assess a household's current barriers to housing stability and potential risk of homelessness.

PERMANENT HOUSING RESOURCES

- Housing Choice Voucher Program (HCVP)
- Public Housing
- Veterans Affairs Supportive Housing (VASH)
- Section 811
- Section 202
- Mainstream Vouchers
- Continuum of Care (CoC) Rental Assistance
- Low Income Housing Tax Credits (LIHTC)
- State Programs
- Local Programs

NON-HOUSING RESOURCES

- Medicaid/Medicare
- SSI/SSDI Outreach Access and Recovery (SOAR)
- Adult Education
- Vocational Rehabilitation and Employment

2

IMPLEMENTING COST-SAVING STRATEGIES

There are a number of ways to reduce costs without terminating currently enrolled households. From making programmatic and administrative changes to scaling back rental assistance, these strategies aim to lessen the direct impact on the households you currently serve.

Program Changes: Seeking volunteers for a “shared housing” arrangement — where two households (usually single-person HHs) move into one unit — can reduce your overall rental assistance costs.

Operational Changes: Strategies that aim to reduce the administrative cost of services is another approach that may help avoid household terminations. Streamlining services or outsourcing specific tasks, such as housing inspections, are operational changes that may improve efficiency and reduce costs.

Rental Assistance Changes: You can reduce the overall number of households in your program by not reissuing vouchers at turnover (when an assisted household voluntarily chooses to end their participation in the program) and by freezing any vouchers that are still in the housing search period. This can be considered “attrition” or the natural reduction of households assisted over time. You can also work towards lowering the costs of rental assistance for current households by lowering your payment standard and negotiating directly with landlords to reduce rent costs. You may conduct interim household income reviews; however, since household income could go up or down, this may not always decrease your rental assistance costs.

ENDING HOUSING ASSISTANCE

When terminating rental assistance is necessary, there are a number of considerations to be made. The selection process can take many forms and should be developed locally with input from your local HUD Field Office staff. A written policy will help guide you through the process and should describe the selection process, notification requirements, availability of services to support households through the transition, and timelines which include reasonable advance notice for households. The policy should be as neutral as possible to meet fair housing standards (see more below).

Examples of rental assistance termination selection processes:

- ***Last in, first out*** – the households who have been served for the shortest amount of time are the first to be terminated
- ***Household income*** – an assessment of income is completed to determine the order in which households will be terminated, with highest-income households terminated before lower income households or with households receiving the lowest subsidy amount terminated before households receiving higher subsidy amounts
- ***Risk assessment*** – an assessment of a variety of factors is completed to determine which households are at highest risk of homelessness and/or have the highest housing barriers, with lowest-risk households being terminated before those with higher risk
- ***Random selection*** – a lottery process randomly selects the order in which households will be terminated

FAIR HOUSING

Fair Housing principles must be considered throughout the decision-making process. The Fair Housing Act requires that changes made to your existing TBRA program must not have a disparate impact on any protected group. Documentation is critical and should show how you have determined that there is not a disparate impact. Policy changes should be as neutral as possible to ensure all households receive fair treatment.

For more Fair Housing information, go to:

https://www.hud.gov/program_offices/fair_housing_equal_opp/fair_housing_act_overview

MORE RESOURCES ON HUD EXCHANGE

- HOPWA Rental Assistance Guidebook:
<https://www.hudexchange.info/resource/2818/hopwa-rental-assistance-guidebook/>
- HOPWA Institute Presentation on Using Resource ID:
<https://files.hudexchange.info/course-content/the-hopwa-institute-assessing-community-need-resource-id/HOPWA-Institute-Assessing-Community-Need-Resource-ID-Slides.pdf>
- HOPWA Ask-A-Question (AAQ):
<https://www.hudexchange.info/program-support/my-question/>



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HOPWA CLIENT SNAPSHOT

Overview of **74** Clients/Households
Housing Opportunities for Persons With AIDS



74

CLIENTS /
HOUSEHOLDS



1.5

AVERAGE
HOUSEHOLD SIZE
(Median: 1 person)



93%

CLIENTS ARE
DISABLED



38%

CLIENTS ARE
ELDERLY (60+)



82%

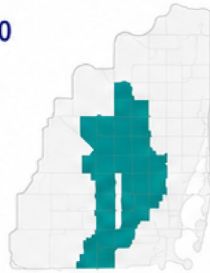
SINGLE-PERSON
HOUSEHOLDS

WHERE CLIENTS LIVE

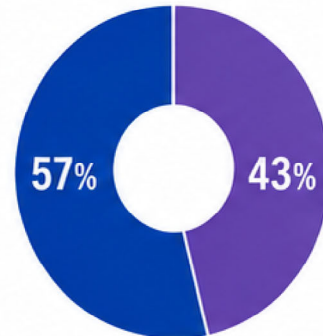
Top 10 ZIP Codes



Clients are primarily
concentrated in
north-central
Miami-Dade County.



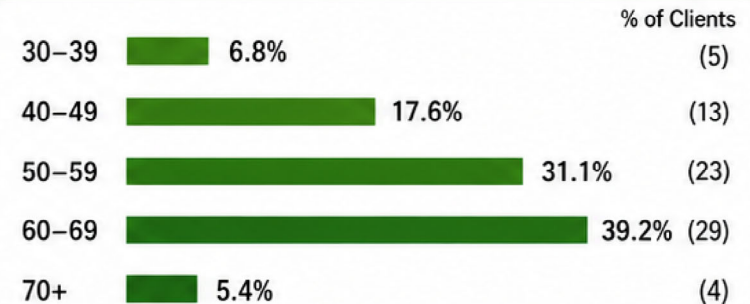
SEX



● Male: 42

● Female: 32

AGE



More than 75% of clients are age 50 or older.

RACE

54.1%
(40)

Black /
African
American



45.9%
(34)

White

ETHNICITY

54.1%
(40)

Not
Hispanic /
Latino



45.9%
(34)

Hispanic /
Latino

HOUSEHOLD SIZE



1 Person	82%
2 Persons	11%
3 Persons	4%
4+ Persons	3%

Largest household: 7 persons

Data Source: HOPWA Client Dataset (74 records)

HOPWA HOUSING ASSISTANCE COST & CONTRIBUTION ANALYSIS

Analysis of 74 Households

HOPWA

Housing Opportunities
for Persons with AIDS

AT A GLANCE



74

HOUSEHOLDS
SERVED



1.5

AVERAGE
HOUSEHOLD SIZE
(Median: 1 person)



\$1,898

MEDIAN MONTHLY
RENTAL UNIT COST



82%

OF RENT PAID BY
HOPWA PROGRAM



12%

OF HOUSEHOLDS
PAY \$0
(9 households)

MONTHLY HOUSING COST OVERVIEW

	 RENTAL UNIT COST (Total Monthly Rent)	 HOPWA (HAP) PAYMENT (Program Pays)	 FAMILY CONTRIBUTION (Client Pays)	 UTILITY ALLOWANCE (If Applicable)
AVERAGE	\$1,964	\$1,580	\$384	\$10
MEDIAN	\$1,898	\$1,607	\$214	\$0
MINIMUM	\$750	\$536	\$0	\$0
MAXIMUM	\$3,550	\$2,709	\$1,863	\$134



On average, HOPWA pays
\$1,580 per month
(82% of rent)

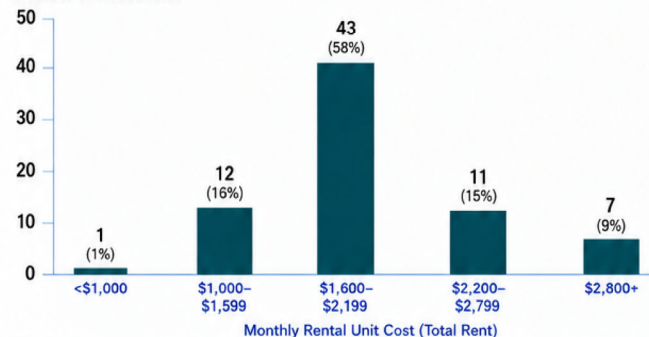


Clients contribute an average of
\$384 per month
(18% of rent)

DISTRIBUTION OF MONTHLY RENTAL UNIT COSTS

(n = 74 Households)

Number of Households



KEY TAKEAWAYS

- 58% of households pay between \$1,600 and \$2,199 per month.
- 16% of households pay between \$1,000 and \$1,599 per month.
- 15% of households pay between \$2,200 and \$2,799 per month.
- 9% of households pay \$2,800 or more per month.
- Only 1% of households pay less than \$1,000 per month.



12% of households (9 households) have a \$0 family contribution.
HOPWA covers the full rent (excluding any utility allowance).



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APPENDIX B:

Medical Case Management Acuity Screening Tool

UMDNJ ID PRACTICE

Case Management Acuity Screening Tool

Patient name _____ DOB _____ Unique I.D.# _____

Area of service/Date of Assessment				
Medical/Clinical				
score				
2	General stability			
4	Mild/moderate problems, occasional need for assistance to access health services			
6	Medically fragile/inconsistent or intermittent HIV care requires ongoing assistance to access health services/coordinate health services.			
8	Severely ill, unable to maintain ADL's, complex coordination or end of life issues			
score	Basic Necessities/Life Skills			
1	Basic needs adequately met			
2	Can meet basic needs but may require referral for resources			
3	Noticeably poor ADL management			
4	Unable to manage ADLs without immediate ongoing assistance			
score	Mental Health/PsychoSocial			
2	No history/evidence of mental illness. High level social functioning			
4	History of mental illness stabilized with meds or past treatment. Minimal difficulty with family/other relationships			
6	Moderate emotional stress, ongoing diagnosis treatment of chronic or major mental illness, limited access to mental health services inability to adhere to psych meds			
8	Danger to self or others requires immediate psych. Intervention			
score	Substance/Alcohol Use			
2	No evidence to suggest substance abuse/dependence			
4	History of substance use/abuse no current indication of same may need referral or education			
6	Current use, functional difficulties due to own or family members substance abuse, client identifies need for treatment			
8	Ongoing substance abuse crisis, emergency medical detox indicated, major impairment of function, family crises, dangerous infection risk behaviors			
score	Oral Health			
1	Has received dental care within past 6 months			
2	Has not received dental care in past 6 months, daily oral hygiene not practiced			
3	Reports oral pain, or bleeding gums, and/or difficulty eating			
4	Difficulty eating and talking due to oral pain, observed appearance of tooth decay or other oral problems, few or no teeth			
Area of service/Date of Assessment				

score Adherence				
2	Adherence > or = 95% or chooses not to take ARVs, no barriers to adherence to meds or appts			
4	Possible sporadic barriers to adherence, requires occasional care management information and referral to maintain optimal adherence			
6	Misses sev'l scheduled medication doses per week or misses scheduled medical appts, experiencing ongoing barriers to adherence, OR newly diagnosed and requires HIV/AIDS and or adherence education			
8	Medication crisis, stopped taking meds AMA, non compliant due to dementia, substance abuse, decreased ability to perform ADLs			
Score HIV education/Prevention				
2	Adequate knowledge/skills necessary to initiate or maintain protective behaviors. No recent STD			
4	Mainly knowledgeable, no recent STDs, possible difficulty initiating/maintaining protective behaviors			
6	Client reports difficulty maintaining protective behaviors, or reports frequent relapse to risk-behaviors, recent history STD, and or minimal/incorrect knowledge of HIV disease.			
8	Actively engaging in risk behaviors, unwilling/unable to identify and personalize transmission risk. Requires immediate referral to appropriate behavior change interventions			
Score Housing				
1	Stable, clean housing			
2	Requires short term assistance with rent/utilities to maintain housing			
3	Housing at risk or barely habitable, or in temporary shelter			
4	Eviction or homeless or shelter resident			
Score Benefits/Insurance				
1	All applicable benefits in place or has private resources			
2	Requires some assistance to obtain or to complete/ compile documentation for some benefits			
3	Requires ongoing assistance to obtain and complete documentation for needed benefits			
4	Not eligible or no applicable benefits in place. Needs immediate assistance with eligibility reviews etc			
Score Legal				
1	No unmet HIV related legal needs			
2	May need minimal one time assistance for DPOA, will, guardianship or adoption			
3	Needs assistance to identify HIV legal needs and ongoing follow up			
4	Client recently released from prison. In crisis situation. Legal issues not properly resolved			
Area of service/Date of Assessment				
Score Cultural/Linguistic				

1	No difficulty accessing services, capable within linguistic/cultural environment			
2	May require occasional assistance from translators, sign interpreters or understanding complicated forms			
3	Often needs translation or sign interpretation, may be functionally illiterate, possible barriers due to lack of cultural sensitivity of providers			
4	Client unable to understand or function within the service system. In crisis situation and requires immediate assistance with translation, advocates or culturally sensitive system interpreters			

Acuity level guidelines;

Less than 25 No medical case management required. Provide necessary referral or recommendations as needed

26-34 Initial face to face assessment and an annual reassessment. Minimum contact (every 6 months) to verify address/tel number and check on client's current status

35-43 Initial face to face nursing assessment and at least an annual reassessment. Minimum contact every 30 days (tel or face to face) Initial service plan and reevaluation of service plan every 90 days

44 and greater Initial face to face assessment and at least an annual reassessment. Minimum contact every 2 weeks (tel or face to face) Initial service plan and reevaluation of service plan every 30 days

Scores above midpoint in any specific area should be addressed in the service plan below

UMDNJ IDP MIN PROGRAM SERVICE PLAN

Issues identified: ☐ Medical/Clinical ☐ Basic necessities/life skills ☐ Mental health/psycho social ☐ Substance/Alcohol use ☐ Oral health
☐ Adherence ☐ HIV Education/prevention ☐ Housing ☐ Benefits/Insurance ☐ Legal ☐ Cultural/Linguistic

GOALS	DESCRIPTION	OUTCOME/DATE
Resolve barriers to health care ☐ Supports ☐ Beliefs ☐ Resources ☐ Other		
Learn About ☐ HIV pathogenesis ☐ Treatment options ☐ Lab values ☐ Adherence to meds ☐ Wellness ☐ Nutrition ☐ Complementary supports ☐ Other		

Maintain involvement in healthcare ☐ Keep clinic appointments ☐ Monitor lab values ☐ Manage side effects/symptoms ☐ Adhere to meds ☐ Improve communication with healthcare providers ☐ Other		
Prevention ☐ Educate on transmission, prevention, co-infection ☐ Risk reduction counseling ☐ Other		
Complimentary Supports ☐ Improve nutrition ☐ Reduce stress ☐ Psychosocial supports ☐ Complimentary therapies		

Signature by Case Manager _____ Signature by Case Manager Supervisor _____

Date: _____

Date: _____

I have read/reviewed the above and approve the plan of care to address my on-going case management needs

Signature by Client _____

Date: _____



PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

☐	Yes	☐	No	☐	I choose not to answer this question
--------------------------	-----	--------------------------	----	--------------------------	--------------------------------------

2. Which race(s) are you? Check all that apply

☐	Asian	☐	Native Hawaiian
☐	Pacific Islander	☐	Black/African American
☐	White	☐	American Indian/Alaskan Native
☐	Other (please write):		
☐	I choose not to answer this question		

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

☐	Yes	☐	No	☐	I choose not to answer this question
--------------------------	-----	--------------------------	----	--------------------------	--------------------------------------

4. Have you been discharged from the armed forces of the United States?

☐	Yes	☐	No	☐	I choose not to answer this question
--------------------------	-----	--------------------------	----	--------------------------	--------------------------------------

5. What language are you most comfortable speaking?

Family & Home

6. How many family members, including yourself, do you currently live with? _____

☐	I choose not to answer this question
--------------------------	--------------------------------------

7. What is your housing situation today?

☐	I have housing
☐	I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
☐	I choose not to answer this question

8. Are you worried about losing your housing?

☐	Yes	☐	No	☐	I choose not to answer this question
--------------------------	-----	--------------------------	----	--------------------------	--------------------------------------

9. What address do you live at?

Street: _____

City, State, Zip code: _____

Money & Resources

10. What is the highest level of school that you have finished?

☐	Less than high school degree	☐	High school diploma or GED
☐	More than high school	☐	I choose not to answer this question

11. What is your current work situation?

☐	Unemployed	☐	Part-time or temporary work	☐	Full-time work
☐	Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:				
☐	I choose not to answer this question				

12. What is your main insurance?

☐	None/uninsured	☐	Medicaid
☐	CHIP Medicaid	☐	Medicare
☐	Other public insurance (not CHIP)	☐	Other Public Insurance (CHIP)
☐	Private Insurance		

13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

☐	I choose not to answer this question
--------------------------	--------------------------------------



PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Paper Version of PRAPARE® for Implementation as of September 2, 2016

14. In the past year, have you or any family members you live with been **unable** to get any of the following when it was **really needed**? Check all that apply.

Yes	No	Food	Yes	No	Clothing
Yes	No	Utilities	Yes	No	Child Care
Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)			
Yes	No	Phone	Yes	No	Other (please write):
I choose not to answer this question					

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

☐	Yes, it has kept me from medical appointments or
☐	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
☐	No
☐	I choose not to answer this question

Social and Emotional Health

16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

☐	Less than once a	☐	1 or 2 times a week
☐	3 to 5 times a week	☐	5 or more times a
I choose not to answer this question			

17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

☐	Not at all	☐	A little bit
☐	Somewhat	☐	Quite a bit
☐	Very much	☐	I choose not to answer this question

Optional Additional Questions

18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

☐	Yes	☐	No	☐	I choose not to answer this
--------------------------	-----	--------------------------	----	--------------------------	-----------------------------

19. Are you a refugee?

☐	Yes	☐	No	☐	I choose not to answer this
--------------------------	-----	--------------------------	----	--------------------------	-----------------------------

20. Do you feel physically and emotionally safe where you currently live?

☐	Yes	☐	No	☐	Unsure
☐	I choose not to answer this question				

21. In the past year, have you been afraid of your partner or ex-partner?

☐	Yes	☐	No	☐	Unsure
☐	I have not had a partner in the past year				
☐	I choose not to answer this question				

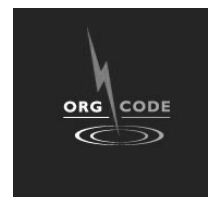
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	☐ Team ☐ Staff ☐ Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate ☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

0

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☒ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

1

2. How long has it been since you lived in permanent stable housing? _____ Years ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

0

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ ☐ Refused
 b) Taken an ambulance to the hospital? _____ ☐ Refused
 c) Been hospitalized as an inpatient? _____ ☐ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
 f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE**.

SCORE:

0

5. Have you been attacked or beaten up since you've become homeless? ☒ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM**.

SCORE:

0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

0

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☒ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☒ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

0

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☒ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	1 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	0 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) ____ - ____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☒ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

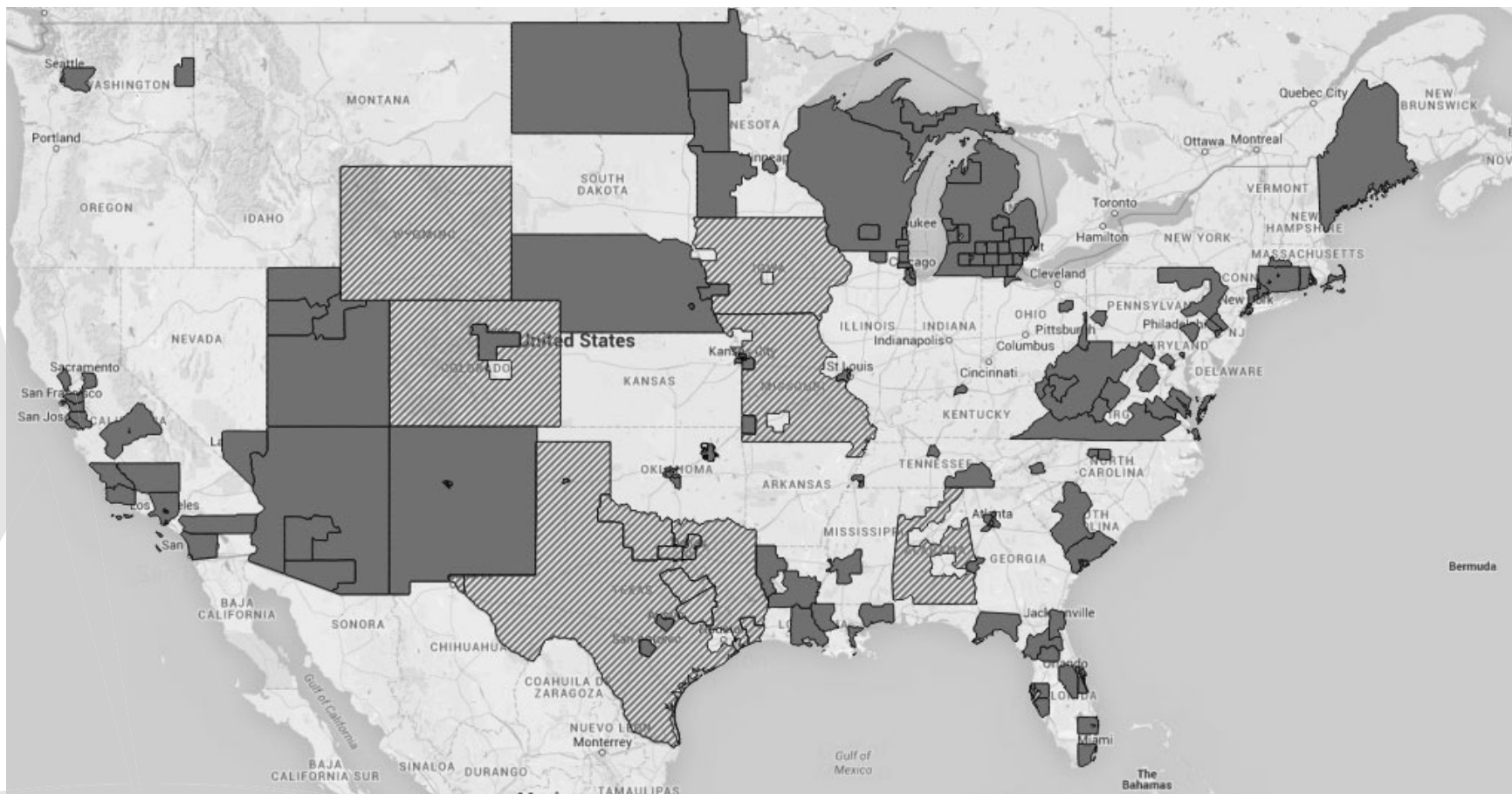
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing



MIAMI-DADE HIV/AIDS PARTNERSHIP

Housing Committee Meeting Thursday, August 20, 2026

2:00 p.m. – 4:00 p.m.

Care Resource Community Health Centers
3510 Biscayne Blvd., 1st Floor Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|-----------------|
| I. | Call to Order | Lileaus Hill |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Lileaus Hill |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of June 18, 2026 | All |
| VII. | Reports | |
| | • HOPWA Program Updates | Roberto Tazoe |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • HOPWA Program TBRA Program Shortfalls and Options: | All |
| | ○ Additional Data | |
| | ○ Assessments | |
| | ○ One-page Informational Flyer | |
| IX. | New Business | |
| | • Extension of Housing Options-Creating Exit Opportunities | Rolando Hallmon |
| | • Bylaws Review-Housing Section | All |
| X. | Open Discussion | |
| | • Questions from the Community | All |
| XI. | Announcements | All |
| | • Get on Board September 2, 2026 | |
| XII. | Next Meeting: September 17, 2026 at Care Resource | Lileaus Hill |
| XIII. | Adjournment | Lileaus Hill |

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Housing Committee please contact
Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

Follow Us: www.PartnershipMiami.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership/

HOUSING RESOURCES IN MIAMI-DADE COUNTY FOR LOW-INCOME INDIVIDUALS



The following resources may help you find safe, stable, and affordable housing in Miami-Dade.

HOPWA program is not included.

HOUSING RESOURCES



PUBLIC HOUSING

Affordable rental housing for eligible low-income individuals and families.

Miami-Dade County Public Housing
and Community Development (PHCD)

786-469-4100

<https://www.miamidade.gov/global/housing/home.page>

701 NW 1st Court, 16th FL
Miami, FL 33136



SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

Rental assistance that helps pay a portion of rent in the private market.

Miami-Dade County Public Housing
and Community Development (PHCD)

786-469-4100

<https://www.miamidade.gov/global/housing/home.page>

701 NW 1st Court, 16th FL
Miami, FL 33136



MIAMI-DADE COUNTY HOMELESS TRUST

Coordinates services and funds for people experiencing homelessness.

305-375-1490

www.homelesstrust.org

111 NW 1st St., Suite 27-310
Miami, FL 33128



LEGAL SERVICES OF GREATER MIAMI

Provides free legal assistance, including help with housing issues and eviction prevention.

305-576-0080

www.legalservicesmiami.org

4343 West Flagler, Suite 100
Miami, FL 33134



CITY OF MIAMI HOUSING ASSISTANCE

Information on affordable rental housing, assistance programs and supportive resources.

<https://www.miami.gov/Housing-Assistance/Housing>



RENTAL ASSISTANCE PROGRAMS

Short-term help with rent and utilities may be available.

Community Action and Human
Services Department (CAHSD)

786-469-4600

www.miamidade.gov/socialservices

701 NW 1st Court, 16th FL
Miami, FL 33136



AFFORDABLE HOUSING SEARCH TOOLS

Search and apply for affordable rental opportunities in Miami-Dade County.

Affordable Housing Online

www.affordablehousingonline.com

Search by location:
Miami-Dade County



CITY OF MIAMI HOMEBUYER ASSISTANCE PROGRAMS

Down payments and closing cost assistance may be available for income-eligible homebuyers.

305-416-1400

<https://www.miami.gov/Housing-Assistance/Home-Ownership>

Requirements, programs and eligibility



MIAMI-DADE COUNTY HOMEBUYER PROGRAMS

Offers down payment assistance and other programs to help make homeownership more affordable.

786-469-4100

<https://www.miamidade.gov/global/housing/home.page>

Apply online and review program eligibility



HABITAT FOR HUMANITY OF GREATER MIAMI

Helps low-income families become homeowners through affordable mortgages and support services.

305-634-3628

www.miamihabitat.org

Learn more about homeownership opportunities.



NEED IMMEDIATE HELP?

If you are experiencing a housing crisis or have a safety issue, call for assistance.



Miami-Dade 211

Call 211 or 305-644-4357
www.miamidade.gov/211



Emergency Shelter Assistance

Call 311
www.miamidade.gov/311

RYAN WHITE PART B EMERGENCY FINANCIAL ASSISTANCE & EHE HOUSING SUPPORT IN MIAMI-DADE COUNTY

Ryan White Part B helps people living with HIV access the care they need, including housing support.

EFA (EMERGENCY FINANCIAL ASSISTANCE)

Provides short-term rental, mortgage, utility assistance and related services to help prevent homelessness.

Services may include:

- Rental and utility subsidies
- Mortgage assistance
- Moving assistance
- Linkage to additional services
- Case management and support

EFA PROVIDERS

AIDS Healthcare Foundation

(305) 571-2955

Borinquen Health

(786) 753-0880

Community Health of South Florida, Inc. (CHI)

(305) 252-4820

Care4U

(786) 792-2324

CAN Community Health

(305) 576-1234

Care Resource

(305) 576-1234

EmpowerU

(786) 318-2337

Miami Beach Community Health

(305) 532-5436

EHE (ENDING THE HIV EPIDEMIC) HOUSING SUPPORT

Provides Housing Stability Support (HSS) using a "housing is healthcare" and housing-first approach to help individuals experiencing homelessness or housing instability gain and maintain housing while engaged in HIV care. Services may include rental and utility subsidies, moving assistance, linkage to additional services, case management and support for up to 24 months.

EHE PROVIDERS (CONTACT PHONE ONLY)

Care Resource

(305) 576-1234

EmpowerU

(786) 318-2337

Health Council of South Florida

(786) 535-4370





MIAMI-DADE HIV/AIDS PARTNERSHIP

Housing Committee Meeting Thursday, August 20, 2026

2:00 p.m. – 4:00 p.m.

Care Resource Community Health Centers
3510 Biscayne Blvd., 1st Floor Community Room
Miami, FL 33137

AGENDA

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| I. | Call to Order | Lileaus Hill |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Lileaus Hill |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of June 18, 2026 | All |
| VII. | Reports | |
| | • HOPWA Program Updates | Roberto Tazoe |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • HOPWA Program TBRA Program Shortfalls and Options: | All |
| | ○ Additional Data | |
| | ○ Assessments | |
| | ○ One-page Informational Flyer | |
| IX. | New Business | |
| | • Extension of Housing Options-Creating Exit Opportunities | Rolando Hallmon |
| | • Bylaws Review-Housing Section | All |
| X. | Open Discussion | |
| | • Questions from the Community | All |
| XI. | Announcements | All |
| | • Get on Board September 2, 2026 | |
| XII. | Next Meeting: September 17, 2026 at Care Resource | Lileaus Hill |
| XIII. | Adjournment | Lileaus Hill |

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Housing Committee: Bylaws Section

The Executive Committee is in the process of reviewing and updating the Bylaws and would like the Committee's input on its assigned responsibilities. Below are the Housing Committee's responsibilities from Section 3.2 (C.).

4. Housing Committee

The Housing Committee shall:

- a. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Determine priorities and make funding and policy recommendations to the HOPWA grantee for the use of HOPWA funds;
- c. Bring knowledge and expertise on financing, developing, and managing special need and affordable housing;
- d. Coordinate planning efforts to address housing and housing-related services and identify opportunities to expand available housing for people with HIV in Miami-Dade County; and
- e. Engage key policymakers and stakeholders from both the public and private sectors in identifying additional resources and solutions to housing and housing-related service needs of people with HIV.



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GET ON BOARD

MEMBER ENRICHMENT TRAINING

 MIAMI-DADE
HIV/AIDS
PARTNERSHIP

STATION 24



The 2027-2031 HIV Prevention and Care Integrated Plan and You!



Tuesday, September 1, 2026
12:00 p.m. - 1:00 p.m.
via Microsoft Teams



WHAT IS THE INTEGRATED PLAN?

Learn how the five-year plan brings HIV prevention and care priorities, goals, and strategies together.



WHY IS THE INTEGRATED PLAN IMPORTANT?

See how the plan coordinates resources, responds to community needs, and guides measurable progress.



HOW DOES THE PLAN INFORM OUR WORK?

Explore how the Integrated Plan shapes the work of the Partnership and its committees.



Scan the QR code
or click the link
below to register!

[https://bit.ly/
GOBSept_2_2026-IP](https://bit.ly/GOBSept_2_2026-IP)



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