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OA/ID Number: 9003
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National Plan Drafts 1/30/96 [2]

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HUD

Housing Needs Of Persons Living With HIV

Decent housing gives families and individuals dignity, self-respect, and the foundation they must have to meet their other needs. This is especially true for the nation's most vulnerable populations, including those living with HIV/AIDS who are homeless or at risk of homelessness. The housing needs of persons living with HIV must be understood in two contexts: the challenges of affordability and availability for persons with limited incomes, and the difficulty of finding appropriate housing with needed levels of support.

The private market alone will not meet the basic housing needs of persons living with HIV and their families because housing must often be provided in connection with available specialized services that enhance their ability to live independently. Service providers despair of effectively serving these groups when their housing is unsuitable, when they are constantly evicted because they cannot afford the cost of decent housing, and when, all too often, they become literally homeless. Persons living with HIV must also overcome denial or reduced housing options due to unfounded fears and prejudice regarding AIDS.

Many in society have grown weary of confronting homeless people on our nation's streets, but that weariness does not make the scourge of homelessness disappear. Homeless people are with us and must receive our compassion and our assistance to put roofs over their heads, provide access to services, and open up opportunities for self-sufficiency. The needs of homeless people are greater than charities or local governments can afford to meet. The Federal Government must support local systems to ensure the development of a continuum of care for homeless people that offers them a way off the streets and into society's mainstream. Among other features, an effective continuum will respond to the changing needs of persons living with HIV to maximize independent living while offering levels of support as needed.

Over the past two decades, HUD has helped create a variety of flexible, community-based housing solutions with special design features for those with special needs: group homes, transitional housing, single-room occupancy (SRO) facilities, and independent apartments linked to supportive services. The Department has also supported using rental assistance programs in conjunction with services that support independent living. These unique housing programs can neither be sustained, nor can they meet additional needs, without Federal resources, and the additional needs are considerable. Nearly one-half of all very low-income disabled individuals have acute housing needs, measured as severe rent burden or inadequate housing. This accounting of need does not even take into account the need for service-linked housing.

Persons with HIV/AIDS also face unique challenges. Their increased health care costs combined with loss of income make them especially likely to become homeless because

they can no longer pay the rent where they presently live, while property owners are afraid to rent to them. For persons with HIV/AIDS, adequate housing can prolong life. These same individuals would have a life expectancy of 6 months on the streets.

Persons with HIV/AIDS face barriers that have prevented access to safe, decent, affordable housing. These persons have increased health care and prescription costs while often losing income and support which results in homelessness or a high risk of homelessness. Mainstream housing programs have not adequately addressed the plethora of housing needs of persons with HIV/AIDS, including the fear of, and misinformation about, the disease; rapid impoverishment of persons with HIV/AIDS; lack of identified residential programs for these persons; increasing numbers of persons with HIV/AIDS with substance abuse problems; shortages of mental health and substance abuse residential treatment beds; and limited local capacity to expand housing options linked with appropriate services.

Communities are also challenged as the epidemic spreads. The increasing numbers of persons living with HIV/AIDS have challenged the abilities of programs with limited funding for services and housing assistance. Many volunteer efforts by community-based organizations are operating to the limits of their capacity and are forced to limit assistance to needy persons with the most severe difficulties.

The shortened life expectancy of persons living with HIV/AIDS and their specialized services needs together create an immediate need for housing which is particularly acute. In Dallas, one HIV/AIDS service provider has served over 500 clients with HIV/AIDS. Of 542 clients who qualified for Section 8 housing, only 1 ever received assistance under this mainstream program. According to this HIV/AIDS service provider, since 1990, of over 400 clients who qualified for Section 8 rental assistance, none survived to make it to the top of the waiting list.

Housing is the nexus for government and private agencies to address the needs of homeless people, the disabled, frail elderly people, and persons with HIV/AIDS. Without housing, the social safety net becomes nothing more than a jumble of loose threads. Many people in these populations depend on Federal resources to keep a roof over their heads, as well as to support their most basic tasks of daily living. For some, the existence of a Federal agency to help them meet their basic housing needs is the difference between life and death. HUD is their lifeline.

Responsiveness to Persons living with HIV

The U.S. Department of Housing and Urban Development (HUD) has initiated efforts that more directly address the housing needs of people with HIV/AIDS by providing resources to create lasting community-based responses. In the past year, the Department has begun a fresh dialogue with persons living with HIV/AIDS and providers of AIDS housing and services. The discussions have provided first-hand perspectives on how to improve the operations and programs of the Department

and better assist our nation's communities. The Department's Office on HIV/AIDS Housing was recently established to assist communities and AIDS housing providers in providing housing. That office will serve as an advocate within the Department to better ensure that all of HUD's programs are responsive to the needs of persons living with HIV. In announcing the office, Secretary Cisneros stated:

Being homeless and living with HIV is a devastating situation...we know the importance of a stable, supportive home environment in providing treatment and other services to persons with HIV/AIDS. We understand. We care.

October 13, 1994

The Department's efforts to streamline programs and cut the bureaucracy, will help to address the needs of persons with HIV/AIDS in a comprehensive manner. Many communities are engaged in preparing their Consolidated Plan for the Department's community development and affordable housing programs. This process involves citizens in developing a strategy and plan for providing housing assistance and services to persons with HIV/AIDS. HUD is also helping communities shape comprehensive, flexible, and coordinated systems of homeless assistance, called a continuum of care. Funding for HUD homeless assistance programs has more than doubled over the last two years, reaching \$1.6 billion in fiscal year 1995. These programs have provided essential care and transitional and permanent housing options for persons with AIDS who are homeless.

Housing Opportunities for Persons With AIDS

The Housing Opportunities for Persons with AIDS (HOPWA) program was created in 1992 to provide communities with a tool that addresses both the increased need for resources and the need to better plan and coordinate existing public and private efforts. HOPWA has given flexibility to communities in organizing their efforts and determining what types of activities and forms of housing will best help their residents who are living with HIV/AIDS. In addition to financial resources, the program has created a statutory basis for the use of funds to address a targeted population of vulnerable persons. A locality's Consolidated Plan serves as the application, planning and reporting mechanism for formula-distributed HOPWA funds, thereby providing a vehicle for coordinating HOPWA and other affordable housing efforts.

The Department is working in community partnerships with States and metropolitan areas to administer the HOPWA program. These efforts have sought to facilitate independence and dignity for persons living with HIV/AIDS by developing and expanding the housing options available. HOPWA formula-based allocations have supported significant development of HIV/AIDS housing resources in the areas of our nation that have seen the greatest incidence of HIV/AIDS. In 1995, 43 metropolitan areas and 23 States (for areas outside of the qualifying metropolitan areas) received formula grants that rely on community planning processes and local discretion in determining how low-income persons living with HIV can be assisted. In 1995, the appropriation provided these communities with \$167.4 million in funds for housing development, rental assistance, short-term payments to prevent homelessness, services and program support for efforts in partnership with community-based organizations and AIDS housing and service providers.

The HOPWA competitive program allows the Department to award funds for Special Projects of National Significance and for projects that are part of Long-Term Comprehensive Strategies in areas that do not qualify for formula allocations. In 1995, HUD selected 21 projects designed to meet the needs of many persons living with HIV who are searching for decent housing. The grantees outlined high quality efforts that facilitate independence and dignity for persons living with HIV/AIDS by developing and expanding the housing options available.

Future Steps -- HUD Reinvention

The proposed reinvention of HUD will make the Department a more active partner with America's communities in responding to the housing needs of persons living with HIV and supporting the overall economic and social viabilities of our communities. This effort entails removing many of the barriers and restrictions that have made prior and existing HUD programs difficult to use and coordinate with related efforts undertaken by these communities. In undertaking their Consolidated Plan, communities should assess and address the issues that are raised by persons with disabilities, including responsiveness, reasonable accommodation, and accessibility of housing.

The reinvention also recognizes that prior programs have not always been successful in how they respond to the needs of many recipients. Persons with HIV/AIDS, for example, have had difficulty in accessing housing resources due to discrimination, health crises, quick impoverishment, and other barriers.

Under the proposed consolidation, HOPWA will become part of the Affordable Housing Fund in FY98. The new fund will establish HIV-related performance measures to ensure that program funds are addressing the needs of persons living with HIV. The HOPWA program will continue to operate as a separate program in fiscal years 1996 and 1997. This 2-year transition for HOPWA is needed to ensure that newly supported AIDS housing efforts have sufficient time to strengthen their operations and increase their integration with other community housing and development efforts.

This transition is also necessary because HIV/AIDS housing development and planning under HOPWA has only been available since the fall of 1992. In many communities, the initial planning efforts and selection of project sponsors have only recently resulted in fully operating housing programs. The transition will allow these communities time to assess how these programs have benefited clients, make improvements and further build the organizational capacity of the nonprofit sector.

The effort to ensure that communities can address the needs of residents, including targeting assistance, will involve these communities in deciding how Federal and other resources can best be used. This new role for HUD can be illustrated in how the needs of persons who are homeless can be better addressed under the reinvention.

Example of Reinvention--Addressing Homelessness

The reinvention will also continue the Department's initiative in addressing homelessness.

The following illustrates how many of the components of the reinvention will lead to more responsive community approaches, including addressing the needs of persons with disabilities who are homeless, including persons living with HIV.

The reinvention proposal would reorganize the homeless housing programs in title IV of the Stewart B. McKinney Homeless Assistance Act, to enable localities to shape a comprehensive, flexible, coordinated system for addressing homelessness, called a "continuum of care." This comprehensive system for homeless care inspires cooperation, encourages innovation, and demands coordinated action. It also reflects the comments and insights of literally thousands of not-for-profit providers, localities, residents, persons who are homeless, and advocates for the homeless, who participated in 17 HUD-sponsored forums over the past year.

The continuum of care approach is predicated on the understanding that homelessness is not caused simply by a lack of shelter, but involves a variety of underlying, unmet needs -- physical, economic, and social. Dealing effectively with the problem of homelessness requires a comprehensive system of housing and necessary services for each stage -- from emergency shelter to permanent housing. The continuum of care system and philosophy strives to fulfill those requirements with three major components:

- First, there must be an emergency shelter/assessment effort which provides immediate shelter and can identify the needs of an individual or family.
- The second component offers transitional housing and necessary social services. Such services include substance abuse treatment, short-term mental health services, and independent living skills.
- The third and final component, and one which every homeless individual and family needs, is permanent housing or permanent supportive housing arrangements.

While not all homeless individuals and families in a community will need to access all three components, unless all three components are coordinated within a community, none will be successful. A strong homelessness prevention strategy is also key to the success of the continuum of care.

Four main principles serve as the foundation for this new Federal approach to administering homeless assistance programs:

The locality knows best --

- The homeless population is diverse and many of its characteristics are unique to a particular city or region. Therefore the locality is best situated to determine the needs of homeless people in their area.
- Available resources and collaborative relationships vary depending on the locality. Existing relationships and levels of commitment by the governments and not-for-profit organizations vary in strength.

- The level of development of services and housing is different from area to area. Only the locality has a complete picture of its existing inventory.
- The locality can determine what "gaps" exist in the current system, by assessing the homeless population and the current inventory of housing and services designed to meet needs of homeless persons.

The end product of the homeless plan would include an assessment of needs, establishment of priorities based upon that assessment, a strategy for addressing these priorities, and an annual plan and budget to direct resources in support of the strategy. This homeless plan would be incorporated into the new consolidated planning submission for other HUD formula grant programs.

Federal Plan

The Department of Housing and Urban Development is please to work with other agencies of the Federal, State and local levels, with persons living with HIV and their families and with the advocates, and providers of HIV-related housing and services in offering a plan for meeting housing needs.

Housing is a vital and daily need for each of us. As the HIV epidemic grows, housing options must continue to expand, to maintain responsiveness, and support the well being of persons living with HIV who are homeless or at risk of homelessness. In the words of President Clinton:

*For nearly every American with eyes and ears open, the face of AIDS
is no longer the face of a stranger.*

December 1, 1993

National HIV/AIDS Plan

Area: Housing/support

Goal: Promote development of housing and related service support for persons living with HIV as part of comprehensive strategies

Objective: Provide states and localities with resources to provide housing and related services under long-term comprehensive strategies for meeting needs of persons living with HIV	Populations Served: Low-income persons living with HIV and their families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Competitively-awarded and formula grants to provide broad range of housing and services to prevent homelessness	
Resources FY 1995: \$186 million FY 1996 (proposed): \$186 million	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program and other HUD resources (see other objectives)	
Unmet Needs: The HOPWA program can be estimated to serve about 50,000 persons living with HIV and their families. This includes about 35,000 units of housing assistance, mostly in the form of short-term payments and rental assistance. Additionally, members of the household and persons who only receive supportive services will benefit from the program. HHS estimates that approximately 300,000 persons are receiving HIV related services.	

National HIV/AIDS Plan

Area: Housing/prevention

Goal: Reduce the number of new infections among residents of public and subsidized housing

Objective: Provide primary prevention programs to public housing residents at risk of HIV infection	Populations Served: Children and adults in public housing in five targeted cities Constituency Involvement: Funneled through local planning groups
Action Steps: Forge local partnerships and improve coordination of existing resources	
Resources FY 1995: \$-0- (demo underway within existing resources) FY 1996 (proposed):-0-	
Description: HIV/AIDS Prevention in Public Housing Demonstration	
Unmet Needs: The initial demonstration program reached sites in five cities; the program should be broadened to include all other public and subsidized housing efforts.	

National HIV/AIDS Plan

Area: Housing/planning and continuum of care

Goal: Provide support and encourage the development of local continuum of care programs that provide a comprehensive range of housing and related services for persons living with HIV

Objective: provide states, localities with resources to devise long-term comprehensive strategies for meeting needs of persons living with HIV	Populations Served: PWAs and their families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize the use of competitive and formula grants to provide broad range of housing and program development and strategic planning to address housing needs	
Resources FY 1995: \$ 0 FY 1996 (proposed): 0	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program	
Unmet Needs: Activities are authorized and recipient communities may choose to expend program funds to support housing and program development and strategic planning. Additional incentives could be devised to encourage comprehensive planning.	

National HIV/AIDS Plan

Area: Housing/disability programs

Goal: Increase permanent housing supply for persons with disabilities including person living with AIDS

Objective: Increase supply of permanent units for PWAs	Populations Served: Disabled persons 18 years and over
Action Steps: Encourage HIV housing/ program sponsors to apply for funds for project for PWAs	
Resources FY 1995: \$376 million FY 1996 (proposed): unknown	
Constituency Involvement: Through the Consolidated Planning process	
Description: Section 811 Supportive Housing Program for Persons with Disabilities	
Unmet Needs: Program can serve PWAs in project which may include persons with other disabilities	

National HIV/AIDS Plan

Area: Housing/rental assistance

Goal: Increase number of scattered site housing subsidies for persons living with HIV who are homeless or at risk of homelessness to support independent living

Objective: Provide set-aside of 3,000 units of rental assistance vouchers	Populations Served: Homeless persons or families with AIDS Constituency Involvement: Local partnership between eligible jurisdictions with housing agencies
Action Steps: Make formula grants to eligible jurisdictions	
Resources FY 1995: \$103 million (over 5 years) FY 1996 (proposed): \$0	
Description: Section 8 Rental Assistance for Persons living with HIV/AIDS who are homeless or at risk of homelessness	
Unmet Needs: Permanent independent living is the most requested form of housing assistance.	

National HIV/AIDS Plan

Area: Housing/services

Goal: Increase supply of housing with related supportive services for homeless persons living with HIV

Objective: Ensure the availability of supportive services for homeless persons with disabilities, including persons living with HIV	Populations Served: Homeless persons and families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Shelter Plus Care) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Shelter Plus Care Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness	

National HIV/AIDS Plan

Area: Housing/supportive housing

Goal: Increase supply of supportive housing available for homeless persons living with HIV.

Objective: Ensure the availability of supportive housing options for homeless persons living with HIV	Populations Served: Homeless persons and families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$600 million (Supportive Housing Program) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Supportive Housing Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/Single Room Occupancy housing

Goal: Increase supply of single room occupancy housing available for homeless persons living with HIV.

Objective: Ensure the availability of single room occupancy housing options for homeless persons living with HIV	Populations Served: Homeless persons Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Section 8 Single Room Occupancy Mod Rehab Program) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Section 8 Single Room Occupancy Moderate Rehabilitation Program	
Unmet Needs: SRO units that are supported by additional resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/technical assistance

Goal: Increase the capacity of AIDS housing and service providers to develop, operate and evaluate housing programs for persons living with HIV.

Objective: Ensure the availability of technical assistance and other support for nonprofit providers	Populations Served: Homeless persons Constituency Involvement:
Action Steps: Authorize TA activities in HUD programs for AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Technical assistance or other support for the development of program capacity	
Unmet Needs: Broaden and deepen the ability of AIDS housing and service providers and AIDS program grantees to expand the range of housing options, ensure quality and responsive programs and undertake evaluation of efforts. Additional needs will be made on programs as the epidemic increases the number of persons living with HIV.	

National HIV/AIDS Plan

Area: Housing/training

Goal: Increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.

Objective: Increase awareness on HIV among agency and other staff	Populations Served: Public and private staff and persons at risk of HIV infection Constituency Involvement:
Action Steps: Authorize training activities in HUD programs for HUD staff, AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million (within training funding) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Training or other support for awareness on HIV	
Unmet Needs: Misinformation, prejudice and nonresponsiveness continue in the operation of public and private housing programs and the general awareness of individuals in preventing the spread of HIV.	

National HIV/AIDS Plan

Area: Housing/advocacy

Goal: Increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV.

Objective: Ensure that the needs of persons living with HIV are addressed in HUD programs	Populations Served: Homeless persons, nonprofit organizations, government agencies, HUD staff Constituency Involvement:
Action Steps: Designate an office with direct responsibility for programs and advocacy on AIDS issues	
Resources FY 1995: \$0 million (within current efforts) FY 1996 (proposed): \$0 million (within current efforts)	
Description: Office on HIV/AIDS Housing	
Unmet Needs: Maintain office functions that promote understanding of AIDS and the needs of persons living with HIV as well as support for programs that support these clients.	

HUD

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The private market alone will not meet the basic housing needs of persons living with HIV and their families because housing must often be provided in connection with available specialized services that enhance their ability to live independently. Service providers despair of effectively serving these groups when their housing is unsuitable, when they are constantly evicted because they cannot afford the cost of decent housing, and when, all too often, they become literally homeless. Persons living with HIV must also overcome denial or reduced housing options due to unfounded fears and prejudice regarding AIDS.

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Four main principles serve as the foundation for this new Federal approach to administering homeless assistance programs:

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- The homeless population is diverse and many of its characteristics are unique to a particular city or region. Therefore the locality is best situated to determine the needs of homeless people in their area.
- Available resources and collaborative relationships vary depending on the locality. Existing relationships and levels of commitment by the governments and not-for-profit organizations vary in strength.

- The level of development of services and housing is different from area to area. Only the locality has a complete picture of its existing inventory.
- The locality can determine what "gaps" exist in the current system, by assessing the homeless population and the current inventory of housing and services designed to meet needs of homeless persons.

The end product of the homeless plan would include an assessment of needs, establishment of priorities based upon that assessment, a strategy for addressing these priorities, and an annual plan and budget to direct resources in support of the strategy. This homeless plan would be incorporated into the new consolidated planning submission for other HUD formula grant programs.

Federal Plan

The Department of Housing and Urban Development is please to work with other agencies of the Federal, State and local levels, with persons living with HIV and their families and with the advocates, and providers of HIV-related housing and services in offering a plan for meeting housing needs.

Housing is a vital and daily need for each of us. As the HIV epidemic grows, housing options must continue to expand, to maintain responsiveness, and support the well being of persons living with HIV who are homeless or at risk of homelessness. In the words of President Clinton:

*For nearly every American with eyes and ears open, the face of AIDS
is no longer the face of a stranger.*

December 1, 1993

National HIV/AIDS Plan

Area: Housing/support

Goal: Promote development of housing and related service support for persons living with HIV as part of comprehensive strategies

Objective: Provide states and localities with resources to provide housing and related services under long-term comprehensive strategies for meeting needs of persons living with HIV	Populations Served: Low-income persons living with HIV and their families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Competitively-awarded and formula grants to provide broad range of housing and services to prevent homelessness	
Resources FY 1995: \$186 million FY 1996 (proposed): \$186 million	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program and other HUD resources (see other objectives)	
Unmet Needs: The HOPWA program can be estimated to serve about 50,000 persons living with HIV and their families. This includes about 35,000 units of housing assistance, mostly in the form of short-term payments and rental assistance. Additionally, members of the household and persons who only receive supportive services will benefit from the program. HHS estimates that approximately 300,000 persons are receiving HIV related services.	

National HIV/AIDS Plan

Area: Housing/prevention

Goal: Reduce the number of new infections among residents of public and subsidized housing

Objective: Provide primary prevention programs to public housing residents at risk of HIV infection	Populations Served: Children and adults in public housing in five targeted cities Constituency Involvement: Funneled through local planning groups
Action Steps: Forge local partnerships and improve coordination of existing resources	
Resources FY 1995: \$-0- (demo underway within existing resources) FY 1996 (proposed):-0-	
Description: HIV/AIDS Prevention in Public Housing Demonstration	
Unmet Needs: The initial demonstration program reached sites in five cities; the program should be broadened to include all other public and subsidized housing efforts.	

National HIV/AIDS Plan

Area: Housing/planning and continuum of care

Goal: Provide support and encourage the development of local continuum of care programs that provide a comprehensive range of housing and related services for persons living with HIV

Objective: provide states, localities with resources to devise long-term comprehensive strategies for meeting needs of persons living with HIV	Populations Served: PWAs and their families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize the use of competitive and formula grants to provide broad range of housing and program development and strategic planning to address housing needs	
Resources FY 1995: \$ 0 FY 1996 (proposed): 0	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program	
Unmet Needs: Activities are authorized and recipient communities may choose to expend program funds to support housing and program development and strategic planning. Additional incentives could be devised to encourage comprehensive planning.	

National HIV/AIDS Plan

Area: Housing/disability programs

Goal: Increase permanent housing supply for persons with disabilities including person living with AIDS

Objective: Increase supply of permanent units for PWAs	Populations Served: Disabled persons 18 years and over
Action Steps: Encourage HIV housing/ program sponsors to apply for funds for project for PWAs	
Resources FY 1995: \$376 million FY 1996 (proposed): unknown	
Constituency Involvement: Through the Consolidated Planning process	
Description: Section 811 Supportive Housing Program for Persons with Disabilities	
Unmet Needs: Program can serve PWAs in project which may include persons with other disabilities	

National HIV/AIDS Plan

Area: Housing/rental assistance

Goal: Increase number of scattered site housing subsidies for persons living with HIV who are homeless or at risk of homelessness to support independent living

Objective: Provide set-aside of 3,000 units of rental assistance vouchers	Populations Served: Homeless persons or families with AIDS Constituency Involvement: Local partnership between eligible jurisdictions with housing agencies
Action Steps: Make formula grants to eligible jurisdictions	
Resources FY 1995: \$103 million (over 5 years) FY 1996 (proposed): \$0	
Description: Section 8 Rental Assistance for Persons living with HIV/AIDS who are homeless or at risk of homelessness	
Unmet Needs: Permanent independent living is the most requested form of housing assistance.	

National HIV/AIDS Plan

Area: Housing/services

Goal: Increase supply of housing with related supportive services for homeless persons living with HIV

Objective: Ensure the availability of supportive services for homeless persons with disabilities, including persons living with HIV	Populations Served: Homeless persons and families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Shelter Plus Care) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Shelter Plus Care Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness	

National HIV/AIDS Plan

Area: Housing/supportive housing

Goal: Increase supply of supportive housing available for homeless persons living with HIV.

Objective: Ensure the availability of supportive housing options for homeless persons living with HIV	Populations Served: Homeless persons and families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$600 million (Supportive Housing Program) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Supportive Housing Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/Single Room Occupancy housing

Goal: Increase supply of single room occupancy housing available for homeless persons living with HIV.

Objective: Ensure the availability of single room occupancy housing options for homeless persons living with HIV	Populations Served: Homeless persons Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Section 8 Single Room Occupancy Mod Rehab Program) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Section 8 Single Room Occupancy Moderate Rehabilitation Program	
Unmet Needs: SRO units that are supported by additional resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/technical assistance

Goal: Increase the capacity of AIDS housing and service providers to develop, operate and evaluate housing programs for persons living with HIV.

Objective: Ensure the availability of technical assistance and other support for nonprofit providers	Populations Served: Homeless persons Constituency Involvement:
Action Steps: Authorize TA activities in HUD programs for AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Technical assistance or other support for the development of program capacity	
Unmet Needs: Broaden and deepen the ability of AIDS housing and service providers and AIDS program grantees to expand the range of housing options, ensure quality and responsive programs and undertake evaluation of efforts. Additional needs will be made on programs as the epidemic increases the number of persons living with HIV.	

National HIV/AIDS Plan

Area: Housing/training

Goal: Increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.

Objective: Increase awareness on HIV among agency and other staff	Populations Served: Public and private staff and persons at risk of HIV infection Constituency Involvement:
Action Steps: Authorize training activities in HUD programs for HUD staff, AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million (within training funding) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Training or other support for awareness on HIV	
Unmet Needs: Misinformation, prejudice and nonresponsiveness continue in the operation of public and private housing programs and the general awareness of individuals in preventing the spread of HIV.	

National HIV/AIDS Plan

Area: Housing/advocacy

Goal: Increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV.

Objective: Ensure that the needs of persons living with HIV are addressed in HUD programs	Populations Served: Homeless persons, nonprofit organizations, government agencies, HUD staff Constituency Involvement:
Action Steps: Designate an office with direct responsibility for programs and advocacy on AIDS issues	
Resources FY 1995: \$0 million (within current efforts) FY 1996 (proposed): \$0 million (within current efforts)	
Description: Office on HIV/AIDS Housing	
Unmet Needs: Maintain office functions that promote understanding of AIDS and the needs of persons living with HIV as well as support for programs that support these clients.	

HUD

Housing Needs Of Persons Living With HIV

Decent housing gives families and individuals dignity, self-respect, and the foundation they must have to meet their other needs. This is especially true for the nation's most vulnerable populations, including those living with HIV/AIDS who are homeless or at risk of homelessness. The housing needs of persons living with HIV must be understood in two contexts: the challenges of affordability and availability for persons with limited incomes, and the difficulty of finding appropriate housing with needed levels of support.

The private market alone will not meet the basic housing needs of persons living with HIV and their families because housing must often be provided in connection with available specialized services that enhance their ability to live independently. Service providers despair of effectively serving these groups when their housing is unsuitable, when they are constantly evicted because they cannot afford the cost of decent housing, and when, all too often, they become literally homeless. Persons living with HIV must also overcome denial or reduced housing options due to unfounded fears and prejudice regarding AIDS.

Many in society have grown weary of confronting homeless people on our nation's streets, but that weariness does not make the scourge of homelessness disappear. Homeless people are with us and must receive our compassion and our assistance to put roofs over their heads, provide access to services, and open up opportunities for self-sufficiency. The needs of homeless people are greater than charities or local governments can afford to meet. The Federal Government must support local systems to ensure the development of a continuum of care for homeless people that offers them a way off the streets and into society's mainstream. Among other features, an effective continuum will respond to the changing needs of persons living with HIV to maximize independent living while offering levels of support as needed.

Over the past two decades, HUD has helped create a variety of flexible, community-based housing solutions with special design features for those with special needs: group homes, transitional housing, single-room occupancy (SRO) facilities, and independent apartments linked to supportive services. The Department has also supported using rental assistance programs in conjunction with services that support independent living. These unique housing programs can neither be sustained, nor can they meet additional needs, without Federal resources, and the additional needs are considerable. Nearly one-half of all very low-income disabled individuals have acute housing needs, measured as severe rent burden or inadequate housing. This accounting of need does not even take into account the need for service-linked housing.

Persons with HIV/AIDS also face unique challenges. Their increased health care costs combined with loss of income make them especially likely to become homeless because

they can no longer pay the rent where they presently live, while property owners are afraid to rent to them. For persons with HIV/AIDS, adequate housing can prolong life. These same individuals would have a life expectancy of 6 months on the streets.

Persons with HIV/AIDS face barriers that have prevented access to safe, decent, affordable housing. These persons have increased health care and prescription costs while often losing income and support which results in homelessness or a high risk of homelessness. Mainstream housing programs have not adequately addressed the plethora of housing needs of persons with HIV/AIDS, including the fear of, and misinformation about, the disease; rapid impoverishment of persons with HIV/AIDS; lack of identified residential programs for these persons; increasing numbers of persons with HIV/AIDS with substance abuse problems; shortages of mental health and substance abuse residential treatment beds; and limited local capacity to expand housing options linked with appropriate services.

Communities are also challenged as the epidemic spreads. The increasing numbers of persons living with HIV/AIDS have challenged the abilities of programs with limited funding for services and housing assistance. Many volunteer efforts by community-based organizations are operating to the limits of their capacity and are forced to limit assistance to needy persons with the most severe difficulties.

The shortened life expectancy of persons living with HIV/AIDS and their specialized services needs together create an immediate need for housing which is particularly acute. In Dallas, one HIV/AIDS service provider has served over 500 clients with HIV/AIDS. Of 542 clients who qualified for Section 8 housing, only 1 ever received assistance under this mainstream program. According to this HIV/AIDS service provider, since 1990, of over 400 clients who qualified for Section 8 rental assistance, none survived to make it to the top of the waiting list.

Housing is the nexus for government and private agencies to address the needs of homeless people, the disabled, frail elderly people, and persons with HIV/AIDS. Without housing, the social safety net becomes nothing more than a jumble of loose threads. Many people in these populations depend on Federal resources to keep a roof over their heads, as well as to support their most basic tasks of daily living. For some, the existence of a Federal agency to help them meet their basic housing needs is the difference between life and death. HUD is their lifeline.

Responsiveness to Persons living with HIV

The U.S. Department of Housing and Urban Development (HUD) has initiated efforts that more directly address the housing needs of people with HIV/AIDS by providing resources to create lasting community-based responses. In the past year, the Department has begun a fresh dialogue with persons living with HIV/AIDS and providers of AIDS housing and services. The discussions have provided first-hand perspectives on how to improve the operations and programs of the Department

and better assist our nation's communities. The Department's Office on HIV/AIDS Housing was recently established to assist communities and AIDS housing providers in providing housing. That office will serve as an advocate within the Department to better ensure that all of HUD's programs are responsive to the needs of persons living with HIV. In announcing the office, Secretary Cisneros stated:

Being homeless and living with HIV is a devastating situation...we know the importance of a stable, supportive home environment in providing treatment and other services to persons with HIV/AIDS. We understand. We care.

October 13, 1994

The Department's efforts to streamline programs and cut the bureaucracy, will help to address the needs of persons with HIV/AIDS in a comprehensive manner. Many communities are engaged in preparing their Consolidated Plan for the Department's community development and affordable housing programs. This process involves citizens in developing a strategy and plan for providing housing assistance and services to persons with HIV/AIDS. HUD is also helping communities shape comprehensive, flexible, and coordinated systems of homeless assistance, called a continuum of care. Funding for HUD homeless assistance programs has more than doubled over the last two years, reaching \$1.6 billion in fiscal year 1995. These programs have provided essential care and transitional and permanent housing options for persons with AIDS who are homeless.

Housing Opportunities for Persons With AIDS

The Housing Opportunities for Persons with AIDS (HOPWA) program was created in 1992 to provide communities with a tool that addresses both the increased need for resources and the need to better plan and coordinate existing public and private efforts. HOPWA has given flexibility to communities in organizing their efforts and determining what types of activities and forms of housing will best help their residents who are living with HIV/AIDS. In addition to financial resources, the program has created a statutory basis for the use of funds to address a targeted population of vulnerable persons. A locality's Consolidated Plan serves as the application, planning and reporting mechanism for formula-distributed HOPWA funds, thereby providing a vehicle for coordinating HOPWA and other affordable housing efforts.

The Department is working in community partnerships with States and metropolitan areas to administer the HOPWA program. These efforts have sought to facilitate independence and dignity for persons living with HIV/AIDS by developing and expanding the housing options available. HOPWA formula-based allocations have supported significant development of HIV/AIDS housing resources in the areas of our nation that have seen the greatest incidence of HIV/AIDS. In 1995, 43 metropolitan areas and 23 States (for areas outside of the qualifying metropolitan areas) received formula grants that rely on community planning processes and local discretion in determining how low-income persons living with HIV can be assisted. In 1995, the appropriation provided these communities with \$167.4 million in funds for housing development, rental assistance, short-term payments to prevent homelessness, services and program support for efforts in partnership with community-based organizations and AIDS housing and service providers.

The HOPWA competitive program allows the Department to award funds for Special Projects of National Significance and for projects that are part of Long-Term Comprehensive Strategies in areas that do not qualify for formula allocations. In 1995, HUD selected 21 projects designed to meet the needs of many persons living with HIV who are searching for decent housing. The grantees outlined high quality efforts that facilitate independence and dignity for persons living with HIV/AIDS by developing and expanding the housing options available.

Future Steps -- HUD Reinvention

The proposed reinvention of HUD will make the Department a more active partner with America's communities in responding to the housing needs of persons living with HIV and supporting the overall economic and social viabilities of our communities. This effort entails removing many of the barriers and restrictions that have made prior and existing HUD programs difficult to use and coordinate with related efforts undertaken by these communities. In undertaking their Consolidated Plan, communities should assess and address the issues that are raised by persons with disabilities, including responsiveness, reasonable accommodation, and accessibility of housing.

The reinvention also recognizes that prior programs have not always been successful in how they respond to the needs of many recipients. Persons with HIV/AIDS, for example, have had difficulty in accessing housing resources due to discrimination, health crises, quick impoverishment, and other barriers.

Under the proposed consolidation, HOPWA will become part of the Affordable Housing Fund in FY98. The new fund will establish HIV-related performance measures to ensure that program funds are addressing the needs of persons living with HIV. The HOPWA program will continue to operate as a separate program in fiscal years 1996 and 1997. This 2-year transition for HOPWA is needed to ensure that newly supported AIDS housing efforts have sufficient time to strengthen their operations and increase their integration with other community housing and development efforts.

This transition is also necessary because HIV/AIDS housing development and planning under HOPWA has only been available since the fall of 1992. In many communities, the initial planning efforts and selection of project sponsors have only recently resulted in fully operating housing programs. The transition will allow these communities time to assess how these programs have benefited clients, make improvements and further build the organizational capacity of the nonprofit sector.

The effort to ensure that communities can address the needs of residents, including targeting assistance, will involve these communities in deciding how Federal and other resources can best be used. This new role for HUD can be illustrated in how the needs of persons who are homeless can be better addressed under the reinvention.

Example of Reinvention--Addressing Homelessness

The reinvention will also continue the Department's initiative in addressing homelessness.

The following illustrates how many of the components of the reinvention will lead to more responsive community approaches, including addressing the needs of persons with disabilities who are homeless, including persons living with HIV.

The reinvention proposal would reorganize the homeless housing programs in title IV of the Stewart B. McKinney Homeless Assistance Act, to enable localities to shape a comprehensive, flexible, coordinated system for addressing homelessness, called a "continuum of care." This comprehensive system for homeless care inspires cooperation, encourages innovation, and demands coordinated action. It also reflects the comments and insights of literally thousands of not-for-profit providers, localities, residents, persons who are homeless, and advocates for the homeless, who participated in 17 HUD-sponsored forums over the past year.

The continuum of care approach is predicated on the understanding that homelessness is not caused simply by a lack of shelter, but involves a variety of underlying, unmet needs -- physical, economic, and social. Dealing effectively with the problem of homelessness requires a comprehensive system of housing and necessary services for each stage -- from emergency shelter to permanent housing. The continuum of care system and philosophy strives to fulfill those requirements with three major components:

- First, there must be an emergency shelter/assessment effort which provides immediate shelter and can identify the needs of an individual or family.
- The second component offers transitional housing and necessary social services. Such services include substance abuse treatment, short-term mental health services, and independent living skills.
- The third and final component, and one which every homeless individual and family needs, is permanent housing or permanent supportive housing arrangements.

While not all homeless individuals and families in a community will need to access all three components, unless all three components are coordinated within a community, none will be successful. A strong homelessness prevention strategy is also key to the success of the continuum of care.

Four main principles serve as the foundation for this new Federal approach to administering homeless assistance programs:

The locality knows best --

- The homeless population is diverse and many of its characteristics are unique to a particular city or region. Therefore the locality is best situated to determine the needs of homeless people in their area.
- Available resources and collaborative relationships vary depending on the locality. Existing relationships and levels of commitment by the governments and not-for-profit organizations vary in strength.

- The level of development of services and housing is different from area to area. Only the locality has a complete picture of its existing inventory.
- The locality can determine what "gaps" exist in the current system, by assessing the homeless population and the current inventory of housing and services designed to meet needs of homeless persons.

The end product of the homeless plan would include an assessment of needs, establishment of priorities based upon that assessment, a strategy for addressing these priorities, and an annual plan and budget to direct resources in support of the strategy. This homeless plan would be incorporated into the new consolidated planning submission for other HUD formula grant programs.

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December 1, 1993

National HIV/AIDS Plan

Area: Housing/support

Goal: Promote development of housing and related service support for persons living with HIV as part of comprehensive strategies

Objective: Provide states and localities with resources to provide housing and related services under long-term comprehensive strategies for meeting needs of persons living with HIV	Populations Served: Low-income persons living with HIV and their families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Competitively-awarded and formula grants to provide broad range of housing and services to prevent homelessness	
Resources FY 1995: \$186 million FY 1996 (proposed): \$186 million	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program and other HUD resources (see other objectives)	
Unmet Needs: The HOPWA program can be estimated to serve about 50,000 persons living with HIV and their families. This includes about 35,000 units of housing assistance, mostly in the form of short-term payments and rental assistance. Additionally, members of the household and persons who only receive supportive services will benefit from the program. HHS estimates that approximately 300,000 persons are receiving HIV related services.	

National HIV/AIDS Plan

Area: Housing/prevention

Goal: Reduce the number of new infections among residents of public and subsidized housing

Objective: Provide primary prevention programs to public housing residents at risk of HIV infection	Populations Served: Children and adults in public housing in five targeted cities Constituency Involvement: Funneled through local planning groups
Action Steps: Forge local partnerships and improve coordination of existing resources	
Resources FY 1995: \$-0- (demo underway within existing resources) FY 1996 (proposed):-0-	
Description: HIV/AIDS Prevention in Public Housing Demonstration	
Unmet Needs: The initial demonstration program reached sites in five cities; the program should be broadened to include all other public and subsidized housing efforts.	

National HIV/AIDS Plan

Area: Housing/planning and continuum of care

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Action Steps: Authorize the use of competitive and formula grants to provide broad range of housing and program development and strategic planning to address housing needs	
Resources FY 1995: \$ 0 FY 1996 (proposed): 0	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program	
Unmet Needs: Activities are authorized and recipient communities may choose to expend program funds to support housing and program development and strategic planning. Additional incentives could be devised to encourage comprehensive planning.	

National HIV/AIDS Plan

Area: Housing/disability programs

Goal: Increase permanent housing supply for persons with disabilities including person living with AIDS

Objective: Increase supply of permanent units for PWAs	Populations Served: Disabled persons 18 years and over
Action Steps: Encourage HIV housing/ program sponsors to apply for funds for project for PWAs	
Resources FY 1995: \$376 million FY 1996 (proposed): unknown	
Constituency Involvement: Through the Consolidated Planning process	
Description: Section 811 Supportive Housing Program for Persons with Disabilities	
Unmet Needs: Program can serve PWAs in project which may include persons with other disabilities	

National HIV/AIDS Plan

Area: Housing/rental assistance

Goal: Increase number of scattered site housing subsidies for persons living with HIV who are homeless or at risk of homelessness to support independent living

Objective: Provide set-aside of 3,000 units of rental assistance vouchers	Populations Served: Homeless persons or families with AIDS Constituency Involvement: Local partnership between eligible jurisdictions with housing agencies
Action Steps: Make formula grants to eligible jurisdictions	
Resources FY 1995: \$103 million (over 5 years) FY 1996 (proposed): \$0	
Description: Section 8 Rental Assistance for Persons living with HIV/AIDS who are homeless or at risk of homelessness	
Unmet Needs: Permanent independent living is the most requested form of housing assistance.	

National HIV/AIDS Plan

Area: Housing/services

Goal: Increase supply of housing with related supportive services for homeless persons living with HIV

Objective: Ensure the availability of supportive services for homeless persons with disabilities, including persons living with HIV	Populations Served: Homeless persons and families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Shelter Plus Care) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Shelter Plus Care Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness	

National HIV/AIDS Plan

Area: Housing/supportive housing

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Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
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Description: Supportive Housing Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/Single Room Occupancy housing

Goal: Increase supply of single room occupancy housing available for homeless persons living with HIV.

Objective: Ensure the availability of single room occupancy housing options for homeless persons living with HIV	Populations Served: Homeless persons Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Section 8 Single Room Occupancy Mod Rehab Program) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Section 8 Single Room Occupancy Moderate Rehabilitation Program	
Unmet Needs: SRO units that are supported by additional resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/technical assistance

Goal: Increase the capacity of AIDS housing and service providers to develop, operate and evaluate housing programs for persons living with HIV.

Objective: Ensure the availability of technical assistance and other support for nonprofit providers	Populations Served: Homeless persons Constituency Involvement:
Action Steps: Authorize TA activities in HUD programs for AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Technical assistance or other support for the development of program capacity	
Unmet Needs: Broaden and deepen the ability of AIDS housing and service providers and AIDS program grantees to expand the range of housing options, ensure quality and responsive programs and undertake evaluation of efforts. Additional needs will be made on programs as the epidemic increases the number of persons living with HIV.	

National HIV/AIDS Plan

Area: Housing/training

Goal: Increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.

Objective: Increase awareness on HIV among agency and other staff	Populations Served: Public and private staff and persons at risk of HIV infection Constituency Involvement:
Action Steps: Authorize training activities in HUD programs for HUD staff, AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million (within training funding) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Training or other support for awareness on HIV	
Unmet Needs: Misinformation, prejudice and nonresponsiveness continue in the operation of public and private housing programs and the general awareness of individuals in preventing the spread of HIV.	

National HIV/AIDS Plan

Area: Housing/advocacy

Goal: Increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV.

Objective: Ensure that the needs of persons living with HIV are addressed in HUD programs	Populations Served: Homeless persons, nonprofit organizations, government agencies, HUD staff Constituency Involvement:
Action Steps: Designate an office with direct responsibility for programs and advocacy on AIDS issues	
Resources FY 1995: \$0 million (within current efforts) FY 1996 (proposed): \$0 million (within current efforts)	
Description: Office on HIV/AIDS Housing	
Unmet Needs: Maintain office functions that promote understanding of AIDS and the needs of persons living with HIV as well as support for programs that support these clients.	

HUD

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Decent housing gives families and individuals dignity, self-respect, and the foundation they must have to meet their other needs. This is especially true for the nation's most vulnerable populations, including those living with HIV/AIDS who are homeless or at risk of homelessness. The housing needs of persons living with HIV must be understood in two contexts: the challenges of affordability and availability for persons with limited incomes, and the difficulty of finding appropriate housing with needed levels of support.

The private market alone will not meet the basic housing needs of persons living with HIV and their families because housing must often be provided in connection with available specialized services that enhance their ability to live independently. Service providers despair of effectively serving these groups when their housing is unsuitable, when they are constantly evicted because they cannot afford the cost of decent housing, and when, all too often, they become literally homeless. Persons living with HIV must also overcome denial or reduced housing options due to unfounded fears and prejudice regarding AIDS.

Many in society have grown weary of confronting homeless people on our nation's streets, but that weariness does not make the scourge of homelessness disappear. Homeless people are with us and must receive our compassion and our assistance to put roofs over their heads, provide access to services, and open up opportunities for self-sufficiency. The needs of homeless people are greater than charities or local governments can afford to meet. The Federal Government must support local systems to ensure the development of a continuum of care for homeless people that offers them a way off the streets and into society's mainstream. Among other features, an effective continuum will respond to the changing needs of persons living with HIV to maximize independent living while offering levels of support as needed.

Over the past two decades, HUD has helped create a variety of flexible, community-based housing solutions with special design features for those with special needs: group homes, transitional housing, single-room occupancy (SRO) facilities, and independent apartments linked to supportive services. The Department has also supported using rental assistance programs in conjunction with services that support independent living. These unique housing programs can neither be sustained, nor can they meet additional needs, without Federal resources, and the additional needs are considerable. Nearly one-half of all very low-income disabled individuals have acute housing needs, measured as severe rent burden or inadequate housing. This accounting of need does not even take into account the need for service-linked housing.

Persons with HIV/AIDS also face unique challenges. Their increased health care costs combined with loss of income make them especially likely to become homeless because

they can no longer pay the rent where they presently live, while property owners are afraid to rent to them. For persons with HIV/AIDS, adequate housing can prolong life. These same individuals would have a life expectancy of 6 months on the streets.

Persons with HIV/AIDS face barriers that have prevented access to safe, decent, affordable housing. These persons have increased health care and prescription costs while often losing income and support which results in homelessness or a high risk of homelessness. Mainstream housing programs have not adequately addressed the plethora of housing needs of persons with HIV/AIDS, including the fear of, and misinformation about, the disease; rapid impoverishment of persons with HIV/AIDS; lack of identified residential programs for these persons; increasing numbers of persons with HIV/AIDS with substance abuse problems; shortages of mental health and substance abuse residential treatment beds; and limited local capacity to expand housing options linked with appropriate services.

Communities are also challenged as the epidemic spreads. The increasing numbers of persons living with HIV/AIDS have challenged the abilities of programs with limited funding for services and housing assistance. Many volunteer efforts by community-based organizations are operating to the limits of their capacity and are forced to limit assistance to needy persons with the most severe difficulties.

The shortened life expectancy of persons living with HIV/AIDS and their specialized services needs together create an immediate need for housing which is particularly acute. In Dallas, one HIV/AIDS service provider has served over 500 clients with HIV/AIDS. Of 542 clients who qualified for Section 8 housing, only 1 ever received assistance under this mainstream program. According to this HIV/AIDS service provider, since 1990, of over 400 clients who qualified for Section 8 rental assistance, none survived to make it to the top of the waiting list.

Housing is the nexus for government and private agencies to address the needs of homeless people, the disabled, frail elderly people, and persons with HIV/AIDS. Without housing, the social safety net becomes nothing more than a jumble of loose threads. Many people in these populations depend on Federal resources to keep a roof over their heads, as well as to support their most basic tasks of daily living. For some, the existence of a Federal agency to help them meet their basic housing needs is the difference between life and death. HUD is their lifeline.

Responsiveness to Persons living with HIV

The U.S. Department of Housing and Urban Development (HUD) has initiated efforts that more directly address the housing needs of people with HIV/AIDS by providing resources to create lasting community-based responses. In the past year, the Department has begun a fresh dialogue with persons living with HIV/AIDS and providers of AIDS housing and services. The discussions have provided first-hand perspectives on how to improve the operations and programs of the Department

and better assist our nation's communities. The Department's Office on HIV/AIDS Housing was recently established to assist communities and AIDS housing providers in providing housing. That office will serve as an advocate within the Department to better ensure that all of HUD's programs are responsive to the needs of persons living with HIV. In announcing the office, Secretary Cisneros stated:

Being homeless and living with HIV is a devastating situation...we know the importance of a stable, supportive home environment in providing treatment and other services to persons with HIV/AIDS. We understand. We care.

October 13, 1994

The Department's efforts to streamline programs and cut the bureaucracy, will help to address the needs of persons with HIV/AIDS in a comprehensive manner. Many communities are engaged in preparing their Consolidated Plan for the Department's community development and affordable housing programs. This process involves citizens in developing a strategy and plan for providing housing assistance and services to persons with HIV/AIDS. HUD is also helping communities shape comprehensive, flexible, and coordinated systems of homeless assistance, called a continuum of care. Funding for HUD homeless assistance programs has more than doubled over the last two years, reaching \$1.6 billion in fiscal year 1995. These programs have provided essential care and transitional and permanent housing options for persons with AIDS who are homeless.

Housing Opportunities for Persons With AIDS

The Housing Opportunities for Persons with AIDS (HOPWA) program was created in 1992 to provide communities with a tool that addresses both the increased need for resources and the need to better plan and coordinate existing public and private efforts. HOPWA has given flexibility to communities in organizing their efforts and determining what types of activities and forms of housing will best help their residents who are living with HIV/AIDS. In addition to financial resources, the program has created a statutory basis for the use of funds to address a targeted population of vulnerable persons. A locality's Consolidated Plan serves as the application, planning and reporting mechanism for formula-distributed HOPWA funds, thereby providing a vehicle for coordinating HOPWA and other affordable housing efforts.

The Department is working in community partnerships with States and metropolitan areas to administer the HOPWA program. These efforts have sought to facilitate independence and dignity for persons living with HIV/AIDS by developing and expanding the housing options available. HOPWA formula-based allocations have supported significant development of HIV/AIDS housing resources in the areas of our nation that have seen the greatest incidence of HIV/AIDS. In 1995, 43 metropolitan areas and 23 States (for areas outside of the qualifying metropolitan areas) received formula grants that rely on community planning processes and local discretion in determining how low-income persons living with HIV can be assisted. In 1995, the appropriation provided these communities with \$167.4 million in funds for housing development, rental assistance, short-term payments to prevent homelessness, services and program support for efforts in partnership with community-based organizations and AIDS housing and service providers.

The HOPWA competitive program allows the Department to award funds for Special Projects of National Significance and for projects that are part of Long-Term Comprehensive Strategies in areas that do not qualify for formula allocations. In 1995, HUD selected 21 projects designed to meet the needs of many persons living with HIV who are searching for decent housing. The grantees outlined high quality efforts that facilitate independence and dignity for persons living with HIV/AIDS by developing and expanding the housing options available.

Future Steps -- HUD Reinvention

The proposed reinvention of HUD will make the Department a more active partner with America's communities in responding to the housing needs of persons living with HIV and supporting the overall economic and social viabilities of our communities. This effort entails removing many of the barriers and restrictions that have made prior and existing HUD programs difficult to use and coordinate with related efforts undertaken by these communities. In undertaking their Consolidated Plan, communities should assess and address the issues that are raised by persons with disabilities, including responsiveness, reasonable accommodation, and accessibility of housing.

The reinvention also recognizes that prior programs have not always been successful in how they respond to the needs of many recipients. Persons with HIV/AIDS, for example, have had difficulty in accessing housing resources due to discrimination, health crises, quick impoverishment, and other barriers.

Under the proposed consolidation, HOPWA will become part of the Affordable Housing Fund in FY98. The new fund will establish HIV-related performance measures to ensure that program funds are addressing the needs of persons living with HIV. The HOPWA program will continue to operate as a separate program in fiscal years 1996 and 1997. This 2-year transition for HOPWA is needed to ensure that newly supported AIDS housing efforts have sufficient time to strengthen their operations and increase their integration with other community housing and development efforts.

This transition is also necessary because HIV/AIDS housing development and planning under HOPWA has only been available since the fall of 1992. In many communities, the initial planning efforts and selection of project sponsors have only recently resulted in fully operating housing programs. The transition will allow these communities time to assess how these programs have benefited clients, make improvements and further build the organizational capacity of the nonprofit sector.

The effort to ensure that communities can address the needs of residents, including targeting assistance, will involve these communities in deciding how Federal and other resources can best be used. This new role for HUD can be illustrated in how the needs of persons who are homeless can be better addressed under the reinvention.

Example of Reinvention--Addressing Homelessness

The reinvention will also continue the Department's initiative in addressing homelessness.

The following illustrates how many of the components of the reinvention will lead to more responsive community approaches, including addressing the needs of persons with disabilities who are homeless, including persons living with HIV.

The reinvention proposal would reorganize the homeless housing programs in title IV of the Stewart B. McKinney Homeless Assistance Act, to enable localities to shape a comprehensive, flexible, coordinated system for addressing homelessness, called a "continuum of care." This comprehensive system for homeless care inspires cooperation, encourages innovation, and demands coordinated action. It also reflects the comments and insights of literally thousands of not-for-profit providers, localities, residents, persons who are homeless, and advocates for the homeless, who participated in 17 HUD-sponsored forums over the past year.

The continuum of care approach is predicated on the understanding that homelessness is not caused simply by a lack of shelter, but involves a variety of underlying, unmet needs -- physical, economic, and social. Dealing effectively with the problem of homelessness requires a comprehensive system of housing and necessary services for each stage -- from emergency shelter to permanent housing. The continuum of care system and philosophy strives to fulfill those requirements with three major components:

- First, there must be an emergency shelter/assessment effort which provides immediate shelter and can identify the needs of an individual or family.
- The second component offers transitional housing and necessary social services. Such services include substance abuse treatment, short-term mental health services, and independent living skills.
- The third and final component, and one which every homeless individual and family needs, is permanent housing or permanent supportive housing arrangements.

While not all homeless individuals and families in a community will need to access all three components, unless all three components are coordinated within a community, none will be successful. A strong homelessness prevention strategy is also key to the success of the continuum of care.

Four main principles serve as the foundation for this new Federal approach to administering homeless assistance programs:

The locality knows best --

- The homeless population is diverse and many of its characteristics are unique to a particular city or region. Therefore the locality is best situated to determine the needs of homeless people in their area.
- Available resources and collaborative relationships vary depending on the locality. Existing relationships and levels of commitment by the governments and not-for-profit organizations vary in strength.

- The level of development of services and housing is different from area to area. Only the locality has a complete picture of its existing inventory.
- The locality can determine what "gaps" exist in the current system, by assessing the homeless population and the current inventory of housing and services designed to meet needs of homeless persons.

The end product of the homeless plan would include an assessment of needs, establishment of priorities based upon that assessment, a strategy for addressing these priorities, and an annual plan and budget to direct resources in support of the strategy. This homeless plan would be incorporated into the new consolidated planning submission for other HUD formula grant programs.

Federal Plan

The Department of Housing and Urban Development is please to work with other agencies of the Federal, State and local levels, with persons living with HIV and their families and with the advocates, and providers of HIV-related housing and services in offering a plan for meeting housing needs.

Housing is a vital and daily need for each of us. As the HIV epidemic grows, housing options must continue to expand, to maintain responsiveness, and support the well being of persons living with HIV who are homeless or at risk of homelessness. In the words of President Clinton:

*For nearly every American with eyes and ears open, the face of AIDS
is no longer the face of a stranger.*

December 1, 1993

National HIV/AIDS Plan

Area: Housing/support

Goal: Promote development of housing and related service support for persons living with HIV as part of comprehensive strategies

Objective: Provide states and localities with resources to provide housing and related services under long-term comprehensive strategies for meeting needs of persons living with HIV	Populations Served: Low-income persons living with HIV and their families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Competitively-awarded and formula grants to provide broad range of housing and services to prevent homelessness	
Resources FY 1995: \$186 million FY 1996 (proposed): \$186 million	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program and other HUD resources (see other objectives)	
Unmet Needs: The HOPWA program can be estimated to serve about 50,000 persons living with HIV and their families. This includes about 35,000 units of housing assistance, mostly in the form of short-term payments and rental assistance. Additionally, members of the household and persons who only receive supportive services will benefit from the program. HHS estimates that approximately 300,000 persons are receiving HIV related services.	

National HIV/AIDS Plan

Area: Housing/prevention

Goal: Reduce the number of new infections among residents of public and subsidized housing

Objective: Provide primary prevention programs to public housing residents at risk of HIV infection	Populations Served: Children and adults in public housing in five targeted cities Constituency Involvement: Funneled through local planning groups
Action Steps: Forge local partnerships and improve coordination of existing resources	
Resources FY 1995: \$-0- (demo underway within existing resources) FY 1996 (proposed):-0-	
Description: HIV/AIDS Prevention in Public Housing Demonstration	
Unmet Needs: The initial demonstration program reached sites in five cities; the program should be broadened to include all other public and subsidized housing efforts.	

National HIV/AIDS Plan

Area: Housing/planning and continuum of care

Goal: Provide support and encourage the development of local continuum of care programs that provide a comprehensive range of housing and related services for persons living with HIV

Objective: provide states, localities with resources to devise long-term comprehensive strategies for meeting needs of persons living with HIV	Populations Served: PWAs and their families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize the use of competitive and formula grants to provide broad range of housing and program development and strategic planning to address housing needs	
Resources FY 1995: \$ 0 FY 1996 (proposed): 0	
Description: Housing Opportunities for Persons with AIDS (HOPWA) Program	
Unmet Needs: Activities are authorized and recipient communities may choose to expend program funds to support housing and program development and strategic planning. Additional incentives could be devised to encourage comprehensive planning.	

National HIV/AIDS Plan

Area: Housing/disability programs

Goal: Increase permanent housing supply for persons with disabilities including person living with AIDS

Objective: Increase supply of permanent units for PWAs	Populations Served: Disabled persons 18 years and over
Action Steps: Encourage HIV housing/program sponsors to apply for funds for project for PWAs	
Resources FY 1995: \$376 million FY 1996 (proposed): unknown	
Constituency Involvement: Through the Consolidated Planning process	
Description: Section 811 Supportive Housing Program for Persons with Disabilities	
Unmet Needs: Program can serve PWAs in project which may include persons with other disabilities	

National HIV/AIDS Plan

Area: Housing/rental assistance

Goal: Increase number of scattered site housing subsidies for persons living with HIV who are homeless or at risk of homelessness to support independent living

Objective: Provide set-aside of 3,000 units of rental assistance vouchers	Populations Served: Homeless persons or families with AIDS
Action Steps: Make formula grants to eligible jurisdictions	Constituency Involvement: Local partnership between eligible jurisdictions with housing agencies
Resources FY 1995: \$103 million (over 5 years) FY 1996 (proposed): \$0	
Description: Section 8 Rental Assistance for Persons living with HIV/AIDS who are homeless or at risk of homelessness	
Unmet Needs: Permanent independent living is the most requested form of housing assistance.	

National HIV/AIDS Plan

Area: Housing/services

Goal: Increase supply of housing with related supportive services for homeless persons living with HIV

Objective: Ensure the availability of supportive services for homeless persons with disabilities, including persons living with HIV	Populations Served: Homeless persons and families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Shelter Plus Care) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Shelter Plus Care Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness	

National HIV/AIDS Plan

Area: Housing/supportive housing

Goal: Increase supply of supportive housing available for homeless persons living with HIV.

Objective: Ensure the availability of supportive housing options for homeless persons living with HIV	Populations Served: Homeless persons and families Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$600 million (Supportive Housing Program) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Supportive Housing Program	
Unmet Needs: Resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/Single Room Occupancy housing

Goal: Increase supply of single room occupancy housing available for homeless persons living with HIV.

Objective: Ensure the availability of single room occupancy housing options for homeless persons living with HIV	Populations Served: Homeless persons Constituency Involvement: Communities participating in the Consolidated Planning Process will involve HIV/AIDS housing and services providers, advocates and persons living with HIV.
Action Steps: Authorize supported housing options through comprehensive homeless assistance programs	
Resources FY 1995: \$150 million (Section 8 Single Room Occupancy Mod Rehab Program) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion)	
Description: Section 8 Single Room Occupancy Moderate Rehabilitation Program	
Unmet Needs: SRO units that are supported by additional resources that meet the related services needs of homeless persons are important to assisting them maintain their housing and respond to factors which contributed to their homelessness.	

National HIV/AIDS Plan

Area: Housing/technical assistance

Goal: Increase the capacity of AIDS housing and service providers to develop, operate and evaluate housing programs for persons living with HIV.

Objective: Ensure the availability of technical assistance and other support for nonprofit providers	Populations Served: Homeless persons Constituency Involvement:
Action Steps: Authorize TA activities in HUD programs for AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Technical assistance or other support for the development of program capacity	
Unmet Needs: Broaden and deepen the ability of AIDS housing and service providers and AIDS program grantees to expand the range of housing options, ensure quality and responsive programs and undertake evaluation of efforts. Additional needs will be made on programs as the epidemic increases the number of persons living with HIV.	

National HIV/AIDS Plan

Area: Housing/training

Goal: Increase the awareness of staff in public and private organizations to the general and unique needs of persons living with HIV.

Objective: Increase awareness on HIV among agency and other staff	Populations Served: Public and private staff and persons at risk of HIV infection Constituency Involvement:
Action Steps: Authorize training activities in HUD programs for HUD staff, AIDS related nonprofit providers and grantees	
Resources FY 1995: \$0 million (within training funding) FY 1996 (proposed): Discretionary within homeless assistance grants (\$1.2 billion) and HOPWA funding (\$186 million)	
Description: Training or other support for awareness on HIV	
Unmet Needs: Misinformation, prejudice and nonresponsiveness continue in the operation of public and private housing programs and the general awareness of individuals in preventing the spread of HIV.	

National HIV/AIDS Plan

Area: Housing/advocacy

Goal: Increase the awareness and responsiveness of HUD programs that may target or incidentally assist persons living with HIV.

Objective: Ensure that the needs of persons living with HIV are addressed in HUD programs	Populations Served: Homeless persons, nonprofit organizations, government agencies, HUD staff Constituency Involvement:
Action Steps: Designate an office with direct responsibility for programs and advocacy on AIDS issues	
Resources FY 1995: \$0 million (within current efforts) FY 1996 (proposed): \$0 million (within current efforts)	
Description: Office on HIV/AIDS Housing	
Unmet Needs: Maintain office functions that promote understanding of AIDS and the needs of persons living with HIV as well as support for programs that support these clients.	

CIVIL RIGHTS

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objective: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) hotline and provide technical assistance to state and local governments, Federal agencies and other entities having rights and responsibilities under Titles II and III of the ADA.

Developed and disseminated information about the ADA and its applicability to persons with HIV and AIDS to 500 agencies providing services for this population.

FY 95: Hotline \$350,000; other activities part of overall operating budget.

FY 96: Hotline \$350,000; other activities part of overall operating budget.

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses, and the general populace.

Constituency Involvement: Ongoing communication with AIDS-related disability groups. -- Correct?

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers about their ADA obligations to persons with HIV.

CIVIL RIGHTS

Agency: Department of Justice

Goal: To provide education and training for law enforcement and social services agencies regarding victims of crime.

Objective: To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS).

Descriptions: Provide grants and operate cooperative agreements.

FY 95: \$133,900

FY 96: Unknown

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: NA. Any consultation with victim's rights groups?

Unmet Need: Additional resources to provide more regional training.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

PREVENTION

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems caused by fear and intolerance.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, Justice Management Division (JMD) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection.

Provide technical assistance to other Department of Justice (DOJ) components.

Action Steps: For Bureau of Prison (BOP) staff provide:

- annual training and limited testing;

- annual HIV information update and infectious disease training to all staff;

- produce inmate and staff HIV educational videos;

- participate at least quarterly with HRSA in audio conferences on HIV issues; and

- conduct random HIV testing on inmates upon admission.

For employees of the DEA, FBI, INS, JMD, and USMS provide:

- general training and field office training;

- annual bloodborne pathogen training to all personnel as mandated by OSHA (discussion of HIV/AIDS is included in this training); and

- an annual update on the bloodborne pathogens training as necessary to discuss new information or changes in the use of safety equipment, etc. Supplement update with periodic memos on use of personal health equipment.??? How is this different from bullet above?

Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: DOJ employees and BOP inmates.

Constituency Involvement: NA???

Unmet Need: Funding for counseling and testing of all inmates -- currently approximately 10 percent are tested upon entry? during length of incarceration?. Additional resources for field office training for USMS and FBI.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection to at risk detainees.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Detainees

Constituent Involvement: ???

Unmet Need: None. How does this connect with previous goal where 10 % are tested?

CARE AND SERVICES

Agency: Department of Justice

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.

Objective: Data collection and publication of periodic reports.

Action Steps: Conduct surveys of federal, state and local prisons and inmates and publish results in periodic reports.

Descriptions: Survey of HIV/AIDS in Correctional Facilities and publication of survey findings in both the adult and juvenile correctional facilities.

Publication of reports describing findings of multi-year project, "HIV Education in Lockups and Booking Facilities."

1996 Survey of HIV/AIDS in Correctional Facilities.

Census of prison, survey of jail and prison inmates and probationers, and study examining research on prevention programs directed towards at persons whose behavior makes them vulnerable to HIV infection.

Is prevalence data used to allocate resources for care and treatment for inmates?

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Department of Justice, corrections administrators, and public.

Constituent Involvement: NA.

Unmet Need: Funding for research into special segregation of inmates, treatment -- does this mean health care? , extent of risk and contact while under supervision.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

CIVIL RIGHTS

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objective: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

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Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses, and the general populace.

Constituency Involvement: Ongoing communication with AIDS-related disability groups. -- Correct?

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers about their ADA obligations to persons with HIV.

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Descriptions: Provide grants and operate cooperative agreements.

FY 95: \$133,900

FY 96: Unknown

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: NA. Any consultation with victim's rights groups?

Unmet Need: Additional resources to provide more regional training.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

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Provide technical assistance to other Department of Justice (DOJ) components.

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Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.

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Populations Served: DOJ employees and BOP inmates.

Constituency Involvement: NA???

Unmet Need: Funding for counseling and testing of all inmates -- currently approximately 10 percent are tested upon entry? during length of incarceration?. Additional resources for field office training for USMS and FBI.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection to at risk detainees.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Detainees

Constituent Involvement: ???

Unmet Need: None. How does this connect with previous goal where 10 % are tested?

CARE AND SERVICES

Agency: Department of Justice

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.

Objective: Data collection and publication of periodic reports.

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Descriptions: Survey of HIV/AIDS in Correctional Facilities and publication of survey findings in both the adult and juvenile correctional facilities.

Publication of reports describing findings of multi-year project, "HIV Education in Lockups and Booking Facilities."

1996 Survey of HIV/AIDS in Correctional Facilities.

Census of prison, survey of jail and prison inmates and probationers, and study examining research on prevention programs directed towards at persons whose behavior makes them vulnerable to HIV infection.

Is prevalence data used to allocate resources for care and treatment for inmates?

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Department of Justice, corrections administrators, and public.

Constituent Involvement: NA.

Unmet Need: Funding for research into special segregation of inmates, treatment -- does this mean health care? , extent of risk and contact while under supervision.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

CIVIL RIGHTS

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objective: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) hotline and provide technical assistance to state and local governments, Federal agencies and other entities having rights and responsibilities under Titles II and III of the ADA.

Developed and disseminated information about the ADA and its applicability to persons with HIV and AIDS to 500 agencies providing services for this population.

FY 95: Hotline \$350,000; other activities part of overall operating budget.

FY 96: Hotline \$350,000; other activities part of overall operating budget.

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses, and the general populace.

Constituency Involvement: Ongoing communication with AIDS-related disability groups. -- Correct?

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers about their ADA obligations to persons with HIV.

CIVIL RIGHTS

Agency: Department of Justice

Goal: To provide education and training for law enforcement and social services agencies regarding victims of crime.

Objective: To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS).

Descriptions: Provide grants and operate cooperative agreements.

FY 95: \$133,900

FY 96: Unknown

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: NA. Any consultation with victim's rights groups?

Unmet Need: Additional resources to provide more regional training.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

PREVENTION

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems caused by fear and intolerance.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, Justice Management Division (JMD) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection.

Provide technical assistance to other Department of Justice (DOJ) components.

Action Steps: For Bureau of Prison (BOP) staff provide:

- annual training and limited testing;

- annual HIV information update and infectious disease training to all staff;

- produce inmate and staff HIV educational videos;

- participate at least quarterly with HRSA in audio conferences on HIV issues; and

- conduct random HIV testing on inmates upon admission.

For employees of the DEA, FBI, INS, JMD, and USMS provide:

- general training and field office training;

- annual bloodborne pathogen training to all personnel as mandated by OSHA (discussion of HIV/AIDS is included in this training); and

- an annual update on the bloodborne pathogens training as necessary to discuss new information or changes in the use of safety equipment, etc. Supplement update with periodic memos on use of personal health equipment.??? How is this different from bullet above?

Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: DOJ employees and BOP inmates.

Constituency Involvement: NA???

Unmet Need: Funding for counseling and testing of all inmates -- currently approximately 10 percent are tested upon entry? during length of incarceration?. Additional resources for field office training for USMS and FBI.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection to at risk detainees.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Detainees

Constituent Involvement: ???

Unmet Need: None. How does this connect with previous goal where 10 % are tested?

CARE AND SERVICES

Agency: Department of Justice .

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.

Objective: Data collection and publication of periodic reports.

Action Steps: Conduct surveys of federal, state and local prisons and inmates and publish results in periodic reports.

Descriptions: Survey of HIV/AIDS in Correctional Facilities and publication of survey findings in both the adult and juvenile correctional facilities.

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Is prevalence data used to allocate resources for care and treatment for inmates?

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Department of Justice, corrections administrators, and public.

Constituent Involvement: NA.

Unmet Need: Funding for research into special segregation of inmates, treatment -- does this mean health care? , extent of risk and contact while under supervision.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

CIVIL RIGHTS

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objective: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) hotline and provide technical assistance to state and local governments, Federal agencies and other entities having rights and responsibilities under Titles II and III of the ADA.

Developed and disseminated information about the ADA and its applicability to persons with HIV and AIDS to 500 agencies providing services for this population.

FY 95: Hotline \$350,000; other activities part of overall operating budget.

FY 96: Hotline \$350,000; other activities part of overall operating budget.

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses, and the general populace.

Constituency Involvement: Ongoing communication with AIDS-related disability groups. -- Correct?

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers about their ADA obligations to persons with HIV.

CIVIL RIGHTS

Agency: Department of Justice

Goal: To provide education and training for law enforcement and social services agencies regarding victims of crime.

Objective: To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS).

Descriptions: Provide grants and operate cooperative agreements.

FY 95: \$133,900

FY 96: Unknown

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: NA. Any consultation with victim's rights groups?

Unmet Need: Additional resources to provide more regional training.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

PREVENTION

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems caused by fear and intolerance.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, Justice Management Division (JMD) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection.

Provide technical assistance to other Department of Justice (DOJ) components.

Action Steps: For Bureau of Prison (BOP) staff provide:

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- annual HIV information update and infectious disease training to all staff;

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Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: DOJ employees and BOP inmates.

Constituency Involvement: NA???

Unmet Need: Funding for counseling and testing of all inmates -- currently approximately 10 percent are tested upon entry? during length of incarceration?. Additional resources for field office training for USMS and FBI.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection to at risk detainees.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Detainees

Constituent Involvement: ???

Unmet Need: None. How does this connect with previous goal where 10 % are tested?

CARE AND SERVICES

Agency: Department of Justice

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.

Objective: Data collection and publication of periodic reports.

Action Steps: Conduct surveys of federal, state and local prisons and inmates and publish results in periodic reports.

Descriptions: Survey of HIV/AIDS in Correctional Facilities and publication of survey findings in both the adult and juvenile correctional facilities.

Publication of reports describing findings of multi-year project, "HIV Education in Lockups and Booking Facilities."

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Is prevalence data used to allocate resources for care and treatment for inmates?

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Department of Justice, corrections administrators, and public.

Constituent Involvement: NA.

Unmet Need: Funding for research into special segregation of inmates, treatment -- does this mean health care? , extent of risk and contact while under supervision.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

CIVIL RIGHTS

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objective: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) hotline and provide technical assistance to state and local governments, Federal agencies and other entities having rights and responsibilities under Titles II and III of the ADA.

Developed and disseminated information about the ADA and its applicability to persons with HIV and AIDS to 500 agencies providing services for this population.

FY 95: Hotline \$350,000; other activities part of overall operating budget.

FY 96: Hotline \$350,000; other activities part of overall operating budget.

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses, and the general populace.

Constituency Involvement: Ongoing communication with AIDS-related disability groups. -- Correct?

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers about their ADA obligations to persons with HIV.

CIVIL RIGHTS

Agency: Department of Justice

Goal: To provide education and training for law enforcement and social services agencies regarding victims of crime.

Objective: To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS).

Descriptions: Provide grants and operate cooperative agreements.

FY 95: \$133,900

FY 96: Unknown

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: NA. Any consultation with victim's rights groups?

Unmet Need: Additional resources to provide more regional training.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

PREVENTION

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems caused by fear and intolerance.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, Justice Management Division (JMD) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection.

Provide technical assistance to other Department of Justice (DOJ) components.

Action Steps: For Bureau of Prison (BOP) staff provide:

- annual training and limited testing;

- annual HIV information update and infectious disease training to all staff;

- produce inmate and staff HIV educational videos;

- participate at least quarterly with HRSA in audio conferences on HIV issues; and

- conduct random HIV testing on inmates upon admission.

For employees of the DEA, FBI, INS, JMD, and USMS provide:

- general training and field office training;

- annual bloodborne pathogen training to all personnel as mandated by OSHA (discussion of HIV/AIDS is included in this training); and

- an annual update on the bloodborne pathogens training as necessary to discuss new information or changes in the use of safety equipment, etc. Supplement update with periodic memos on use of personal health equipment.??? How is this different from bullet above?

Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: DOJ employees and BOP inmates.

Constituency Involvement: NA???

Unmet Need: Funding for counseling and testing of all inmates -- currently approximately 10 percent are tested upon entry? during length of incarceration?. Additional resources for field office training for USMS and FBI.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection to at risk detainees.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Detainees

Constituent Involvement: ???

Unmet Need: None. How does this connect with previous goal where 10 % are tested?

CARE AND SERVICES

Agency: Department of Justice

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.

Objective: Data collection and publication of periodic reports.

Action Steps: Conduct surveys of federal, state and local prisons and inmates and publish results in periodic reports.

Descriptions: Survey of HIV/AIDS in Correctional Facilities and publication of survey findings in both the adult and juvenile correctional facilities.

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Is prevalence data used to allocate resources for care and treatment for inmates?

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Department of Justice, corrections administrators, and public.

Constituent Involvement: NA.

Unmet Need: Funding for research into special segregation of inmates, treatment -- does this mean health care? , extent of risk and contact while under supervision.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

CIVIL RIGHTS

Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objective: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) hotline and provide technical assistance to state and local governments, Federal agencies and other entities having rights and responsibilities under Titles II and III of the ADA.

Developed and disseminated information about the ADA and its applicability to persons with HIV and AIDS to 500 agencies providing services for this population.

FY 95: Hotline \$350,000; other activities part of overall operating budget.

FY 96: Hotline \$350,000; other activities part of overall operating budget.

Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses, and the general populace.

Constituency Involvement: Ongoing communication with AIDS-related disability groups. -- Correct?

Unmet Need: Funds for attorneys for additional litigation. Public education and technical assistance for health care and day care providers about their ADA obligations to persons with HIV.

CIVIL RIGHTS

Agency: Department of Justice

Goal: To provide education and training for law enforcement and social services agencies regarding victims of crime.

Objective: To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS).

Descriptions: Provide grants and operate cooperative agreements.

FY 95: \$133,900

FY 96: Unknown

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: NA. Any consultation with victim's rights groups?

Unmet Need: Additional resources to provide more regional training.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

PREVENTION

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems caused by fear and intolerance.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, Justice Management Division (JMD) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection.

Provide technical assistance to other Department of Justice (DOJ) components.

Action Steps: For Bureau of Prison (BOP) staff provide:

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Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: DOJ employees and BOP inmates.

Constituency Involvement: NA???

Unmet Need: Funding for counseling and testing of all inmates -- currently approximately 10 percent are tested upon entry? during length of incarceration?. Additional resources for field office training for USMS and FBI.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection to at risk detainees.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Detainees

Constituent Involvement: ???

Unmet Need: None. How does this connect with previous goal where 10 % are tested?

CARE AND SERVICES

Agency: Department of Justice

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.

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Agency: Department of Justice

Goal: Enforce HIV-related civil rights laws and heighten issue awareness.

Objective: Prevent discrimination on the basis of real or perceived HIV status.

Action Steps: Enforce civil rights laws and inform and educate the public.

Descriptions: Litigate HIV-related civil rights cases involving housing discrimination and discrimination in the provision of services.

Provide information via the Americans with Disabilities Act (ADA) hotline and provide technical assistance to state and local governments, Federal agencies and other entities having rights and responsibilities under Titles II and III of the ADA.

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Populations Served: Victims of HIV/AIDS discrimination, Federal, state and local agencies, businesses, and the general populace.

Constituency Involvement: Ongoing communication with AIDS-related disability groups. -- Correct?

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Descriptions: Provide grants and operate cooperative agreements.

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Objective: To improve trainees' interaction with the populations they serve, especially those who might have been exposed to the HIV virus or those who may be HIV positive.

Action Steps: Provide funds to the National Victims Center (NVC) under a cooperative agreement. (The NVC provides education, and sensitivity training to law enforcement personnel and social service agencies.)

Provide grant funds to the Educational Development Center (EDC) for training regarding hate/bias crimes. (The EDC trains law enforcement and social service agency personnel regarding procedures for identifying and handling hate crimes, including such crimes against those who are HIV positive or living with AIDS).

Descriptions: Provide grants and operate cooperative agreements.

FY 95: \$133,900

FY 96: Unknown

Populations Served: Law enforcement and social service agencies are directly served. The crime victims who interact with these agencies benefit indirectly.

Constituent Involvement: NA. Any consultation with victim's rights groups?

Unmet Need: Additional resources to provide more regional training.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

PREVENTION

Agency: Department of Justice

Goal: Reduce the risk of employee infection and avoid possible worksite performance problems caused by fear and intolerance.

Objective: Educate Bureau of Prisons (BOP) staff, Drug Enforcement Agency (DEA) employees, Federal Bureau of Investigation (FBI) employees, Immigration and Naturalization Service (INS) employees, Justice Management Division (JMD) employees, and U.S. Marshals Service (USMS) regarding HIV/AIDS transmission and thereby reduce the risk of infection.

Provide technical assistance to other Department of Justice (DOJ) components.

Action Steps: For Bureau of Prison (BOP) staff provide:

- annual training and limited testing;

- annual HIV information update and infectious disease training to all staff;

- produce inmate and staff HIV educational videos;

- participate at least quarterly with HRSA in audio conferences on HIV issues; and

- conduct random HIV testing on inmates upon admission.

For employees of the DEA, FBI, INS, JMD, and USMS provide:

- general training and field office training;

- annual bloodborne pathogen training to all personnel as mandated by OSHA (discussion of HIV/AIDS is included in this training); and

- an annual update on the bloodborne pathogens training as necessary to discuss new information or changes in the use of safety equipment, etc. Supplement update with periodic memos on use of personal health equipment.??? How is this different from bullet above?

Descriptions: DOJ staff prevention training programs.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: DOJ employees and BOP inmates.

Constituency Involvement: NA???

Unmet Need: Funding for counseling and testing of all inmates -- currently approximately 10 percent are tested upon entry? during length of incarceration?. Additional resources for field office training for USMS and FBI.

PREVENTION

Agency: Department of Justice

Goal: Reduce risk of infection to at risk detainees.

Objective: Educate detainees believed to be at risk regarding HIV/AIDS and thereby reduce the risk of transmission and new infections.

Action Steps: Test detainees suspected of or diagnosed with HIV/AIDS or test upon detainee request and provide pre- and post-test counseling to detainees deemed at risk.

Descriptions: Provide limited testing and counseling.

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Detainees

Constituent Involvement: ???

Unmet Need: None. How does this connect with previous goal where 10 % are tested?

CARE AND SERVICES

Agency: Department of Justice

Goal: To estimate the prevalence of HIV/AIDS among the corrections and parole population and to monitor the HIV/AIDS-related policies of the detention and parole systems.

Objective: Data collection and publication of periodic reports.

Action Steps: Conduct surveys of federal, state and local prisons and inmates and publish results in periodic reports.

Descriptions: Survey of HIV/AIDS in Correctional Facilities and publication of survey findings in both the adult and juvenile correctional facilities.

Publication of reports describing findings of multi-year project, "HIV Education in Lockups and Booking Facilities."

1996 Survey of HIV/AIDS in Correctional Facilities.

Census of prison, survey of jail and prison inmates and probationers, and study examining research on prevention programs directed towards at persons whose behavior makes them vulnerable to HIV infection.

Is prevalence data used to allocate resources for care and treatment for inmates?

FY 95: Part of overall operating budget.

FY 96: Part of overall operating budget.

Populations Served: Department of Justice, corrections administrators, and public.

Constituent Involvement: NA.

Unmet Need: Funding for research into special segregation of inmates, treatment -- does this mean health care? , extent of risk and contact while under supervision.

Funding to conduct surveys of individual facilities and increase surveys of the juvenile system, and to conduct additional work in the areas of prevention and education.

CIVIL RIGHTS

Agency: Department of Labor

Goal: To provide protection for people living with HIV and AIDS from discrimination.

Objective: To provide protection for persons living with HIV and AIDS from discrimination in the workplace.

Action Steps: Establish policies under Section 503 of the Rehabilitation Act of 1973 providing for processing and investigating complaints filed by persons living with HIV and AIDS.

Descriptions: Protection from discrimination in workplace.

FY 95: ???

FY 96: ???

Populations Served: Persons living with HIV and AIDS.

Constituency Involvement: Persons living with HIV and AIDS and Department of Labor staff.

Unmet Need: None.

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Unmet Need: None.

TREATMENT

Agency: Office of National Drug Control Policy

Goal: Reduce the number of current hardcore drug addicts.

Objective: Reduce the number of injection drug use and cocaine addicts with high risk sex practices 20 percent by 1997.

What the base figure the 20 percent reduction is based on?

Action Steps: Encourage private sector drug treatment organizations to share information and work together to heighten treatment efforts nationwide, including efforts aimed and HIV/AIDS treatment.

Encourage community-based treatment services in all communities to include services for drug use and HIV/AIDS.

Support state organizations in providing a statewide network of community treatment partnerships.

Convene a forum to address national treatment policy matters, including the connection between HIV/AIDS and drug use.

Provide guidelines on ??? to communities receiving Substance Abuse Performance Partnership funds.

Descriptions: Substance Abuse Performance Partnership Program. In addition, ONDCP's annual National Drug Control Strategy includes treatment of illicit drug use related to co-morbid disorders such as HIV/AIDS.

FY 95: \$1,600,000

FY 96: \$1,600,000 Does the \$1.6 million cover both treatment and prevention? Or is the total for both treatment and prevention \$3.2 million? Is this program co-funded with any other departments or agencies?

Populations Served: 2.7 million, at risk. Are these persons enrolled in ONDCP-sponsored programs?

Constituency Involvement: Community partnerships. Any examples of groups involved?

Unmet Need: Reduction plan targets approximately 20 percent of the population during the coming fiscal year. Twenty percent of which population?

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CARE AND SERVICES

Agency: Office of Personnel Management

Goal: Implement and improve workplace policies and employee benefits.

Objective 1: Implement and improve workplace guidelines.

Action Steps: Publish and distribute OPM's "HIV/AIDS Policy Guidelines".

Publish and distribute OPM personnel manuals on related HIV/AIDS issues, such as information on accommodations for employees who are HIV positive and on educational resources.

Descriptions: Policy development.

FY 95: \$20,000

FY 96: \$15,000

Populations Served: Federal agencies and employees, including labor organizations.

Constituency Involvement: Federal agencies and employees, including labor organizations.

Unmet Need: None.

Objective 2: Improve life insurance benefits programs.

Action Steps: Distribute guidance on "living benefits" insurance benefits.

Develop and distribute guidance on viatical settlements.

Descriptions: Insurance programs.

FY 95: None.

FY 96: None.

Populations Served: Federal agencies and employees and retirees covered by the Federal Employees Group Life Insurance Program.

Constituent Involvement: Federal agencies and employees and retirees covered by the Federal Employees Group Life Insurance Program.

Unmet Need: None.

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Objective 2: Improve life insurance benefits programs.

Action Steps: Distribute guidance on "living benefits" insurance benefits.

Develop and distribute guidance on viatical settlements.

Descriptions: Insurance programs.

FY 95: None.

FY 96: None.

Populations Served: Federal agencies and employees and retirees covered by the Federal Employees Group Life Insurance Program.

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Agency: Office of Personnel Management

Goal: Implement and improve workplace policies and employee benefits.

Objective 1: Implement and improve workplace guidelines.

Action Steps: Publish and distribute OPM's "HIV/AIDS Policy Guidelines".

Publish and distribute OPM personnel manuals on related HIV/AIDS issues, such as information on accommodations for employees who are HIV positive and on educational resources.

Descriptions: Policy development.

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20500

JUN 30 1995

MEMORANDUM FOR PATSY FLEMING

FROM: FRED GARCIA

SUBJECT: ONDCP NATIONAL AIDS PLAN

At your request, please find attached a plan reflecting the ONDCP goals and objectives in combatting AIDS. In response to the Office of National AIDS Policy's guidance, for each goal ONDCP states objectives, action steps, programs that implement the actions steps (including a description of the program, resources in the FY 1995 estimated budget and FY 96 proposed budget, population served, and constituency involvement in development of the program), and the unmet need. If you have any questions, please contact me at 395-6601.

ATTACHMENT

**OFFICE OF NATIONAL DRUG CONTROL POLICY
HIV/AIDS PLAN**

**"STRENGTHENING COMMUNITIES' RESPONSE
TO ILLICIT DRUG USE AND HIV/AIDS"**

HIV/AIDS, according to the Office of National AIDS Policy, is the number one public health emergency in the country. Everyday, the disease affects more people in more communities. Efforts at research, prevention and treatment are making progress. The Administration remains committed to the fight and will resist any effort to reduce the resources devoted to AIDS.

President Clinton has pledged a "loud, clear, and consistent war on AIDS." He has reenergized the Federal response and urged all Americans to do their part in caring for people with AIDS and responding in their local communities.

The Office of National Drug Control Policy strongly bases the need for programs for the hardcore addict on the fact that an epidemic exists between illicit drug use and HIV/AIDS. HIV can be transmitted through injection drug use when the blood of an HIV-infected drug user is transferred to a drug user who is not yet infected. However, chronic, hardcore drug users, especially of cocaine, also exhibit high-risk sexual behaviors that are associated with transmission of certain diseases.

In a recent study of 222 African-American teenage users of crack and other drugs in San Francisco, researchers found that 96 per cent of them were sexually active. About half of the teens reported engaging in sex after smoking crack and most (77 per cent) of them did not use a condom the last time they had sex. Currently, one-fifth of all people with AIDS are between the ages of 20 and 29.

The facts provided by the Centers for Disease Control and Prevention cannot be ignored and the data indicates that the problem for addicts is getting worse. Of the 47,106 AIDS cases in 1992 in the United States, Puerto Rico and the territories, 16,218 (43 per cent) were associated with intravenous drug users (IDUs). In 1994, IDUs comprised more than 50 per cent of all AIDS cases reported. ONDCP is also well aware that major differences exist in HIV/AIDS rates for different regions of the country.

TARGETING CHRONIC, HARDCORE DRUG USERS, AND THEIR CHILDREN

Chronic, hardcore drug use is clearly related to the high levels of crime, health problems, and violence in cities, towns, and neighborhoods across the Nation. The immediate priority of the ONDCP Strategy, therefore, is to target the problems created by this population of drug users. The following evidence supports this prioritization:

0 Drug use is straining the Nation's health care system. The costs of treating drug users are passed on to hard-working Americans through increased insurance premiums. In 1993 almost 500,000 drug-related emergencies occurred nationwide. More than one-third of all AIDS (Acquired Immune Deficiency Syndrome) cases were associated with the reckless, self-destructive behavior of drug users.

0 Chronic, hardcore drug users account for two-thirds of the total amount of cocaine consumed in the United States, even though they comprise only 20 percent of all cocaine users. Therefore, it is the chronic, hardcore drug users who keep the major drug traffickers in business.

0 Chronic, hardcore drug use causes severe and long-term health consequences. A Department of Health and Human Services (HHS) study of the record number of heroin medical emergencies in 1993 suggests that prolonged heroin use produces cumulative adverse health effects.

0 When a user is going through periods of heavy or addictive drug use, the frequency and severity of his or her criminal activity rises dramatically. Drug-related criminal activity is one of the main reasons for the substantial growth of U.S. prison and jail populations.

TREATMENT FOR HARDCORE DRUG USERS WITH HIV-AIDS: THE ONDCP RESPONSE

When effectively administered, drug treatment can reduce the level of use, as well as the consequences of illicit drug use, including HIV-AIDS. It has been proven that when drug-dependent individuals receive appropriate treatment, they decrease their drug use, decrease their criminal activity, increase their employment, improve their social and interpersonal functioning, and improve their physical health.

Reducing health care costs created by illicit drug use requires a comprehensive response. First, drug prevention efforts must increase their focus on populations who are at risk for drug use. Making individuals aware of the health consequences of illicit drug use may ultimately prevent the onset or continuation of chronic, hardcore drug use and related health-threatening behaviors. Second, the chronic, hardcore drug users, who are suffering the health consequences of prolonged drug use, must be provided access to effective treatment for their addiction and related health problems.

Numerous studies confirm the fact that treatment of chronic, hardcore addicts, both within the correctional setting and in community-based programs, is the most cost effective response and the course of action that makes the most practical sense.

As a specific goal, ONDCP will work with congress, to secure an additional \$100,000,000 to treat more addicts than we can with current resources.

As \$60.0 million is scheduled to be rolled into the Block Grant to states, ONDCP will also work with State Alcohol and Drug Authorities and their respective Governors' Offices to ensure these resources are indeed used for the chronically addicted.

In 1994 the Department of Health and Human Services (HHS) continued its major linkage effort, first launched by the Center for Substance Abuse Treatment in 1993. The program links community-based primary care, substance abuse, HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immune Deficiency Syndrome), and mental health services. So far projects have been funded in 10 States and the District of Columbia, with most of the programs targeting substance-abusing and homeless women as a key population. ONDCP will continue to support and advocate for this innovative project.

PREVENTION OF DRUG USE AND ITS CONSEQUENCES

The Federal Government can best provide leadership to this initiative by modeling collaboration and joint planning among the 32 Federal agencies with demand reduction responsibilities. ONDCP will lead this effort by convening a round table discussion of demand reduction agencies as part of the NDPS. The NDPS will provide an inventory of existing drug abuse prevention initiatives and programs, identify major gaps and areas of overlap, and plan the most effective use of resources. Major prevention agencies in the Departments of Education, Health and Human Services, Justice, Housing and Urban Development, and Labor, as well as planning and coordination agencies such as ONDCP, the Office of National AIDS Policy Coordination, and National Performance Review will be involved. The NDPS also will report to the President's Ounce of Prevention Council and will be chaired by ONDCP's Office of Demand Reduction.

The NDPS will include the following ongoing and new initiatives:

0 Encouraging private-sector drug prevention organizations to share information and work together to heighten prevention efforts nationwide, including efforts aimed at HIV-AIDS prevention;

0 Encouraging community-based prevention services in all communities to include services for youth at risk for drug use and HIV-AIDS;

0 Encouraging community partnerships to coordinate prevention programs at the local level so as to provide comprehensive services throughout communities inclusive of the HIV-AIDS message;

0 Supporting State organizations to provide a statewide network of community partnerships;

0 Convening a forum to address national prevention policy matters, including the drug use / HIV-AIDS connection;

0 - Local prevention providers will be encouraged to serve children of addicted parents to stop the intergenerational nature of addiction;

0 - Sanctions will be developed for those individuals who are enrolled in a criminal justice system treatment program and who fail to move toward abstinence; and

0 - Those not involved in the criminal justice system will be identified through various outreach programs (e.g., AIDS outreach) for drug treatment. A neutral party will monitor the individual to ensure that all services are being used to assist him or her in becoming drug free.

0 ONDCP will produce and distribute a directory titled Anti-Drug Programs That Work at the Community Level.

ATTACHMENT A

Area: Treatment
 Goal: REDUCE THE NUMBER OF HARDCORE ADDICTS

ONDCP National HIV/AIDS Plan
 June 30, 1995

Objective	Action Steps	Programs					Unmet Needs
		Descriptions	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Reduce the number of IDU and cocaine hardcore addicts with high risk sex practices, 20% by 1997.	* Encourage private-sector drug treatment organizations to share information and work together to heighten treatment efforts nationwide, including efforts aimed at HIV/AIDS treatment. * Encourage community-based treatment services in all communities to include services for drug use and HIV/AIDS. * Support State organizations to provide a statewide network of community treatment partnerships. * Convene a forum to address national treatment policy matters, including the drug use and HIV/AIDS connection. Guidelines submitted to communities receiving Substance Abuse Performance Partnership funds.	ONDCP'S HIV/AIDS plan consists of the development of the annual National Drug Control Strategy, which includes treatment of illicit drug use related to co-morbid disorders, i.e., HIV/AIDS.	1.6 million	\$1.6 million	2.7 million, at risk.	Community partnerships	Reduction plan targets approx. 20% of the population during the coming fiscal year.

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 June 30, 1995

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