

**COMMUNITY PLANNING AND DEVELOPMENT  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS  
2016 Summary Statement and Initiatives  
(Dollars in Thousands)**

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	<u>Enacted/ Request</u>	<u>Carryover</u>	<u>Supplemental/ Rescission</u>	<u>Total Resources</u>	<u>Obligations</u>	<u>Outlays</u>
2014 Appropriation .....	\$330,000	\$83,419 <sup>a</sup>	...	\$413,419	\$348,642	\$302,768
2015 Appropriation .....	330,000	64,777	...	394,777	317,557	320,314
2016 Request .....	<u>332,000<sup>b</sup></u>	<u>77,220</u>	<u>...</u>	<u>409,220</u>	<u>329,599<sup>c</sup></u>	<u>323,401<sup>c</sup></u>
Program Improvements/Offsets .....	+2,000	+12,443	...	+14,443	+12,042	+3,087

a/ Fiscal year 2014 carryover includes recaptures of \$196,340, of which \$4,288 is technical assistance and \$192,052 is from competitive grants.

b/ This number includes an estimated transfer to the Transformation Initiative (TI) account of \$2,523,200 of Budget Authority.

c/ This number excludes obligations and outlays for the TI account.

**1. What is this request?**

The Department requests \$332 million for the Housing Opportunities for Persons With AIDS (HOPWA) program—a \$2 million increase from the fiscal year 2015 enacted appropriations of \$330 million—to enable communities to continue their efforts to prevent homelessness and sustain housing stability for approximately 52,600 economically vulnerable households living with Human Immunodeficiency Virus (HIV) infection.

Seventy-eight percent of households assisted are extremely low-income (at or below 30 percent of the Area Median Income (AMI)) and an additional 16 percent are very low-income between 31-50 percent of the AMI, per grantee reporting.

**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 people living with HIV (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 disparities in access to appropriate housing and care along with adherence to HIV treatment.

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Overall, communities remain challenged to sustain existing program beneficiaries with the provision of supportive housing and are limited in assisting new incoming households. An analysis of grantee performance reporting over the past three years evidences increasing costs associated with serving greater numbers of extremely-low income households along with aging program beneficiaries. When factoring in per unit cost increases for permanent supportive housing (tenant-based rental assistance and facility-based housing) and a housing inflation rate in high cost housing markets (which represents an inherent rising annual cost factor), particularly for long-term rental subsidies, these variables translate into higher housing subsidies and program costs.

HOPWA also serves as a homeless prevention intervention and directly assists persons who are homeless. Research shows that housing status is a social determinant of health and the provision of HOPWA supportive housing demonstrates that housing stability results in better health outcomes and reduced HIV viral transmission. In addition, implementation of the Affordable Care Act, along with state Medicaid expansion, may provide some cost savings in which HOPWA resources could be redirected from supportive service medical costs, in which HOPWA is the payer of last resort, to direct housing assistance.

### Key HOPWA Program Outcomes:

- 26,152 Permanent Supportive Housing households: Continual support and sustaining of these households with tenant-based rental assistance and facility-based housing, the latter of whom face significant health and life challenges that impede their ability to live independently.
- 26,514 Transitional/Short-Term Housing households: Continual support and sustaining of these households with homeless prevention efforts through the provision of short-term rent, mortgage, and utility (STRMU) assistance and transitional/short-term housing facilities in coordination with local homeless Continuum of Care efforts to prevent and end homelessness.
- Supportive Services and Case Management: Continual provision of critical supportive services (e.g., housing case management, mental health, substance abuse, employment training) that sustain housing stability, promote better health outcomes, and increase quality of life, which promotes self-sufficiency efforts for those able to transition to the private housing market.
- 96 percent of households receiving long-term assistance in fiscal year 2014 achieved housing stability, and 72 percent of client households receiving short-term or transitional housing support maintained their housing stability or had reduced risks of homelessness.

### Proposals in the Budget

The Department continues to seek Congressional action on the HOPWA legislative proposal, which includes statutory changes that reflect an epidemic transformed by advances in both HIV health care and HIV surveillance (i.e., better treatment options and better data on who is getting HIV infection, when, and how it is being transmitted). Proposed changes include:

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- An updated methodology for allocating HOPWA formula funds, factoring in cases of persons living with HIV (rather than cumulative AIDS cases), poverty rates, and Fair Market Rent for each eligible metropolitan statistical area (MSA) and balance of state area.
- Greater flexibility for communities to expand the provision of short-term housing assistance, which will benefit the homeless and those at severe risk of homelessness.
- Increased administrative allowances for HOPWA grantees and project sponsors to align with peer housing programs.

The Department's efforts to modernize the HOPWA formula will contribute to fulfilling a goal within the President's National HIV/AIDS Strategy and in meeting the recommendations set forth in the HIV Care Continuum Initiative. This initiative seeks to accelerate efforts in HIV prevention and care to ensure that Federal resources remain focused on improving client outcomes along the care continuum.

### **2. What is this program?**

#### Program Description and Key Functions

The AIDS Housing Opportunity Act, 42 U.S.C.12901-12912, authorizes HOPWA ([http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/aidshousing](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/aidshousing)) to provide housing assistance and supportive services to low-income persons living with HIV/AIDS. HOPWA is an evidence-based supportive housing program that provides critical housing support to a vulnerable population that faces significant health and economic challenges along with continued stigma and discrimination. 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 translate to cost savings to public health and service systems. Individuals living with HIV who are homeless or 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, those at severe risk of homelessness) 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 those individuals who are stably housed.<sup>1</sup>

HOPWA funding is awarded annually through formula allocations and competitive awards to plan, develop, and fund supportive housing options that address community needs and priorities. Communities leverage HOPWA funds with other funding sources to customize a supportive housing portfolio most appropriate to their needs. Recipients of HOPWA funds include units of local government, states, and local non-profit organizations. The delivery of supportive housing requires a partnership between HOPWA grantees and project sponsors who consist of local networks of non-profit, faith-based, and housing and homeless organizations that link beneficiaries to medical services and other related services. These services include federally funded health care and AIDS drugs assistance provided by the Ryan White Program. HOPWA formula grantees are evenly distributed between local and State health and community development agencies.

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Formula funds. Ninety percent of funding is allocated to qualifying States and metropolitan areas under a statutory formula based on cumulative AIDS cases and incidence. 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. The cumulative AIDS cases figure is used to award 75 percent of the funding while the remaining 25 percent is awarded based on AIDS incidence (new cases and population reported in the last three years). The AIDS incidence factor benefits the larger metropolitan areas with higher than average incidence of AIDS. Approximately one-third of metropolitan areas receive this higher funding amount while states are ineligible.

Competitive funds. Ten percent of funds is awarded as competitive grants to areas that are not eligible for formula funding and to support innovative model projects that address special issues or populations through the award of Special Projects of National Significance. The current portfolio consists of 92 competitive renewal grants, which operate on a three-year grant cycle. HOPWA's appropriations account language requires HUD to prioritize funding of expiring permanent supportive housing grants. An estimated 30 permanent supportive housing grants expiring in fiscal year 2016 will be eligible for renewed funding.

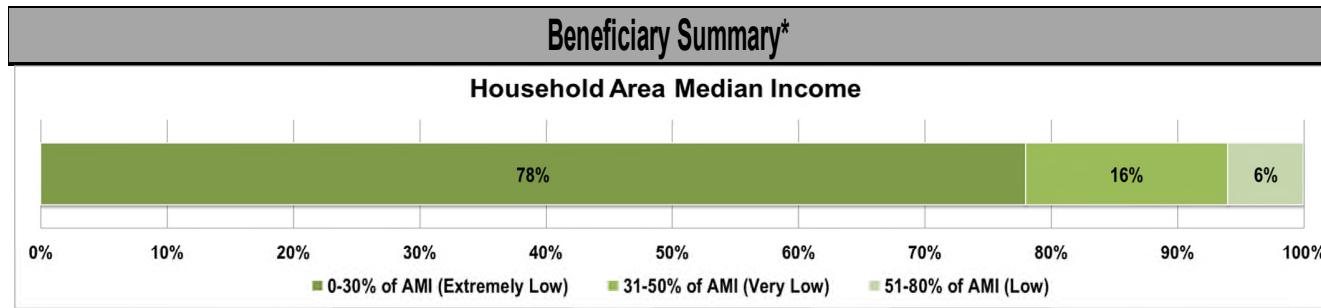
Program Components. HOPWA grantees have considerable discretion and flexibility in their planning efforts to identify and align funding resources to prioritize local needs. HOPWA resources provide communities with rental assistance; operating costs for housing facilities; short-term rent, mortgage, and utility payments; permanent housing placement and housing information services; along with supportive services and case management.

Per fiscal year 2013-14 grantee performance reporting, 69 percent of program expenditures were for housing assistance (with other expenditures of 1 percent for housing development, 2 percent for housing information services, 20 percent for supportive services and case management, and 8 percent for administrative program costs). Of the 69 percent of direct housing expenditures, 79 percent were on permanent supportive housing (with 52 percent on tenant-based rental assistance) and 21 percent for transitional and short-term housing.

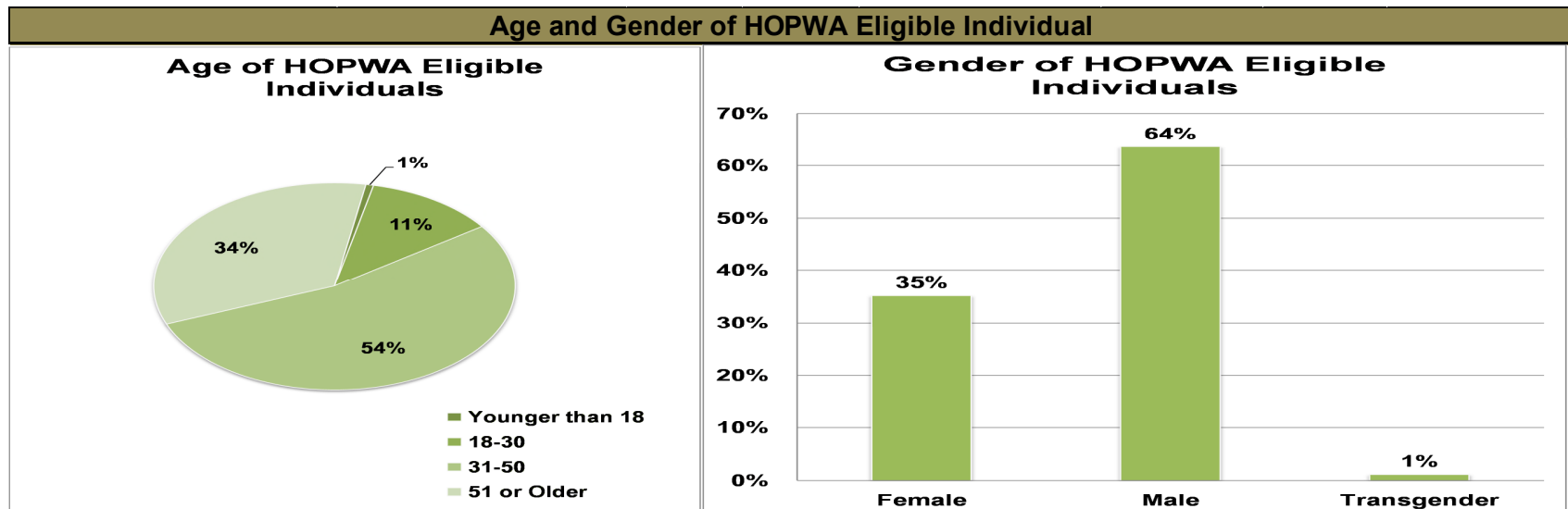
### Who We Serve

The HOPWA program is targeted to serve a subpopulation of individuals and families living with a chronic health condition who live in poverty and confront challenging life circumstances that inhibit and restrict their ability to obtain affordable housing. HOPWA program beneficiaries are primarily extremely-low to very-low income.

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Percent of Households with a Median Income of 0-30% of the Area Median Income: 78%; Percent of Households with a Median Income between 31-50% of the Area Median Income: 16%; Percent of households with a Median Income between 51-80% of the Area Median Income: 6%.



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<b>Race and Ethnicity</b>		
	<b>Percentage HOPWA Eligible Individuals</b>	<b>Percentage Other Members of the Household</b>
<b>American Indian/Alaskan Native</b>	0.68%	0.62%
<b>Asian</b>	0.78%	0.83%
<b>Black/African American</b>	52.59%	56.10%
<b>Native Hawaiian/Other Pacific Islander</b>	0.28%	0.60%
<b>White</b>	36.10%	32.17%
<b>American Indian/Alaskan Native &amp; White</b>	0.20%	0.31%
<b>Asian &amp; White</b>	0.16%	0.44%
<b>Black/African American &amp; White</b>	0.94%	1.97%
<b>American Indian/Alaskan Native &amp; Black/African-American</b>	0.10%	0.06%
<b>Other Multi -Racial</b>	8.17%	6.90%
<b>Ethnicity</b>	<b>Percentage of HOPWA Eligible Individuals Identified as Hispanic/Latino</b>	17%

### Key Partnerships and Stakeholders

#### *National HIV/AIDS Strategy and the HIV Care Continuum Initiative:*

The White House issued the nation’s first comprehensive *National HIV/AIDS Strategy* in July 2010, with goals to reduce new HIV infections, increase access to care and improve outcomes for people living with HIV, and reduce HIV-related health disparities. The strategy recognizes the tangible connecting benefits of stable housing and increased access to and retention in HIV care. Per strategy directive, HUD—after a collective and collaborative public consultation with stakeholders (grantees, consumers, public interest groups, federal partners)—transmitted to Congress a legislative proposal that would change the HOPWA program funding formula from cumulative AIDS to those living with HIV as the basis for formula grant awards.

Amended in December 2013, the *National HIV/AIDS Strategy* now incorporates the *HIV Care Continuum Initiative*. This initiative directs Federal agencies to step up their efforts to improve outcomes by accelerating HIV diagnosis, linkage to and engagement in medical care, initiation of antiretroviral treatment, and sustainability of viral suppression. In the fall of 2014, HUD published an action oriented white paper entitled, *HIV Care Continuum -The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum*, which emphasizes the intersection of housing and health care for those living with HIV in an effort to educate communities by demonstrating stable housing as a key HIV prevention and care strategy within the framework of coordinated HIV

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services and care. In addition, HOPWA's emphasis on integrating housing and care services will improve outcomes along the HIV Care Continuum.

### *HUD Collaboration with HHS, Health Resources and Services Administration (HRSA):*

In implementing *HIV Care Continuum Initiative* recommendations to provide joint technical assistance and training to both HOPWA and Ryan White grantees, HUD and HRSA are engaged in efforts that will raise awareness of housing's direct impact on client HIV care and health outcomes, as well as build grantee capacity to integrate health care planning and outcome measures into an HIV housing program. Efforts may include online training tools, group learning opportunities, and issuance of guidance materials to promote planning and coordination strategies, as well as performance data systems integration.

### *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 of reducing homelessness, as these persons benefit from HOPWA project coordination with HIV care and treatment. For fiscal year 2014, HOPWA grantees reported that 19 percent of new households, or 4,823 households, assisted were homeless. Of these households, 14 percent were veterans and 55 percent were chronically homeless.

### *HUD Collaboration with Department of Labor (DOL):*

In October 2014, HUD and DOL launched *Getting To Work*, an interactive online training curriculum for HIV/AIDS service and housing providers to educate and enable AIDS service providers to incorporate employment strategies and initiatives that promote greater self-sufficiency for their clients. This online curriculum builds on earlier interagency activities that allowed a small cohort of HOPWA grantees to increase their capacity to link clients to employment services, which resulted in more than 125 clients obtaining jobs within one year.

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

### What is the Problem We're Trying to Solve?

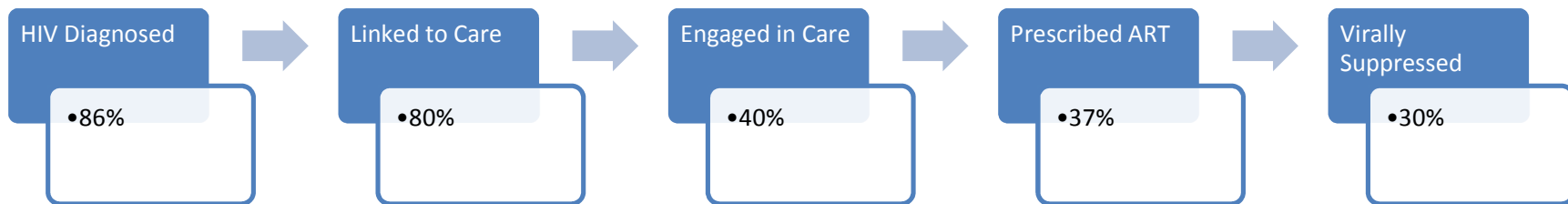
HIV is a chronic and communicable disease that can be manageable, but for those living in poverty and without access to suitable housing, this presents significant individual and public health risks. While the rate of new HIV infections has remained relatively constant over the past two decades, the number of persons living with HIV/AIDS has steadily increased. The Centers for Disease Control and Prevention (CDC) estimates that 1,201,100 persons are living with HIV infection.<sup>2</sup> Individuals with suppressed viral loads are substantially less likely to transmit the virus, but of persons living with HIV in the United States in 2011, only 30 percent achieved viral suppression. Most recent HOPWA grantee performance reporting period indicated that 26,152 households received permanent supportive housing and 26,514 households benefitted from transitional and short-term housing. Grantees report an

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estimated unmet housing need of more than 127,000 households/individuals, as reported by grantees through Consolidated Plan estimates, project data, housing waiting lists, and related planning sources.

Persons living with HIV/AIDS are highly vulnerable to homelessness, and those 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 persons living with HIV/AIDS who are stably housed.<sup>3</sup> CDC data also makes the connection between HIV and homelessness in its 2011 Medical Monitoring Project that indicated among interviewed participants engaged in HIV care, 8 percent had been homeless during the prior 12 months. The CDC study also noted 15 percent of participants reported a need for assistance finding shelter or housing in the past 12 months, and 26 percent of those individuals still had a housing need during the interview.<sup>4</sup> Other 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.<sup>5</sup>

### How HOPWA Helps Solve the Problem



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Of the 1.2 million people estimated to be living with HIV in the United States in 2011, and estimated 86 percent were diagnosed with HIV, 40 percent engaged in HIV medical care, 37 percent were prescribed ARTs, and 30 percent achieved viral suppression. Improvements are needed across the HIV care continuum to protect the health of persons living with HIV, reduce HIV transmission, and reach national prevention and care goals. The greatest opportunities for increasing the percentage of persons with a suppressed viral load are reducing undiagnosed HIV infections and increasing the percentage of persons living with HIV who are engaged in care. 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.



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In particular—

- *HOPWA is essential to the connection between housing and improved outcomes along the HIV Care Continuum.* Housing instability has been linked to delayed HIV diagnosis and inadequate healthcare, including failure to connect with a primary provider. The HOPWA program provides stable housing and presents opportunities for housing providers to partner with service providers for HIV education and testing and access to care. Housing status is among the strongest predictors of maintaining continuous HIV primary care, receiving care that meets clinical practice standards and returning to HIV care after dropout. HOPWA program evaluation results show high levels of participant stability and connection to care, with 86 percent of households served during fiscal year 2013-2014 program year engaged in ongoing primary health care. Multiple studies have found lack of stable housing to be one of the most significant factors limiting the use of antiretrovirals (RVs), regardless of insurance. Housing interventions improve stability and connection to care providing the essential foundation for participating in ARV treatment.
- *HOPWA-funded housing is an effective platform for linking people living with HIV/AIDS (PLWHA) to care and improving health outcomes.* 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, such as HIV services provided under Ryan White CARE Act and other human services programs. HOPWA data shows that 96 percent of persons in its supportive housing programs have a stable outcome. 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.<sup>6</sup>
- *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. Recent estimates put the annual direct costs of HIV medications at between \$17,000 and \$41,000 per person per year,<sup>7</sup> depending on the severity of an individual's infection.<sup>8</sup> Lifetime treatment costs per person are estimated to be \$367,134.<sup>9</sup>
- *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 persons living with HIV, 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 increased their risk behaviors.<sup>10</sup> 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.<sup>11</sup> 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.<sup>12</sup>

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### **4. How do we know this program works?**

#### Evaluations and Research

#### HOPWA Results based on Key Research and Evaluation

#### Stable Housing in Connection to Health

*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.<sup>13</sup> 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, and a 19 percent reduction in unprotected sex with partners whose HIV status was negative or unknown.<sup>14</sup>

#### Stable Housing Equals Cost-Benefit Savings

Stable housing is one of the most cost-effective strategies for driving down soaring national HIV/AIDS costs. Recent estimates put the annual direct costs of HIV medications at between \$17,000 and \$41,000 per person per year<sup>15</sup> depending on the severity of an individual's infection.<sup>16</sup> Lifetime treatment costs per person are estimated to be \$367,134.<sup>17</sup> By investing in the provision of affordable supportive housing, HOPWA grantees demonstrate that 96 percent of those receiving housing support are stably housed. HOPWA assistance is a simple way to safeguard the national investment in HIV care.

People living with HIV who are homeless or unstably housed are shown to be more likely to demonstrate frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to those persons living with HIV who are stably housed.<sup>18</sup> 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.<sup>19</sup> In addition, housing stabilization can lead to reduced risk behavior and reduced HIV transmission, 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.<sup>20</sup>

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. Research shows this population uses \$40,051 in public services before placement; after placement, the savings is estimated at \$12,146 per placement in housing.<sup>21</sup> HOPWA-funded supportive housing continues to

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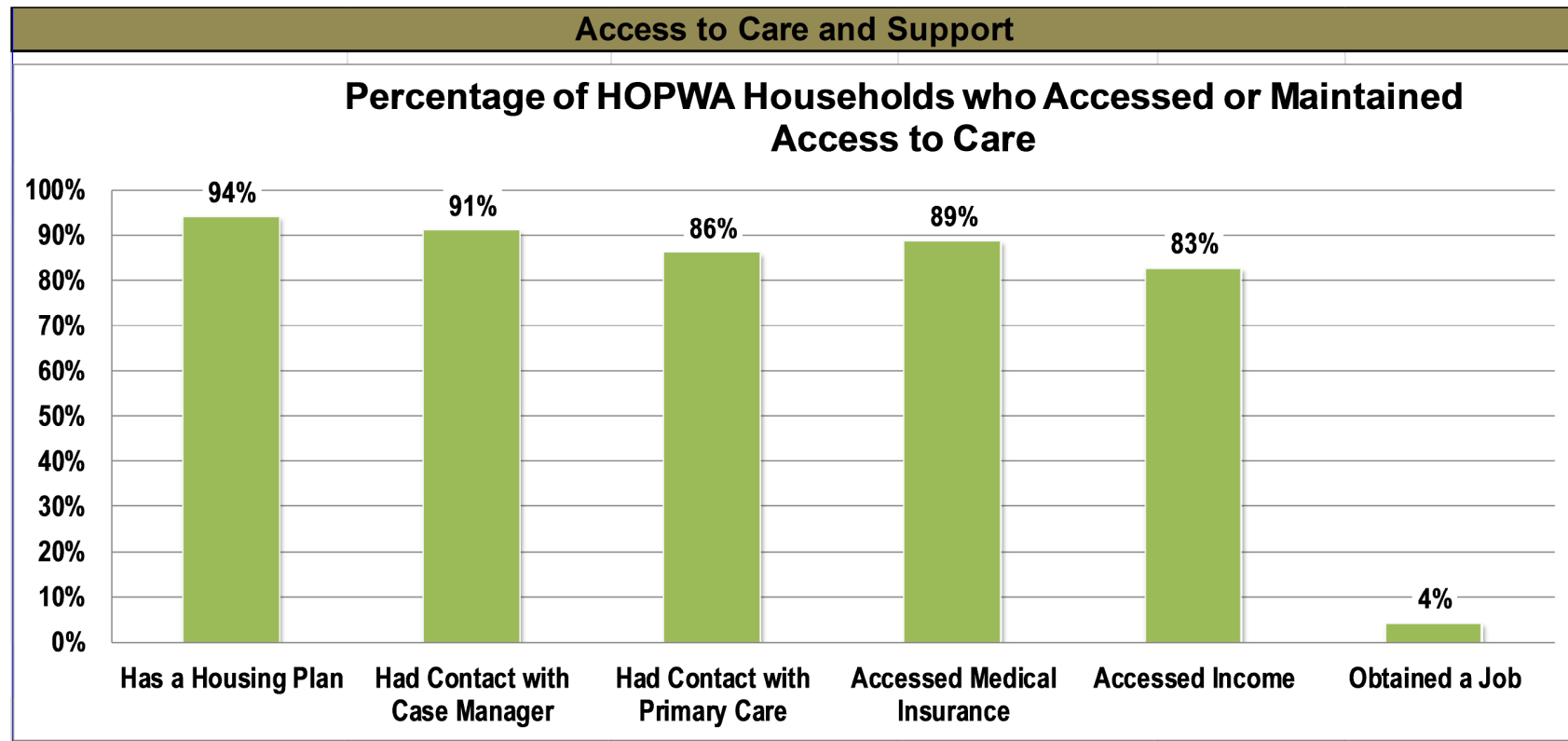
demonstrate that housing stability equates to better health outcomes for those living with HIV. Positive client health outcomes include entry into and retention in care and continuing adherence to complex HIV treatment regimens results in reduced HIV transmission and healthier people.

### Stable Housing in Connection to Homelessness

*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 more than 1.2 million Americans from homelessness as a targeted Recovery Act program achievement. Research shows that chronic health conditions put homeless persons at higher risk of dying on the street. Studies show that persons that are chronically homeless for more than 6 months and having a chronic health condition (including HIV/AIDS) is in indicator a high chance of premature death without housing and supportive services.<sup>22</sup> 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. HOPWA's short-term rent, mortgage, and utility assistance programs effectively provide urgently needed assistance that averts evictions that precipitate a loss in housing stability and places households at a higher risk of homelessness.

### Program Outcomes

On a national level, the program demonstrates successful program beneficiary outcomes with respect to access to care and support which results in successful program accomplishments that provide a foundation for increased housing stability and better health outcomes. Ninety-six percent of clients receiving tenant-based rental assistance and 97 percent placed in a permanent housing facility achieved housing stability in fiscal year 2014. Seventy-two percent of clients receiving transitional or short-term housing facilities assistance and 45 percent receiving STRUM assistance achieved housing stability in fiscal year 2014.



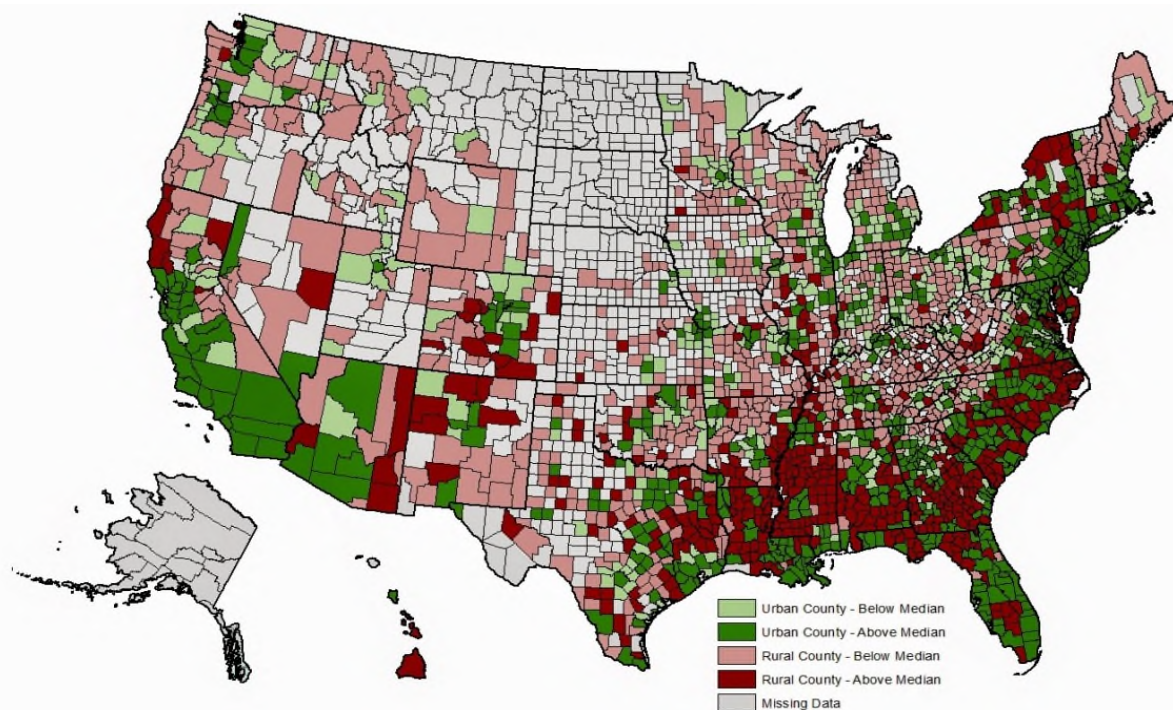
**5. Proposals in the Budget**

*HOPWA Legislative Proposal*

The HOPWA program formula, which has remained static since its enactment in 1992, should be updated to better reflect the nature of the HIV epidemic that has evolved over the years through advances in HIV care and surveillance. Currently, 53 percent of the statutorily required cumulative AIDS cases used to run the formula program represent deceased individuals. The proposal would enable the use of current HIV surveillance data from the Centers for Disease Control and Prevention based on those living with HIV inclusive of those with AIDS. This would enable HOPWA to align with other federal HIV reporting for the distribution of grant resources such as the Ryan White Care Act program. The proposal seeks to distribute funding more equitably to reflect the HIV epidemic’s impact among communities with highest burden of HIV cases, notably Southern states and rural areas, while addressing

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the increasingly disproportionate impact of HIV on communities of poverty and color. As shown in the map above, darker shaded U.S. counties (both rural and urban) have an above-median count of HIV cases. The greatest concentrations of high HIV-prevalence rural counties lie within the Southern United States.



The majority of HOPWA formula grantees will receive an increase in their grant allocation based on the use of living HIV/AIDS cases versus the current cumulative AIDS cases. Communities that were historically the epicenter of the AIDS epidemic are likely to receive reduced funding since they currently benefit from the use of cumulative AIDS cases and they will no longer benefit from AIDS incidence used to distribute 25 percent of the formula funding. Only the largest metropolitan areas receive a formula calculation based on AIDS incidence; States are excluded.

The President's *National HIV/AIDS Strategy* tasks HUD to work

with Congress to modernize the HOPWA formula and in meeting the recommendations set forth in the *HIV Care Continuum Initiative*, which seeks to accelerate efforts in HIV prevention and care and ensure that Federal resources are focused on improving client outcomes along the care continuum.

The legislative proposal contains three main components:

1. Formula modernization – improve targeting to distribute funding equitably among communities with the highest HIV burden and need, incorporate local housing costs and poverty rates;
2. Expand the provision of short-term housing – up to three months with an on-going assessment for a 24 month maximum to provide communities with greater latitude in addressing the housing needs of those living with HIV who are homeless or at

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severe risk of homelessness beyond the current statutory limit of 21 weeks for those currently housed (excludes those who are homeless); and

3. Provide communities with a modest increase in allowable grant administration costs to align with other comparable peer housing programs.

Key provisions of the formula modernization include:

1. All formula grantees remain eligible. New grantees to meet the eligibility baseline of 2,000 HIV cases;
2. A stop-loss provision in which formula adjustments would be phased in over a period of three years and a grantee would not lose more than 10 percent or gain more than 20 percent of the average share of the total formula allocation of the previous fiscal year;
3. Replace the current formula requirement that 25 percent of funds be distributed based on AIDS incidence with an equal weighted factor of fair market rent and poverty rate for each eligible formula grantee.

### **Proposals in the Budget**

General Provision: The budget continues a general provision that consolidates and extends Sections 203 and 209 of the fiscal year 2012 Appropriations Act, which are longstanding provisions of the HOPWA program. The provision continues to give HUD authority to honor agreements between cities and their states to manage HOPWA grants, allow former grantees to continue to receive direct allocations, and allow the program to use AIDS incidence data collected over a three year period instead of one year. The provision also updated the reference to the MSAs in the 2012 Appropriations Act to reflect updated names as delineated by the Office of Management and Budget. (Section 203)

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The charts below reflect distribution of Funds to Grantees; the fiscal year 2016 figures are estimated using the proposed formula.

**Estimated HOPWA Formula Funding by Grantee**

(Dollars in Thousands)

<b>HOPWA Formula Grantee</b>	<b>2014 ACTUAL</b>	<b>2015 ESTIMATE</b>	<b>2016 PROPOSED</b>
Birmingham.....	\$589	\$582	\$685
Alabama State Program.....	\$1,466	\$1,484	\$1,705
Phoenix.....	\$1,800	\$1,809	\$2,093
Tucson.....	\$453	\$452	\$527
Arizona State Program.....	\$231	\$236	\$268
Little Rock.....	\$317	\$329	\$369
Arkansas State Program.....	\$533	\$544	\$620
Anaheim.....	\$1,537	\$1,524	\$1,787
Bakersfield.....	\$387	\$383	\$450
Fresno.....	\$379	\$383	\$441
Los Angeles.....	\$15,920	\$14,325	\$14,992
Oakland.....	\$2,176	\$2,198	\$2,381
Riverside.....	\$1,981	\$1,978	\$2,303
Sacramento.....	\$901	\$905	\$1,048
San Diego.....	\$2,838	\$2,826	\$3,300
San Francisco.....	\$8,241	\$7,461	\$7,405
San Jose.....	\$877	\$866	\$1,015
California State Program.....	\$2,991	\$2,967	\$3,354
Denver.....	\$1,554	\$1,546	\$1,807
Colorado State Program.....	\$433	\$434	\$503
Bridgeport.....	\$803	\$795	\$878
Hartford.....	\$1,095	\$1,084	\$1,087
New Haven.....	\$968	\$960	\$991
Connecticut State Program.....	\$220	\$217	\$227
Wilmington.....	\$630	\$629	\$733
Delaware State Program.....	\$247	\$247	\$266
District Of Columbia.....	\$10,732	\$11,165	\$9,644
Cape Coral.....	\$406	\$409	\$471

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<b>HOPWA Formula Grantee</b>	<b>2014 ACTUAL</b>	<b>2015 ESTIMATE</b>	<b>2016 PROPOSED</b>
Deltona.....	\$373	\$374	\$433
Ft Lauderdale.....	\$7,377	\$6,980	\$6,629
Lakeland.....	\$517	\$485	\$571
Miami.....	\$11,348	\$11,312	\$10,197
Orlando.....	\$3,007	\$3,242	\$3,219
Palm Bay.....	\$335	\$335	\$386
Port St Lucie.....	\$0	\$0	\$624
Sarasota.....	\$448	\$446	\$522
Tampa.....	\$2,829	\$3,105	\$3,289
West Palm Beach.....	\$3,038	\$3,037	\$2,731
Jacksonville-Duval County.....	\$2,303	\$2,466	\$2,069
Florida State Program.....	\$3,354	\$3,357	\$3,662
Atlanta.....	\$14,243	\$18,078	\$12,798
Augusta-Richmond County.....	\$938	\$1,072	\$843
Georgia State Program.....	\$2,205	\$2,265	\$2,563
Honolulu.....	\$437	\$435	\$508
Hawaii State Program.....	\$205	\$206	\$226
Chicago.....	\$7,695	\$7,865	\$8,427
Illinois State Program.....	\$1,174	\$1,172	\$1,365
Indianapolis.....	\$947	\$950	\$1,101
Indiana State Program.....	\$946	\$953	\$1,101
Iowa State Program.....	\$422	\$426	\$491
Kansas State Program.....	\$393	\$393	\$457
Louisville-CDBG.....	\$572	\$577	\$665
Kentucky State Program.....	\$524	\$531	\$610
Baton Rouge.....	\$2,625	\$2,539	\$2,359
New Orleans.....	\$4,014	\$3,912	\$3,607
Louisiana State Program.....	\$1,295	\$1,314	\$1,506
Baltimore.....	\$7,842	\$8,037	\$7,046
Frederick.....	\$690	\$907	\$802
Maryland State Program.....	\$398	\$397	\$463
Boston.....	\$2,245	\$2,715	\$2,395
Lowell.....	\$1,088	\$1,088	\$1,265



Housing Opportunities for Persons With AIDS

<b>HOPWA Formula Grantee</b>	<b>2014 ACTUAL</b>	<b>2015 ESTIMATE</b>	<b>2016 PROPOSED</b>
Lynn.....	\$0	\$0	\$0
Springfield.....	\$455	\$450	\$529
Worcester.....	\$457	\$453	\$527
Massachusetts State Program.....	\$211	\$212	\$245
Detroit.....	\$2,351	\$2,461	\$2,338
Warren.....	\$514	\$519	\$598
Michigan State Program.....	\$1,068	\$1,071	\$1,243
Minneapolis.....	\$1,041	\$1,039	\$1,210
Minnesota State Program.....	\$148	\$148	\$172
Jackson.....	\$1,085	\$1,392	\$1,053
Mississippi State Program.....	\$963	\$989	\$1,120
Kansas City.....	\$1,088	\$1,086	\$1,265
St Louis.....	\$1,389	\$1,387	\$1,615
Missouri State Program.....	\$542	\$540	\$630
Nebraska State Program.....	\$357	\$362	\$415
Las Vegas.....	\$1,133	\$1,146	\$1,318
Nevada State Program.....	\$250	\$249	\$290
Camden.....	\$708	\$707	\$824
Edison.....	\$0	\$0	\$0
Jersey City.....	\$2,566	\$2,558	\$2,196
Newark.....	\$6,473	\$6,061	\$5,817
Paterson.....	\$1,356	\$1,351	\$1,712
New Jersey State Program.....	\$1,126	\$1,117	\$1,309
Albuquerque.....	\$335	\$330	\$390
New Mexico State Program.....	\$289	\$286	\$336
Albany.....	\$494	\$490	\$574
Buffalo.....	\$550	\$547	\$639
Islip Town.....	\$1,751	\$1,731	\$1,840
New York City.....	\$48,454	\$47,037	\$43,156
Poughkeepsie.....	\$0	\$0	\$0
Rochester.....	\$688	\$681	\$800
Syracuse.....	\$290	\$287	\$337
New York State Program.....	\$2,156	\$2,146	\$2,506

Housing Opportunities for Persons With AIDS

<b>HOPWA Formula Grantee</b>	<b>2014 ACTUAL</b>	<b>2015 ESTIMATE</b>	<b>2016 PROPOSED</b>
Charlotte.....	\$1,061	\$1,795	\$1,234
Durham.....	\$0	\$282	\$607
Greensboro.....	\$317	\$321	\$369
Wake County.....	\$536	\$543	\$623
North Carolina State Program.....	\$2,387	\$2,143	\$2,777
Cincinnati.....	\$673	\$675	\$782
Cleveland.....	\$951	\$952	\$1,105
Columbus.....	\$821	\$827	\$954
Dayton.....	\$286	\$287	\$332
Ohio State Program.....	\$979	\$979	\$1,139
Oklahoma City.....	\$530	\$531	\$616
Tulsa.....	\$353	\$353	\$411
Oklahoma State Program.....	\$248	\$247	\$290
Portland.....	\$1,081	\$1,076	\$1,257
Oregon State Program.....	\$379	\$379	\$441
Allentown.....	\$316	\$319	\$367
Bensalem Township.....	\$512	\$515	\$595
Harrisburg.....	\$291	\$292	\$338
Philadelphia.....	\$9,470	\$7,436	\$8,509
Pittsburgh.....	\$724	\$721	\$842
Pennsylvania State Program.....	\$1,295	\$1,292	\$1,505
Providence.....	\$867	\$870	\$964
Charleston.....	\$585	\$550	\$680
Columbia.....	\$1,413	\$1,196	\$1,270
Greenville.....	\$360	\$363	\$419
South Carolina State Program.....	\$1,387	\$1,391	\$1,613
Memphis.....	\$2,849	\$3,072	\$2,560
Nashville-Davidson.....	\$914	\$924	\$1,063
Tennessee State Program.....	\$939	\$943	\$1,092
Austin.....	\$1,112	\$1,118	\$1,293
Dallas.....	\$5,375	\$5,637	\$5,483
El Paso.....	\$361	\$373	\$419
Fort Worth.....	\$996	\$1,002	\$1,158
Houston.....	\$10,894	\$10,343	\$9,789

Housing Opportunities for Persons With AIDS

<b>HOPWA Formula Grantee</b>	<b>2014 ACTUAL</b>	<b>2015 ESTIMATE</b>	<b>2016 PROPOSED</b>
San Antonio.....	\$1,212	\$1,217	\$1,409
Texas State Program.....	\$2,923	\$2,947	\$3,398
Salt Lake City.....	\$366	\$366	\$426
Utah State Program.....	\$153	\$153	\$178
Richmond.....	\$1,087	\$875	\$1,264
Virginia Beach.....	\$1,079	\$1,081	\$1,254
Virginia State Program.....	\$729	\$732	\$848
Seattle.....	\$1,780	\$1,771	\$2,069
Washington State Program.....	\$729	\$734	\$847
West Virginia State Program.....	\$343	\$344	\$398
Milwaukee.....	\$587	\$587	\$683
Wisconsin State Program.....	\$467	\$469	\$543
San Juan Municipio.....	\$5,655	\$5,636	\$5,081
Puerto Rico State Program.....	<u>\$1,808</u>	<u>\$1,799</u>	<u>\$1,951</u>
<b>Total Formula Grantees.....</b>	<b>\$297,000</b>	<b>\$297,000</b>	<b>\$296,529</b>
<b>Total Competitive Grants.....</b>	<b>\$33,000</b>	<b>\$33,000</b>	<b>\$32,948</b>
<b>Transformation Initiative.....</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$2,523</u></b>
<b>Total HOPWA</b>	<b>\$330,000</b>	<b>\$330,000</b>	<b>\$332,000</b>

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>2014 Budget Authority</u>	<u>2013 Carryover Into 2014</u>	<u>2014 Total Resources</u>	<u>2014 Obligations</u>	<u>2015 Budget Authority</u>	<u>2014 Carryover Into 2015</u>	<u>2015 Total Resources</u>	<u>2016 Request</u>
Formula Grants .....	\$297,000	\$83,223	\$380,223	\$319,575	\$297,000	\$60,648	\$357,648	\$298,800
Competitive Grants ....	33,000	192	33,192	29,067	33,000	4,125	37,125	33,200
Technical Assistance ..	...	4	4	...	...	4	4	...
Transformation Initiative (transfer)	...	...	...	...	...	...	...	[2,523]
Total .....	330,000	83,419	413,419	348,642	330,000	64,777	394,777	332,000

Housing Opportunities for Persons With AIDS

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

The fiscal year 2016 President's Budget includes proposed changes in the appropriation language listed and explained below. New language is italicized and underlined, and language proposed for deletion is bracketed.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), [~~\$330,000,000~~] *\$332,000,000*, to remain available until September 30, [~~2016~~]*2017*, except that amounts allocated pursuant to section 854(c)(3) of such Act shall remain available until September 30, [~~2017~~]*2018*: *Provided*, That the Secretary shall renew all expiring contracts for permanent supportive housing that initially were funded under section 854(c)(3) of such Act from funds made available under this heading in fiscal year 2010 and prior fiscal years that meet all program requirements before awarding funds for new contracts under such section[: *Provided further*, That the Department shall notify grantees of their formula allocation within 60 days of enactment of this Act]. (*Department of Housing and Urban Development Appropriations Act, 2015.*)

## Housing Opportunities for Persons With AIDS

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- <sup>9</sup> Ibid.
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<sup>16</sup> Ibid.

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<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid. Also see: Farnham, P.G., Holtgrave, D.R., Sansom, S.L., Hall, I.H. (2010). Medical costs averted by HIV prevention efforts in the United States, 1991–2006. *Journal of Acquired Immune Deficiency Syndromes (JAIDS)*, 54(5), 565-567.

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