

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
2012 SUMMARY STATEMENT AND INITIATIVES
(Dollars in Thousands)**

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	Enacted/ Request	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2010 Appropriation	\$335,000	\$93,486 ^{a/}	...	\$428,486 ^{b/}	\$317,570 ^{b/}	\$294,265
2011 CR	335,000	110,916	...	445,916	328,947	321,166
2012 Request	<u>335,000</u>	<u>116,969</u>	...	<u>451,969</u>	<u>313,500</u>	<u>324,858</u>
Program Improvements/Offsets .....	...	+6,053	...	+6,053	-15,447	+3,692

a/ Includes \$217 thousand of funds recaptured in fiscal year 2010.

b/ Includes \$3.35 million of funds that were transferred and obligated to the Transformation Initiative Fund.

Summary Statement

Program Information

The Department requests \$335 million for the Housing Opportunities for Persons with AIDS (HOPWA) program in fiscal year 2012, the same as the fiscal year 2010 enacted. This level of funding is essential to maintain current operations so that the number of households served will not have to be significantly reduced. The HOPWA program is the only Federal program targeted to address the urgent housing needs of low-income Americans living with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and their families, many of whom face multiple medical and life challenges, including mental health and substance abuse issues as well as discrimination and stigma that create barriers to needed services. HOPWA grantees report that the program is only able to address directly about 29 percent of the identified housing need, as reported by grantees through Consolidated Plan estimates, project data, housing waiting lists, and related planning sources, with 124,971 households identified as having unmet housing needs.

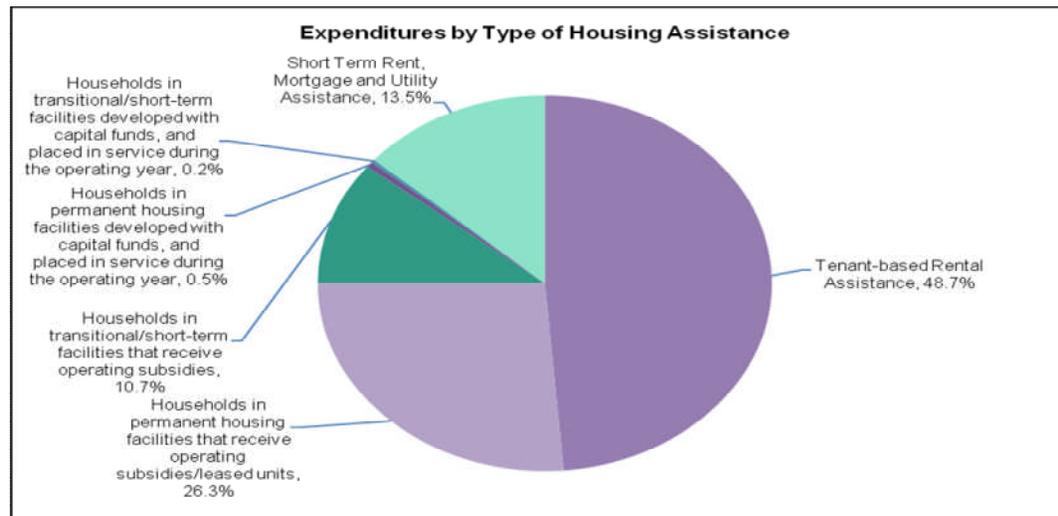
Authorizing legislation (Section 854c of the National Affordable Housing Act) requires that 90 percent of the appropriated funds be distributed by formula to qualifying states and metropolitan areas, and that the remaining funds be used for the competitive selection of special projects of national significance and projects in non-formula areas, and appropriation acts have dedicated a small part of resources for program related technical assistance, as part of the HUD Transformation Initiative.

In July 2010, the Obama administration released the *National HIV/AIDS Strategy for the United States (NHAS)*, the nation's first comprehensive plan for responding to the domestic HIV epidemic. The President designated the Department of Housing and Urban Development (HUD) as one of six executive agencies responsible for implementing the Strategy at the Federal level. HUD has produced an operational plan and responsibility for taking steps to achieve the goals of the Strategy is dispersed across the Department with lead responsibility for coordinating efforts delegated to Assistant Secretary for Community Planning

Housing Opportunities for Persons with AIDS

and Development Mercedes Márquez. The Strategy focuses on three overarching goals: reducing the number of new HIV infections, increasing access to care for people living with HIV, and reducing HIV-related health disparities. The *National HIV/AIDS Strategy for the United States* directs HUD to work with Congress and by the end of 2011 to “develop a plan (including seeking statutory changes if necessary) to shift to HIV/AIDS case reporting as a basis for HOPWA formula grants.” (NHAS Federal Implementation Plan, July 2010, page 28). Currently, the HOPWA funding formula and allocations are based on Center for Disease Control (CDC) data on cumulative AIDS cases and not on newly available data on HIV surveillance that provides the most relevant means of showing impact from the current HIV epidemic by community. If authorized, this change in distribution of HOPWA funds would allow for a more targeted use of these Federal HIV housing resources in the geographic areas that are most impacted by the HIV epidemic. HUD will engage in consultations with key stakeholders and the public, to obtain their input as part of the development of new recommendations on formula revisions to be provided by Congress later in 2011.

Individuals 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 severe housing needs: 72 percent of households are extremely low-income (below 30 percent of area median income) along with 20 percent of households are very low-income (below 50 percent of area median income), and only 8 percent low-income. About 13 percent of beneficiaries enter assistance from a homeless situation. HOPWA housing assists persons who are without stable housing arrangements (e.g., persons in emergency shelters or no housing destination, such as a vehicle, an abandoned building, bus/train/subway station, or anywhere outside) or are at risk of homelessness by providing permanent or temporary housing assistance, short-term rent, mortgage and utility (STRMU) payments and through the operation of housing facilities, which then serve as a base to support program recipients in accessing effective and comprehensive care, including HIV care, mental health and substance abuse services, and other essential supportive services.



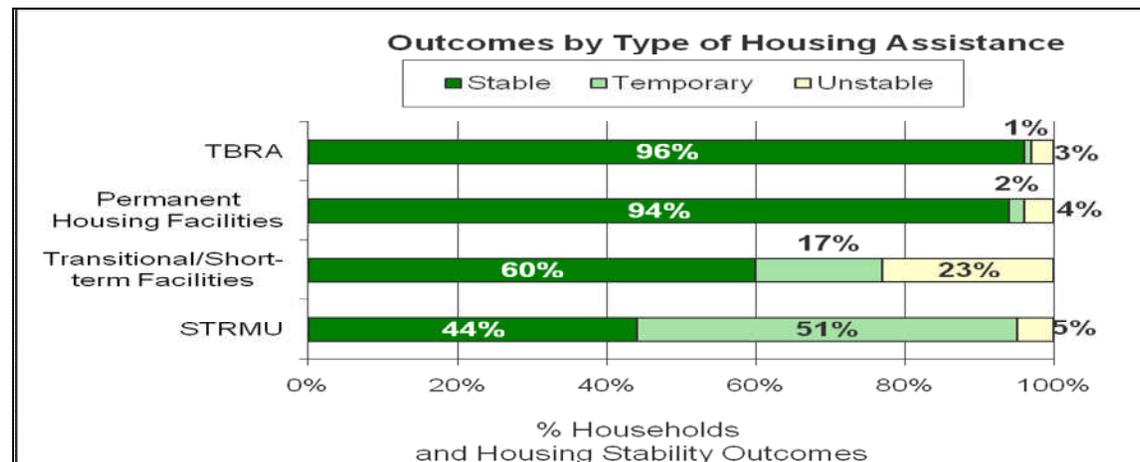
Source: Performance data are as of September 30, 2010. NOTE: Total adds to 99.9 percent due to rounding.

Housing Opportunities for Persons with AIDS

Performance Information

Housing assistance provided through the HOPWA program increases housing stability and reduces the risks 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 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. In fiscal year 2010, the HOPWA program provided short-term and permanent housing assistance, as well as stabilizing supportive services to 60,669 households. HOPWA permanent supportive housing assistance is provided through tenant-based rental assistance (on-going rental housing subsidy for leased units) and permanent housing facilities that meet HUD quality standards. HOPWA transitional housing assistance is provided in short-term supportive housing facilities that provide temporary shelter to help residents avoid homelessness and transition to permanent housing, through the provision of services designed to help residents address challenges and be linked to permanent housing arrangements. The average annual rental assistance cost is \$5,260 per household.

Of the 60,669 households served in fiscal year 2010, 25,230 households received permanent supportive housing assistance (Tenant-Based Rental Assistance or as residents in permanent housing facilities or community residences receiving operating subsidies/leases or developed with capital funds). In addition, 36,352 households received short-term assistance (small housing payments to address the pressing housing costs or residency in short-term/transitional facilities). (The total exceeds 60,669, as a few households moved from the initial form of assistance to a second type of HOPWA assistance, most often as an outplacement from short-term efforts in order to increase their housing stability through permanent housing). Additionally, grantee data show that 97 percent of households receiving long-term assistance in fiscal year 2010 achieved housing stability, and 91 percent of client’s households receiving short- term or transitional housing support maintained their housing stability or had reduced risks of homelessness. Through HOPWA grantees efficiently using their funds with timely disbursements, HOPWA beneficiaries are remaining stably housed with reduced risks of homelessness, albeit as a temporary intervention with about half having an on-going affordable housing need. HOPWA grantees also report that their beneficiaries are achieving greater access to health care and other supportive services.



Housing Opportunities for Persons with AIDS

Program financial transactions are reviewed monthly and HOPWA grantees report efficient use of their funds with timely disbursements in outlay of resources. HOPWA grantees and project sponsors use HOPWA and leveraged funds to link clients to community providers of medical care, mental health, substance abuse, and other services essential to good outcomes. Grantee performance reports document the positive access to care results for persons receiving supportive services. Grantees demonstrated increased success in linking clients to and tracking clients in medical care; 79 percent of households that received supportive services had contact with a primary health care provider in fiscal year 2010, as compared with 67 percent of households in fiscal year 2009. In addition, 82 percent accessed and maintained medical insurance or assistance.

Access to Care and Support	% Households
Has a housing plan for maintaining or establishing stable on-going housing	65
Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan.	87
Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan.	79
Has accessed and can maintain medical insurance/assistance	82
Successfully accessed or maintained qualification for sources of income	73

Additionally, HOPWA projects contribute to increased access to economic security through collaboration with multiple community-based HIV and mainstream resources. Case managers identify client needs for income support and link clients to Federal and state resources, including Social Security Income (SSI), Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), and employment services. As part of efforts to enhance stable results for beneficiaries, a program guide was revised to address HIV challenges in adapting the use of the SSI Outreach, Access and Recovery (SOAR) training curriculum as part of technical assistance activities in ten program sites. This initiative utilized cross-agency community collaborations and training to improve client outcomes in SSI approval rates and processing times, where eligible. Grantee performance results demonstrate their ability to help clients obtain or improve financial support: 73 percent of households receiving supportive services successfully accessed or maintained qualification for sources of income.

Partnerships and Program Enhancements

Under an invigorated approach to domestic HIV challenges, the HOPWA program is supporting two Presidential initiatives involving new cross-agency collaborations. First, in partnership with other Federal agencies, HUD is serving as a lead agency for planning and implementing activities to improve housing outcomes and access to HIV-related services in order to achieve goals and objectives established in A National HIV/AIDS Strategy for the United States. The NHAS recognizes the direct impact of housing on increased client entry and retention in HIV care and has a focus on housing results. The HOPWA program is

Housing Opportunities for Persons with AIDS

the fundamental underpinning of the key National HIV/AIDS Strategy 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 21,800 additional households 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. Additionally, the NHAS Federal Implementation Plan directs HUD to work with Congress and by the end of 2011 to “develop a plan (including seeking statutory changes if necessary) to shift to HIV/AIDS case reporting as a basis for HOPWA formula grants.” (NHAS Federal Implementation Plan, July 2010, page 28). Currently, the HOPWA funding formula and allocations are based on Center for Disease Control (CDC) data on cumulative AIDS cases and not on newly available data on HIV surveillance that provides the most relevant means of showing impact from the current HIV epidemic by community. If authorized, this change in distribution of HOPWA funds would allow for a more targeted use of these Federal HIV housing resources in the geographic areas that are most impacted by the HIV epidemic. HUD will engage in consultations with key stakeholders and the public, to obtain their input as part of the development of new recommendations on formula revisions to be provided by Congress later in 2011.

Second, HOPWA also serves as a homelessness prevention intervention and directly assists persons who are homeless, in support of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (June 22, 2010). This plan outlines an interagency collaboration that aligns mainstream housing, health, education, and human services to prevent Americans from experiencing homelessness in the future. Grantee performance reports indicate that 13 percent of clients entering the program in 2010 were homeless and that others who had risks of homelessness were assisted in a manner that prevented their loss of current housing arrangements. Communities will continue these efforts through on-going operations of housing facilities and rental assistance projects as well as through support with technical assistance and dissemination of models of integrated planning among housing programs and with HIV prevention and care. Efforts will also be made to increase HOPWA coordination with community planning activities, involving the area Continuums of Care homeless assistance providers and mainstream HUD and other care providers in contributing towards community-wide efforts to prevent and end homelessness.

Research Efforts

Results from two research studies demonstrate that supportive housing for homeless persons with HIV/AIDS and other chronic illnesses improves health outcomes and reduces costly emergency and inpatient health care costs. As published in *AIDS & Behavior*, December 2009, the Housing and Health Study supported through a joint CDC/HUD initiative, noted that homelessness was linked with poor public health outcomes such as higher viral loads and a greater reliance on emergency room care. Efforts to address homelessness offer the promise of significant improvements in health and reductions in Federal healthcare expenditures realized from stable housing situations for these households. The Chicago Housing for Health Partnership study reports that supportive housing efforts average \$34 per day, compared to hospitalization costs of \$2,168 per day, and nursing care at \$108 per day. In this effort, supportive housing was used as an alternative to continued hospitalization for persons with chronic illnesses. In addition to serving as a cost effective alternative to hospitalization and other higher levels of care, research indicates that housing is a primary factor in promoting HIV prevention and in helping to avoid lifetime costs of HIV infection reported at over \$600,000 which would largely fall on public systems for low-income/HOPWA eligible households.

Housing Opportunities for Persons with AIDS

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

<u>Budget Activity</u>	<u>2010 Budget Authority</u>	<u>2009 Carryover Into 2010</u>	<u>2010 Total Resources</u>	<u>2010 Obligations</u>	<u>2011 CR</u>	<u>2010 Carryover Into 2011</u>	<u>2011 Total Resources</u>	<u>2012 Request</u>
Formula Grants	\$298,485	\$72,077	\$370,562	\$290,162	\$301,500	\$80,400	\$381,900	\$301,500
Competitive Grants	33,165	19,924	53,089	22,573	33,500	30,516	64,016	33,500
Technical Assistance ..	...	1,485	1,485	1,485	...	...	...	...
Working Capital Fund ..	...	...	...	...	...	...	...	...
Transformation Initiative	<u>3,350</u>	<u>...</u>	<u>3,350</u>	<u>3,350</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>
Total	335,000	93,486	428,486	317,570	335,000	110,916	445,916	335,000

<u>FTE</u>	<u>2010 Actual</u>	<u>2011 Estimate</u>	<u>2012 Estimate</u>
Headquarters	10	11	16
Field	<u>46</u>	<u>47</u>	<u>35</u>
Total	56	58	51

NOTES: The 2009 Carryover Into 2010 column includes \$217 thousand of competitive grant funds recaptured in 2010.

The 2010 Total Resources and Obligations columns include \$3.35 million of funds that were transferred and obligated to the Transformation Initiative Fund.

Housing Opportunities for Persons with AIDS

Distribution of Funds by Grantees. The distribution of the 2012 appropriation request for HOPWA formula funds is according to 2010 actual grantees and the 2011 Continuing Resolution amounts (as rounded to nearest thousand) and as projected for the 2012 appropriation request. The 2012 amounts are estimates for local and State grantees because relevant data for future allocations are not yet available.

HOPWA FORMULA GRANTEE	2010 <u>ACTUAL</u>	2011 <u>CR</u>	2012 <u>ESTIMATE</u>
	(Dollars in Thousands)		
Alabama.....	\$1,404	\$1,419	\$1,417
Birmingham.....	594	593	599
Arizona.....	219	226	224
Phoenix.....	1,769	1,801	1,789
Tucson.....	453	460	457
Arkansas.....	532	551	538
Little Rock.....	317	323	320
Bakersfield.....	636	381	641
California.....	2,746	2,727	2,771
Fresno.....	346	357	349
Los Angeles.....	12,385	12,781	12,496
Oakland.....	2,208	2,544	2,228
Riverside.....	1,991	1,995	2,008
Sacramento.....	907	895	915
San Diego.....	2,936	2,920	2,962
San Francisco.....	9,978	9,901	10,111
San Jose.....	871	872	880
Santa Ana.....	1,568	1,560	1,582
Colorado.....	425	430	429
Denver.....	1,573	1,584	1,586
Bridgeport.....	845	842	854
Connecticut.....	286	287	293
Hartford.....	1,153	1,145	1,163
New Haven.....	1,022	1,014	1,031
Delaware.....	203	208	205
Wilmington.....	771	695	779

Housing Opportunities for Persons with AIDS

HOPWA FORMULA GRANTEE	2010 <u>ACTUAL</u>	2011 <u>CR</u>	2012 <u>ESTIMATE</u>
	(Dollars in Thousands)		
Washington, DC.....	\$14,119	\$13,963	\$14,261
Cape Coral.....	402	458	406
Florida.....	3,656	3,725	3,688
Ft. Lauderdale.....	8,647	9,418	8,724
Jacksonville-Duval.....	2,511	2,851	2,533
Lakeland.....	545	642	550
Miami.....	12,936	12,651	13,062
Orlando.....	3,348	3,685	3,378
Palm Bay.....	342	344	381
Bradenton.....	460	465	464
Tampa.....	3,722	3,592	3,755
West Palm Beach.....	3,467	3,520	3,498
Atlanta.....	9,224	10,266	9,307
Augusta.....	430	431	434
Georgia.....	2,026	2,043	2,057
Hawaii.....	182	181	184
Honolulu.....	473	479	478
Chicago.....	6,427	6,448	6,484
Illinois.....	1,015	1,028	1,032
Indiana.....	971	993	981
Indianapolis.....	879	896	887
Iowa.....	400	411	404
Kansas.....	385	390	388
Kentucky.....	494	508	500
Louisville.....	555	561	560
Baton Rouge.....	2,226	2,331	2,254

Housing Opportunities for Persons with AIDS

HOPWA FORMULA GRANTEE	2010 <u>ACTUAL</u>	2011 <u>CR</u>	2012 <u>ESTIMATE</u>
	(Dollars in Thousands)		
Louisiana	\$1,203	\$1,249	\$1,214
New Orleans	3,385	3,458	3,316
Baltimore.....	10,043	8,996	10,133
Frederick.....	978	833	999
Maryland	402	404	405
Worcester.....	408	407	412
Boston.....	1,889	1,907	1,911
Lowell.....	703	713	710
Lynn.....	355	361	358
Massachusetts.....	195	200	196
Springfield.....	482	478	486
Detroit.....	1,945	2,041	1,962
Michigan.....	1,056	1,065	1,070
Warren.....	499	502	503
Minneapolis.....	977	1,019	986
Minnesota.....	138	141	139
Jackson.....	970	994	979
Mississippi.....	949	963	959
Kansas City.....	1,109	1,124	1,119
Missouri.....	527	537	533
St. Louis.....	1,362	1,393	1,374
Nebraska.....	345	353	347
Las Vegas.....	1,099	1,119	1,110
Nevada.....	255	259	258
Camden.....	714	720	721
Woodbridge/Edison.....	1516	1,516	1,530
New Jersey.....	1,180	1,192	1,147
Newark.....	6,620	6,727	6,679
New Mexico.....	273	284	276
Albuquerque.....	321	328	323

Housing Opportunities for Persons with AIDS

HOPWA FORMULA GRANTEE	2010 <u>ACTUAL</u>	2011 <u>CR</u>	2012 <u>ESTIMATE</u>
	(Dollars in Thousands)		
Albany.....	509	514	514
Buffalo.....	\$565	\$574	\$570
New York.....	2,140	2,181	2,159
Jersey City.....	2,927	2,956	3,013
Paterson.....	1,404	1,398	1,417
New York City.....	54,719	56,646	55,209
Poughkeepsie.....	702	707	780
Rochester.....	\$709	722	\$716
Islip Town.....	1,849	1,859	1,865
Charlotte.....	793	824	800
North Carolina.....	2,686	2,427	2,716
Wake County.....	722	687	728
Cincinnati.....	644	666	650
Cleveland.....	960	975	973
Columbus.....	739	778	742
Ohio.....	1,249	1,280	1,261
Oklahoma.....	244	251	246
Oklahoma City.....	514	525	520
Tulsa.....	343	354	345
Oregon.....	375	381	380
Portland.....	1,088	1,100	1,098
Pennsylvania.....	1,615	1,619	1,629
Allentown.....	317	326	319
Philadelphia.....	8,786	7,475	8,878
Pittsburgh.....	731	738	737
Providence.....	874	883	882
Charleston.....	477	555	482
Columbia.....	1,566	1,560	1,580
South Carolina.....	1,709	1,749	1,728
Memphis.....	1,701	1,560	1,717
Nashville-Davidson.....	903	923	912

Housing Opportunities for Persons with AIDS

HOPWA FORMULA GRANTEE	2010 <u>ACTUAL</u>	2011 <u>CR</u>	2012 <u>ESTIMATE</u>
	(Dollars in Thousands)		
Tennessee.....	\$911	\$928	\$924
Austin.....	1,104	1,110	1,115
Dallas.....	3,720	4,018	3,756
El Paso.....	355	360	358
Ft. Worth.....	951	947	959
Houston.....	7,794	7,213	7,863
San Antonio.....	1,151	1,183	1,181
Texas.....	2,819	2,841	2,843
Salt Lake City.....	387	392	391
Utah.....	127	129	129
Richmond.....	774	791	781
Virginia.....	704	734	714
Virginia Beach.....	1,079	1,107	1,089
Seattle.....	1,822	1,832	1,833
Washington.....	728	731	737
Milwaukee.....	575	584	581
Wisconsin.....	455	466	460
Puerto Rico.....	1,825	1,828	1,850
San Juan Municipio.....	6,430	6,390	6,599
West Virginia.....	336	340	339
Greensboro.....	<u>0</u>	<u>309</u>	<u>0</u>
Total Formula Grants.....	298,485	301,500	301,500
Total Competitive/Renewal Grants.....	33,165	33,500	33,500
Transformation Initiative.....	<u>3,350</u>	<u>0</u>	<u>0</u>
Total HOPWA.....	\$335,000	\$335,000	\$335,000

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
PROGRAM OFFSETS
(Dollars in Thousands)**

Formula Grants	<u>Amount</u>
2010 Appropriation	\$298,485
2011 CR	301,500
2012 Request	<u>301,500</u>
Program Improvements/Offsets .....	...

Proposed Actions

The fiscal year 2012 Budget request provides \$301.5 million for HOPWA formula grants, although 0.5 percent may be transferred to the Transformation Initiative Fund account.

Authorizing legislation (Section 854c of the National Affordable Housing Act) requires that 90 percent of the (non set-aside) appropriated funds be distributed to qualifying states and metropolitan areas. The funds will be allocated to an estimated 138 grantees, including four potential new eligible areas. The formula funds are then made available through the Department’s Consolidated Plan process. Through this process communities develop comprehensive plans that identify and prioritize community needs, provide consultation with citizens and organizations, and coordinate responsive plans of action for addressing identified needs with Federal and other resources, including the housing challenges of special needs populations. These plans strategically incorporate the coordinated use of other resources for housing, community and economic development, health care, and service programs. Grantees allocate their HOPWA resources through a service delivery network of 985 project sponsors that provide housing support assistance integrated with supportive services to more than 60,600 households.

By statute, formula funds are currently given to metropolitan areas with a population of at least 500,000 that have at least 1,500 reported cumulative cases of AIDS. Formula funds also go to states based on AIDS data for areas of a state outside of qualifying metro areas that have at least 1,500 reported cases of AIDS. A few areas that had qualified in a prior year are maintained as eligible based on administrative provisions in appropriations acts. Based on HUD’s review of CDC AIDS surveillance data, population information, the application of definitions of metropolitan statistical areas and divisions, and the administrative provisions of the appropriations act, there were 133 eligible formula jurisdictions in 2010 of which 9 jurisdictions have used authority to have their state serve as grantee for the allocation. In fiscal year 2011, Greensboro, NC qualified, bringing the total to 134 eligible areas. HUD estimates that up to four additional MSAs may qualify in fiscal year 2012 and these areas are Dayton, OH; Syracuse, NY; Greenville, SC; and Harrisburg, PA. Determination for fiscal year 2012 would be based on AIDS data to be collected and updated by the CDC by March 31, 2011. The eligibility of jurisdictions is also dependent on the application of CDC data and US Census data and the definitions of metropolitan statistical area, and a designated area may also make arrangements allowing states to administer the funds.

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
PROGRAM OFFSETS
(Dollars in Thousands)**

Competitive Grants	<u>Amount</u>
2010 Appropriation	\$33,165
2011 CR	33,500
2012 Request	<u>33,500</u>
Program Improvements/Offsets .....	...

Proposed Actions

The fiscal year 2012 Budget request provides \$33.5 million for competitive grants. Authorizing legislation (Section 854c of the National Affordable Housing Act) requires that 90 percent of the (non-set-aside) appropriated funds be distributed by formula to qualifying states and metropolitan areas, and that the remaining funds be used for the competitive selection of special projects of national significance and projects in non-formula areas. Appropriations Acts since 2001 have required priority treatment for renewal of expiring competitive grants, as adjusted in 2002 to those with a permanent supportive housing focus. In recent years funds have largely been used for this renewal purpose as projects end the initial 3-year contract period. Given the number of current grants that will be ending their contracts during 2012, HUD anticipates no new competitive grants are expected to be awarded with the fiscal year 2012 appropriations. Planned resources are expected to be used to fund 30 current competitive grantees that will qualify for renewal awards during the year. This provision also requires HUD to review the renewal grant status in meeting program requirements and providing permanent supportive housing. Further, since 2006, appropriations acts have included a provision allowing a 3-year commitment period for competitive grants, which HUD requests to be continued. This provision serves as a protective contingency in the event that delayed appropriations cause delay in grant awards, or to accommodate a new competitive project that is awarded funds but experiences unforeseen complications in the project's development. HUD requests continuing these two provisions in appropriation authority so that successful current housing programs can be maintained, as otherwise projects would be reduced or cease operations and current households displaced from housing support.

During 2010, HUD issued HOPWA renewals for 29 competitive grants and no new projects were funded. The renewal projects include a number of housing models for coordinated service delivery approaches, such as efforts that address the unique needs of rural persons living with HIV, prisoners re-entering the community and women with co-occurring substance abuse and/or mental health disorders. Innovative efforts were seen in a model to adapt to the changing nature of HIV care and treatment with a potential for further greater self-sufficiency in providing HIV-related employment-based guidance, client vocational training and area planning efforts. Another model involved an integration of HOPWA resources with a housing authority and care provider to ensure delivery of housing and related services. For fiscal year 2011, HUD anticipates that 28 currently funded projects will apply for a competitive renewal grant, with the possibility that up to five new competitive projects could be funded with the balance of fiscal year 2011 renewal funds.

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
PROGRAM OFFSETS
(Dollars in Thousands)**

Transformation Initiative	<u>Amount</u>
2010 Appropriation	\$3,350
2011 CR .....	...
2012 Request	<u>...</u>
Program Improvements/Offsets .....	...

Proposed Actions

In fiscal year 2012, 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 this account may be transferred to the Transformation Initiative Fund account for the following purposes: research, evaluations, and program metrics; program demonstrations; and technical assistance and capacity building. Departmentwide, no more than \$120 million will be transferred to the Transformation Initiative Fund account in fiscal year 2012. More details on the overall Transformation Initiative and these projects are provided in the justification for the Transformation Initiative Fund account.

Program Relationship to Strategic Plan Goals and Subgoals

HOPWA supports achievement of **Strategic Goal 2:** Meet the Need for Quality Affordable Housing, and **Strategic Goal 3:** Utilize Housing as a Platform for Improving Quality of Life. HOPWA resources directly target individuals and families who are homeless or who are facing situations that put them at risk of homelessness. Provision of case management and supportive services helps households to maintain stability, access medical care and improve health outcomes, and obtain income supports that help them move toward self-sufficiency.

Subgoal Goal 2A: End homelessness and substantially reduce the number of families and individuals with severe housing needs

The HOPWA program significantly impacts this subgoal through the provision of short-term and permanent housing assistance and stabilizing supportive services to more than 60,600 households, over 90 percent of whom have extremely low (72 percent) or very low-(20 percent) incomes. Similar to the 2007 American Community Survey findings that two thirds of extremely low-income renters were severely rent burdened, lived in crowded conditions, or lived in substandard housing, HOPWA clients have severe housing needs. HOPWA rental assistance helps to ameliorate these effects by providing permanent supportive housing through tenant-based rental assistance and permanent housing facilities that meet HUD quality standards. HOPWA short-term rent, mortgage, and utilities (STRMU), and short-term/transitional housing efforts are designed to help households with severe risks of homelessness avoid displacement from current housing or to address needs through transitional support, such as addiction counseling and treatments. Thirteen percent of new clients, representing 2,305 households, were homeless at intake or upon program entry.

Of the 60,669 households served in fiscal year 2010, 25,230 households received permanent supportive housing assistance (Tenant-Based Rental Assistance or as residents in permanent housing facilities or community residences receiving operating subsidies/leases or developed with capital funds). In addition, 36,352 households received short-term assistance (small housing payments to address the pressing housing costs or residency in short-term/transitional facilities). (The total exceeds 60,669 as a few households moved from the initial form of assistance to a second type of HOPWA assistance, most often as an outplacement from short-term efforts in order to increase their housing stability through permanent housing). Seventy-six percent of all housing assistance expenditures were used for short-term and permanent housing facilities, and 24 percent of housing assistance costs were expended on short-term assistance.

The HOPWA program's outcome goals are to increase housing stability and reduce risks of homelessness for persons receiving housing assistance. Grantee data reflects the program's success in achieving these outcomes, consistently exceeding targeted goals.

- 97 percent of households receiving long-term assistance in fiscal year 2010 achieved housing stability.
- 91 percent of client's households receiving short- term or transitional housing support maintained their housing stability or had reduced risks of homelessness.

Housing Opportunities for Persons with AIDS

Strategic Goal 3: Utilize housing as a platform for quality of life

HOPWA housing provides a foundation for recipients to improve their health and increase economic security and move toward self-sufficiency. Grantees and project sponsors use HOPWA and leveraged funds to link clients to community providers of medical care, mental health, substance abuse, and other services essential to good outcomes. HOPWA programs increase client access to improved health outcomes (subgoal 3B), utilize assistance to increase economic self sufficiency (subgoal 3C) and utilize supportive services to improve housing stability for vulnerable populations (subgoal 3D).

As reported below, grantee outcome measure reports demonstrate that HOPWA projects increase access to care and other support, including income assistance.

Subgoal 3B: Utilize HUD assistance to improve health outcomes

Results from two research studies demonstrate that supportive housing for homeless persons with HIV/AIDS and other chronic illnesses improves health outcomes and reduces costly emergency and inpatient health care costs. As published in AIDS & Behavior, December 2009, the Housing and Health Study supported through a joint CDC/HUD initiative, noted that homelessness was linked with poor public health outcomes such as higher viral loads and a greater reliance on emergency room care. Efforts to address homelessness offer the promise of significant improvements in health and reductions in Federal healthcare expenditures realized from stable housing situations for these households. The Chicago Housing for Health Partnership study reports that supportive housing efforts average \$34 per day, compared to hospitalization costs of \$2,168 per day, and nursing care at \$108 per day. In this effort, supportive housing was used as an alternative to continued hospitalization for persons with chronic illnesses. In addition to serving as a cost effective alternative to hospitalization and other higher levels of care, research indicates that housing is a primary factor in promoting HIV prevention and in helping to avoid lifetime costs of HIV infection reported at over \$600,000 which would largely fall on public systems for low-income/HOPWA eligible households.

Grantee performance reports document the positive access to care results for persons receiving supportive services. Grantees demonstrated increased success in linking clients to and tracking clients in medical care; 80 percent of households that received supportive services had contact with a primary health care provider in fiscal year 2010, as compared with 67 percent of households in fiscal year 2009. In addition, 82 percent accessed and maintained medical insurance or assistance.

Subgoal 3C: Utilize HUD assistance to increase economic security and self-sufficiency

The rental assistance programs help to stabilize clients and increase their economic security by reducing their rent burdens and helping clients to obtain benefits. HOPWA projects contribute to increased access to economic security through collaboration with multiple community-based HIV and mainstream resources. Case managers identify client needs for income support and link clients to Federal and State resources, including Social Security Income (SSI), Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), and employment services. A current HOPWA initiative is piloting the SSI Outreach, Access and Recovery (SOAR) training curriculum and technical assistance activities in ten sites. This initiative utilizes cross-agency community collaboration and training to improve SSI approval rates and processing times.

Housing Opportunities for Persons with AIDS

Presently, the output measure for this subgoal is the number of households provided TBRA and STRMU (approximately 47,000 in fiscal year 2010). Grantee performance results demonstrate their ability to help clients obtain or improve financial support: 73 percent of households receiving supportive services successfully accessed or maintained qualification for sources of income. The HOPWA program will further support this HUD subgoal in fiscal year 2011 through grantee training on back-to-work programs designed to help low-income persons living with HIV/AIDS address the challenges of work place reentry, even on a part-time basis.

Subgoal 3D: Utilize HUD assistance to increase improve housing stability through supportive services for vulnerable populations including the elderly, people with disabilities, homeless persons and those individuals and families at risk of being homeless

In combination with housing assistance, HOPWA supportive services help improve HOPWA households' housing stability, health outcomes and economic security. Grantees and project sponsors use HOPWA and leveraged funds to directly provide or link clients to community providers of medical care, mental health, substance abuse, and other services essential to good outcomes. HOPWA programs have been shown to improve health and stability for homeless and economically vulnerable households. The recent Housing and Health study, a study of HOPWA sites jointly funded by HUD and CDC, demonstrated that stable housing, integrated with behavioral and mental health services, is a predictor of participation in HIV treatment and better health outcomes.

In fiscal year 2010, approximately one-fifth of HOPWA funding, \$62 million, was expended on supportive services, and supplemented by more than \$110 million in leveraged funds from other sources. In fiscal year 2010, 106,208 households received case management and other supportive services to improve stability and increase access to HIV treatment. Grantee performance reports provide insight into the role of supportive services in achieving housing stability; two-thirds of recipients of supportive services had a housing plan for maintaining or establishing stable on-going housing.

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

Below is the italicized appropriation language for Housing Opportunities for Persons With AIDS.

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.), \$335,000,000, to remain available until September 30, 2013, except that amounts allocated pursuant to section 854(c)(3) of such Act shall remain available until September 30, 2014: 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.

Administrative Provisions

SEC. 203. (a) Notwithstanding section 854(c)(1)(A) of the AIDS Housing Opportunity Act (42 U.S.C. 12903(c)(1)(A)), from any amounts made available under this title for fiscal year [2011]2012 that are allocated under such section, the Secretary of Housing and Urban Development shall allocate and make a grant, in the amount determined under subsection (b), for any State that—

(1) received an allocation in a prior fiscal year under clause (ii) of such section; and

(2) is not otherwise eligible for an allocation for fiscal year 2012 under such clause (ii) because the areas in the State outside of the metropolitan statistical areas that qualify under clause (i) in fiscal year 2011 do not have the number of cases of acquired immunodeficiency syndrome (AIDS) required under such clause.

(b) The amount of the allocation and grant for any State described in subsection (a) shall be an amount based on the cumulative number of AIDS cases in the areas of that State that are outside of metropolitan statistical areas that qualify under clause (i) of such section 854(c)(1)(A) in fiscal year 2012, in proportion to AIDS cases among cities and States that qualify under clauses (i) and (ii) of such section and States deemed eligible under subsection (a).

(c) Notwithstanding any other provision of law, the amount allocated for fiscal year 2012 under section 854(c) of the AIDS Housing Opportunity Act (42 U.S.C. 12903(c)), to the City of New York, New York, on behalf of the New York-Wayne-White Plains, New York-New Jersey Metropolitan Division (hereafter "metropolitan division") of the New York-Newark-Edison, NY-NJ-PA Metropolitan Statistical Area, shall be adjusted by the Secretary of Housing and Urban Development by: (1) allocating to the City of Jersey City, New Jersey, the proportion of the metropolitan area's or division's amount that is based on the number of cases of AIDS reported in the portion of the metropolitan area or division that is located in Hudson County, New Jersey, and adjusting for the proportion of the metropolitan division's high incidence bonus if this area in New Jersey also has a higher than average per capita incidence of AIDS; and (2) allocating to the City of Paterson, New Jersey, the proportion of the metropolitan area's or division's amount that is based on the number of cases of AIDS reported in the portion of the metropolitan area or division that is located in Bergen County and Passaic County, New

Housing Opportunities for Persons with AIDS

Jersey, and adjusting for the proportion of the metropolitan division's high incidence bonus if this area in New Jersey also has a higher than average per capita incidence of AIDS. The recipient cities shall use amounts allocated under this subsection to carry out eligible activities under section 855 of the AIDS Housing Opportunity Act (42 U.S.C. 12904) in their respective portions of the metropolitan division that is located in New Jersey.

(d) Notwithstanding any other provision of law, the amount allocated for fiscal year 2012 under section 854(c) of the AIDS Housing Opportunity Act (42 U.S.C. 12903(c)) to areas with a higher than average per capita incidence of AIDS, shall be adjusted by the Secretary on the basis of area incidence reported over a 3-year period.

SEC. 207. (a) Notwithstanding any other provision of law, the amount allocated for fiscal year 2012 under section 854(c) of the AIDS Housing Opportunity Act (42 U.S.C. 12903(c)) to the City of Wilmington, Delaware, on behalf of the Wilmington, Delaware-Maryland-New Jersey Metropolitan Division (hereafter "metropolitan division"), shall be adjusted by the Secretary of Housing and Urban Development by allocating to the State of New Jersey the proportion of the metropolitan division's amount that is based on the number of cases of AIDS reported in the portion of the metropolitan division that is located in New Jersey and adjusting for the proportion of the metropolitan division's high incidence bonus if this area in New Jersey also has a higher than average per capita incidence of AIDS. The State of New Jersey shall use amounts allocated to the State under this subsection to carry out eligible activities under section 855 of the AIDS Housing Opportunity Act (42 U.S.C. 12904) in the portion of the metropolitan division that is located in New Jersey.

(b) Notwithstanding any other provision of law, the Secretary of Housing and Urban Development shall allocate to Wake County, North Carolina, the amounts that otherwise would be allocated for fiscal year 2012 under section 854(c) of the AIDS Housing Opportunity Act (42 U.S.C. 12903(c)) to the City of Raleigh, North Carolina, on behalf of the Raleigh-Carey North Carolina Metropolitan Statistical Area. Any amounts allocated to Wake County shall be used to carry out eligible activities under section 855 of such Act (42 U.S.C. 12904) within such metropolitan statistical area.

(c) Notwithstanding section 854(c) of the AIDS Housing Opportunity Act (42 U.S.C. 12903(c)), the Secretary of Housing and Urban Development may adjust the allocation of the amounts that otherwise would be allocated for fiscal year 2012 under section 854(c) of such Act, upon the written request of an applicant, in conjunction with the State(s), for a formula allocation on behalf of a metropolitan statistical area, to designate the State or States in which the metropolitan statistical area is located as the eligible grantee(s) of the allocation. In the case that a metropolitan statistical area involves more than one State, such amounts allocated to each State shall be in proportion to the number of cases of AIDS reported in the portion of the metropolitan statistical area located in that State. Any amounts allocated to a State under this section shall be used to carry out eligible activities within the portion of the metropolitan statistical area located in that State.

Housing Opportunities for Persons with AIDS

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
Crosswalk of 2010 Availability
(Dollars in Thousands)**

<u>Budget Activity</u>	<u>2010 Enacted</u>	<u>Supplemental/ Rescission</u>	<u>Approved Reprogrammings</u>	<u>Transfers</u>	<u>Carryover</u>	<u>Total 2010 Resources</u>
Formula Grants	\$298,485	...	...	...	\$72,077	\$370,562
Competitive Grants	33,165	...	...	...	19,924	53,089
Technical Assistance .....	...	...	...	...	1,485	1,485
Working Capital Fund .....	...	...	...	...	...	...
Transformation Initiative	<u>3,350</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>3,350</u>
Total	335,000	...	...	...	93,486	428,486

NOTE: Carryover includes \$217 thousand of competitive grant funds recaptured in fiscal year 2010.

Housing Opportunities for Persons with AIDS

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
Crosswalk of 2011 Changes
(Dollars in Thousands)**

<u>Budget Activity</u>	<u>2011 President's Budget Request</u>	<u>2011 CR</u>	<u>2011 Supplemental/ Rescission</u>	<u>Reprogrammings</u>	<u>Carryover</u>	<u>Total 2011 Resources</u>
Formula Grants	\$301,500	\$301,500	...	...	\$80,400	\$381,900
Competitive Grants	33,500	33,500	...	...	30,516	64,016
Technical Assistance .....	...	...	...	...	...	...
Working Capital Fund .....	...	...	...	...	...	...
Transformation Initiative .....	...	...	...	...	...	...
Total	335,000	335,000	...	...	110,916	445,916

NOTE: Carryover includes \$217 thousand of competitive grant funds recaptured in fiscal year 2010.