

Implementing the National HIV/AIDS Strategy

A Report to the White House Office of National AIDS Policy

February 2011

U.S. Department of Housing and Urban Development
Office of Community Planning and Development



 NATIONAL
HIV/AIDS
STRATEGY

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Executive Summary

The U.S. Department of Housing and Urban Development (HUD) is pleased to provide this operational plan to help guide this agency's actions under the National HIV/AIDS Strategy (NHAS) for the United States. Together, HUD and its Federal and community partners will advance the national response to HIV/AIDS by focusing on the three major goals of the Strategy: to **reduce HIV infection**; to **increase access to care and improve health outcomes for persons living with HIV/AIDS**; and to **reduce HIV-related health disparities**.

As the nation's housing agency, HUD will contribute to these efforts through actions to maximize the effective use of housing resources and integration of housing programs with comprehensive HIV care and support services. The Assistant Secretary for Community Planning and Development (CPD) will direct this agency's efforts, with support from CPD's Office of HIV/AIDS Housing. CPD undertakes this role as the lead program office within HUD responsible for administering the Federal government's targeted HIV housing resources. In FY2010 these included \$335 million allocated through the Housing Opportunities for Persons with AIDS (HOPWA) program to assist communities across the nation in providing housing assistance for people living with HIV/AIDS. CPD also manages homeless assistance programs that partner with other leveraged resources to create comprehensive housing plans through the Consolidated Planning process. Representatives of other HUD programs will provide input and participate in collaborative actions led by HUD and the Department of Health and Human Services (DHHS).

The NHAS Federal Implementation Plan assigns HUD lead responsibility for two specific activities: (1) Work with Congress to develop a plan to shift to HIV/AIDS case reporting as a basis for HOPWA formula funding, and (2) Collaborate with other Federal agencies to identify ways to increase access to non-medical supportive services (e.g. housing, nutrition, transportation). In addition, HUD is to partner with DHHS and other agencies on more than 20 related prevention, care and treatment activities and coordinating actions.

Related Departmental efforts are also addressed in HUD's FY 2010-2015 Strategic Plan and the Interagency Council on Homelessness' *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. These documents set forth ambitious goals to end chronic homelessness and prevent future homelessness, increase the supply of affordable housing, and better align mainstream housing, health, education and human services. Proposed strategies to increase stable housing for low-income, homeless and special needs populations, and to enhance their access to health care, supportive services, income supports, employment and other assistance, are well aligned with NHAS goals and activities.

In advancing the NHAS through the agency operational plan that follows, the Department will draw upon the wealth of resources offered by its mainstream and targeted housing programs, while also working with nationwide service delivery providers for special needs populations and operating in partnership with health care agencies and area nonprofit organizations. CPD's Consolidated Planning and Continuum of Care homeless assistance programs will also be important resources, particularly as we strive to reduce HIV/AIDS in communities of greatest need. Other programs at the Federal, state and local level, as well as private resources, must also be part of the collaborative solutions necessary to meeting the housing-related needs of persons living with HIV and AIDS. HUD commits to collaborate with States and communities to develop place-based approaches to better plan, allocate and evaluate the multiple resources used to achieve housing stability and improved health. Those communities that have made strides in these areas will be highlighted as model programs to inform our efforts to achieve more effective and equitable results in other communities. These model efforts have often been the bridges between funding silos—for housing, medical care, and social services—and have demonstrated that housing is a vital ingredient for improved health outcomes among people living with HIV in a comprehensive, effective HIV care system.

This operating plan will be developed and updated in consultation with Federal, State and community level agencies; public, private and nonprofit agencies; and consumers, advocates and other key stakeholders. As the number of HIV/AIDS infections fails to fall each year in this country, we are faced with a most daunting challenge—but also a critical opportunity. Moving forward, HUD pledges to undertake its efforts with not only seriousness of purpose, but also transparency: It is our hope that results for our beneficiaries and communities will be achieved by opening the lines of communication and learning among our partners and stakeholders. As we work to support state and local planning, consultation and program coordination, we will also help ensure that the work done on behalf of clients living with and at risk for HIV/AIDS is as efficient, results-oriented, and synergistic as possible. A reinvigorated approach as envisioned in the NHAS, HUD's Strategic Plan and other national strategies holds the promise of true progress toward preventing HIV/AIDS and improving quality of life among those already living with this illness.

Background

In July, 2010, the National HIV/AIDS Strategy (NHAS, the Strategy) was announced by the President to envision an invigorated national response to the HIV epidemic in the United States. The Strategy contains three major goals: to reduce HIV infection; to increase access to care and improve health outcomes for persons living with HIV/AIDS; and to reduce HIV-related health disparities. These overarching goals are to be achieved through specific Federal action steps identified in an accompanying Federal Implementation Plan. The Strategy also calls for a more coordinated Federal, State and local response with active and innovative partnerships among public, non-profit, and private stakeholders.

HUD is one of six Federal agencies that collaborated in an interagency workgroup to develop the National HIV/AIDS Strategy and Federal Implementation Plan. As the nation's housing agency, HUD officials articulated the role of housing as a critical component in a comprehensive HIV prevention and care system. The Strategy recognizes housing as a key structural intervention and contains actions to integrate housing with other needed services.

Re-thinking HIV/AIDS Prevention and Care: Why Housing?

Access to affordable housing along with care, when needed, has been one of the chief concerns of persons living with HIV/AIDS and their advocates since the start of the epidemic. Yet the provision of housing has not been clearly understood as a key element in community approaches to HIV prevention and care. Many people living with HIV/AIDS face multiple life challenges—physical disabilities, mental illness, substance use disorders, comorbidities and other health issues—that present unique barriers to accessing housing, health care and services. Such co-occurring conditions can limit their ability to function independently or to maintain steady employment. These challenges, especially if compounded by experiences of housing discrimination or limited local affordable housing options, often jeopardize individuals' chances of remaining stably housed.

Limited data exists on the number of homeless persons living with HIV/AIDS. Studies indicate a high proportion of persons living with HIV/AIDS have been homeless or unstably housed during the course of their illness. 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.**¹

HUD's 2009 Annual Homeless Assessment Report (AHAR) to Congress, which is used to measure the extent of homelessness across the country, identified 643,000 people who were

¹ Aidala, A. (2005). Homelessness, housing instability and housing problems among persons living with HIV/AIDS. Paper presented at NAHC National Housing and HIV/AIDS Research Summit I.

homeless on a given night in 2009. HIV infection was reported among 4.2% of sheltered homeless persons. In its shelter inventory, the AHAR found that 2% of transitional housing units were being used to shelter persons living with HIV/AIDS, as compared to 0.8% of emergency shelter units. The latter figure may be due in part to underreporting. Overall, more than 10,900 sheltered beneficiaries in HUD's Continuum of Care homeless assistance programs were persons living with HIV/AIDS.

It is often difficult to link a client's HIV/AIDS status to housing or shelter access, particularly in temporary arrangements like emergency shelters. Concerns about underreporting in these annual homelessness estimates are even more salient considering the social stigma attached to HIV/AIDS, and the fact that an estimated 20% or more of Americans living with HIV do not know their own status.² Research has detected HIV infection rates 3 to 16 times higher among homeless or unstably housed persons, as compared to the general population.³ While it remains difficult to arrive at a final consensus regarding the HIV/AIDS rate in this hard to reach population, each study points to the same underlying problem: Homeless and unstably housed Americans are disproportionately affected by HIV/AIDS.

We also know that the nation's overall housing needs are great. In February 2011, HUD's Office of Policy Development and Research reported that 7.1 million very low income renter households had "worst case needs" due to severe rent burdens, inadequate units, or both. Since 2001, the number of cases has increased by almost 42 percent, now representing more than 6 percent of all households. Because of these dramatic increases, 41 percent of the 17.12 million very low-income renters had worst case needs in 2009. Nationwide, for every 100 extremely low income households, only 32 existing affordable rental units in the area were available.⁴ These findings are of particular concern in part because other research has demonstrated that **HIV/AIDS disproportionately affects individuals living in poverty.**

And yet, importantly, we know that **housing is a base from which individuals can access health care**: stable housing can facilitate adherence to treatment regimens, reduction of HIV risk behaviors^{5,6}, and linkage to much needed care and social services. According to a 2006

² CDC. HIV prevalence estimates—United States, 2006. *MMWR*. 2008; 57: 1073-1076.

³ Kerker, B., Bainbridge, J., Li, W., Kennedy, J., Bennani, Y., Agerton, T., Marder, D., Torian, L., Tsoi, B., Appel, K., Gutkovich, A. (2005). The Health of Homeless Adults in New York City: A report from the New York City Departments of Health and Mental Hygiene and Homeless Services. See also: Robertson, M., Clark, R., Charlebois, E., Tulskey, J., Bangsberg, D., Long, H., and Moss, A. (2004). HIV seroprevalence among homeless adults in San Francisco, *American Journal of Public Health*, 94(7): 1207-1217; Culhane, D., Gollub, E., Kuhn, R., and Shpaner, M. (2001). The co-occurrence of AIDS and homelessness: Results from the integration of administrative data for AIDS surveillance and public shelter utilization in Philadelphia. *Journal of Epidemiology and Community Health*, 55(7):515-520.

⁴ Steffen, B.L., Fudge, K., Martin, M., Souza, M.T., Vandenbroucke, D.A., and Yao, Y.G.D. (2011). *Worst Case Housing Needs 2009: A Report to Congress*. U.S. Department of Housing and Urban Development.

⁵ Angela Aidala, Jay E. Cross, Ron Stall, David Harre, and Esther Sumartojo, "Housing Status and HIV Risk Behaviors: Implications for Prevention and Policy," *AIDS and Behavior* 9, no.3 (2005): 251-265.

systematic review on the subject, there was a “significant positive association between increased housing stability and better health-related outcomes”⁷ including “utilization of health and social services.”⁸ Similarly, in a longitudinal study commissioned by CDC and HUD, HOPWA rental assistance was shown to improve the health status of HIV-positive clients.⁹ Housing status has been shown in other studies to be one of the strongest predictors of health outcomes for persons living with HIV/AIDS (PLWHA) even after controlling for other factors such as drug abuse, mental health and receipt of medical and social services.^{10,11}

HUD’s Strategic Plan and Opening Doors

HUD’s FY 2010-2015 Strategic Plan and the Interagency Council on Homelessness’ *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* also serve as foundations for carrying out activities addressed under this NHAS operational plan. These documents offer ambitious plans to prevent homelessness and substantially reduce the number of individuals and families with severe housing needs. Numerous strategies to better align mainstream housing, health, education and human services are proposed. These strategic actions support much of the National HIV/AIDS Strategy in its call for strengthened housing and other social assistance for people living with HIV/AIDS.

The NHAS Implementation Plan assigns HUD lead responsibility for two specific activities: (1) Develop a plan to shift to HIV/AIDS case reporting as a basis for HOPWA formula funding, and (2) Collaborate with other Federal agencies to identify ways to increase access to non-medical supportive services (e.g. housing, nutrition, and transportation). In addition, HUD is to partner with DHHS and other agencies on over 20 related prevention, care and treatment activities.

This operational plan presents a framework for and summary of the activities that HUD will undertake for those tasks it has been assigned in the Strategy. The plan will be updated

⁶ Daniel P. Kidder, Richard J. Wolitski, and Sherri L. Pals, et al., “Housing Status and HIV Risk Behaviors Among Homeless and Housed Persons with HIV,” *Journal of Acquired Immune Deficiency Syndromes*, vol. 49, no. 4 (December 1, 2008), pp. 453-454.

⁷ Leaver, et al. (2007). “The effects of housing status on health-related outcomes in people living with HIV: A systematic review of the literature.” *AIDS & Behavior*, 11(6)/Supp 2: S85-S100.

⁸ Ibid.

⁹ Richard J. Wolitski, Daniel P. Kidder, Sherri L. Pals, Scott Royal, Angela Aidala, Ron Stall, David R. Holtgrave, David Harre, Cari Courtenay-Quirk . Randomized Trial of the Effects of Housing Assistance on the Health and Risk Behaviors of Homeless and Unstably Housed People Living with HIV. *AIDS and Behavior* Vol. 14(3): 493-503.

¹⁰ Aidala, A., Lee, G., Abramson, D., Messeri, P. & Siegler, A. (2007). Housing need, housing assistance, and connection to medical care, *AIDS & Behavior*, 11(6)/Supp 2: S101-S115; Culhane, D. (2005). The Co-Occurrence of AIDS and Homelessness. Paper presented at the First Housing and HIV/AIDS Research Summit, Atlanta, Georgia.

¹¹ Kidder, D.P., Wolitski, R.J., Campsmith, M.L., Nakamura, G.V. (2007). Health status, health care use, medication use, and medication adherence in homeless and housed people living with HIV/AIDS. *American Journal of Public Health* 97(12): 2238-2245.

and refined over time with input from key constituents, including a wide range of governmental, private, and nonprofit agencies, providers, consumers and other community representatives. HUD will also participate in regular meetings with other Federal agencies and the Office of National AIDS Policy to assess shared progress toward achieving the goals set forth in the Strategy.

HUD Housing Programs Serving Persons Living with HIV/AIDS

Funding is provided through more than 55 HUD programs to support a wide spectrum of housing activities, including planning, acquisition, rehabilitation and development; operation of housing units and facilities; emergency, rental and mortgage assistance; and supportive services to assist residents in achieving or remaining in stable housing. The majority of HUD's housing assistance programs serve low-income persons and families, and many targeted subpopulations (e.g., persons who are aged or disabled, persons with disabilities, homeless or nearly homeless individuals, and persons with special needs). However, only one program, the Housing Opportunities for Persons with AIDS (HOPWA) program, specifically targets persons living with HIV/AIDS (PLWHA) and links them to HIV-related services.

The HOPWA program was established in 1990 to provide incentives and resources to State and local governments and community partners to provide housing and supportive services to low income persons with HIV/AIDS and their families. HOPWA funds may be used for housing assistance, including the acquisition, rehabilitation or new construction of housing units, costs for facility operations, rental assistance, and short-term payments to prevent homelessness; and supportive services, such as mental health services, substance abuse treatment and counselling, transportation, nutritional services, and case management. The program also fosters planning and coordination of housing resources for this vulnerable population. In fiscal year 2010, the appropriation for HOPWA was \$335 million. Ninety percent (\$298.5 million) was allocated by a formula based on cumulative AIDS cases to 133 qualifying areas. The remaining ten percent (\$33.2 million) funded renewing and continuing competitive grants that demonstrated model approaches to HIV/AIDS housing, and projects in areas that do not qualify for formula allocations. The balance, \$3.35 million, has supported technical assistance and other activities to enhance project management, performance reporting, and data collection functions of this agency.

In program year 2010, grantees utilized HOPWA funds to provide housing support to 60,699 households, and leveraged other funds to provide housing support to an additional 42,866 households. These state and local affordable housing efforts are a vital part of the larger context of community efforts to jointly end AIDS and to end homelessness. However, unmet needs are also reported, as uncovered in area planning efforts and through wait lists.

Achieving Housing Stability¹²

- Most recently, HOPWA permanent housing projects showed that 94 percent of the 25,230 assisted households **achieved housing stability**, and 92 percent of the 35,439 households receiving short-term/transitional housing (total of 35,439) achieved housing stability or reduced risks of homelessness.
- HOPWA projects also **improve client access to care**, with 93 percent shown to have a housing plan for maintaining or establishing stable ongoing housing; 89 percent had contact with case manager/benefits; 84 percent accessed and maintained medical assistance; and 77 percent successfully accessed or maintained qualification for sources of income.
- This housing stability and access to care was achieved for households with limited incomes and often considerable risks of homelessness: **82% of households served with HOPWA assistance were extremely low income**; 12% were very low income; and 6% were low income.

No single HUD program can meet the housing needs of all eligible persons requiring assistance. The HOPWA program, funded at less than one percent of HUD's budget, is not expected to provide housing support for all low-income persons with HIV/ AIDS, but it can serve as a vehicle for coordination of and attention to community needs. HOPWA grantees report that an additional 124,971 households¹³ with PLWHA are in need of housing support, mostly in the form of rental assistance. HUD encourages its grantees to develop community-wide strategies and to form partnerships with other public and private entities to provide housing and other support for eligible persons with HIV/ AIDS. Achievement of the NHAS targets requires the involvement and resources of HUD's mainstream programs and other leveraged State, local, private and nonprofit funds.

People living with HIV/AIDS who meet the program requirements (e.g. low-income, homeless) are eligible for any HUD program for which they might otherwise qualify, including but

¹² HOPWA grantees report annually on program expenditures and activities, leveraged funds, households served and clients' housing and access to care outcomes. One important measure, housing stability, is reported for each household based on an assessment of the household's housing arrangements, and the reasonable expectation that they will remain in this housing. Grantees report on this housing assessment in their annual reports. "**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 exited the HOPWA program for other ongoing arrangements, such as private housing, other subsidized housing, or, where appropriate, placement in an institutional setting to meet their needs. HOPWA grantees also assess status of "**reduced risk of homelessness**," where short-term efforts may have prevented evictions or homelessness, but arrangements are not likely to continue (e.g., less than 90 days) with the assessment noting need for additional housing support. Finally, "**unstably housed**" households are those with negative outcomes (e.g., departure from assistance programs, a new status of homelessness, use of emergency shelter or streets, jail, or another poor outcome for persons disconnected from service or with unknown whereabouts).

¹³ This estimate is based on annual reporting of unmet need by HOPWA grantees, was compiled on November 19, 2010, and includes all grantee reports received as of September 30, 2010.

not limited to assistance from Public and Indian Housing, Housing Choice Vouchers, the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant (CDBG) program, HOME Investment Partnerships, and the Continuum of Care Homeless Assistance programs, as modified by the HEARTH Act. States and communities are encouraged to creatively use these multiple HUD resources, leveraged with non-Federal funding, to create a comprehensive housing system. These resources may benefit PLWHA in a number of ways. For example, the CDBG program allows communities to fund disability-related housing rehabilitation, supportive services (e.g., counseling, transportation, or nutrition), and transitional housing facilities for HIV-positive residents. Similarly, HOME funding may support housing units designated specifically for persons living with HIV/AIDS, and Continuum of Care homeless assistance programs served over 6,000 HIV-positive clients in 2009 alone through a range of activities. Recipients of CPD formula funds are required to submit Five-Year Consolidated Plans and Annual Action Plans that assess housing needs and existing resources for target populations, and demonstrate how the funds will be utilized to address these needs. In addition, HUD's Office of Fair Housing and Equal Opportunity exists to prevent housing discrimination, including discrimination against someone because of a real or perceived disability such as HIV disease.

The Office of Policy Development and Research (PD&R) also supports this effort through policy analysis, research, and evaluation that informs the Department's housing policies and expands the evidence base on the effectiveness of housing interventions. Studies underway include a multi-site investigation on the Impact of Housing & Service Interventions on Homeless Families, which examines how projects promote housing stability, family preservation, well-being, and self-sufficiency; and an evaluation of the Rapid Re-housing for Families Demonstration Program, examining the effects of short term assistance (3-6 months), long term assistance (12-15 months), or both. PD&R has 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 (LGBT) persons and couples. HUD will continue efforts to research and assess program actions that use housing as a platform to improve quality of life, in part by contributing to better health outcomes.

More information about HUD and its programs is available on the Internet at www.hud.gov and espanol.hud.gov.

Agency Operational Plan

In the memorandum accompanying the release of the National HIV/AIDS Strategy, the President called on lead Federal agencies to submit a report by December 2010 to the Office of National AIDS Policy and the Office of Management and Budget, outlining the agency's operational plans for implementing the Strategy. HUD will be a participant in numerous collaborative actions under this Federal effort. This plan outlines a series of actions that it will undertake in the next two years on three areas:

1. As a lead agency, HUD will plan to work with Congress to develop a plan to shift to HIV/AIDS case reporting as a basis for HOPWA formula funding.
2. As a lead agency with DHHS, HUD will seek to collaborate with other Federal agencies to identify ways to increase access to non-medical supportive services (e.g., housing, nutrition services, and transportation) as critical elements of an effective HIV care system.
3. As a Federal partner, HUD will work with DHHS and other agencies on more than 20 other prevention, care, and treatment activities to advance the National HIV/AIDS Strategy.

Lead responsibility for implementing the Department's operational plan is delegated to HUD's Assistant Secretary for Community Planning and Development. The Office of Community Planning and Development (CPD) oversees HUD's largest community development and formula grant programs which target low-income households, as well as programs targeting homeless persons and those with special needs. Primary staff support for HUD's actions under the NHAS will be provided by CPD's Office of HIV/AIDS Housing, which administers the Housing Opportunities for Persons with AIDS (HOPWA) program. This CPD office will serve as point of contact to help facilitate the Federal collaborations with other HUD program offices, as needed, under NHAS actions. Participants may include representatives from HUD's homeless and mainstream housing programs (e.g., Public and Indian Housing, Housing Choice Vouchers, Section 811 and 202 programs, Fair Housing and Equal Opportunity, and other offices) to provide input regarding their programs' contributions to NHAS activities.

HUD will carry out its implementation activities in consultation with key stakeholders and the public. HUD proposes to utilize various mechanisms such as stakeholder meetings, listening sessions and webinars to inform strategies and policies. To achieve the goals specified in the Strategy, HUD and other agencies must obtain and make use of the invaluable input of representatives from diverse public, private and nonprofit groups and, most importantly, from individuals and families living with HIV/AIDS from throughout the nation.

The sections that follow briefly present time-framed actions for making strides within each of HUD's three action areas. Our activities will build upon and disseminate successful models of programs that are currently most effective in housing and supporting PLWHA, while engaging in meaningful planning for future improvements to HUD programs and policies that could most benefit this population. Overall, HUD's efforts to reduce and end homelessness and to increase beneficiaries' access to housing and related supports will also further the Strategy's overarching target of increasing the number of Ryan White clients with permanent housing arrangements by 2015.

[1] WORK WITH CONGRESS TO DEVELOP A PLAN TO SHIFT TO HIV/AIDS CASE REPORTING AS A BASIS FOR FORMULA GRANTS FOR HOPWA FUNDING.

HIV-positive persons—whether they have been diagnosed with AIDS or not—may benefit from HOPWA assistance, provided they meet other eligibility requirements (e.g., housing need and low-income status), based on availability of area resources. The HOPWA formula was crafted 20 years ago to distribute funding to help communities address those HIV/AIDS-related needs reflected in the areas' Consolidated Plans.

Rationale for Change

The provisions of the 1990 HOPWA statute reflected the nature of AIDS surveillance information available at that time. As changes have occurred in HIV/AIDS surveillance tools over time, the method used for allocating HOPWA formula funds has become increasingly dated. At issue is the notion that basing formula funding on *cumulative* AIDS data fails to reflect the present state of our domestic epidemic—or present need. Cumulative data includes information on over one half million Americans who have died due to AIDS. Instead, HOPWA could be based, if authorized to use HIV data, on surveillance information that is being collected by CDC as the standard for tracking and monitoring the current epidemic. HUD could be authorized to use this data, provided by CDC, on the number of persons *currently* living with HIV (including persons living with AIDS). This would better target the distribution of HOPWA housing assistance resources to communities based on a more relevant data set reflecting present need. The allocation of funding based on cumulative cases reported over the past 30 years results in disproportionately less funding for those areas with more recent caseload increases, as compared to those with the longest histories combating the disease.

Additionally, AIDS data alone without *HIV* case counts is becoming less appropriate given advances in HIV treatment. Fewer HIV-positive persons are transitioning to AIDS, given increased access to early testing as well as Highly Active Antiretroviral Therapy (HAART). HUD has observed that the Ryan White program transitioned initially to living AIDS cases as a basis of formula funding in 1996, and then to living HIV and AIDS cases upon reauthorization in 2006.

Another area of consideration regarding the HOPWA funding formula involves the high-incidence factor used to distribute 25% of formula funds. In 1990, this was used to target resources to many of the 38 eligible areas. However, over time most areas of the country have become HOPWA eligible. This factor results in double counting cases in certain high-impact communities based on their status as having a higher-than-average AIDS incidence, as shown in three year data. Finally, it has been recommended that other factors be incorporated into the funding formula. For example, while funds are intended to support housing, no housing cost factor is currently included. Similarly, HOPWA funds are used to assist individuals living at or below 80% of Area Median Income (AMI), yet no priority for poverty factors (e.g. homelessness or extremely low income data) is included in targeting use of these funds.

Recognizing the limitations inherent in the original HOPWA formula, the Department proposed annual budgets between 1998 and 2009 that have sought to modify the method by which HOPWA formula funds are allocated. This involved recommendations to set the formula to incorporate data on both persons living with AIDS and local housing costs. However, the use of data on persons living with HIV has not been available to HUD and its use is not within HUD's statutory authority, which is limited to use of AIDS surveillance data from CDC. HUD has engaged in conversations with CDC about the future use of HIV surveillance data that will include reporting from all states. It is our current expectation that HIV data will be collected and published by CDC for 2012 to reflect available national data on persons living with HIV.

Moving forward, this collaboration can be expected to help support further sharing of information between CDC and HUD. Additionally, HUD expects to engage stakeholders in consultations and solicit public comment on potential changes to the formula. This solicitation of ideas and concerns will help guide the development of formal agency recommendations on the potential incorporation of other factors into the formula; and will assist in the drafting of a legislative proposal containing suggested changes for modernizing the HOPWA formula.

The Current HOPWA Formula

Ninety percent of the HOPWA appropriation is distributed to states and localities through a **formula grant**, and ten percent is distributed through a **national competition**. As enacted in 1990, the HOPWA funding formula distributes formula funds as follows:

- 75% of the allocation is distributed to states or metropolitan areas based on cumulative cases of AIDS, and
- 25% of the allocation is distributed to the largest city within an Eligible Metropolitan Statistical Area based on the city's above average per capita incidence of AIDS (the number of new cases per year) over the past 3 years.

Planned Actions

- 1.1 By the end of May 2011, HUD will engage in discussion with CDC and other DHHS offices regarding the current and future availability of HIV surveillance data and its potential use in the HOPWA formula.
- 1.2 By July 2011, HUD will engage stakeholders in discussions around—and invite their recommendations regarding—potential changes to the HOPWA funding formula, including a shift to HIV case reporting as the basis for formula funding allocations.
- 1.3 By October 2011, HUD will develop estimates of the likely impact on grantees of a variety of recommended changes to the HOPWA funding formula, including a shift to HIV/AIDS case reporting as the basis for formula funding.
- 1.4 By December 2011, HUD will consider stakeholder input and impact estimates to produce a legislative proposal containing potential changes to the HOPWA funding formula.

[2] IDENTIFY WAYS TO COLLABORATE AND INCREASE ACCESS TO NON-MEDICAL SUPPORTIVE SERVICES AS CRITICAL ELEMENTS OF AN EFFECTIVE HIV CARE SYSTEM.

A Growing Need to Access Housing and other Non-Medical Supportive Services

The NHAS recognizes that the provision of housing and non-medical supportive services, such as transportation and food, are often a vital component of care for HIV-positive clients. At HUD, HOPWA and other special needs programs strive to enhance access to non-medical supportive services through comprehensive case management and the development of individualized housing and service plans for eligible households facing HIV-associated challenges. HUD will draw upon existing HOPWA and other special needs projects to serve as models as we promote the development and dissemination of community plans along with technical assistance strategies and materials in support of other geographic areas in need.

Embracing place-based approaches to care. To the extent possible, these non-medical supportive services should be planned and implemented using place-based partnerships fostered among State, local, and tribal governments, faith organizations, nonprofits, private businesses, and community members. “Place-based” or “place-conscious” policies maximize the impact of investment—especially in the jurisdictions of greatest need—by focusing resources in targeted places and capitalizing on the beneficial effects of increased coordination at the local level. By facilitating these local networks of referral, support, and cooperation, place-based policies and programs aim to create synergy between otherwise disparate programs. Together, comprehensive plans for housing and provision of supportive services to

persons living with HIV/AIDS can be developed, strengthened, and implemented—all while being responsive to the particular features of the epidemic as it is experienced in a given community.

Improving Federal collaboration. In addition to these local cooperative networks, the Strategy’s mandate for interagency collaboration presents new opportunities for Federal partnerships to plan, fund and evaluate innovative service delivery models. This applies not only across Federal agencies, but also within them: HUD will seek to foster coordination among its diverse housing programs and develop strategies to break down the “silos” that limit the effectiveness of separate programs. Currently HUD’s HOPWA, homeless assistance and other CPD programs are working together to build the capacity of State and local programs to secure resources and expertise that will increase access of special needs populations to mainstream housing. Among other accomplishments, HUD has successfully partnered with the Substance Abuse and Mental Health Services Administration in a nationwide initiative to increase access of homeless persons to income support. The two agencies jointly developed the SOAR curriculum to train project and case managers to prepare applications for Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). This effort has resulted in higher application approval rates and faster processing times for clients.

iFOUR: Connecting Clients to Vocational Resources Chicago, IL

Reflecting advances in the nature of HIV care, beneficiaries of the *iFOUR Employment Program* receive training, career counseling, mentorship, and internship opportunities to help them achieve greater self-sufficiency. Funded under a HOPWA Special Project of National Significance (SPNS) grant as an innovative project of a nonprofit agency, Chicago House designed the iFOUR program to promote return-to-work opportunities and provide employment services that are responsive to the unique needs of people living with HIV/AIDS. The program design includes a four-week intensive employment preparation that addresses the unique barriers that people living with HIV/AIDS face when returning to work, such as fear of losing benefits, discrimination and stigma, and provides support to manage HIV health issues. It also informs participants on issues of HIV disclosure and confidentiality in the workplace. Through iFOUR, participants gain the tools needed to effectively seek, secure and retain employment, which reduces their reliance on subsidized services for health and economic security.

Enhancing local planning processes. Every three to five years HUD requires local communities to create a Consolidated Plan. This is a tool that allows communities to holistically assess their needs using local data, and to strategically plan how to use HUD and other resources to meet the current needs of its citizens. These data-driven plans can then be implemented with technical assistance in activity design, operation, and evaluation. For example, a HUD technical assistance provider has worked with the City of Tampa, a HOPWA formula grantee, to create a regional HIV/AIDS housing collaborative. This collaborative has

consisted of county and city governments, nonprofit organizations, and citizens—all of whom have worked together to produce a five-year strategy emphasizing homelessness reduction, increased housing stability, and increased access to care for over 5,000 Tampa residents. Because there is such a variety of non-medical supportive elements in an optimal HIV prevention and care system, enhanced local planning processes are critical to ensuring that these services are delivered in a targeted, effective, timely, and coordinated manner. HUD will also identify models of integrated planning that is undertaken by communities in connecting housing efforts under HOPWA and related resources with other Federal, state and local planning bodies, such as HIV prevention and care efforts. This enhanced effort will seek to promote a more coordinated response to the challenges of housing instability and reduce risks of homelessness for people living with HIV/AIDS.

Disseminating Model Programs. Many HOPWA and other HUD projects have demonstrated significant results in the provision of housing and non-medical supportive services. These efforts should serve as models to inform future work. Further, as illustrated by the HOPWA-funded *iFOUR* project (see above), innovations in HIV treatment may increasingly create opportunities for clients to benefit from vocational training, employment services, income supports, and other services to assist them in moving toward independence and greater self-sufficiency. Enhanced partnerships with other HUD programs will also be considered. For example, the Public and Indian Housing program utilizes Resident Opportunities and Self-Sufficiency (ROSS) Service Coordinators to link residents to community resources—including supportive services and resident empowerment activities—tailored to their specific presenting needs. In coordinating Public Housing funds with other public and private resources, the ROSS program may serve as a model for effectively coordinating non-medical HIV prevention and support services for public housing residents living with HIV. Further information on HOPWA model programs is available on the program website at www.HUDHRE.info/HOPWA.

Planned Actions

- 2.1 By May 2011, HUD will engage in discussions with DHHS and other Federal agencies regarding funding, policies and grantee expectations for the provision of supportive services, or linkages that increase access to housing and other non-medical services.
- 2.2 By July 2011, HUD will work with DHHS, other NHAS lead agencies, and other Federal partners to identify model approaches and programs of coordinated service delivery that significantly increase access to non-medical supportive services through innovative case management and other mechanisms (e.g., bundled or braided funding, place-based and collocated services, local partnerships). Effective programs may include those that address
 - Re-entry for post-incarcerated populations

- Employment, job training, and income security
- Mental illness and substance abuse challenges
- Needs of homeless populations (Veterans, Families with Children, Chronic Homeless)
- Interventions to reduce risks of homelessness
- Services in rural areas

2.3 By September 2011, HUD will work with DHHS and other Federal partners to develop and implement strategies to highlight model program designs, through webinars, manuals and guides, as well as on-site technical assistance.

2.4 By October 2011, HUD will engage stakeholders in discussions around—and invite their recommendations regarding—funding, policy and program actions and potential changes to enhance access to housing and supportive services for beneficiaries.

2.5 By December 2011, HUD will initiate steps to realize and apply those recommendations made by its partners and stakeholders for improvements that will most effectively enhance access of HIV/AIDS clients to non-medical supportive services.

[3] PARTICIPATE IN HHS-LED INTERAGENCY COLLABORATIONS TO ADVANCE THE NATIONAL HIV/AIDS STRATEGY.

The Strategy identifies HUD as a collaborative partner on a range of actions designed to:

- better target HIV prevention resources to high need communities and facilitate linkage from testing to care;
- increase the availability and integration of HIV-related services with housing programs through co-location strategies and more flexible grant funding;
- standardize and streamline grantee data and reporting; and
- reduce stigma through strengthened enforcement of HIV-related discrimination protections.

HHS has lead responsibility for these actions, and HUD will involve agency representatives as appropriate for each of these collaborative activities. For example, discussions of strategies to co-locate HIV prevention activities and services will likely involve HUD's Office of Public and Indian Housing, and actions concerning HIV-related discrimination will include HUD's Office of Fair Housing and Equal Opportunity. As in Action 2, HUD will draw upon the expertise and experience of existing HUD programs and grantees that most effectively serve low-income persons and individuals and families living with HIV, mental illness, substance

abuse issues, disabilities and/or other special needs. Model practices will be identified and disseminated and technical assistance efforts will support these activities.

A collaboration of particular interest pertains to the standardization of measures that assess housing status across State and national data systems. HUD has partnered with other agencies to begin developing standards that will guide community use of the Homeless Management Information Systems (HMIS), software that captures the characteristics and service needs of homeless clients over time in a given jurisdiction. The use of standardized measures for homelessness and HIV/AIDS status across a variety of housing, medical care, and supportive service programs will not only aid in coordination of client support, but will also allow communities to more objectively assess program success and plan for future service delivery.

Planned Actions

- 3.1 By December 2010, HUD will establish an ad hoc work group of relevant HUD program representatives (Public and Indian Housing, Community Planning and Development, Policy Development and Research, Fair Housing and Equal Opportunity) for input on potential HUD efforts and participation in Federal collaborative actions.
- 3.2 Based on scheduled discussions by HHS, HUD will link relevant participants as appropriate to the collaborative working groups (e.g., Fair Housing and Equal Opportunity representatives for collaborations regarding HIV/AIDS-related housing discrimination).
- 3.3 By September 2011, HUD will identify and disseminate successful models developed by HOPWA and other HUD grantees that enhance linkages to care, local provider collaboration and integrated service delivery.
- 3.4 By December 2011, HUD will explore efforts with other Federal HIV programs and providers to improve HIV housing and service integration by expanding the use of the Homeless Management Information Systems (HMIS) client-level data elements, as currently used by HUD and SAMHSA homeless programs, and as proposed for use by Veteran's Affairs.

Moving Forward

To ensure that the steps outlined in this Plan achieve a maximal effect, the Department must clarify its research agenda and identify remaining knowledge gaps in the field of HIV/AIDS housing, use data to evaluate and fund evidence-based programs, and promote training and other methods to increase accountability. This includes efforts to ensure understanding of financial management and other requirements, to involve clients in program assessments, and to focus more closely on performance results.

► **Strengthening our research agenda**

As the National HIV/AIDS Strategy makes clear, Federal leadership is critical in supporting research that identifies the most effective HIV prevention and care activities. Only by identifying such activities and conducting rigorous needs assessments can we appropriately deploy resources to those programs that will have a maximal effect. Moving forward, we must use our strengthened reporting and evaluation tools, together with existing research and epidemiological data, to identify and share those programs that are most effective and cost-efficient in linking clients to care, reducing HIV-related disparities, and leading to sustained housing stability outcomes over the long-term.

In 2009, findings were published from a study led by CDC, HUD, and others on housing and health. This multi-site, multi-agency collaboration examined the impact of providing housing for people living with HIV who were homeless or at imminent risk of homelessness on their disease progression and risk of transmitting HIV. Currently, HUD is building on the findings from this study by undertaking a process evaluation to explore the causes and service delivery context of the study's key findings, while also translating the information from this study and other relevant research into technical assistance resources for HOPWA grantees, as part of program enhancement. These resources will document the effectiveness and appropriateness of different housing-based models of care for persons living with HIV or at high risk of infection, and provide a framework for developing policies to prevent homelessness and facilitate rapid rehousing among persons infected or affected by HIV/AIDS. These findings will be used to inform potential changes in programs to improve responsiveness to client needs.

► **Promoting accountability and effectiveness**

As the country faces unprecedented economic recovery challenges, the promotion of our most effective programs is of paramount importance in ensuring the maximum return on investment of taxpayer dollars. In this way, we can ensure that limited resources are being invested wisely to provide quality care and services to persons living with HIV/AIDS. Research

has shown that stable, supportive housing can achieve improved health outcomes while reducing health care costs.¹⁴

Within the Department's Strategic Plan 2010-2015, HUD has identified performance indicators for each of the five strategic goals. HUD's data systems will collect performance data in order to facilitate greater program accountability and transparency and evaluate program results. Such performance outcomes include, for example, the number of extremely low households served, housing units achieved, and clients placed in income-producing jobs. These will serve as indicators of achievement of HUD's strategic objectives of ending homelessness and substantially reducing the number of families and individuals with severe housing needs; utilizing HUD assistance to increase economic security and self-sufficiency; and utilizing HUD assistance to improve housing stability through supportive services.

Program offices will monitor and evaluate each Office's contributions to achieving the Department's Strategic goals and activities using HUDStat, a new tool by which the agency promotes accountability. The performance measures within HUDStat will be analyzed at the national, regional, community and grantee level, and information will be shared with communities. HUD programs, including HOPWA, are working on data-driven assessments allowing grantees to profile and assess their results, share insights, and identify where actions are needed to refine their programs. This year, HUD will also begin developing measures by which 23 HUD programs will report specifically on health outcomes. The HOPWA program, which measures access to care through five access indicators, may serve as a model for HUD and other Federal programs, as the agency and its program partners focus on measuring successes under these key indicators.

A comprehensive resource tool kit is also found, together with HUD homeless grantee performance information, on the HUD Homeless Resource Exchange website, www.hudhre.info. HUD is committed to transparency in its progress under this operational plan and will widely disseminate information through multiple channels.

Summary

As previous research has consistently suggested, ***"We should... strive to ameliorate the pre-existing individual, social and structural conditions (such as mental illness, HIV stigma, and homelessness) that intertwine to perpetuate HIV risk and poor health in this and other disadvantaged populations."***¹⁵ HUD recognizes the profound effects that housing can have on

¹⁴ The Chicago Housing for Health Partnership (CHHP), formed in 2003, published research findings in The Journal of the American Medical Association in May 2009 confirming that access to housing and supportive services for chronically ill and homeless individuals resulted in fewer emergency room visits and fewer inpatient hospital days as compared to a control group receiving customary care.

¹⁵ Wolitski, RJ, et al. (2010). "Randomized Trial of the Effects of Housing Assistance on the Health and Risk Behaviors of Homeless and Unstably Housed People Living with HIV." *AIDS and Behavior*, 14(3).

the lives and livelihoods of people living with HIV/AIDS. By addressing policies that promote access to both housing and supportive services for these clients—and by ensuring that our programs are equitable, data-driven, place-based, and collaborative—we can together make great strides toward reducing HIV infection, improving access to care, and ending chronic homelessness in this population, all while utilizing housing as a platform for improving the quality of their lives.