FOIA Number: 2018-0764-F

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Housing Opportunites for Persons with AIDS

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Housing Opportunities for Persons With AIDS

Community Collaborations to Provide Housing and Related Services for Persons Living with HIV or AIDS

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

Program: The Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and supportive services for low-income persons with HIV/AIDS and their families. Grants are provided: (1) by formula allocations to States and metropolitan areas with the largest number of cases and incidence of AIDS; and (2) by competitive selection of projects proposed by State and local governments and nonprofit organizations. Grantees are encouraged to develop community-wide comprehensive strategies and to form partnerships with area nonprofit organizations to provide housing assistance and supportive services for eligible persons.

Consolidated Planning: All HOPWA formula grants are available as part of the area's Consolidated Plan, which also includes the Community Development Block Grant, HOME Investment Partnerships program and Emergency Shelter Grants. Plans are developed through a public process that assesses area needs, creates a multiple-year strategy and proposes an action plan for use of Federal funds and other community resources in a coordinated and comprehensive manner. Ninety (90) percent of the appropriation is allocated by formula to eligible communities.

Formula Awards: In FY 1998, a total of $183.6 million is allocated by formula to the qualifying cities for 59 eligible metropolitan statistical areas (EMSAs) and to 29 eligible States for areas outside of EMSAs. Eligible formula areas have at least 1,500 cumulative cases of AIDS, as of March 31, and metropolitan areas have a population of at least 500,000. One-quarter of the formula is awarded for metropolitan areas that have a higher than average per capita incidence of AIDS. HUD uses statistics from the Centers for Disease Control and Prevention in allocating funds.

Competitive Grants: Ten percent of the appropriated funds are awarded by competition. During fiscal year 1997, $19.6 million was made available pursuant to a Notice of Funds Availability (NOFA) which established the application review process and selection criteria. The NOFA was published in the Federal Register on May 7, 1997 (62 FR 25082). HUD selected 20 new projects, including:

(1) seven grants for **Special Projects of National Significance (SPNS)** which, due to their innovative nature or their potential for replication, are likely to serve as effective models in addressing the needs of eligible persons;

(2) one project that will provide **National HOPWA Technical Assistance**;

(3) seven grants under the **HIV Multiple Diagnoses Initiative (MDI)** which were also selected as model programs that target assistance to homeless persons living with HIV/AIDS who also have chronic alcohol and/or other drug abuse issues and/or serious mental illness. Seven of the MDI grantees that were selected in 1996 also receive additional evaluation funds. MDI projects participate in the national evaluation of project accomplishments that HUD is coordinating with HHS. Applications for SPNS and MDI grants can be submitted by States, units of general local government and nonprofit organizations;

(4) five grants in non-formula areas for **Projects which are part of Long-term Comprehensive Strategies** for providing housing and services for eligible persons; applications for this category can be submitted by States and local governments in areas that did not qualify for formula allocations during that fiscal year.

Program uses: HOPWA funds have helped many communities establish strategic AIDS housing plans, better coordinate local and private efforts, fill gaps in local systems of care, and create new housing resources. HOPWA funds may be used for a wide-array of housing, social services and program planning and development costs. Eligible activities include, but are not limited to, the acquisition, rehabilitation or new construction of housing units, costs for the operation and maintenance of facilities and community residences, rental assistance and short-term payments to prevent homelessness.

HOPWA may also be used to fund services, such as health care and mental health services, drug and alcohol abuse treatment and counseling, intensive care when required, nutritional services, case management, assistance with daily living, housing information and placement assistance and other services. The eligible activities are subject to certain standards and limitations.

In December 1996, the President's *National AIDS Strategy* recognized that "maintaining consistent funding for the housing component of the services safety net will continue to be a national priority. Without stable housing a person living with HIV has diminished access to care and services and a diminished opportunity to live a productive life."

Measurable Objectives. The most successful projects will establish measurable objectives for use in evaluating program results. Objectives that provide time sensitive statements of planned accomplishments should relate to the goals of maximizing independent living and maximizing self-determination for clients.

Goals: The program is authorized by statute "to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with acquired immunodeficiency syndrome and families of such persons." Additionally, the *National AIDS Strategy* established national goals to end the epidemic of HIV and AIDS and to ensure that all people living with HIV have access to services, from health care to housing and supportive services, that are affordable, of high quality, and responsive to their needs.

Safe, decent and affordable housing is more than a goal. It is a common daily need of each of us as well as a vital component of our common response to HIV.

Secretary Andrew Cuomo

Authorization: The program is authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901) as amended by the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992). Funds were appropriated in FY 1992 and for subsequent years. The Department's appropriation for Fiscal Year 1997 provides $196 million for HOPWA.

Regulations: The program is governed by the HOPWA Final Rule, 24 CFR Part 574, as amended, and the Consolidated Submissions for Community Planning and Development Programs, Final Rule, 24 CFR Part 91, as amended.

For More Information Contact: The Community Connections Information Center at 1-800-998-9999, 1-800-483-2209 (TTY), or by internet at: comcon@aspensys.com; or

The HUD State or area Office or the Office of HIV/AIDS Housing, U.S. Department of Housing and Urban Development, 451 Seventh Street, S.W., Room 7154, Washington, D.C. 20410, or phone (202) 708-1934; TTY 1-800-877-8339, fax: (202) 708-1744. Information is available on the HUD HOME Page at *www.hud.gov/home.html.*

Information and other support is available under a National HOPWA Technical Assistance Program operated by AIDS Housing of Washington at (206) 448-5242 or by email at: *info@aidshousing.org* or at *www.aidshousing.org.*

HOPWA Formula & Competitive Awards 1995-1998

Grants. The following chart lists by State the grants awarded under the Housing Opportunities for Persons with AIDS program for fiscal years 1995-1998. Cities and States that receive formula allocations and government agencies and non-profit organizations that were awarded grants by competitive selection are listed and competitive grants are denoted by (*).

Under the statute, ninty percent of the appropriation is distributed by formula allocations to Eligible Metropolitan Statistical Areas (EMSAs) and to eligible States for areas outside of EMSAs. Eligible areas have at least 1,500 cases of AIDS and metropolitan areas are greater than 500,000 populations. The EMSA grant is administered by the largest city in the metropolitan area. In 1995, HOPWA formula allocations were included in the Department's Consolidated Planning initiative involving communities in assessing area needs, creating a strategy for addressing needs and determining the use of Federal and other resources; related information technology also became available to help implement this initiative. The FY 1998 allocations were announced on December 19, 1997 and are available to the city or State upon approval of its consolidated plan submission during 1998; submission dates are based on the jurisdiction's established operating year and plans will be submitted during January-August, 1998.

The remaining ten percent of the appropriations is awarded by national competition and the selected grants from the 1995, 1996 and 1997 competitions are included in this chart and denoted by (*). Competitive grants are Special Projects of National Significance or, as indicate, a grant selected under the HIV Multiple-Diagnoses Initiative (MDI) or as a Long-Term (LT) Project in an area that did not receive a formula allocation. A NOFA on the FY1998 competitive awards will be announced during 1998.

HOPWA Grantees and Grant Amounts

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
Alabama	State	825,000	825,000	986,000	1,042,000
	* AIDS Task Force of Alabama, Inc.	* 756,992		* 1,270,000 MDI	
Alaska	* Alaska Housing Finance Corporation	* 716,166 LT		* 572,800 LT	
Arizona	Phoenix	760,000	727,000	851,000	865,000
	* Pima County Community Services		* 538,902 LT	* 639,196 LT	
Arkansas	State		434,000	489,000	506,000

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
California	State	1,980,000	1,933,000	2,229,000	2,288,000
	San Francisco	11,360,000	8,828,000	9,412,000	8,528,000
	* Marin Co Community Development Agency	* 1,100,000			
	* Bernal Heights Housing Corp. (SF)		* 845,541 MDI	* 50,000 MDI	
	* Lutheran Social Services of Northern California (SF)		* 1,200,000 MDI		
	San Jose	553,000	547,000	616,000	620,000
	* Alameda County Planning Department		* 1,093,125		
	Oakland	1,438,000	1,611,000	1,584,000	1,591,000
	Sacramento	538,000	548,000	613,000	613,000
	* Housing Authority of Santa Cruz		* 750,000 MDI	* 50,000 MDI	
	Los Angeles	8,943,000	7,979,000	10,102,000	10,144,000
	* West Hollywood Community Housing Corp.		* 1,076,200		
	Santa Ana (for Orange County PMSA)	1,005,000	960,000	1,082,000	1,086,000
	Riverside	1,020,000	1,078,000	1,230,000	1,276,000
	San Diego	1,912,000	1,721,000	2,101,000	2,092,000
	* San Diego Co. Dept. of Housing & Comm. Dvpt.			* 1,053,800	
Colorado	Denver	1,055,000	1,009,000	1,126,000	1,117,000

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
Connecticut	State	1,068,000	620,000	792,000	834,000
	* State Dept. of Social Services	* 998,648			
	Hartford	592,000	535,000	1,020,000	743,000
	New Haven		403,000	969,000	724,000
	* Bridgeport			* 1,270,000 MDI	
Delaware	State			410,000	434,000
District of Columbia	District	4,283,000	5,026,000	4,383,000	5,747,000
Florida	State	2,368,000	2,397,000	2,808,000	2,920,000
	Fort Lauderdale	2,912,000	4,036,000	3,979,000	4,327,000
	Jacksonville	732,000	797,000	949,000	839,000
	Miami	7,268,000	8,359,000	8,832,000	7,732,000
	* Housing & Services, Inc. (Miami)		* 1,090,000 MDI	* 50,000 MDI	
	Orlando	811,000	1,043,000	1,352,000	1,058,000
	* Local Health Council of East Central FL, Inc			*1,205,903 MDI	
	Tampa	1,539,000	1,314,000	1,493,000	1,541,000
	West Palm Beach	1,427,000	2,080,000	2,622,000	2,490,000
Georgia	State	899,000	931,000	1,106,000	1,194,000
	Atlanta	2,418,000	2,817,000	4,090,000	3,889,000
	* Savannah Bureau of Public Development		* 750,000		

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
Hawaii	State		419,000	474,000	477,000
	* Ho'omana'olana (Honolulu)			* 1,028,797	
Illinois	State		391,000	467,000	489,000
	Chicago	3,288,000	3,394,000	3,805,000	3,900,000
	* Cornerstone Services, Inc. (Joliet)	* 465,991			
	* Travelers & Immigrants Aid of Chicago	* 1,030,000			
Indiana	State	947,000	452,000	535,000	577,000
	Indianapolis		432,000	524,000	537,000
Kentucky	Commonwealth		413,000	494,000	485,000
	* Kentucky Housing Corporation			* 901,323	
Louisiana	State	739,000	748,000	883,000	950,000
	New Orleans	1,179,000	1,295,000	1,737,000	1,888,000
	UNITY for the Homeless	* 1,099,230			
Maine	* The AIDS Project			* 1,064,149	
Maryland	* State Dept. of Health and Mental Hygiene	* 1,000,000 LT	* 976,800 LT		
	Baltimore	2,454,000	4,582,000	3,596,000	4,414,000
	* Baltimore Dept. of Housing & Community Development	* 1,000,000	* 1,200,000 MDI	* 50,000 MDI	
Massachu-setts	Commonwealth	896,000	898,000	1,052,000	1,055,000
	Boston	1,709,000	1,613,000	1,803,000	1,814,000
	* AIDS Housing Corporation	* 990,534		* 749,689	

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
Michigan	State	523,000	506,000	603,000	618,000
	Detroit	1,207,000	1,180,000	1,374,000	1,409,000
	* Hospice of Southeastern Michigan	* 572,932			
Minnesota	Minneapolis	569,000	558,000	636,000	640,000
	* The Salvation Army, Harbor Light Multi-service Center			* 1,200,000 MDI	
Mississippi	State	542,000	544,000	641,000	692,000
Missouri	State				368,000
	* State Dept. of Health	* 888,065 LT			
	Kansas City	757,000	700,000	781,000	778,000
	St. Louis	792,000	737,000	843,000	888,000
Nevada	State	592,000			
	Las Vegas		468,000	554,000	598,000
New Jersey	State	1,080,000	617,000	729,000	765,000
	Paterson (for Bergen-Passaic)	1,166,000	1,044,000	1,218,000	1,210,000
	Jersey City	1,885,000	2,378,000	2,644,000	2,464,000
	* Catholic Community Services (Jersey City)		* 755,692 MDI	* 1,236,922 & 49,936 MDI	
	Woodbridge (for Middlesex)	552,000	556,000	617,000	632,000
	Dover (for Monmouth)		473,000	554,000	565,000
	Newark	4,798,000	4,718,000	5,597,000	5,604,000

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
New Mexico	* Santa Fe Community Housing Trust		* 1,030,000		
	* New Mexico Mort-gage Finance Authority			* 1,100,000 LT	
New York	State	2,083,000	1,979,000	2,301,000	2,102,000
	Islip (for Nassau-Suffolk)	1,123,000	1,045,000	1,205,000	1,245,000
	New York City	38,336,000	35,840,000	41,829,000	44,493,000
	* Community Counseling & Mediation (Brooklyn)	* 66,950			
	* Southside Community Mission (Brooklyn)	* 975,572			
	* Episcopal Social Services of New York (Harlem)	* 1,099,999			
	* Greyston Foundation, Inc. (Yonkers)	* 1,100,000			
	* United Bronx Parents, Inc.		* 1,130,000 MDI	* 50,000 MDI	
	* The Actor's Fund of America (Manhattan)		* 750,000		
	* Hudson Planning Group			* 334,750	
	* Church Avenue Merchants Block Assoc. (Brooklyn)			* 1,199,901 MDI	
	* Center for Children & Families (Manhattan)			* 1,221,450 MDI	
	Rochester				398,000
North Carolina	State	1,465,000	1,467,000	1,707,000	1,092,000
	* NC Dept. of Environ-ment, Health & Natural Resources			* 785,714	
	Charlotte				361,000
	Raleigh				360,000

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
Ohio	State	1,287,000	1,262,000	1,027,000	760,000
	Cleveland	499,000	532,000	592,000	618,000
	Columbus			429,000	438,000
	Cincinnati				360,000
Oklahoma	State	623,000	583,000	650,000	666,000
Oregon	Portland	665,000	667,000	758,000	766,000
Pennsylvania	Commonwealth	1,175,000	793,000	948,000	1,020,000
	Philadelphia	2,966,000	2,682,000	3,118,000	3,256,000
	* Asociacion de Puertorri-queños en Marcha (Philadel-phia)	* 1,030,000	* 750,000		
	Pittsburgh		400,000	459,000	463,000
Puerto Rico	Commonwealth	1,440,000	1,382,000	1,619,000	1,686,000
	San Juan	3,701,000	3,754,000	4,559,000	4,917,000
Rhode Island	Providence				393,000
	* State Housing and Mortgage Finance Corp.	* 943,440 LT		* 1,097,030 LT	
South Carolina	State	1,147,000	1,224,000	1,453,000	1,504,000
Tennessee	State	1,024,000	1,061,000	448,000	476,000
	Memphis			450,000	485,000
	Nashville			397,000	427,000

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
Texas	State	1,456,000	1,431,000	1,709,000	1,853,000
	Dallas	2,059,000	2,038,000	2,640,000	2,340,000
	Fort Worth	479,000	537,000	582,000	590,000
	Houston	4,301,000	3,014,000	3,316,000	5,107,000
	* Houston Regional HIV/AIDS Resources Group		* 1,200,000 MDI	* 50,000 MDI	
	Austin	965,000	623,000	704,000	711,000
	San Antonio	637,000	605,000	709,000	741,000
Vermont	* State Housing and Community Development Agency	* 719,950 LT			
	* Burlington Housing Authority		* 496,472 LT		
Virginia	Commonwealth	1,056,000	679,000		413,000
	Virginia Beach (for Norfolk)		416,000	556,000	621,000
	Richmond			429,000	448,000
Washington	State		439,000	434,000	446,000
	Seattle	1,434,000	1,188,000	1,317,000	1,324,000
	* AIDS Housing of Washington	* 229,070			
	* Bailey-Boushay House (Seattle)		* 750,000		
Wisconsin	State	598,000	585,000	668,000	300,000
	Milwaukee				363,000
Wyoming	* Wyoming Dept. of Health			* 288,640 LT	

STATE:	HOPWA GRANTEE	FY 1995	FY 1996	FY 1997	FY 1998
Nation-wide grants	* AIDS Housing of Washington, Seattle (national technical assistance program)	* 813,700		* 1,030,000 National HOPWA Tech. Asst.	
	* Bailey House, Inc. New York (vocational education development)		* 717,268		
FORMULA SUBTOTAL		$ 153,900,000 66 grantees: 43 EMSAs and 23 Sts; on 1/25/95; revised due to rescission of 8.1% on 7/27/95	$ 153,900,000 76 grantees: 49 EMSAs and 27 Sts; amount under the Cont. Resolution 2/8/96 (for 44.4%); final amount 5/6/96	$ 176,400,000 80 grantees: 53 EMSAs and 27 Sts final allocation 12/6/96 with recaptured amounts	$ 183,600,000 88 grantees: 59 EMSAs and 29 Sts; on 12/19/97 Con Plan submissions due Jan-Aug, 1998
COMPETITIVE SUBTOTAL		$ 17,673,957 21 grantees: 16 SPNS; 5 LT award 6/26/95; revised due to a rescission on 7/27/95	$ 17,100,000 19 grantees: 9 SPNS; 8 MDI; and 2 LT awarded on 8/22/96	$ 19,600,000 27 grantees: 7 SPNS; 7 MDI; 5 LT; 1 Natl TA and 7 supp. MDI-96; awarded 11/3/97	$ 20,400,000 NOFA to be announced in 1998; FY98 Approp. Act allows the Sec. to award up to $250,000 for a home-delivered meals program

NOTES: Information from fiscal years 1992-1994 are contained in another document. The amount awarded in the fiscal year 1995 competition contains residual amounts from fiscal year 1994 competitive funds. An asterisk (*) denotes competitively selected award which are Special Projects of National Significance (SPNS) unless denoted as Projects that are part of Long-term (LT) Comprehensive Strategies in non-formula areas; in 1996 & 1997, awards were made for Projects under the HIV Multiple-Diagnoses Inititive (MDI) in connection with a national HUD-HHS evaluation component.

The name of the formula grantee is provided; the service area for the grantee may differ by year: a city grantee receives funds for the eligible metropolitan service area which is the MSA or PMSA; a State receives an allocation for areas that are outside of EMSAs that include areas in that State. If the space was blank, that area did not directly receive a formula allocation in that fiscal year, but would be included in the State's formula allocation, if the State qualified in that fiscal year. Funds are available for three years. In FY98, eight jurisdictions newly qualified for formula allocations (Missouri, Virginia, Rochester NY, Charlotte and Raleigh NC, Cincinnati OH, Providence RI, and Milwaukee WI). The qualification of new metropolitan areas also reduces the service areas of State grantees (Indiana, Kentucky, Massachusetts, New York, North Carolina, Ohio, Rhode Island, South Carolina, and Wisconsin).

The qualification of a new metropolitan area for a formula allocation may affect the eligibility of an existing State grantee in reducing the service area for a State grant and that area may have less than the 1,500 case threshold for eligibility. To date, in five States which had been prior recipients (Arizona, Missouri, Minnesota, Nevada and Virginia), the area of the State outside of the new EMSA and other EMSAs did not meet the formula qualification in a subsequent year; Missouri and Virginia have subsequently requalified. In FY98, the appropriation act authorized a formula allocation to Wisconsin; another provision of the act authorizes the Secretary to designate awards, on a non-competitive basis, of up to $250,000 to a program that provides home-delivered meals.

1-26-98 edit.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

January 21, 1998

MEMORANDUM FOR: All CPD Field Office Directors and HOPWA Grantees

FROM: David Vos, Director, Office of HIV/AIDS Housing, DEH

SUBJECT: Guidance on the Restricted Use of HOPWA Funds for AIDS Drug Assistance and Other Health-care Costs

This memorandum provides guidance regarding the eligibility of AIDS drug assistance and other health-care costs under the Housing Opportunities for Persons With AIDS (HOPWA) Program. This guidance is provided to help ensure that activities under the HOPWA program are carried out in a manner that addresses the program's statutory purpose at 42 U.S.C. 12901 "to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with acquired immunodeficiency syndrome and families of such persons."

To assure that communities address the critical housing needs of HOPWA beneficiaries, the Department is providing the following guidance on how grantees and their projects sponsors should use HOPWA resources in conjunction with other funding sources for AIDS drug assistance and health care, including payments for pharmaceuticals, such as the protease inhibitors or other prescription drugs. These health care products and services are provided to clients through federal funds for AIDS Drug Assistance Programs (ADAP) and under other Ryan White CARE Act components, as well as from other federal, state and local programs and private sources. A number of persons have expressed concerns that current regulations might be incorrectly interpreted to allow for the excessive use of HOPWA funds for these types of health payments and thereby reduce the amount of program funds that are used to address pressing housing needs.

In HUD's view, the planned commitment of HOPWA funds for ADAP and other health-care purposes would constitute the excessive use of this allowance and would be inconsistent with program regulations at 24 CFR part 574. This memorandum describes the limited circumstances under which such payments could be made, if approved and documented on an individual client basis. In addition, to better ensure consistency in administering Federal HIV-related programs, HUD is providing guidance that the availability of HOPWA supportive

service activities should not be interpreted as authorizing health-care activities that would not be eligible under other federal HIV-related programs.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, including activities supported by AIDS Drug Assistance Programs, are administered by the Health Resources and Service Administration at HHS. Attached are five Fact Sheets which further describe the AIDS Drug Assistance Programs. In addition, this HHS office and other administering agencies provide direction to ensure the appropriate use of these resources, for example, in connection with State authority to establish income and medical eligibility criteria and to determine how drugs will be purchased and distributed to clients. States also determine which drugs to include in their formularies and may implement cost-containment measures in managing these programs.

Except in the limited circumstances described in this guidance, HOPWA grantees are not authorized to designate HOPWA grant funds for ADAP-related or other health care payments as a proposed project under a consolidated plan submission or as a component of a competitive application. The submission of this type of proposed project would not be an eligible activity under the statute and regulations and would constitute a valid basis for HUD to disapprove the HOPWA elements of a proposed annual submission under the Consolidated Plan or reject or modify an application under the competitive component of the program.

Current HOPWA regulations allow for payments for health services under 24 CFR 574.310(a):

> "(2) Payments. The grantee shall ensure that grant funds will not be used to make payments for health services for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service: (1) Under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or (2) By an entity that provides health services on a prepaid basis."

Further, the AIDS Housing Opportunity Act provides for a prohibition on the substitution of funds, which is reflected at 24 CFR 574.400, of the program regulations. HOPWA funds can not be used to replace other funding for activities that can reasonably be expected to be supported from other public and private sources.

1. Further Guidance on Restricted Use.

HUD hereby advises that payments for health care costs, including costs of therapies, services and pharmaceuticals, may only be made, if approved and

documented, on an individual basis. A payment is not eligible under HOPWA if that payment has been made, or can reasonably be expected to be made, with respect to that item or service from any federal, state, local or private program for which those activities are reimbursable or for which funds are made available by the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration and under payments authorized under State medicaid waivers as well as other public and private compensation programs.

In the event that a HOPWA grantee seeks approval of supportive service activities that include payments for health-care costs, that grantee must have a verifiable means of assuring that its administering agency and any project sponsor comply with the payment requirement at 24 CFR 574.310(a). Grantees must establish and have HUD approval for their process that would be used to ensure that no substitution of funds occurs. Grantees may receive approval, for example, for a certification process to accomplish this task, if that process provides for documentation in files of the individual circumstances that justify this payment and if these files are available for HUD inspection. Further, the activity and a description of the verifiable process must be specifically addressed in any supportive services component of their HUD-approved consolidated plan or competitively-selected application. In reviewing the annual consolidated plan submission, HUD area offices will review any request for this type of activity for its consistency with this guidance. If needed, HUD may require grantees to revise its submission to document how they determine individual eligibility, prior to approval of the HOPWA elements of their consolidated plan submission.

The Department also advises that health-care payments may only be made in the case that no ADAP or other dedicated funds or other likely means of compensation for these purposes remain available in a jurisdiction or to the client, since that client would otherwise be eligible for assistance from that source. Under the limited circumstances described herein, if HOPWA funds are used to make a payment for these health-care costs, as authorized, the grantee must document evidence that the client would not otherwise receive this form of assistance.

2. Applicability of Related Federal and State Policies.

This guidance is also provided to reduce the potential for using HOPWA funds for a health-care cost in a manner that might contradict the federal policy directives issued by HHS to administer the Ryan White CARE Act and ADAP activities. HUD guidance is provided that HOPWA health-care activities are limited to those activities that are eligible within the scope of these Federal HIV/AIDS-related programs. Under the limited circumstances discussed above, a HOPWA payment could only be made for those drugs and services that are eligible activities under ADAP and Ryan White CARE Act programs, such as the FDA-approved HIV treatments that have been included in the State's formulary. In connection with

the HOPWA payment requirement, this guidance is intended to help ensure that these related Federal funds are used in a consistent manner. In addition to the HRSA Fact Sheets noted above, the attached Health Resources and Service Administration guidance of October 17, 1996 discusses ADAP limitations, administration, eligibility, state formulary and cost-savings matters.

The Department recognizes that HOPWA grantees and their project sponsors have played a leading role in making housing assistance a vital component of our national response to the HIV epidemic. In our view, this guidance will help recipient communities undertake activities under the statutory purpose of this program by using these public resources to address the pressing housing needs of persons living with HIV/AIDS and their families. This guidance is intended to strengthen our commitment to comprehensive approaches that benefit persons and families in need and to ensure that this federal housing program is administered in a manner that upholds the public trust.

Area CPD Offices should share this document with HOPWA grantees, project sponsors and other interested parties.

Questions about this guidance on the HOPWA program should directed to the Office of HIV/AIDS Housing, 451 Seventh Street SW, Room 7154, Washington, DC 20410 or (202) 708-1934, (202) 708-1744 fax.

Attachments: ADAP Guidance Letter of October 17, 1996, from Anita Eichler, Director, Division of HIV Services, Health Resources and Services Administration, HHS

Five HRSA Fact Sheets regarding the Ryan White CARE Act AIDS Drugs Assistance Programs (ADAPs), Funding, Eligibility Criteria, Formulary Overview, and Cost-Containment Strategies (October and November 1997 editions)

cc: Maxine Griffith, SDF

HUMAN RIGHTS CAMPAIGN

THE HILLEARY AMENDMENT TO VA-HUD APPROPRIATIONS

Representative Van Hilleary (R-TN) introduced an amendment to the House VA-HUD Appropriations bill that transfers $21 million from the Housing Opportunities for People With AIDS (HOPWA) program to veterans programs. HOPWA is a formula-based program providing housing assistance to people living with HIV and AIDS in areas hardest hit by the epidemic. **The amendment passed with modest support, 231 - 200.**

- **Reducing funding will put thousands at risk, including veterans.** A reduction of $21 million would deny housing assistance to more than 4,800 men, women, and children, by withdrawing support for an estimated 3,800 housing units, including rental assistance programs, short-term payments to prevent homelessness, and operation of shelters. Also, there are currently 100,000 to 150,000 veterans accessing some level of HIV care -- 17,000 of these veterans access this care through the Veterans Administration (VA). Many veterans are eligible for the HOPWA program.

- **HOPWA saves lives.** The new drug treatments have offered hope to many with HIV, however these treatments are not available to everyone. Many find the treatments prohibitively expensive forcing unfortunate decisions between essential medications and other necessities. Also, these life-saving drugs must be taken on strict time schedules and often require a special diet. Adequate housing is necessary to allow people to benefit from the new treatments, and help keep them from being exposed to other life-threatening diseases, poor nutrition, and lack of medical care which can lead to premature death.

- **HOPWA is necessary.** It is estimated that up to 60 percent of people living with HIV and AIDS will need housing assistance at some point in the course of their illness. Also, one-third to one-half of all people with AIDS are either homeless or in imminent danger of losing their homes.

- **HOPWA saves money.** HOPWA programs nationwide save an estimated $47,000 per person per year on emergency medical expenses. Many people living with AIDS lose their housing when, as a result of illness and lost wages, they cannot pay their rent or mortgage. Increasing numbers of people with AIDS are already homeless when they become ill and are shuffled between acute care hospitals, medically unsafe shelter facilities, and the street, at an enormous cost to their health. Acute care facilities cost taxpayers $1,085 a day under Medicaid -- a total of $396,025 a year -- as opposed to the $55 to $110 per day cost of HOPWA programs.

919 18th Street NW, Suite 800 Washington, D.C. 20006
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HUMAN
RIGHTS
CAMPAIGN

THE RIGGS AMENDMENT TO VA-HUD APPROPRIATIONS

Representative Riggs (R-CA) introduced an amendment to the House VA-HUD Appropriations bill. The amendment prohibits the City of San Francisco from using VA-HUD funds to implement the domestic partner piece of its city ordinance against discrimination in city contracts. The ordinance requires all city contractors to prohibit discrimination based on factors which include race, color, religion, sexual orientation, domestic partner status, marital status, or AIDS/HIV status. **The amendment passed by a two vote margin, 214 - 212.**

- **UNPRECEDENTED FEDERAL INTERVENTION.** The Riggs amendment is an example of gross micro-management of *one particular city* by the federal government. Congress sets a dangerous precedent and poses a threat to all localities if it begins to use its power to appropriate funds as a means to intimidate and coerce local governments. While the federal government conditions the use of federal funds, these conditions are based on the federal law authorizing the grant program (which is openly debated in Congress) or existing federal government regulations on the use of federal funds (which are subject to public comment). **The Riggs amendment is "de facto" legislation on an appropriations bill without appropriate committee consideration and debate.**

- **NO NATIONAL INTEREST AT STAKE.** In a recent decision regarding the San Francisco ordinance, the U.S. District Court held that local governments have the discretion, as do individual consumers, to pick and choose the companies and organizations with which they will do business. Federal grant requirements similarly require grantees to comply with civil rights and other federal law in order to do business with the federal government. **While Representative Riggs may disagree with San Francisco's ordinance, there is no national interest at stake in its application.**

- **MEAN SPIRITED PUNISHMENT.** Punishing the people in one particular city because their duly elected leaders set a government policy clearly within their jurisdiction is a mean-spirited Congressional action. While the Riggs amendment does not cut off federal funds, use of those funds forces the city to violate its own rules and regulations. **VA-HUD dollars are meant to help state and local governments meet the needs of their citizens. They are not meant to punish a locality for setting government policy.**

- **THE ORDINANCE IS FLEXIBLE.** The San Francisco ordinance requires city contractors who *already provide* benefits to married partners of employees to also provide benefits to domestic partners of employees. Several exceptions to the ordinance exist which, for example, have allowed San Francisco to craft an agreement with Catholic Charities that is satisfactory to both. **Catholic Charities is now delivering care, housing, counseling and other services under a city contract.**

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AGENDA

Meeting with Cardell Cooper, Assistant Secretary for Community Planning and Development, and Members of the HIV/AIDS Housing Community

April 30, 1999
1:00 p.m. - 3:00 p.m.

1. Introductions

2. Update on HUD Activities FY2000 HOPWA budget issues

   Q & A

3. Potential revisions to the HOPWA formula

   Q & A

4. Other Matters, including:

   A. HHS policy on transitional housing activities under Ryan White CARE Act

   B. 1999 Super NOFA competitions (HOPWA, HOPWA-TA, Continuum of Care, etc)

   C. Veterans' Affairs HIV Care conference on homeless veterans

   D. Disparity in access to programs in racial and ethnic minority communities

   E. HOPWA TA at the National Grantees Meeting in Baltimore, NMAC conference, PD&R evaluation, etc.

   Q & A

Test J - New HOPWA Formula Provisions: **DRAFT**

(i) use the proposed FY2000 appropriation level ($213.8 million formula out of $240 million);

(ii) give grantees the higher of:

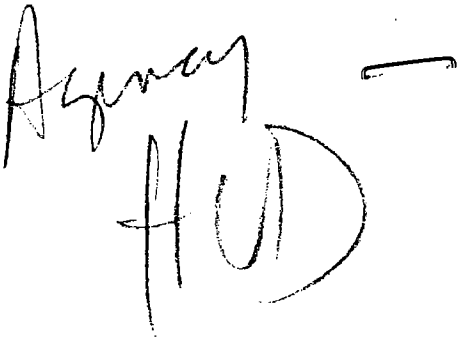
an amount if 80% of formula is based on PLWA cases (weighted 5 year CDC data); or

the grantee's Hold Harmless number (which is the average of their FY98+ FY99 grants);

(iii) use a prorated adjustment. These amounts are fitted into the amount available to be allocated with a prorated adjustment (downward, if the sum of the highest amounts total are in excess of the allocation; or upwards, if this sum is less than the amount available).

(iv) allow the hold harmless to phase-out over three years.

e.g. after the new formula is used in Year 1 (FY2000), in subsequent years, the allocation could be adjusted so that 90 percent is allocated under the PLWA estimate in Year 2 (FY2001), and 100 percent is allocated in Year 3 (FY2002), and in Year 4 (FY2003), no hold harmless adjustment would be made.



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

Dear HOPWA Coordinator:

The U.S. Department of Housing and Urban Development is pleased to invite you to join with your colleagues at the 1999 National Meeting of HOPWA Formula Grantees. The meeting is scheduled to take place on September 26-29, 1999 at the Tremont Suite Hotel in downtown Baltimore, Maryland. This meeting will be the third time that HOPWA grantees and managing sponsors have assembled to consider the successes and continuing challenges in administering this housing assistance program. We strongly urge you to attend or send a representative as we review important aspects of managing the Housing Opportunities for Persons with AIDS program and related issues.

We know that many jurisdictions and nonprofit organizations were represented at our previous meetings in 1998, and many more participated in the Third National HIV/AIDS Housing Conference that was held last September in Atlanta. We trust that all who participated in these sessions shared information about their community's efforts and learned from other practitioners and experts. We expect that our participation at the Baltimore meeting will build on these past meetings and all attendees will benefit from our planned training and consultations. We know these prior events were enjoyable and provided invaluable opportunities to network with colleagues. These sessions were also truly energizing as we continue our mutual work to build a stronger response to the difficult challenges of HIV.

The meeting of HOPWA coordinators will allow us to continue a dialogue on how to make our partnership responsive to persons who have difficult and pressing needs. We hope that we can again consider our successes and the lessons learned in operating programs over these past years. We believe we can best accomplish this by focusing on three present challenges:

1. How do we best use housing development activities to broaden the community's AIDS housing resources?

2. How do we create an HIV/AIDS housing strategy and plan for activities that are fully integrated within your community's consolidated plan, continuum of care, and related HIV/AIDS health-care activities?

3. How do we ensure strong management of all HOPWA programs and make best use of the new technical assistance tools to augment the community efforts to design, operate and evaluate programs?

The dialogue will also cover the topics that you wish to raise. HUD staff, experienced technical assistance providers and knowledgeable colleagues will be present to help answer questions and walk through pressing issues. We also expect to have significant participation by HHS and VA staff. In addition, we will be asking all presenters to consider issues of disparity in treatment and access to our programs for persons of color, including racial and ethnic minorities.

We also plan to have some special topic sessions. We will discuss HUD's information management systems, including an opportunity for hands-on training with IDIS. We will also solicit input on unit-based costing and standards of care that are being used in many communities. And we will consider ways to ensure clients rights and promote understanding of responsibilities. We expect to have a very informative briefing on the specialized projects that have been operating under the HIV Multiple Diagnoses Initiative to find ways to reach clients challenged by issues with drug and alcohol abuse and mental illness. Also, for new staff and first-time grantees, we plan to have an introductory session to help orient you to the opportunities for using HOPWA as a flexible resource in your community, and the responsibilities for managing these Federal funds.

Over this last year, the Office of HIV/AIDS Housing has been working in collaboration with many of you and AIDS Housing of Washington (AHW) to set the agenda for these meetings. Information from AHW on the site logistics are included. Please plan on arriving by 6:00 pm Sunday, September 26th for a welcome reception and dinner. We hope that our discussions will provide you with useful up-to-date information regarding the administration of HOPWA and offer opportunities to consider how you might improve your community's efforts to address HIV/AIDS.

We want to emphasize the importance of your participation in this meeting. These meetings will be useful to all grantees, especially if new staff are assigned to managing your HOPWA efforts, or if your community was not able to attend prior training events. As stewards of public and private funds, we must continue to work towards the highest levels of performance. We hope that you plan to join with your colleagues from other States and cities in helping to lead these discussions. Thank you for your on-going efforts to use HOPWA funds to benefit persons and families in need.

We look forward to seeing you in Baltimore.

Sincerely

David Vos
Director
Office of HIV/AIDS Housing

Overview of the 1999 HOPWA TA Competition

SuperNOFA for HUD Grant Programs

U.S. Department of Housing and Urban Development

The Super Notice of Funding Availability for HUD's Housing, Community Development and Empowerment Programs (SuperNOFA) for $2.4 billion, published 2-26-99, includes funds for national technical assistance (TA) projects for the 1999 Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA TA applications will compete in a separate competition under the Community Development Technical Assistance section, as follows:

- **Applications:** The HOPWA TA application is included in the Community Development-TA application kit and the SuperNOFA User Guide are available from the SuperNOFA Information Center 1-800-HUD-8929 or 1-800-483-2209 TTY and information on this notice is on the internet at *www.hud.gov/fundsavl.html.*.

- **Due Date:** Midnight, Wednesday, May 26, 1999. Applicants should send their original application and one copy to HUD Headquarters (Room 7251) by hand delivery or mail.

- **Funds:** up to $2.25 million. HUD will ensure that at least $300,000 is designated for each of the four national HOPWA TA goals.

- **National TA Goals:** Activities are carried out on a national or regional basis (e.g. serving a multi-state area). Applicants should address the four national HOPWA TA goals: (a) Comprehensive Strategies for HIV/AIDS Housing; (b) Sound Management of HOPWA Programs; (c) Use of HUD Information Management Tools; and (d) National HOPWA Information.

- **Definition of TA.** HOPWA technical assistance shall mean the transfer to HOPWA grantees and project sponsors and potential recipients of program funds, the skills and knowledge needed to develop, operate and support HOPWA-eligible projects and activities. The application should emphasize how activities will advise and train communities and project sponsors in undertaking program planning, community consultations, housing development and operations, coordination with related health-care and other supportive services, and evaluation and reporting on performance.

- **Description of TA Goals:** Applicants should address the national HOPWA TA goals of:

(a) **Comprehensive Strategies for HIV/AIDS Housing**. HOPWA TA funds can be used to advise and train communities in: undertaking community-based needs assessments of the housing needs of persons living with HIV/AIDS and their families; drafting comprehensive multiple-year HIV/AIDS housing plans; undertaking community-wide consultations, including consulting with potential clients, providers of HIV/AIDS housing and/or services, and local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act, and programs that address serious mental illness, chronic alcohol and other drug abuse issues, and homelessness; integrating HIV/AIDS housing efforts within the area's consolidated planning processes: and collaborating with the area's Continuum of Care Homeless Assistance processes in assisting persons with HIV/AIDS who are homeless. Technical assistance also may be used to train communities in how to best target assistance to traditionally underserved subpopulations in developing community-based needs assessments and may build capacity for State-wide,

metropolitan, non-metropolitan and/or rural areas in development of area multi-year HIV and AIDS housing plans. You also could provide TA to HOPWA formula grantees that are new recipients of formula allocations or that are designated by HUD as prospective recipients in future allocations to promote the planning and startup for the use of funds.

(b) **Sound Management of HOPWA Programs.** HOPWA TA funds can be used to help ensure that grantees and project sponsors use funds in a manner that upholds the public trust in the operation of programs, including: advising on management practices to provide responsive, efficient and cost effective facility and program operations; advising on fiscal management to ensure accountability in the use of funds; advising on the coordination of housing with health-care and other related supportive services for eligible persons; assisting in developing collaborations with local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act; advising on data collection and evaluation of programs; providing program handbooks, guidance materials, audio/visual products, training, and other activities to promote good management practices.

(c) **Use of HUD Information Management Tools.** HOPWA TA funds may be used to assist grantees, project sponsors and other organizations involved in HIV/AIDS plans in using the Department's information technology, financial systems and information management systems for developing, operating and reporting on program activities. Applications should address how TA activities will support the use of the Department's Consolidated Planning Process, Integrated Disbursement and Information System (IDIS), the use of HOPWA Annual Progress Reports, the Grants Management System, the LOCCS/HUDCAPS and other HUD information collection or financial management tools. The use of these management tools will help to ensure that your performance is measured under the HOPWA national performance goals, established in the Department's Annual Performance Plan. You should address plans for conducting grantee and sponsor workshops, developing training materials, developing or adapting software for program activities and goals, and sponsoring conferences of grantees and sponsors.

(d) **National HOPWA Information.** HOPWA TA funds may be used to establish a component to support HIV/AIDS housing discussions, panels, presentations, information, exhibit booths, and other training materials at national, regional, state-wide and local meetings of organizations that are involved in housing, community development, health-care and supportive services, veterans affairs and other human service efforts. The component should help promote understanding on HIV/AIDS housing issues and needs of persons living with HIV/AIDS, and offer training on developing and accessing HIV/AIDS housing and related services. A research and information services component of this effort should include the development of information on HIV/AIDS housing and activities supported under HOPWA grants which will be published for national distribution, including disseminating information on the success and lessons learned by the HOPWA Special Projects of National Significance and Long-term grants in non-formula areas that have been awarded in the HOPWA national competitions. This component should emphasize the collection and dissemination of information on the "best practices" of HUD grantees that should serve as a basis for peer support, technical assistance, and program improvement or address emerging and unresolved issues in assisting persons living with HIV/AIDS and their families.

- **Funding for HOPWA Project Grants.** The SuperNOFA also makes up to $22,275,000 available for HOPWA projects under a separate competition, for: **(1) Special Projects of National Significance**, and **(2) Projects that are part of Long-Term Comprehensive Strategies** for providing housing and related services submitted by states and local governments for areas that do not qualify for HOPWA 1999 formula allocations.

- **Other Funding Resources**: Information on other HUD programs and the 1999 HOPWA formula allocations of $200.475 million to 63 eligible cities and 34 States is found at: *http://www.hud.gov/cpd/cpdalloc.html.*

- **For More Information**: Call the Community Connections Information Center at 1-800-998-9999 or 1-800-483-2209 (TTY) or contact by internet at *http://www.comcon.org/ccprog.html* to answer your questions.

Capitol Hill Update

HOUSE MEMBERS CALL FOR AIDS PROGRAM AUDIT: U.S. House Majority Leader Dick Armey (R-Texas) joined Reps. Tom Coburn (R-Okla.) and Tom Bliley (R-Va.) on April 20 in requesting that the U.S. General Accounting Office conduct a "performance audit and evaluation of all federal AIDS/HIV programs and services."

Noting that the federal government spends nearly $9 billion on federal AIDS programs, Coburn said he has learned of "too many instances" where federal AIDS funds have been misused. Among the examples he cited was one in which someone associated with Puerto Rico Gov. Padro Rossello allegedly diverted more than $2 million in federal AIDS funds to Rossello's re-election campaign as well as other campaigns. He also cited an instance in which the head of a North Carolina HIV and drug prevention program allegedly embezzled funds from that program by writing checks to himself. In other instances, Coburn said, local AIDS groups used federal funds to "condone illegal drug use."

by Clint Steib

Rep. Tom Coburn (R-Okla.) said he has learned of "too many instances" of misued federal AIDS funds.

Coburn and Armey have opposed Gay civil rights on a number of fronts. AIDS activists criticized Coburn last year when he proposed an omnibus bill calling for mandatory name reporting for people who test positive for HIV and for withholding federal funds to states that do not adopt such reporting programs.

The AIDS Action Council, a national group that represents AIDS service providers such as D.C.'s Whitman-Walker Clinic, criticized the request by the three House members for such an audit but stopped short of opposing it.

"This call for an audit by Congress's leading opponents of a fair and effective national fight is nothing less than a politically motivated attempt to raise doubts about the fight against AIDS and the community-based service organizations leading that fight," said Daniel Zingale, AIDS Action's executive director. "If an audit is undertaken, we expect the General Accounting Office will conduct it fairly, equitably and free of the political influences of those who are beginning this process."

San Francisco AIDS activist Michael Petrelis said Coburn's office contacted him last year for suggestions about whether an audit should be requested after Petrelis launched a national media campaign opposing what Petrelis called unreasonably high salaries for the directors of AIDS service providing groups in several cities, including San Francisco and D.C.

"There has been numerous examples of abuse of AIDS dollars," Petrelis said. "In some cases, the heads of AIDS groups make more money than their local mayors."

Among those who announced support for Coburn's call for the GAO audit are the national Gay group Log Cabin Republicans and longtime D.C. AIDS activist Wayne Turner of A C T UP/Washington, D.C. Turner and Jim Driscoll, Log Cabin's national AIDS policy adviser, said that, while they disagree with some of Coburn's positions such as mandatory HIV reporting, they feel an audit of federal AIDS programs has been long overdue.

"Everyone knows of cases where funds have been misused," Turner said. "This will benefit the community."

— Lou Chibbaro Jr.

HHS RELEASES $700 MILLION TO STATES FOR AIDS PROGRAMS: The U.S. Department of Health and Human Services on April 6 announced the dispersal of $710 million in federal funds for state AIDS programs. Of that, $461 million is earmarked to help people with low incomes to purchase AIDS medications.

"These grants reaffirm the Clinton administration's commitment to provide vital HIV/AIDS health care to communities most in need," HHS Secretary Donna Shalala said in a statement announcing the dispersal.

The grants are part of the funds allocated by Congress this fiscal year for the Ryan White CARE Act, under which federal AIDS funds given to states are budgeted. The grants are dispersed in April each year.

The 1990 CARE Act is up for reapproval this congressional session, as the original act created a 10-year program. According to HHS, Congress has appropriated almost $6.4 billion dollars under the CARE Act since 1991. The money is divided between states, in part, according to how many AIDS cases each reports.

— Kai Wright

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 $(000)	PERCENT	ACTUAL FY 99 $(000)	PERCENT	AVERAGE FY98 & FY99 $(000)	PERCENT
Balance of Alabama	1,042	0.6%	796	0.4%	796	0.4%
BIRMINGHAM, AL	0	0.0%	365	0.2%	365	0.2%
Balance of Arkansas	506	0.3%	552	0.3%	529	0.3%
Balance of Arizona	0	0.0%	366	0.2%	366	0.2%
PHOENIX, AZ	865	0.5%	923	0.5%	894	0.5%
Balance of California	2,288	1.2%	2,427	1.2%	2,358	1.2%
LOS ANGELES-LONG BEACH, CA	10,144	5.5%	8,769	4.4%	9,457	4.9%
OAKLAND, CA	1,591	0.9%	1,670	0.8%	1,631	0.8%
ORANGE COUNTY, CA	1,086	0.6%	1,143	0.6%	1,115	0.6%
RIVERSIDE-SAN BERNARDINO, CA	1,276	0.7%	1,372	0.7%	1,324	0.7%
SACRAMENTO, CA	613	0.3%	656	0.3%	635	0.3%
SAN DIEGO, CA	2,092	1.1%	2,168	1.1%	2,130	1.1%
SAN FRANCISCO, CA	8,528	4.6%	8,510	4.2%	8,519	4.4%
SAN JOSE, CA	620	0.3%	649	0.3%	635	0.3%
DENVER, CO	1,117	0.6%	1,164	0.6%	1,141	0.6%
Balance of Connecticut	834	0.5%	920	0.5%	877	0.5%
HARTFORD, CT MSA	743	0.4%	1,413	0.7%	1,078	0.6%
NEW HAVEN-MERIDEN, CT PMSA	724	0.4%	1,214	0.6%	969	0.5%
WASHINGTON, DC-MD-VA-WV	5,747	3.1%	6,475	3.2%	6,111	3.2%
Balance of Delaware	434	0.2%	113	0.1%	113	0.1%
WILMINGTON, DE-MD	0	0.0%	485	0.2%	485	0.3%
Balance of Florida	2,920	1.6%	3,164	1.6%	3,042	1.6%
FT LAUDERDALE-HLLYWD-POMP.BCH FL	4,327	2.4%	4,186	2.1%	4,257	2.2%
JACKSONVILLE, FL	839	0.5%	983	0.5%	911	0.5%
MIAMI-HIALEAH, FL	7,732	4.2%	8,418	4.2%	8,075	4.2%
ORLANDO, FL	1,058	0.6%	1,753	0.9%	1,406	0.7%
TAMPA-ST. PETE.-CLEARWATER, FL	1,541	0.8%	1,661	0.8%	1,601	0.8%
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,490	1.4%	2,635	1.3%	2,563	1.3%
ATLANTA, GA	3,889	2.1%	3,407	1.7%	3,648	1.9%
Balance of Georgia	1,194	0.7%	1,297	0.6%	1,246	0.6%
Balance of Hawaii	477	0.3%	132	0.1%	132	0.1%
HONOLULU, HI	0	0.0%	364	0.2%	364	0.2%
Balance of Illinois	489	0.3%	534	0.3%	512	0.3%
CHICAGO, IL	3,900	2.1%	4,219	2.1%	4,060	2.1%
Balance of Indiana	577	0.3%	636	0.3%	607	0.3%
INDIANAPOLIS, IN	537	0.3%	579	0.3%	558	0.3%
Balance of Kentucky	485	0.3%	561	0.3%	523	0.3%
Balance of Louisiana	950	0.5%	1,063	0.5%	1,007	0.5%
NEW ORLEANS, LA	1,888	1.0%	2,031	1.0%	1,960	1.0%
Balance of Massachusetts	1,055	0.6%	1,111	0.6%	1,083	0.6%
BOSTON, MA-NH PMSA	1,814	1.0%	1,890	0.9%	1,852	1.0%
BALTIMORE, MD	4,414	2.4%	4,689	2.3%	4,552	2.4%
Balance of Michigan	618	0.3%	677	0.3%	648	0.3%
Balance of Minnesota	0	0.0%	92	0.0%	92	0.0%
DETROIT, MI	1,409	0.8%	1,526	0.8%	1,468	0.8%
MINNEAPOLIS-ST. PAUL, MN-WI	640	0.3%	670	0.3%	655	0.3%
Balance of Missouri	368	0.2%	396	0.2%	382	0.2%
KANSAS CITY, MO-KS	778	0.4%	813	0.4%	796	0.4%
ST. LOUIS, MO-IL	888	0.5%	944	0.5%	916	0.5%

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 $(000)	PERCENT	ACTUAL FY 99 $(000)	PERCENT	AVERAGE FY98 & FY99 $(000)	PERCENT
Balance of Mississippi	692	0.4%	769	0.4%	731	0.4%
Balance of North Carolina	1,092	0.6%	1,212	0.6%	1,152	0.6%
CHARLOTTE-GAST.-ROCK HILL, NC-SC	361	0.2%	397	0.2%	379	0.2%
RALEIGH-DURHAM, NC	360	0.2%	386	0.2%	373	0.2%
Balance of New Jersey	765	0.4%	813	0.4%	789	0.4%
BERGEN-PASSAIC, NJ	1,210	0.7%	1,160	0.6%	1,185	0.6%
JERSEY CITY, NJ	2,464	1.3%	2,271	1.1%	2,368	1.2%
MIDDLESEX-SOMERSET-HUNTERDON, NJ	632	0.3%	671	0.3%	652	0.3%
MONMOUTH-OCEAN, NJ	565	0.3%	595	0.3%	580	0.3%
NEWARK, NJ	5,604	3.1%	5,777	2.9%	5,691	2.9%
Entire State of New Mexico	0	0.0%	391	0.2%	391	0.2%
Balance of Nevada	0	0.0%	190	0.1%	190	0.1%
LAS VEGAS, NV	598	0.3%	1,308	0.7%	953	0.5%
Balance of New York	2,102	1.1%	2,218	1.1%	2,218	1.1%
BUFFALO, NY	0	0.0%	352	0.2%	352	0.2%
NASSAU-SUFFOLK, NY	1,245	0.7%	1,362	0.7%	1,304	0.7%
NEW YORK, NY	44,493	24.2%	48,668	24.3%	46,581	24.1%
ROCHESTER, NY	398	0.2%	542	0.3%	470	0.2%
Balance of Ohio	760	0.4%	822	0.4%	791	0.4%
CINCINNATI, OH-KY-IN	360	0.2%	395	0.2%	378	0.2%
CLEVELAND, OH	618	0.3%	670	0.3%	644	0.3%
COLUMBUS, OH	438	0.2%	458	0.2%	448	0.2%
Entire State of Oklahoma	666	0.4%	723	0.4%	695	0.4%
PORTLAND, OR	766	0.4%	803	0.4%	785	0.4%
PHILADELPHIA, PA-NJ	3,256	1.8%	4,045	2.0%	3,651	1.9%
PITTSBURGH, PA	463	0.3%	491	0.2%	477	0.2%
Balance of Pennsylvania	1,020	0.6%	1,135	0.6%	1,078	0.6%
Balance of Puerto Rico	1,686	0.9%	1,841	0.9%	1,764	0.9%
SAN JUAN, PR	4,917	2.7%	5,891	2.9%	5,404	2.8%
PROVIDENCE-FALL RIV-WARWICK,RI-MA	393	0.2%	424	0.2%	409	0.2%
Balance of South Carolina	1,504	0.8%	1,657	0.8%	1,581	0.8%
Balance of Tennessee	476	0.3%	525	0.3%	501	0.3%
MEMPHIS, TN-AR-MS	485	0.3%	538	0.3%	512	0.3%
NASHVILLE, TN	427	0.2%	479	0.2%	453	0.2%
AUSTIN, TX	711	0.4%	767	0.4%	739	0.4%
Balance of Texas	1,853	1.0%	2,086	1.0%	1,970	1.0%
DALLAS, TX	2,340	1.3%	2,505	1.2%	2,423	1.3%
FORT WORTH-ARLINGTON, TX	590	0.3%	655	0.3%	623	0.3%
HOUSTON, TX	5,107	2.8%	6,466	3.2%	5,787	3.0%
SAN ANTONIO, TX	741	0.4%	805	0.4%	773	0.4%
Entire State of Utah	0	0.0%	368	0.2%	368	0.2%
Balance of Virginia	413	0.2%	463	0.2%	438	0.2%
NORFOLK-VA BEACH-NEWPRT NEWS,VA-	621	0.3%	702	0.4%	662	0.3%
RICHMOND-PETERSBURG, VA	448	0.2%	492	0.2%	470	0.2%
Balance of Washington	446	0.2%	487	0.2%	467	0.2%
SEATTLE, WA	1,324	0.7%	1,401	0.7%	1,363	0.7%
Balance of Wisconsin	300	0.2%	325	0.2%	313	0.2%
MILWAUKEE, WI	363	0.2%	393	0.2%	378	0.2%
Total	**183,600**	**100.0%**	**200,475**	**100.0%**	**193,126**	**100.0%**

1999 Formula Grantees (000s)	1995 bonus	1996 bonus	1997 bonus	1998 bonus	1999 bonus
Alabama (outside Birmingham EMSA)	-	-	-	-	-
Birmingham AL MSA	-	-	-	-	
Arkansas (outside the Memphis EMSA)	-	-	-	-	-
Arizona outside the Phoenix & Las Vegas EMSAs	-	-	-	-	-
Phoenix-Mesa AZ MSA					
California (outside of 8 EMSAs)	-	-	-	-	-
Los Angeles-Long Beach CA PMSA	1,313	705	1,844	1,722	
Oakland CA PMSA		176			
Riverside-San Bernardino CA PMSA					
Sacramento CA PMSA					
San Diego CA MSA	145		130	69	
San Francisco CA PMSA	5,299	3,286	3,409	2,699	2,507
San Jose CA PMSA					
Santa Ana for the Orange County CA PMSA					
Denver CO PMSA					
Connecticut (outside of the Hartford and New Hav	-	-	-	-	-
Hartford CT MSA	53		345	31	595
New Haven-Meriden CT PMSA			472	209	631
Washington DC-MD-VA-WV PMSA	905	1,594	501	1,682	2,032
Delaware (outside the Wilmington EMSA)	-	-	-	-	-
Wilmington-Newark DE-MD PMSA	-	-	-	-	102
Florida (outside of 6 EMSAs)	-	-	-	-	-
Fort Lauderdale FL PMSA	1,077	2,120	1,772	2,025	1,712
Jacksonville FL MSA		87	143	20	102
Miami FL PMSA	3,583	4,542	4,425	3,279	3,654
Orlando FL MSA		210	358	31	606
Tampa-St Petersburg-Clearwater FL PMSA	184				
West Palm Beach-Boca Raton FL PMSA	373	990	1,318	1,125	1,154
Atlanta GA MSA		422	1,252	920	232
Georgia (outside the Atlanta EMSA)	-	-	-	-	-
Hawaii (outside the Honolulu EMSA)	-	-	-	-	-
Honolulu HI MSA	-	-	-	-	
Chicago IL PMSA					
Illinois (outside of the Chicago and St. Louis EMS	-	-	-	-	-
Indiana (outside the Cincinnati and Indianapolis E	-	-	-	-	-
Indianapolis IN MSA					
Kentucky (outside the Cincinnati EMSA)	-	-	-	-	-
Louisiana (outside the New Orleans EMSA)	-	-	-	-	-
New Orleans LA MSA	115	251	525	620	653
Boston MA-NH PMSA					
Massachusetts (outside the Boston and Providenc	-	-	-	-	-
Baltimore MD PMSA	794	2,625	1,294	1,945	1,970
Detroit MI PMSA					
Michigan (outside the Detroit EMSA)	-	-	-	-	-
Minneapolis-St Paul MN-WI MSA					
Minnesota outside the Minneapolis EMSA	-	-	-	-	-
Kansas City MO-KS MSA					
Missouri (outside the Kansas City and St. Louis E	-	-	-	-	-
St. Louis MO-IL MSA					
Mississippi (outside the Memphis EMSA)	-	-	-	-	-

Charlotte-Gastonia-Rock Hill NC-SC MSA *	-	-	-		
North Carolina (outside the Charlotte, Raleigh and	-	-	-	-	-
Raleigh-Durham-Chapel Hill NC MSA *	-	-	-		
NJ suburbs within Philadelphia EMSA	-	-	-		74
Dover Township for the Monmouth-Ocean NJ PM	.				
Jersey City NJ PMSA	814	1,281	1,369	1,154	885
New Jersey (outside of 6 EMSAs)	-	-	-	-	-
Newark NJ PMSA	2,023	2,002	2,459	2,373	2,311
Paterson for Bergen-Passaic NJ PMSA	273	160	199	157	33
Woodbridge for the Middlesex-Somerset-Hunterdo	.				
New Mexico	-	-	-	-	-
Las Vegas NV-AZ MSA					599
Nevada outside the Las Vegas EMSA	-	-	-	-	-
Buffalo -Niagara Falls NY MSA	-	-	-	-	
Islip for the Nassau-Suffolk NY PMSA					
New York NY PMSA	18,459	16,571	20,088	22,046	24,369
New York State (outside the Islip, New York City,	-	-	-	-	-
Rochester NY MSA	-	-	-		73
Cincinnati OH-KY-IN PMSA *					
Cleveland-Lorain-Elvyria OH PMSA					
Columbus, OH MSA					
Ohio (outside the Cincinnati, Cleveland and Colum	-	-	-	-	-
Oklahoma	-	-	-	-	-
Portland-Vancouver OR-WA PMSA					
Pennsylvania (outside the Philadelphia and Pittsb	-	-	-	-	-
Philadelphia PA-NJ PMSA (ex. NJ in '98 &'99)	307				412
Pittsburgh PA MSA					
Puerto Rico (outside the San Juan EMSA)	-	-	-	-	-
San Juan-Bayamon PR PMSA	1,278	1,402	1,844	2,093	2,797
Providence-Fall River-Warwick RI-MA MSA	-	-	-		
South Carolina (outside the Charlotte EMSA)	-	-	-	-	-
Memphis, TN-AR-MS MSA					
Nashville, TN MSA					
Tennessee (outside the Memphis and Nashville E	-	-	-	-	-
Austin-San Marcos TX MSA	303				
Dallas TX PMSA		51	353		
Fort Worth-Arlington TX PMSA					
Houston TX PMSA	969			1,625	2,616
San Antonio TX MSA					
Texas (outside of 5 EMSAs)	-	-	-	-	-
Utah	-	-	-	-	-
Richmond-Petersburg VA MSA					
Virginia (outside of DC, Richmond and Virginia Be	-	-	-	-	-
Virginia Beach for the Norfolk-Virginia Beach-New	.				
Seattle-Bellevue-Everett WA PMSA	210				
Washington State (outside the Seattle and Portlan	-	-	-	-	-
Milwaukee-Waukesha WI PMSA *					
Wisconsin (outside the Milwaukee and Minneapoli	-	-	-	-	-
TOTALS for Year of Allocation	**FY95**	**FY96**	**FY97**	**FY98**	**FY99**
High Incidence Bonus Total for FY:	**38,477**	**38,477**	**44,100**	**45,825**	**50,119**
No. of EMSAs with bonus	**20**	**18**	**20**	**20**	**22**
Incidence Bonus: amounts shown for 1995-9 are the amounts awarded for 25 percent of the formula that is allocated t					

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 $(000)	FORMULA A (5 Yr. Wt. no HH) $(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 $(000)	Cases Weight 5 Year #PLWA
Balance of Alabama	796	1,171	0.6%	375	1,159
BIRMINGHAM, AL	365	552	0.3%	187	546
Balance of Arkansas	552	747	0.4%	195	739
Balance of Arizona	366	539	0.3%	173	533
PHOENIX, AZ	923	1,202	0.6%	279	1,189
Balance of California	2,427	3,144	1.6%	717	3,111
LOS ANGELES-LONG BEACH, CA	8,769	10,497	5.2%	1728	10,387
OAKLAND, CA	1,670	1,991	1.0%	321	1,970
ORANGE COUNTY, CA	1,143	1,281	0.6%	138	1,268
RIVERSIDE-SAN BERNARDINO, CA	1,372	1,972	1.0%	600	1,951
SACRAMENTO, CA	656	845	0.4%	189	836
SAN DIEGO, CA	2,168	2,855	1.4%	687	2,825
SAN FRANCISCO, CA	8,510	5,752	2.9%	-2758	5,692
SAN JOSE, CA	649	818	0.4%	169	809
DENVER, CO	1,164	1,396	0.7%	232	1,381
Balance of Connecticut	920	1,389	0.7%	469	1,374
HARTFORD, CT MSA	1,413	1,355	0.7%	-58	1,341
NEW HAVEN-MERIDEN, CT PMSA	1,214	885	0.4%	-329	876
WASHINGTON, DC-MD-VA-WV	6,475	6,020	3.0%	-455	5,957
Balance of Delaware	113	160	0.1%	47	158
WILMINGTON, DE-MD	485	659	0.3%	174	652
Balance of Florida	3,164	4,411	2.2%	1247	4,365
FT LAUDERDALE-HLLYWD-POMP.BCH F	4,186	3,371	1.7%	-815	3,336
JACKSONVILLE, FL	983	1,176	0.6%	193	1,164
MIAMI-HIALEAH, FL	8,418	6,454	3.2%	-1964	6,386
ORLANDO, FL	1,753	1,728	0.9%	-25	1,710
TAMPA-ST. PETE.-CLEARWATER, FL	1,661	2,195	1.1%	534	2,172
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,635	2,111	1.1%	-524	2,089
ATLANTA, GA	3,407	4,264	2.1%	857	4,219
Balance of Georgia	1,297	1,973	1.0%	676	1,952
Balance of Hawaii	132	156	0.1%	24	154
HONOLULU, HI	364	403	0.2%	39	399
Balance of Illinois	534	783	0.4%	249	775
CHICAGO, IL	4,219	5,544	2.8%	1325	5,486
Balance of Indiana	636	902	0.4%	266	893
INDIANAPOLIS, IN	579	777	0.4%	198	769
Balance of Kentucky	561	897	0.4%	336	888
Balance of Louisiana	1,063	1,639	0.8%	576	1,622
NEW ORLEANS, LA	2,031	1,849	0.9%	-182	1,830
Balance of Massachusetts	1,111	1,587	0.8%	476	1,570
BOSTON, MA-NH PMSA	1,890	2,154	1.1%	264	2,131
BALTIMORE, MD	4,689	4,399	2.2%	-290	4,353
Balance of Michigan	677	987	0.5%	310	977
DETROIT, MI	1,526	2,062	1.0%	536	2,040
Balance of Minnesota	92	118	0.1%	26	117
MINNEAPOLIS-ST. PAUL, MN-WI	670	847	0.4%	177	838
Balance of Missouri	396	529	0.3%	133	523
KANSAS CITY, MO-KS	813	932	0.5%	119	922
ST. LOUIS, MO-IL	944	1,247	0.6%	303	1,234

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 $(000)	FORMULA A (5 Yr. Wt. no HH) $(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 $(000)	Cases Weight 5 Year #PLWA
Balance of Mississippi	769	1,152	0.6%	383	1,140
Balance of North Carolina	1,212	1,775	0.9%	563	1,756
CHARLOTTE-GAST.-ROCK HILL, NC-SC	397	567	0.3%	170	561
RALEIGH-DURHAM, NC	386	511	0.3%	125	506
Balance of New Jersey	813	1,164	0.6%	351	1,152
BERGEN-PASSAIC, NJ	1,160	1,496	0.7%	336	1,480
JERSEY CITY, NJ	2,271	1,786	0.9%	-485	1,767
MIDDLESEX-SOMERSET-HUNTERDON,	671	868	0.4%	197	859
MONMOUTH-OCEAN, NJ	595	795	0.4%	200	787
NEWARK, NJ	5,777	4,461	2.2%	-1316	4,414
Entire State of New Mexico	391	556	0.3%	165	550
Balance of Nevada	190	268	0.1%	78	265
LAS VEGAS, NV	1,308	1,190	0.6%	-118	1,178
Balance of New York	2,218	3,145	1.6%	927	3,112
BUFFALO, NY	352	610	0.3%	258	604
NASSAU-SUFFOLK, NY	1,362	1,776	0.9%	414	1,757
NEW YORK, NY	48,668	31,090	15.5%	-17578	30,765
ROCHESTER, NY	542	839	0.4%	297	830
Balance of Ohio	822	1,094	0.5%	272	1,083
CINCINNATI, OH-KY-IN	395	590	0.3%	195	584
CLEVELAND, OH	670	924	0.5%	254	914
COLUMBUS, OH	458	564	0.3%	106	558
Entire State of Oklahoma	723	919	0.5%	196	909
PORTLAND, OR	803	1,022	0.5%	219	1,011
Balance of Pennsylvania	1,135	1,694	0.8%	559	1,676
PHILADELPHIA, PA-NJ	4,045	5,018	2.5%	973	4,965
PITTSBURGH, PA	491	593	0.3%	102	587
Balance of Puerto Rico	1,841	2,500	1.2%	659	2,474
SAN JUAN, PR	5,891	4,127	2.1%	-1764	4,084
PROVIDENCE-FALL RIV-WARWICK,RI-M	424	614	0.3%	190	608
Balance of South Carolina	1,657	2,662	1.3%	1005	2,634
Balance of Tennessee	525	806	0.4%	281	798
MEMPHIS, TN-AR-MS	538	869	0.4%	331	860
NASHVILLE, TN	479	778	0.4%	299	770
AUSTIN, TX	767	963	0.5%	196	953
Balance of Texas	2,086	3,332	1.7%	1246	3,297
DALLAS, TX	2,505	3,235	1.6%	730	3,201
FORT WORTH-ARLINGTON, TX	655	911	0.5%	256	901
HOUSTON, TX	6,466	4,892	2.4%	-1574	4,841
SAN ANTONIO, TX	805	1,122	0.6%	317	1,110
Entire State of Utah	368	498	0.2%	130	493
Balance of Virginia	463	714	0.4%	251	707
NORFOLK-VA BEACH-NEWPRT NEWS,V	702	1,235	0.6%	533	1,222
RICHMOND-PETERSBURG, VA	492	725	0.4%	233	717
Balance of Washington	487	687	0.3%	200	680
SEATTLE, WA	1,401	1,655	0.8%	254	1,638
Balance of Wisconsin	325	431	0.2%	106	426
MILWAUKEE, WI	393	531	0.3%	138	525
Totals	200,475	200,479	100%		198,377

APRIL 30, 1999
HUD AND HIV/AIDS HOUSING COMMUNITY MEETING ATTENDEES

LAST NAME	FIRST NAME	ORGANIZATION	PHONE
Argue	Douglas	The Damien Center	308-630-0125
Bennett	Rusty	HUD	202-708-1934
Carter	Cheryl	Metropolitan Residential Services	614-291-7160
Clark	Stevem	Professional Dev. Group	309-674-2200
Cooper	Lynne	Doorways	314-535-1919
Cross-Dvorak	Glenda	Bridges in consciousness	775-827-6788
Cylar	Keith	Housing Works Inc.	212-966-3096
Davidson	Barbara	HUD	202-708-1934
Ford	Jerry	Gregory House Prog.	808-592-9022
Foster	Georgia	Think Life, Inc.	954-525-6169
Glassman	Linda	CARES, Inc.	518-489-2312
Hamlett	Kim	VA	202-273-8929
Harre	David	HUD	202-708-1934
Johnson	Colleen	AIDS Project LA	923-993-1351
Kelly	Marvin	Del Norte Neighborhood Dev.	303-477-4774
Kyle	LaShawn	Women's Collective	202-265-6222
Nalls	Patricia	Women's Collective	202-483-7003
Nystrom	Cynthia	Mont. Co., MD	301-946-1054
Poindexter	Priscilla	HUD	202-708-1934
Quattrochi	Gina	Bailey House	212-633-2500
Reyes-Jimenez	Valerie	Housing Works	212-966-0466 x165
Roman	Nan	Natl. All to End Homelessness	202-483-7003
Russell	Randy	AIDS Task Force of Alabama	205-324-9822
Sullivan	Albert	NAPWA	773-854-4521
Warren	Barbara	Lesbian and Gay community Services Center	212-620-7310
Williamson	Gail	HUD	202-708-2866
Zinsmeyer	Sterling	Praxis Housing Initiative, Inc.	212-293-8404

Memorandum for Sandra Thurman, Director and Todd Summers, Deputy Director

DATE: May 2, 1999

FROM: Rusty Bennett

CC: Daniel Montoya, Executive Director
Cheryl Bauerle
Sara Holewinski
Renuka Kher

RE: April 30, 1999, HUD Meeting with Members of HIV/AIDS Housing Community

1. The meeting began with introductions (See attached attendance sheet) and an update of HUD Activities and its FY 2000 HOPWA budget given by Cardell Cooper, Assistant Secretary for Community Planning and Development, along with Fred Karnas, DAS, and David Vos, Director of the Office of HIV/AIDS Housing. Assistant Secretary Cooper emphasized the continued collaboration between HUD and its community partners through continued dialogue, by utilizing the skills of local Community Builders, and through HUD's Best Practices Awards.

2. Assistant Secretary Cooper and other HUD staff entertained questions from the housing community. Gina Quattrochi, Executive Director of Bailey House and President of the National AIDS Housing Coalition (NAHC) outlined the following NAHC recommendations:
   - **HOPWA Budget:** Lobby Congress for $60 million increase to HOPWA for FY 2000 ($500 million represents the true need). Oppose a decrease in program spending to balance the budget.
   - **HOPWA Formula Change:** Continue to work with Congress to develop a mutually beneficial solution to the HOPWA formula. NAHC supports a formula which:
     - accounts for persons living with HIV/AIDS;
     - accounts for need in rural and urban areas;
     - reflects need in high incidence areas;
     - does not decrease funding in areas that are currently being funded;
     - keeps 10 percent for HOPWA competitive
     - keeps 1 percent for HOPWA technical assistance
     - does not cap or create a threshold which will not allow jurisdictions in need to obtain HOPWA formula funds.

     NAHC will submit an official letter to HUD outlining their specific position on all aspects of the formula change. It has been requested that upon receipt of the letter from NAHC, a copy will be sent to this office.
   - **Community Planning:** NAHC is concerned about community planning not working as HUD intends. Such problems identified are lack of comprehensive planning, community partnerships, and failure to address issues such as homelessness, poverty, loss of housing, and high rental markets.
   - **Other Issues:** The group asked HUD to consider: Removing renewals of Shelter Plus Care within the Continuum of Care. HUD is currently addressing this issue. The

group informed HUD of the potential impact of welfare reform on individuals seeking to qualify for HIV/AIDS housing. It is believed that if individuals do not qualify for welfare assistance they will not meet the eligibility standards for HIV/AIDS housing.

3. **Gail Williamson, Section 811:** The group expressed their concerns that HUD was not doing enough to strengthen the Section 811 projects. Also, the group asked about using drug elimination money with Sec 811 projects. Gail responded that currently the statute does not allow this money to be used with Sec. 811, but HUD is working to correct this problem.

4. **Dr. Kim Hamlett, VA:** Announced the conference, "Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed", hosted in collaboration with the VA, HUD, HHS, Office of National AIDS Policy, and the Office of National Drug Policy. The conference will be held in Washington DC, June 28-29 at the Omni Shoreham Hotel.

5. **Deputy Assistant Secretary Fred Karnas and Director David Vos:**
Concluded the meeting by announcing the completion of this year's report to Congress. Fred responded to concerns voiced by the group around the HOPWA formula changes suggesting that any change could have tremendous impact of the program. Fred also highlighted HHS's Policy on Ryan White CARE Act Transitional Housing stating the policy seems flexible and community input has been positive. Fred concluded the meeting by reminding the group of the June 2, 1999 deadline of HOPWA competitive applications.

Handouts:
1. Agenda and Draft HOPWA Formula Revisions
2. HIV/AIDS Bureau: Housing Policy – Final Draft (March 31, 1999); HHS Ryan White CARE Act
3. Overview of 1999 HOPWA TA Competition
4. The Washington Blade, April 30, 1999: "House Members Call for AIDS Program Audit"
5. HOPWA Allocation Chart
6. CDC Surveillance Report; July 98 – June 98
7. Office of HIV/AIDS Housing, HUD Invitation letter
8. Conference Brochure: Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed

Attachment: Attendance Sheet

AGENDA

Meeting with
Cardell Cooper, Assistant Secretary for Community Planning and Development, and
Members of the HIV/AIDS Housing Community

April 30, 1999
1:00 p.m. - 3:00 p.m.

1. Introductions

2. Update on HUD Activities FY2000 HOPWA budget issues

   Q & A

3. Potential revisions to the HOPWA formula

   Q & A

4. Other Matters, including:

   A. HHS policy on transitional housing activities under Ryan White CARE Act

   B. 1999 Super NOFA competitions (HOPWA, HOPWA-TA, Continuum of Care, etc)

   C. Veterans' Affairs HIV Care conference on homeless veterans

   D. Disparity in access to programs in racial and ethnic minority communities

   E. HOPWA TA at the National Grantees Meeting in Baltimore, NMAC conference, PD&R evaluation, etc.

   Q & A

Test J - New HOPWA Formula Provisions: **DRAFT**

(i) use the proposed FY2000 appropriation level ($213.8 million formula out of $240 million);

(ii) give grantees the higher of:

an amount if 80% of formula is based on PLWA cases (weighted 5 year CDC data); or

the grantee's Hold Harmless number (which is the average of their FY98+ FY99 grants);

(iii) use a prorated adjustment. These amounts are fitted into the amount available to be allocated with a prorated adjustment (downward, if the sum of the highest amounts total are in excess of the allocation; or upwards, if this sum is less than the amount available).

(iv) allow the hold harmless to phase-out over three years.

e.g. after the new formula is used in Year 1 (FY2000), in subsequent years, the allocation could be adjusted so that 90 percent is allocated under the PLWA estimate in Year 2 (FY2001), and 100 percent is allocated in Year 3 (FY2002), and in Year 4 (FY2003), no hold harmless adjustment would be made.

DRAFT

HIV/AIDS BUREAU

Housing Policy – Final Draft (March 31, 1999)

The following policy establishes guidelines for allowable housing-related expenditures under the Ryan White CARE Act. The purpose of all Ryan White Act funds is to ensure that eligible HIV-infected persons and families maintain access to medical care.

A. Funds received under the Ryan White CARE Act (Title XXVI of the Public Health Service Act) may be used for the following housing expenditures:

I. Housing referral services; defined as assessment, search, placement, and advocacy services), must be provided by case managers or other professionals who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed; or

II. Short-term, transitional or emergency housing; defined as necessary to gain or maintain access to medical care, must be related to either:

a. housing services that include some type of medical or supportive service: including, but not limited to, residential substance abuse or mental health services (not including facilities classified as a Institute of Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or

b. housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. Necessity of housing service for purposes of medical care must be certified or documented.

B. Short-term, transitional or emergency assistance is understood as transitional in nature and for purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

C. Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments.

D. The Ryan White CARE Act must be the payer of last resort. In addition, funds received under the Ryan White CARE Act must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.

E. Ryan White CARE Act housing-related expenses are limited to Title I, II, and IV and are not an allowable expense for Titles III.

Overview of the 1999 HOPWA TA Competition

SuperNOFA for HUD Grant Programs

U.S. Department of Housing and Urban Development

The Super Notice of Funding Availability for HUD's Housing, Community Development and Empowerment Programs (SuperNOFA) for $2.4 billion, published 2-26-99, includes funds for national technical assistance (TA) projects for the 1999 Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA TA applications will compete in a separate competition under the Community Development Technical Assistance section, as follows:

- **Applications:** The HOPWA TA application is included in the Community Development-TA application kit and the SuperNOFA User Guide are available from the SuperNOFA Information Center 1-800-HUD-8929 or 1-800-483-2209 TTY and information on this notice is on the internet at *www.hud.gov/fundsavl.html..*

- **Due Date:** Midnight, Wednesday, May 26, 1999. Applicants should send their original application and one copy to HUD Headquarters (Room 7251) by hand delivery or mail.

- **Funds:** up to $2.25 million. HUD will ensure that at least $300,000 is designated for each of the four national HOPWA TA goals.

- **National TA Goals:** Activities are carried out on a national or regional basis (e.g. serving a multi-state area). Applicants should address the four national HOPWA TA goals: (a) Comprehensive Strategies for HIV/AIDS Housing; (b) Sound Management of HOPWA Programs; (c) Use of HUD Information Management Tools; and (d) National HOPWA Information.

- **Definition of TA.** HOPWA technical assistance shall mean the transfer to HOPWA grantees and project sponsors and potential recipients of program funds, the skills and knowledge needed to develop, operate and support HOPWA-eligible projects and activities. The application should emphasize how activities will advise and train communities and project sponsors in undertaking program planning, community consultations, housing development and operations, coordination with related health-care and other supportive services, and evaluation and reporting on performance.

- **Description of TA Goals:** Applicants should address the national HOPWA TA goals of:

(a) **Comprehensive Strategies for HIV/AIDS Housing.** HOPWA TA funds can be used to advise and train communities in: undertaking community-based needs assessments of the housing needs of persons living with HIV/AIDS and their families; drafting comprehensive multiple-year HIV/AIDS housing plans; undertaking community-wide consultations, including consulting with potential clients, providers of HIV/AIDS housing and/or services, and local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act, and programs that address serious mental illness, chronic alcohol and other drug abuse issues, and homelessness; integrating HIV/AIDS housing efforts within the area's consolidated planning processes: and collaborating with the area's Continuum of Care Homeless Assistance processes in assisting persons with HIV/AIDS who are homeless. Technical assistance also may be used to train communities in how to best target assistance to traditionally underserved subpopulations in developing community-based needs assessments and may build capacity for State-wide,

metropolitan, non-metropolitan and/or rural areas in development of area multi-year HIV and AIDS housing plans. You also could provide TA to HOPWA formula grantees that are new recipients of formula allocations or that are designated by HUD as prospective recipients in future allocations to promote the planning and startup for the use of funds.

(b) Sound Management of HOPWA Programs. HOPWA TA funds can be used to help ensure that grantees and project sponsors use funds in a manner that upholds the public trust in the operation of programs, including: advising on management practices to provide responsive, efficient and cost effective facility and program operations; advising on fiscal management to ensure accountability in the use of funds; advising on the coordination of housing with health-care and other related supportive services for eligible persons; assisting in developing collaborations with local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act; advising on data collection and evaluation of programs; providing program handbooks, guidance materials, audio/visual products, training, and other activities to promote good management practices.

(c) Use of HUD Information Management Tools. HOPWA TA funds may be used to assist grantees, project sponsors and other organizations involved in HIV/AIDS plans in using the Department's information technology, financial systems and information management systems for developing, operating and reporting on program activities. Applications should address how TA activities will support the use of the Department's Consolidated Planning Process, Integrated Disbursement and Information System (IDIS), the use of HOPWA Annual Progress Reports, the Grants Management System, the LOCCS/HUDCAPS and other HUD information collection or financial management tools. The use of these management tools will help to ensure that your performance is measured under the HOPWA national performance goals, established in the Department's Annual Performance Plan. You should address plans for conducting grantee and sponsor workshops, developing training materials, developing or adapting software for program activities and goals, and sponsoring conferences of grantees and sponsors.

(d) National HOPWA Information. HOPWA TA funds may be used to establish a component to support HIV/AIDS housing discussions, panels, presentations, information, exhibit booths, and other training materials at national, regional, state-wide and local meetings of organizations that are involved in housing, community development, health-care and supportive services, veterans affairs and other human service efforts. The component should help promote understanding on HIV/AIDS housing issues and needs of persons living with HIV/AIDS, and offer training on developing and accessing HIV/AIDS housing and related services. A research and information services component of this effort should include the development of information on HIV/AIDS housing and activities supported under HOPWA grants which will be published for national distribution, including disseminating information on the success and lessons learned by the HOPWA Special Projects of National Significance and Long-term grants in non-formula areas that have been awarded in the HOPWA national competitions. This component should emphasize the collection and dissemination of information on the "best practices" of HUD grantees that should serve as a basis for peer support, technical assistance, and program improvement or address emerging and unresolved issues in assisting persons living with HIV/AIDS and their families.

- **Funding for HOPWA Project Grants.** The SuperNOFA also makes up to $22,275,000 available for HOPWA projects under a separate competition, for: **(1) Special Projects of National Significance**, and **(2) Projects that are part of Long-Term Comprehensive Strategies** for providing housing and related services submitted by states and local governments for areas that do not qualify for HOPWA 1999 formula allocations.

- **Other Funding Resources**: Information on other HUD programs and the 1999 HOPWA formula allocations of $200.475 million to 63 eligible cities and 34 States is found at: *http://www.hud.gov/cpd/cpdalloc.html.*

- **For More Information**: Call the Community Connections Information Center at 1-800-998-9999 or 1-800-483-2209 (TTY) or contact by internet at *http://www.comcon.org/ccprog.html* to answer your questions.

Capitol Hill Update

HOUSE MEMBERS CALL FOR AIDS PROGRAM AUDIT: U.S. House Majority Leader Dick Armey (R-Texas) joined Reps. Tom Coburn (R-Okla.) and Tom Bliley (R-Va.) on April 20 in requesting that the U.S. General Accounting Office conduct a "performance audit and evaluation of all federal AIDS/HIV programs and services."

Noting that the federal government spends nearly $9 billion on federal AIDS programs, Coburn said he has learned of "too many instances" where federal AIDS funds have been misused. Among the examples he cited was one in which someone associated with Puerto Rico Gov. Padro Rossello allegedly diverted more than $2 million in federal AIDS funds to Rossello's re-election campaign as well as other campaigns. He also cited an instance in which the head of a North Carolina HIV and drug prevention program allegedly embezzled funds from that program by writing checks to himself. In other instances, Coburn said, local AIDS groups used federal funds to "condone illegal drug use."

by Clint Steib

Rep. Tom Coburn (R-Okla.) said he has learned of "too many instances" of misued federal AIDS funds.

Coburn and Armey have opposed Gay civil rights on a number of fronts. AIDS activists criticized Coburn last year when he proposed an omnibus bill calling for mandatory name reporting for people who test positive for HIV and for withholding federal funds to states that do not adopt such reporting programs.

The AIDS Action Council, a national group that represents AIDS service providers such as D.C.'s Whitman-Walker Clinic, criticized the request by the three House members for such an audit but stopped short of opposing it.

"This call for an audit by Congress's leading opponents of a fair and effective national fight is nothing less than a politically motivated attempt to raise doubts about the fight against AIDS and the community-based service organizations leading that fight," said Daniel Zingale, AIDS Action's executive director. "If an audit is undertaken, we expect the General Accounting Office will conduct it fairly, equitably and free of the political influences of those who are beginning this process."

San Francisco AIDS activist Michael Petrelis said Coburn's office contacted him last year for suggestions about whether an audit should be requested after Petrelis launched a national media campaign opposing what Petrelis called unreasonably high salaries for the directors of AIDS service providing groups in several cities, including San Francisco and D.C.

"There has been numerous examples of abuse of AIDS dollars," Petrelis said. "In some cases, the heads of AIDS groups make more money than their local mayors."

Among those who announced support for Coburn's call for the GAO audit are the national Gay group Log Cabin Republicans and longtime D.C. AIDS activist Wayne Turner of ACT UP/Washington, D.C. Turner and Jim Driscoll, Log Cabin's national AIDS policy adviser, said that, while they disagree with some of Coburn's positions such as mandatory HIV reporting, they feel an audit of federal AIDS programs has been long overdue.

"Everyone knows of cases where funds have been misused," Turner said. "This will benefit the community."

— Lou Chibbaro Jr.

HHS RELEASES $700 MILLION TO STATES FOR AIDS PROGRAMS: The U.S. Department of Health and Human Services on April 6 announced the dispersal of $710 million in federal funds for state AIDS programs. Of that, $461 million is earmarked to help people with low incomes to purchase AIDS medications.

"These grants reaffirm the Clinton administration's commitment to provide vital HIV/AIDS health care to communities most in need," HHS Secretary Donna Shalala said in a statement announcing the dispersal.

The grants are part of the funds allocated by Congress this fiscal year for the Ryan White CARE Act, under which federal AIDS funds given to states are budgeted. The grants are dispersed in April each year.

The 1990 CARE Act is up for reapproval this congressional session, as the original act created a 10-year program. According to HHS, Congress has appropriated almost $6.4 billion dollars under the CARE Act since 1991. The money is divided between states, in part, according to how many AIDS cases each reports.

— Kai Wright

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 $(000)	PERCENT	ACTUAL FY 99 $(000)	PERCENT	AVERAGE FY98 & FY99 $(000)	PERCENT
Balance of Alabama	1,042	0.6%	796	0.4%	796	0.4%
BIRMINGHAM, AL	0	0.0%	365	0.2%	365	0.2%
Balance of Arkansas	506	0.3%	552	0.3%	529	0.3%
Balance of Arizona	0	0.0%	366	0.2%	366	0.2%
PHOENIX, AZ	865	0.5%	923	0.5%	894	0.5%
Balance of California	2,288	1.2%	2,427	1.2%	2,358	1.2%
LOS ANGELES-LONG BEACH, CA	10,144	5.5%	8,769	4.4%	9,457	4.9%
OAKLAND, CA	1,591	0.9%	1,670	0.8%	1,631	0.8%
ORANGE COUNTY, CA	1,086	0.6%	1,143	0.6%	1,115	0.6%
RIVERSIDE-SAN BERNARDINO, CA	1,276	0.7%	1,372	0.7%	1,324	0.7%
SACRAMENTO, CA	613	0.3%	656	0.3%	635	0.3%
SAN DIEGO, CA	2,092	1.1%	2,168	1.1%	2,130	1.1%
SAN FRANCISCO, CA	8,528	4.6%	8,510	4.2%	8,519	4.4%
SAN JOSE, CA	620	0.3%	649	0.3%	635	0.3%
DENVER, CO	1,117	0.6%	1,164	0.6%	1,141	0.6%
Balance of Connecticut	834	0.5%	920	0.5%	877	0.5%
HARTFORD, CT MSA	743	0.4%	1,413	0.7%	1,078	0.6%
NEW HAVEN-MERIDEN, CT PMSA	724	0.4%	1,214	0.6%	969	0.5%
WASHINGTON, DC-MD-VA-WV	5,747	3.1%	6,475	3.2%	6,111	3.2%
Balance of Delaware	434	0.2%	113	0.1%	113	0.1%
WILMINGTON, DE-MD	0	0.0%	485	0.2%	485	0.3%
Balance of Florida	2,920	1.6%	3,164	1.6%	3,042	1.6%
FT LAUDERDALE-HLLYWD-POMP.BCH FL	4,327	2.4%	4,186	2.1%	4,257	2.2%
JACKSONVILLE, FL	839	0.5%	983	0.5%	911	0.5%
MIAMI-HIALEAH, FL	7,732	4.2%	8,418	4.2%	8,075	4.2%
ORLANDO, FL	1,058	0.6%	1,753	0.9%	1,406	0.7%
TAMPA-ST. PETE.-CLEARWATER, FL	1,541	0.8%	1,661	0.8%	1,601	0.8%
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,490	1.4%	2,635	1.3%	2,563	1.3%
ATLANTA, GA	3,889	2.1%	3,407	1.7%	3,648	1.9%
Balance of Georgia	1,194	0.7%	1,297	0.6%	1,246	0.6%
Balance of Hawaii	477	0.3%	132	0.1%	132	0.1%
HONOLULU, HI	0	0.0%	364	0.2%	364	0.2%
Balance of Illinois	489	0.3%	534	0.3%	512	0.3%
CHICAGO, IL	3,900	2.1%	4,219	2.1%	4,060	2.1%
Balance of Indiana	577	0.3%	636	0.3%	607	0.3%
INDIANAPOLIS, IN	537	0.3%	579	0.3%	558	0.3%
Balance of Kentucky	485	0.3%	561	0.3%	523	0.3%
Balance of Louisiana	950	0.5%	1,063	0.5%	1,007	0.5%
NEW ORLEANS, LA	1,888	1.0%	2,031	1.0%	1,960	1.0%
Balance of Massachusetts	1,055	0.6%	1,111	0.6%	1,083	0.6%
BOSTON, MA-NH PMSA	1,814	1.0%	1,890	0.9%	1,852	1.0%
BALTIMORE, MD	4,414	2.4%	4,689	2.3%	4,552	2.4%
Balance of Michigan	618	0.3%	677	0.3%	648	0.3%
Balance of Minnesota	0	0.0%	92	0.0%	92	0.0%
DETROIT, MI	1,409	0.8%	1,526	0.8%	1,468	0.8%
MINNEAPOLIS-ST. PAUL, MN-WI	640	0.3%	670	0.3%	655	0.3%
Balance of Missouri	368	0.2%	396	0.2%	382	0.2%
KANSAS CITY, MO-KS	778	0.4%	813	0.4%	796	0.4%
ST. LOUIS, MO-IL	888	0.5%	944	0.5%	916	0.5%

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 $(000)	PERCENT	ACTUAL FY 99 $(000)	PERCENT	AVERAGE FY98 & FY99 $(000)	PERCENT
Balance of Mississippi	692	0.4%	769	0.4%	731	0.4%
Balance of North Carolina	1,092	0.6%	1,212	0.6%	1,152	0.6%
CHARLOTTE-GAST.-ROCK HILL, NC-SC	361	0.2%	397	0.2%	379	0.2%
RALEIGH-DURHAM, NC	360	0.2%	386	0.2%	373	0.2%
Balance of New Jersey	765	0.4%	813	0.4%	789	0.4%
BERGEN-PASSAIC, NJ	1,210	0.7%	1,160	0.6%	1,185	0.6%
JERSEY CITY, NJ	2,464	1.3%	2,271	1.1%	2,368	1.2%
MIDDLESEX-SOMERSET-HUNTERDON, NJ	632	0.3%	671	0.3%	652	0.3%
MONMOUTH-OCEAN, NJ	565	0.3%	595	0.3%	580	0.3%
NEWARK, NJ	5,604	3.1%	5,777	2.9%	5,691	2.9%
Entire State of New Mexico	0	0.0%	391	0.2%	391	0.2%
Balance of Nevada	0	0.0%	190	0.1%	190	0.1%
LAS VEGAS, NV	598	0.3%	1,308	0.7%	953	0.5%
Balance of New York	2,102	1.1%	2,218	1.1%	2,218	1.1%
BUFFALO, NY	0	0.0%	352	0.2%	352	0.2%
NASSAU-SUFFOLK, NY	1,245	0.7%	1,362	0.7%	1,304	0.7%
NEW YORK, NY	44,493	24.2%	48,668	24.3%	46,581	24.1%
ROCHESTER, NY	398	0.2%	542	0.3%	470	0.2%
Balance of Ohio	760	0.4%	822	0.4%	791	0.4%
CINCINNATI, OH-KY-IN	360	0.2%	395	0.2%	378	0.2%
CLEVELAND, OH	618	0.3%	670	0.3%	644	0.3%
COLUMBUS, OH	438	0.2%	458	0.2%	448	0.2%
Entire State of Oklahoma	666	0.4%	723	0.4%	695	0.4%
PORTLAND, OR	766	0.4%	803	0.4%	785	0.4%
PHILADELPHIA, PA-NJ	3,256	1.8%	4,045	2.0%	3,651	1.9%
PITTSBURGH, PA	463	0.3%	491	0.2%	477	0.2%
Balance of Pennsylvania	1,020	0.6%	1,135	0.6%	1,078	0.6%
Balance of Puerto Rico	1,686	0.9%	1,841	0.9%	1,764	0.9%
SAN JUAN, PR	4,917	2.7%	5,891	2.9%	5,404	2.8%
PROVIDENCE-FALL RIV-WARWICK,RI-MA	393	0.2%	424	0.2%	409	0.2%
Balance of South Carolina	1,504	0.8%	1,657	0.8%	1,581	0.8%
Balance of Tennessee	476	0.3%	525	0.3%	501	0.3%
MEMPHIS, TN-AR-MS	485	0.3%	538	0.3%	512	0.3%
NASHVILLE, TN	427	0.2%	479	0.2%	453	0.2%
AUSTIN, TX	711	0.4%	767	0.4%	739	0.4%
Balance of Texas	1,853	1.0%	2,086	1.0%	1,970	1.0%
DALLAS, TX	2,340	1.3%	2,505	1.2%	2,423	1.3%
FORT WORTH-ARLINGTON, TX	590	0.3%	655	0.3%	623	0.3%
HOUSTON, TX	5,107	2.8%	6,466	3.2%	5,787	3.0%
SAN ANTONIO, TX	741	0.4%	805	0.4%	773	0.4%
Entire State of Utah	0	0.0%	368	0.2%	368	0.2%
Balance of Virginia	413	0.2%	463	0.2%	438	0.2%
NORFOLK-VA BEACH-NEWPRT NEWS,VA-	621	0.3%	702	0.4%	662	0.3%
RICHMOND-PETERSBURG, VA	448	0.2%	492	0.2%	470	0.2%
Balance of Washington	446	0.2%	487	0.2%	467	0.2%
SEATTLE, WA	1,324	0.7%	1,401	0.7%	1,363	0.7%
Balance of Wisconsin	300	0.2%	325	0.2%	313	0.2%
MILWAUKEE, WI	363	0.2%	393	0.2%	378	0.2%
Total	**183,600**	**100.0%**	**200,475**	**100.0%**	**193,126**	**100.0%**

1999 Formula Grantees (000s)	1995 bonus	1996 bonus	1997 bonus	1998 bonus	1999 bonus
Alabama (outside Birmingham EMSA)	-	-	-	-	-
Birmingham AL MSA	-	-	-	-	
Arkansas (outside the Memphis EMSA)	-	-	-	-	-
Arizona outside the Phoenix & Las Vegas EMSAs	-	-	-	-	-
Phoenix-Mesa AZ MSA					
California (outside of 8 EMSAs)	-	-	-	-	-
Los Angeles-Long Beach CA PMSA	1,313	705	1,844	1,722	
Oakland CA PMSA		176			
Riverside-San Bernardino CA PMSA					
Sacramento CA PMSA					
San Diego CA MSA	145		130	69	
San Francisco CA PMSA	5,299	3,286	3,409	2,699	2,507
San Jose CA PMSA					
Santa Ana for the Orange County CA PMSA					
Denver CO PMSA					
Connecticut (outside of the Hartford and New Hav	-	-	-	-	-
Hartford CT MSA	53		345	31	595
New Haven-Meriden CT PMSA			472	209	631
Washington DC-MD-VA-WV PMSA	905	1,594	501	1,682	2,032
Delaware (outside the Wilmington EMSA)	-	-	-	-	-
Wilmington-Newark DE-MD PMSA	-	-	-	-	102
Florida (outside of 6 EMSAs)	-	-	-	-	-
Fort Lauderdale FL PMSA	1,077	2,120	1,772	2,025	1,712
Jacksonville FL MSA		87	143	20	102
Miami FL PMSA	3,583	4,542	4,425	3,279	3,654
Orlando FL MSA		210	358	31	606
Tampa-St Petersburg-Clearwater FL PMSA	184				
West Palm Beach-Boca Raton FL PMSA	373	990	1,318	1,125	1,154
Atlanta GA MSA		422	1,252	920	232
Georgia (outside the Atlanta EMSA)	-	-	-	-	-
Hawaii (outside the Honolulu EMSA)	-	-	-	-	-
Honolulu HI MSA	-	-	-	-	
Chicago IL PMSA					
Illinois (outside of the Chicago and St. Louis EMS	-	-	-	-	-
Indiana (outside the Cincinnati and Indianapolis E	-	-	-	-	-
Indianapolis IN MSA					
Kentucky (outside the Cincinnati EMSA)	-	-	-	-	-
Louisiana (outside the New Orleans EMSA)	-	-	-	-	-
New Orleans LA MSA	115	251	525	620	653
Boston MA-NH PMSA					
Massachusetts (outside the Boston and Providenc	-	-	-	-	-
Baltimore MD PMSA	794	2,625	1,294	1,945	1,970
Detroit MI PMSA					
Michigan (outside the Detroit EMSA)	-	-	-	-	-
Minneapolis-St Paul MN-WI MSA					
Minnesota outside the Minneapolis EMSA	-	-	-	-	-
Kansas City MO-KS MSA					
Missouri (outside the Kansas City and St. Louis E	-	-	-	-	-
St. Louis MO-IL MSA					
Mississippi (outside the Memphis EMSA)	-	-	-	-	-

Charlotte-Gastonia-Rock Hill NC-SC MSA *	-	-	-		
North Carolina (outside the Charlotte, Raleigh and	-	-	-	-	-
Raleigh-Durham-Chapel Hill NC MSA *	-	-	-		
NJ suburbs within Philadelphia EMSA	-	-	-		74
Dover Township for the Monmouth-Ocean NJ PM	.				
Jersey City NJ PMSA	814	1,281	1,369	1,154	885
New Jersey (outside of 6 EMSAs)	-	-	-	-	-
Newark NJ PMSA	2,023	2,002	2,459	2,373	2,311
Paterson for Bergen-Passaic NJ PMSA	273	160	199	157	33
Woodbridge for the Middlesex-Somerset-Hunterdo	.				
New Mexico	-	-	-	-	-
Las Vegas NV-AZ MSA					599
Nevada outside the Las Vegas EMSA	-	-	-	-	-
Buffalo -Niagara Falls NY MSA	-	-	-	-	
Islip for the Nassau-Suffolk NY PMSA					
New York NY PMSA	18,459	16,571	20,088	22,046	24,369
New York State (outside the Islip, New York City,	-	-	-	-	-
Rochester NY MSA	-	-	-		73
Cincinnati OH-KY-IN PMSA *					
Cleveland-Lorain-Elvyria OH PMSA					
Columbus, OH MSA					
Ohio (outside the Cincinnati, Cleveland and Colum	-	-	-	-	-
Oklahoma	-	-	-	-	-
Portland-Vancouver OR-WA PMSA					
Pennsylvania (outside the Philadelphia and Pittsb	-	-	-	-	-
Philadelphia PA-NJ PMSA (ex. NJ in '98 &'99)	307				412
Pittsburgh PA MSA					
Puerto Rico (outside the San Juan EMSA)	-	-	-	-	-
San Juan-Bayamon PR PMSA	1,278	1,402	1,844	2,093	2,797
Providence-Fall River-Warwick RI-MA MSA	-	-	-		
South Carolina (outside the Charlotte EMSA)	-	-	-	-	-
Memphis, TN-AR-MS MSA					
Nashville, TN MSA					
Tennessee (outside the Memphis and Nashville E	-	-	-	-	-
Austin-San Marcos TX MSA	303				
Dallas TX PMSA		51	353		
Fort Worth-Arlington TX PMSA					
Houston TX PMSA	969			1,625	2,616
San Antonio TX MSA					
Texas (outside of 5 EMSAs)	-	-	-	-	-
Utah	-	-	-	-	-
Richmond-Petersburg VA MSA					
Virginia (outside of DC, Richmond and Virginia Be	-	-	-	-	-
Virginia Beach for the Norfolk-Virginia Beach-New	.				
Seattle-Bellevue-Everett WA PMSA	210				
Washington State (outside the Seattle and Portlan	-	-	-	-	-
Milwaukee-Waukesha WI PMSA *					
Wisconsin (outside the Milwaukee and Minneapoli	-	-	-	-	-
TOTALS for Year of Allocation	**FY95**	**FY96**	**FY97**	**FY98**	**FY99**
High Incidence Bonus Total for FY:	**38,477**	**38,477**	**44,100**	**45,825**	**50,119**
No. of EMSAs with bonus	**20**	**18**	**20**	**20**	**22**
Incidence Bonus: amounts shown for 1995-9 are the amounts awarded for 25 percent of the formula that is allocated t					

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 $(000)	FORMULA A (5 Yr. Wt. no HH) $(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 $(000)	Cases Weight 5 Year #PLWA
Balance of Alabama	796	1,171	0.6%	375	1,159
BIRMINGHAM, AL	365	552	0.3%	187	546
Balance of Arkansas	552	747	0.4%	195	739
Balance of Arizona	366	539	0.3%	173	533
PHOENIX, AZ	923	1,202	0.6%	279	1,189
Balance of California	2,427	3,144	1.6%	717	3,111
LOS ANGELES-LONG BEACH, CA	8,769	10,497	5.2%	1728	10,387
OAKLAND, CA	1,670	1,991	1.0%	321	1,970
ORANGE COUNTY, CA	1,143	1,281	0.6%	138	1,268
RIVERSIDE-SAN BERNARDINO, CA	1,372	1,972	1.0%	600	1,951
SACRAMENTO, CA	656	845	0.4%	189	836
SAN DIEGO, CA	2,168	2,855	1.4%	687	2,825
SAN FRANCISCO, CA	8,510	5,752	2.9%	-2758	5,692
SAN JOSE, CA	649	818	0.4%	169	809
DENVER, CO	1,164	1,396	0.7%	232	1,381
Balance of Connecticut	920	1,389	0.7%	469	1,374
HARTFORD, CT MSA	1,413	1,355	0.7%	-58	1,341
NEW HAVEN-MERIDEN, CT PMSA	1,214	885	0.4%	-329	876
WASHINGTON, DC-MD-VA-WV	6,475	6,020	3.0%	-455	5,957
Balance of Delaware	113	160	0.1%	47	158
WILMINGTON, DE-MD	485	659	0.3%	174	652
Balance of Florida	3,164	4,411	2.2%	1247	4,365
FT LAUDERDALE-HLLYWD-POMP.BCH F	4,186	3,371	1.7%	-815	3,336
JACKSONVILLE, FL	983	1,176	0.6%	193	1,164
MIAMI-HIALEAH, FL	8,418	6,454	3.2%	-1964	6,386
ORLANDO, FL	1,753	1,728	0.9%	-25	1,710
TAMPA-ST. PETE.-CLEARWATER, FL	1,661	2,195	1.1%	534	2,172
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,635	2,111	1.1%	-524	2,089
ATLANTA, GA	3,407	4,264	2.1%	857	4,219
Balance of Georgia	1,297	1,973	1.0%	676	1,952
Balance of Hawaii	132	156	0.1%	24	154
HONOLULU, HI	364	403	0.2%	39	399
Balance of Illinois	534	783	0.4%	249	775
CHICAGO, IL	4,219	5,544	2.8%	1325	5,486
Balance of Indiana	636	902	0.4%	266	893
INDIANAPOLIS, IN	579	777	0.4%	198	769
Balance of Kentucky	561	897	0.4%	336	888
Balance of Louisiana	1,063	1,639	0.8%	576	1,622
NEW ORLEANS, LA	2,031	1,849	0.9%	-182	1,830
Balance of Massachusetts	1,111	1,587	0.8%	476	1,570
BOSTON, MA-NH PMSA	1,890	2,154	1.1%	264	2,131
BALTIMORE, MD	4,689	4,399	2.2%	-290	4,353
Balance of Michigan	677	987	0.5%	310	977
DETROIT, MI	1,526	2,062	1.0%	536	2,040
Balance of Minnesota	92	118	0.1%	26	117
MINNEAPOLIS-ST. PAUL, MN-WI	670	847	0.4%	177	838
Balance of Missouri	396	529	0.3%	133	523
KANSAS CITY, MO-KS	813	932	0.5%	119	922
ST. LOUIS, MO-IL	944	1,247	0.6%	303	1,234

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 $(000)	FORMULA A (5 Yr. Wt. no HH) $(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 $(000)	Cases Weight 5 Year #PLWA
Balance of Mississippi	769	1,152	0.6%	383	1,140
Balance of North Carolina	1,212	1,775	0.9%	563	1,756
CHARLOTTE-GAST.-ROCK HILL, NC-SC	397	567	0.3%	170	561
RALEIGH-DURHAM, NC	386	511	0.3%	125	506
Balance of New Jersey	813	1,164	0.6%	351	1,152
BERGEN-PASSAIC, NJ	1,160	1,496	0.7%	336	1,480
JERSEY CITY, NJ	2,271	1,786	0.9%	-485	1,767
MIDDLESEX-SOMERSET-HUNTERDON,	671	868	0.4%	197	859
MONMOUTH-OCEAN, NJ	595	795	0.4%	200	787
NEWARK, NJ	5,777	4,461	2.2%	-1316	4,414
Entire State of New Mexico	391	556	0.3%	165	550
Balance of Nevada	190	268	0.1%	78	265
LAS VEGAS, NV	1,308	1,190	0.6%	-118	1,178
Balance of New York	2,218	3,145	1.6%	927	3,112
BUFFALO, NY	352	610	0.3%	258	604
NASSAU-SUFFOLK, NY	1,362	1,776	0.9%	414	1,757
NEW YORK, NY	48,668	31,090	15.5%	-17578	30,765
ROCHESTER, NY	542	839	0.4%	297	830
Balance of Ohio	822	1,094	0.5%	272	1,083
CINCINNATI, OH-KY-IN	395	590	0.3%	195	584
CLEVELAND, OH	670	924	0.5%	254	914
COLUMBUS, OH	458	564	0.3%	106	558
Entire State of Oklahoma	723	919	0.5%	196	909
PORTLAND, OR	803	1,022	0.5%	219	1,011
Balance of Pennsylvania	1,135	1,694	0.8%	559	1,676
PHILADELPHIA, PA-NJ	4,045	5,018	2.5%	973	4,965
PITTSBURGH, PA	491	593	0.3%	102	587
Balance of Puerto Rico	1,841	2,500	1.2%	659	2,474
SAN JUAN, PR	5,891	4,127	2.1%	-1764	4,084
PROVIDENCE-FALL RIV-WARWICK,RI-M	424	614	0.3%	190	608
Balance of South Carolina	1,657	2,662	1.3%	1005	2,634
Balance of Tennessee	525	806	0.4%	281	798
MEMPHIS, TN-AR-MS	538	869	0.4%	331	860
NASHVILLE, TN	479	778	0.4%	299	770
AUSTIN, TX	767	963	0.5%	196	953
Balance of Texas	2,086	3,332	1.7%	1246	3,297
DALLAS, TX	2,505	3,235	1.6%	730	3,201
FORT WORTH-ARLINGTON, TX	655	911	0.5%	256	901
HOUSTON, TX	6,466	4,892	2.4%	-1574	4,841
SAN ANTONIO, TX	805	1,122	0.6%	317	1,110
Entire State of Utah	368	498	0.2%	130	493
Balance of Virginia	463	714	0.4%	251	707
NORFOLK-VA BEACH-NEWPRT NEWS,V	702	1,235	0.6%	533	1,222
RICHMOND-PETERSBURG, VA	492	725	0.4%	233	717
Balance of Washington	487	687	0.3%	200	680
SEATTLE, WA	1,401	1,655	0.8%	254	1,638
Balance of Wisconsin	325	431	0.2%	106	426
MILWAUKEE, WI	393	531	0.3%	138	525
Totals	200,475	200,479	100%		198,377

HIV

Volume 5, Number 2

AIDS Cases Reported to CDC July 1988 through June 1998

and

Estimates of the Number of Persons Living with AIDS

by State and Metropolitan Area as of June 30, 1998

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Atlanta, Georgia 30333

CDC

Methods

The Ryan White CARE Act was enacted by Congress in 1990 and reauthorized with amendments in 1996. The primary purpose of the act is to provide emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus epidemic. An eligible metropolitan area (EMA) is any metropolitan area for which there have been reported to the Centers for Disease Control and Prevention (CDC) a cumulative total of more than 2,000 acquired immune deficiency syndrome (AIDS) cases for the most recent 5 years for which data are available. The amended act requires formula grants based on the estimated number of persons living with AIDS in the EMA. Estimates were derived by using methods specified in the act. The amount of funds received by each EMA (under Title I) or state (under Title II) is determined by the locality's proportion of the total estimated number of living persons with AIDS.

As of the end of June each year, AIDS cases reported during the preceding 120 months are aggregated into ten 12-month periods, and 10 "survival" weights (see Technical Notes) are applied to the 10 AIDS case counts. The summary count, which results from this computational formula, is the estimated number of persons living with AIDS in the EMA or state for the purposes of the Ryan White CARE Act. The survival weights are updated by CDC every 2 years according to methods specified in the act (the weights were most recently updated in July 1997).

This report presents the AIDS case counts (based on AIDS surveillance data reported to CDC through June 30, 1998) that were provided to the Health Resources and Services Administration (HRSA) in July 1998. (Table 1, AIDS case counts by state; Table 2, AIDS case counts by EMA; Table 3, AIDS case counts for cross-state EMAs). HRSA applies the weights provided by CDC to these counts to determine the proportional distribution of persons living with AIDS.

Tables 4 and 5 are comparisons of the three methods for estimating the number of persons living with AIDS by state and EMA. Columns 1 and 2 are the estimated number and the percentage distribution according to the Ryan White CARE Act formula. Columns 3 and 4 are the numbers of persons with AIDS reported to CDC and presumed to be alive (cases minus deaths). Columns 5 and 6 are data adjusted for delays in the reporting of cases and deaths to produce point estimates of the number of persons living with AIDS. (See the Technical Notes for computational details of each method.)

The Ryan White CARE Act formula is used by HRSA for the legislative requirements of the CARE act. CDC, however, routinely adjusts data for reporting delays to estimate the number of persons living with AIDS (i.e., AIDS prevalence; see HIV/AIDS Surveillance Supplemental Report, 1999;5[no.1]). The CDC method nearly always produces the highest counts because a statistical model is used to "add in" the AIDS cases not yet reported but already diagnosed.

Table 2. AIDS cases reported July 1988 through June 1998, by metropolitan area of residence

Metropolitan area of residence	7/88-6/89	7/89-6/90	7/90-6/91	7/91-6/92	7/92-6/93	7/93-6/94	7/94-6/95	7/95-6/96	7/96-6/97	7/97-6/98
Atlanta, GA	773	944	941	1,232	1,528	1,501	1,605	1,762	1,415	942
Austin, TX	151	229	200	275	481	527	385	292	275	297
Baltimore, MD	401	580	668	594	1,384	1,468	2,019	1,508	1,516	1,093
Bergen-Passaic, NJ	247	275	284	270	402	787	612	490	513	330
Boston, MA-NH	721	741	813	763	1,694	1,754	1,192	1,128	945	702
Caguas, PR	74	135	102	132	180	187	205	173	175	152
Chicago, IL	910	1,070	1,034	1,592	2,432	2,361	2,451	1,807	1,432	1,567
Cleveland, OH	142	123	166	250	363	340	470	244	279	271
Dallas, TX	546	626	786	780	1,634	1,168	1,410	1,001	897	808
Denver, CO	284	308	373	351	914	677	566	447	325	247
Detroit, MI	354	375	382	645	1,086	660	773	725	572	594
Dutchess Co., NY	51	83	79	84	146	118	91	113	108	158
Fort Lauderdale, FL	449	845	846	853	1,064	1,119	1,579	1,217	1,121	826
Fort Worth, TX	137	167	188	145	367	319	538	199	306	259
Hartford, CT	131	153	162	142	425	586	387	513	414	343
Houston, TX	844	1,127	1,172	1,176	2,136	2,075	1,323	1,323	1,793	1,759
Jacksonville, FL	151	239	275	296	782	336	473	384	363	295
Jersey City, NJ	408	283	420	359	412	774	881	631	603	398
Kansas City, MO-KS	199	323	236	292	721	337	286	344	216	222
Las Vegas, NV-AZ	103	135	178	191	426	333	338	373	381	433
Los Angeles, CA	2,129	2,132	2,549	3,018	5,083	4,664	3,903	3,834	3,175	2,248
Miami, FL	946	1,077	1,540	1,654	2,409	2,864	2,924	2,355	1,789	1,562
Middlesex-Somerset-Hunterdon, NJ	182	157	192	193	320	360	381	329	259	198
Minneapolis-St. Paul, MN-WI	157	160	173	205	526	328	364	278	218	160
Nassau-Suffolk, NY	322	411	355	308	943	569	549	639	655	456
New Haven, CT	255	249	289	297	913	614	580	848	671	495
New Orleans, LA	264	388	428	543	605	699	607	727	635	505
New York, NY	5,552	6,416	6,604	6,915	11,424	13,391	10,741	11,275	10,084	8,711
Newark, NJ	1,034	984	945	927	1,265	2,120	1,734	1,525	1,545	1,008
Norfolk, VA-NC	87	159	148	118	273	371	388	544	490	326
Oakland, CA	331	534	506	570	1,091	962	742	663	546	410
Orange County, CA	262	334	339	597	583	567	537	512	357	287
Orlando, FL	192	191	396	358	859	431	740	589	495	524
Philadelphia, PA-NJ	758	833	834	1,042	1,724	2,256	2,012	1,687	1,586	1,466
Phoenix, AZ	185	285	170	275	772	431	392	457	329	392
Ponce, PR	197	217	241	247	254	333	309	284	221	161
Portland, OR-WA	174	227	254	234	609	443	398	354	266	184
Riverside-San Bernardino, CA	213	255	320	404	884	959	816	654	558	562
Sacramento, CA	169	113	175	261	404	432	348	277	210	195
St. Louis, MO-IL	185	213	310	376	768	443	376	437	416	279
San Antonio, TX	348	195	190	230	329	632	380	373	367	309
San Diego, CA	450	719	555	605	1,389	1,219	946	1,138	809	640
San Francisco, CA	1,739	1,929	2,082	1,969	3,744	3,386	2,126	1,774	1,363	1,158
San Jose, CA	155	144	190	176	398	478	297	295	216	143
San Juan, PR	916	951	1,119	1,062	1,732	1,569	1,529	1,300	1,377	1,258
Santa Rosa, CA	127	96	121	117	221	224	130	169	76	57
Seattle, WA	330	536	436	382	901	769	650	539	492	339
Tampa-St. Petersburg, FL	439	380	473	517	1,299	776	817	752	655	618
Vineland-Millville-Bridgeton, NJ	38	36	35	28	77	104	68	101	62	46
Wash., DC-MD-VA-WV	867	1,000	1,281	1,470	2,023	2,733	2,138	2,063	2,010	1,666
West Palm Beach, FL	321	343	398	438	827	583	857	831	723	549

Table 4. Estimates of the number of people living with AIDS as of June 1998, by state of residence: comparison of three methods

State of Residence	Ryan White CARE Act Number*	Ryan White CARE Act Percent	Number reported to be living Number†	Number reported to be living Percent	Adjusted for reporting delays Number†	Adjusted for reporting delays Percent
Alaska	151	0.1	214	0.1	221	0.1
Alabama	1,856	0.9	2,404	0.9	2,520	0.9
Arkansas	843	0.4	1,258	0.5	1,321	0.5
Arizona	1,892	0.9	2,151	0.8	2,632	0.9
California	30,434	14.2	38,264	14.6	41,965	14.7
Colorado	1,766	0.8	2,524	1.0	2,499	0.9
Connecticut	3,634	1.7	5,040	1.9	5,502	1.9
District of Columbia	3,586	1.7	4,816	1.8	5,156	1.8
Delaware	780	0.4	946	0.4	982	0.3
Florida	22,618	10.5	29,246	11.2	30,909	10.9
Georgia	6,442	3.0	8,436	3.2	9,026	3.2
Hawaii	617	0.3	770	0.3	845	0.3
Iowa	369	0.2	497	0.2	508	0.2
Idaho	148	0.1	179	0.1	181	0.1
Illinois	6,784	3.2	7,502	2.9	8,139	2.9
Indiana	1,822	0.8	2,343	0.9	2,472	0.9
Kansas	665	0.3	794	0.3	808	0.3
Kentucky	1,037	0.5	1,182	0.5	1,306	0.5
Louisiana	3,759	1.7	4,522	1.7	4,664	1.6
Massachusetts	3,923	1.8	4,546	1.7	5,347	1.9
Maryland	6,610	3.1	7,608	2.9	8,737	3.1
Maine	247	0.1	371	0.1	375	0.1
Michigan	3,129	1.5	3,768	1.4	4,223	1.5
Minnesota	943	0.4	1,328	0.5	1,390	0.5
Missouri	2,390	1.1	3,537	1.4	3,694	1.3
Mississippi	1,271	0.6	1,445	0.6	1,505	0.5
Montana	106	0.0	138	0.1	152	0.1
North Carolina	2,971	1.4	3,415	1.3	3,764	1.3
North Dakota	35	0.0	39	0.0	41	0.0
Nebraska	307	0.1	376	0.1	391	0.1
New Hampshire	259	0.1	419	0.2	434	0.2
New Jersey	11,786	5.5	13,031	5.0	13,953	4.9
New Mexico	630	0.3	761	0.3	867	0.3
Nevada	1,436	0.7	1,863	0 7	1,942	0.7
New York	40,078	18.6	44,665	17.1	49,911	17.5
Ohio	3,224	1.5	3,546	1.4	3,875	1.4
Oklahoma	993	0.5	1,335	0.5	1,454	0.5
Oregon	1,301	0.6	1,724	0.7	1,807	0.6
Pennsylvania	7,014	3.3	8,436	3.2	9,336	3.3
Rhode Island	599	0.3	771	0.3	813	0.3
Puerto Rico	7,230	3.4	7,878	3.0	8,494	3.0
South Carolina	2,782	1.3	3,469	1.3	3,570	1.3
South Dakota	49	0.0	56	0.0	60	0.0
Tennessee	2,498	1.2	3,250	1.2	3,449	1.2
Texas	15,387	7.2	19,781	7.6	21,676	7.6
Utah	530	0.2	724	0.3	771	0.3
Virginia	3,848	1.8	4,351	1.7	5,032	1.8
Virgin Islands	159	0.1	189	0 1	212	0.1
Vermont	111	0.1	152	0.1	163	0.1
Washington	2,518	1.2	3,419	1.3	3,676	1.3
Wisconsin	971	0 5	1,352	0 5	1,391	0.5
West Virginia	372	0.2	419	0.2	444	0.2
Wyoming	45	0 0	58	0.0	54	0.0
Total	214,955		261,308		284,659	

* Cumulative from July 1988 through June 1998
† Cumulative from 1981 through June 1998

Technical Notes

The legislative authority for the method of estimating the number of persons living with AIDS under Title I of the Ryan White CARE Act is Section 2603(a)(3)(c). The legislative authority for the Title II estimation of the number of persons living with AIDS is Section 2618(2)(d). The same set of survival weights is used for both Title I and Title II. The current weights are —

Year 1 – .07
Year 2 – .09
Year 3 – .10
Year 4 – .13
Year 5 – .15
Year 6 – .29
Year 7 – .41
Year 8 – .55
Year 9 – .71
Year 10 – .83

For each 12-month reporting period, the proportion of persons reported with AIDS and presumed to be alive is computed as follows:

(cases minus deaths)/cases

This proportion is the weight for the 12-month period.

As required by the CARE act, these weights will be updated in July 1999 by using the AIDS cases reported through June 30, 1999.

Details for the Three Methods of Estimating the Number of Persons Living with AIDS

Method I — Ryan White CARE Act formula

The counts of reported AIDS cases for the last 120 months are aggregated into ten 12-month periods. The first year (i.e., earliest) count is multiplied by .07. The second year count is multiplied by .09, and so on for all 10 counts. The total of these 10 weighted counts is the estimated number of people living with AIDS for a given state or EMA.

Method II — Number of persons reported to be living with AIDS

For each state or EMA, the number of persons reported with AIDS who are presumed to be alive is calculated. (See HIV/AIDS Surveillance Report, 1998;10[no.1]: Table 1, p.5). This total count is the number of persons living with AIDS.

Method III — Adjustments for reporting delays

Estimated AIDS data are adjusted for reporting delays by a maximum likelihood statistical procedure; differences in reporting delays for geographic area, racial/ethnic, age, sex, vital status, and exposure categories are taken into account, but it is assumed that reporting delays within these groups have not changed over time (*Statistics in Medicine* 1998;17:143-54 and *Lecture Notes in Biomathematics* 1989;83:58-88). The maximum likelihood procedure is done twice — first for delays in reporting AIDS cases and then for delays in reporting AIDS deaths. On the basis of the results of these procedures, each AIDS case is then assigned an AIDS incidence adjustment weight and an AIDS death adjustment weight. The point estimate of the number of persons living with AIDS is derived by subtracting the estimated cumulative number of deaths of persons with AIDS from the estimated cumulative number of persons with a diagnosis of AIDS. The estimates from this method are based on AIDS surveillance data for cases diagnosed with AIDS through June 30, 1998, and reported to CDC through December 31, 1998. Estimated AIDS cases and estimated AIDS deaths are adjusted for reporting delays, but not for incomplete reporting.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

Dear HOPWA Coordinator:

The U.S. Department of Housing and Urban Development is pleased to invite you to join with your colleagues at the 1999 National Meeting of HOPWA Formula Grantees. The meeting is scheduled to take place on September 26-29, 1999 at the Tremont Suite Hotel in downtown Baltimore, Maryland. This meeting will be the third time that HOPWA grantees and managing sponsors have assembled to consider the successes and continuing challenges in administering this housing assistance program. We strongly urge you to attend or send a representative as we review important aspects of managing the Housing Opportunities for Persons with AIDS program and related issues.

We know that many jurisdictions and nonprofit organizations were represented at our previous meetings in 1998, and many more participated in the Third National HIV/AIDS Housing Conference that was held last September in Atlanta. We trust that all who participated in these sessions shared information about their community's efforts and learned from other practitioners and experts. We expect that our participation at the Baltimore meeting will build on these past meetings and all attendees will benefit from our planned training and consultations. We know these prior events were enjoyable and provided invaluable opportunities to network with colleagues. These sessions were also truly energizing as we continue our mutual work to build a stronger response to the difficult challenges of HIV.

The meeting of HOPWA coordinators will allow us to continue a dialogue on how to make our partnership responsive to persons who have difficult and pressing needs. We hope that we can again consider our successes and the lessons learned in operating programs over these past years. We believe we can best accomplish this by focusing on three present challenges:

1. How do we best use housing development activities to broaden the community's AIDS housing resources?

2. How do we create an HIV/AIDS housing strategy and plan for activities that are fully integrated within your community's consolidated plan, continuum of care, and related HIV/AIDS health-care activities?

3. How do we ensure strong management of all HOPWA programs and make best use of the new technical assistance tools to augment the community efforts to design, operate and evaluate programs?

The dialogue will also cover the topics that you wish to raise. HUD staff, experienced technical assistance providers and knowledgeable colleagues will be present to help answer questions and walk through pressing issues. We also expect to have significant participation by HHS and VA staff. In addition, we will be asking all presenters to consider issues of disparity in treatment and access to our programs for persons of color, including racial and ethnic minorities.

We also plan to have some special topic sessions. We will discuss HUD's information management systems, including an opportunity for hands-on training with IDIS. We will also solicit input on unit-based costing and standards of care that are being used in many communities. And we will consider ways to ensure clients rights and promote understanding of responsibilities. We expect to have a very informative briefing on the specialized projects that have been operating under the HIV Multiple Diagnoses Initiative to find ways to reach clients challenged by issues with drug and alcohol abuse and mental illness. Also, for new staff and first-time grantees, we plan to have an introductory session to help orient you to the opportunities for using HOPWA as a flexible resource in your community, and the responsibilities for managing these Federal funds.

Over this last year, the Office of HIV/AIDS Housing has been working in collaboration with many of you and AIDS Housing of Washington (AHW) to set the agenda for these meetings. Information from AHW on the site logistics are included. Please plan on arriving by 6:00 pm Sunday, September 26th for a welcome reception and dinner. We hope that our discussions will provide you with useful up-to-date information regarding the administration of HOPWA and offer opportunities to consider how you might improve your community's efforts to address HIV/AIDS.

We want to emphasize the importance of your participation in this meeting. These meetings will be useful to all grantees, especially if new staff are assigned to managing your HOPWA efforts, or if your community was not able to attend prior training events. As stewards of public and private funds, we must continue to work towards the highest levels of performance. We hope that you plan to join with your colleagues from other States and cities in helping to lead these discussions. Thank you for your on-going efforts to use HOPWA funds to benefit persons and families in need.

We look forward to seeing you in Baltimore.

Sincerely

David Vos
Director
Office of HIV/AIDS Housing

Improving HIV Care and Prevention Into The 21st Century: Integrated Care for the Multiply Diagnosed

JUNE 28 - 29, 1999

Omni Shoreham Hotel
2500 Calvert Street, N.W.
Washington, DC 20008

DEPARTMENT OF VETERANS AFFAIRS

Social & Scientific Systems, Inc
7101 Wisconsin Avenue Suite 1300
Bethesda, MD 20814-4805

Mr. Adam Sutton
Office of National AIDS Policy
730 Jackson Place, N.W.
Washington, DC 20503

INTRODUCTION

HIV disease in the United States is increasingly a condition complicated by multiple comorbidities such as substance abuse, mental illness, and homelessness. On June 28 and 29, 1999, the HIV/AIDS Service of the Department of Veterans Affairs—in conjunction with the Department of Health and Human Services, the Office of AIDS Research of the National Institutes of Health, the Department of Housing and Urban Development, and the White House Office of National AIDS Policy and Office of National Drug Control Policy—will sponsor a conference to convene service providers, health professionals from public and private agencies, representatives of advocacy organizations, administrative and policy leaders, and public and science media involved with HIV/AIDS. This conference will be the first forum for interdisciplinary discussions about the medical, social, resource, and programmatic needs of persons with HIV and comorbidities.

The goals of the conference will be twofold:

- *Initiate collaborations that will address the medical, social, psychological, resource, and research needs to improve care of persons with HIV and comorbidities*
- *Identify best practices in ongoing programs that address these issues*
- *Identify research needs to address uncertainties in these areas*

The conference will also address HIV prevention among persons at risk who have comorbid conditions.

The conference will feature nationally recognized leaders in the areas of HIV care and prevention as well as HIV and substance abuse, HIV and homelessness, and HIV and mental illness. These leaders in the field will highlight issues, innovative approaches, and design solutions as well as target research needs by the following means:

- *Identify the medical, psychological, social, and research needs to improve [illegible] and care of persons with HIV and comorbidities*
- *Identify how these needs are currently being met as well as address service and resource gaps*
- *Identify barriers to meeting the identified needs*

The conference format is structured so the first day will include morning plenary presentations on the most current research, programs, issues, and barriers to HIV/AIDS care and prevention in the multiply diagnosed. During the afternoon of the first day and morning of the second day, methods and strategies for addressing the challenges of care for this population will be developed during breakout sessions with the participation of the attendees and led by experts in these different areas. The conference will close on the afternoon of the second day with presentations of each group's efforts, followed by a panel discussion of future service needs, research, and models.

TENTATIVE AGENDA

MONDAY, JUNE 28

8:30 Welcome/Introduction

8:45 Epidemiology of HIV/AIDS and Comorbidities: What is Known, What is Unknown

9:15 What are the Medical, Psychological, Social, Resource, and Program Needs of Patients with Comorbid Conditions or Multiple Diagnoses?

10:15 BREAK

10:30 How are the Medical, Psychological, Social, Resource, and Program Needs of Patients with Comorbid Conditions or Multiple Diagnoses Being Met?

11:30 What are the Medical, Social, Cultural, Legal, and Resource Barriers to Meeting the Needs of Patients with Comorbid Conditions or Multiple Diagnoses? How Can These Barriers be Overcome?

12:30 LUNCH (to be provided)

2:00 Concurrent Sessions

1. Methods for Determining Patient Needs
   - Preliminary Discussion
   - Mental Health Subsession
   - Substance Abuse Subsession
   - Homelessness Subsession
   - Full Session: Cross-cutting Issues and Priorities
2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
   - Introduction
   - Presentations
   - Theme and Common Elements
3. Successful Strategies for Overcoming Barriers
   - Preliminary Discussion
   - Patient/Client Barriers Subsession
   - Policy Barriers Subsession
   - Institutional Barriers Subsession
   - Full Session: Cross-cutting Issues and Priorities

5:30 ADJOURNMENT

TUESDAY, JUNE 29

8:30 Concurrent Sessions

1. Methods for Determining Patient Needs
   - Preliminary Discussion
   - Mental Health Subsession
   - Substance Abuse Subsession
   - Homelessness Subsession
   - Full Session: Cross-cutting Issues and Priorities
2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
   - Introduction
   - Presentations
   - Theme and Common Elements
3. Successful Strategies for Overcoming Barriers
   - Preliminary Discussion
   - Patient/Client Barriers Subsession
   - Policy Barriers Subsession
   - Institutional Barriers Subsession
   - Full Session: Cross-cutting Issues and Priorities

12:00 LUNCH (on your own)

2:00 Presentation of Concurrent Session Reports
   - Methods for Determining Patient Needs
   - Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
   - Successful Strategies for Overcoming Barriers

3:30 BREAK

3:45 Discussion of Future Needs

5:00 ADJOURNMENT

UNE 29

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ORGANIZING COMMITTEE

Lawrence Deyton, M.S.P.H., M.D., Chair
Department of Veterans Affairs

C. Alex Alexander, M.D., Dr.P.H.
Department of Veterans Affairs

Frederick Altice, M.D.
Yale University School of Medicine

Carlos Arreola, Ph.D.
Department of Veterans Affairs

Judith D. Auerbach, Ph.D.
Office of AIDS Research, NIH

Alfonso R. Batres, Ph.D., M.S.W.
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Resolution, Inc.

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Jane Silver, M.P.H.
American Foundation for AIDS Research

Richard T. Suchinsky, M.D.
Department of Veterans Affairs

Todd Summers
White House Office of National AIDS Policy

Glenn Treisman, M.D., Ph.D.
Johns Hopkins University
School of Medicine

George Woody, M.D.
Philadelphia Veterans Affairs
Medical Center

REGISTRATION FORM

Name: _____
Title: _____
Affiliation: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Internet E-mail Address: _____
Special Accessibility Requirements: _____

Meals: ☐ vegetarian ☐ non-vegetarian (check one)

CONCURRENT SESSION PREFERENCES

All three concurrent sessions will be run twice, once in the afternoon on Monday, June 28, and once in the morning on Tuesday, June 29. Please indicate your *first*, *second*, and *third* choices. All efforts will be made to assign you to the first two preferences indicated, but assignments will be made on a first-come, first-served basis.

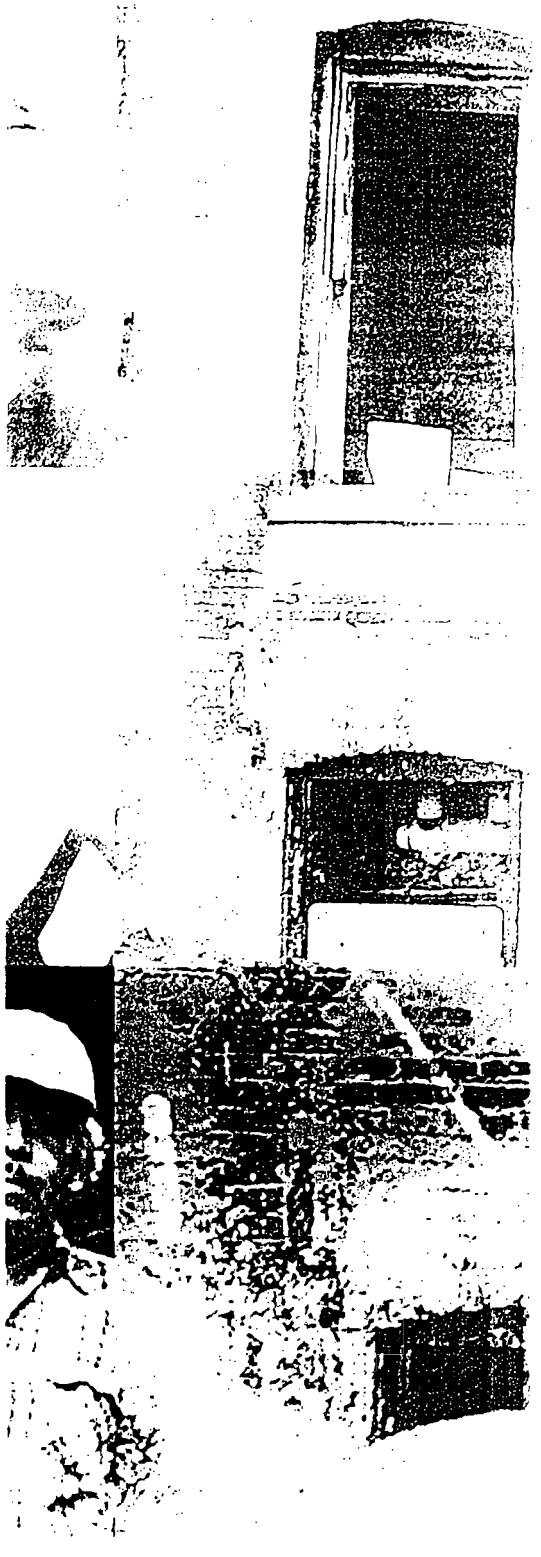
☐ 1. Methods for Determining Patient Needs
- Preliminary Discussion
- Mental Health Subsession
- Substance Abuse Subsession
- Homelessness Subsession
- Full Session: Cross-cutting Issues and Priorities

☐ 2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
- Introduction
- Presentations
- Theme and Common Elements

☐ 3. Successful Strategies for Overcoming Barriers
- Preliminary Discussion
- Patient/Client Barriers Subsession
- Policy Barriers Subsession
- Institutional Barriers Subsession
- Full Session: Cross-cutting Issues and Priorities

COMPLETE AND RETURN FORM BY EITHER MAIL OR FAX TO:

Andrea Hall
Social & Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814
Phone: (301) 986-4870
Fax: (301) 913-0351
On-line Registration: http://meetings.s-3.com/hivcare



CONFERENCE LOCATION

Omni Shoreham Hotel
2500 Calvert Street, N.W.
Washington, DC 20008
Phone: (202) 234-0700
Fax: (202) 265-7972

LODGING

A block of single sleeping rooms has been reserved at the Omni Shoreham Hotel in Washington, DC, for Sunday, June 27, through Tuesday, June 29, 1999, at the Government rate of $126 (inclusive of tax). The block of rooms will be held for reservations until May 27, 1999. After that date, reservations will be accepted on a space- and rate-available basis only. To make your reservation, please call the hotel directly at (202) 234-0700 and reference the "Improving HIV Care Conference" group block. If special accommodations are needed, please advise the hotel when you reserve your room.

REGISTRATION FEES

This conference is being supported by unrestricted education grants from several pharmaceutical companies. It is open to the public and there are no registration fees; however, all individuals must pre-register by completing and returning the attached form by June 10, 1999.

ON-LINE REGISTRATION

To register on-line, please visit web site http://meetings.s-3.com/hivcare.

ADDITIONAL INFORMATION

Please call Ann Borlo, Social & Scientific Systems, Inc., at (301) 986-4870, for additional information.

Social & Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814-4805

APRIL 30, 1999
HUD AND HIV/AIDS HOUSING COMMUNITY MEETING ATTENDEES

LAST NAME	FIRST NAME	ORGANIZATION	PHONE
Argue	Douglas	The Damien Center	308-630-0125
Bennett	Rusty	HUD	202-708-1934
Carter	Cheryl	Metropolitan Residential Services	614-291-7160
Clark	Stevem	Professional Dev. Group	309-674-2200
Cooper	Lynne	Doorways	314-535-1919
Cross-Dvorak	Glenda	Bridges in consciousness	775-827-6788
Cylar	Keith	Housing Works Inc.	212-966-3096
Davidson	Barbara	HUD	202-708-1934
Ford	Jerry	Gregory House Prog.	808-592-9022
Foster	Georgia	Think Life, Inc.	954-525-6169
Glassman	Linda	CARES, Inc.	518-489-2312
Hamlett	Kim	VA	202-273-8929
Harre	David	HUD	202-708-1934
Johnson	Colleen	AIDS Project LA	923-993-1351
Kelly	Marvin	Del Norte Neighborhood Dev.	303-477-4774
Kyle	LaShawn	Women's Collective	202-265-6222
Nalls	Patricia	Women's Collective	202-483-7003
Nystrom	Cynthia	Mont. Co., MD	301-946-1054
Poindexter	Priscilla	HUD	202-708-1934
Quattrochi	Gina	Bailey House	212-633-2500
Reyes-Jimenez	Valerie	Housing Works	212-966-0466 x165
Roman	Nan	Natl. All to End Homelessness	202-483-7003
Russell	Randy	AIDS Task Force of Alabama	205-324-9822
Sullivan	Albert	NAPWA	773-854-4521
Warren	Barbara	Lesbian and Gay community Services Center	212-620-7310
Williamson	Gail	HUD	202-708-2866
Zinsmeyer	Sterling	Praxis Housing Initiative, Inc.	212-293-8404

U.S. Department of Housing and Urban Development
Office of Public Affairs
Washington, D.C. 20410
(202) 708-0685

News Release

HUD No. 98-68
(202) 708-0685
http://www.hud.gov/pressrel/pressrel.html

FOR RELEASE
Thursday
February 12, 1998

PRESIDENT CLINTON'S HUD BUDGET BOOSTS HOUSING ASSISTANCE TO PEOPLE WITH AIDS AND THEIR FAMILIES BY 10 PERCENT

WASHINGTON -- President Clinton's proposed budget for the Department of Housing and Urban Development seeks $21 million in additional funds – a 10 percent increase – for a program to provide housing assistance to people with AIDS and their families.

The Housing Opportunities for Persons with AIDS program would receive $225 million under the President's budget. The funding would provide assistance to people living in 41,500 housing units and would provide related services to 75,000 people.

Housing Secretary Andrew Cuomo said the funding increase is needed because of growing number of AIDS cases. The Centers for Disease Control reported 69,101 new cases of AIDS in 1996 alone. Along with this, medical advances are enabling people with AIDS to live longer, creating a greater need for housing assistance.

Many people with AIDS need housing assistance because the high costs of treating their disease impose a severe financial hardship. In addition, when the disease leaves people too ill to work they need help to pay their housing costs.

"Without help from HUD, many people with AIDS and their families who have been impoverished by this terrible disease could be forced into homelessness," Cuomo said. "This would be intolerable."

HUD also assists people with HIV and AIDS through enforcement of the Fair Housing Act, which outlaws housing discrimination against a person because of real or perceived disability. People who believe they have been harmed by housing discrimination can file complaints with HUD, in both English and Spanish, by calling **1-800-669-9777** toll-free.

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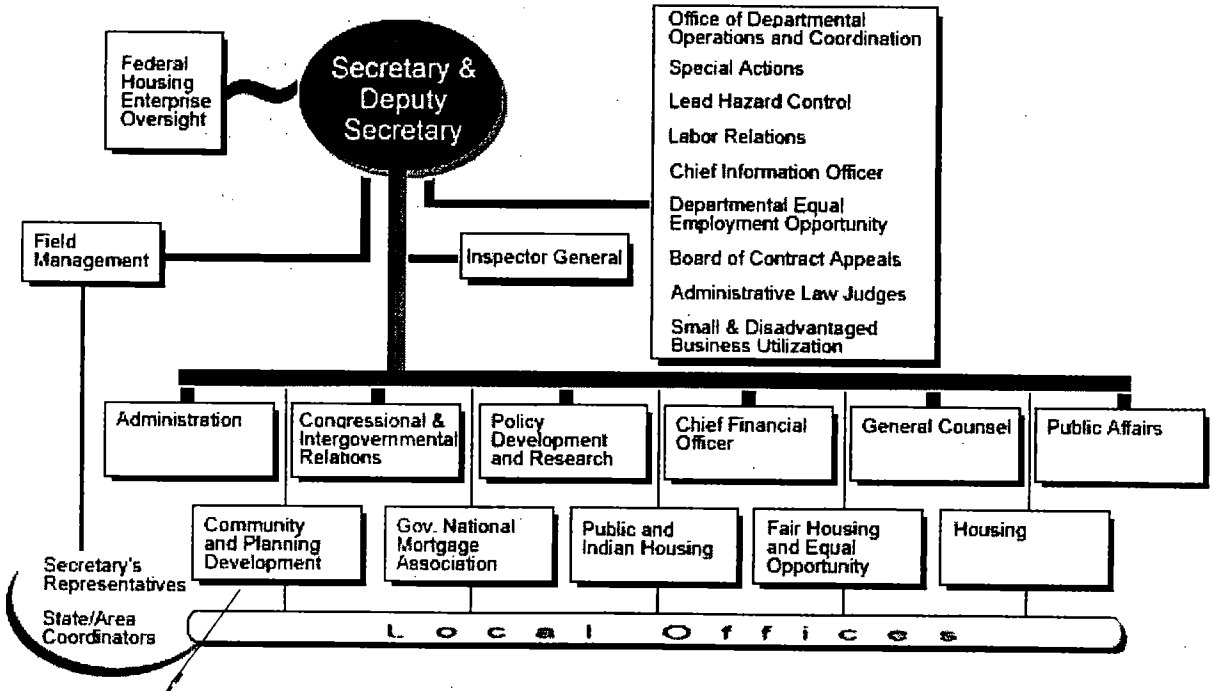
Department of Housing and Urban Development
Organizational Chart



COMMUNITY PLANNING AND DEVELOPMENT

Assistant Secretary for Community Planning and Development
Saul Ramirez

Office of the Deputy Assistant Secretary for Operations

Deputy Assistant Secretary
Vacant

Office of the Deputy Assistant Secretary for Grant Programs

Deputy Assistant Secretary
Kenneth Williams

Office of the Deputy Assistant Secretary for Economic Development

Deputy Assistant Secretary
Fred Karnas

OFFICE OF HIV/AIDS HOUSING

Acting Director
David Vos

David Harre

Barbara Davidson