COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
2014 Summary Statement and Initiatives
(Dollars in Thousands)

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	Enacted/ Request	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2012 Appropriation	$332,000	$90,439[a]	...	$422,439	$351,674	$333,768
2013 Annualized CR	334,032	70,765	...	404,797	334,797	324,947
2014 Request	332,000[b]	70,000	...	402,000	332,000	315,858
Program Improvements/Offsets	-2,032	-765	...	-2,797	-2,797	-9,089

a/ This number includes $369 thousand of competitive grant funds recaptured in fiscal year 2012.
b/ This number includes an estimated Transformation Initiative (TI) transfer that may be up to 0.5 percent of Budget Authority.

1. What is this request?

In fiscal year 2014, the Department of Housing and Urban Development requests $332 million for the Housing Opportunities for Persons With AIDS (HOPWA) program to prevent and end homelessness and increase housing stability for approximately 56,000 economically vulnerable households living with Human Immunodeficiency Virus (HIV) infection. This request is equal to the fiscal year 2012 enacted level. In an effort to more effectively utilize funding, the Department will seek to establish greater integration of HOPWA program activities that compliment HUD's efforts to prevent and end homelessness through Continuum of Care coordinated planning, centralized intake and assessment, and use of Homeless Management Information Systems (HMIS), further bringing HOPWA into the Federal Strategic Plan to End Homelessness.

The HOPWA program seeks to support the poor and vulnerable living with HIV/AIDS in the United States. Using CDC-reported findings, estimates indicate that about 91,900 persons living with HIV will have been in a homeless situation during the prior year and that an additional 172,200 experienced unstable housing challenges in the total U.S. population of persons living with HIV. The program's results show that it is targeted to these individuals, those most in need: 94 percent of beneficiaries have extremely-low incomes (0-30% Area Median Income (AMI)) or very low incomes (0-50% AMI).

In addition, a HOPWA legislative proposal would enable the HOPWA statute to be updated to better reflect the nature of an epidemic that has been transformed by both advances in HIV health care and surveillance, and by the increasingly disproportionate impact of the virus on communities of poverty and color. These updates to the HOPWA statute are a part of the National HIV/AIDS Strategy. Improved targeting of these resources would be achieved by basing the funding formula on CDC data on persons living with

HIV/AIDS rather than cumulative AIDS cases, and by incorporating local housing costs and poverty rates into the formula. See Section 4b. Plans for Program Improvements for further details.

The fiscal year 2014 funds requested will enable HOPWA projects to continue providing affordable supportive housing and helping to end homelessness for persons living with HIV/AIDS:

a. Adjusted for a 2 percent housing inflation cost factor, this funding request will continue to support current households receiving permanent housing assistance through tenant-based rental assistance or residing in community residences (estimated 24,688 households). HOPWA homelessness prevention program components will provide short-term rent, mortgage and utility assistance under standards used for targeting short-term support to maximize impact, and make use of transitional/short-term housing facilities in coordination with local efforts to prevent and end homelessness (estimated 31,522 households).

b. HUD will prioritize the use of HOPWA funds and available turnover supportive housing units to provide rapid re-housing of homeless HIV households, in coordination with area Continuum of Care (CoC) priorities. The 2012 Homeless Point-in-Time (PIT) survey data identifies 11,722 persons with HIV/AIDS in homeless situations, an 11 percent decrease from 2011 PIT survey data which had identified 13,221 persons.

c. Promote linkages to make use of other affordable housing, where available, as beneficiaries are able to graduate out of supportive housing programs, as a result of improved stabilization, employment and/or other sources of income, and self-sufficiency.

In addition, the Department continues to renew its request for the Transformation Initiative (TI) Fund, which provides the Secretary the flexibility to undertake an integrated and balanced effort to improve program performance and test innovative ideas. This program may transfer up to 0.5 percent, or $15 million, whichever is less, to the TI Fund for the operation of a second generation Transformation Initiative (TI2). More details on TI2 and its projects are provided in the justification for the Transformation Initiative Fund account.

Figure 1: Evidence-Based Findings on HIV and Housing

1. **Need**: Persons with HIV are significantly more vulnerable to becoming homeless during their lifetime.
2. **HIV Prevention**: Housing stabilization can lead to reduced risk behaviors and transmission.
3. **Improved treatment adherence and health**: Homeless persons with AIDS provided HOPWA housing support demonstrated improved medication adherence and health outcomes.
4. **Reduction in HIV transmission**: Stably housed persons demonstrated reduced viral loads resulting in significant reduction in HIV.
5. **Cost savings**: Homeless or unstably housed PLWH are more frequent users of high-cost hospital-based emergency or inpatient service, shelters and criminal justice system.
6. **Discrimination and stigma**: AIDS-related stigma and discrimination add to barriers and

2. What is this program?

Program and Key Functions

The AIDS Housing Opportunity Act, 42 U.S.C.12901-12912, authorizes HOPWA to provide housing assistance and supportive services to very low-income persons living with HIV/AIDS (PLWHA) and their families. HOPWA is an evidence-based supportive housing program that provides critical housing support to a vulnerable population, many of whom face significant health crises and multiple concurrent health and economic challenges. The program demonstrates effective efforts to help program beneficiaries achieve housing stability that reduces the risk of homelessness, enter into and remain in treatment and care, while achieving better health outcomes that yield cost savings to public health and service systems (see Figure 1).

HOPWA funding is awarded annually through formula allocations and competitive awards that enable States, municipalities, and local non-profit and faith-based community organizations to plan, develop, and fund housing projects and supportive services. HOPWA funding provides flexibility with a range of eligible housing activities and support services enabling communities to identify local housing needs and customize program activities to address unmet and pressing housing needs. In addition, communities effectively leverage HOPWA with other resources to meet the housing needs of HIV households. Published research in combination with HIV providers and consumer testimony through program satisfaction surveys affirms that the provision of housing assistance leads to improved health outcomes and quality of life.

- *Formula funds.* Ninety percent of funds are allocated to qualifying States and metropolitan areas under a statutory formula that is based on cumulative AIDS cases and incidence. Formula funds are awarded to metropolitan areas with a population of at least 500,000 and with at least 1,500 cumulative AIDS cases, and to states for those areas outside of qualifying metropolitan areas that have at least 1,500 cumulative AIDS cases. In fiscal year 2014, HUD estimates that it will award $298.8 million to 139 jurisdictions as part of area consolidated plans.

- *Competitive funds.* Ten percent of funds are awarded as competitive grants to areas that are not eligible for formula funding and to innovative, model projects that

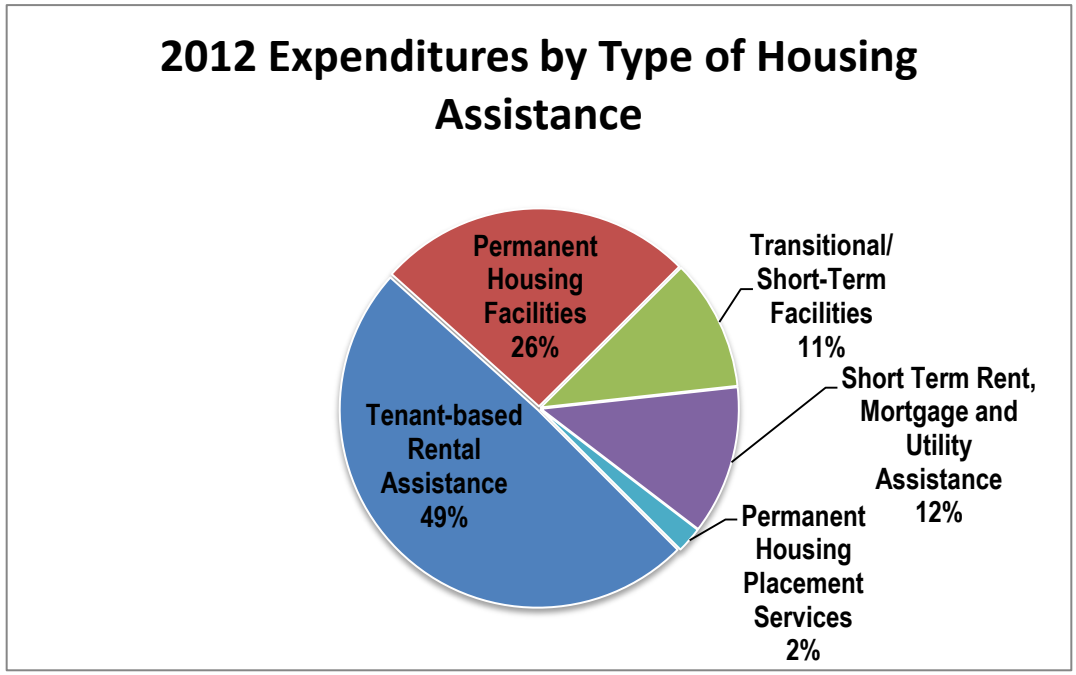
address special issues or populations. HUD appropriation acts provide for priority for renewal of permanent supportive housing grants. In fiscal year 2014, $33.2 million in competitive funding is expected to support the renewal of 26 expiring permanent supportive housing programs, thus the Department will not be able to solicit grant proposals for new Special Projects of National Significance. HOPWA competitive grants are awarded with a 3-year grant cycle and these 26 projects and 66 other competitive grants as renewed in fiscal years 2012 and 2013 will continue to provide housing assistance to low-income households.

Targeted Population. Individuals and families that receive assistance must be low-income (below 80 percent of AMI), and in practice, results show that 94 percent of beneficiaries have extremely low incomes (0-30 percent AMI) or very low incomes (0-50% AMI). HOPWA housing assists persons who are without stable housing arrangements (e.g., persons in emergency shelters or living in a place not meant for human habitation, such as a vehicle, abandoned building, living on the streets, including those at severe risk of homelessness).

Program Components. HOPWA resources are used to provide a wide range of housing-related activities, including rental assistance; operating costs for housing facilities; short-term rent, mortgage, and utility payments; permanent housing placement and housing information services; resource identification (to establish, coordinate and develop housing assistance); acquisition, rehabilitation, conversion, lease, and repair of facilities; and new construction (for single room occupancy dwellings and community residences only) and support services. Area housing projects provide support in the form of permanent and transitional housing assistance, or through short-term payments for rent, mortgage, and utility costs to help households avoid homelessness, based on client needs and available resources. In addition, communities leverage local, state, and private resources to further support and expand the delivery of housing assistance to this special needs population.

In fiscal year 2012, approximately 68 percent of HOPWA funds were used for direct housing assistance, 20 percent on supportive services, and 12 percent on program administration, management, and housing information services.

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



- *Permanent Supportive Housing.* Grantee performance reporting evidences a data trend that a majority of housing assistance funding continues to be expended on long-term (permanent) housing that helps clients to maintain housing stability and remain in care. In 2012, more than three-fourths of all housing funds (see graph below) were used for permanent housing, which includes tenant-based (scattered site) and facility-based (subsidized payment on a specific building, unit, or project) rental assistance, support for facility operations, and permanent housing placement services.

- *Short-term and transitional housing* prevents homelessness for households at severe risk of displacement, through short-term payment of rent, mortgage or utilities (STRMU) and through transitional housing support that also includes the provision of supportive services that coordinates mental health, substance abuse counseling and treatment for this multiple-diagnosed special needs population. In fiscal year 2012, close to one-fourth of funds expended on direct housing assistance supported these cost-effective interventions, at an average cost of $1,028 per household with STRMU and $3,031 per household in ST/TH facility costs. The HOPWA program will assist grantees to make greater use of these program provisions in addition to additional flexibility in providing short-term housing prevention assistance that has been proven to be successful in many communities at preventing or ending homelessness.

In fiscal year 2012, the remaining one-third of HOPWA expenditures were used for housing-related components to including case management and other supportive services for residents, and for activities related to housing information services and administration and management services.

- *Supportive Services.* In addition to direct housing costs, HOPWA projects fund supportive services that are critical to client stabilization, health, and quality of life. These services include housing case management, mental health, substance abuse, legal, employment-related, and other supportive services, accounted for less than 20 percent of HOPWA expenditures. Supportive services may be provided directly by HOPWA sponsors or by referral to HIV and mainstream providers. In addition, a little more than 10 percent of program expenditures are used for housing information services and grants administration for grantees and project sponsors.

Salaries and Expenses (S&E) and Full Time Equivalents (FTE) Request

A total of 47 FTEs are requested for HUD management and oversight of this program, which is the same staffing level as the fiscal year 2012. For fiscal year 2014, the total S&E funding is approximately $6.16 million, an increase of $111 thousand compared to fiscal year 2012. For personnel services, the associated HOPWA request is $6.02 million, an increase of approximately $103 thousand due to the rising cost of salary and fringe benefits.

The related program's non-personnel budget request is $139 thousand, an increase of $8 thousand compared to fiscal year 2012.

Workload by Function

The HOPWA program, like other CPD programs, structures its activities and processes around the lifecycle of grants (formula and competitive) made to recipients.

HUD's Office of HIV/AIDS Housing in Headquarters manages the HOPWA program and has lead responsibility for policy development and grants management oversight, including managing national competitions to select new projects (pending funding availability), along with the renewal of expiring competitive grants; directing the use of HOPWA program legacy technical assistance resources; and coordinating activities in Federal HIV/AIDS housing collaborations under the National HIV/AIDS Strategy with related Federal agencies. In addition, this office—located within the Office of Community Planning and Development—serves a lead role in coordinating delegated grants management responsibilities assigned to 43 local CPD field offices whose key workload drivers are compliance monitoring, approval of grantee Consolidated Plan submissions, review of annual performance reporting, including the provision of technical assistance to ensure compliance with program requirements and to develop capacity to successfully administer Federal grant resources.

The below workload by function FTE allocation is an estimate for HOPWA as the majority of CPD employees work on several programs. They are as follows:

- 14 FTEs are allocated to other critical functions such as Program Administration: Technical Assistance and Training; Program Administration: Information Management; Audits; Compliance: Standards and Guidance; Environmental Review; Cross Program Collaboration, and Operations.

- 14 FTEs are allocated to Formula Grant Management to support HOPWA-specific placed-based, formula derived, investments in communities across the country.
- 8 FTEs are allocated to Customer Service activities associated with communities served by the HOPWA program, including responding to agency, citizens, and congressional requests for information and complaints.
- 6 FTEs are allocated to support the Consolidated Plan, which is an important tool for HUD and grantees to assess progress, results, and ensure that communities have been good stewards of taxpayer dollars.
- 5 FTEs are allocated to Compliance: Monitoring and Risk Assessment. Conducting risks assessments of and monitoring HOPWA grants for compliance are fundamental functions. The HOPWA program currently monitors 125 formula grantees and 94 competitive grantees, along with service delivery activities of more than 950 local non-profit sponsors.

Key Partnerships and Stakeholders

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

- National HIV/AIDS Strategy. HUD is one of six Federal lead agencies (with Departments of Health and Human Services, Justice, Labor, Veterans Affairs, and the Social Security Administration) that collaborated to develop the National HIV/AIDS Strategy for the United States (NHAS), released in July 2010, and that continue to align their programs to improve and better coordinate HIV-related services across the country. The NHAS recognizes the direct impact of housing on increased client entry and retention in HIV care and has a focus on increasing housing for persons with HIV. HUD worked closely with HHS and other agencies to develop common core HIV-related indicators, released in July 2012, to enhance cross-agency measurement of HIV program outcomes. HUD had the lead on developing a core housing indicator which will connect HUD housing data with HHS data to strategically use resources to better achieve optimal health outcomes for persons living with HIV needing public assistance.

  The HOPWA program is the fundamental underpinning of a key NHAS objective to increase the number of clients in Federal HIV programs that have permanent housing from 82 to 86 percent, as measured through the Ryan White Care Act, estimated at approximately 21,800 additional persons by 2015. HOPWA contributes toward 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. In addition, the Administration's legislative proposal to revise the HOPWA funding formula and modernization plan to increase use of short-term housing interventions in coordination with homeless programs would better target federal housing resources to those

most impacted by HIV, another priority of the NHAS. 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.

- *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*. HUD is one of 19 federal lead agencies that collaborate to develop and invigorate local actions that will address the challenges of homelessness in the U.S. HOPWA grantees contribute to the Opening Doors goals to reduce and eliminate all homelessness and prioritize actions in ending veterans' and chronic homelessness by 2015. In fiscal year 2012, HOPWA grantees report a total of 4,646 households (15 percent) of new households assisted were homeless. Of all HOPWA households receiving housing assistance, 1,147 identified as veterans and 4,632 were chronically homelessness. As priority populations under Opening Doors, these persons benefit from HOPWA project coordination with HIV care and treatment and other specialized care.
- HUD Collaboration with Health and Human Services. HUD continues to work with HHS on initiatives to implement actions that improve coordination across funding streams and streamline operations to improve HIV-related service delivery. During fiscal year 2012, HUD collaborated with DHHS to define housing within the set of core indicators that HHS programs will utilize for program performance and client outcomes.
- HUD Collaboration with Department of Labor. HUD and DOL share a common goal of increasing access of PLWHA to employment services and jobs to promote client sufficiency, housing stability and health outcomes. Interagency activities include the provision of technical assistance to HOPWA grantees to increase their capacity to link clients to employment services, which resulted in more than 125 clients obtaining jobs in 1 year. Ongoing HUD/DOL collaboration will further expand the capacity of HIV service providers and of workforce agencies to tailor employment services to persons with disabilities, including persons living with HIV/AIDS, through development of training curricula and other resources.

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

The Problem

While the rate of new HIV infections has remained relatively constant over the past two decades, the number of persons living with HIV/AIDS has steadily increased. The Centers for Disease Control and Prevention (CDC) estimates that 1,148,200 persons aged 13 years and older are living with HIV, of which 18 percent or 207,600 persons are unaware of their HIV infection. According to CDC data, an estimated 17,774 persons with an AIDS diagnoses died in 2009 (most recent data) and nearly 619,400 persons have died in the United States since the epidemic began. HIV continues to disproportionately impact racial and ethnic populations. In 2010, blacks/African Americans accounted for 44 percent of the new HIV infections, followed by whites (31%), and Hispanics/Latinos (21%). See Table 1 below.

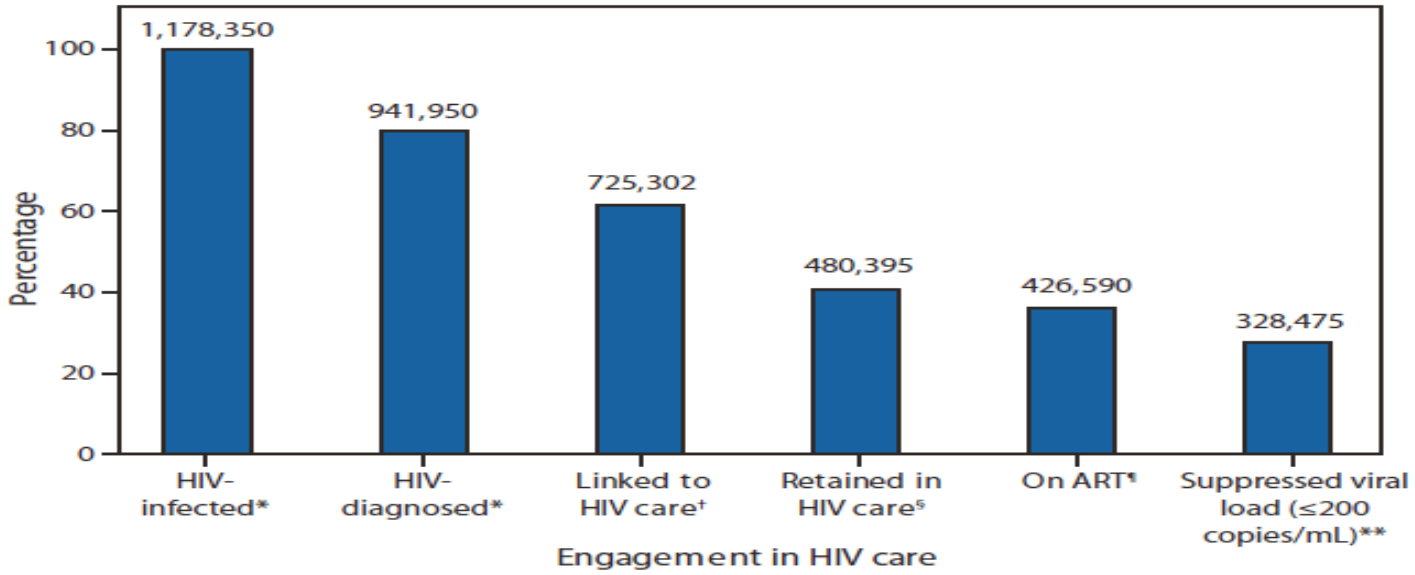
Table 1. Estimated HIV Incidence in the U.S., 2010

Estimated New HIV Infections, among persons aged 13 and over, by Race/Ethnicity - 2010	Percent of New Infections
American Indian/Alaska Native	< 1
Asian	2
Black/African-American	44
Hispanic/Latino	21
Native Hawaiian/Other Pacific Islander	< 1
White	31
Multiple races	1

Source: Centers for Disease Control and Prevention. Estimated HIV incidence in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012; 17 (No. 4). Published December 2012.

In December 2011, CDC reported related surveillance data on differences in access to care and treatment, involving indicators of diagnosis of HIV and linkage to care (Vital Signs: HIV Prevention Through Care and Treatment, MMWR website). As shown in Figure 2 below, this CDC reported data indicates that optimal levels of care maintenance and health outcomes--as shown in viral suppression--are being achieved by only 28 percent of persons living with HIV in the United States (i.e. 328,475 persons out of 1,178,350 persons living with HIV). CDC noted that HIV causes a chronic infection that leads to a progressive disease and without treatment most persons with HIV develop AIDS within 10 years of infection, resulting in substantial morbidity and premature death. The report recommended using these data on engagement at each level of the continuum to help grantees and providers monitor results and identify improvements in the delivery of care and service connections in order to achieve higher levels of optimal treatment for all persons with HIV infection.

Figure No. 2: Number and percentage of HIV-infected persons engaged in selected stages of the continuum of HIV care — United States



http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a4.htm?s_cid=mm6047a4_w
The continuum of HIV care: Of the estimated 942,000 persons with HIV who were aware of their infection, approximately 77 percent were linked to care, and 51 percent remained in care. Of the HIV-infected adults in care, 89 percent were prescribed antiretroviral therapy (ART), of whom 77 percent had viral suppression. Viral suppression, however, is experienced overall by only 28 percent of HIV-infected persons living in the United States.

In addressing this chronic illness through linkage to continuous medical care, HIV treatment activities experience challenges due to social determinates and economic issues in accessing regular care by households and within communities, such as poverty and limited access to high quality health-care and affordable housing. The crippling effects of HIV on health and economic well-being and related barriers due to housing instability and risks of homelessness disrupt regular participation in care. The unfortunate and well-documented relationship between HIV and housing instability keeps the need for HOPWA high, for the following reasons:

- *Persons living with HIV/AIDS are highly vulnerable to homelessness and present significant unmet housing needs.* As reported by CoCs in their 2012 applications to HUD for CoC Homeless Assistance Programs funds, more than 2 percent of sheltered homeless persons, and approximately 1.8 percent of all reported homeless persons, were

shown to have HIV/AIDS.[i] These findings were similar to those reported by CoCs in 2011.[ii] However, this is understood to undercount the full burden of HIV disease in the homeless population, as persons with HIV infection often are reluctant to reveal their HIV status to others.

The connection of HIV and homelessness is also shown in CDC data for persons living with HIV who have experienced homelessness. As a representative study on PLWHA, CDC's Medical Monitoring Project (2011) indicated that, among interviewed participants engaged in HIV care, 8 percent had been homeless during the prior 12 months. The CDC study also noted that a larger group – 15 percent of participants – reported a need for assistance finding shelter or housing in the past 12 months, and over one-fourth (26%) of those individuals still had a housing need during the interview.[iii] If these CDC-reported findings are applied to the larger prevalence of HIV, planning estimates would indicate that about 91,900 persons living with HIV will have been in a homeless situation during the prior year and that an additional 172,200 experienced unstable housing challenges in the total U.S. population of persons living with HIV. Studies have shown that approximately half of all persons diagnosed with HIV will face homelessness or experience an unstable housing situation at some point over the course of their illness.

- *HOPWA grantees report significant level of unmet housing needs.* Nationally, grantees in 2012 reported that more than 146,986 HIV-positive households had unmet housing needs, as documented through Consolidated Plans, project data, housing waiting lists, and related planning sources. If combined with the 61,614 households served in 2012 by HOPWA, it could be estimated that the program currently serves nearly two-fifths of those households in need. Related Federal programs also document this range of HIV housing need, with 103,000 recipients of Ryan White Care programs reported to be in non-permanent housing and over 25,000 homeless persons known to be living with HIV reported in the sheltered homeless population.[iv]

- *Poor Health Outcomes.* Currently in the U.S., only 28 percent of persons with HIV infection are achieving optimal results through effective treatment, i.e., suppressed viral load, as shown in the CDC's Treatment Cascade (see Figure 2, above). Helping others achieve these optimal results requires many actions for which stable housing serves as a base, including access to and retention in HIV treatment and quality care and other support. The nation's response to HIV must focus on removing barriers to care and coordinating public and private resources to address critical gaps, such as those resulting from poverty, homelessness and unstable housing.

- *Disparity is shown in data on high-impact cities*. In the District of Columbia (2009) HIV surveillance is among the highest in any U.S. city, with at least three percent of District residents diagnosed with HIV/AIDS. This level far surpasses the one percent threshold that constitutes the CDC standard for a "generalized and severe" epidemic. Within certain demographic groups, even higher rates have been noted, with a rate of 12.1 percent for heterosexual African-American women living in the District's poorest neighborhoods (2012). A longitudinal study conducted in San Francisco found that

10 percent of AIDS cases were for persons who were homeless at the time the diagnosis was made.[v] Similar findings have been detected in New York City[vi] (where HIV rates were 3 to 16 times higher among the homeless and unstably housed) and in Philadelphia[vii] (where 3 to 10% of all homeless persons were HIV-positive), reflecting rates more than ten times higher than in the general population.

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

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

62 percent of respondents rated access to affordable housing as their most pressing legal need and 30 percent identified a need for representation in housing discrimination cases.

How does the HOPWA program help solve the problem?

- *HOPWA is essential to the nation's effort to reduce homelessness for persons with the worst case housing needs who are challenged with HIV, and to related efforts to reduce the spread of the HIV epidemic.* HOPWA housing support is a critical component at the center of national homelessness prevention, and HIV care and prevention efforts. Adequate housing is a necessity in order to promote stability that enables clients to access HIV services provided under Ryan White CARE Act and other human services programs. HOPWA is the portal into care for unstably housed people and provides on-going support to remain in care. The HOPWA statute provides unique authority to allow projects to target housing interventions to a special needs population and to serve as a bridge in coordinating access to other mainstream support.

- *HOPWA-funded housing is an effective platform for linking PLWHA to care and improving health outcomes.* Research continues to demonstrate that housing stability significantly increases HIV-positive clients' entry into and retention in care, and increases their adherence to complex HIV treatment regimens – resulting in improved health outcomes, as well as reduced HIV transmission. A recent Los Angeles study of 14,875 Ryan White clients who had at least one medical outpatient visit found that those who were living in unstable housing (homeless or transitional housing) were 1.4 times more likely to fall out of care than those with permanent housing.[xii] Homeless persons with HIV/AIDS experienced increased morbidity and mortality, more hospitalizations, and decreased adherence to antiretroviral treatment, as compared to PLWHA who are stably housed.[xiii] Research shows that persons with HIV who are in stable housing reduce HIV risk behaviors and better adhere to complex treatment regimens, thereby reducing their risk of HIV transmission to others. The current request will maintain existing HOPWA projects and continue support for beneficiaries though rental assistance and other permanent supportive housing, with results for 95 percent shown to have stable housing outcomes (reported in annual grantee performance reports). Without this vital housing resource, the nation's investment in HIV medications would be undermined.

- *Stable housing is one of the most cost-effective strategies for driving down soaring national HIV/AIDS costs.* The number of persons living with HIV in the United States continues to grow annually. Advances in antiretroviral therapy have saved countless lives, but no cure exists and people living with the virus struggle with the inordinate costs of those treatments keeping them alive. Recent estimates put the annual direct costs of HIV medications at between $17,000 and $41,000 per person per year[xiv], depending on the severity of an individual's infection.[xv] Lifetime treatment costs per person are estimated to be $367,134.[xvi] As reported in the President's fiscal year 2013 Budget request to Congress, the Federal government spent over $20.5 billion in HIV prevention, care, and research in fiscal year 2011. HOPWA assistance is a simple way to safeguard the national investment in HIV care.

PLWHA who are homeless or unstably housed have been shown to be more likely to demonstrate frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to PLWHA who are stably housed.[xvii] Research conducted by the AIDS Foundation of Chicago has shown that homeless persons living with AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, as compared to persons who remained homeless or unstably housed. Moreover, substantial cost savings were achieved by reducing emergency care and nursing services for this population.[xviii] In addition, housing stabilization can lead to reduced risk behavior and reduced HIV transmission (as described below), a significant consideration for federal HIV prevention efforts. It is estimated that preventing approximately 40,000 new HIV infections in the United States each year would avoid expending $12.1 billion annually in future HIV-related medical costs, assuming the current standard of care.[xix]

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

- *Stable housing reduces an individual's risk of contracting HIV and of transmitting the virus to others.* Homelessness is known to increase the probability that a person will engage in sexual and drug-related risk behaviors that put themselves and others at heightened risk for HIV. One recent study showed, for example, that among PLWHA, an improved housing situation led to reduced drug-related and sexual risk behaviors by as much as 50 percent, while those whose housing status worsened actually increased their risk behaviors.[xxi] In addition, people with HIV who have access to stable housing are more likely to receive and adhere to antiretroviral medications, which lower viral load and reduce the risk of HIV transmission.[xxii] A study published in May 2011 by the National Institutes of Health found that persons who begin antiretroviral treatment at an earlier stage of disease are 96 percent less likely to transmit the infection than those who begin treatment later.[xxiii] Housing is critical because it has been repeatedly shown to help people enter care sooner.
- *HOPWA links PLWHA to an expert network of HIV housing providers sensitive to their needs.* HOPWA grantees and their project sponsors have the expertise and ability to link to and coordinate comprehensive services necessary to meet the complex needs of persons living with HIV/AIDS. These projects rapidly stabilize this medically vulnerable and highly stigmatized population, while facilitating and assisting their participation in care. In fiscal year 2012, HOPWA grantees reported that housing assistance was provided to 61,614 households. These supportive housing efforts are carried out

through well-established, multidisciplinary service delivery networks of over 950 public, non-profit, and faith-based organizations with expertise in HIV-specific housing and care.

- *HOPWA is a response to AIDS housing discrimination.* Communities benefit from HOPWA grant resources because they enable them to identify and address housing barriers that inhibit low-income PLWHA in accessing affordable stable housing free from discrimination. By ensuring that communities must affirmatively plan and address HIV needs, HOPWA also broadens the partnerships needed to more fully address these challenges. At a minimum, communities must make HUD housing subsidies and related resources available to this client population. By assisting this target population, HOPWA also promotes more equity in access for disadvantaged households and in providing information on housing resources and requirements in operating programs consistent with federal protections for persons with HIV/AIDS under fair housing and disability rights laws. In addition to the HOPWA role in improving access to housing, HUD has significant tools to help address these forms of housing related discrimination.
- *HOPWA also promotes cross-program collaborations within HUD, such as support for* HUD's Office of Policy Development and Research *and activities that support goals for fair housing information shared within the provider network and with clients about legal protections available to combat forms of housing discrimination.* HUD has issued guidance to promote equal access to housing and to address issues of stigma as seen in housing discrimination facing lesbian, gay, bi-sexual, and transgender persons and couples and HUD's Office of Policy Development and Research has also initiated a study on this form of housing discrimination.

4. How do we know this program works?

Evaluations and Research

HOPWA Results are based on Research and Evaluation

A large body of research demonstrates the importance of housing to provide stability and positive health outcomes for persons living with HIV/AIDS. Housing stability, in general, and supportive housing in particular, significantly improves health outcomes among people living with HIV or AIDS and can create cost savings. Housing stability among PLWHA: (a) reduces the frequency and duration of emergency department visits and inpatient services;[xxiv] (b) increases HIV-positive participants' entry into and retention in care that results in improved health outcomes and reduced HIV transmission;[xxv] and (c) reduces morbidity and mortality, hospitalizations, and adherence to treatment.[xxvi] A randomized study in Chicago found that homeless persons living with HIV who were discharged from the hospital were 63 percent more likely to be alive with intact immunity after one year of placement in respite care and permanent housing with case management.[xxvii]

HUD-CDC Housing and Health (H&H) Study. The HUD-CDC joint Housing and Health study was a multi-site randomized trial undertaken to examine the health, housing, and economic impacts of providing HOPWA assistance to homeless and unstably housed persons living with HIV/AIDS. As published in peer-reviewed journals in recent years, findings from the study demonstrated that HOPWA housing assistance serves as an efficient and effective platform for improving the health outcomes of persons living with HIV/AIDS and their families.[xxviii] Outreach involved clients with long histories of homelessness, often involving co-occurrence of substance abuse histories and criminal background histories in three cities that documented significant unmet housing needs (over 500 PLWHA on waiting lists). Housing voucher recipients became stably housed significantly faster than those in the customary care comparison group and retained their housing regardless of prior homeless history. A cost utility study published in 2012 found that HIV housing assistance compares favorably in cost effectiveness to other well accepted medical and public health services.[xxix] The Housing and Health study of HOPWA and other supportive housing programs for PLWHA found that housing was associated with 41 percent fewer visits to emergency departments, a 23 percent reduction in detectable viral loads, a 10 percent reduction in perceived stress, and a 19 percent reduction in unprotected sex with partners whose HIV status was negative or unknown.[xxx]

Process Evaluation of the Housing & Health Study. Given its unique data set involving CDC research, HUD is currently conducting a second look process evaluation of the on-going results from the HUD-CDC Housing and Health study. This evaluation will examine, at the three study sites (Los Angeles, Baltimore, and Chicago), the local program factors and management processes that contributed to and followed from the results of the joint study. Findings from this process evaluation will be combined with those from an extensive literature review on the subject to develop a technical assistance tool on best practices for grantees.

HOPWA prevents and reduces risk of homelessness. Research and HUD experience in providing homelessness prevention funds has shown client results in avoiding loss of housing and cost savings to public systems achieved by avoiding costly emergency care and by diverting families from a path to homelessness. These achievements are demonstrated by the Homelessness Prevention and Rapid Re-housing (HPRP) program, which has helped save over 1.2 million Americans from homelessness as a targeted Recovery Act program achievement. The key contributions in preventing homelessness are also reflected in the HEARTH Act authorization which redesigned the Emergency Solutions Grant program (ESG) as an integrated component of HUD Continuum of Care Homelessness Assistance portfolio, based on HPRP successes. These programs have provided rapid re-housing of families in homeless situations as well as using short-term rental assistance and case management support to prevent homelessness. Similarly, HOPWA's short-term rent, mortgage, and utility assistance and emergency housing programs effectively provide short-term, urgently needed assistance that averts evictions or other actions that precipitate a loss in housing stability and places households at a higher risk of homelessness.

HUD is conducting several studies of homelessness that will expand the base of evidence to address new challenges. The *Homelessness Prevention Study* will survey communities implementing prevention programs using HPRP funding and will propose alternative research designs for an empirical study of homeless prevention. The *Evaluation of the Veterans Homeless Prevention Demonstration* will study best outreach and service provision models to meet the specific needs of homeless veterans. HUD is also

improving collaboration across programs in support of *Opening Doors* to end homelessness. A census of all public housing agencies (PHAs) will document current PHA engagement in serving homeless households and will identify mechanisms to address barriers to increasing the number of homeless households served. Study results will contribute to improving homelessness prevention and increasing access to assisted housing across all homeless groups, including persons also living with HIV.

HOPWA Performance Measures Demonstrate Results

HOPWA is highly targeted to serve persons with lowest incomes and worst case housing needs. Based on 2012 grantee performance reporting, 77 percent of assisted households are very low-income with reported incomes at or below 30 percent of area median income with an additional 17 percent of households classified as low-income. By stabilizing these chronically ill and economically disadvantaged persons, HOPWA reduces homelessness and provides a stable housing platform from which PLWHA might also access other local and Federal resources. HIV disproportionately affects minorities, persons who are poor, and disadvantaged urban centers. Data on HOPWA beneficiaries tend to reflect this uneven impact. In fiscal year 2012, nearly 52 percent of HOPWA beneficiaries self-reported as Black or African American, 38 percent as White, and 7.5 percent as multi-racial. Also, approximately 17 percent were reported as Hispanic.

HOPWA Clients Achieve High Levels of Planned Stable Housing Outcomes and Access to Care. HOPWA grantees report annually on program results, including but not limited to expenditures and housing activities, leveraged funds, households served, and clients' housing and access to care outcomes. Housing stability is reported for each household based on an assessment of the household's end-of-year housing arrangements and the reasonable expectation that they will remain in this housing. In fiscal year 2012, 94 percent of HOPWA assisted households had a housing plan for maintaining or establishing stable ongoing housing. HOPWA grantees continued to report reported high levels of care participation and access with 89 percent of households having had contact with a health care provider consistent with their care plan, and nearly 90 percent of clients accessed and maintained medical insurance or assistance.

HOPWA programs are also successful in securing other public and private resources to supplement HOPWA grant funding. In fiscal year 2012, HOPWA households received housing support through $636.4 million in other leveraged funds connected with these programs. For every $1 spent on HOPWA housing assistance or supportive services, twice as much, or an additional $2.01 of leveraged funds is used to benefit this vulnerable population. Grantees report that they coordinate the use of other HUD, Federal, State, and local resources; funding from foundations; and in-kind and cash resources donated by participating nonprofit organizations to support the HOPWA program. Grantees also track and report on program income ($4.4 million) and receipt of resident rents ($8.7 million).

HOPWA programs are increasing efforts to linking clients to income-producing jobs. Grantees are engaged in efforts to help clients obtain jobs and to move toward greater self-sufficiency. In fiscal year 2012, projects reported that 6,115 clients, or nearly

10 percent of clients, obtained an income-producing job. Nine grantees received technical assistance in 2011-2012 to increase their capacity to directly provide or link clients to employment-related service. Significant accomplishments were reported during this one-year pilot initiative: 79 partnerships with community employment programs created; 413 clients receiving job-readiness assessments; 99 clients receiving job skills training; and 110 employment placements. See Section 5, Notes to Justification, for the fiscal year 2012 HOPWA National Performance Profile summarizing HOPWA activities, expenditures, outputs, and outcomes.

Plans for Program Improvements

Program Enhancements

The HOPWA statute enacted in 1990 requires a modernization update to better reflect the changing nature of HIV/AIDS – a chronic health epidemic that continues to unnecessarily target low-income and minority communities. Persons living with HIV who consistently participate in available care can largely manage many of the aspects of HIV; however, not all Americans living with HIV benefit from these medical advancements because appropriate access to care is not readily maintained by those who are unstably housed or live in homeless situations – or for persons challenged by substance abuse and mental illness, as well as those confronting the challenges of stigma and discrimination associated with HIV/AIDS.

The Administration's *legislative proposal would update the HOPWA funding formula to reflect the current HIV epidemic and target funds to communities most impacted by HIV and expand short-term homelessness prevention and rapid re-housing efforts to promote flexibility in stabilizing vulnerable and extremely low-income households.* The Department continues to work with the White House Office of National AIDS Policy and the Office of Management and Budget (OMB) to advance this legislative proposal that supports activities to implement strategic objectives of both the National HIV/AIDS Strategy and *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*, while supporting the nation's investment in HIV treatment and care to achieve more optimal health outcomes, reducing disparities, and by enhancing coordination with related homeless assistance continuums.

To achieve more effective client results and enhance grants management efficiency HUD proposes further actions, within current authority, to coordinate HOPWA program activities with related homeless assistance programs:

- Align with actions to end homelessness, including priorities for ending veterans' and chronic homelessness by 2015; and
- Harmonize planning, intake and assessment, technical assistance, and data reporting with similar homelessness assistance and prevention tools utilized by CoCs and the newly established Emergency Solutions Grant (ESG) program, through actions such as integrating the use of Point In Time/Annual Homeless Assessment Report with HIV data to more accurately identify and inform local decision making on community unmet housing needs (use of HUD's eCon Planning Suite provides identification and use of more accurate data and tools for analysis to support strategic investment decisions to target the use

of Federal resources to achieve the greatest impact in meeting the goals of ending homelessness), and identifying commonalities in client assessments and program results.

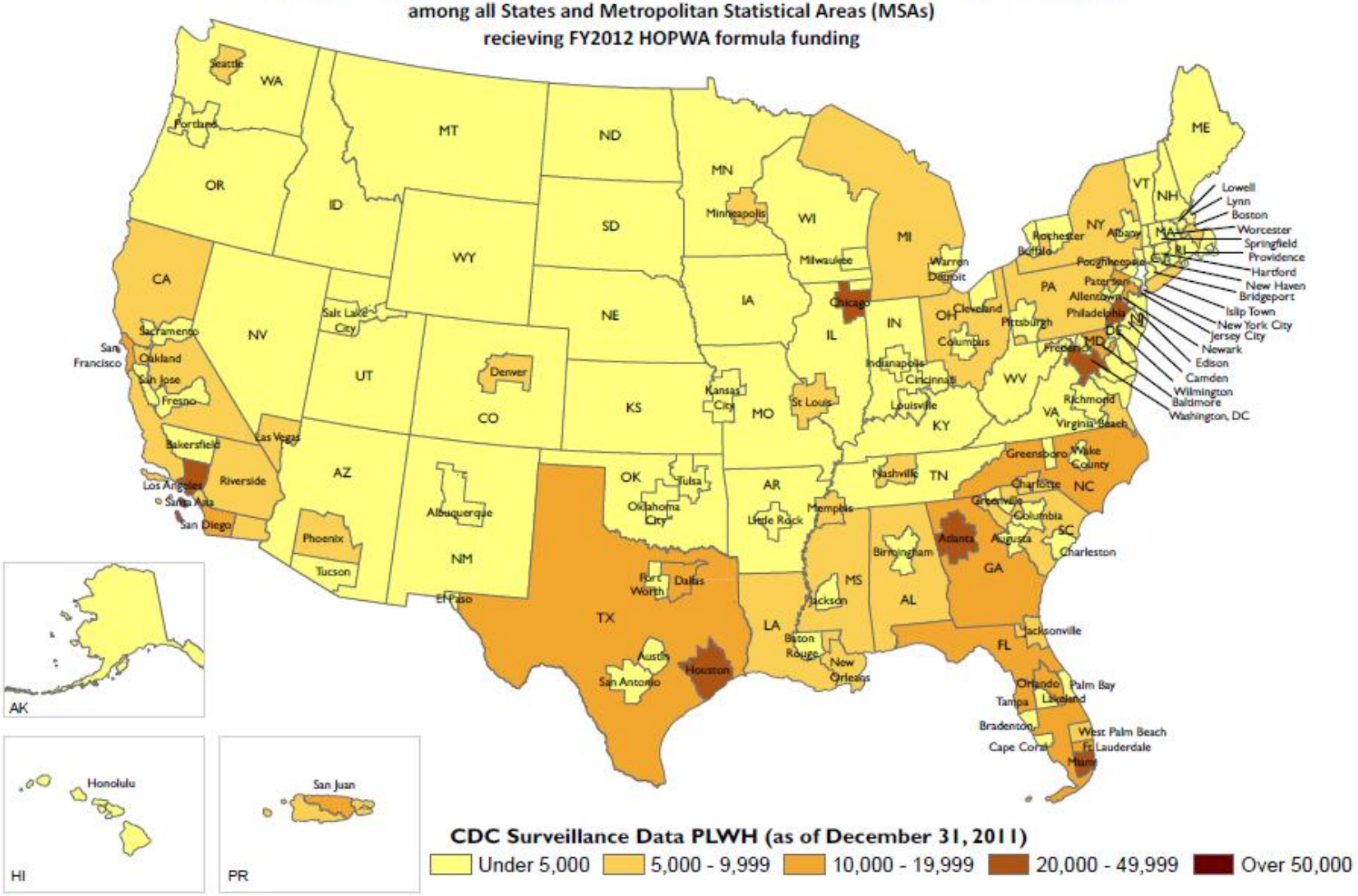
The HOPWA legislative proposal is envisioned to better target HOPWA funding and refocus and synchronize homeless prevention tools to facilitate the use of funds targeted to the most vulnerable households living with HIV/AIDS, and take actions consistent with national strategic plans through the following proposed actions:

- Target communities with highest burden of HIV needs to reflect the current HIV epidemic, as a key pending action in the National HIV/AIDS Strategy. Discontinue funding allocations based on cumulative cases of AIDS and replace with CDC data on persons living with HIV, and address housing costs and community resources. Figures 3 and 4 below display the geographic distribution of current HIV cases in comparison with the distribution of fiscal year 2012 HOPWA funds. Communities more recently impacted by HIV infection, especially those in the South, are increasingly challenged by growing burdens of HIV that are not accounted for in the current funding formula.
- Expand short-term housing interventions as cost-effective options to meet diverse client needs to allow for the rapid re-housing of homeless persons living with HIV and enable communities to use more practical and flexible rental assistance term limits, where appropriate.

The integration of HOPWA resources with other homelessness prevention interventions will facilitate more collaborative local planning, better deploy limited resources to achieve the greatest impacts, and help synchronize program tools to reduce administrative burdens to give priority in ending homelessness for a greater number of persons who are homeless and who also are living with HIV/AIDS.

Persons Living with HIV (CDC Persons Living with HIV data)

among all States and Metropolitan Statistical Areas (MSAs)
recieving FY2012 HOPWA formula funding



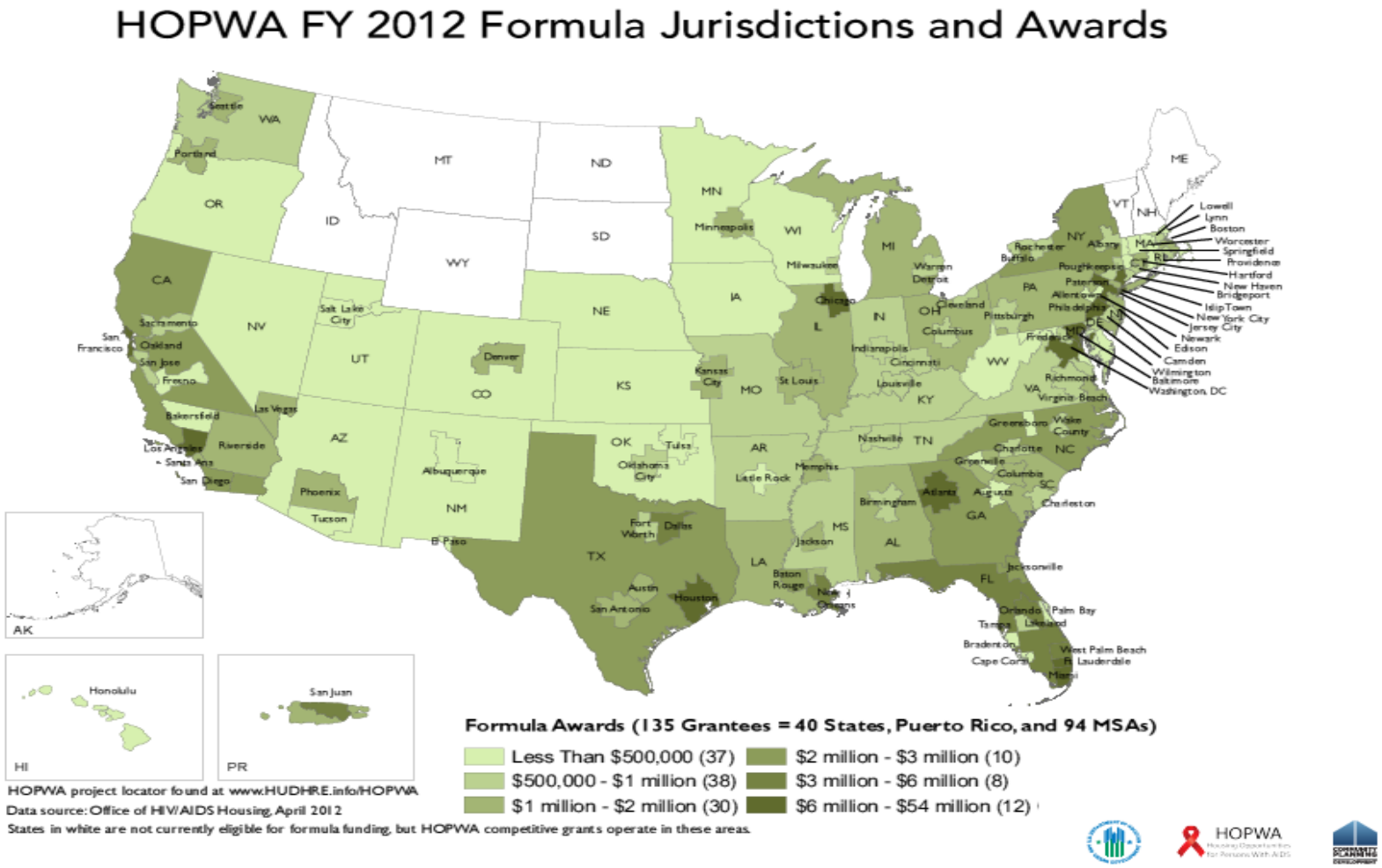
CDC Surveillance Data PLWH (as of December 31, 2011)

Under 5,000 | 5,000 - 9,999 | 10,000 - 19,999 | 20,000 - 49,999 | Over 50,000

Created By: Office of HIV/AIDS Housing, February 2013

Data Source: Centers for Disease Control
Data includes persons with a diagnosis of HIV infection regardless of state of disease at diagnosis.
Data on this map does not represent official HUD estimates. All state areas are displayed regardless of HOPWA program eligibility. Only MSAs which qualify for HOPWA funding are displayed.

Figure 4: HOPWA Fiscal Year 2012 Formula Distributions



Enhanced Tools and Technical Assistance

HUD's eCon Planning Suite. HOPWA programs participate in HUD's Consolidated Plan (Con Plan) process, which serves as the framework for a communitywide dialogue to identify housing and community development priorities that align and focus funding from four HUD CPD programs. The plan must include an analysis of low-income housing needs, the needs of homeless persons and special needs populations, including PLWH, and the local housing market. HUD's eCon Planning Suite will provide better data and tools for analysis and support strategic investment decisions to ensure that scarce federal dollars are targeted to where they are needed most and can achieve the biggest impact.

Refined Diagnostic Tools to Evaluate Program Performance. The program has increased the timeliness and accuracy of grantee performance reports through refinement of data collection tools and the provision of extensive technical assistance to grantees. Recent OMB-approved revisions to the HOPWA reporting forms will reduce grantee reporting burden by providing clear, concise directions and eliminate form redundancies. Technical assistance tools will also support this effort. In addition, grantees will begin quarterly reporting on housing units, job placements, and the number of extremely low-income households served. Publication of each grantee's expenditures, housing activities, and outcomes posted on the website for public view will increase program accountability and transparency and will enable grantees to assess their results and identify actions that will help them to refine their programs.

Strengthened and Coordinated Technical Assistance. HUD's OneCPD technical assistance approach breaks down funding silos to address communitywide CPD grantee technical assistance needs and build capacity for successful and accountable grants management. Among its many benefits, this technical assistance can help grantees, particularly nonprofit organizations, to inventory and leverage community resources by building partnerships with philanthropies, community development corporations, and other important civic institutions. In addition, HOPWA elements have been updated in IDIS to allow for implementation of project setup, operation and reporting within this CPD system. HOPWA competitive grants were added beginning in 2012 and will convert to this system as new grant agreements are issued.

HUD's Information Technology Portfolio Improvements

Transformation Initiative (TI)

The Department's investment in CPD information technology systems has transformed grants management at HUD and has been critical in the effective implementation of the Hearth Act of 2009. 2010 and 2011 TI investments have resulted in the deployment of 13 releases for the four key CPD systems (IDIS, eSNAPS, DRGR and CPD-Maps) on time and on budget. For the HOPWA program, these releases:

- Automated a multitude of manual processes and program reporting requirements by updating performance screens for the HOPWA program that link outcomes, outputs, and financial disbursements and by creating the capacity to include HOPWA competitive programs in electronic data systems.
- Created the capacity to collect lead-based paint information for both the HOPWA formula and competitive programs to insure compliance with statute and improve the health of low-income families.
- Launched CPD Maps, providing new functionality for grantees and the public to view grant information, HIV/AIDS prevalence data from the CDC, and economic needs data using real time maps to assist in the preparation of the consolidated plan.
- Fully automated the consolidated and annual plan process for 218 HOPWA grants and 198 formula and competitive HOPWA grantees.
- Expanded the use of business intelligence in the preparation of automated dashboards and reports for HUD staff and HOPWA grantees.

HUD is well on its way to addressing all of the HUD Inspector General's internal audit recommending that HUD strengthen its oversight over grantee reporting in IDIS, but work still remains. Upcoming system releases will:

- Increase HUD's ability to track activity progress and promote timely completion of activities;
- Alert CPD field offices when a grantee has activities that remain open beyond a specified time period to prevent longstanding open activities;
- Require approval for the cancellation of projects that have expended funds;
- Generate multiple new reports that strengthen HUD staff's ability to oversee grantee transactions, identify potential activity problems, and track open activities; and
- Transition HOPWA grantees from paper-based reporting to electronic reporting by updating outdated screens and providing access to HOPWA competitive grantees.

Over the past year, the HOPWA program has updated IDIS reporting guidance and technical assistance resources by releasing a User Guide for the HOPWA program, tools to help grantees transition into the new IDIS structure, and recorded webinars. Future technical assistance will continue to focus on increasing user participation and accuracy. By doing so the HOPWA program will increase the ability of HUD staff to monitor progress and decrease reporting burden by eliminating paper-based reporting.

These initiatives will continue to enhance grants management systems such as IDIS, Disaster Recovery Grant Reporting (DRGR) system, and CPD Maps to meet program goals. These investments will automate, centralize, and standardize business processes on modern, web-based, enterprise architecture-compliant, best-of-breed platforms, and add significant business capabilities while reducing operational costs.

HUD will also automate paper-based environmental review process for CPD grant programs; environmental reviews are conducted every year to assess a project's potential environmental impacts and determine whether they meet federal, state, and local environmental standards. These investments create and enhance customer-facing systems for carrying out HUD's mission, enable grantees to draw down funds and report performance results and program outcomes, streamline administrative processes for both customers and HUD, and speed time to award competitive grants. Future TI projects will further enhance system and business capabilities, automate additional grant programs and processes throughout HUD, modernize legacy systems, and aspire to consolidate multiple grant systems to a centralized, integrated solution of two or three enterprise systems.

5. **Notes to Justification**

HOPWA National Performance Profile. The next two pages present the HOPWA 2012 National Performance Profile with data on HOPWA formula and competitive grant activities, expenditures, outputs, and outcomes. Data are based on the collection of annual grantee reports from HUD financial systems that provide current obligation, commitment and expenditure information. HOPWA performance information is available in individualized grant profiles through www.hud.gov/offices/cpd/aidshousing. The use of this profile has supported greater public transparency in seeing HOPWA results in the community and helps to improve understanding on how projects contribute to meeting area needs.

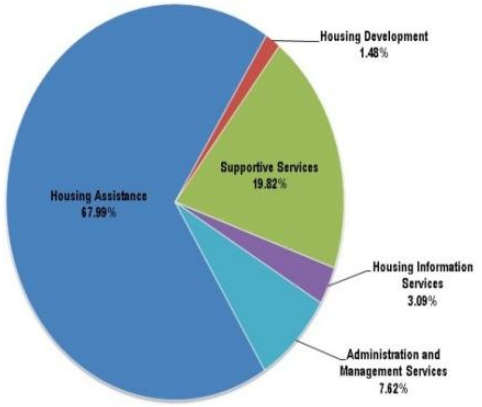
HOPWA Performance Profile
Competitive & Formula
2011 - 2012 Program Year

2011-2012 Annual Reporting includes all reports submitted between October 1, 2011 and September 30, 2012

Expenditures:			
Type of Activity	**Expenditures**	**Percentage**	**Per unit Cost**
Housing Assistance			
Tenant-based Rental Assistance	$105,001,159.91		$5,907.57
Households in permanent housing facilities that receive operating subsidies/leased units	$54,326,683.82		$6,876.80
Households in transitional/short-term facilities that receive operating subsidies	$22,729,466.74		$3,031.00
Households in permanent housing facilities developed with capital funds, and placed in service during the operating year	$1,003,732.27		$31,366.63
Households in transitional/short-term facilities developed with capital funds, and placed in service during the operating year	$173,411.15		$1,605.66
Short Term Rent, Mortgage and Utility Assistance	$25,925,067.88		$1,027.96
Permanent Housing Placement Services	$4,505,817.26		$928.84
Total	**$213,665,339.03**	**67.99%**	**$3,370.97**
Housing Development			
Facility-Based units being developed with capital funding but not yet opened (identify units of housing planned)	**$4,644,759.13**		
Total	**$4,644,759.13**	**1.48%**	
Supportive Services			
Supportive Services provided by project sponsors also delivering HOPWA housing assistance	$47,606,274.24		
Supportive Services provided by project sponsors serving households who have other housing	$14,690,382.07		
Total	**$62,296,656.31**	**19.82%**	
Housing Information Services			
Housing Information Services	$9,707,911.91		
Total	**$9,707,911.91**	**3.09%**	
Administration and Management Services			
Resource Identification to establish, coordinate and develop housing assistance resources	$1,634,833.97		
Technical Assistance	$139,716.97		
Project Outcomes/Program Evaluation	$140,787.00		
Grantee Administration	$7,727,751.07		
Project Sponsor Administration	$14,307,690.50		
Other Activity	$0.00		
Total	**$23,950,779.51**	**7.62%**	
Total Expenditures	**$314,265,445.89**	**100.00%**	

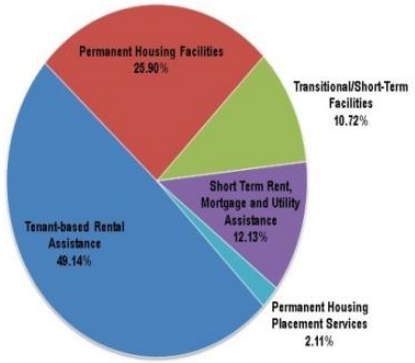
n= 214 for 2011-2012 Program Year

Expenditures by Type of Activity



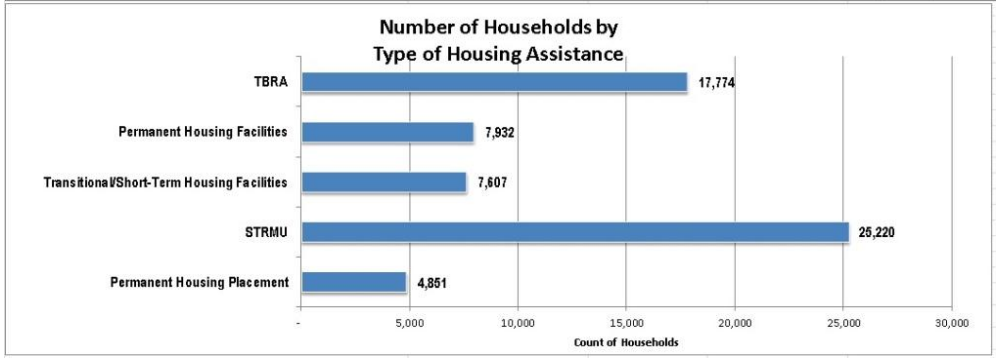
Expenditures by type of Activity: Housing Assistance is 67.99%; Housing Development is 1.48%; Supportive Services are 19.82%; Housing Information Services are 3.09%; and Administration and Management Services are 7.62%.

Expenditure by Type of Housing Assistance

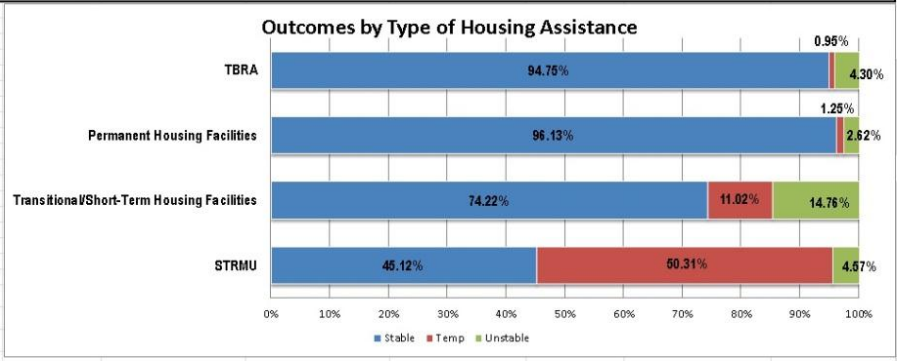


Expenditures by type of Housing Assistance: Tenant-based Rental Assistance 49.14%; Permanent housing facilities 25.90%; Transitional/short term facilities 10.72%; Short Term Rent, Mortgage and Utility Assistance 12.13%; Permanent Housing Placement Services 2.11%.

Housing Outputs and Outcomes:



Number of households by type of housing assistance: Tenant-Based Rental Assistance is 17,774; Permanent Housing Facilities is 7,932; Transitional/Short-term Facilities is 7,607; Short-Term Rent, Mortgage and Utility assistance is 25,220; and Permanent Housing Placement is 4,851.



Outcomes by type of Housing Assistance: Tenant Based Rental Assistance (n=17,304) is 94.75% Stable, 0.95% Temporary, and 4.30% Unstable; Permanent Housing Facilities (n=7,912) is 96.13% Stable, 1.25% Temporary, and 2.62% Unstable; Transitional/Short-Term Housing Facilities (n=7,539) is 74.22% Stable, 11.02% Temporary, and 14.76% Unstable; STRMU (n=24,888) is 45.12% Stable, 50.31% Temporary, and 4.57% Unstable. Outcomes do not include households where head of household died during operating year.

*Inconsistencies in data due to reporting errors. Corrections to reporting pending.

Total Households		Data Deduction	
Total Households Served with Housing Assistance in PY 2011-2012	63,384	Data deduction for households receiving more than one type of HOPWA-funded housing assistance	1,770
Total Unduplicated Households Served with Housing Assistance in PY 2011-2012	61,614		

HOPWA contribution toward ending homelessness	
# Households Newly Placed in Housing during year*	% of New Clients at Intake
4,646	15%

*(Households reported with Prior Living Situations: 'Place not meant for human habitation', 'Emergency shelter', and 'Transitional housing for homeless persons' as reported in the APR & CAPER)

Households in Permanent Housing	
	Program Year Total
Number of Households assisted in Permanent Housing **	25,706
HOPWA Expenditures for Permanent Housing	**$160,331,576.00**

Number of Extremely Low-Income Households Served	
	Number of Households Served with Housing Assistance during the Program year
Tenant-Based Rental Assistance	14,255
Permanent Housing Facilities	7,317
Transitional/Short-Term Housing Facilities	6,190
Short-Term Rent, Mortgage and Utility Assistance	17,406
Permanent Housing Placement	3,686
Total	**48,854**

Client Characteristics	# of Qualifying Individuals	% of total
Households Continuing in Permanent Housing Arrangements (Of those served in Permanent Housing Only)	20,318	79%
Homeless Veterans (all programs)	1,147	2%
Chronically Homeless (all programs)	4,632	8%

**Indicates data elements used by HUD to measure progress on HUD Stat goals

Access to Care and Support	# of Households during the program year	% of households during the program year
Has a housing plan for maintaining or establishing stable on-going housing	108,134	93.54%
Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan.	109,566	94.78%
Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan.	102,874	88.99%
Has accessed and can maintain medical insurance/assistance	102,312	88.51%
Successfully accessed or maintained qualification for sources of income	96,571	83.54%

	# of Households during the program year
Number of households that obtained an income-producing job.	6,115

Other Leveraged Housing Outputs	# of Households during the program year
Tenant Based Rental Assistance (TBRA)	28,225
Permanent Facilities	449
Transitional Facilities	333
Short-Term Rent, Mortgage and Utility Assistance (STRMU)	2,057
TOTAL Leveraged Households	**31,064**

New Households Opened During Operating Year**	# of Households during the Program Year
Households in permanent housing facilities developed with capital funds, and placed in service during the operating year	32
Households in transitional/short-term facilities developed with capital funds, and placed in service during the operating year	108
TOTAL Households Opened during Operating Year	**140**

Unmet Need*	# of Households during the Program Year
Total number of households reported to have unmet need	146,986

*Unmet need for Competitive Grantees located within the Eligible Metropolitan Statistical Area of a Formula program is reported by the Formula program.

Housing Opportunities for Persons With AIDS

Distribution of Funds by Grantees. The distribution of the 2014 appropriation request for HOPWA formula funds is according to 2012 actual grantees and their 2012 awarded amounts (as rounded to nearest thousand) and as projected for the 2013 appropriation request.

HOPWA FORMULA GRANTEE	2012 ACTUAL	2013 ACTUAL	2014 ESTIMATE
	(Dollars In Thousands)		
Birmingham	$582	$555	$586
Alabama State Program	1,419	1,369	1,445
Phoenix	1,809	1,722	1,817
Tucson	459	433	457
Arizona State Program	230	221	234
Little Rock	321	303	319
Arkansas State Program	543	515	544
Bakersfield	385	372	393
Fresno	358	355	375
Los Angeles	15,305	13,305	14,039
Oakland	2,674	2,083	2,198
Riverside	1,982	1,879	1,983
Sacramento	901	863	910
San Diego	2,883	2,726	2,877
San Francisco	9,732	8,633	9,110
San Jose	878	839	885
Santa Ana	1,549	1,471	1,553
California State Program	2,697	2,577	2,720
Denver	1,574	1,481	1,563
Colorado State Program	427	405	427
Bridgeport	829	776	819
Hartford	1,127	1,056	1,114
New Haven	990	936	988
Connecticut State Program	283	270	285
Wilmington	639	605	638
Delaware State Program	204	193	203
District Of Columbia	13,624	12,480	13,168
Bradenton	458	430	453
Cape Coral	411	389	410

Housing Opportunities for Persons With AIDS

HOPWA FORMULA GRANTEE	2012 ACTUAL	2013 ACTUAL	2014 ESTIMATE
		(Dollars In Thousands)	
Ft Lauderdale.....	9,483	8,309	8,767
Lakeland.....	678	585	617
Miami.....	12,163	11,381	12,010
Orlando.....	3,401	3,534	3,729
Palm Bay.....	341	323	341
Tampa.....	3,191	2,799	2,953
West Palm Beach.....	3,405	3,103	3,274
Jacksonville-Duval Count.....	2,585	2,608	2,752
Florida State Program.....	$3,715	$3,537	$3,732
Atlanta.....	8,539	6,614	6,979
Augusta-Richmond County.....	426	413	436
Georgia State Program.....	2,039	1,964	2,073
Honolulu.....	478	451	476
Hawaii State Program.....	177	168	177
Chicago.....	6,418	6,108	6,445
Illinois State Program.....	1,029	975	1,029
Indianapolis.....	896	853	900
Indiana State Program.....	980	935	987
Iowa State Program.....	409	396	418
Kansas State Program.....	387	367	387
Louisville	558	531	560
Kentucky State Program.....	511	487	514
Baton Rouge.....	2,553	2,564	2,705
New Orleans.....	3,585	3,741	3,948
Louisiana State Program.....	1,266	1,223	1,291
Baltimore.....	9,039	7,312	7,716
Frederick.....	707	676	713
Maryland State Program.....	409	387	409
Boston.....	1,878	2,088	2,203
Lowell.....	710	685	723
Lynn.....	360	345	364
Springfield.....	474	447	472

Housing Opportunities for Persons With AIDS

HOPWA FORMULA GRANTEE	2012 ACTUAL	2013 ACTUAL	2014 ESTIMATE
		(Dollars In Thousands)	
Worcester	405	384	405
Massachusetts State Program	197	189	199
Detroit	2,201	1,978	2,087
Warren	505	480	507
Michigan State Program	1,065	1,010	1,066
Minneapolis	1,019	972	1,025
Minnesota State Program	143	139	147
Jackson	1,148	1,124	1,186
Mississippi State Program	978	940	992
Kansas City	1,115	1,055	1,114
St Louis	1,395	1,323	1,396
Missouri State Program	533	502	529
Nebraska State Program	358	339	358
Las Vegas	1,122	1,075	1,134
Nevada State Program	255	238	251
Camden	720	678	715
Edison	1,498	1,405	1,483
Jersey City	$3,002	$2,810	$2,965
Newark	7,219	6,419	6,773
Paterson	1,380	1,295	1,366
New Jersey State Program	1,184	1,120	1,182
Albuquerque	327	320	337
New Mexico State Program	282	274	289
Albany	501	471	497
Buffalo	551	525	554
Islip Town	1,790	1,685	1,778
New York City	54,245	53,533	56,488
Poughkeepsie	673	624	659
Rochester	692	657	694
Syracuse	0	279	294
New York State Program	2,098	1,698	1,792
Charlotte	831	874	922

Housing Opportunities for Persons With AIDS

HOPWA FORMULA GRANTEE	2012 ACTUAL	2013 ACTUAL	2014 ESTIMATE
		(Dollars In Thousands)	
Greensboro	316	301	318
Wake County	670	510	538
North Carolina State Program	2,445	2,348	2,477
Cincinnati	673	643	678
Cleveland	967	907	957
Columbus	794	762	804
Dayton	0	274	290
Ohio State Program	1,275	933	984
Oklahoma City	519	496	523
Tulsa	349	334	353
Oklahoma State Program	247	236	249
Portland	1,091	1,035	1,092
Oregon State Program	378	364	384
Allentown	325	307	324
Harrisburg	0	280	295
Philadelphia	7,702	7,519	7,934
Pittsburgh	731	690	728
Pennsylvania State Program	1,615	1,256	1,326
Providence	877	832	878
Charleston	560	571	60
Columbia	1,584	1,421	1,500
Greenville	297	285	300
South Carolina State Program	1,474	1,407	1,484
Memphis	1,705	2,530	2,670
Nashville-Davidson	901	853	900
Tennessee State Program	947	902	952
Austin	$1,100	$1,048	$1,106
Dallas	4,060	4,394	4,636
El Paso	355	341	360
Fort Worth	943	912	962
Houston	7,573	8,956	9,450
San Antonio	1,188	1,139	1,202

Housing Opportunities for Persons With AIDS

HOPWA FORMULA GRANTEE	2012 ACTUAL	2013 ACTUAL	2014 ESTIMATE
		(Dollars In Thousands)	
Texas State Program.....	2,831	2,724	2,874
Salt Lake City.....	387	367	387
Utah State Program.....	129	122	129
Richmond.....	864	1,159	1,223
Virginia Beach.....	1,089	1,031	1,088
Virginia State Program.....	728	696	735
Seattle.....	1,815	1,707	1,801
Washington State Program.....	728	691	729
West Virginia State Program.....	340	322	339
Milwaukee.....	579	554	585
Wisconsin State Program.....	463	442	466
San Juan Municipio.....	5,882	5,310	5,603
Puerto Rico State Program.....	1,810	1,694	1,787
Total Formula Grants.....	298,800	283,171	298,800
Total Competitive/Renewal Grants	33,200	31,463	33,200
Total HOPWA	$332,000	$314,634	$332,000

COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
Summary of Resources by Program
(Dollars in Thousands)

Budget Activity	2012 Budget Authority	2011 Carryover Into 2012	2012 Total Resources	2012 Obligations	2013 Annualized CR	2012 Carryover Into 2013	2013 Total Resources	2014 Request
Formula Grants	$298,800	$89,652	$388,452	$318,560	$300,629	$69,892	$370,521	$298,800
Competitive Grants	33,200	698	33,898	33,025	33,403	873	34,276	33,200
Technical Assistance ..	...	89	89	89	...	...	...	...
Total	332,000	90,439	422,439	351,674	334,032	70,765	404,797	332,000

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

Below is the italicized appropriations language for the Housing Opportunities for Persons with AIDS program.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), $332,000,000 to remain available until September 30, 2015, except that amounts allocated pursuant to section 854(c)(3) of such Act shall remain available until September 30, 2016: 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. Note.--A full-year 2013 appropriation for this account was not enacted at the time the budget was prepared; therefore, this account is operating under a continuing resolution (P.L. 112-175). The amounts included for 2013 reflect the annualized level provided by the continuing resolution.

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