COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
2013 SUMMARY STATEMENT AND INITIATIVES
(Dollars in Thousands)

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	Enacted/ Request	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2011 Appropriation	$335,000	$111,335[a]	-$670[b]	$445,665[c]	$352,252	$336,487
2012 Appropriation/Request	332,000	90,070[d]	...	422,070	332,342	315,921
2013 Request	330,000[e]	89,728	...	419,728	327,729	330,732
Program Improvements/Offsets	-2,000	-342	...	-2,342	-4,613	+14,811

a/ This number includes $418 thousand of funds recaptured in fiscal year 2011. Of funds recaptured, $329 thousand were competitive grants and $89 thousand were technical assistance funds.
b/ The appropriation reflects an across-the-board rescission of 0.2 percent enacted by the Full-Year Continuing Appropriations Act, 2011 (P.L. 112-10; April 15, 2011).
c/ This number includes $3.343 million of funds that were transferred to the Transformation Initiative Fund.
d/ This number excludes $3.343 million of funds that were transferred to the Transformation Initiative Fund.
e/ This number includes an estimated Transformation Initiative (TI) transfer of $1.65 million in fiscal year 2013; The TI transfer may be up to 0.5 percent of Budget Authority.

1. What is this request?

The Department requests $330 million for the Housing Opportunities for Persons with AIDS (HOPWA) program, a decrease of $2 million from the fiscal year 2012 enacted. This program provides critical resources that reduce homelessness and provide affordable housing for economically vulnerable households who are living with and are often disabled by HIV infection, poverty, and co-occurring chronic illnesses. Adjusted for a two percent housing cost inflation factor,[i] this budget would assist an estimated 56,400 low-income households. Funding will be used to maintain current operations, with some reductions absorbed by existing projects, which have the flexibility to determine how to best utilize their housing assistance funds.

This Budget request will provide for continued housing assistance for an estimated 56,400 low-income households living with the chronic health challenges of HIV/AIDS. This will include:

- 24,500 extremely low- and very low-income households with worst case housing needs will be served with affordable, permanent housing, and at least 90 percent of households will achieve stable outcomes (HOPWA outcome goal).

- 31,900 extremely low- and very low-income households will be served with short-term or transitional housing assistance to reduce or prevent homelessness. The HOPWA program outcome measure is for 90 percent of these households to achieve stable arrangements or maintain arrangements with reduced risks of homelessness.
- In continuing assistance to these households, 91 percent are expected to be extremely low-income (at or below 30 percent of Area Median Income) or very low-income (at or below 50 percent of Area Median Income), based on current program results. Based on existing data on persons impacted by the HIV epidemic and assisted by HOPWA projects, most of these continuing beneficiaries are racial minorities (63 percent) and/or ethnic minority (18 percent) households.
- These households represent single persons and families who total to approximately 90,000 persons, including more than 17,400 youth under the age of 18 and over 18,000 individuals over the age of 50. Together, those individuals represent 40 percent of all reported persons served.

In addition, the Administration will propose a separate HOPWA modernization proposal to enable local communities, particularly those impacted more recently by the HIV epidemic, to more directly target these grant resources to those with worst case housing needs. In particular, the modernization proposal would update the HOPWA statute, enacted in 1990, to better reflect the nature of an epidemic that has been transformed by advances in HIV health care, and by the simultaneous migration of the virus disproportionately into communities of poverty. HUD's modernization proposal would both update the HOPWA funding formula to reflect the current epidemic and expand short-term homelessness prevention and rapid rehousing efforts to promote flexibility in stabilizing vulnerable and extremely low-income households.

Finally, in fiscal year 2013, the Department renews its request for the Transformation Initiative, which provides the Secretary the flexibility to undertake an integrated and balanced effort to improve program performance and test innovative ideas. Up to 0.5 percent of the funds appropriated for the account may be transferred to the Transformation Initiative Fund account for the following purposes: research, evaluations, and program metrics; program demonstrations; technical assistance and capacity building and information technology. Departmentwide, no more than $120 million is estimated to be transferred to the Transformation Initiative Fund account in fiscal year 2013, although transfers could potentially total up to $214.8 million. More details on the overall Transformation Initiative and these projects are provided in the justification for the Transformation Initiative Fund account.

2. What is this Program?

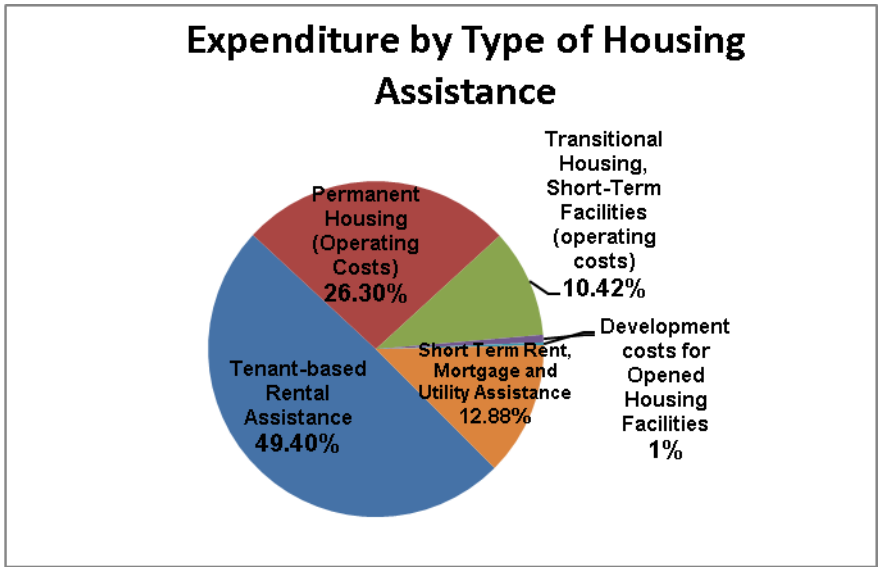
a. Program and Key Functions

The AIDS Housing Opportunity Act, 42 U.S.C.12901-12912, authorizes HOPWA to provide housing assistance and supportive services to low-income persons living with HIV/AIDS (PLWHA) and their families. The HOPWA program is the only Federal program targeted to address the housing needs of this vulnerable population, many of whom face significant health crises and multiple concurrent health and economic challenges. HOPWA assistance provided through the HOPWA program increases housing stability and reduces the risk of homelessness. "Stably housed" households are those with arrangements allowing for their continued access to HOPWA housing support (e.g., rental assistance or residence in a facility) or households that exit the HOPWA program for other on-going arrangements, such as private housing, or other subsidized housing, or, where appropriate, placement in an institutional setting to meet their needs. HOPWA funding is awarded annually through formula allocations and competitive grant awards.

- *Formula funds.* Ninety percent of funds are allocated to qualifying States and metropolitan areas under a statutory formula that is based on cumulative AIDS cases and incidence. Formula funds are awarded to metropolitan areas with a population of at least 500,000 and with at least 1,500 cumulative AIDS cases, and to states based on AIDS data for those areas outside of qualifying metropolitan areas that have at least 1,500 cumulative AIDS cases. In fiscal year 2012, $298.8 million will be awarded to 135 jurisdictions, including one newly qualified grantee, as part of area Consolidated Plans.
- *Competitive funds.* Ten percent of funds are awarded as competitive grants to areas that are not eligible for formula funding and to innovative, model projects that address special issues or populations. A congressional mandate places competitive grant funding priority on the renewal of permanent supportive housing grants. In fiscal year 2012, $33.2 million in competitive funding will support the renewal of 28 existing permanent supportive housing programs. Competitive grants are awarded with a 3-year grant cycle; thus, an additional 69 competitive grants will continue to provide housing assistance to low-income households, using prior year funding.

Targeted Population. Individuals and families that receive assistance must be low-income (below 80 percent of Area Median Income), but in practice the program is highly targeted to persons with worst case housing needs, with 91 percent of beneficiaries having extremely low-incomes or very low-incomes. HOPWA housing assists persons who are without stable housing arrangements (e.g., persons in emergency shelters or living in a place not meant for habitation, such as a vehicle, an abandoned building, bus/train/subway station, or anywhere outside), or are at risk of homelessness. In 2011, more than 4,500 new clients that received housing assistance (15 percent) were homeless, and more than 6,600 of all housing clients (11 percent) met HUD's definition of chronically homeless. Many projects serve or specifically target populations with other special needs, such as veterans (2,775 served in 2011), ex-offenders reentering the community, and youth, including those who are aging out of foster care.

Program Components. HOPWA resources are used to provide supportive housing for a special needs population. The program is authorized to provide a wide range of housing-related activities, including: rental assistance; short-term rent, mortgage, and utility payments; housing information services; resource identification to establish, coordinate and develop housing assistance; acquisition, rehabilitation, conversion, lease, and repair of facilities; new construction (for single room occupancy dwellings and community residences only); supportive services; and operating costs for housing facilities. Area housing projects provide support in the form of permanent and transitional housing assistance, or through short-term payments for rent, mortgage and utility costs to help households avoid homelessness. A diversity of local housing approaches is used, allowing communities to take advantage of other leveraged housing resources.



Of reported program expenditures in fiscal year 2011, approximately 66 percent were spent on direct housing assistance, 20 percent on supportive services, and 14 percent on program administration, management, and housing placement services.

The two-thirds of HOPWA expenditures spent on direct housing assistance included:

- *Permanent Supportive Housing.* Provides stable housing and services to help households with long-term housing support through tenant-based rental assistance (TBRA), facility-based rental assistance (subsidized rental payments for the HOPWA household at a specific building, unit, or project), and support for facility operations. In fiscal year 2011, 76 percent of all housing dollars were spent on permanent housing support to stabilize households, including approximately 49 percent on TBRA and 27 percent on permanent housing facilities.

- *Short-term or transitional housing.* Helps prevent homelessness for households at severe risk of displacement, through short-term payment of rent, mortgage or utilities (STRMU) and through transitional support, such as substance abuse counseling and treatment. In fiscal year 2011, nearly one-fourth of all housing dollars was spent on short-term or transitional housing, including approximately 13 percent for STRMU and 10 percent for the operating costs of transitional and short-term facilities serving persons living with HIV/AIDS.

In fiscal year 2011, the remaining one-third of HOPWA expenditures were used for housing-related components to provide for case management and other supportive services for residents, and for activities related to housing development, housing placement assistance, and administration and management services.

- *Supportive Housing Interventions.* In addition to direct housing costs, HOPWA projects also involve the use of on-site services as well as help to access mainstream resources. These services are critical program components used to assist vulnerable households to become and remain stably housed and to increase access to health care needed to improve their health and quality of life. For beneficiaries evidencing stable arrangements, many projects have begun innovative efforts to help persons move toward more self sufficiency and to increase their economic security. Services are provided directly through HOPWA sponsors or through referrals and coordination with community providers, and include housing case management, mental health and substance use counseling and treatment, financial and legal services, and assistance in obtaining income support and employment. In fiscal year 2011, 20 percent of HOPWA expenditures were used for supportive services, mostly for housing case management, including development of individualized housing plans and goals.

b. Key Partnerships and Stakeholders.

HUD's HOPWA program relies on local networks of nonprofit agencies and housing agencies that help link beneficiaries to medical services and other care offered through related programs, such as Federally funded health care and AIDS drugs assistance provided by DHHS under the Ryan White CARE act and other programs. As part of enhanced support to these collaborations, HUD is involved in activities that support two Presidential initiatives involving cross-agency collaboration.

- *National HIV/AIDS Strategy.* HUD is one of six Federal lead agencies (with Departments of Health and Human Services, Justice, Labor, Veterans Affairs, and the Social Security Administration) that have collaborated to develop the *National HIV/AIDS Strategy for the United States* (NHAS), released in July 2010, and that have continued to bring their programs into alignment to improve and better coordinate HIV-related services across the country. The NHAS recognizes the direct impact of housing on increased client entry and retention in HIV care and has a focus on increasing housing for persons with HIV. The HOPWA program is the fundamental underpinning of a key NHAS objective to increase the number of clients in Federal HIV programs that have permanent housing from 82 to 86 percent, as measured through the Ryan White Care Act, estimated at approximately 21,800 additional persons by 2015. HOPWA programs will contribute to the Federal goal by promoting stable housing results that also serve to increase access to medical and other essential services through linkages with HIV screening, prevention, mental health and substance abuse services, leading to improved health outcomes. HOPWA-funded state, local and community non-profit organizations will be models for HUD mainstream resources in integration of care and support services for this low-income, vulnerable population.

The National HIV/AIDS Strategy also identifies risk populations most impacted by HIV and recommends that resources be targeted to these populations. HUD has been specifically tasked with updating its HOPWA funding formula to incorporate the number of living HIV cases, rather than cumulative AIDS cases, as the basis of a more targeted, equitable funding allocation. If authorized, this change in distribution of HOPWA funds would allow for a more targeted use of these Federal HIV housing resources in the geographical areas that are most impacted by the HIV epidemic.

- *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness.* HOPWA also serves as a homelessness prevention intervention and directly assists persons who are homeless, in support of *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness* (June 2010). Over 4,507 individuals (15 percent) of new clients—entering the HOWPA program in fiscal year 2011 were homeless. Technical assistance and new planning tools provided to grantees (e.g., data on affordable housing and community development criteria, and related data-driven mapping) will increase HOPWA coordination with mainstream HUD and other housing providers to enhance efforts to prevent and end homelessness.

HUD will continue its involvement in on-going interagency activities to implement actions that improve coordination across funding streams and streamline operations to improve HIV-related service delivery. For example:

- *12 Cities.* HUD has been working with the Centers for Disease Control and other DHHS agencies on the "12-City Initiative" which supports integration of HIV programs in the 12 largest metropolitan areas and counties most impacted by HIV/AIDS. These grantees have assessed the HIV resources in their area and are identifying strategies to better target funding to increase HIV testing, care entry, and retention, and to improve client health outcomes.
- *Getting to Work.* HUD is coordinating technical assistance and training with the Department of Labor to increase capacity of HOPWA grantees to provide employment services and to develop linkages with existing community employment service programs, in order to increase access to job services and employment for HOPWA beneficiaries. Nine projects were launched in October 2011 and employment activities will be developed through the end of 2012.
- *Enhanced Access to Care.* As a National HIV/AIDS Strategy deliverable, HOPWA and its technical assistance providers are working with Federal partners to develop and disseminate models of improved access to care for beneficiaries, including clients with presenting needs, such as those who are formerly incarcerated, those in rural areas, and youth.

Staffing and FTE Information

FTE	2011 Actual	2012 Estimate	2013 Estimate
Headquarters	16	15	15
Field	34	33	33
Total	50	48	48

The Office of HIV/AIDS Housing program office is not requesting an increase of FTE for fiscal year 2013 from the fiscal year 2012 level. HUD's Office of HIV/AIDS Housing in Headquarters presently manages the HOPWA program and has lead responsibility for policy development and grants management oversight, including managing national competitions to select new model projects (pending funding availability), along with the renewal of expiring competitive grants; directing the use of HOPWA program legacy technical assistance resources; and coordinating activities in Federal HIV/AIDS housing collaborations under the National HIV/AIDS Strategy with related Federal agencies. In addition, this office--located within the Office of Community Planning and Development (CPD)--serves a lead role in coordinating delegated grants management responsibilities assigned to 43 local CPD field offices whose key workload drivers are compliance monitoring, approval of grantee Consolidated Plan submissions, review of annual performance reporting, including the provision of technical assistance to ensure compliance with program requirements and to develop grantee capacity to successfully administer Federal grant resources. This combined staffing effort provides grants management oversight for a national HOPWA program portfolio consisting of 125 formula grantees and 94 competitive grantees along with service delivery activities of over 950 local non-profit project sponsors.

3. Why this program is necessary and what will we get for the funds?

3a. The Problem

While the rate of new HIV infections has remained relatively constant over the past 2 decades, the number of persons living with HIV/AIDS has steadily increased. Today, according to the CDC, 1.1 million people are living with HIV, with over 56,000 new infections each year. Additionally, more than 16,000 people across this country still die each year from AIDS and over 650,000 persons with AIDS have died in the US since the epidemic began.

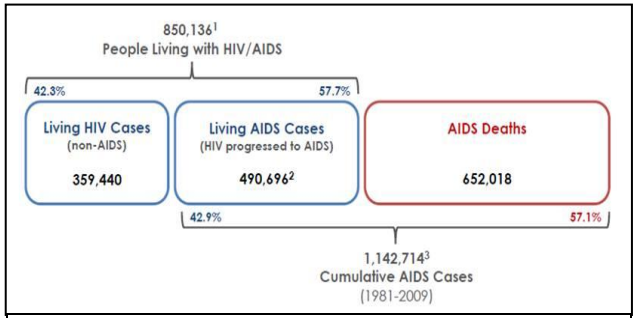


Figure 1. Compiled from HIV Surveillance Report, 2009; vol. 21.published February 2011, CDC and related reports, includes end of 2008 unadjusted data from all states on persons living with HIV, 12/31/09.

Unlike other chronic illnesses, HIV is an infectious disease whose crippling effects on health and economic well-being often leads to housing instability, and whose origin often derives from homelessness and the harsh conditions of street life itself. The unfortunate and well-documented relationship between HIV and housing instability keeps the need for HOPWA high, for the following reasons:

- *Persons living with HIV/AIDS are highly vulnerable to homelessness and present significant unmet housing needs.* Studies have shown that approximately half of all persons diagnosed with HIV in the US will face homelessness or experience an unstable housing situation at some point over the course of their illness.[ii] According to the recent 2010 Annual Homeless Assessment Report to Congress (June 2011), about 4 percent of the sheltered homeless population are shown to have HIV/AIDS, though this is understood to undercount the full burden of HIV disease in the population.[iii] Expanded to the entire population of 1.59 million persons who accessed the shelter system in fiscal year 2010, it can be estimated that at least 62,010 HIV-positive individuals used the homeless shelter system in fiscal year 2010. Among the unsheltered homeless, who tend to have even greater health needs, the percentage of HIV-infected individuals is expected to be higher.

  Approximately 56,300 persons are newly diagnosed with HIV infection each year, many of whom have unmet needs for housing. For example, a longitudinal study conducted from 1996 to 2006 in San Francisco found that, of 6,558 diagnosed AIDS cases, 10 percent were homeless at the time the diagnosis was made.[iv] Similar findings have been detected in New York City[v] (where HIV rates were three to 16 times higher among the homeless and unstably housed) and in Philadelphia[vi] (where 3 to 10 percent of all homeless persons were HIV-positive), reflecting rates more than ten times higher than in the general population. In a recent assessment prepared for CDC's 12-Cities project, Philadelphia identified housing as the number one ranked unmet need among persons living with HIV/AIDS, with 59 percent of persons newly diagnosed indicating a need for housing at intake. Housing needs are evident even among those individuals enrolled in HIV care. Findings from CDC's Medical Monitoring Project indicated that, among 3,944 interviewed participants engaged in HIV care in 2007, 8 percent had been

homeless during the prior 12 months. A larger group – 15 percent of participants – reported a need for assistance finding shelter or housing in the past 12 months, and over one-fourth (26 percent) of those individuals still had a housing need during the interview.[vii]

- *HIV typically co-occurs with other serious health threats that exacerbate challenges to remaining stably housed and connected to care.* According to Wolitski et al. (2010), "Homeless and unstably housed persons living with HIV/AIDS represent a vulnerable population that has been shown to be at increased risk for multiple health threats including substance abuse, mental illness, violence, poor access and adherence to HIV medical care, and high-risk sexual practices."[viii] Co-occurring mental illness disproportionately affects PLWHA and often establishes further barriers (including stigma and discrimination) to obtaining affordable and appropriate housing. The HIV Cost and Services Utilization Study, which surveyed a nationally representative sample of persons living with HIV, found that nearly half of participants screened positive for one or more of four psychiatric disorders, and about 70 percent were estimated to need some type of mental health care.[ix] Nearly 40 percent of persons with HIV reported substance use issues, and more than 13 percent screened positive for substance dependence. The prevalence of mental disorders is even greater among economically disadvantaged racial and ethnic minorities, who represent the majority of new HIV/AIDS cases. In addition, many have chronic illnesses, including conditions that commonly co-occur with HIV, such as tuberculosis and hepatitis C. The HUD-CDC joint Housing and Health Study also reported this high-need client population in research conducted on presenting issues and life history of 665 persons living with HIV in Baltimore, Chicago, and Los Angeles. Intake assessments showed that participants had pervasive challenges, 96 percent were homeless or at severe risk of homelessness, 68 percent with prior incarceration records and a large number with risk behaviors such as recreational and injection drug use.[x]

- *Housing discrimination and AIDS stigma.* The National HIV/AIDS Strategy addresses actions to achieve a reduction in HIV-related disparities and health inequities as one of its four major goals. In addition to racial and ethnic discrimination, AIDS-related stigma and discrimination add to barriers and disparities in access to appropriate housing and care along with adherence to HIV treatment.[xi] With limited availability of affordable housing units in many communities, concern continues to grow regarding how AIDS-related stigma and discrimination impact equal access to housing offered in the private rental market. HIV infection tends to disproportionately affect the same populations most impacted by housing discrimination—those households who are poor, of minority sexual or gender identity groups, and/or those who are racial or ethnic minorities and persons with substance abuse issues, mental illness and past records of incarceration. Special attention must be paid to persons living with HIV/AIDS who may face housing-related stigma and discrimination compounded by their intersecting minority, class, and/or health status. In a recent report prepared for the CDC, the District of Columbia estimated that 40 percent of persons who know their HIV diagnosis are not in care because of issues of stigma and discrimination. In December 2010, the Center for HIV Law and Policy conducted a study of the legal needs of those living with HIV/AIDS across eleven southern states. The report noted that accessing affordable housing was the most pressing unmet need. Overall,

62 percent of the respondents stated that access to affordable housing was the legal need they required most and 30 percent identified a need for representation in housing discrimination cases.

- *HOPWA grantees report significant level of unmet housing needs.* Nationally, grantees in 2011 reported that more than 163,000 HIV-positive households had unmet housing needs, as documented through Consolidated Plans, project data, housing waiting lists, and related planning sources. If combined with the 60,234 households served in 2011 by HOPWA, it could be estimated that the program currently serves approximately one-third of those households in need. Related Federal programs also document this range of HIV housing need, with 103,000 recipients of Ryan White Care programs reported to be in non-permanent housing and over 25,000 homeless persons known to be living with HIV reported in the sheltered homeless population.[xii]

3b. How does the HOPWA Program help Solve the Problem?

- *HOPWA is essential to the nation's effort to reduce homelessness for persons with the worst case housing needs who are challenged with HIV, and to related efforts to reduce the spread of the HIV epidemic.* HOPWA housing support is a critical component at the center of national HIV care and prevention efforts. Adequate housing is a necessity in order to promote stability that enables clients to access HIV services provided under Ryan White CARE Act and other human services programs. HOPWA is the portal into care for unstably housed people and provides on-going support to remain in care. The HOPWA statute provides unique authority to allow projects to target housing interventions to a special needs population and to serve as a bridge in coordinating access to other mainstream support. As worst case housing needs continue to rise in this population, HOPWA assistance protects economically vulnerable residents who have a disabling, communicable disease that remains subject to challenges from misinformation, stigma and discrimination. Stable outcomes achieved by the program also support tremendous cost savings by removing persons from high cost emergency care and helping avoid lifetime HIV costs by helping to prevent the spread of HIV.[xiii]

- *HOPWA-funded housing is an effective platform for linking PLWHA to care and improving health outcomes***.** Research continues to demonstrate that housing stability significantly increases HIV-positive clients' entry into and retention in care, and increases their adherence to complex HIV treatment regimens – resulting in improved health outcomes, as well as reduced HIV transmission. A recent Los Angeles study of 14,875 Ryan White clients who had at least one medical outpatient visit found that those who were living in unstable housing (homeless or transitional housing) were 1.4 times more likely to fall out of care than those with permanent housing.[xiv] Homeless persons with HIV/AIDS experience increased morbidity and mortality, more hospitalizations, and decreased adherence to antiretroviral treatment, as compared to PLWHA who are stably housed.[xv] According to a 2006 systematic review on the subject, there was a significant positive association between increased housing stability among persons living with HIV/AIDS and improved health outcomes, including utilization of health and social services.[xvi] Homeless persons with AIDS who obtain supportive housing have been shown to have a lower risk of death than those who do not obtain housing.[xvii] Research shows that persons with HIV who are in stable housing reduce HIV risk behaviors, and better adhere to complex treatment regimens, thereby reducing their risk of HIV transmission to others. Persons with stable arrangements in housing and care also help reduce potential for development of multidrug-resistant strains of HIV. The current request will maintain existing HOPWA projects and continue support for beneficiaries though rental assistance and other permanent supportive housing, with results for 95 percent shown to have stable housing outcomes (reported in annual grantee performance reports). Without this vital housing resource, our nation's investment in HIV medications would be undermined.

- *Stable housing is one of the most cost-effective strategies for driving down soaring national HIV/AIDS costs.* For decades, the number of persons living with HIV in the United States has continued to climb. Advances in antiretroviral therapy have saved countless lives, but no cure exists and people living with the virus struggle with the inordinate costs of those treatments keeping them alive. Recent estimates put the annual direct costs of HIV medications at between $17,000 and $41,000 per person per year (an average of $2,100 monthly[xviii]), depending on the severity of an individual's infection.[xix] Lifetime treatment costs per person are estimated to be $367,134.[xx] The Federally funded AIDS Drug Assistance Program, which assists with medical costs for low-income PLHWA, currently maintains a waitlist which, from July 2010 to December 2011 increased from 2,090 persons to 4,387 persons—an increase of more than 200 percent. Increasingly, the tools are available to fight the epidemic, but funds to purchase these tools are limited. In fiscal year 2010, the Federal Government spent over $19 billion in HIV prevention, care, and research[1]. HOPWA assistance is a simple way to safeguard the national investment in HIV care because stable housing has repeatedly been shown to be a highly cost-effective strategy for stabilizing this medically fragile population.

  PLWHA who are homeless or unstably housed have been shown to be more likely to demonstrate frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to PLWHA who are stably housed.[xxi] Research conducted by the AIDS Foundation of Chicago has shown that homeless persons living with AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, as compared to persons who remained homeless or unstably housed. Moreover, substantial cost savings were achieved by reducing emergency care and nursing services for this population.[xxii] These acute care expenses drastically increase Medicaid costs among unstably housed and homeless persons living with HIV/AIDS. HOPWA housing assistance, along with appropriate linkages to care and services, stabilizes this population and significantly reduces emergency medical and other acute care costs. Prevention, not just treatment, is also a key to reduced spending: Housing stabilization can lead to reduced risk behavior and reduced HIV transmission (as described below), a significant consideration for federal HIV prevention efforts. It is estimated that preventing approximately 40,000 new HIV infections in the United States each year would avoid expending $12.1 billion annually in future HIV-related medical costs, assuming the current standard of care.[xxiii]

  HOPWA also serves as a supportive housing intervention, similar to activities undertaken by HUD's homeless assistance programs. These permanent supportive housing projects support the most difficult to serve population – persons who are living with HIV and also who are chronically homeless, and homeless individuals and families with significant disabilities. Research on this special needs population conducted by the University of Pennsylvania and others clearly shows that these programs have proven to be cost effective. Before housing placement, research showed that this disabled population accumulated, on average, $40,451 in public service use before housing placement. After placement, savings in public service use was estimated at $12,146 per placement in housing.[xxiv]

- *HOPWA links PLWHA to an expert network of HIV housing providers sensitive to their needs.* HOPWA grantees and their project sponsors have direct experience in addressing HIV. This includes the expertise and ability to link to and coordinate comprehensive services necessary to meet the complex needs of persons living with HIV/AIDS. These projects rapidly stabilize this medically vulnerable and highly stigmatized population, while facilitating and assisting their participation in care. In fiscal year 2011, HOPWA grantees reported that housing assistance (permanent, short-term or transitional) was provided to 60,234 households. These supportive housing efforts are carried out through well-established, multidisciplinary service delivery networks that include 985 public, nonprofit and faith-based organizations with expertise in HIV-specific housing and care.

- *HOPWA is a response to AIDS housing discrimination.* Communities benefit from HOPWA grant resources because they enable them to identify and address housing barriers that inhibit low-income PLWHA in accessing affordable stable housing, with linkages to care and support, free from discrimination. By ensuring that communities must affirmatively plan and address HIV needs, HOPWA also broadens the partnerships needed to more fully address these challenges. At a minimum, communities must make HUD housing subsidies and related resources available to this client population. By assisting this target population, HOPWA also promotes more equity in access for disadvantaged households and in providing information on housing resources and requirements in operating programs consistent with Federal protections for persons with HIV/AIDS under fair housing and disability rights laws. In addition to the HOPWA role in improving access to housing, HUD has significant tools to help address these forms of housing related discrimination.

  HOPWA also promotes cross-program collaborations within HUD, such as support for PD&R research and activities that support goals for fair housing in information shared within the provider network and with clients about legal protections available to combat forms of housing discrimination. Since 2009, HUD's fair housing office has noted that over 44 percent of discrimination cases involve persons with disabilities and data is reported that 161 cases filed for HUD actions are identified on HIV/AIDS housing discrimination. HUD's Office of Policy Development and Research has also initiated a study and HUD will provide guidance to promote equal access to housing and to address issues of stigma as seen in housing discrimination facing lesbian, gay, bi-sexual, and transgender persons and couples. A continued high level of AIDS discrimination is shown in recent reports.

- *Stable housing reduces an individual's risk of contracting HIV and of transmitting the virus to others.* Homelessness is known to increase the probability that a person will engage in sexual and drug-related risk behaviors that put themselves and others at heightened risk for HIV. One recent study showed, for example, that among PLWHA, an improved housing situation led to reduced drug-related and sexual risk behaviors by as much as 50 percent, while those whose housing status worsened actually increased their risk behaviors.[xxv] In addition, people with HIV who have access to stable housing are more likely to receive and adhere to antiretroviral medications, which lower viral load and reduce the risk of HIV transmission.[xxvi] A study published in May 2011 by the National Institutes of Health found that persons who begin antiretroviral treatment at an earlier stage of

disease are 96 percent less likely to transmit the infection than those who begin treatment later.[xxvii] Housing is critical because it has been repeatedly shown to help people enter care sooner. Finally, by linking PLWHA to care and improving medication adherence, stable housing can reduce the public health threat of drug-resistant viral strains, a known consequence of poor medication adherence.[xxviii]

3c. Relationship of this funding request to performance.

Funding the HOPWA program would allow maintenance of project activities that would continue to assist vulnerable HIV-positive households through a combination of permanent housing and short-term or transitional support to help avert potential homelessness. The housing stability resulting from this support would facilitate beneficiaries' participation in care, increase their access to non-medical services, and help improve their health outcomes.

- *Prior Year Performance.* In fiscal year 2011, HOPWA projects served 60,234 households, of whom an estimated 75 percent were extremely low-income (at or below 30 percent of Area Median Income) and 16 percent were very low-income (at or below 50 percent of Area Median Income). Among new clients served in 2011, over 4,500 (15percent) were both homeless and HIV-positive at point of entry, and of all clients nearly 2,800 were veterans who are living with HIV.
- *Support for HUD Agency Goals.* In 2011, HOPWA contributed to HUD's strategic goal of increasing the affordable housing by providing permanent housing support to 25,656 households, including 18,139 households through TBRA and 7,517 in community residences and other permanent housing facilities. Approximately 387 of these were new units developed in fiscal year 2011, making a modest contribution to this goal. Further, by providing short-term housing, transitional housing, or short-term rent, mortgage and utility (STRMU) assistance to 35,275 households, HOPWA helps to end homelessness and substantially reduce the number of families and individuals with severe housing needs.

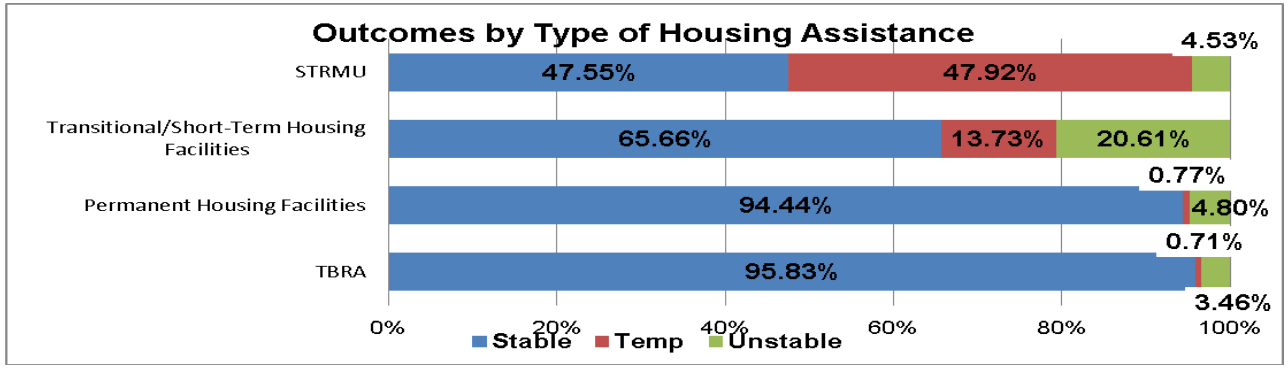
3d. Impact of Program Termination

Without this funding, housing assistance would end for close to 60,000 households, including almost half of which are stable households in permanent housing, and the additional households who would not receive short-term or transitional assistance that helps prevent homelessness or retain stable housing arrangement. Many currently served low-income, vulnerable households could become homeless or enter shelters (if available), and would not have access to the support services essential to stable arrangements. Without this stabilizing support, it can be expected that many individuals with HIV infection would become non-adherent to HIV treatment or fall out of care, and be more likely to engage in unsafe behaviors associated with HIV transmission. This in turn would increase their potential to transmit the HIV virus to other persons. If HOPWA was terminated, achievement of the NHAS goal to increase the number of permanently housed persons living with HIV or AIDS would not be possible.

4. How do we know that this Program works?

- *HOPWA is highly targeted to serve persons with lowest incomes and worst case housing needs.* Based on 2011 grantee reports, 75 percent of households were extremely low income (ELI, less than 30 percent of AMI) in fiscal year 2011, and an additional 16 percent were very low-income (VLI, 31-50 percent of AMI). By stabilizing these chronically ill and economically disadvantaged persons, HOPWA reduces homelessness and provides a stable housing platform from which PLWHA might also access other local and federal resources. While anyone can become infected with HIV, some Americans are at greater risk than others. HIV disproportionately affects minorities, persons who are poor, and disadvantaged urban centers. Data on HOPWA beneficiaries tend to reflect this uneven impact. In fiscal year 2011, nearly 52 percent of HOPWA beneficiaries self-reported as Black or African American, 38 percent as White, and 7.5 percent as multi-racial. Approximately 18 percent were Hispanic.

- *HOPWA Clients Achieve High Levels of Planned Stable Housing Outcomes and Access to Care.* HOPWA grantees report annually on program results, including but not limited to expenditures and housing activities, leveraged funds, households served, and clients' housing and access to care outcomes. Housing stability is reported for each household based on an assessment of the household's end-of-year housing arrangements, and the reasonable expectation that they will remain in this housing. Of the 60,234 households receiving housing support in fiscal year 2011, 95 percent of households receiving permanent housing assistance remained stably housed, and 95 percent of recipients of STRMU, and 79 percent of those receiving other short-term or transitional support, had reduced risks of homelessness or maintained their housing stability.



HOPWA grantees also reported high levels of care participation and access: 87 percent of households had contact with a health care provider consistent with their care plan, and 86 percent have accessed and maintained medical insurance or assistance.

- *HOPWA programs are also successful in securing other public and private resources to supplement HOPWA grant funding.* In fiscal year 2011, 30,793 households received housing support through a reported $730 million in other leveraged funds

connected with these programs. For every $1 spent on HOPWA housing assistance or supportive services, an additional $2.36 of leveraged funds are used to benefit this vulnerable population. Grantees report that they coordinate in using other Federal resources ($135 million) along with state and local resources ($521 million) and support from foundations and agency resources ($46 million). Grantees also track and report on program income ($1.7 million) and receipt of resident rents ($26.7 million).

HOPWA Results are based on Research and Evaluation.

- *HUD-CDC Housing and Health (H&H) Study.* The HUD-CDC joint Housing and Health Study was a multi-site randomized trial undertaken to examine the health, housing, and economic impacts of providing HOPWA assistance to homeless and unstably housed persons living with HIV/AIDS. As published in peer-reviewed journals in recent years, findings from the joint study have demonstrated that HOPWA housing assistance serves as an efficient and effective platform for improving the health outcomes of persons living with HIV/AIDS and their families.[xxix] Outreach involved clients with long histories of homelessness, often involving co-occurrence of substance abuse histories and criminal background histories in three cities that documented significant unmet housing needs (over 500 PLWA on waiting lists). Housing voucher recipients became stably housed significantly faster than those in the customary care comparison group and retained their housing regardless of prior homeless history.
- *Process Evaluation of the H&H Study.* Given its unique data set involving CDC research, HUD is currently conducting a second look process evaluation of the on-going results from the HUD-CDC Housing and Health Study. This evaluation will examine, at the studies three sites (Los Angeles, Baltimore, and Chicago), the local program factors and management processes that contributed to and followed from the results of the joint study. Findings from this process evaluation will be combined with those from an extensive literature review on the subject to develop a technical assistance tool on best practices for grantees.
- Refined Diagnostic Tools to Evaluate Program Performance. The program has increased the timeliness and accuracy of grantee performance reports through refinement of data collection tools and the provision of extensive technical assistance to grantees. Recent OMB-approved revisions to the HOPWA reporting forms will reduce grantee reporting burden by providing clear, concise directions as well as eliminating form redundancies. Technical assistance tools will also support this effort. In addition, grantees will begin quarterly reporting on housing units, job placements, and the number of extremely low-income households served. Publication of each grantee's expenditures, housing activities, and outcomes posted on the website for public view will increase program accountability and transparency and will enable grantees to assess their results and identify actions that will help them to refine their programs.

Plans for Program Improvements.

- *HOPWA Program Modernization.* The Housing Opportunities for Persons with AIDS (HOPWA) program is an essential tool for communities to address the housing needs of low-income persons living with HIV/AIDS. The HOPWA statute should be updated to better reflect the nature of an epidemic that has been transformed by advances in HIV health care, and by the increasingly disproportionate impact of the virus on communities of poverty. HOPWA modernization legislation will be transmitted to Congress in the spring. The following program changes will be included in the proposal, which would bring HOPWA into greater alignment with other Federal HIV/AIDS and housing programs.

- *Formula Change*. HOPWA formula change is recognized as a key pending action in the National HIV/AIDS Strategy, and follows recent guidance from the CDC on the use of data on persons living with HIV as the single best measure of the current geographic burden of this epidemic. No longer would funding be allocated based on cumulative cases of AIDS—a measure which includes over 650,000 people who have died since 1981, and which excludes the approximately 360,000 people currently living with HIV who remain at risk of progressing to AIDS. Additionally, the revised formula would include a new factor that targets funding more fairly by incorporating local housing costs (Fair Market Rents) and community need (poverty rates). This would help target public resources to better serve the 72 percent of 1.2 million Americans living with HIV who have not yet achieved optimal health status due to a range of challenges becoming stabilized and participating in appropriate care.
- *Expanding Short*-Term Housing Interventions. In addition to formula change, this proposal includes a provision that would expand HOPWA eligible activities to include short-term housing interventions as a cost-effective option to meet the diverse stabilization needs of vulnerable households. Building on the success of short-term interventions like the Homelessness Prevention and Rapid Rehousing (HPRP) program, this HOPWA update would allow communities to utilize more practical and flexible rental assistance term limits (e.g., 3 to 6 months), where appropriate.
- *Enhanced Support for Community Planning.* Grantees submit a Consolidated Plan to HUD every 3-5 years, describing their strategic community development and affordable housing goals for the term of the Plan. They must also submit Annual Action Plans describing how each year's grant allocations will be spent according to the strategy laid out in the Consolidated Plan. Performance and program outcomes are reported to HUD annually. HUD is improving the Consolidated Plan's effectiveness with expanded data and a web-based mapping tool and planning template. Consolidated Plan enhancements are anticipated to be complete by April of 2012.
- *Strengthened and Coordinated Technical Assistance.* HUD's new OneCPD technical assistance (TA) approach breaks down funding silos to address communitywide CPD grantee technical assistance needs and build capacity for successful and accountable grants management. Among its many benefits, this technical assistance can help grantees, particularly nonprofit organizations, to inventory and leverage community resources by building partnerships with philanthropies, community development corporations, and other important civic institutions.
- *Invigorated HOPWA Efforts to address potential for Waste, Fraud and Abuse.* HOPWA in conjunction with other HUD programs has engaged in new efforts to strengthen management practices that guard against potential for waste, fraud and abuse. In addition to enhancements made to the Consolidated Plan for improving planning by communities in targeting assistance as part of leveraged housing efforts, HOPWA is also a component of the new capacity building efforts promoted through the use of an OneCPD approach to technical assistance. CPD has upgraded data matrix tools that profile current performance data by grantee. These updated tools add increased transparency to managing resources and in sharing with

grantees, stakeholders and the public how these Federal resources are "on-track" for meeting obligations, expenditures, and commitment to projects, and in balances of unexpended funds subject to recapture through the posting of on-line reports. for CPD has taken sanction actions and designed new cross-program actions with grantees that have demonstrated deficiencies in using funds in an accountable method. Data on the HOPWA program is based on the collection of annual grantee reports and active use of HOPWA financial systems that provide current obligation, commitment and expenditure information. HOPWA performance information is available in individualized grant profiles through www.hud.gov/offices/cpd/aidshousing. Since 2008, the use of this profile has supported greater public transparency in seeing HOPWA results in the community and helps to improve understanding on how projects contribute to meeting area needs. Information on point of contact for community partners is also posted in a HOPWA locator to help potential clients identify the local providers operating in their community as they seek support from available resources.

Distribution of Funds by Grantees. The distribution of the 2013 appropriation request for HOPWA formula funds is according to 2011 actual grantees and the 2012 actual amounts (as rounded to nearest thousand) and as projected for the 2013 appropriation request.

HOPWA FORMULA GRANTEE	2011 ACTUAL	2012 ACTUAL	2013 ESTIMATE
	(Dollars in Thousands)		
Alabama	$1,402	$1,406	$1,398
Birmingham	586	588	584
Arizona	223	224	223
Phoenix	1,779	1,785	1,774
Tucson	454	456	453
Arkansas	544	546	543
Little Rock	319	320	318
Bakersfield	376	378	375
California	2,694	2,703	2,686
Fresno	353	354	352
Los Angeles	12,628	12,667	12,590
Oakland	2,514	2,521	2,506
Riverside	1,971	1,977	1,965
Sacramento	884	887	882
San Diego	2,885	2,894	2,876
San Francisco	9,782	9,812	9,753
San Jose	862	864	859
Santa Ana	1,541	1,546	1,537
Colorado	425	426	424
Denver	1,565	1,570	1,560
Bridgeport	832	834	829
Connecticut	284	284	283
Hartford	1,131	1,135	1,128
New Haven	1,002	1,005	999
Delaware	206	206	205
Wilmington	687	689	685

HOPWA FORMULA GRANTEE	2011 ACTUAL	2012 ACTUAL	2013 ESTIMATE
	(Dollars in Thousands)		
Washington, DC…	$13,796	$13,838	$13,755
Cape Coral	453	454	451
Florida	3,680	3,692	3,669
Ft. Lauderdale	9,305	9,334	9,277
Jacksonville-Duval	2,817	2,825	2,808
Lakeland	634	636	632
Miami	12,499	12,538	12,462
Orlando	3,641	3,652	3,630
Palm Bay	340	341	339
Bradenton	459	461	458
Tampa	3,549	3,560	3,538
West Palm Beach	3,478	3,488	3,467
Atlanta	10,143	10,174	10,113
Augusta	426	427	425
Georgia	2,019	2,025	2,013
Hawaii	179	179	178
Honolulu	473	475	472
Chicago	6,371	6,390	6,352
Illinois	1,016	1,019	1,013
Indiana	981	984	978
Indianapolis	885	888	883
Iowa	406	407	405
Kansas	385	387	384
Kentucky	502	503	500
Louisville	554	556	553
Baton Rouge	2,303	2,310	2,296

HOPWA FORMULA GRANTEE	2011 ACTUAL	2012 ACTUAL	2013 ESTIMATE
	(Dollars in Thousands)		
Louisiana	$1,234	$1,238	$1,230
New Orleans	3,417	3,427	3,406
Baltimore	8,888	8,915	8,862
Frederick	823	826	821
Maryland	399	400	398
Worcester	402	403	401
Boston	1,884	1,890	1,879
Lowell	704	707	702
Lynn	357	358	356
Massachusetts	198	198	197
Springfield	472	474	471
Detroit	2,017	2,023	2,011
Michigan	1,052	1,055	1,049
Warren	496	498	495
Minneapolis	1,007	1,010	1,004
Minnesota	139	140	139
Jackson	982	985	979
Mississippi	951	954	949
Kansas City	1,111	1,114	1,107
Missouri	531	532	529
St. Louis	1,376	1,381	1,372
Nebraska	349	350	348
Las Vegas	1,106	1,109	1,102
Nevada	256	257	255
Camden	711	714	709
Woodbridge/Edison	1,498	1,502	1,493
New Jersey	1,178	1,181	1,174
Newark	6,646	6,667	6,627

HOPWA FORMULA GRANTEE	2011 ACTUAL	2012 ACTUAL	2013 ESTIMATE
		(Dollars in Thousands)	
New Mexico	$281	$281	$280
Albuquerque	324	325	323
Albany	508	509	506
Buffalo	567	569	565
New York	2,155	2,161	2,148
Jersey City	2,921	2,930	2,912
Paterson	1,381	1,385	1,377
New York City	55,967	56,139	55,801
Poughkeepsie	699	701	696
Rochester	713	716	711
Islip Town	1,837	1,842	1,831
Charlotte	814	817	812
North Carolina	2,398	2,405	2,391
Wake County	679	681	677
Cincinnati	658	660	656
Cleveland	963	966	960
Columbus	769	771	766
Ohio	1,265	1,269	1,261
Oklahoma	248	249	247
Oklahoma City	519	520	517
Tulsa	350	351	349
Oregon	376	378	375
Portland	1,087	1,090	1,084
Pennsylvania	1,600	1,605	1,595

HOPWA FORMULA GRANTEE	2011 ACTUAL	2012 ACTUAL	2013 ESTIMATE
	(Dollars in Thousands)		
Allentown	$322	$323	$321
Philadelphia	7,385	7,408	7,363
Pittsburgh	729	731	727
Providence	872	875	870
Charleston	548	550	547
Columbia	1,541	1,546	1,537
South Carolina	1,728	1,733	1,723
Memphis	1,541	1,546	1,537
Nashville-Davidson	912	915	909
Tennessee	917	920	914
Austin	1,097	1,100	1,093
Dallas	3,970	3,982	3,958
El Paso	356	357	355
Ft. Worth	936	939	933
Houston	7,127	7,148	7,105
San Antonio	1,169	1,172	1,165
Texas	2,807	2,816	2,799
Salt Lake City	387	388	386
Utah	127	128	127
Richmond	782	784	779
Virginia	725	727	723
Virginia Beach	1,094	1,097	1,090
Seattle	1,810	1,816	1,805
Washington	722	724	720
Milwaukee	577	579	575
Wisconsin	460	462	459
Puerto Rico	1,806	1,812	1,801
San Juan Municipio	6,313	6,333	6,295

HOPWA FORMULA GRANTEE	2011 ACTUAL	2012 ACTUAL	2013 ESTIMATE
		(Dollars In Thousands)	
West Virginia.	$337	$336	$336
Greensboro.....	305	305	305
Total Formula Grants.....	297,888	298,800	297,000
Total Competitive/Renewal Grants....	33,099	33,200	33,000
Transformation Initiative.....	3,343	0	0
Total HOPWA.....	$334,330	$332,000	$330,000

COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
SUMMARY OF RESOURCES BY PROGRAM
(Dollars in Thousands)

Budget Activity	2011 Budget Authority	2010 Carryover Into 2011	2011 Total Resources	2011 Obligations	2012 Budget Authority/ Request	2011 Carryover Into 2012	2012 Total Resources	2013 Request
Formula Grants	$297,888	$80,400	$378,288	$288,636	$298,800	$89,652	$388,452	$297,000
Competitive Grants	33,099	30,846	63,945	63,616	33,200	329	33,529	33,000
Technical Assistance ..	...	89	89	...	...	89	89	...
Transformation Initiative	3,343	...	3,343	...	...	...	...	...
Total	334,330	111,335	445,665	352,252	332,000	90,070	422,070	330,000

NOTES:

1. The 2010 Carryover Into 2011 column includes $418 thousand of funds recaptured in fiscal year 2011. Of the recaptured funds, $329 thousand were competitive grants and $89 thousand were technical assistance funds.
2. The 2011 Total Resources column includes $3.343 million of funds that were transferred to the Transformation Initiative Fund.

COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
Appropriations Language

The fiscal year 2013 President's Budget includes proposed changes in the appropriations language listed and explained below. New language is italicized and underlined, and language proposed for deletion is bracketed.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), [$332,000,000] *$330,000,000*, to remain available until September 30, [2013] *2014*, except that amounts allocated pursuant to section 854(c)(3) of such Act shall remain available until September 30, [2014] *2015*: *Provided*, That the Secretary shall renew all expiring contracts for permanent supportive housing that were funded under section 854(c)(3) of such Act that meet all program requirements before awarding funds for new contracts and activities authorized under this section[: Provided further, That the Department shall notify grantees of their formula allocation within 60 days of enactment of this Act].

Changes from 2012 Appropriations

No change in language, just the amount of requested funding and period of availability for funding to reflect fiscal year 2013 appropriations request.

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