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Issues - Groups - Homeless [1]

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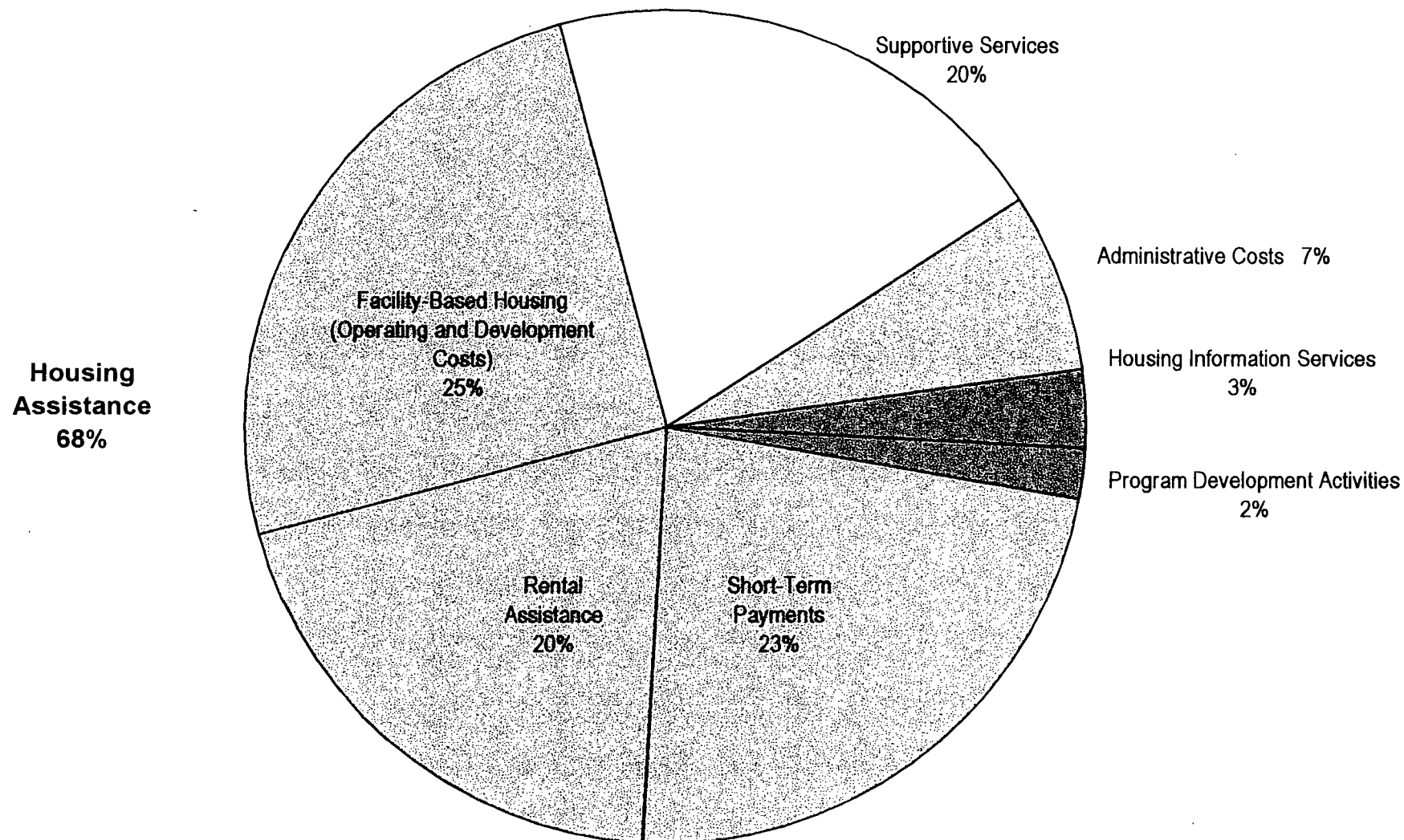
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HOPWA Expenditures in Providing Assistance to Clients



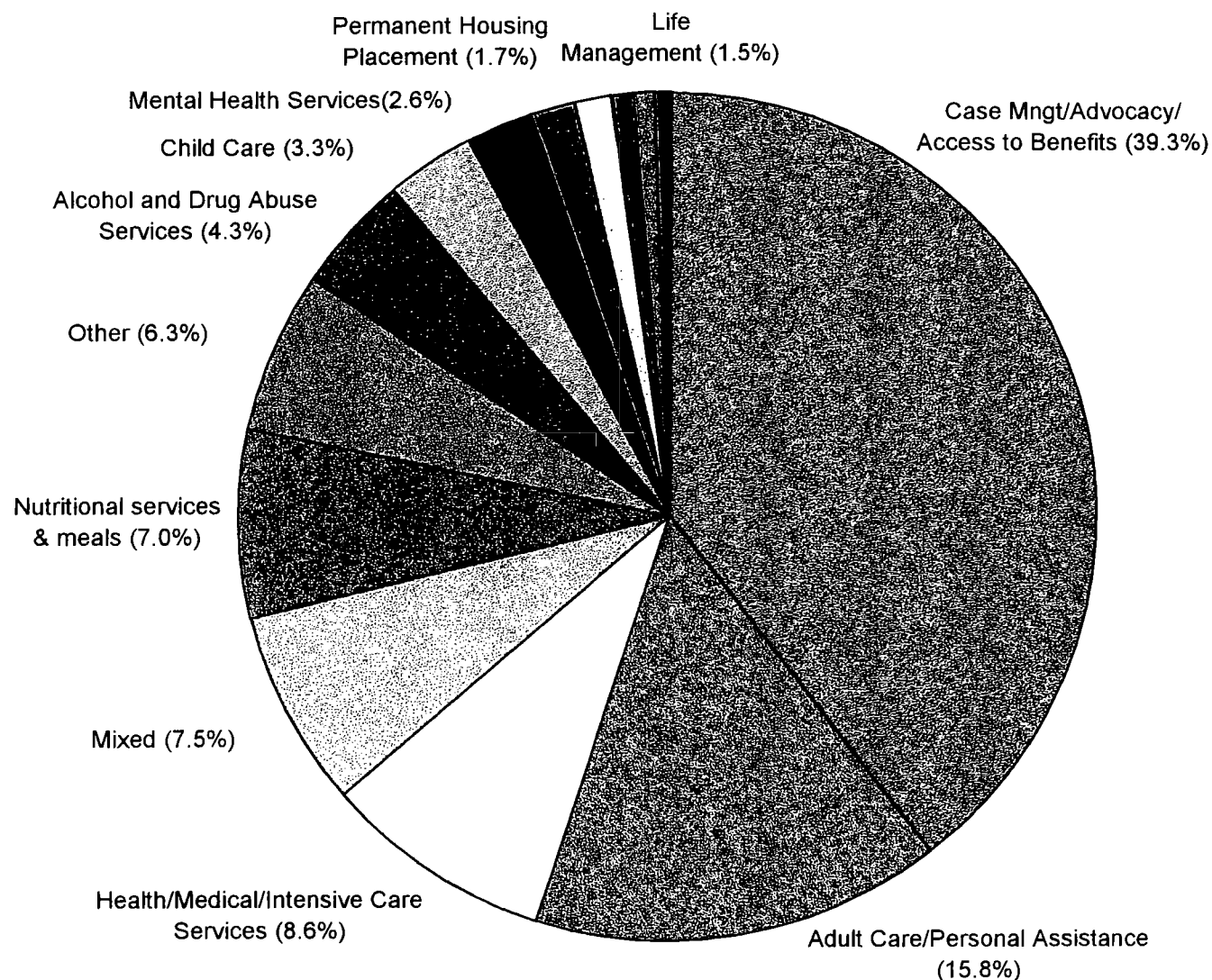
Information taken from 225 Annual Progress Reports filed between 1994-1997; cumulative data for over \$184 million in HOPWA funds.

Information on Housing Assistance categories is based on 131 reports

Office of HIV/AIDS Housing, HUD, revised 11/17/98

APR Competitive and Formula Grant Social Services Spending

(Represents 20% of total expenditures by HOPWA grantees)



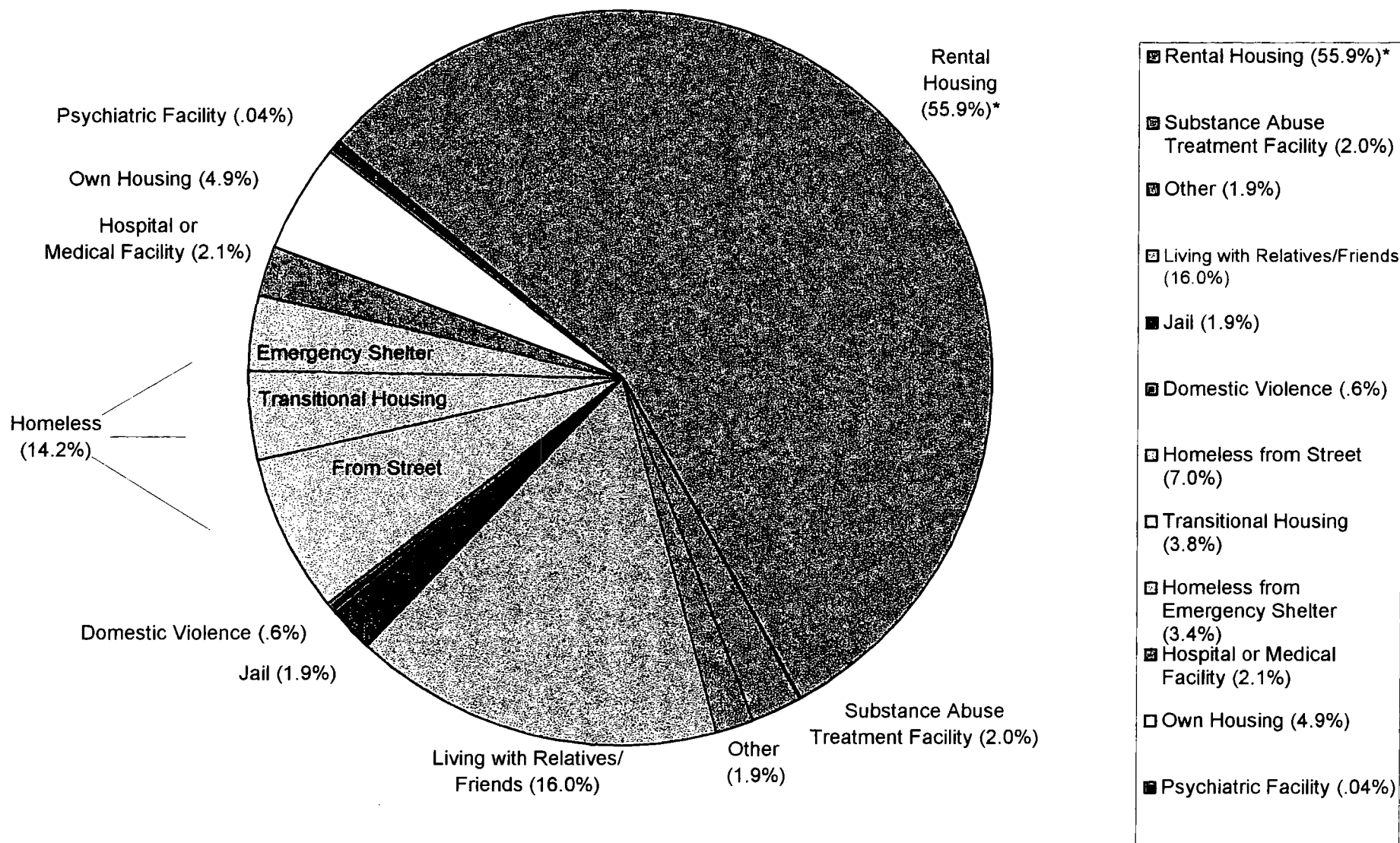
Eligible HOPWA Activities:

- Case Mngt/Advocacy/Access to Benefits (39.3%)
- Adult Care/Personal Assistance (15.8%)
- Health/Medical/Intensive Care Services (8.6%)
- Mixed (7.5%)
- Nutritional services/meals (7.0%)
- Other (6.3%)
- Alcohol and Drug Abuse Services (4.3%)
- Child Care (3.3%)
- Mental Health Services (2.6%)
- Permanent Housing Placement (1.7%)
- Life Management (1.5%)
- Transportation (.8%)
- Outreach (.7%)
- Education (.3%)
- Employment Assistance (.1%)
- Dental (.2%)
- Eye Care (.1%)

Expenditure data from 225 Annual Progress Reports filed between 1994-1997. Social Services data from 81 reporting grantees, 94-97.

OFFICE OF HIV/AIDS HOUSING, November 1998

Previous Living Conditions of Clients Receiving Housing Assistance through HOPWA



**Program serves persons who are at risk of homelessness and short-term and rental assistance payments help to maintain housing.*

148 Formula Grants APR and IDIS data. OFFICE OF HIV/AIDS HOUSING, HUD, November 1998

COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH
AIDS

Appropriates \$215,000,000 for housing opportunities for persons with AIDs, instead of \$204,000,000 as proposed by the House and \$225,000,000 as proposed by the Senate.

Deletes language proposed by the Senate requiring HUD to submit a report to Congress summarizing all technical assistance provided in this account. The conferees, however, direct HUD to provide this information to the VA, HUD and Independent Agencies Subcommittees.

The conferees agree to reiterate the request, proposed in both the House and Senate reports, for a reexamination of this program—particularly its formula for distributing funds.

Under current law, 90 percent of HOPWA funds are distributed on a formula basis. States and metropolitan areas qualify for funding when the cumulative number of AIDS cases in the locality exceeds 1,500.

Three quarters of the formula funds are then distributed among all qualifying states and metropolitan areas based on proportionate shares of cumulative cases. The remaining one quarter is distributed to qualifying metropolitan areas with above-average current incidence of AIDS.

This approach of giving states and metro areas entitlement to a portion of formula funds when the cumulative number of AIDS cases (since the early 1980s) crosses a fixed numerical threshold leads to an increase in the number of qualifying jurisdictions each year. This requires available funds to be spread more thinly each year. The rising number of qualifying jurisdictions is a major reason why the Appropriations Committees have sought to provide annual increases for this program, but the conferees are not at all confident that budgetary conditions will allow future funding to keep pace with the annual increases in eligible jurisdictions.

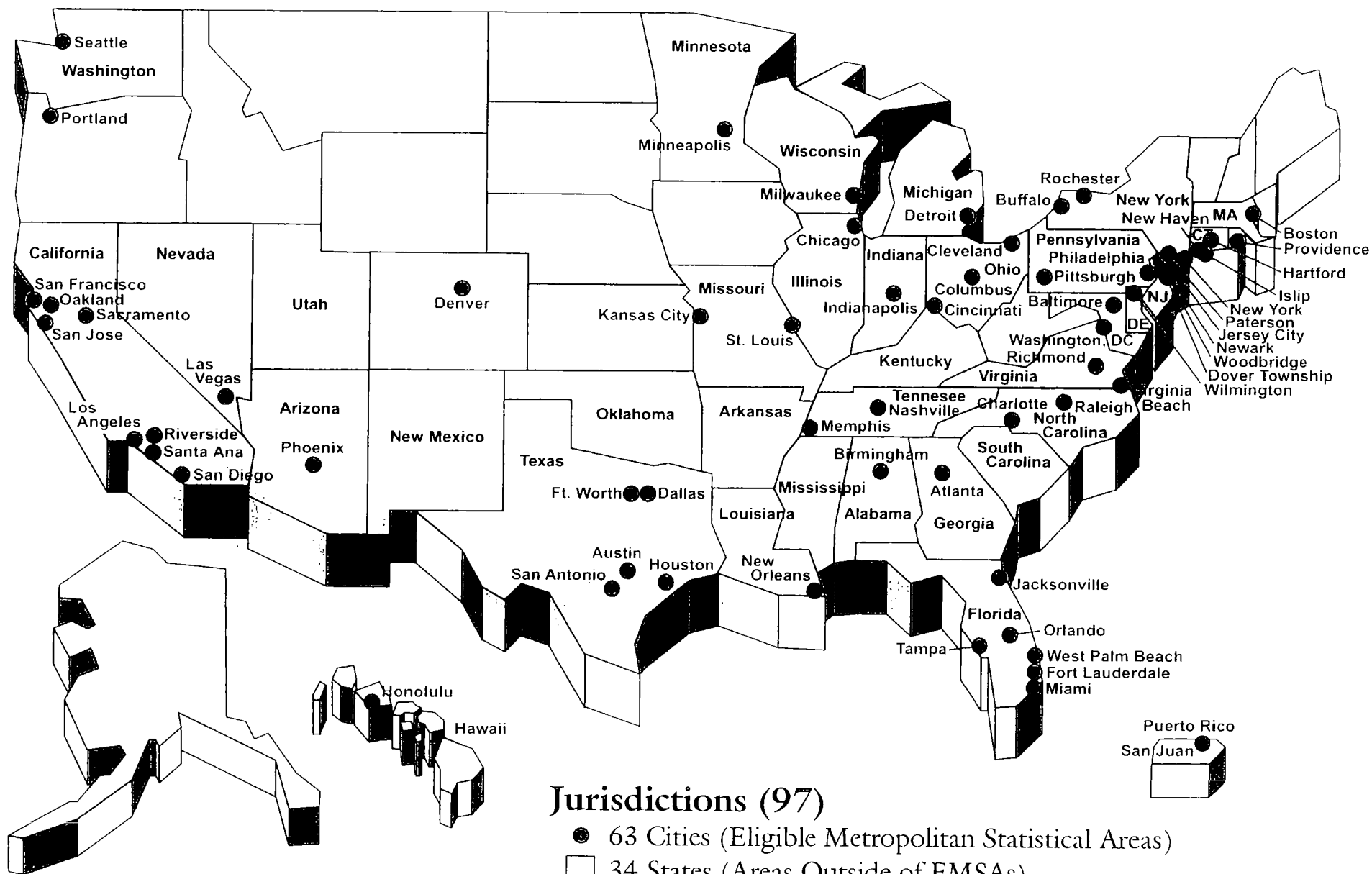
In addition, as more metro areas cross the threshold and qualify, the rest of the state often loses all funding, as subtracting the metro area often brings the number of cases in the balance of the state below the threshold. The conferees have once again included temporary grandfathering language to preserve funding for another year for states caught in these circumstances, but believe a more permanent solution is needed.

The conferees appreciate the detailed report submitted by the Department in response to requests in last year's appropriations reports. However, that report recommended against a change in the formula, primarily because of the importance of maintaining stability in this program. The conferees recognize the virtue of stability, but point out that aspects of the present system are not particularly stable—in fact, the "bonus" portion of the formula (the portion that uses current incidences of AIDS cases relative to the current national average) produces wide annual swings in funding for some jurisdictions. More importantly, as noted above, the conferees are concerned that the present system cannot be sustained without annual appropriations increases larger than can be realistically expected.

For all these reasons, the conferees urge the authorizing committees, the Department, and the AIDS housing community to consider whether it is time to redesign the basic funding formulas for the HOPWA program—giving particular attention to means of basing eligibility and allocations on better measures of relative current need, and perhaps also considering whether a competitive element should be introduced so as to channel some extra funds to areas with particularly well developed and successful programs.

None of the above is intended to express doubt concerning the very real needs that the HOPWA program serves. Rather, the conferees are concerned that the current funding approach may be unsustainable and anxious that scarce funding be distributed so as to address the highest priority needs and reward the best performing programs.

HOPWA 1999 Formula Jurisdictions



Source: Office of HIV/AIDS Housing, HUD, October 1998

DRAFT

1. Use the CDC Estimated Number of Persons Living with AIDS.

AIDS surveillance data on the estimated number of persons living with AIDS (PLWA) would be the basis for the revised HOPWA formula. The new formula would allocate funds to each of the qualifying cities and States based on CDC information that adjusts each of the last ten years of AIDS reporting data to an estimate of the number of PLWA in each jurisdiction. HUD would use the same point in time for this data that CDC provides to HHS to administer the Ryan White CARE Act formulas, i.e. December 31 of the year prior to the fiscal year, e.g. 1-31-98 for FY2000.

2. Use a modified 90% Hold Harmless in place of the High Incidence Bonus.

Replace the formula factor that awards 25 percent of funds to the metropolitan areas that have a higher-than-average incidence. In its place, a modified hold harmless provision would set a minimum percentage that each formula grantee would receive in its allocation that is not less than 90 percent of the amount received in the preceding fiscal year. Two exceptions would be made: (a) where the State's service area has been reduced due to a new city qualifying as a formula grantee; and (b) if the total HOPWA appropriation is not equal to the prior fiscal year appropriation; should this reduction occur, the hold harmless provision would be adjusted downward by each percentage point that the new appropriation is smaller than the current appropriation; e.g. if next year, HOPWA receives 60 percent of this year's amount (a reduction of 40%), the hold harmless would guarantee that no grantee receive less than 50 percent (a reduction of 40 percentage steps from the original 90 percent).

3. Eligibility for all current jurisdictions with some allowance for new grantees.

The formula would keep all the current cities and states eligible by adding a clause that maintains eligibility for any prior recipient of a formula grant. Additional jurisdictions could qualify if they meet a revised thresholds: (a) that the area is a metropolitan area of 500,000 population or greater, or that the area be the areas of a State that are outside of any qualifying metropolitan areas; and (b) that the qualifying area have at least 750 PLWA (under the CDC data used above in item 1). Since some cities are already covered under the State grants, when a metropolitan area newly qualifies, the existing State grant would continue to be eligible under the first sentence, although the service area and funding level would be decreased accordingly.

4. Administrative Flexibility in Designating Grantees.

The revised formula would add flexibility in administering these grants. The allocation would continued to be awarded to: (a) the largest city in a metropolitan area of over 500,000 population, and (b) the State for areas of the State that are outside of any qualifying metropolitan areas. Adjustments would be made at the request of city or State and their designated replacement, to allow HUD to designate another CDBG-eligible government or public agency in that service area to serve as the grantee. To continue an administrative provision established in 1998, in the case of the Philadelphia PA-NJ Primary Metropolitan Statistical Area, the New Jersey counties in this area will be considered as part of the State of New Jersey's service area in making formula allocations. The revised formula would also allow the Secretary to amend the designation of a formula grantee, if the Secretary determines that the public interest or program efficiency warrants this revised designation, including designating another CDBG-eligible jurisdiction or public agency in that area to serve as the grantee, including a situation where an allocation to the State would be less than \$100,000, or if the originally designated jurisdiction refuses to accept the allocation within one year of the date of the appropriation.

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:	New York City			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	44,493			34,302
Weighted Pot 100	28,779			
		-15,714	-35%	
95% of FY98 Actual	42,268	-2,225		
90% of FY98 Actual	40,044	-4,449		

Jurisdiction:		Los Angeles		
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	10,144			11,797
Weighted Pot 100	9,897			
		-247	-2%	
95% of FY98 Actual	N/A		*	
90% of FY98 Actual	N/A			

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:		San Francisco			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.					
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs	
FY 98 Actual	8,528			6,748	
Weighted Pot 100	5,661				
		-2,867	-34%		
95% of FY98 Actual	8,102	-426	-5%		
90% of FY98 Actual	7,675	-853	-10%		

Jurisdiction:	Miami			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	7,732			7,071
Weighted Pot 100	5,932			
		-1,800	-23%	
95% of FY98 Actual	7,345	-387	-5%	
90% of FY98 Actual	6,959	-773	-10%	

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:		Washington DC			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.					
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs	
FY 98 Actual	5,747			6,601	
Weighted Pot 100	5,539				
		-208	-4%		
95% of FY98 Actual	5,460	-287	-5%		
90% of FY98 Actual	5,172	-575	-10%		

Jurisdiction:	Newark			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	5,604			4,921
Weighted Pot 100	4,128			
		-1,476	-26%	
95% of FY98 Actual	5,324	-280	-5%	
90% of FY98 Actual	5,044	-560	-10%	

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:	Houston			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	5,107			5,424
Weighted Pot 100	4,551			
		-556	-11%	
95% of FY98 Actual	4,852	-255		
90% of FY98 Actual	4,596	-511		

Jurisdiction:	San Juan			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	4,917			4,629
Weighted Pot 100	3,883			
		-1,034	-21%	
95% of FY98 Actual	4,671	-246	-5%	
90% of FY98 Actual	4,425	-492	-10%	

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:	Baltimore			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	4,414			4,678
Weighted Pot 100	3,925			
		-489	-11%	
95% of FY98 Actual	4,193	-221	-5%	
90% of FY98 Actual	3,973	-441	-10%	

Jurisdiction:	Ft Lauderdale			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	4,327			3,745
Weighted Pot 100	3,141			
		-1,186	-27%	
95% of FY98 Actual	4,111	-216	-5%	
90% of FY98 Actual	3,894	-433	-10%	

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:	Chicago			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	3,900			6,174
Weighted Pot 100	5,180			
		1,280	33%	
95% of FY98 Actual	N/A			
90% of FY98 Actual	N/A			

Jurisdiction:	Atlanta			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	3,889			4,729
Weighted Pot 100	3,968			
		79	2%	
95% of FY98 Actual	N/A			
90% of FY98 Actual	N/A			

Jurisdiction:		Indianapolis		
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	537			850
Weighted Pot 100	713			
		176	33%	
95% of FY98 Actual	N/A			
90% of FY98 Actual	N/A			

Jurisdiction:		St. Louis			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.					
Allocations		Difference (+/-)	% of Difference	Est. PLWAs	
FY 98 Actual	888			1,391	
Weighted Pot 100	1,167				
		279	31%		
95% of FY98 Actual	N/A				
90% of FY98 Actual	N/A				

Jurisdiction:		State of Indiana			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.					
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs	
FY 98 Actual	577			984	
Weighted Pot 100	825				
		248	43%		
95% of FY98 Actual	N/A				
90% of FY98 Actual	N/A				

Jurisdiction:		State of Illinois			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.					
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs	
FY 98 Actual	489			854	
Weighted Pot 100	716				
		227	46%		
95% of FY98 Actual	N/A				
90% of FY98 Actual	N/A				

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:	New York	ST		
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	2,102			4,472
Weighted Pot 100	3,752			
		1,650	78%	
95% of FY98 Actual	N/A			
90% of FY98 Actual	N/A			

Jurisdiction:	Alabama			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	1,042			1,878
Weighted Pot 100	1,576			
		534	51%	
95% of FY98 Actual	N/A	*		
90% of FY98 Actual	N/A			

Department of Housing and Urban Development
Office of HIV/AIDS Housing

FOR ANALYSIS ONLY

Jurisdiction:	Texas			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations	\$ (000s)	Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	1,853			3,553
Weighted Pot 100	2,981			
		1,128	61%	
95% of FY98 Actual	N/A			
90% of FY98 Actual	N/A			

Jurisdiction:	California			
Part 1: 10 year weighted allocation with no bonus holding harmless at 95% and 90%.				
Allocations		Difference (+/-)	% of Difference	Est. PLWAs
FY 98 Actual	2,288			3,484
Weighted Pot 100	2,923			
		635	28%	
95% of FY98 Actual	N/A	*		
90% of FY98 Actual	N/A			



community builders fellowship

Andrew Cuomo
Secretary

Dear Colleague:

As we approach the 21st Century, communities across the country—particularly our urban centers—are faced with complicated economic and social challenges. To meet those challenges, and foster hope for coming generations, requires a deeply committed and experienced cadre of Community Builders: local leaders who know how to use resources in better, smarter ways.

For nearly four centuries, Harvard University has produced some of the foremost thinkers and leaders in American history. Together with Harvard's Kennedy School of Government, the new HUD is launching the Community Builders Fellowship. The idea? Get some of America's best minds together, educate and train them in all aspects of housing and community development, teach them innovative solutions that are working for communities across this nation, then send them out into the field to make a difference for America's cities. What the Peace Corps was to global development, what AmeriCorps is to local empowerment, we hope Community Builders will be to urban renewal.

Community Builders must have the know-how to help cities and towns access national assistance and cut through red tape. They must be able to help a community design an effective strategy to address a full range of needs—including housing, economic development and homeownership.

But we can't do it without you.

We are looking to hire teachers, bankers, nonprofit directors, realtors, city planners, and other bright minds from diverse professions to serve as Community Builders. We need your help to find them. These are senior salaried positions in all 81 HUD offices nationwide, with terms of two years.

If chosen for the fellowship, a Community Builder will receive four weeks of training at Harvard University, the first two weeks beginning in the fall of 1998. Then, they will begin their work on the front lines in one of 81 communities across the country, providing a critical point of contact with HUD for thousands of people who count on us.

We plan to hire more than 200 Community Builders in 1998. And in the year 2000, another class of Community Builders will be hired as the class of 1998 returns to their neighborhoods, energized and ready to help make them better.

Continued,

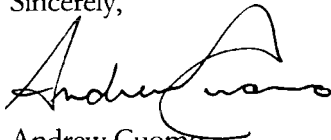
Not only will the Community Builders help transform the way HUD works in partnership with communities across the country, but they will also build an infrastructure of people in every community who are knowledgeable, innovative and seasoned leaders. By creating this revolving pool of community development talent, we will be able to revitalize many communities while we replenish others.

Enclosed are brochures that discuss the Community Builders Fellowship in greater detail. If you know of anyone who has the skills, the drive and the desire to be a Community Builder, please give them a copy of the brochure and encourage them to apply. Also, we would greatly appreciate it if you would consider mentioning this opportunity in your organization's newsletter. The deadline to apply is May 1, 1998.

Thank you in advance for your help in recruiting the best and the brightest and in preparing a new generation of leaders who are committed to building a stronger, healthier American Community. If you have any questions about the program, or would like additional brochures, please contact the Community Builders information line at 1.800.497.3823. You can also visit our web page at www.hud.gov.

America's cities have a proud past. At HUD, we believe they will have a bright future. Together—we can turn that hope into reality.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Cuomo". The signature is fluid and cursive, with a large, sweeping "A" and a long, horizontal stroke at the end.

Andrew Cuomo

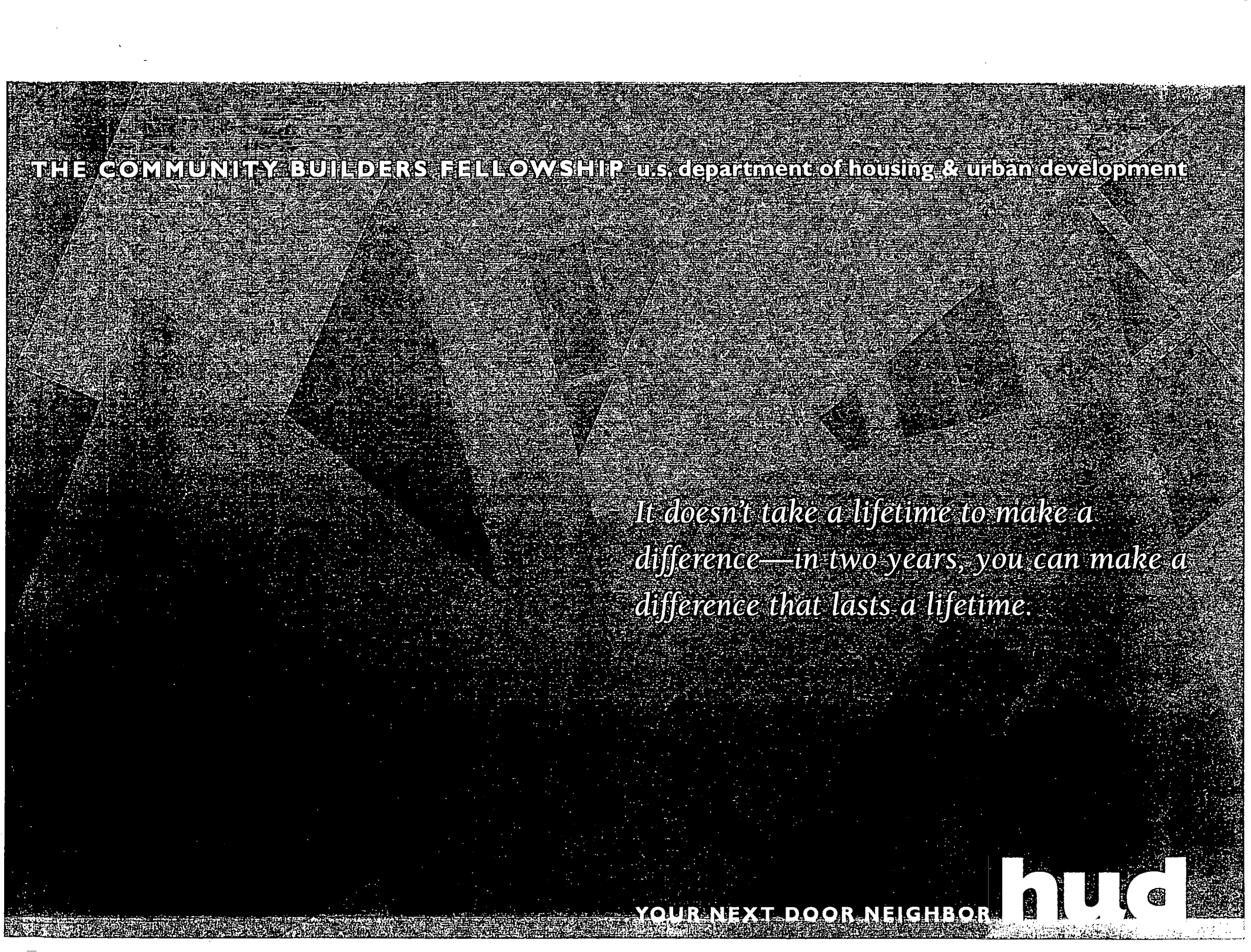
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The Community Builders Fellowship
U.S. Department of Housing and Urban Development



THE COMMUNITY BUILDERS FELLOWSHIP u.s. department of housing & urban development

*It doesn't take a lifetime to make a
difference—in two years, you can make a
difference that lasts a lifetime.*

YOUR NEXT DOOR NEIGHBOR

hud



Office of HIV/AIDS Housing

**Office of Community Planning and Development
U. S. Department of Housing and Development
451 Seventh Street SW, Room 7154
Washington, DC 20410-7000**

Facsimile Cover

From: David Vos, Director
Office of HIV/AIDS Housing
PHONE: (202) 708-1934 x 4620
FAX: (202) 708-1744

Date: January 26, 1998

Number of pages, including cover:

Material sent to: Several

Comments: I thought you'd be interested in the following materials. These provide an update on prior publications, such as:

1. a HOPWA program description with fiscal year 1998 references;
2. a chart with allocations and awards from fiscal years 1995-8;
3. guidance on restrictions on AIDS drugs assistance and other health-care costs;
4. a statistical report on program use and the Annual Progress Report (11/97) which is used for the collection of this information from competitive grants--this form also similar to the data screens used by formula grantees in HUD's Integrated Disbursement and Information System (IDIS);
5. a description of the grants selected in the most recent HOPWA competition; and

If you have questions on these materials, please let me know. I hope that you find them of interest.

Best regards.

Housing Opportunities for Persons With AIDS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Goals: The program is authorized by statute "to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with acquired immunodeficiency syndrome and families of such persons." Additionally, the

National AIDS Strategy established national goals to end the epidemic of HIV and AIDS and to ensure that all people living with HIV have access to services, from health care to housing and supportive services, that are affordable, of high quality, and responsive to their needs.

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

Secretary Andrew Cuomo

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

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

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

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

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



OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

January 21, 1998

MEMORANDUM FOR: All CPD Field Office Directors and HOPWA Grantees

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

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

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

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

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

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

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

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

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

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

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

1. Further Guidance on Restricted Use.

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

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

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

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

2. Applicability of Related Federal and State Policies.

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

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

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

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

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

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

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

cc: Maxine Griffith, SDF



FACT SHEET

HIV/AIDS BUREAU • DIVISION OF SERVICE SYSTEMS • OCTOBER 1997

The Ryan White CARE Act AIDS Drug Assistance Programs (ADAPs)

The Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services, administers the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Enacted in 1990 and reauthorized in May 1996, the CARE Act is the largest source of Federal funding specifically directed to provide primary care and support services for persons living with HIV disease.

Under Title II of the CARE Act, formula grants are awarded to the States and other eligible areas to improve the quality, availability, and organization of HIV health care and support services. In addition to other specific service programs, Title II funds AIDS Drug Assistance Programs (ADAPs). ADAPs provide medications to low-income individuals with HIV disease, who have limited or no coverage from private insurance or Medicaid, in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam.

In 1996, ADAPs served approximately 79,500 persons with HIV disease who had limited or no coverage from private insurance or Medicaid. At any one time, ADAPs were serving about 40,000 individuals.

Title II requires that: *"A State shall use a portion of the amounts provided to establish a program... to provide therapeutics to treat HIV disease or prevent serious deterioration of health arising from HIV disease in eligible individuals, including measures for the prevention and treatment of opportunistic infections."*

ADAPs have served clients since 1987 (see box), but recent treatment advances have focused increasing attention on the program. The newest class of HIV drugs, protease inhibitors (PIs), have proven to be very effective when used in combination with two or three other medications. As a result, demand for the promising new combination therapy has grown rapidly—not only among individuals already in care but also among those who had not previously sought treatment. Because the cost of combination therapy with PIs is very high—between \$10,000 and \$12,000 a year per person—ADAPs are

greatly challenged in responding to the increased client demand.

Even before the expensive new drugs became available, many ADAPs were experiencing strains. The rapid growth of the HIV epidemic among poor and historically underserved populations, and evolving treatment standards which involve more than one antiviral drug, contributed to these strains. In addition, the number of people seeking and receiving treatment for HIV and AIDS continues to increase on a monthly basis.

ADAP funding has increased dramatically in recent years. In fiscal year (FY) 1996, \$52 million in Title II CARE Act supplemental funds was appropriated specifically for ADAPs. This was in addition to the \$53 million that States had already committed from their base Title II awards. In FY 1997, \$167 million was earmarked for ADAPs.

State Roles In Managing ADAPs

States have the authority to establish income and medical eligibility criteria and to determine how drugs will be purchased and distributed to clients. States also determine which drugs to include on their formularies.

The ADAP began 10 years ago. In March 1987, zidovudine — better known as AZT— became the first drug approved by the Food and Drug Administration (FDA) to treat HIV disease. However, the annual cost of AZT per person, about \$10,000, placed it out of reach for many people. Congress responded (a month later) in April 1987, by approving \$30 million in funding under a public health emergency provision, and later enacted Public Law 100-71 authorizing the establishment of an ADAP program nationwide.

As HIV treatment advances occurred and as resources permitted, States expanded the program to cover drugs in addition to AZT. In 1990, when ADAP became part of the newly enacted CARE Act, States had the option to cover any FDA-approved drug that could prolong life or prevent deterioration of health.



Covered Drugs

As the number of FDA-approved HIV treatments has increased, States added some or all of the newer drugs within the limits of available resources. The availability of new, effective drugs, combined with the greatly increased cost of new medications, has affected the expansion of formularies. Today, there is considerable variation in the number of drugs on ADAP formularies, ranging from 5 to more than 100, with one-half of the States covering 25 or more drugs.

Purchase and Distribution of Pharmaceuticals

Most ADAPs were established to operate under a pharmacy reimbursement model similar to Medicaid. This allows patients to go to a participating pharmacy, show their ADAP cards and have their prescriptions filled. The pharmacy then bills ADAP.

A few States with a system of pharmacies attached to a network of public health clinics have opted to use that system to purchase and distribute drugs for ADAP clients. Only a few ADAPs directly purchase drugs and mail them to clients.

Cost-Containment Measures

With the significant growth in clients seeking treatment, dramatic increases in the cost of new treatments, and rapidly changing standards of care, ADAPs are challenged to contain costs at the same time they are asked to expand access. As a result, ADAPs have taken a number of steps to stretch dollars. These include changing the system used to purchase/distribute drugs; seeking larger price discounts (e.g., by participating in the Office of Drug Pricing Program administered by HRSA, or negotiating voluntary manufacturers' rebates); tightening income eligibility criteria; deleting some drugs from State formularies; setting caps on ADAP benefits; and/or establishing guidelines for prescribing drugs.

Income Eligibility

Because Title II gives States the authority to set income and medical eligibility criteria for ADAPs, there is wide variation among States. The following table summarizes income eligibility criteria.

The variation in eligibility generally reflects the type and availability of other health care resources for low-

Criteria as Percent of Federal Poverty Level (FPL)	Number of States/Grantees
100% or below FPL	1 ADAP
100 to 200% FPL	19 ADAPs
200 to 300% FPL	18 ADAPs
Over 300% FPL	11 ADAPs
Three States use some other criteria not related to Federal Poverty Level.	

1997 Federal Poverty Level is \$7,890/year per individual.

income individuals with HIV disease. It must be noted that even in States with more generous income eligibility standards, the overwhelming majority of enrolled individuals have incomes below 200 percent of FPL.

Medical Eligibility

All States require individuals who meet income threshold criteria simply to provide proof of their HIV status. Twelve States also require a laboratory test showing a CD4 count of 500 or less (indicating significant damage to the immune system). For individuals to obtain access to protease inhibitors and/or antiretrovirals, 15 States have additional specific criteria.

ADAPs In Context

A number of factors affect key State decisions regarding ADAPs. The ADAP is just one of multiple important sources of public and private funding for HIV treatment. Medicaid is by far the largest payer, providing treatment to an estimated 60 percent of persons with AIDS nationwide.

However, State Medicaid plans vary widely, in terms of eligibility and covered services. States with more restrictive Medicaid eligibility, limited prescription benefits, and/or no optional coverage for medically needy populations, place special challenges on ADAPs. Too often, however, these are also States with limited or no State contributions to the program. Those constraints are most often reflected in restrictive financial eligibility criteria and limited formularies. Other factors include the availability of affordable private insurance, insurance risk pools, and whether or not the State limits the extent to which private insurers may cap prescription benefits.

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All other inquiries, contact Division of Service Systems, HIV/AIDS Bureau, HRSA
5600 Fishers Lane, Room 7A-55 • Rockville, MD 20857 • (301) 443-6745 • Fax (301) 443-8143
<http://www.hrsa.dhhs.gov>



FACT SHEET

HIV/AIDS BUREAU • DIVISION OF SERVICE SYSTEMS • OCTOBER 1997

The Ryan White CARE Act AIDS Drug Assistance Program (ADAP) Funding Overview

The Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services, administers the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Enacted in 1990 and reauthorized in May 1996, the CARE Act is the largest source of Federal funding specifically directed to provide primary care and support services for persons living with HIV disease.

Title II of the CARE Act mandates that States, the District of Columbia, Puerto Rico, and eligible territories receive formula grants to improve the quality, availability and organization of HIV health care and support services. In addition to other specific service programs, Title II grants support State-administered AIDS Drug Assistance Programs (ADAPs). ADAPs provide medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid.¹

Increased Demand for ADAP

The last several years have seen an unprecedented growth in client demand and program costs for the ADAPs. These are due to:

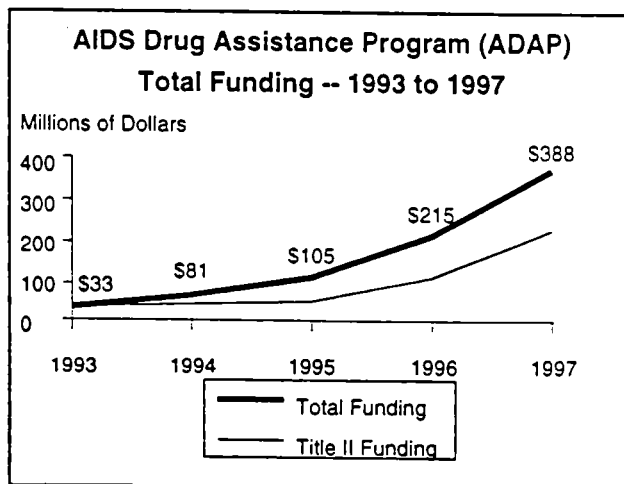
- the rapid expansion of the HIV/AIDS epidemic among low-income and uninsured populations;
- the high cost of newly approved drugs (protease inhibitors) that must be used in multiple-drug regimens; and
- the increasing numbers of people with HIV/AIDS now seeking combination therapy as a result of widely publicized research that supports new pharmaceutical therapies for improving their health status and quality of life.

Future demand on ADAP resources is expected to escalate as the standard of care shifts toward earlier treatment for people with HIV/AIDS, and as patients continue to respond positively to the new drug therapies.

Overview of Funding

In response to the increased demand, both Federal and State funding of ADAPs has grown significantly since 1985 (see chart). Federal sources of ADAP funding include:

- Title II grants — awarded to States based on formula; States have limited discretion in using these funds, but must direct some portion of the grant to the provision of therapeutics or to support ADAPs;
- Title II-earmarked ADAP funds — awarded to States based on formula, but all such funds must be used for ADAP;
- Title I grants to Eligible Metropolitan Areas (EMAs; areas disproportionately affected by the HIV epidemic) — awarded based on formula and need; these grants are used by EMAs to meet needs identified and prioritized by their HIV Services Planning Councils. Funded priorities may include ADAPs.



¹All 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam have Title II-supported ADAPs.



States also allocate general revenue or other State funds to support their ADAPs, and by June 1997, 32 States had appropriated funds for ADAPs.

In addition, ADAPs use various cost containment strategies (discussed later) that maximize funds, allowing ADAPs to serve more people living with HIV/AIDS.

Federal Support

Title II: Over the past 3 years, Title II base allocations to ADAPs have risen from \$47 million for FY 1995 to \$63 million for FY 1997. In 1996, an additional \$52 million was specifically earmarked by Congress for ADAPs. This figure increased to \$167 million for FY 1997.² Total Title II funds have increased 368 percent, and currently represent 58 percent of all available funds for ADAPs.

Title I EMA Support: Some ADAPs rely on allocations from Title I EMAs to help fill service gaps and ensure a continuum of care. In FY 1996, EMAs in 13 of the 23 States with EMAs contributed \$26 million to ADAPs. However, more than 80 percent of these contributions went to the New York State ADAP from the New York City EMA. In FY 1997, 21 States projected receipt of \$41 million from their Title I EMAs.

State General Support

During FY 1996, 35 States contributed \$53 million to fund ADAPs. In the current fiscal year, 34 States have thus far allocated a total of more than \$100 million, an 89 percent increase over last year's total. States' contributions during FY 97 have ranged from a low of \$40,000 to a high of \$27.3 million.

Cost Containment Strategies

Most States participate in multiple cost recovery strategies designed to maximize available ADAP funds and assist the greatest number of people living with HIV/AIDS. Generally, these strategies result in savings

that revert directly back into the State's ADAP budget. Examples of cost-cutting methods include voluntary manufacturer's rebates, purchasing discounts with wholesalers or pharmacies, and insurance recovery mechanisms for clients who have partial drug benefit coverage through Medicaid or a private insurer. For clients in the latter category, ADAPs in some States work to close gaps left by Medicaid and insurance programs. For example, an ADAP might supplement a State Medicaid or insurance program that limits the number of prescriptions that can be filled per month.

During FY 1996, 22 States received \$16 million as a result of these cost-saving mechanisms, funds which were then used to purchase additional pharmaceuticals. In FY 1997, 10 States estimate they will be able to add \$25 million in savings from these mechanisms to their ADAPs. Savings among these 10 States range from \$25,000 to \$15.7 million. Significant additional savings in these and other States are anticipated before the end of the fiscal year.

Current and Emerging Issues

As new and rapidly changing treatments enhance individuals' overall health status and improve their quality of life, ADAPs will continue to face fiscal challenges. Most ADAPs project program growth, with increasing enrollment and utilization of multi-drug combinations. Recent release of the new HIV Clinical Treatment Guidelines that emphasize early and multi-drug treatment that includes protease inhibitors, will also likely increase enrollments. The advent of these new and effective therapeutics require that care providers, ADAPs, and patients view HIV as a treatable and chronic disease, factors that will affect ADAP policies. ADAPs also will need to reexamine their roles as more and more Medicaid enrollees are served through managed care. Finally, future budget constraints and the need for sufficient numbers of HIV-trained and qualified primary health care providers must be anticipated.

²Of this figure, \$10.1 million was awarded in advance to two States for use in the 4th quarter of FY 1996 to address critical ADAP shortages.

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ADAP Funding Information, FY 1997 (1)

Grantee	All Sources	Title II-ADAP (2)	Title II Base (3)	Title I (4)	State	Other
Alabama	\$3,000,000	\$1,329,706	\$1,670,294	\$0	\$0	\$0
Alaska	\$112,917	\$112,917	\$0	\$0	\$0	\$0
Arizona	\$3,058,487	\$1,450,752	\$849,248	\$732,487	\$26,000	\$0
Arkansas	\$654,013	\$654,013	\$0	\$0	\$0	\$0
California	\$72,182,743	\$19,778,919	\$12,873,984	\$4,941,840	\$27,259,000	\$7,329,000
Colorado	\$2,580,721	\$1,607,932	\$135,883	\$535,906	\$301,000	\$0
Connecticut	\$4,428,675	\$2,790,394	\$602,389	\$443,892	\$592,000	\$0
Delaware	\$979,000	\$619,686	\$314,314	\$0	\$0	\$45,000
District of Columbia	\$5,520,030	\$2,613,341	\$745,816	\$1,160,873	\$1,000,000	\$0
Florida	\$32,234,438	\$14,357,694	\$9,957,303	\$5,919,441	\$2,000,000	\$0
Georgia	\$11,395,444	\$5,125,509	\$2,930,000	\$3,015,485	\$324,450	\$0
Guam	\$0	\$0	\$0	\$0	\$0	\$0
Hawaii	\$1,111,594	\$542,903	\$268,691	\$0	\$300,000	\$0
Idaho	\$193,480	\$112,917	\$80,563	\$0	\$0	\$0
Illinois	\$11,265,787	\$5,427,222	\$838,565	\$0	\$5,000,000	\$0
Indiana	\$3,110,662	\$1,372,162	\$801,000	\$0	\$937,500	\$0
Iowa	\$292,680	\$292,680	\$0	\$0	\$0	\$0
Kansas	\$738,196	\$568,196	\$170,000	\$0	\$0	\$0
Kentucky	\$1,089,321	\$663,046	\$326,275	\$0	\$100,000	\$0
Louisiana	\$19,840,132	\$2,717,224	\$529,106	\$593,802	\$16,000,000	\$0
Maine	\$389,486	\$229,446	\$100,000	\$0	\$60,040	\$0
Maryland	\$6,166,534	\$5,025,239	\$0	\$341,295	\$600,000	\$200,000
Massachusetts	\$10,788,179	\$3,310,714	\$0	\$1,177,465	\$6,300,000	\$0
Michigan	\$3,262,921	\$2,408,285	\$154,636	\$300,000	\$0	\$400,000
Minnesota	\$956,003	\$841,003	\$40,000	\$0	\$75,000	\$0
Mississippi	\$3,260,326	\$880,749	\$1,159,577	\$0	\$400,000	\$820,000
Missouri	\$4,166,001	\$1,965,652	\$0	\$1,600,349	\$600,000	\$0
Montana	\$214,137	\$64,137	\$150,000	\$0	\$0	\$0
Nebraska	\$300,000	\$233,963	\$66,037	\$0	\$0	\$0
Nevada	\$1,534,199	\$957,533	\$576,666	\$0	\$0	\$0
New Hampshire	\$485,888	\$214,993	\$143,507	\$102,388	\$0	\$25,000
New Jersey	\$16,787,734	\$9,448,859	\$4,566,141	\$1,322,734	\$700,000	\$750,000
New Mexico	\$1,550,989	\$377,593	\$230,196	\$0	\$943,200	\$0
New York	\$81,800,483	\$29,381,796	\$9,961,912	\$16,455,675	\$10,291,100	\$15,710,000
North Carolina	\$3,660,201	\$2,250,201	\$660,000	\$0	\$750,000	\$0
North Dakota	\$24,390	\$24,390	\$0	\$0	\$0	\$0
Ohio	\$6,264,877	\$2,577,208	\$822,792	\$366,561	\$2,406,316	\$92,000
Oklahoma	\$1,540,187	\$728,086	\$606,101	\$0	\$206,000	\$0
Oregon	\$1,363,136	\$1,148,136	\$50,000	\$165,000	\$0	\$0
Pennsylvania	\$9,987,504	\$5,258,299	\$0	\$672,205	\$4,057,000	\$0
Puerto Rico	\$16,179,504	\$5,315,209	\$3,322,835	\$279,452	\$7,262,008	\$0
Rhode Island	\$762,972	\$494,123	\$268,849	\$0	\$0	\$0
South Carolina	\$3,286,578	\$2,112,895	\$423,683	\$0	\$450,000	\$300,000
South Dakota	\$105,343	\$38,843	\$66,500	\$0	\$0	\$0
Tennessee	\$1,830,152	\$1,830,152	\$0	\$0	\$0	\$0
Texas	\$21,461,439	\$11,061,308	\$3,000,000	\$602,395	\$6,797,736	\$0
Utah	\$780,946	\$399,273	\$266,873		\$114,800	\$0
Vermont	\$449,980	\$92,140	\$157,840	\$0	\$200,000	\$0
Virgin Islands	\$28,014	\$0	\$28,014	\$0	\$0	\$0
Virginia	\$6,282,969	\$2,881,631	\$2,714,138	\$0	\$687,200	\$0
Washington	\$6,568,124	\$2,067,728	\$326,682	\$322,024	\$3,650,000	\$201,690
West Virginia	\$370,000	\$247,513	\$82,487	\$0	\$40,000	\$0
Wisconsin	\$1,465,239	\$823,839	\$280,000	\$0	\$361,400	\$0
Wyoming	\$40,940	\$37,940	\$3,000	\$0	\$0	\$0
Total	\$387,903,695	\$156,866,089	\$63,321,897	\$41,051,269	\$100,791,750	\$25,872,690

(1) Based on projections reported in FY 1997 Title II applications and follow-up calls by DSS.

(2) Figures reflect emergency advances to two states for use in the fourth quarter of FY 1996 to address critical ADAP budget shortages.

(3) Additional Title II Ryan White dollars voluntarily contributed to ADAP by the grantee.

(4) NH Title I contribution figure was subtracted from MA total Title I contribution; original Title I amount = \$1,279,853.



F A C T S H E E T

HIV/AIDS BUREAU • DIVISION OF SERVICE SYSTEMS • OCTOBER 1997

The Ryan White CARE Act AIDS Drug Assistance Programs (ADAPs) Eligibility Criteria

What is ADAP?

AIDS Drug Assistance Programs (ADAPs) are authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which was enacted in 1990 and reauthorized in May 1996. CARE Act programs, including ADAPs, are administered by the Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services.

CARE Act-funded programs and ADAPs are the largest source of Federal funding specifically directed to provide primary care, treatment, and support services for persons living with HIV disease. States are required to use a portion of their funds to provide medications to treat HIV disease, including measures for the prevention and treatment of opportunistic disease.

In 1996, ADAPs nationwide served approximately 79,500 low-income persons with HIV who had limited or no coverage from private insurance or Medicaid. During any given month, ADAPs serve an estimated 40,000 individuals.

The CARE Act gives States the authority to determine financial and medical eligibility criteria for participation in ADAPs. Individuals with HIV disease who do not have another source of payment must demonstrate financial need, which States typically define using a multiple of the Federal Poverty Level (FPL).

For help in determining the size and content of ADAP formularies, most (41) States have established Advisory Groups to assist with decision-making on these and other difficult issues. These groups include expert clinicians, public health officials and planners, medical ethicists, and representatives of consumers and service providers.

All States require documentation of HIV status for ADAP enrollment. At present, 12 States also require individuals to demonstrate disease progression, e.g., a lab test showing a CD4 count of 500 or less. In addition, 15 ADAPs have specific criteria for accessing protease inhibitors and/or antiretrovirals.

The table below summarizes financial eligibility criteria. Twenty States have established income eligibility at 200 percent or less of FPL (annual gross income of \$7,860 for an individual, and \$10,610 for a family of two in 1997). In States with higher income eligibility criteria, 80 percent of clients have incomes at 200 percent or less of the FPL. (See page 3 for a State-by-State description of criteria.)

In the past 2 years, rapid growth in client enrollment, utilization, and expenditures has resulted in major challenges to States as they try to promote access to treatment while ensuring that ADAPs remain fiscally sound. State responses include maximizing resources through different cost-saving strategies; establishing representative advisory bodies to help with difficult program decisions, including defining eligibility criteria; and seeking additional funds from State legislatures or other resources.

Financial Eligibility Criteria

Income Threshold as % of Federal Poverty Level (FPL)	Number of State ADAPs
100% or below FPL	1 ADAP
100-200% of FPL	19 ADAPs
200-300% of FPL	18 ADAPs
Over 300% of FPL	11 ADAPs

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ADAP Eligibility Criteria, FY 1997

STATE	HIV+ DIAGNOSIS	CD4 COUNT <500	SPECIFIC CRITERIA FOR PIs	FINANCIAL ELIGIBILITY (% of FPL)
Alabama	yes	yes	no	250*
Alaska	yes	no	no	200
Arizona	yes	no	no	200
Arkansas	yes	no	no	100
California	yes	no	no	400*
Colorado	yes	no	no	185
Connecticut	yes	no	no	300*
Delaware	yes	no	no	300*
District of Columbia	yes	no	no	300*
Florida	yes	yes	yes	200
Georgia	yes	yes	yes	300*
Hawaii	yes	yes	yes	400*
Idaho	yes	yes	yes	400*
Illinois	yes	no	no	200
Indiana	yes	no	yes	300*
Iowa	yes	no	no	200
Kansas	yes	no	no	300*
Kentucky	yes	yes	yes	300*
Louisiana	yes	no	yes	200
Maine	yes	yes	no	200
Maryland	yes	no	no	400*
Massachusetts	yes	no	no	400*
Michigan	yes	no	no	362*
Minnesota	yes	no	no	300*
Mississippi	yes	yes	yes	200
Missouri	yes	no	yes	185
Montana	yes	no	no	clients must demonstrate severe financial burden
Nebraska	yes	no	no	200
Nevada	yes	yes	yes	200
New Hampshire	yes	no	no	300*
New Jersey	yes	no	yes	400*
New Mexico	yes	no	no	300*
New York	yes	no	no	558*
North Carolina	yes	no	no	150
North Dakota	yes	no	no	150
Ohio	yes	no	yes	250*
Oklahoma	yes	no	no	150
Oregon	yes	no	no	250*
Pennsylvania	yes	no	no	400*
Puerto Rico	yes	yes	no	clients must be certified as indigent
Rhode Island	yes	no	no	400*
South Carolina	yes	yes	no	300*
South Dakota	yes	no	no	300*
Tennessee	yes	no	yes	300*
Texas	yes	no	yes	200
Utah	yes	no	no	sliding fee scale for incomes above 101
Vermont	yes	no	no	200
Virginia	yes	yes	yes	200
Washington	yes	no	no	400*
West Virginia	yes	no	no	300*
Wisconsin	yes	no	no	200
Wyoming	yes	no	no	300*
Virgin Islands	yes	no	no	NA
Guam	yes	no	no	NA

* Among these States, an average of 80 % of enrollees have incomes below 200 %.



FACT SHEET

HIV/AIDS BUREAU • DIVISION OF SERVICE SYSTEMS • OCTOBER 1997

The Ryan White CARE Act AIDS Drug Assistance Programs (ADAPs) Formulary Overview

What is ADAP?

AIDS Drug Assistance Programs (ADAPs) are authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which was enacted in 1990 and reauthorized in May 1996. CARE Act programs, including ADAPs, are administered by the Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services.

CARE Act-funded programs and ADAPs are the largest source of Federal funding specifically directed to provide primary care, treatment, and support services for persons living with HIV disease. States are required to use a portion of their funds to provide medications to treat HIV disease, including measures for the prevention and treatment of opportunistic disease.

In 1996, ADAPs nationwide served approximately 79,500 low-income persons with HIV who had limited or no coverage from private insurance or Medicaid. During any given month, ADAPs serve an estimated 40,000 individuals.

The CARE Act gives States the authority to determine which medications approved by the Food and Drug Administration to include in the formulary for their AIDS Drug Assistance Program (ADAP). Historically, ADAPs have focused on treatments specifically developed to treat HIV/AIDS. Most ADAPs also provide access to drugs used to treat or prevent opportunistic diseases that develop in later stages of illness, either directly through the ADAP formulary, or in cooperation with Title II funded consortia. More than 70 percent of States include between 10 and 58 drugs on their formularies. (See page 2 for a State-by-State overview of ADAP formularies.)

In the past few years, States have focused increasing attention on their formularies due to the emergence of new and effective — but high cost —

treatments such as the recently approved protease inhibitors (PIs). The PIs, when taken in combination with two or more anti-retroviral drugs, significantly reduce the amount of virus in the body (called the viral load). This has the potential to improve a patient's health status, life expectancy, and quality of life. Treatment with combination therapy has emerged as the new "standard of care" for HIV/AIDS, confirmed in recently released HIV treatment guidelines. However, the cost of providing combination therapy is currently about \$10,000 per person per year, not including other needed medicine or primary care costs.

As a result, ADAPs nationwide have been seriously challenged as they have tried to respond to the rapid increase in the number of people with HIV/AIDS now seeking treatment, and the very high cost of providing such treatment. Nevertheless, as of June 1997, most States had added protease inhibitors to their ADAP formulary. In the three States that have not yet done so, the Title II CARE Act program assists ADAP eligible clients to access PIs through other resources, including other CARE Act funded programs, clinical trials, and manufacturers' patient assistance programs. It must also be noted, however, that inclusion of PIs in the formulary does not guarantee that these drugs are available to all eligible ADAP clients. Because of the high cost and limited resources, some ADAPs have had to restrict access to PIs — particularly where State resources have not yet been allocated to ADAPs.

For help in determining the size and content of ADAP formularies, most (41) States have established Advisory Groups to assist with decision-making on these and other difficult issues. These groups usually include expert clinicians, public health officials and planners, medical ethicists, and representatives of consumers and service providers. Advisory groups may also assist with other key program activities, with members playing an active role in educating clinicians, providers and consumers on treatment issues.

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All other inquiries, contact Division of Service Systems, HIV/AIDS Bureau, HRSA
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<http://www.hrsa.dhhs.gov>

ADAP Formulary Information, FY 1997

GRANTEE	Total # of drugs in Formulary 1996-97	# of Protease Inhibitors
Alabama	13	3
Alaska	11	4
Arizona	19	4
Arkansas	11	0
California	50	4
Colorado	11	4
Connecticut	64	4
Delaware	47	4
District of Columbia	47	4
Florida	19	4
Georgia	11	4
Hawaii	36	4
Idaho	10	1
Illinois	61	4
Indiana	19	4
Iowa	23	4
Kansas	33	4
Kentucky	22	4
Louisiana	3	3
Maine	14	3
Maryland	32	4
Massachusetts	32	4
Michigan	22	4
Minnesota	44	4
Mississippi	5	1
Missouri	70	4
Montana	10	4
Nebraska	26	4
Nevada	11	4
New Hampshire	37	4
New Jersey	41	4
New Mexico	41	4
New York	208	4
North Carolina	27	4
North Dakota	59	3
Ohio	22	4
Oklahoma	17	3
Oregon	7	0
Pennsylvania	58	3
Puerto Rico	117	3
Rhode Island	26	3
South Carolina	22	4
South Dakota	35	0
Tennessee	19	3
Texas	27	4
Utah	11	4
Vermont	39	4
Virginia	17	1
Washington	65	4
West Virginia	18	4
Wisconsin	20	4
Wyoming	61	4
Virgin Islands	16	3

Source: June 1997 ADAP Information Update and Telephone Consults



FACT SHEET

HIV/AIDS BUREAU • DIVISION OF SERVICE SYSTEMS • NOVEMBER 1997

The Ryan White CARE Act AIDS Drug Assistance Programs (ADAPs) Cost-Containment Strategies

What is ADAP?

AIDS Drug Assistance Programs (ADAPs) are authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which was enacted in 1990 and reauthorized in May 1996. CARE Act programs, including ADAPs, are administered by the Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services.

CARE Act-funded programs and ADAPs are the largest source of Federal funding specifically directed to provide primary care, treatment, and support services for persons living with HIV disease. States are required to use a portion of their funds to provide medications to treat HIV disease, including measures for the prevention and treatment of opportunistic disease.

In 1996, ADAPs nationwide served approximately 79,500 low-income persons with HIV who had limited or no coverage from private insurance or Medicaid. During any given month, ADAPs serve an estimated 40,000 individuals.

Since the creation of ADAPs, States have worked hard to maximize resources in order to provide medications to as many low-income and inadequately insured individuals living with HIV/AIDS as possible. Recently however, States have faced enormous challenges as a result of rapid growth in ADAP enrollment, the number of prescriptions per enrollee, and the cost of treatments. This growth has been due primarily to the introduction of new drugs — especially protease inhibitors (PIs).

When used in combination with other anti-retrovirals, PIs have proven to be very effective in

improving health, extending life, and improving the quality of life for people with HIV/AIDS. As a result, the use of combination therapy has emerged as the new "standard of care". However, the high cost of combination treatment with PIs — approximately \$10,000 to \$12,000 per patient per year, not counting other health care costs — has significantly increased the pressure on ADAPs to adopt a wide variety of cost-containment strategies designed to maximize resources. These include restructuring their purchasing and distribution system, "pay-and-chase" strategies to recover insurance benefits for partially insured clients, and the options detailed below.

HRSA's Office of Drug Pricing Program (ODP):

This program is authorized under Section 602 of the Veterans Health Care Act of 1992. Currently, 19 States participate in this drug purchasing program, which calculates a significant discount off the average manufacturers' price of each drug based on a legislatively mandated formula for qualified "covered entities." Eligible entities include Title II funded State ADAPs and other CARE Act funded local pharmacy assistance programs that meet program guidelines. Participation in the ODP Program is easiest for States that centrally purchase and distribute ADAP medications.

Negotiated Pharmacy/Wholesaler Discounts:

States that do not centrally purchase and distribute drugs typically use a network of participating pharmacies. Enrolled clients present their ADAP card or other identification to obtain their prescriptions, and the pharmacy then bills the State ADAP. ADAPs reimburse the pharmacies at a negotiated discounted price which frequently is similar to the amount paid by the State's Medicaid program.



Voluntary Manufacturers' Rebates: Most States that do not participate in ODP and instead reimburse participating pharmacies also obtain voluntary manufacturers' rebates (refunds) on some or all drugs on their ADAP formulary. To obtain these rebates, each State currently must negotiate individually with each manufacturer. States with a high volume of drug purchases are generally in a better position to negotiate larger rebates, either directly or through a contracted agent.

Other Strategies: In some States where demand outstrips resources, further cost-cutting measures have been adopted. These methods include capping client enrollment, instituting waiting lists, elimi-

nating drugs from formularies, establishing protocols for accessing certain drugs, and limiting per patient expenditures.

Effectiveness of Cost-Saving Strategies: Last year (FY 1996), 22 States that were not participating in the ODP program reported approximately \$16 million in savings obtained through voluntary manufacturers' drug rebates, price discounts, and other cost-saving strategies. In the first 9 months of FY 1997, 10 States estimate a total of \$25 million in savings from these combined methods. Further savings are expected to be reported during the remainder of the fiscal year, but programs are already anticipating a 56 percent increase over 1996.

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<http://www.hrsa.dhhs.gov>

Cost Saving Plans, AIDS Drug Assistance Program, October 1997

State	Sect 602 ODP Program	Man'fct. Discount	Vol. Man'fct Rebates	Pharmacy Discounts	Multiple Strategies	Manut PAP
Alabama	Yes	No	No	No	No	No
Alaska	No	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	No	No	No	No	No
Arkansas	No	No	Yes	Yes	Yes	Yes
California	No (1)	No	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	No	No	Yes	Yes
Connecticut	No	No	Yes	Yes	Yes	No
Delaware	No	Yes	Yes	No	Yes	No
D.C.	Yes (2)	No	No	No	No	No
Florida	Yes	No	No	No	No	Yes
Georgia	Yes	Yes	No	No	Yes	Yes
Hawaii	Yes	No	No	No	No	Yes
Idaho	No	No	Yes	Yes	Yes	No
Illinois	Yes	No	No	Yes	Yes	No
Indiana	No	No	Yes	No	Yes	No
Iowa	No	No	Yes	Yes	Yes	Yes
Kansas	No	No	Yes	Yes	Yes	No
Kentucky	No	No	Yes	Yes	Yes	Yes
Louisiana	Yes	No	No	No	Yes	No
Maine	No	Yes	Yes	Yes	Yes	Yes
Maryland	No	No	Yes	No	Yes	Yes
Massachusetts	No	Yes	Yes	Yes	Yes	Yes
Michigan	No	No	Yes	No	No	Yes
Minnesota	No	No	Yes	Yes	Yes	No
Mississippi	Yes	Yes	No	No	Yes	No
Missouri	No	No	Yes	Yes	Yes	Yes
Montana	No	No	Yes	Yes	Yes	Yes
Nebraska	Yes	No	No	No	Yes	No
Nevada	Yes	Yes	No	No	Yes	No
New Hampshire	No	Yes	Yes	No	Yes	Yes
New Jersey	No	No	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	No	No	Yes	No
New York	No	No	Yes	Yes	Yes	No
North Carolina	No	No	Yes	Yes	Yes	No
North Dakota	No	No	Yes	Yes	Yes	No
Ohio	No	No	Yes	Yes	Yes	Yes
Oklahoma	No	No	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	No	No	Yes	No
Pennsylvania	No	Yes	Yes	Yes	Yes	Yes
Puerto Rico	Yes	Yes	No	No	Yes	No
Rhode Island	No	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	No	No	No	No	No
South Dakota	No	Yes	No	No	No	Yes
Tennessee	Yes	No	No	No	Yes	No
Texas	Yes	No	No	No	No	No
Utah	No	No	Yes	Yes	Yes	No
Vermont	No	Yes	Yes	No	Yes	Yes
Virginia	Yes	Yes	No	No	Yes	Yes
Washington	No	Yes	Yes	Yes	Yes	Yes
West Virginia	No	No	No	Yes	No	Yes
Wisconsin	No	No	Yes	No	No	Yes
Wyoming	No	No	No	Yes	Yes	Yes
Virgin Islands	No	Yes	No	No	No	Yes
Guam	No	No	No	No	No	No
Total	18	19	30	26	41	29

(1) California's purchasing system in the Section 602 ODP Program is decentralized: some local health jurisdictions receive manufacturers' rebates.

(2) D.C. does not participate in ODP Program but receives comparable prices via Department of Defense.

OCT 17 1996

Dear Colleagues:

This letter communicates the Division of HIV Services' (DHS) expectations and recommendations about administration of State AIDS Drug Assistance Programs (ADAPs) supported with Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds. To assure that all critical constituents in the pharmaceutical assistance arena are consistently informed, this correspondence is being sent to Title II grantees, ADAP directors, Title I grantees and planning council chairs, people living with HIV/AIDS (PLWH) contacts, national organizations, and other Health Resources and Services Administration (HRSA) AIDS programs.

This communication is being sent in response to issues raised during the DHS review of State applications for funding under the fiscal year (FY) 1996 ADAP supplemental appropriation. It also addresses issues identified through our continuing discussions with States, PLWH constituency groups, Federal officials, and others.

These recommendations are based on close consultation with the Office of the General Counsel (OGC) of the Department of Health and Human Services (HHS), the HRSA AIDS Program Office, the Office of HIV/AIDS Policy of HHS, the Office of Management and Budget, and the White House Office of National AIDS Policy. The recommendations fall into four broad categories: administration, eligibility, formulary, and cost-savings.

Administration

The statutory reference to a "State" ADAP carries with it the expectation that both eligibility criteria and covered treatments for anyone enrolled in the program must be equally and consistently applied across the State. Parity must exist regardless of how a State administers its ADAP or delegates administration of it. If a State chooses to operate its program through subcontracts to consortia or other entities, it is obliged to develop and monitor the consistent application of eligibility standards and a common formulary. The Department intends to pursue rule making to assure this consistency in State ADAPs. If a consortium or other entity elects to use other resources (including Title II funds not designated by Congress for ADAPs) to liberalize eligibility standards or to enrich a State-specified formulary it may do so by establishing a complementary program. It may not do so as part of the State ADAP.

States which elect to establish complementary medication assistance programs (or to permit or instruct consortia/other entities to do so), as well as Title I drug reimbursement programs, will be required to file ADAP Annual Administrative Reports for these separate programs.

It is the observation of DHS that centrally-administered ADAPs are better able to achieve the accountability, parity, consistency and cost-savings described in this letter than those which are decentralized. For this reason, DHS strongly recommends that every State consider establishing a centrally-administered ADAP.

HHS, in requesting the supplemental funds for ADAP, and the Congress, in appropriating them, clearly expected that Title II grantees would use these funds to *expand* current efforts to improve access to pharmaceuticals for low income individuals with HIV disease. Inherent in that position is the expectation that States should not use these new funds to supplant Title II resources that had been committed to ADAPs without compelling reasons. Grantees (including *Title I* grantees) electing to controvert this expectation are advised to be prepared to provide explicit and convincing justifications in the case of Congressional or other governmental inquiries. Grantees are also reminded that States subject to the matching requirement for Title II must match these supplemental ADAP resources as well.

Eligibility

The CARE Act indicates that ADAPs are to serve "low income individuals," as defined by the States. DHS strongly believes that a determination of low income should focus ADAP resources on individuals with demonstrated severe need based on poverty. Standards should be anchored to Federal poverty guidelines. States may authorize consortia, or use other mechanisms, to provide pharmaceutical coverage for the occasional client who has the unique combination of relatively higher income and documented severe need for pharmaceutical assistance.

As I pointed out in my remarks at the National Meeting in August, it is vitally important that States prioritize use of these funds and take rigorous steps to assure that Medicaid-eligible individuals are transferred to that program at the earliest possible date. It is equally important in defining ADAP eligibility standards that financial need have at least equal weight with clinical indicators of need. DHS pledges to continue working with States on this critical issue, and to identify and share models for assuring careful and complete response to the legislative mandate that ADAPs serve only low income individuals.

DHS expects that all States will devise, implement, and rigorously monitor the use of consistent eligibility standards across all entities involved in certifying ADAP eligibility. Such certification is expected to include review and *documentation* of an applicant's income from all sources, and any pharmaceutical benefits through private health insurance or other sources. DHS further expects that every State will establish and implement procedures for re-certification on a periodic basis, and for de-certifying individuals who qualify but do not make use of the program over an extended period of time (e.g., one year or longer). Re-certification procedures should include mechanisms to assure that individuals who have become eligible for Medicaid are transferred to that program in a timely fashion.

Formulary

It is the express opinion of DHS, which it intends to enforce through rule making, that the formularies for State ADAPs supported with Title II funds should be limited to *FDA-approved pharmaceuticals* (as indicated in the appropriations language for the FY 1996 \$52 million supplement) which *treat HIV disease or prevent the serious deterioration of health arising from HIV disease* (as indicated in the CARE Act, as amended). This definition of "pharmaceuticals" includes ancillary devices (e.g., IV tubing, nebulizers, etc.) needed to administer approved medications.

This formulary restriction does not preclude States from using other Title II funds for nutritional supplements, over-the-counter medications, and other items which are of benefit to individuals with HIV disease. Nor does it preclude States (or Title I grantees) from using other CARE Act funds for diagnostic tests associated with monitoring patients' responses/reactions to the approved medications. The restriction simply limits ADAP programs to approved effective pharmaceuticals and, to the extent possible, assures that the appropriate primary health care payment source covers the cost of essential diagnostic tests.

The Senate version of the reauthorized CARE Act required that the Secretary develop a "minimum drug formulary for suggested use by the States." This requirement was not included in the final amendments which reauthorized the Act. However, the Manager's Statement which summarizes the deliberations between the House and Senate includes the following language:

The conferees emphasize that the Secretary is encouraged to advise states on classes of drugs that have been found to be effective in preventing and treating HIV disease...

DHS commits to work in close collaboration with the HRSA AIDS Program Office, grantees, consumers, and constituent groups in responding to this direction provided by Congress.

Cost-savings

Both HHS and the Congress expect that States will use every means at their disposal to secure the best price available for all products on their ADAP formularies in order to achieve maximum results with these funds. Known and proven strategies include participating in the Veterans Health Care Act Drug Pricing discount program, directly negotiating discounts or rebates from manufacturers or wholesalers, negotiating price reductions from dispensaries (whether mail order pharmacies, pharmacy chains, or local retail pharmacies), implementing programs to recoup private insurance and other third party payments, encouraging enrollees to take full advantage of compassionate use and patient assistance programs, and assuring timely enrollment of all eligible individuals in the State's Medicaid program.

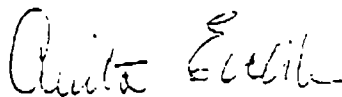
The Division will provide technical assistance to grantees desiring help in understanding and fully utilizing any of these cost saving strategies. We expect that every Title II grantee will adopt

at least one defined cost-saving practice. Grantees who fail to aggressively pursue cost-savings are advised to be prepared to provide convincing justification for Congressional or government inquiries.

The Division acknowledges that this communication is explicitly directive about a specific element of the CARE Act, which might be interpreted by some to diverge from the local autonomy inherent in the legislation. I wish to assure you that we are sharing this information as directly and clearly as possible because we see it as being in the best interests of the program at every level, and essential to our role as administrators of Title II of the CARE Act.

Finally, and most importantly, we are convinced that these steps will assure that the largest number of individuals with HIV and AIDS will have access to medications which show the greatest promise for prolonging and/or increasing the quality of their lives. We are vitally concerned that these promising medications be made available in an appropriate context of primary care and look forward to working with you to identify ways in which the systems of care we support can most effectively promote the patient adherence that is essential to the success of many HIV/AIDS pharmaceuticals.

Sincerely,



Anita Eichler, M.P.H.
Director

cc: William Aspden, Acting Director, Bureau of Health Resources Development
Joseph F. O'Neill, M.D., M.P.H., Associate Administrator for AIDS, HRSA
Don Young, Chief, HRSA Branch, Office of the General Counsel, HHS
Eric Goosby, M.D., Director, Office of HIV/AIDS Policy, HHS
Nancy Ann Min, Associate Director for Health and Personnel,
Office of Management and Budget
Patsy Fleming, National AIDS Policy Director, Executive Office of the President

HOPWA Program Performance

1-16-98 edit.

Since initial funding for the Housing Opportunities for Persons with AIDS (HOPWA) program was made available in 1992, communities throughout the nation have used HOPWA funds to assist low-income persons living with HIV infection or AIDS and their families. The assistance has provided housing and access to related health care and other services for individuals and families who have faced the difficult challenges of living with HIV and AIDS. Clients have benefited by accessing and maintaining safe, decent and affordable housing while addressing health, personal and financial challenges that include the costs for AIDS drugs and other advanced treatment.

The Department agrees with residents and providers of AIDS housing and caring citizens, that our national response to AIDS cannot succeed without appropriate housing. The President's *National AIDS Strategy* includes housing as a vital component in our response and recognizes the "without stable housing a person living with HIV has diminished access to care and services and a diminished opportunity to live a productive life."

In addition to meeting the needs of many families, the assistance provided under this HUD program is cost effective. As an alternative to hospitalization, HOPWA assistance allows thousands of families to maintain independent living to the maximum degree possible by receiving related services as well as access to higher levels of care, as may be needed. The program is an important tool used by communities to assist persons who are homeless or to prevent homelessness among persons living with HIV and AIDS.

The following report, *Summary of HOPWA Annual Progress Reports*, provides a tabulation of information and data on clients and forms of assistance that have been provided to HUD by the grantees of this program. Under these reports, grantees reported on how a cumulative amount of over \$ 184 million has been expended in providing assistance to clients. The reports indicate that program funds were used for the following types of activities:

- 68 percent for housing assistance;
- 20 percent for supportive services;
- 7 percent for administrative costs;
- 3 percent for housing information services;
- 2 percent for technical assistance activities.

As noted, the largest type of activity supported by HOPWA is housing assistance for low-income persons living with HIV/AIDS and their families. Grantees reported that their housing assistance expenditures were made primarily in the form of housing subsidy payments in two types: (1) for tenant-based or project-based rental assistance (30 percent of the funds used for housing assistance and about 23 percent of the units assisted); and (2) for short-term rental assistance, mortgage and utility payments (34 percent of the housing assistance funds used and about 69 percent of the units assisted).

Facility-based forms of housing assistance involve using funds to acquire, develop and operate housing structures, such as short-term facilities, community residences, single room occupancy dwellings and other housing. Facility-based assistance represents 36 percent of the funds used for housing assistance and this provides about 8 percent of the units assisted.

These three types of housing assistance offer significantly different forms of assistance, from short-term and often small subsidies that help families avoid homelessness, to on-going forms of rental payments and access to supportive services. Facility-based assistance often provides for higher levels of care that may be needed by clients and creates new housing dedicated to assisting persons living with HIV or AIDS. Based on information from this one source of funding, estimates for average HOPWA housing costs can be made for the three types of housing assistance. It is important to note that HOPWA funds are generally used to supplement other sources of funds that are needed to develop, operate and evaluate housing activities and ensure that clients receive adequate support and services. Based solely on the amount used and the number of units supported during that reporting period, the average costs for these three types of housing assistance are: \$7,683 per unit of housing in facilities, \$2,162 per unit for rental assistance and \$840 per unit for short-term payments. Except for short-term assistance, which is limited to 21 weeks in a 52 week period, clients who receive rental payments or housing in facilities may receive this assistance during the entire annual reporting period or for some portion of that period. In addition, the average costs per unit include in this average cost variations by community and by size of units. A significant portion of assistance is provided to families and approximately 39 percent of all units are those with two or more bedrooms in size. Information reported in this paragraph is from a subset of the data from 131 of the 225 grantee reports.

Table 1. Examples of Types of Housing Assistance

Type of Housing Assistance	Amount expended	Percent of funds	Number of units	Percent of units	Average * cost per unit type
a. Short-term payments	\$27,617,813	34%	32,892	69%	\$840
b. Rental Assistance	\$23,715,369	30%	10,970	23%	\$2,162
c. Facility-based costs	\$28,388,315	36%	3,695	8%	\$7,683
Total	\$79,721,497	100%	47,557	100%	--

Note: * Average costs are estimates based on limited information and measure the use of HOPWA funds only; related costs for operations, services and programs are not reflected in these averages or total costs; housing cost differences by community and unit size is also not considered in this estimate. This chart is based on a subset of 131 of 225 available reports. Facility costs include the cost of developing and operating community residences, SRO dwellings, short-term facilities and other types of housing such as single family homes. Costs include costs for the acquisition, rehabilitation, repair, new constructions, and leasing of these types of housing units and operation costs.

Summary of HOPWA Annual Progress Reports Data Collected as of 1-16-98

On an annual basis, grantees report on how HOPWA funds have been used to benefit eligible persons in their communities. Data was collected from 225 individual reports that presented accomplishments in assisting HOPWA-eligible persons generally during a one-year operating period. Information was collected from 214 Annual Progress Reports that were filed by grantees and 11 reports obtained from information that grantees entered into the Department's Integrated Disbursement and Information System (IDIS).

Clients of assistance may receive more than one type of assistance, including, for example, initially receiving a short-term housing payment to prevent homelessness and continuing under an on-going rental assistance program. Clients are likely to be receiving supportive services, funded under HOPWA or through programs under the Ryan White CARE Act. As a cumulative number, reported data would include information on the continuing form of assistance. Persons who continue for more than one program year would be counted for each operating year in which they received assistance.

On a cumulative basis, these reports reflect that 129,631 persons received some form of housing assistance, which may also include related supportive services. This number includes the person or persons who are living with HIV/AIDS and other family members who reside in that household. In addition, 90,860 other persons received some form of supportive services only. During the reporting periods, over 201,000 persons received housing information services. The reports document that 75,674 units of housing were supported with HOPWA program funds. A significant portion of assistance goes to families in which one or more members is a person living with HIV/AIDS; approximately 31 percent of the persons receiving some form of housing assistance are family members. In addition, about 39 percent of the housing units are units with two or more bedrooms.

Part 1 Summary of Expenditures and Persons Assisted. Collected from Exhibit G - Summary of Program Expenditures and Exhibit C - Numbers of Persons Assisted During the Program Year.

Expenditures. Grantees reported on their expenditures for HOPWA eligible activities but did not include in-kind items, such as the value of services or materials provided by volunteers or by other individuals or organizations or related funding sources which are frequently involved in providing housing and related supportive services. In awarding grants under the national HOPWA competitions, the selected applicants provided documentation of additional leveraged resources that would significantly expand the scope of programs that receive these federal funds.

Summary of Program Expenditures. Exhibit G provided information about available funds and expenditures for the program during the reporting period.

Table 2.

HOPWA Expenditures during period	Total	Percent
a. Housing Assistance	\$ 125,624,753	67.9%
b. Supportive Services	37,670,335	20.4%
c. Administrative cost	12,707,351	6.8%
d. Housing information	5,827,687	3.1%
e. Resource identification and technical assistance	3,261,228	1.8%
Total reported by 1/16/98	\$ 185,091,354	100%

Note: Administrative costs are limited to 3 percent for grantees and 7 percent for project sponsors; grantee costs reported were \$5,070,626 (2.7%) and project sponsor costs reported were \$7,636,725 (4.1%) under this category.

Table 3.

Persons Assisted with Housing Assistance	Number	Percent
a. Number of Persons with HIV/AIDS receiving housing assistance	89,479	69%
b. Number of other persons in family units	39,655	31%
c. Total of persons who received housing assistance	129,631	100%

Table 4.

Persons Assisted with Supportive Services only (for housing assistance see table above)	Number	Percent
a. Number of Persons with HIV/AIDS receiving supportive services only	68,239	75%
b. Number of other persons in family units	22,621	25%
Total of persons who received supportive services only	90,860	100%

Table 5.

Total of persons receiving housing information services	201,465	--
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Summary of Housing Assistance. The 225 reports indicate that clients were assisted in 75,674 units of housing assistance, including assistance in housing facilities and through housing payments.

Units by type of housing facility. Grantees entered data on the type of housing facility and the bedroom size used by clients, such as one for single room occupancy, efficiency of one-bed room apartments, and units with bedrooms numbering 2, 3, 4, or 5 and greater, under the following types: Short-term facility; Single room occupancy (SRO) dwelling; Community residence; and Other housing facility (specified).

Table 6. Number of Units Supported with Facility-based Expenditures

Number of units in the facility by number of bedrooms	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5 + bdrm	Total	Percent *
a. Short-term facility	159	24	617	41	6	1	0	848	1.1%
b. SRO dwelling	438	x	x	x	x	x	x	438	0.6%
c. Community residence	396	869	1,014	636	602	64	400	3,981	5.3%
d. Other housing facility	58	150	660	358	82	11	24	1,343	1.8%
Sub-total for facilities	1,051	1,043	2,291	1,035	690	76	424	6,610	8.7%

* percent of all units of housing assistance provided (75,674), including through housing payments.

Units by type of housing assistance payment. Grantees reported on the number of persons and family units who were assisted with a housing payment during the program year. The assistance reported may range from one-time payments to payments over the reporting period and each person or person in a family unit assisted was counted as one entry regardless of the number of monthly payments made. Payments included: Tenant-based rental assistance and Short-term rent, mortgage and utility payments. Project-based rental assistance in included above under the appropriate type of facility involved in that project.

Table 7. Number of Units Supported with Housing Payments

Number of units by payments by number of bedrooms	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5 + bdrm	Total	Percent *
a. Tenant-based rental assistance	246	309	10,180	3,649	1,663	294	8	16,349	21.6%
b. Short-term rent, mortgage and utility payments	1,831	2,039	27,793	15,380	4,959	602	111	52,715	69.7%
Sub-total for payments	2,077	2,348	37,973	19,029	6,622	896	119	69,064	91.3%

* percent of all units of housing assistance provided (75,674), including through housing facilities.

Table 8. All Units of Housing by Size of Unit in Number of Bedrooms Provided

Number of units by number of bedrooms	SRO	0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+ bdrm	Total
All types of housing assistance	3,128	3,391	40,264	20,064	7,312	972	543	75,674
Percent by unit size	4.1%	4.5%	53.2%	26.5%	9.7%	1.3%	0.7%	100%

Demographics. Collected from Exhibit C - Numbers of Persons Assisted During the Program Year, and Exhibit D - Characteristics of Persons with HIV/AIDS Assisted During the Program Year. Information in this part is from a subset of the reports included above; these 85 reports were available to HUD as of 10-1-96.

Throughout this exhibit, grantees answered questions regarding clients who received HOPWA supported housing assistance and data is presented on a cumulative number of 48,101 persons who were assisted with some form of housing assistance. Information is not presented on persons only provided with housing information or supportive services.

Demographics.

Table 9.

Age and Gender of Clients	Male	percent		Female	percent
a. Persons 17 years old and younger	2,134	4.8%		2,060	4.6%
b. 18 years through 30 years	8,007	18.0%		3,793	8.5%
c. 31 years through 50 years	20,044	45.1%		6,438	14.5%
d. 51 years and older	1,338	3.0%		603	1.4%
Subtotal	31,523	71.0%		12,894	29.0%

Note: Data is missing on 3,684 clients, 7.7% of the cumulative number.

Table 10.

Race of Clients	Total	Percent
a. Asian/Pacific Islander	166	0.4%
b. Black	17,708	42.3%
c. Native American/Alaskan Native	277	0.7%
d. White	23,711	56.7%
Subtotal	41,862	100%

Note: Data is missing on 6,239 clients, 13.0% of the cumulative number.

Table 11.

Hispanic Ethnicity of Clients	Total	Percent
a. Hispanic	7,367	17.2%
b. Non-Hispanic	35,562	82.8%
Subtotal	42,929	100%

Note: Data is missing on 5,172 clients, 10.8% of the cumulative number.

Recent Living Situations of Clients.

Table 12-a.

Recent living situation of clients	Total	Percent
a. Homeless from the street	2,271	7.5%
b. Homeless from emergency shelters	1,125	3.7%
c. From Transitional Housing	991	3.3%
Subtotal for homelessness	4,387	14.4%

Table 12-b.

Recent living situation of clients	Total	Percent
d. Psychiatric facility	100	0.3%
e. Substance abuse facility	737	2.4%
f. Hospital or medical facility	758	2.5%
g. Jail or prison	471	1.5%
Subtotal from facilities	2,066	6.8%

Table 12-c.

Recent living situation of clients	Total	Percent
h. Domestic violence situations	182	0.6%
i. With relatives or friends	6,464	21.3%
j. In rental housing	15,052	49.5%
k. Participant owned housing	1,080	3.6%
l. Other situations	1,178	3.9%

Recent living situation of clients	Total	Percent
Total from all situations	30,409	100%

Note: Data is missing on 17,692 clients, 36.8% of the cumulative number.

Table 13.

Monthly family incomes of clients	Total	Percent
a. No income to \$250	11,639	30.9%
b. \$251 to \$500	15,868	42.1%
c. \$501 to \$1,000	8,817	23.4%
d. \$1,001 to \$1,500	1,068	2.8%
e. \$1,501 to \$2,000	229	0.7%
f. More than \$2,000 per month	62	0.2%
Total	37,683	100%

Note: Data is missing on 10,418 clients, 21.7% of the cumulative number.

Table 14.

Reasons for leaving programs (and number of months)	< 3 Mo	3 to 6	7 to 12	1 year	Total	Percent
a. Voluntary departures	1,938	1,069	219	147	3,373	28.7%
b. Non-payment of rent	25	32	18	9	84	0.7%
c. Non-compliance with service requirements	176	96	37	39	348	3.0%
d. Unknown/disappeared	758	295	137	26	1,216	10.3%
e. Criminal, destruction of property or violence	68	109	51	13	241	2.0%
f. Death of client	528	400	305	138	1,371	11.6%
g. Other reasons given*	2,703	2,368	47	17	5,135	43.6%
Total	6,196	4,369	814	389	11,768	100%

* primarily the time limit on short-term payments.

For more information on the HOPWA program, please contact the Office of HIV/AIDS Housing, U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410 or call (202) 708-1934.

Annual Progress Report (APR)

for Housing Opportunities for Persons
with AIDS (HOPWA)

Housing Opportunities for Persons with AIDS (HOPWA)

Annual Progress Report

Public reporting burden for this collection of information is estimated to average 65 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is collected under the authority of the AIDS Housing Opportunity Act (AHOA), as amended, 42 U.S.C. 12901, which authorizes HUD to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons living with acquired immunodeficiency syndrome (AIDS) or HIV infection and their families. The statute includes the following items that necessitate the collection of this information: (1) the AHOA authorizes the Department to conduct a national competition for the award of funds for ten percent of the annual appropriation for the Housing Opportunities for Persons with AIDS (HOPWA) program; and (2) the AHOA requires that recipients of assistance report on the use of amounts received, including the number of individuals assisted, the types of assistance provided and other information determined to be appropriate by the Secretary. This notice applies to grants selected under the national competitions. HUD selects the highest rated applicants for special projects of national significance and applicants for projects that are part of long-term comprehensive strategies for providing housing and related services in areas that do not qualify for formula allocations. Annual Progress Reports provides HUD with essential information on project activities in reporting to Congress and the public on the use of program funds. In addition, the reports assist HUD Offices in monitoring the use of Federal funds, and ensuring statutory and regulatory compliance. Information is collected on an annual basis in the application to make selections and in the annual progress report to report on program activities based on statutory requirements at 42 U.S.C. 12903(b)(3) and 12911. Less frequent submission of information on program accomplishments, which is contained in the Annual Progress Report, could compromise the legal, efficient and effective implementation of the program. The information to be submitted by applicants and recipients is considered public information, except to the extent that applications contain personal or proprietary information or are in use for the competition during a covered use period under the HUD Reform Act.

General Instructions

Purpose. The Annual Progress Report (APR) tracks the accomplishments of the Housing Opportunities for Persons with AIDS (HOPWA) Program. This report will provide the grantee and HUD with important information necessary to assess the grantee's program.

Applicability. Grantees must complete this report for each program year in which HOPWA grant funds were expended. Each competitive grant should be reported in a separate APR.

Recordkeeping. An optional worksheet is included to assist grantees and project sponsors in recording the information necessary for completing this report. The worksheet may be used to record program information manually or to design a computer database to store and tabulate the information. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report, except for names and other identifying information. **Information is reported in aggregate to HUD. Do not submit the worksheet to HUD.**

Operating Year. Grantees have flexibility in setting the dates of operating years. A grantee of a competitively-award grant may set the operating start date for its program on a date up to four months following the date of the signing of the grant agreement and any change requires the approval of HUD by amendment.

Organization of the Report. The information included in this report is organized in the following manner:

Part 1 Summary. This section provides an overview of the activities carried out. Grantees also describe any barriers encountered and their actions in response and recommendations for program improvements.

Part 2 Demographics. This part provides information on the characteristics of persons assisted by the program.

Part 3 Program Expenditures and Housing Provided. This part provides information on the financial status of the program including summary expenditure information and information on housing assistance and supportive services by each site and project sponsor.

Final Assembly of Report. After the entire report is assembled, please number every page sequentially.

Filing Requirements. The information in this package must be submitted to: (1) the CPD Division Director in the HUD Field Office 90 days after the end of each program year. Failure to submit an Annual Progress Report may lead to a delay in receiving future grant funds; and (2) an additional copy should be sent to:

HOPWA Program, Office of HIV/AIDS Housing
U.S. Department of Housing and Urban Development
Office of Community Planning and Development
451 Seventh Street, SW
Washington, D.C. 20410

Housing Opportunities for Persons with AIDS (HOPWA)

Annual Progress Report

Grant Number(s)	Program Year for this report	
	From (mo/yr)	To: (mo/yr)
Grantee Name		
Name of EMSA (if applicable)		
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)		
Name & Title of Authorized Official	Signature & Date	
Name & Title of the Person who can answer questions about this report	Phone (include area code)	
Address		

Part 1 Summary.

Exhibit A - Overview of Accomplishments.

Please briefly describe the principal activities carried out during the program year on a page(s) attached to this report. List your specific objectives and briefly describe your success in meeting these objectives. Technical Assistance / Resource Development activities should be described in this section, including information on how recipients of assistance were chosen and on what services were provided.

Exhibit B - Program Improvements.

Describe on a page(s) attached to this report:

(1) **Barriers.** Any barriers or difficulties that were encountered in implementing the program, including residents' concerns, and actions that were taken to address those issues; and

(2) **Recommendations.** Any recommendations that you may have for program improvements, including procedural, regulatory, or other changes, and how such improvements would assist eligible persons.

Part 2 Demographics.

Exhibit C - Numbers of Persons and Families Assisted During the Program Year with HOPWA Funds.

1. Persons Assisted With Housing Assistance. In the table below, enter the number of persons who received housing assistance funded by HOPWA during the program year. Do not report on persons only receiving supportive services or persons only receiving housing information services. If a person's HIV status is unknown, count that person in (b).

a. Number of persons (adults and children) with HIV/AIDS who received housing assistance	
b. Number of other persons in family units who received housing assistance	
c. Total of persons who received housing assistance (a. plus b.)*	

* Note that this number will be the basic participation number used for reporting other program information throughout the report, including the characteristics of persons assisted (Exhibit D).

2. Families Assisted With Housing Assistance. Of the total of persons assisted with housing assistance (1-c, above), how many family units were assisted (do **not** include single person households).

(Definition of Family: "Family" means a household composed of two or more related persons. The term "family" also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his/her death. [Section 574.3])

Total of family units assisted with housing assistance:

3. Persons Assisted With Supportive Services Only. In the table below, enter the number of persons who received only supportive services funded by HOPWA during the program year. Do not include persons who received supportive services in conjunction with housing assistance (1-c. above).

a. Number of persons (adults and children) with HIV/AIDS who received supportive services only	
b. Number of other persons in family units who received supportive services only	
c. Total of persons who received supportive services only (a. plus b.)	

4. Persons Receiving Housing Information Services. Enter the estimated number of persons who received housing information services funded by HOPWA during the program year. This number may include persons also reported above (1, 2, and 3).

Estimated total of persons receiving housing information services:

HOPWA Annual Progress Report Worksheet

Information is reported in aggregate to HUD. Do not submit this worksheet to HUD.

This worksheet is optional and is intended to help you collect project information needed to complete the HOPWA Annual Progress Report. Please keep a list of "other" answers to specify on the annual report.

1. Enter the participant's full name or a unique identification code (if any). The use of names and other personal identification must be kept confidential. Information on the family unit should be captured with the first participant listed. The additional members of the family unit should be separately listed for items 5, 6, and 7.

2. Enter date participant entered the HOPWA program. Usually, this will be the date of consultation with a case manager.

3. Enter the number of additional adult (18 years and older) family members residing with the participant, who are also receiving housing assistance. Enter "0" if the participant resides alone. Other eligible beneficiaries residing in shared housing should be separately reported.

4. Enter the number of additional children (under 18 years) who are family members residing with the participant, receiving housing assistance. Enter "0" if the participant resides alone.

5. For each participant, enter race (A = Asian/Pacific Islander, B = Black, NA = Native American/Alaskan Native, or W = White).

6. For each participant, enter Hispanic or non-Hispanic (H = Hispanic or N = non-Hispanic)

7. For each participant, enter age at entry into program and sex (M = Male or F = Female) and age; ages will be reported as under 18 years, 18 through 30 years, 31 through 50 years, and 51 years and older.

8. Enter the amount of gross monthly income that the participant or the family unit receives on the average at entry into the program; incomes will be reported as \$0 to 250, \$251 to 500, \$501 to 1000, \$1001 to 1500, \$1501 to 2000, or \$2001 + per month.

9. Enter the participant's most recent living situation prior to program entry.

- a. Homeless from the streets
- b. Homeless from shelters
- c. Transitional housing facilities
- d. Psychiatric facilities *
- e. Substance abuse treatment facility *
- f. Hospitals or other medical facilities *
- g. Jail or prison *
- h. Domestic violence situation
- i. Living with relative or friend
- j. Rental housing

k. Participant-owned housing

l. Other; specify type

* If a person (from Exhibit C) came from a treatment facility but they were there less than 30 days and were in another living situation before they entered the treatment facility, they should be counted as though they were still in the prior living situation.

10. Enter date participant or family ended program participation.

11. When the participant or family left the HOPWA assisted program, what was the primary reason for the departure and how long were they in the program. Enter the code and number of months in the program, less than 3, 3 to 6, 7 to 12, greater than 12 months, which indicates:

- a. Voluntary departure.
- b. Non-payment of rent.
- c. Non-compliance with supportive service requirements.
- d. Unknown/disappeared.
- e. Criminal activity/destruction of property/violence.
- f. Death.
- g. Other (please specify)

12. Enter the type of housing facility and unit size by number of bedrooms used. Count each family unit as a single entry. Enter the code which indicates type and number of bedrooms as SRO, 0, 1, 2, 3, 4, or 5+.

- a. Short-term facility.
- b. Single room occupancy (SRO) dwelling.
- c. Community residence.
- d. Other housing facility (please specify).

13. Enter the type of housing assistance payment and unit size by number of bedrooms used. Enter the code which indicates type and unit size by number of bedrooms as SRO, 0, 1, 2, 3, 4, 5+.

- a. Tenant-based rental assistance.
- b. Short-term rent, mortgage and utility payments.

14. Enter other information as necessary.

Do not submit this worksheet to HUD.

Exhibit D - Characteristics of Persons Receiving Housing Assistance During the Program Year.

Throughout this exhibit answer all questions regarding persons receiving HOPWA supported housing assistance during the year (i.e. persons reported in Exhibit C 1). Do not include information on persons only provided with supportive services or housing information.

1. Demographics.

a. Age and gender. Of those who received housing assistance during the operating year, how many are in the following age and gender categories?

Persons	male	female
a. 17 years and under		
b. 18 to 30 years		
c. 31 to 50 years		
d. 51 years and over		

b. Hispanic/non-Hispanic. How many participants are in the following ethnic categories?

a. Hispanic	
b. Non-Hispanic	

c. Race. How many participants are in the following racial categories?

a. Asian/Pacific Islander	
b. Black	
c. Native American or Alaskan Native	
d. White	

d. Recent living situation. How many participants were in the following living situations immediately prior to entering the program? Include participants in the one category that best describes the participant's most recent living situation.

a. Homeless from the streets	
b. Homeless from emergency shelters	
c. Transitional housing	
d. Psychiatric facility*	
e. Substance abuse treatment facility*	
f. Hospital or other medical facility*	
g. Jail/prison*	
h. Domestic violence situation	
i. Living with relatives/friends	
j. Rental housing	
k. Participant-owned housing	
l. Other (please specify)	

* If a participant or family head(s) of household came from one of these facilities but were there less than 30 days and were living on the street or in emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate.

2. Incomes. For those receiving housing assistance, enter the number of individuals and family units falling under these income categories at the time of their entry into the program. (The total for this element may differ from the total in Exhibit C 1.)

	Gross Monthly Incomes at Entry in Program					
	\$0-250	\$251-500	\$501-1000	\$1001-1500	\$1501-2000	\$2001 +
Number of individuals and family units						

3. Reasons for leaving. Of those who left a program that provided housing assistance during the operating year **and are not expected to return** (do not include, for example, participants who temporarily left their housing for a brief period of hospitalization), complete the chart below based on how long they were in the program before leaving and the primary reason for their leaving the program. If a participant left for multiple reasons, **include only the primary reason** for their departure.

Reason for Leaving	Number of Months in Program			
	less than 3	3 to 6	7 to 12	more than 12
a. Voluntary departure				
b. Non-payment of rent				
c. Non-compliance with supportive service requirements				
d. Unknown/Disappeared				
e. Criminal activity / destruction of property / violence				
f. Death				
g. Other (please specify)				

Part 3 Program Expenditures and Housing Provided.

Expenditures are amounts spent for eligible activities. Do **not** include non-HOPWA sources or in-kind items, such as the value of services or materials provided by volunteers or by other individuals or organizations.

Exhibit E - Summary of Program Expenditures

This exhibit will provide information about available HOPWA funds and HOPWA expenditures for the program during the reporting period.

Include only expenditures made from a single competitively-awarded HOPWA grant. Please round dollar amounts to the nearest dollar.

HOPWA Funding Available	
1. Unexpended HOPWA funds at end of previous report period (this balance is 0 in the first year of program)	
2. Amount of HOPWA grant received during period	
3. Program income (e.g., loan repayments)	
4. Total of HOPWA funds available during period (sum of lines 1 thru 3)	

Also report the following aggregate totals by type of activity for the report period (totals equal all expenditures of HOPWA funds during this period):

HOPWA Expenditures (Totals by Eligible Activity)	
5. Expenditures for Housing Information Services	
6. Expenditures for Resource Identification	
7. Expenditures for Housing Assistance (equals the sum of all sites and scattered-site Housing Assistance reported in Exhibit G.)	
8. Expenditures for Supportive Services (equals the sum of all Exhibit H funds used)	
9. Grantee Administrative Costs expended	
10. Project Sponsor(s) Administrative Costs expended	
11. Total of HOPWA funds expended during period (sum of lines 5 thru 10)	

12. Balance of HOPWA funds at end of report period (line 4 minus line 11)	
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Exhibit F - Units of Housing Assistance.

For housing assistance provided in facilities, including project-based rental assistance, complete Item 1. For housing assistance payments, either tenant-based rental assistance or short-term payments, complete Item 2.

1. Units by type of housing facility. Report the number of units that were used during the program year by number of bedrooms. Enter the number of units of project-based rental assistance under the appropriate type of facility.

Type of housing facility	Units by Number of Bedrooms						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms
a. Short-term facility							
b. Single room occupancy dwelling							
c. Community residence							
d. Other housing facility (specify):							

2. Units by type of housing assistance payment. Report the number of units that were used during the program year by number of bedrooms. Count each unit assisted as one entry regardless of the number of monthly payments made for that unit.

Type of housing assistance payment	Units by Number of Bedroom size						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms
a. Tenant-based rental assistance							
b. Short-term rent, mortgage and utility payments							

(Note: This page summarizes information provided on each site or activity location in Exhibit G.)

Exhibit G - Housing Assistance Expenditures.

1. Facility Based Housing Assistance. For each site, provide information on development actions and actual HOPWA expenditures for a facility during the report period. Such facilities include community residences, SRO dwellings, short-term facilities, and other housing facilities approved by HUD, and non-housing based facilities. A site may include more than one structure or type of facility. All expenditures for acquisition, rehabilitation/conversion, lease, repairs, new construction, operating costs and technical assistance for a facility should be reported in this exhibit. (Please do **not** include funding for related supportive services; these services are reported in Exhibit H. Except for administrative costs for community residences supported by a 1992 grant, all grantee and project sponsor administrative expenses are reported in Exhibit E. Housing information services and resource identification are also reported in Exhibit E.)

1-a Site information.

Name of project	Name and Address of project sponsor
Address/location of site	

1-b Site development actions. For each site, provide the following dates or other information. (Do not submit if a previous annual progress report indicated that all activities at this site were completed and that services had been initiated.)

a. Date of closing on purchase of building or execution of lease	e. Date new construction was completed
b. Date rehabilitation started	f. Date operations staff was hired
c. Date rehabilitation was completed	g. Date residents began to occupy
d. Date new construction started	h. Date supportive services began

1-c Units by type of housing facility.

Indicate the type of housing that was provided (i.e., enter one of the following: Short-term facility, SRO dwelling, Community residence, or specify another type of housing facility).

Type of housing facility	Units by Number of Bedrooms						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms

1-d Expenditures by facility site. Enter the amount of HOPWA funds expended during the operating year for the activities listed below.

Type of activity	HOPWA Funds
a. Acquisition	
b. Rehabilitation/conversion/repair	
c. Lease	
d. New construction (community residences/SRO dwellings only)	
e. Operating costs	
f. Technical assistance (community residences only)	
g. Project-based rental assistance	
h. Other (specify)	
i. HOPWA Total for this site	

2. Scattered-Site Housing Assistance. For housing assistance provided through tenant-based rental assistance and short-term rent, mortgage, and utility payments, submit this form for **each** project carrying out scattered-site housing assistance.

2-a Name and address of project sponsor

2-b General location(s) of activity

2-c Implementation actions. For the project, provide the following dates. (Do not submit if a previous annual progress report indicated that housing assistance and services had been initiated.)

a. Date residents began to use payments	
b. Date supportive services began	

2-d Units by type of housing assistance payments. Report the number of units that were used during the program year by number of bedrooms. Count each unit assisted as one entry regardless of the number of monthly payments made for that unit.

Type of housing assistance payment	Units by Number of Bedrooms						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms
a. Tenant-based rental assistance							
b. Short-term rent, mortgage and utility payments							

2-e Expenditures by type of housing assistance payment. Enter the amount of HOPWA funds expended during the operating year for the activities listed below.

Type of housing assistance payment	HOPWA Funds
a. Tenant-based rental assistance	
b. Short-term rent, mortgage and utility payments	

Exhibit H- Supportive Service Expenditures.

Submit this form for each project carrying out supportive services activities.*

Name and Address of project sponsor

General location(s) of activity

Date services began: _____

Enter amount for supportive services(s) which apply:

Amount

1. Outreach	
2. Case management/client advocacy/access to benefits/services	
3. Life management (outside of case management)	
4. Nutritional services/meals	
5. Adult day care and personal assistance	
6. Child care and other children services	
7. Education	
8. Employment assistance	
9. Alcohol and drug abuse services	
10. Mental health services	
11. Health/medical/intensive care services	
12. Permanent housing placement	
13. Other (specify)	
14. HOPWA total for this sponsor	

* For each project sponsor or for the grant in total, report on the amounts expended by type of activity. In cases where multiple activities are carried out by the sponsor and records do not reflect actual expenditures by individual services, provide the total amount expended by the sponsor during the reporting period and an estimate of the amounts by type of activity or, aggregate the amount reported under the primary type of service provided by the sponsor.

HUD HOPWA Annual Progress Report Worksheet

This worksheet is optional and is intended to help you collect project information needed to complete Part II of the HOPWA Annual Progress Report. It should not be submitted to HUD. However, HUD reserves the right to request or review the information used to complete the report, except for names and identifying information. See Worksheet Instructions for directions on using this worksheet. Please keep a file of "other information" (Item 14 below) to specify on the annual report. Names and personal data on participants must be kept confidential; a unique identifying code could be used to track participants. For families, list the head of household first and aggregate family information following that entry. Other family members can be sequentially listed to provide space for demographic information. As described in this instructions for this worksheet, codes are used for entries in items 9 to 12.

[illegible]

1997 HOPWA COMPETITIVE GRANTS

Partnerships to Provide Housing and Related Services to Persons living with HIV/AIDS

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

Housing and Urban Development Secretary Andrew Cuomo announced \$19.6 million in grants to 20 community-based programs addressing the housing needs of low-income Americans with HIV/AIDS. The grants were made under the competitive portion of HUD's \$196 million Housing Opportunities for Persons with AIDS 1997 program.

"We recognize that housing is a daily necessity for each of us and that safe, decent and affordable housing must be part of our common response to the HIV epidemic." Cuomo said. "The Department's AIDS programs give comfort and support to persons who are facing difficult challenges in their lives. That is why these grants are so critical. They serve people when they're most vulnerable, with limited resources, often with less than ideal family and medical support."

Cuomo said that seven of the grants were awarded under the HIV Multiple Diagnoses Initiative (MDI) which targets assistance to low-income persons living with HIV/AIDS who are homeless and also have chronic alcohol and/or drug abuse problems and/or serious mental illness. MDI projects participate in joint efforts by HUD and HHS to develop and evaluate model programs that reach and assist this population.

Seven of the grants were awarded for models in planning, design, management and evaluation of housing and related assistance under the Special Projects of National Significance (SPNS) category. Five grants will help develop long-term comprehensive strategies for assistance in areas of the country that do not receive HOPWA formula allocations. One project will provide national technical assistance.

MODEL HIV/AIDS PROJECTS

Community Partnerships -- Housing Assistance and Related Services

HIV Multiple Diagnoses Initiative

▼ In Connecticut, the City of Bridgeport and the Connecticut AIDS Residence Coalition (CARC) along with seven project sponsors will initiate a three-pronged program to assist persons living with AIDS who also have severe and persistent mental illness and/or chemical dependence. Included will be stabilization and orientation for clients in emergency shelter, development of a transitional living program (with goal formation and support to obtain those goals), and discharge planning that includes access to permanent housing. The program will also provide follow-up services in the community.

Project sponsors will provide intensive outreach, especially in the City's Enterprise Community. To help stabilize homeless clients, emergency shelter will be provided to a minimum of 100 people with

HIV/AIDS and their families. In addition, transitional housing will help a minimum of 14 single adults, 10 single mothers attempting reunification with their children and 12 families. This structured transitional living program, which uses a combination rehabilitation and recovery model, fills a large gap in Bridgeport's continuum of housing for the target population. After completing the transitional program, clients will be assisted in moving to permanent housing via a bridge fund. In an innovative method for vocational rehabilitation, some clients will be involved in developing a mailing services micro-enterprise that has already garnered pledges of business from area organizations.

The program is consistent with *Blueprint for the Future: Connecticut's AIDS Housing Plan* (developed by CARC) and a 1996 HIV/AIDS care needs assessment for the greater Bridgeport area.

Awards for HIV Multiple-Diagnoses Initiative Projects.

Grant Recipient	Project Location	Award
City of Bridgeport	Bridgeport, Connecticut	\$1,270,000
Church Avenue Merchants Block Assoc. (CAMBA)	Brooklyn, New York City	1,199,901
AIDS Task Force of Alabama, Inc.	Birmingham, Alabama	1,270,000
The Salvation Army, Harbor Light Multi-Service Center	Minneapolis, Minnesota	1,200,000
Catholic Community Services, Hudson County Division	Jersey City, New Jersey	1,236,922
Local Health Council of East Central Florida, Inc.	Orlando, Florida	1,205,903
Center for Children & Families	Manhattan, New York City	1,221,450
TOTAL 1997 MDI Awards	7 Grants	\$8,604,176

Sponsors include the Helping Hand Center, Catholic Family Services, the Regional Network of Programs, the Greater Bridgeport Community Mental Health Center, and Alpha Home and Bethel Recovery Center.

▼ In Brooklyn, New York, a grant for *Housing Start* will fund operating costs of a scattered site housing program for homeless persons with HIV/AIDS who are also alcohol/drug addicted and/or mentally ill. This MDI program will be run by the **Church Avenue Merchant's Block Association (CAMBA)**. Health care and other supportive services will be offered in CAMBA's primary health care center and the adjacent HIV/AIDS service center. The program will also emphasize acupuncture as a treatment for substance abuse withdrawal symptoms as well as to increase energy for fighting HIV/AIDS.

CAMBA will offer furnished, scattered site apartments in several Brooklyn neighborhoods in a designated Empowerment Zone/Enterprise Community to 40 people with HIV/AIDS and 40 family members of these individuals. Residential staff will find and maintain housing and will offer subsidized rent payments. In linking HIV and substance abuse prevention services, alternative treatments, health care, and other supportive services with housing assistance, CAMBA is responding to their MDI clients' needs by integrating service delivery. The program's special

focus uses immediate access to housing as an incentive to reach otherwise unengaged clients. The use of non-invasive alternative treatment approaches, such as the Lincoln Hospital acupuncture treatment program, will help maintain clients in care with access to counseling, treatment and other services.

▼ The *Rectory House Project* has been designed to increase consumer-driven, service-enriched community housing. **AIDS Task Force of Alabama**, and its sponsor, Agape Foundation, will supervise the 18-month renovation of a 14-bed community residential facility in Birmingham and augment related activities already underway in this Enterprise Community. A total of 42 homeless, multiply-diagnosed persons who have HIV/AIDS will receive services and housing in a facility offering 24-hour care. Aside from housing, these clients will receive physical care, mental health care, chemical addiction support, and case management and access to other care in the community.

The ATFA project will be part of a Continuum of Care by the Metropolitan Birmingham Services for the Homeless which has been recognized by HUD as "best practice" in coordination and strategic planning by communities. To help the project become self sustaining, a reimbursement system will be developed to cover future annual operating costs. This system will create partner-ships

among area hospitals, health maintenance organizations, public health agencies, the mental health authority, and municipalities.

▼ In Minneapolis, the **Salvation Army Harbor Light Center's AIDS Supportive Housing Project** will include an MDI project in their 100 unit multi-purpose permanent housing campus. Funds will be used to expand this village of support, with the construction and operation of a 12-unit apartment project for individuals living with HIV or AIDS who also have substance abuse or mental health issues. Six units will be constructed for families and six for individuals.

With the assistance of the Minnesota AIDS Project, supportive services available to clients will include case management, substance abuse counseling, primary health care, TB screening, on-site day care, nutrition and hygiene counseling, personal care (food, clothing, transportation), and recreation and social activities. Clients will also be reached in an HIV prevention street outreach program operated by Women With A Point.

Residents will benefit from a "flexible leasing" approach that will enable them to utilize programs in the adjacent Multi-Service Center, such as the detox program, without losing their lease in the apartment project. Flexible leasing will help to prevent clients from becoming homeless, even if they experience relapses and temporarily re-enter treatment programs. The project implements a part of the State's *HIV Housing Needs Assessment and Five Year Plan*.

▼ **Canaan House** in Jersey City, New Jersey, meets the urgent permanent, supported, independent housing need of Hudson County residents who are living with HIV/AIDS and a persistent, mental illness and/or chemical addiction. **Catholic Community Services** will use funds for acquisition, rehabilitation, and operating costs of a housing facility that includes 9 one-bedroom apartments and one two-bedroom apartment for families. In addition, a broad range of services will be provided for tenants.

The ultimate goal of Canaan House is to assist and empower clients to obtain the social services they need by helping them overcome the obstacles caused by a lack of permanent housing and the fragmentation of the social service system. This CCS project is connected to *Operation Link*, a 1996 MDI project that

provides assertive outreach to engage homeless clients, to transitional housing at *Franciska House* and hospice care at *Coming Home*. Services will be provided by CCS as well as other social agencies and the building rehabilitation will be undertaken by the Domus Corporation. The project's primary objective is to develop a holistic service delivery microsystem that views multiply diagnosed consumers as whole persons. As such, these services will include 24-hour on-site staffing, crisis intervention and emergency services, mental health and substance abuse services, home health care, benefits management, nutrition education, food preparation, housekeeping, vocational rehabilitation, life skills and personal care education, family support, case management, and transportation.

▼ The **Local Health Council of East Central Florida** in Orlando, along with four project sponsors, have designed a network that identifies participants, provides housing, and offers treatment to persons with HIV/AIDS, mental illness, and/or substance abuse. HOPWA funds will be used for the operation of this network as well as the repair and conversion of an evaluation and assessment center. The four sponsors are the Allen Outreach and Development Center for client assessment, the Center for Drug-Free Living for counseling and in-patient treatment, Lakeside Alternative for mental health treatment and crises stabilization, and Centaur for housing assistance.

Transitional Case Managers, based out of the Allen Outreach and Development Center, will work with clients for 30 days, linking them to services through the sponsors' network of providers. Counseling will be provided on the street and in established settings. Available under this grant are 15 tenant-based housing units, 20 direct assistance units, 5 assisted living facility units and 22 single room (SRO) units, 10 of which will be emergency transitional and 12 will be for permanent housing.

▼ This grant will fund a **New York City Youth MDI Housing Project** in central Manhattan. The project is a collaborative effort by the **Center for Children and Families** and the sponsoring agency, Samaritan Village, Inc., to establish a distinct system-wide housing assistance program for HIV positive 18-24 year olds. Aggressive street and institutional outreach will help connect clients to comprehensive services for an estimated 600 homeless youths who have multiple diagnoses.

Counseling and other support will be offered at SafeSpace, a drop-in center in Times Square. Some clients will be referred to SafeHome, a transitional living program and, if possible, reunited with their families. The project aims to improve transitional housing with client-driven conflict management methods and to engage clients in assistance to improve life skills and rebuild trust in relationships. The program will reduce services fragmentation and help remove other barriers to treatment.

HOPWA Formula Grants

Housing and related care are vital components of the national response to the HIV epidemic. The HOPWA program provides funding for housing and services for low-income persons living with HIV/AIDS and their families. Funds are made available in connection with a community's strategy to link these and other resources in an overall development plan in a manner that helps empower residents to become stakeholders in the use of resources.

Ninety (90) percent of the annual appropriation is allocated by formula to the largest city in eligible metropolitan areas and to States based on the number of reported cases of AIDS and metropolitan incidence. Areas qualify if they have at least 1,500 cases of AIDS reported to CDC by March 31 of the year prior to award. In FY 1997, 53 metropolitan areas and 27 States qualified for formula grants. A total of \$176.4 million was allocated.

Following public consultations, these 80 jurisdictions described the use of these funds in connection with other HUD and community resources in an annual consolidated plan submission. Summary information on their consolidated plans is available from HUD at <http://www.hud.gov/home.html>.

The CC + F project will offer housing placement assistance for supportive and permanent housing as well as services, such as intensive case management, entitlements, primary health services, specialized clinical assessment, treatment for mental illness and substance abuse, tutoring and GED instruction, independent living skills and vocational readiness, job and intern placement, individual and group counseling. Another initiative includes the development and publication of a city-wide resource directory of services for homeless HIV positive youth and the training the staff at 100 youth serving agencies to increase ability for early intervention.

Special Projects of National Significance

▼ Funds to renew the *Housing Assistance and Volunteer Enlistment Network (HAVEN)* project, will help The AIDS Project (TAP) continue to addressing the complex housing and related support needs of people with HIV/AIDS in Portland and other areas of southern Maine. TAP will provide overall case management and coordinate housing and supportive services with three other organizations: Peabody House, AIDS Housing Lodge, and Shalom House. HAVEN is notable for its ability to serve and adapt to the needs of its service population. During its first grant, the HAVEN project was successful in filling housing and social service gaps. Providers have subsequently found that the nature of their clientele has altered with: more individuals having multiple diagnoses; prognoses of longer life expectancies are occurring; and the local housing market has tightened. TAP and its three sponsors have adapted their program to attend to these changing needs. The program's use of trained volunteers and both consumer and service professionals advisory committees are notable.

Services will include: emergency assistance and shallow rent assistance (up to \$250 per month); employment re-entry; counseling; and helping clients access scattered site, transit apartments, and tenant-based rental assistance. Over the course of the three-year grant, 250 persons will receive rental assistance. Assisted living will be provided to 46 persons. Short-term emergency rental assistance will be provided for 54 persons and 24 will receive shallow rent subsidies to enable them to remain in their apartments or to assist in mortgage payments. An additional 72 persons will receive other short-term payments.

Evaluation of the first HAVEN program has shown that 90% of clients entering emergency care had been housed permanently within 90 days of intake. In addition, TAP met a significant list of benchmarks and developed a working pool of 100 volunteers. For the new award, it is expected that 300 persons with AIDS and 30 of their family members will receive housing assistance, and 1,824 persons with AIDS will receive supportive services.

▼ This grant will fund the **AIDS Housing Corporation's (AHC) New England Comprehensive Technical Assistance Program** as a continuation of a 1994 HOPWA SPNS grant. AHC will use funds to continue serving Massachusetts while expanding their capacity to serve other communities in the New England area. Included are five components: (1) needs assessments; (2) program evaluations; (3) research, training, and publications; (4) project development, operations, and management; (5) and community-wide system development. Additionally, AHC will hold a New England-wide AIDS Housing Conference so that organizations and agencies may share information and the region's technical assistance needs may be assessed.

Assistance will be provided to at least 400 individuals and 200 family members. In AHC's 1994 technical assistance grant, all planned goals were met. AHC published a primer on developing AIDS supported housing, guidelines for the design of AIDS housing, a handbook for AIDS housing directors and a directory of programs in Massachusetts and initiated use of a web site. AHC will continue to work with people with AIDS, AIDS service organizations, and community-based organizations to identify the need for housing and support services and develop/maintain housing options addressing those needs. By building on the capacity of existing organizations, AHC helps to bridge gaps in knowledge and expertise to create a continuum of housing options for people living with HIV/AIDS, involve consumers in decisions and form partnerships to provide housing and care.

▼ The *La Posada Project* (Spanish for *home*) will provide service-enriched housing opportunities throughout San Diego County to homeless and very low-income HIV positive persons, especially addressing the needs of women and their children. **The County of San Diego Department of Housing and Community Development's** program

will create flexible and affordable housing options, including permanent housing units that are integrated within an affordable housing complex. Funds are for: (1) acquisition and rehabilitation of ten apartments in the South Bay region; (2) rehabilitation of a licensed residential care facility in Vista to increase its capacity; and (3) outreach, residential service coordination, and supportive services. Assistance will be delivered in this Enterprise Community.

Activities will be co-administered by the County's Office of AIDS Coordination and its Department of Housing and Community Development. These agencies will be assisted by five sponsors, including South Bay Community Services, Fraternity House, San Ysidro Health Center, PACTO Latino AIDS Organization, and the San Diego Housing Commission. Moreover, to fill supportive or housing services gaps in the continuum of care, six community organizations will work in partnership with the sponsors. The project will provide housing assistance to at least 270 individuals and 250 family members.

Project goals are to enable the participants to access affordable and appropriate housing, increase their long-term stability in housing, enhance their access to health care and supportive services, and allow able-bodied participants to secure gainful employment. Housing options will include emergency shelter, transitional housing, rental assistance, and licensed residential care. Tenants will be linked to services with the assistance of bilingual, culturally sensitive case managers.

▼ A project *Serving the Dually Diagnosed in North Carolina* will be implemented in five communities selected for local team efforts in housing people who have HIV/AIDS and substance abuse issues. A project sponsor in each area will hire a substance abuse counselor who can help homeless, dually diagnosed individuals to better utilize housing options. The grant to the **North Carolina Department of Environment, Health, and Natural Resources** will provide assistance in Charlotte, Raleigh, Greenville, Wilmington and eastern rural areas.

While the State will be responsible for linking AIDS services and substance abuse efforts of all communities, the five sponsors will individualize their services according to community needs and area resources. Sponsors include Cure, Inc., the Regional HIV/AIDS Consortium (Foundation of the

Carolinas), the Durham County Mental Health Authority, and the Pitt County AIDS Service Organization.

The grant is expected to provide services for 460 persons statewide over the three years of the grant and serve as models for expanding efforts in other areas. The use of Substance Abuse Counselors fills an identified gap in the local continuum of care in each geographical area. In addition, each area has designed a plan of activities for its HOPWA-funded counselor based on the unique needs of its area.

▼ The Kentucky Housing Corporation will receive a grant for the *AIDS Housing Integration Project* will help existing mainstream housing and service providers to expand their programs for persons living with HIV/AIDS. HOPWA funds will be used to develop an AIDS Housing Integration Team, which will provide outreach, education, and training to mainstream providers and assist in the development and implementation of AIDS-specific set-asides. A placement program for persons with HIV/AIDS who require alcohol and/or drug dependency services will also be established in Louisville, Lexington, and in Dayton and Covington in Northern Kentucky.

In cooperation with the Kentucky Housing Corporation, three sponsors will participate, including Volunteers of America of Kentucky, Transitions Inc., and AIDS Volunteers. Over a three-year period, the project will develop at least 30 set-aside beds, units, or slots in 18 existing housing programs; further-more, housing assistance services will be provided to at least 99 individuals and 35 family members with other services for an additional 201 people. This plan recognizes that the State may most appropriately serve its dispersed client population by improving those resources already in place. Preference will be given to clients residing in Louisville's Enterprise Community.

An AIDS Housing Integration Team will provide outreach, education, and training to mainstream providers and assist in the development and implementation of AIDS-specific set asides and/or preferences. The Project builds upon the capacity and infrastructure of local service providers in rural areas who know their communities, resources, and members, and special-needs service providers in urban centers who are experts in alcohol and drug dependency. Its innovation in utilizing existing housing (at times,

a household with one extra bedroom), training the family or provider in HIV/AIDS prevention and care, and using volunteers to help provide services is notable.

▼ This grant will fund an expansion of Ho'omana'olana's ("building hope") *Gregory House*, a transitional shelter, as well as the development of an independent scattered-site program of housing services for persons living with HIV/AIDS. These expanded services respond to the growing need to stabilize the multiply diagnosed in order to maximize their success in permanent housing.

Currently, support services at Gregory House are not optimal in meeting intensive care needs of those with HIV/AIDS who are multiply diagnosed; gaps exist in the areas of monitoring, follow-up, and on-site support. Outreach will target the homeless among all impacted communities. After becoming a client, individuals will be placed in the newly developed scattered-site program, an independently supportive program where clients can continue to have a strong social service component while living independently in the community. Ten units of long-term lease housing will be made available in the community.

Additional leveraged resources of over \$2 million will be provided in a collaborative manner by the Life Foundation, Comfort, Security, and Independence, Waikiki Health Center, The Queens Medical Center, State of Hawaii STD/AIDS Prevention Branch, and WorkHawaii. The initiative will provide housing assistance services to at least 135 individuals and 6 family members. The proposal was developed with the participation of the AIDS Community Care Team (ACCT), a statewide, broad-based consortium of community based organizations that provide services to, and advocate for, persons affected with HIV and AIDS and for persons at risk.

▼ The Hudson Planning Group will develop, implement, and evaluate the *Housing Network Development Project*, a program for people with HIV/AIDS that utilizes key managed care principles in supportive housing service provision and reimbursement. With the assistance of two other non-profit organizations, Bailey House and Housing Works, the Hudson Planning Group will contract with the City on a capitated payment basis to provide a full continuum of supportive housing services and will link supportive services

Awards for Special Projects of National Significance.

Grant Recipient	Project Location	Award
The AIDS Project	Portland, Maine	\$1,064,149
AIDS Housing Corporation (New England Comprehensive Technical Assistance Program)	Boston, Massachusetts for the New England region	749,689
San Diego County, Department of Housing and Community Development	San Diego, San Marcos and Vista, California	1,053,800
North Carolina Department of Environment, Health and Natural Resources	Charlotte, Raleigh, Greenville, Wilmington, and eastern rural, North Carolina	785,714
Kentucky Housing Corporation	Louisville, Lexington, Dayton and Covington, Kentucky	901,323
Ho'omana'olana	Honolulu, Hawaii	1,028,797
Hudson Planning Group, Inc.	New York City	334,750
TOTAL 1997 SPNS Awards	7 Grants	\$5,918,222

to the specific needs of individuals being served. HOPWA funds will be used to demonstrate the applicability of key managed care principles. Funding will be provided directly to the Housing Network, an umbrella organization of non-profits providing supportive housing, which in turn will contract with non-profit community based housing service providers. All proposed activities are consistent with the State of New York Consolidated Plan. Furthermore, the Housing Network Project prevents duplication that will arise when the State's HIV special needs managed care plans are introduced in mid-1998.

The managed care model is flexible and establishes a provider network for a seamless continuum of services. For instance, case managers will be responsible for both housing and social service needs of their clients; previously, these two services have been handled by different systems.

National HOPWA Technical Assistance

▼ This grant will allow **AIDS Housing of Washington (AHW)** to continue and to expand its *National HOPWA Technical Assistance Program* to provide support for the development, operation and management of AIDS housing programs throughout the nation. The program includes

outreach and follow-up in four primary program areas: (1) consultations with HIV/AIDS residences, rental assistance program, support service providers and low-income housing developers on issues such as program planning, organizational capacity-building, forging partnerships, housing development, financing building operations, support service delivery and evaluation; (2) community-based needs assessments and multi-year AIDS housing plans for impacted cities, states and regions; (3) HIV/AIDS housing publications, database research, public education and information dissemination, including a world wide web site; and (4) provider conferences and workshops, including the Third and Fourth National HIV/AIDS Housing Conferences and two national training workshops for HOPWA formula grantees. Plans have been initiated for the September 16-20, 1998 national conference in Atlanta.

When assisting an organization, AHW accounts for the group's capacity, ability, staffing, and services as well as local changes in Medicaid provision, disease parameters, government programs, and regional/state plans. Long-term goals of the National Technical Assistance Program are to increase organizational capacity, long-term viability, and development. Priority areas include HOPWA formula jurisdictions, states without comprehensive AIDS housing plans that

Award for National HOPWA Technical Assistance

Grant Recipient	Project Location	Award
AIDS Housing of Washington	Seattle, Washington for nation-wide activities	\$1,030,000
TOTAL 1997 National TA Award	1 Grant	\$1,030,000

are outside major metropolitan areas, and smaller EMAs without adequate AIDS housing plans. Through these activities it is expected that more than 3,000 people with HIV/AIDS will be assisted. In its prior award, AHW met or exceeded all goals, including providing comprehensive HIV/AIDS housing needs assessment and planning for states/EMAs, publishing, and conferences.

These exemplary projects evidence strong community partnerships as models of care and commitment. The Department has made a strong emphasis on working together with the nonprofit sector, governments at all levels, and citizens to better address area needs. An essential part of any partnership is learning from each other, understanding our challenges, and sharing our solutions to common issues. By learning from these model projects, we can expand housing options that facilitate independence and dignity for persons living with HIV/AIDS through access to safe, decent and affordable housing.

Secretary Andrew Cuomo

Long-Term Comprehensive Strategies in Non-Formula Areas

▼ The Alaska Housing Finance Corporation (AHFC) will use funds to continue operating housing in Anchorage with three permanent and one transitional housing units. Alaskan AIDS Assistance Association (4As) will provide supportive services, such as case management, housing information, and short- and long-term

rental assistance. In the first HOPWA grant operated by AHFC and 4As, expectations were exceeded by nearly double and the program changed according to the needs of clients. HOPWA funds are used to help people in Alaska with HIV/AIDS and their families remain in their homes by providing for health care, prescription services, child care, relapse prevention therapy, and transportation. Transportation is of particular importance, as many families must travel to far distant services via airplane.

Clients are referred from various community agencies, health care facilities, friends, and current clients. Over the past three years, clientele has fallen into one of two categories: either very ill or long-term survivors. The program has been adapted to help both groups to secure residential assistance as needed. In addition, AHFC and 4As are planning for future clients by scouting appropriate housing locations across the state while visiting current clients.

▼ *The New Mexico Strategy* is a two-pronged approach that promotes statewide and regional collaborations between the housing and HIV/AIDS services communities to enhance and expand capacity of housing resources for people with HIV/AIDS. Housing assistance will include a four-bedroom, independent living duplex in Albuquerque, a four-bed community AIDS residence in Gallup that is sensitive to the culture of Native Americans, and (on a state-wide basis) tenant-based rental assistance with preference for clients in the State's two Enterprise Communities: Albuquerque and the rural EC in Moro, Rio Arriba and Taos Counties. Additionally, funds will be used to fill gaps in the continuum of care throughout the State and for Native Americans, coordinated through comprehensive HIV/AIDS case management.

The New Mexico Mortgage Finance Authority will implement this project in coordination with five sponsors, each familiar with a different region of the state: New Mexico AIDS Services, Southwest

Care Center, CAA Cares Program, Pecos Valley HIV/AIDS Resource Center, and the Navajo AIDS Network. At least 460 individuals and 92 family members will receive housing assistance and services will be provided for an additional 228 persons. The project will also provide utility assistance; emergency grants for moving expenses, minor repairs, and other housing-related needs; and motel vouchers for rural residents traveling to clinics.

The proposal was developed based on statewide consultation with people living with HIV/AIDS, their families, and organizations that serve them. Open planning meetings, focus groups, surveys and interviews were all used with a focus on New Mexico's rural areas that are largely underserved. The project provides over \$7.5 million in additional resources that are committed to implementing this state-wide strategy to integrate services, AIDS drug assistance and housing for clients.

▼ This grant to the **Rhode Island Housing and Mortgage Finance Corporation** will expand Rhode Island's continuum of care for people with HIV/AIDS by extending the geographic service areas from prior HOPWA grants and adding a new component of housing service delivery for northern Rhode Island. Funds will be used to renew the Sunrise Supportive Service Program, which provides supportive services coupled with housing services to clients residing in 12 scattered site apartments in Providence, including clients in the City's Enterprise Community.

In connection with the completion of a Sec. 811 facility under rehabilitation in Pawtucket that will provide six units for people living with AIDS, rental assistance will be offered in southern Rhode Island. Also, support will be given to expand capacity of a four-unit group home in Cumberland in the northern area of the state that operated on a volunteer basis for the last two years. HOPWA will fund project oversight, utility payments, site operations, expansion to eight units and provide a range of housing and supportive services. During operation of the 1994 award, Sunrise achieved its three benchmarks of success in providing stable housing for 45 people with HIV/AIDS, cementing linkages with partners, and evidence of client satisfaction. New activities will be undertaken by two sponsors, Family AIDS Service Center for Treatment and Services (FACTS) in the greater Providence area and the House of Compassion in northern Rhode Island.

At least 148 individuals and 30 family members will receive housing assistance, and an additional 100 persons will receive other services. The proposal was developed using focus groups, interviews with AIDS service organizations, and surveys of people living with HIV/AIDS. The planned activities are coordinated within the State's Continuum of Care for Homeless Persons.

▼ HOPWA funds will allow the **Wyoming Department of Health's Life Steps Campus** in Casper, Wyoming to expand with a *Temporary Residence to Encourage and Educate (TREE) House*. This project will complete a full spectrum of housing and supportive services for people living with HIV/AIDS at one site in coordination with special needs programs offered by 14 collaborating agencies. The TREE House will serve as a group home, supportive living center, site for long-term and emergency housing, and education and information center. TREE House activities will be operated by the Wyoming Department of Health in coordination with two sponsors: Wyoming AIDS Project and Casper Housing Authority. The program will provide housing assistance services for over 192 individuals and 162 family members as well as services for an additional 861 persons living not only in Wyoming, but also in border towns from neighboring states, Nebraska, South Dakota, North Dakota, Idaho, and Montana.

The program is designed to flexibly cover the full spectrum of housing services from short term to transitional to long-term "permanent" housing. The TREE House will also offer a statewide toll-free hotline for referrals to medical care, financial assistance, counseling, legal advice, and other services. On-campus assistance will include self-sufficiency and intensive case management, personal care, health education, literacy and GED tutoring, job search assistance, life skills training, children's programs, and other supportive services.

▼ This grant will continue funding for *Positive Directions* a project of **Pima County Community Services** that serves the Tucson area. The program was developed in consultation with clients and the community to provide structured transitional housing, subsidized permanent housing, intensive case management, inpatient treatment, and job training for low income persons with HIV/AIDS and their families. The program expects that 80% of clients will have

substance abuse issues and 10% will have a mental illness that require specialized services.

Activities will be coordinated with continuum of care efforts by the Tucson Planning Council for the Homeless, which received a "best practice" award from HUD for its collaborative efforts. The project will support the elements of this continuum that implement long-term, comprehensive strategies for providing housing and related services to people with HIV/AIDS. Needs identified in surveillance reports are addressed in two ways: (1) by targeting the multiply diagnosed population for a continuum of housing and services through long-term rent subsidy combined with intensive case management; and (2) by collaborating with existing housing, residential treatment, and service provision.

Sponsors who will be assisting Pima County, the grantee, are the Southern Arizona AIDS Foundation (SAAF) and the City of Tucson. SAAF is the organization resulting from the merger of three AIDS service organizations in Tucson, People with AIDS Coalition of Tucson, the Shanti Foundation, and the Tucson AIDS Project.

The number of units in an existing long-term rent subsidy program will be increased from 30 to 40, with 32 one-bedroom, 6 two-bedroom and 2 three-bedroom units. SAAF's transitional housing program will provide 6 studios; 2 one-bedroom and 2 two-bedroom units for a range of 12 to 18 beds. Intensive case management will be funded under this grant, as will be job training or retraining for clients when they have increased their self-sufficiency.

Awards for Long Term Comprehensive Strategies Projects

Grant Recipient	Project Location	Award
Alaska Housing Finance Corporation	Anchorage, Alaska	\$ 572,800
New Mexico Mortgage Finance Authority	Albuquerque and Gallup, New Mexico	1,100,000
Rhode Island Housing and Mortgage Finance Corporation	Providence, Cumberland and Cranston, Rhode Island	1,097,030
Wyoming Department of Health	Casper, Wyoming	288,640
Pima County Community Services	Tucson, Arizona	639,196
TOTAL 1997 Long Term Awards	5 Grants	\$3,697,666

NOTE: LT Projects are in areas that did not qualify for HOPWA formula allocations in FY 97.

Additional Funds for Evaluation of 1996 HIV Multiple-Diagnoses Initiative Projects.

HUD awarded additional funds for the national evaluation of MDI projects selected in 1996. The seven projects that received up to \$50,000 are: the Bernal Heights Housing Corporation in San Francisco, California; the Housing Authority of Santa Cruz, in Santa Cruz Co., California; Housing & Services Inc. (of South Florida) in Miami, Florida; the Baltimore Department of Housing and Community Development in Baltimore, Maryland; Catholic Community Services in Jersey City, New Jersey; United

Bronx Parents, Inc. in New York City; and the Houston Regional HIV/AIDS Resource Group, Inc. in Houston, Texas. These projects are described in the 1996 competitive grant descriptions. The total for the seven awards is \$349,936.

For More Information: Contact the HUD area office or the Office of HIV/AIDS Housing, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Rm 7154, Washington, D.C. 20410, phone (202) 708-1934; TTY 1-800-887-8339, FAX: (202) 708-1744. The HUD HOME Page on the World Wide Web is found at <http://www.hud.gov/home.html>.

1997 HOPWA Competitive Grants--Contact List

Grant Recipient Address	Grantee Contacts	Additional Contacts
AIDS Task Force of Alabama P.O. Box 55703 Birmingham, AL 35255	Randall H. Russell, MSW Executive Director (205) 781-6448 (205) 788-4643 (fax) randyoed@aol.com	
Alaska Housing Finance Corporation P.O. Box 101020 Anchorage, AK 99510	Daniel R. Fauske Executive Director (907) 338-6100 Kris Duncan (907) 338-6100 (907) 338-2585 (fax)	Andrea Nenzel, Exec. Dir. Alaskan AIDS Assist. Assoc. 1057 W. Fireweed, S. 102 Anchorage AK 99503-1736 (907) 263-2050 (907) 263-2051 fax aaaa@servcom.com www.servcom.com/aaaa
Pima County Community Services 32 North Stone Avenue, Suite 1600 Tucson, AZ 85701	Kate O'Rielly Director of Community Resources (520) 740-5205	Gary Bachman (520) 740-5205 (520) 798-3203 (fax)
County of San Diego Department of Housing and Community Development 3989 Ruffin Road San Diego, CA 92123-1890	Edward A. Baker, Jr. Director (619) 694-4885	Ron Barefield (619) 694-4803 (619) 694-4871 fax Jeffrey Wynne Office of AIDS Coordination (619) 515-6685
City of Bridgeport 45 Lyon Terrace Bridgeport, CT 06604	Joseph P. Ganim, Mayor (203) 576-7201 Michael J. McCarthy Central Grants Office (203) 332-5662 (203) 332-5657 fax	Shawn Lang Interim Director CT AIDS Resource Coalition 56 Arbor Street Hartford, CT 06106 (860) 231-8212 (860) 231-9745 fax
Local Health Council of East Central Florida, Inc. 1155 S. Semoran Blvd., Suite 1111 Winter Park, FL 32792	Steve Windham Executive Director (407) 671-2005	Susan Shewmake (407) 671-2005 x 203 Marigot Garcia (407) 671-2005 x 217 (407) 671-5474 (fax)
Ho'omana'olana 770 Kapiolani Boulevard Suite 503 Honolulu, Hawaii 96813	Michael Burnett Executive Director (808) 592-9022 (808) 592-9049 fax hsegregory@aol.com	
Kentucky Housing Corporation 1231 Louisville Road Frankfort, KY 40601	Mr. F. Lynn Luallen Chief Executive Officer 800-633-8896 x299 (502) 564-0896 fax	Kimberly Burris, Homeless Programs Coordinator (502) 564-6171 (502) 564-6445 fax
The AIDS Project 615 Congress Street - Sixth Floor P.O. Box 5305 Portland, ME 04104	Marjorie Love, MSW Interim Executive Director (207) 774-6877 (207) 879-0761 fax aidsproj@neis.net	

Grant Recipient Address	Grantee Contacts	Additional Contacts
<i>New England Comprehensive Technical Assistance Program</i> AIDS Housing Corporation 95 Berkeley Street, Suite 305 Boston, MA 02116	Marie Herb Senior Project Manager (617) 451-2248 x26 (617) 451-2011 fax info@ahc.org	AHC Home Page: www.ahc.org
The Salvation Army Harbor Light Multi-Service Center 1010 Currie Avenue Minneapolis, MN 55403	Steven E. Woodard, Lieutenant Executive Director (612) 338-0113 (612) 338-4717 (fax)	
Catholic Community Services Headquarters Office: 160 Raymond Boulevard Newark, NJ 07102-4105	Thomas J. Catlaw, Chief Operating Officer (973) 596-4054	Margaret Murtha Hudson Co. Division Director (201) 332-4365 (201) 332-6585 (fax)
New Mexico Mortgage Finance Authority 344 Fourth Street, SW Albuquerque, NM 87102	James W. Stretz Executive Director (505) 843-6880 (505) 243-3289 fax	
Church Avenue Merchants Block Association, Inc. (CAMBA) 1720 Church Avenue, 2nd Floor Brooklyn, NY 11226	Joanne M. Oplustil Executive Director (718) 287-2600 (718) 287-0857 (fax)	
Center for Children and Families 295 Lafayette Street, Suite 920 New York, NY 10012	Beverly Brooks Executive Director (212) 226-3536 www.kidsuccess.com	Carl Siciliano, Director of Services for Homeless Youth SafeSpace 133 W 46th Street New York 10036 (212) 354-7233 (212) 869-9593 (fax)
Hudson Planning Group 180 Varick Street, 17th Floor New York, New York 10014	Howard Burchman Director (212) 627-0627 (212) 627-9247 (fax)	
North Carolina Department of Environment, Health, and Natural Resources, Division of Epidemiology - AIDS Care Branch PO Box 27609 Raleigh, NC 27626	Michael Moser, MD, Director Division of Epidemiology (919) 715-6733 Arthur Okrent (919) 715-3118	Joan Plotnick AIDS Housing Program Administrator (919) 715-3121 (919) 715-3144 (fax)
Rhode Island Housing and Mortgage Finance Corporation 44 Washington Street Providence, RI 02903	Richard H. Godfrey, Jr. Executive Director (401) 457-5566	Susan Bodington (401) 457-1286 (401) 457-1140 fax
<i>National HOPWA Technical Assistance</i> AIDS Housing of Washington 2025 First Avenue, Suite 420 Seattle, WA 98121	Betsy Lieberman Executive Director (206) 448-5242 (206) 441-9485 (fax) info@aidshousing.org	AHW Home Page: www.aidshousing.org
Wyoming Department of Health Hathaway Building, Room 478 Cheyenne, WY 82002	Jim Murray Deputy Administrator (307) 777-6004 (307) 777-3917 fax	Mary L. Patrick Executive Director Casper Housing Authority (307) 266-1388 x18

HOPWA Formula & Competitive Awards 1995-1998

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

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

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

HOPWA Grantees and Grant Amounts

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

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

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

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

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

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

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

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

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

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

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

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

1997 HOPWA COMPETITIVE GRANTS

Partnerships to Provide Housing and Related Services to Persons living with HIV/AIDS

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

Housing and Urban Development Secretary Andrew Cuomo announced \$19.6 million in grants to 20 community-based programs addressing the housing needs of low-income Americans with HIV/AIDS. The grants were made under the competitive portion of HUD's \$196 million Housing Opportunities for Persons with AIDS 1997 program.

"We recognize that housing is a daily necessity for each of us and that safe, decent and affordable housing must be part of our common response to the HIV epidemic," Cuomo said. "The Department's AIDS programs give comfort and support to persons who are facing difficult challenges in their lives. That is why these grants are so critical. They serve people when they're most vulnerable, with limited resources, often with less than ideal family and medical support."

Cuomo said that seven of the grants were awarded under the HIV Multiple Diagnoses Initiative (MDI) which targets assistance to low-income persons living with HIV/AIDS who are homeless and also have chronic alcohol and/or drug abuse problems and/or serious mental illness. MDI projects participate in joint efforts by HUD and HHS to develop and evaluate model programs that reach and assist this population.

Seven of the grants were awarded for models in planning, design, management and evaluation of housing and related assistance under the Special Projects of National Significance (SPNS) category. Five grants will help develop long-term comprehensive strategies for assistance in areas of the country that do not receive HOPWA formula allocations. One project will provide national technical assistance.

MODEL HIV/AIDS PROJECTS

Community Partnerships -- Housing Assistance and Related Services

HIV Multiple Diagnoses Initiative

▼ In Connecticut, the City of Bridgeport and the Connecticut AIDS Residence Coalition (CARC) along with seven project sponsors will initiate a three-pronged program to assist persons living with AIDS who also have severe and persistent mental illness and/or chemical dependence. Included will be stabilization and orientation for clients in emergency shelter, development of a transitional living program (with goal formation and support to obtain those goals), and discharge planning that includes access to permanent housing. The program will also provide follow-up services in the community.

Project sponsors will provide intensive outreach, especially in the City's Enterprise Community. To help stabilize homeless clients, emergency shelter will be provided to a minimum of 100 people with

HIV/AIDS and their families. In addition, transitional housing will help a minimum of 14 single adults, 10 single mothers attempting reunification with their children and 12 families. This structured transitional living program, which uses a combination rehabilitation and recovery model, fills a large gap in Bridgeport's continuum of housing for the target population. After completing the transitional program, clients will be assisted in moving to permanent housing via a bridge fund. In an innovative method for vocational rehabilitation, some clients will be involved in developing a mailing services micro-enterprise that has already garnered pledges of business from area organizations.

The program is consistent with *Blueprint for the Future: Connecticut's AIDS Housing Plan* (developed by CARC) and a 1996 HIV/AIDS care needs assessment for the greater Bridgeport area.

Awards for HIV Multiple-Diagnoses Initiative Projects.

Grant Recipient	Project Location	Award
City of Bridgeport	Bridgeport, Connecticut	\$1,270,000
Church Avenue Merchants Block Assoc. (CAMBA)	Brooklyn, New York City	1,199,901
AIDS Task Force of Alabama, Inc.	Birmingham, Alabama	1,270,000
The Salvation Army, Harbor Light Multi-Service Center	Minneapolis, Minnesota	1,200,000
Catholic Community Services, Hudson County Division	Jersey City, New Jersey	1,236,922
Local Health Council of East Central Florida, Inc.	Orlando, Florida	1,205,903
Center for Children & Families	Manhattan, New York City	1,221,450
TOTAL 1997 MDI Awards	7 Grants	\$8,604,176

Sponsors include the Helping Hand Center, Catholic Family Services, the Regional Network of Programs, the Greater Bridgeport Community Mental Health Center, and Alpha Home and Bethel Recovery Center.

▼ In Brooklyn, New York, a grant for *Housing Start* will fund operating costs of a scattered site housing program for homeless persons with HIV/AIDS who are also alcohol/drug addicted and/or mentally ill. This MDI program will be run by the **Church Avenue Merchant's Block Association (CAMBA)**. Health care and other supportive services will be offered in CAMBA's primary health care center and the adjacent HIV/AIDS service center. The program will also emphasize acupuncture as a treatment for substance abuse withdrawal symptoms as well as to increase energy for fighting HIV/AIDS.

CAMBA will offer furnished, scattered site apartments in several Brooklyn neighborhoods in a designated Empowerment Zone/Enterprise Community to 40 people with HIV/AIDS and 40 family members of these individuals. Residential staff will find and maintain housing and will offer subsidized rent payments. In linking HIV and substance abuse prevention services, alternative treatments, health care, and other supportive services with housing assistance, CAMBA is responding to their MDI clients' needs by integrating service delivery. The program's special

focus uses immediate access to housing as an incentive to reach otherwise unengaged clients. The use of non-invasive alternative treatment approaches, such as the Lincoln Hospital acupuncture treatment program, will help maintain clients in care with access to counseling, treatment and other services.

▼ The *Rectory House Project* has been designed to increase consumer-driven, service-enriched community housing. **AIDS Task Force of Alabama**, and its sponsor, Agape Foundation, will supervise the 18-month renovation of a 14-bed community residential facility in Birmingham and augment related activities already underway in this Enterprise Community. A total of 42 homeless, multiply-diagnosed persons who have HIV/AIDS will receive services and housing in a facility offering 24-hour care. Aside from housing, these clients will receive physical care, mental health care, chemical addiction support, and case management and access to other care in the community.

The ATFA project will be part of a Continuum of Care by the Metropolitan Birmingham Services for the Homeless which has been recognized by HUD as "best practice" in coordination and strategic planning by communities. To help the project become self sustaining, a reimbursement system will be developed to cover future annual operating costs. This system will create partner-ships

among area hospitals, health maintenance organizations, public health agencies, the mental health authority, and municipalities.

▼ In Minneapolis, the **Salvation Army Harbor Light Center's AIDS Supportive Housing Project** will include an MDI project in their 100 unit multi-purpose permanent housing campus. Funds will be used to expand this village of support, with the construction and operation of a 12-unit apartment project for individuals living with HIV or AIDS who also have substance abuse or mental health issues. Six units will be constructed for families and six for individuals.

With the assistance of the Minnesota AIDS Project, supportive services available to clients will include case management, substance abuse counseling, primary health care, TB screening, on-site day care, nutrition and hygiene counseling, personal care (food, clothing, transportation), and recreation and social activities. Clients will also be reached in an HIV prevention street outreach program operated by Women With A Point.

Residents will benefit from a "flexible leasing" approach that will enable them to utilize programs in the adjacent Multi-Service Center, such as the detox program, without losing their lease in the apartment project. Flexible leasing will help to prevent clients from becoming homeless, even if they experience relapses and temporarily re-enter treatment programs. The project implements a part of the State's *HIV Housing Needs Assessment and Five Year Plan*.

▼ **Canaan House** in Jersey City, New Jersey, meets the urgent permanent, supported, independent housing need of Hudson County residents who are living with HIV/AIDS and a persistent, mental illness and/or chemical addiction. **Catholic Community Services** will use funds for acquisition, rehabilitation, and operating costs of a housing facility that includes 9 one-bedroom apartments and one two-bedroom apartment for families. In addition, a broad range of services will be provided for tenants.

The ultimate goal of Canaan House is to assist and empower clients to obtain the social services they need by helping them overcome the obstacles caused by a lack of permanent housing and the fragmentation of the social service system. This CCS project is connected to *Operation Link*, a 1996 MDI project that

provides assertive outreach to engage homeless clients, to transitional housing at *Franciska House* and hospice care at *Coming Home*. Services will be provided by CCS as well as other social agencies and the building rehabilitation will be undertaken by the Domus Corporation. The project's primary objective is to develop a holistic service delivery microsystem that views multiply diagnosed consumers as whole persons. As such, these services will include 24-hour on-site staffing, crisis intervention and emergency services, mental health and substance abuse services, home health care, benefits management, nutrition education, food preparation, housekeeping, vocational rehabilitation, life skills and personal care education, family support, case management, and transportation.

▼ The **Local Health Council of East Central Florida** in Orlando, along with four project sponsors, have designed a network that identifies participants, provides housing, and offers treatment to persons with HIV/AIDS, mental illness, and/or substance abuse. HOPWA funds will be used for the operation of this network as well as the repair and conversion of an evaluation and assessment center. The four sponsors are the Allen Outreach and Development Center for client assessment, the Center for Drug-Free Living for counseling and in-patient treatment, Lakeside Alternative for mental health treatment and crises stabilization, and Centaur for housing assistance.

Transitional Case Managers, based out of the Allen Outreach and Development Center, will work with clients for 30 days, linking them to services through the sponsors' network of providers. Counseling will be provided on the street and in established settings. Available under this grant are 15 tenant-based housing units, 20 direct assistance units, 5 assisted living facility units and 22 single room (SRO) units, 10 of which will be emergency transitional and 12 will be for permanent housing.

▼ This grant will fund a **New York City Youth MDI Housing Project** in central Manhattan. The project is a collaborative effort by the **Center for Children and Families** and the sponsoring agency, Samaritan Village, Inc., to establish a distinct system-wide housing assistance program for HIV positive 18-24 year olds. Aggressive street and institutional outreach will help connect clients to comprehensive services for an estimated 600 homeless youths who have multiple diagnoses.

Counseling and other support will be offered at SafeSpace, a drop-in center in Times Square. Some clients will be referred to SafeHome, a transitional living program and, if possible, reunited with their families. The project aims to improve transitional housing with client-driven conflict management methods and to engage clients in assistance to improve life skills and rebuild trust in relationships. The program will reduce services fragmentation and help remove other barriers to treatment.

HOPWA Formula Grants

Housing and related care are vital components of the national response to the HIV epidemic. The HOPWA program provides funding for housing and services for low-income persons living with HIV/AIDS and their families. Funds are made available in connection with a community's strategy to link these and other resources in an overall development plan in a manner that helps empower residents to become stakeholders in the use of resources.

Ninety (90) percent of the annual appropriation is allocated by formula to the largest city in eligible metropolitan areas and to States based on the number of reported cases of AIDS and metropolitan incidence. Areas qualify if they have at least 1,500 cases of AIDS reported to CDC by March 31 of the year prior to award. In FY 1997, 53 metropolitan areas and 27 States qualified for formula grants. A total of \$176.4 million was allocated.

Following public consultations, these 80 jurisdictions described the use of these funds in connection with other HUD and community resources in an annual consolidated plan submission. Summary information on their consolidated plans is available from HUD at <http://www.hud.gov/home.html>.

The CC+F project will offer housing placement assistance for supportive and permanent housing as well as services, such as intensive case management, entitlements, primary health services, specialized clinical assessment, treatment for mental illness and substance abuse, tutoring and GED instruction, independent living skills and vocational readiness, job and intern placement, individual and group counseling. Another initiative includes the development and publication of a city-wide resource directory of services for homeless HIV positive youth and the training the staff at 100 youth serving agencies to increase ability for early intervention.

Special Projects of National Significance

▼ Funds to renew the *Housing Assistance and Volunteer Enlistment Network (HAVEN)* project, will help The AIDS Project (TAP) continue to addressing the complex housing and related support needs of people with HIV/AIDS in Portland and other areas of southern Maine. TAP will provide overall case management and coordinate housing and supportive services with three other organizations: Peabody House, AIDS Housing Lodge, and Shalom House. HAVEN is notable for its ability to serve and adapt to the needs of its service population. During its first grant, the HAVEN project was successful in filling housing and social service gaps. Providers have subsequently found that the nature of their clientele has altered with: more individuals having multiple diagnoses; prognoses of longer life expectancies are occurring; and the local housing market has tightened. TAP and its three sponsors have adapted their program to attend to these changing needs. The program's use of trained volunteers and both consumer and service professionals advisory committees are notable.

Services will include: emergency assistance and shallow rent assistance (up to \$250 per month); employment re-entry; counseling; and helping clients access scattered site, transit apartments, and tenant-based rental assistance. Over the course of the three-year grant, 250 persons will receive rental assistance. Assisted living will be provided to 46 persons. Short-term emergency rental assistance will be provided for 54 persons and 24 will receive shallow rent subsidies to enable them to remain in their apartments or to assist in mortgage payments. An additional 72 persons will receive other short-term payments.

Evaluation of the first HAVEN program has shown that 90% of clients entering emergency care had been housed permanently within 90 days of intake. In addition, TAP met a significant list of benchmarks and developed a working pool of 100 volunteers. For the new award, it is expected that 300 persons with AIDS and 30 of their family members will receive housing assistance, and 1,824 persons with AIDS will receive supportive services.

▼ This grant will fund the **AIDS Housing Corporation's (AHC) New England Comprehensive Technical Assistance Program** as a continuation of a 1994 HOPWA SPNS grant. AHC will use funds to continue serving Massachusetts while expanding their capacity to serve other communities in the New England area. Included are five components: (1) needs assessments; (2) program evaluations; (3) research, training, and publications; (4) project development, operations, and management; (5) and community-wide system development. Additionally, AHC will hold a New England-wide AIDS Housing Conference so that organizations and agencies may share information and the region's technical assistance needs may be assessed.

Assistance will be provided to at least 400 individuals and 200 family members. In AHC's 1994 technical assistance grant, all planned goals were met. AHC published a primer on developing AIDS supported housing, guidelines for the design of AIDS housing, a handbook for AIDS housing directors and a directory of programs in Massachusetts and initiated use of a web site. AHC will continue to work with people with AIDS, AIDS service organizations, and community-based organizations to identify the need for housing and support services and develop/maintain housing options addressing those needs. By building on the capacity of existing organizations, AHC helps to bridge gaps in knowledge and expertise to create a continuum of housing options for people living with HIV/AIDS, involve consumers in decisions and form partnerships to provide housing and care.

▼ The *La Posada Project* (Spanish for *home*) will provide service-enriched housing opportunities throughout San Diego County to homeless and very low-income HIV positive persons, especially addressing the needs of women and their children. The **County of San Diego Department of Housing and Community Development's** program

will create flexible and affordable housing options, including permanent housing units that are integrated within an affordable housing complex. Funds are for: (1) acquisition and rehabilitation of ten apartments in the South Bay region; (2) rehabilitation of a licensed residential care facility in Vista to increase its capacity; and (3) outreach, residential service coordination, and supportive services. Assistance will be delivered in this Enterprise Community.

Activities will be co-administered by the County's Office of AIDS Coordination and its Department of Housing and Community Development. These agencies will be assisted by five sponsors, including South Bay Community Services, Fraternity House, San Ysidro Health Center, PACTO Latino AIDS Organization, and the San Diego Housing Commission. Moreover, to fill supportive or housing services gaps in the continuum of care, six community organizations will work in partnership with the sponsors. The project will provide housing assistance to at least 270 individuals and 250 family members.

Project goals are to enable the participants to access affordable and appropriate housing, increase their long-term stability in housing, enhance their access to health care and supportive services, and allow able-bodied participants to secure gainful employment. Housing options will include emergency shelter, transitional housing, rental assistance, and licensed residential care. Tenants will be linked to services with the assistance of bilingual, culturally sensitive case managers.

▼ A project *Serving the Dually Diagnosed in North Carolina* will be implemented in five communities selected for local team efforts in housing people who have HIV/AIDS and substance abuse issues. A project sponsor in each area will hire a substance abuse counselor who can help homeless, dually diagnosed individuals to better utilize housing options. The grant to the **North Carolina Department of Environment, Health, and Natural Resources** will provide assistance in Charlotte, Raleigh, Greenville, Wilmington and eastern rural areas.

While the State will be responsible for linking AIDS services and substance abuse efforts of all communities, the five sponsors will individualize their services according to community needs and area resources. Sponsors include Cure, Inc., the Regional HIV/AIDS Consortium (Foundation of the

Carolinas), the Durham County Mental Health Authority, and the Pitt County AIDS Service Organization.

The grant is expected to provide services for 460 persons statewide over the three years of the grant and serve as models for expanding efforts in other areas. The use of Substance Abuse Counselors fills an identified gap in the local continuum of care in each geographical area. In addition, each area has designed a plan of activities for its HOPWA-funded counselor based on the unique needs of its area.

▼ The Kentucky Housing Corporation will receive a grant for the *AIDS Housing Integration Project* will help existing mainstream housing and service providers to expand their programs for persons living with HIV/AIDS. HOPWA funds will be used to develop an AIDS Housing Integration Team, which will provide outreach, education, and training to mainstream providers and assist in the development and implementation of AIDS-specific set-asides. A placement program for persons with HIV/AIDS who require alcohol and/or drug dependency services will also be established in Louisville, Lexington, and in Dayton and Covington in Northern Kentucky.

In cooperation with the Kentucky Housing Corporation, three sponsors will participate, including Volunteers of America of Kentucky, Transitions Inc., and AIDS Volunteers. Over a three-year period, the project will develop at least 30 set-aside beds, units, or slots in 18 existing housing programs; further-more, housing assistance services will be provided to at least 99 individuals and 35 family members with other services for an additional 201 people. This plan recognizes that the State may most appropriately serve its dispersed client population by improving those resources already in place. Preference will be given to clients residing in Louisville's Enterprise Community.

An AIDS Housing Integration Team will provide outreach, education, and training to mainstream providers and assist in the development and implementation of AIDS-specific set asides and/or preferences. The Project builds upon the capacity and infrastructure of local service providers in rural areas who know their communities, resources, and members, and special-needs service providers in urban centers who are experts in alcohol and drug dependency. Its innovation in utilizing existing housing (at times,

a household with one extra bedroom), training the family or provider in HIV/AIDS prevention and care, and using volunteers to help provide services is notable.

▼ This grant will fund an expansion of Ho'omana'olana's ("building hope") *Gregory House*, a transitional shelter, as well as the development of an independent scattered-site program of housing services for persons living with HIV/AIDS. These expanded services respond to the growing need to stabilize the multiply diagnosed in order to maximize their success in permanent housing.

Currently, support services at Gregory House are not optimal in meeting intensive care needs of those with HIV/AIDS who are multiply diagnosed; gaps exist in the areas of monitoring, follow-up, and on-site support. Outreach will target the homeless among all impacted communities. After becoming a client, individuals will be placed in the newly developed scattered-site program, an independently supportive program where clients can continue to have a strong social service component while living independently in the community. Ten units of long-term lease housing will be made available in the community.

Additional leveraged resources of over \$2 million will be provided in a collaborative manner by the Life Foundation, Comfort, Security, and Independence, Waikiki Health Center, The Queens Medical Center, State of Hawaii STD/AIDS Prevention Branch, and WorkHawaii. The initiative will provide housing assistance services to at least 135 individuals and 6 family members. The proposal was developed with the participation of the AIDS Community Care Team (ACCT), a statewide, broad-based consortium of community based organizations that provide services to, and advocate for, persons affected with HIV and AIDS and for persons at risk.

▼ The Hudson Planning Group will develop, implement, and evaluate the *Housing Network Development Project*, a program for people with HIV/AIDS that utilizes key managed care principles in supportive housing service provision and reimbursement. With the assistance of two other non-profit organizations, Bailey House and Housing Works, the Hudson Planning Group will contract with the City on a capitated payment basis to provide a full continuum of supportive housing services and will link supportive services

Awards for Special Projects of National Significance.

Grant Recipient	Project Location	Award
The AIDS Project	Portland, Maine	\$1,064,149
AIDS Housing Corporation (New England Comprehensive Technical Assistance Program)	Boston, Massachusetts for the New England region	749,689
San Diego County, Department of Housing and Community Development	San Diego, San Marcos and Vista, California	1,053,800
North Carolina Department of Environment, Health and Natural Resources	Charlotte, Raleigh, Greenville, Wilmington, and eastern rural, North Carolina	785,714
Kentucky Housing Corporation	Louisville, Lexington, Dayton and Covington, Kentucky	901,323
Ho'omana'olana	Honolulu, Hawaii	1,028,797
Hudson Planning Group, Inc.	New York City	334,750
TOTAL 1997 SPNS Awards	7 Grants	\$5,918,222

to the specific needs of individuals being served. HOPWA funds will be used to demonstrate the applicability of key managed care principles. Funding will be provided directly to the Housing Network, an umbrella organization of non-profits providing supportive housing, which in turn will contract with non-profit community based housing service providers. All proposed activities are consistent with the State of New York Consolidated Plan. Furthermore, the Housing Network Project prevents duplication that will arise when the State's HIV special needs managed care plans are introduced in mid-1998.

The managed care model is flexible and establishes a provider network for a seamless continuum of services. For instance, case managers will be responsible for both housing and social service needs of their clients; previously, these two services have been handled by different systems.

National HOPWA Technical Assistance

▼ This grant will allow **AIDS Housing of Washington (AHW)** to continue and to expand its *National HOPWA Technical Assistance Program* to provide support for the development, operation and management of AIDS housing programs throughout the nation. The program includes

outreach and follow-up in four primary program areas: (1) consultations with HIV/AIDS residences, rental assistance program, support service providers and low-income housing developers on issues such as program planning, organizational capacity-building, forging partnerships, housing development, financing building operations, support service delivery and evaluation; (2) community-based needs assessments and multi-year AIDS housing plans for impacted cities, states and regions; (3) HIV/AIDS housing publications, database research, public education and information dissemination, including a world wide web site; and (4) provider conferences and workshops, including the Third and Fourth National HIV/AIDS Housing Conferences and two national training workshops for HOPWA formula grantees. Plans have been initiated for the September 16-20, 1998 national conference in Atlanta.

When assisting an organization, AHW accounts for the group's capacity, ability, staffing, and services as well as local changes in Medicaid provision, disease parameters, government programs, and regional/state plans. Long-term goals of the National Technical Assistance Program are to increase organizational capacity, long-term viability, and development. Priority areas include HOPWA formula jurisdictions, states without comprehensive AIDS housing plans that

Award for National HOPWA Technical Assistance

Grant Recipient	Project Location	Award
AIDS Housing of Washington	Seattle, Washington for nation-wide activities	\$1,030,000
TOTAL 1997 National TA Award	1 Grant	\$1,030,000

are outside major metropolitan areas, and smaller EMAs without adequate AIDS housing plans. Through these activities it is expected that more than 3,000 people with HIV/AIDS will be assisted. In its prior award, AHW met or exceeded all goals, including providing comprehensive HIV/AIDS housing needs assessment and planning for states/EMAs, publishing, and conferences.

These exemplary projects evidence strong community partnerships as models of care and commitment. The Department has made a strong emphasis on working together with the nonprofit sector, governments at all levels, and citizens to better address area needs. An essential part of any partnership is learning from each other, understanding our challenges, and sharing our solutions to common issues. By learning from these model projects, we can expand housing options that facilitate independence and dignity for persons living with HIV/AIDS through access to safe, decent and affordable housing.

Secretary Andrew Cuomo

Long-Term Comprehensive Strategies in Non-Formula Areas

▼ The Alaska Housing Finance Corporation (AHFC) will use funds to continue operating housing in Anchorage with three permanent and one transitional housing units. Alaskan AIDS Assistance Association (4As) will provide supportive services, such as case management, housing information, and short- and long-term

rental assistance. In the first HOPWA grant operated by AHFC and 4As, expectations were exceeded by nearly double and the program changed according to the needs of clients. HOPWA funds are used to help people in Alaska with HIV/AIDS and their families remain in their homes by providing for health care, prescription services, child care, relapse prevention therapy, and transportation. Transportation is of particular importance, as many families must travel to far distant services via airplane.

Clients are referred from various community agencies, health care facilities, friends, and current clients. Over the past three years, clientele has fallen into one of two categories: either very ill or long-term survivors. The program has been adapted to help both groups to secure residential assistance as needed. In addition, AHFC and 4As are planning for future clients by scouting appropriate housing locations across the state while visiting current clients.

▼ *The New Mexico Strategy* is a two-pronged approach that promotes statewide and regional collaborations between the housing and HIV/AIDS services communities to enhance and expand capacity of housing resources for people with HIV/AIDS. Housing assistance will include a four-bedroom, independent living duplex in Albuquerque, a four-bed community AIDS residence in Gallup that is sensitive to the culture of Native Americans, and (on a state-wide basis) tenant-based rental assistance with preference for clients in the State's two Enterprise Communities: Albuquerque and the rural EC in Moro, Rio Arriba and Taos Counties. Additionally, funds will be used to fill gaps in the continuum of care throughout the State and for Native Americans, coordinated through comprehensive HIV/AIDS case management.

The New Mexico Mortgage Finance Authority will implement this project in coordination with five sponsors, each familiar with a different region of the state: New Mexico AIDS Services, Southwest

Care Center, CAA Cares Program, Pecos Valley HIV/AIDS Resource Center, and the Navajo AIDS Network. At least 460 individuals and 92 family members will receive housing assistance and services will be provided for an additional 228 persons. The project will also provide utility assistance; emergency grants for moving expenses, minor repairs, and other housing-related needs; and motel vouchers for rural residents traveling to clinics.

The proposal was developed based on statewide consultation with people living with HIV/AIDS, their families, and organizations that serve them. Open planning meetings, focus groups, surveys and interviews were all used with a focus on New Mexico's rural areas that are largely underserved. The project provides over \$7.5 million in additional resources that are committed to implementing this state-wide strategy to integrate services, AIDS drug assistance and housing for clients.

▼ This grant to the **Rhode Island Housing and Mortgage Finance Corporation** will expand Rhode Island's continuum of care for people with HIV/AIDS by extending the geographic service areas from prior HOPWA grants and adding a new component of housing service delivery for northern Rhode Island. Funds will be used to renew the Sunrise Supportive Service Program, which provides supportive services coupled with housing services to clients residing in 12 scattered site apartments in Providence, including clients in the City's Enterprise Community.

In connection with the completion of a Sec. 811 facility under rehabilitation in Pawtucket that will provide six units for people living with AIDS, rental assistance will be offered in southern Rhode Island. Also, support will be given to expand capacity of a four-unit group home in Cumberland in the northern area of the state that operated on a volunteer basis for the last two years. HOPWA will fund project oversight, utility payments, site operations, expansion to eight units and provide a range of housing and supportive services. During operation of the 1994 award, Sunrise achieved its three benchmarks of success in providing stable housing for 45 people with HIV/AIDS, cementing linkages with partners, and evidence of client satisfaction. New activities will be undertaken by two sponsors, Family AIDS Service Center for Treatment and Services (FACTS) in the greater Providence area and the House of Compassion in northern Rhode Island.

At least 148 individuals and 30 family members will receive housing assistance, and an additional 100 persons will receive other services. The proposal was developed using focus groups, interviews with AIDS service organizations, and surveys of people living with HIV/AIDS. The planned activities are coordinated within the State's Continuum of Care for Homeless Persons.

▼ HOPWA funds will allow the **Wyoming Department of Health's** Life Steps Campus in Casper, Wyoming to expand with a *Temporary Residence to Encourage and Educate (TREE) House*. This project will complete a full spectrum of housing and supportive services for people living with HIV/AIDS at one site in coordination with special needs programs offered by 14 collaborating agencies. The TREE House will serve as a group home, supportive living center, site for long-term and emergency housing, and education and information center. TREE House activities will be operated by the Wyoming Department of Health in coordination with two sponsors: Wyoming AIDS Project and Casper Housing Authority. The program will provide housing assistance services for over 192 individuals and 162 family members as well as services for an additional 861 persons living not only in Wyoming, but also in border towns from neighboring states, Nebraska, South Dakota, North Dakota, Idaho, and Montana.

The program is designed to flexibly cover the full spectrum of housing services from short term to transitional to long-term "permanent" housing. The TREE House will also offer a statewide toll-free hotline for referrals to medical care, financial assistance, counseling, legal advice, and other services. On-campus assistance will include self-sufficiency and intensive case management, personal care, health education, literacy and GED tutoring, job search assistance, life skills training, children's programs, and other supportive services.

▼ This grant will continue funding for *Positive Directions* a project of **Pima County Community Services** that serves the Tucson area. The program was developed in consultation with clients and the community to provide structured transitional housing, subsidized permanent housing, intensive case management, inpatient treatment, and job training for low income persons with HIV/AIDS and their families. The program expects that 80% of clients will have

substance abuse issues and 10% will have a mental illness that require specialized services.

Activities will be coordinated with continuum of care efforts by the Tucson Planning Council for the Homeless, which received a "best practice" award from HUD for its collaborative efforts. The project will support the elements of this continuum that implement long-term, comprehensive strategies for providing housing and related services to people with HIV/AIDS. Needs identified in surveillance reports are addressed in two ways: (1) by targeting the multiply diagnosed population for a continuum of housing and services through long-term rent subsidy combined with intensive case management; and (2) by collaborating with existing housing, residential treatment, and service provision.

Sponsors who will be assisting Pima County, the grantee, are the Southern Arizona AIDS Foundation (SAAF) and the City of Tucson. SAAF is the organization resulting from the merger of three AIDS service organizations in Tucson, People with AIDS Coalition of Tucson, the Shanti Foundation, and the Tucson AIDS Project.

The number of units in an existing long-term rent subsidy program will be increased from 30 to 40, with 32 one-bedroom, 6 two-bedroom and 2 three-bedroom units. SAAF's transitional housing program will provide 6 studios; 2 one-bedroom and 2 two-bedroom units for a range of 12 to 18 beds. Intensive case management will be funded under this grant, as will be job training or retraining for clients when they have increased their self-sufficiency.

Awards for Long Term Comprehensive Strategies Projects

Grant Recipient	Project Location	Award
Alaska Housing Finance Corporation	Anchorage, Alaska	\$ 572,800
New Mexico Mortgage Finance Authority	Albuquerque and Gallup, New Mexico	1,100,000
Rhode Island Housing and Mortgage Finance Corporation	Providence, Cumberland and Cranston, Rhode Island	1,097,030
Wyoming Department of Health	Casper, Wyoming	288,640
Pima County Community Services	Tucson, Arizona	639,196
TOTAL 1997 Long Term Awards	5 Grants	\$3,697,666

NOTE: LT Projects are in areas that did not qualify for HOPWA formula allocations in FY 97.

Additional Funds for Evaluation of 1996 HIV Multiple-Diagnoses Initiative Projects.

HUD awarded additional funds for the national evaluation of MDI projects selected in 1996. The seven projects that received up to \$50,000 are: the Bernal Heights Housing Corporation in San Francisco, California; the Housing Authority of Santa Cruz, in Santa Cruz Co., California; Housing & Services Inc. (of South Florida) in Miami, Florida; the Baltimore Department of Housing and Community Development in Baltimore, Maryland; Catholic Community Services in Jersey City, New Jersey; United

Bronx Parents, Inc. in New York City; and the Houston Regional HIV/AIDS Resource Group, Inc. in Houston, Texas. These projects are described in the 1996 competitive grant descriptions. The total for the seven awards is \$349,936.

For More Information: Contact the HUD area office or the Office of HIV/AIDS Housing, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Rm 7154, Washington, D.C. 20410, phone (202) 708-1934; TTY 1-800-887-8339, FAX: (202) 708-1744. The HUD HOME Page on the World Wide Web is found at <http://www.hud.gov/home.html>.

1997 HOPWA Competitive Grants--Contact List

Grant Recipient Address	Grantee Contacts	Additional Contacts
AIDS Task Force of Alabama P.O. Box 55703 Birmingham, AL 35255	Randall H. Russell, MSW Executive Director (205) 781-6448 (205) 788-4643 (fax) randyoed@aol.com	
Alaska Housing Finance Corporation P.O. Box 101020 Anchorage, AK 99510	Daniel R. Fauske Executive Director (907) 338-6100 Kris Duncan (907) 338-6100 (907) 338-2585 (fax)	Andrea Nenzel, Exec. Dir. Alaskan AIDS Assist. Assoc. 1057 W. Fireweed, S. 102 Anchorage AK 99503-1736 (907) 263-2050 (907) 263-2051 fax aaaa@servcom.com www.servcom.com/aaaa
Pima County Community Services 32 North Stone Avenue, Suite 1600 Tucson, AZ 85701	Kate O'Rielly Director of Community Resources (520) 740-5205	Gary Bachman (520) 740-5205 (520) 798-3203 (fax)
County of San Diego Department of Housing and Community Development 3989 Ruffin Road San Diego, CA 92123-1890	Edward A. Baker, Jr. Director (619) 694-4885	Ron Barefield (619) 694-4803 (619) 694-4871 fax Jeffrey Wynne Office of AIDS Coordination (619) 515-6685
City of Bridgeport 45 Lyon Terrace Bridgeport, CT 06604	Joseph P. Ganim, Mayor (203) 576-7201 Michael J. McCarthy Central Grants Office (203) 332-5662 (203) 332-5657 fax	Shawn Lang Interim Director CT AIDS Resource Coalition 56 Arbor Street Hartford, CT 06106 (860) 231-8212 (860) 231-9745 fax
Local Health Council of East Central Florida, Inc. 1155 S. Semoran Blvd., Suite 1111 Winter Park, FL 32792	Steve Windham Executive Director (407) 671-2005	Susan Shewmake (407) 671-2005 x 203 Marigot Garcia (407) 671-2005 x 217 (407) 671-5474 (fax)
Ho'omana'olana 770 Kapiolani Boulevard Suite 503 Honolulu, Hawaii 96813	Michael Burnett Executive Director (808) 592-9022 (808) 592-9049 fax hsegregory@aol.com	
Kentucky Housing Corporation 1231 Louisville Road Frankfort, KY 40601	F. Lynn Luallen Chief Executive Officer (502) 564-0896	Kimberly Burris, Homeless Programs Coordinator (502) 564-6171 (502) 564-6445 fax
The AIDS Project 615 Congress Street - Sixth Floor P.O. Box 5305 Portland, ME 04104	Marjorie Love, MSW Interim Executive Director (207) 774-6877 (207) 879-0761 fax aidsproj@neis.net	

Grant Recipient Address	Grantee Contacts	Additional Contacts
<i>New England Comprehensive Technical Assistance Program</i> AIDS Housing Corporation 95 Berkeley Street, Suite 305 Boston, MA 02116	Marie Herb Senior Project Manager (617) 451-2248 x26 (617) 451-2011 fax info@ahc.org	AHC Home Page: www.ahc.org
The Salvation Army Harbor Light Multi-Service Center 1010 Currie Avenue Minneapolis, MN 55403	Steven E. Woodard, Lieutenant Executive Director (612) 338-0113 (612) 338-4717 (fax)	
Catholic Community Services Headquarters Office: 160 Raymond Boulevard Newark, NJ 07102-4105	Thomas J. Catlaw, Chief Operating Officer (973) 596-4054	Margaret Murtha Hudson Co. Division Director (201) 332-4365 (201) 332-6585 (fax)
New Mexico Mortgage Finance Authority 344 Fourth Street, SW Albuquerque, NM 87102	James W. Stretz Executive Director (505) 843-6880 (505) 243-3289 fax	
Church Avenue Merchants Block Association, Inc. (CAMBA) 1720 Church Avenue, 2nd Floor Brooklyn, NY 11226	Joanne M. Oplustil Executive Director (718) 287-2600 (718) 287-0857 (fax)	
Center for Children and Families 295 Lafayette Street, Suite 920 New York, NY 10012	Beverly Brooks Executive Director (212) 226-3536 www.kidsuccess.com	Carl Siciliano, Director of Services for Homeless Youth SafeSpace 133 W 46th Street New York 10036 (212) 354-7233 (212) 869-9593 (fax)
Hudson Planning Group 180 Varick Street, 17th Floor New York, New York 10014	Howard Burchman Director (212) 627-0627 (212) 627-9247 (fax)	
North Carolina Department of Environment, Health, and Natural Resources, Division of Epidemiology - AIDS Care Branch PO Box 27609 Raleigh, NC 27626	Michael Moser, MD, Director Division of Epidemiology (919) 715-6733 Arthur Okrent (919) 715-3118	Joan Plotnick AIDS Housing Program Administrator (919) 715-3121 (919) 715-3144 (fax)
Rhode Island Housing and Mortgage Finance Corporation 44 Washington Street Providence, RI 02903	Richard H. Godfrey, Jr. Executive Director (401) 457-5566	Susan Bodington (401) 457-1286 (401) 457-1140 fax
<i>National HOPWA Technical Assistance</i> AIDS Housing of Washington 2025 First Avenue, Suite 420 Seattle, WA 98121	Betsy Lieberman Executive Director (206) 448-5242 (206) 441-9485 (fax) info@aidshousing.org	AHW Home Page: www.aidshousing.org
Wyoming Department of Health Hathaway Building, Room 478 Cheyenne, WY 82002	Jim Murray Deputy Administrator (307) 777-6004 (307) 777-3917 fax	Mary L. Patrick Executive Director Casper Housing Authority (307)266-1388 x18



Office of HIV/AIDS Housing

Office of Community Planning and Development
U. S. Department of Housing and Development
451 Seventh Street SW, Room 7154
Washington, DC 20410-7000

From: David Vos, Acting Director
PHONE: (202) 708-1934 x4620
FAX: (202) 708-1744

Date: July 21, 1997

Material sent to: HIV/AIDS Housing Providers, Residents, Advocates

Comments: As you may know, some HOPWA grantees have inquired about using program funds to pay for pharmaceuticals and other health care items and services in cases where they anticipate shortfalls in funding available under their Ryan White CARE Act or AIDS Drugs Assistance Program (ADAP) resources. Other persons have expressed concerns that using HOPWA for any shortfalls could result in significantly less housing for persons with HIV/AIDS. I have been part of discussions with HHS on how we might better coordinate the use of these related programs. As we consider the policy issues involved, I would appreciate your review of the issues and your thoughts about how serving clients through HOPWA can be done in connection with assistance offered under ADAP and other HHS programs.

The enclosed paper was drafted by this office to help focus our discussion. It covers ideas and some options on what HUD might do to provide guidance to HOPWA grantees on the collaborative use of these programs. The current regulation restricts the use of HOPWA funds to circumstances when that payment is a payment of last resort. Additional guidance could clarify how any use should also conform to policies established by HHS guidance on this type of activity. As you consider this matter, please feel free to offer comments, ideas and other options that should be considered in continuing to make available, or restricting in some manner, or banning altogether the use of HOPWA funds for ADAP related activities.

In addition, I thought you would be interested in the attached legislation, the Homelessness Assistance and Management Reform Act of 1997," which was submitted by the Department earlier this month.

I hope that you find this information useful and I look forward to our future endeavors.

Discussion Topics on the Use of HOPWA Funds for AIDS Drug Assistance

7/18/97 edit.

There are a number of possible options and issues to be considered regarding the use of HOPWA funds for AIDS drug assistance, including payments for pharmaceuticals, such as the protease inhibitors or other prescription drugs. These health care products and services may also be provided to clients through federal funds for AIDS Drug Assistance Programs (ADAP) and under other Ryan White CARE Act components, other federal programs and private sources. A number of persons have expressed concerns that current HUD regulations could be interpreted to allow for this type of health payment and that excessive use of this allowance could result in reducing funding available for HIV/AIDS housing.

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

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

HOPWA grantees may not fully understand the payments of last resort provision of these regulations and may inappropriately attempt to use HOPWA for these activities while other sources of funds remain available for their client.

Some current ideas on resolving these concerns include:

1. Further Guidance on Restricted Use.

HUD guidance could clarify the limited application of the Department's current regulations to specify the limited circumstances and other requirements that would make this an appropriate use of federal housing funds. HUD could clarify to grantees that payments for health costs, including costs of pharmaceuticals, must be made on an individual basis, documented in files that are available for HUD inspection, and that the activities must be consistent with and specifically addressed in any supportive services component of their HUD approved consolidated plan. HUD could issue instructions to area offices to review requests for this activity for such consistency and require grantees to document how they determine individual eligibility.

The guidance could further clarify that payments could only be made in the case that no ADAP funds remain available in that jurisdiction, since that client would otherwise be eligible for assistance from that source. A state ADAP program could not segregate clients into payment groups or otherwise specify that the HOPWA eligible clients be covered under HOPWA for ADAP eligible costs while other ADAP funds remain available to benefit other clients. The statutory authority that allows for such payments may prove beneficial to some

or for which funds are made available by..." If adapted for HOPWA, this agencies listed might include HHS, the Department of Veterans Affairs, the Social Security Administration and under payments authorized under State medicaid waivers as well as the compensation programs referenced in current regulations. Draft requirements also provided that grantees must have a verifiable means of assuring that communities eligible for grants or individuals eligible for assistance comply with this requirement. Grantees will need to have a process in place to ensure that no duplication of benefits occurs and grantees may use a certification process to accomplish this task.

6. Place a Cap on Services.

In addition to the new guidance above, or in lieu of that guidance, HUD could issue a rule to limit the proportion of HOPWA funds that may be used for supportive services by placing a cap of 25 percent (or some other reasonable amount) on this activity to limit the potential scope of any continued allowance. A cap might not directly address the issue and the use of funds up to the cap amount would still be authorized.

7. No Immediate Action.

The lack of some reasonable action is not advisable. The lack of action might expose the program to criticism, in some communities, in appearing to make housing a lower priority or in creating program uses that may run counter to HHS policies that limit the use of ADAP funds.

Other Issues to be Considered in Implementing HUD Policy.

(a) **Timing of Actions.** HUD should also determine if it is appropriate to impose some or all of the proposed actions on current grant funds or if some or all of the provisions should only be imposed on grants issued in the future under fiscal year 1998 funding.

(b) **Monitoring.** If payments continue to be allowed, HUD should consider how area offices or grantees would monitor the use of funds for this purpose in programs established under the consolidated plan or in a competitively-selected grant.

(c) **Further Consultation with Grantees.** In lieu of an immediate action, HUD could ask any HOPWA grantee that may be planning to use funds for this activity to justify their planned use and to consider further the issues raised by this topic.

(d) **Rulemaking.** HUD could amend the HOPWA regulations to clarify or require any of the above, through expedited final rulemaking or through a proposed rule, in order to solicit public comment, through proposed rule.

Comments or recommendations should be directed to David Vos, Acting Director, Office of HIV/AIDS Housing at (202)708-1934 x 4620 or Paul Yandura at x 4619.

Attachments:

ADAP Guidance Letter of 10-17-96 from Anita Eichler, Director, HRSA
Draft HRSA Fact Sheet on ADAP, June 1997



Health Resources and
Services Administration
Rockville MD 20857

OCT 17 1993

Dear Colleagues:

This letter communicates the Division of HIV Services' (DHS) expectations and recommendations about administration of State AIDS Drug Assistance Programs (ADAPs) supported with Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds. To assure that all critical constituents in the pharmaceutical assistance arena are consistently informed, this correspondence is being sent to Title II grantees, ADAP directors, Title I grantees and planning council chairs, people living with HIV/AIDS (PLWH) contacts, national organizations, and other Health Resources and Services Administration (HRSA) AIDS programs.

This communication is being sent in response to issues raised during the DHS review of State applications for funding under the fiscal year (FY) 1996 ADAP supplemental appropriation. It also addresses issues identified through our continuing discussions with States, PLWH constituency groups, Federal officials, and others.

These recommendations are based on close consultation with the Office of the General Counsel (OGC) of the Department of Health and Human Services (HHS), the HRSA AIDS Program Office, the Office of HIV/AIDS Policy of HHS, the Office of Management and Budget, and the White House Office of National AIDS Policy. The recommendations fall into four broad categories: administration, eligibility, formulary, and cost-savings.

Administration

The statutory reference to a "State" ADAP carries with it the expectation that both eligibility criteria and covered treatments for anyone enrolled in the program must be equally and consistently applied across the State. Parity must exist regardless of how a State administers its ADAP or delegates administration of it. If a State chooses to operate its program through subcontracts to consortia or other entities, it is obliged to develop and monitor the consistent application of eligibility standards and a common formulary. The Department intends to pursue rule making to assure this consistency in State ADAPs. If a consortium or other entity elects to use other resources (including Title II funds not designated by Congress for ADAPs) to liberalize eligibility standards or to enrich a State-specified formulary it may do so by establishing a complementary program. It may not do so as part of the State ADAP.

States which elect to establish complementary medication assistance programs (or to permit or instruct consortia/other entities to do so), as well as Title I drug reimbursement programs, will be required to file ADAP Annual Administrative Reports for these separate programs.

It is the observation of DHS that centrally-administered ADAPs are better able to achieve the accountability, parity, consistency and cost-savings described in this letter than those which are decentralized. For this reason DHS strongly recommends that every State consider establishing a centrally-administered ADAP.

HHS, in requesting the supplemental funds for ADAP, and the Congress, in appropriating them, clearly expected that Title II grantees would use these funds to *expand* current efforts to improve access to pharmaceuticals for low income individuals with HIV disease. Inherent in that position is the expectation that States should not use these new funds to supplant Title II resources that had been committed to ADAPs without compelling reasons. Grantees (including *Title I* grantees) electing to controvert this expectation are advised to be prepared to provide explicit and convincing justifications in the case of Congressional or other governmental inquiries. Grantees are also reminded that States subject to the matching requirement for Title II must match these supplemental ADAP resources as well.

Eligibility

The CARE Act indicates that ADAPs are to serve "low income individuals," as defined by the States. DHS strongly believes that a determination of low income should focus ADAP resources on individuals with demonstrated severe need based on poverty. Standards should be anchored to Federal poverty guidelines. States may authorize consortia, or use other mechanisms, to provide pharmaceutical coverage for the occasional client who has the unique combination of relatively higher income and documented severe need for pharmaceutical assistance.

As I pointed out in my remarks at the National Meeting in August, it is vitally important that States prioritize use of these funds and take rigorous steps to assure that Medicaid-eligible individuals are transferred to that program at the earliest possible date. It is equally important in defining ADAP eligibility standards that financial need have at least equal weight with clinical indicators of need. DHS pledges to continue working with States on this critical issue, and to identify and share models for assuring careful and complete response to the legislative mandate that ADAPs serve only low income individuals.

DHS expects that all States will devise, implement, and rigorously monitor the use of consistent eligibility standards across all entities involved in certifying ADAP eligibility. Such certification is expected to include review and *documentation* of an applicant's income from all sources, and any pharmaceutical benefits through private health insurance or other sources. DHS further expects that every State will establish and implement procedures for re-certification on a periodic basis, and for de-certifying individuals who qualify but do not make use of the program over an extended period of time (e.g., one year or longer). Re-certification procedures should include mechanisms to assure that individuals who have become eligible for Medicaid are transferred to that program in a timely fashion.

Formulary

It is the express opinion of DHS, which it intends to enforce through rule making, that the formularies for State ADAPs supported with Title II funds should be limited to *FD4-approved pharmaceuticals* (as indicated in the appropriations language for the FY 1996 \$52 million supplement) which *treat HIV disease or prevent the serious deterioration of health arising from HIV disease* (as indicated in the CARE Act, as amended). This definition of "pharmaceuticals" includes ancillary devices (e.g., IV tubing, nebulizers, etc.) needed to administer approved medications.

This formulary restriction does not preclude States from using other Title II funds for nutritional supplements, over-the-counter medications, and other items which are of benefit to individuals with HIV disease. Nor does it preclude States (or Title I grantees) from using other CARE Act funds for diagnostic tests associated with monitoring patients' responses/reactions to the approved medications. The restriction simply limits ADAP programs to approved effective pharmaceuticals and, to the extent possible, assures that the appropriate primary health care payment source covers the cost of essential diagnostic tests.

The Senate version of the reauthorized CARE Act required that the Secretary develop a "minimum drug formulary for suggested use by the States." This requirement was not included in the final amendments which reauthorized the Act. However, the Manager's Statement which summarizes the deliberations between the House and Senate includes the following language:

The conferees emphasize that the Secretary is encouraged to advise states on classes of drugs that have been found to be effective in preventing and treating HIV disease...

DHS commits to work in close collaboration with the HRSA AIDS Program Office, grantees, consumers, and constituent groups in responding to this direction provided by Congress.

Cost-savings

Both HHS and the Congress expect that States will use every means at their disposal to secure the best price available for all products on their ADAP formularies in order to achieve maximum results with these funds. Known and proven strategies include participating in the Veterans Health Care Act Drug Pricing discount program, directly negotiating discounts or rebates from manufacturers or wholesalers, negotiating price reductions from dispensaries (whether mail order pharmacies, pharmacy chains, or local retail pharmacies), implementing programs to recoup private insurance and other third party payments, encouraging enrollees to take full advantage of compassionate use and patient assistance programs, and assuring timely enrollment of all eligible individuals in the State's Medicaid program.

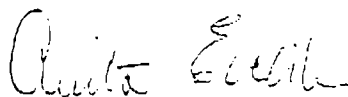
The Division will provide technical assistance to grantees desiring help in understanding and fully utilizing any of these cost saving strategies. We expect that every Title II grantee will adopt

at least one defined cost-saving practice. Grantees who fail to aggressively pursue cost-savings are advised to be prepared to provide convincing justification for Congressional or government inquiries.

The Division acknowledges that this communication is explicitly directive about a specific element of the CARE Act, which might be interpreted by some to diverge from the local autonomy inherent in the legislation. I wish to assure you that we are sharing this information as directly and clearly as possible because we see it as being in the best interests of the program at every level, and essential to our role as administrators of Title II of the CARE Act.

Finally, and most importantly, we are convinced that these steps will assure that the largest number of individuals with HIV and AIDS will have access to medications which show the greatest promise for prolonging and/or increasing the quality of their lives. We are vitally concerned that these promising medications be made available in an appropriate context of primary care and look forward to working with you to identify ways in which the systems of care we support can most effectively promote the patient adherence that is essential to the success of many HIV/AIDS pharmaceuticals.

Sincerely,



Anita Eichler, M.P.H.
Director

cc: William Aspden, Acting Director, Bureau of Health Resources Development
Joseph F. O'Neill, M.D., M.P.H., Associate Administrator for AIDS, HRSA
Don Young, Chief, HRSA Branch, Office of the General Counsel, HHS
Eric Goosby, M.D., Director, Office of HIV/AIDS Policy, HHS
Nancy Ann Min, Associate Director for Health and Personnel,
Office of Management and Budget
Patsy Fleming, National AIDS Policy Director, Executive Office of the President

HRSA Fact Sheet

June 1997

The Ryan White CARE ACT

AIDS Drug Assistance Programs

Introduction

AIDS Drug Assistance Programs, or ADAPs, are Federally-supported programs that are administered by all States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. ADAPs are one of several important sources of pharmaceuticals for individuals with HIV disease. In 1996, ADAPs nationwide served almost 83,000 low-income persons with HIV disease who had limited or no coverage from private insurance or Medicaid.

ADAPs are authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, enacted in 1990 and reauthorized in May 1996. ADAP is one of five program uses outlined in Title II, which requires that:

"A State shall use a portion of the amounts provided to establish a program ...to provide therapeutics to treat HIV disease or prevent serious deterioration of health arising from HIV disease in eligible individuals, including measures for the prevention and treatment of opportunistic infections."

While ADAPs have been serving clients since 1987 (see box), recent treatment advances have focused increasing attention on the program. The newest class of HIV drugs, protease inhibitors (PIs), have been shown to be very effective when used in combination with two or three other antiretrovirals. As a result, demand for the promising new combination therapy has grown rapidly -- not only among those already in care, but also among individuals who up to now had not sought treatment. Because the cost of combination therapy with PIs is very high -- between \$10,000 and \$12,000 a year per person -- ADAPs are being severely challenged in responding to the increased client demand.

Even before the expensive new drugs became available, many ADAPs were experiencing strains. In part, this was due to the rapid growth of the HIV

epidemic among poor and historically underserved populations, including women. In addition, the number of people seeking and receiving treatment for HIV and AIDS continues to increase on a monthly basis.

ADAPs have increased dramatically in recent years. In fiscal year 1996, \$52 million in supplemental funds were appropriated for ADAPs, 10 years added to the \$53 million which States had already committed from their Title II awards. In fiscal year 1997, \$167 million in Title II CARE Act funds were earmarked for ADAPs.

The story of ADAPs begins ten years ago. In March 1987, zidovudine -- better known as AZT -- became the first drug approved to treat HIV disease. However, when it first became available, AZT cost about \$10,000 a year per patient, placing it out of reach for many people. Congress responded a month later by approving \$30 million in funding under a public health emergency provision, and later enacted Public Law 100-71 authorizing the establishment of an ADAP program nationwide.

As HIV treatment advances occurred and as resources permitted, the program was expanded by States to cover more than AZT. In 1990 when ADAP was folded into Title II, States had the option to cover any FDA-approved drug which could prolong life or prevent deterioration of health.

ADAPs and other CARE Act programs are administered by

HRSA Fact Sheet

(Side Two)

The Ryan White CARE Act AIDS Drug Assistance Programs

States' Role in Managing ADAPs

Since the creation of ADAPs, States have had the authority to establish income and medical eligibility criteria and to determine how drugs will be purchased and distributed to clients. States also determine which drugs to include on their formularies. As the number of HIV treatments approved by the Food and Drug Administration (FDA) increased, most States added some or all of the newer drugs. The faster pace of approval and greatly increased cost of new medications have impacted formulary expansion. Today, there is considerable variation in the number of drugs on ADAP formularies, ranging from 5 to over 100, with half of the States covering 25 or more drugs.

Purchase and Distribution of Pharmaceuticals

Most ADAPs were established to operate under a pharmacy reimbursement model similar to Medicaid. This allows a patient to go to a participating pharmacy, show their ADAP card, and have their prescription filled. The pharmacy then bills the ADAP.

A few States with a system of pharmacies attached to a network of public health clinics have opted to use that system to purchase and distribute drugs for ADAP clients. Only a few ADAPs directly purchase drugs and mail them to clients.

Cost-Containment Measures

With the significant growth in clients seeking treatment and the increases in the cost of new treatments, and rapidly changing standards of care, ADAPs are challenged to contain costs at the same time they are asked to expand access. As a result, ADAPs have taken a number of steps to stretch dollars. These include changing the system used to purchase/distribute drugs; seeking larger price discounts (e.g., by participating in the Office of Drug Pricing Program administered by HRSA, or negotiating voluntary manufacturers' rebates); tightening

income eligibility criteria; deleting some drugs from State formularies; setting caps on ADAP benefits;

and/or establishing guidelines for prescribing drugs.

Income Eligibility

Because Title II gives States the authority to set income and medical eligibility criteria for ADAP, there is a great deal of variation among States. (See Table 1 for an overview of income eligibility criteria.)

Table 1. Income Eligibility for ADAPs, 1997

Up to 150% Federal Poverty Level (FPL)	6 ADAPs
150% to 200% FPL	18 ADAPs
200% to 300% FPL	17 ADAPs
Over 300% FPL	11 ADAPs

1997 Federal Poverty Limit is \$7,400/year per individual

The variation in eligibility reflects the type and availability of other health care resources for low-income individuals with HIV disease. Among the most important are differences in State Medicaid programs. For example, income eligibility criteria differ among the States for some Medicaid covered populations, and the extent of drug benefits and other optional health services varies among States.

States also differ in terms of the availability of private health insurance options for low income families and individuals with pre-existing conditions. For example, some States have created high-risk health insurance pools and/or health insurance continuation programs, and some have enacted regulations regarding the extent to which private insurers can cap drug benefits.

Medical Eligibility

Most (40) ADAPs require individuals who meet their income threshold simply to provide proof of their HIV diagnosis. However, fourteen ADAPs also require a laboratory test showing a CD₄ count of 500 or less, and seventeen have specific criteria for access to protease inhibitors and/or antiretrovirals.

HRSA Fact Sheet

The Ryan White CARE Act AIDS Drug Assistance Program Funding Overview -- June 1997

Increased Demand for ADAP Services

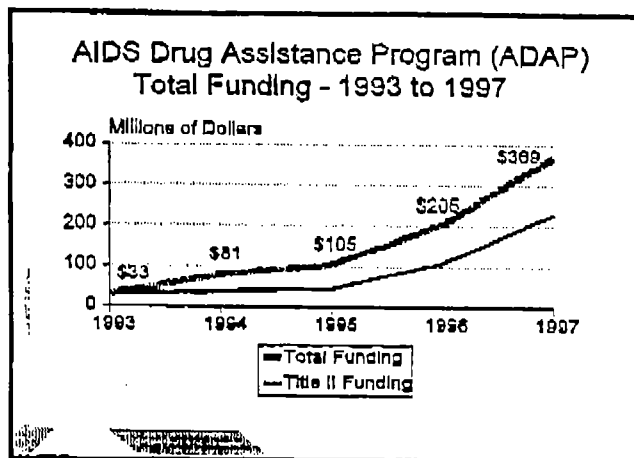
For the last ten years, federal funds have played a major role in providing access to drug therapies for people with HIV and AIDS. Over the last several years, ADAPs have experienced an unprecedented rate of growth in client demand and program costs, due to:

- ◆ the rapid expansion of the HIV epidemic in recent years among low-income and uninsured populations,
- ◆ the high cost of newly approved drugs that must be used in multiple-drug regimens, and,
- ◆ the increasing numbers of people with HIV/AIDS who are now seeking triple combination therapy due to the widely publicized research results that show the promise of these new therapies for improving the health status and quality of life of individuals with HIV disease.

In response, the amount of Federal and State funding allocated to ADAPs has grown significantly since 1995 (see chart at right). Future demand on ADAP resources is expected to escalate as the standard of care shifts toward earlier treatment for people with HIV, and as patients continue to respond positively to the new drug therapies.

Overview of Funding

ADAPs receive funding from a variety of sources, including the Federal government, some States, Title I Eligible Metropolitan Areas (EMAs), and cost-recovery strategies. Title II monies are allocated to States based on a formula. In the past two years, additional Federal funds have been appropriated and earmarked specifically for ADAP. Some States have also allocated State resources to ADAP.



What is ADAP?

AIDS Drug Assistance Programs (ADAPs) are Federally-supported programs that are administered by all States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. ADAPs are one of several important sources of pharmaceuticals for individuals with HIV disease. In 1996, ADAPs nationwide served almost 83,000 low-income persons with HIV disease who had limited or no coverage from private insurance or Medicaid.

ADAPs are authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, enacted in 1990 and reauthorized in May, 1996. ADAP is one of five program uses for Title II, which requires that:

"A State shall use a portion of the amounts provided to establish a program... to provide therapeutics to treat HIV disease in eligible individuals, including measures for the prevention and treatment of opportunistic infections."

Federal Support

Over the past five years, ADAPs have received a 567 percent increase in Title II funding -- rising from \$33 million in FY 1993 to a projected \$220 million for FY 1997. For two years, the President

and Congress have targeted Title II funds specifically to ADAPs to respond to increases in client demand and costs of pharmaceuticals. Last year (FY 1996), a \$52 million supplemental appropriation was approved for ADAP, which together with the \$58 million in Title II funds allocated to ADAP by States, accounted for a little more than half of the \$205 million in total funds available for ADAPs during that year.

For FY 1997, \$167 million in Title II funds were earmarked for ADAPs by the Congress, a 221 percent increase over FY 1996. In addition, States have allocated \$63 million of their "base" Title II funds for ADAPs for FY 1997. These two sources of funding represent 64% of the projected total budget of \$359 million.¹

State Support

During FY 1996, 35 States contributed a total of \$53 million dollars to ADAP, representing 25% of the ADAP budget nationwide. For FY 1997, 30 States to date have allocated \$90 million dollars to ADAP, a 70% increase over last year. For States appropriating general revenue dollars in FY 1997, the contributions range from a low of \$40,000 to a high of \$27,259,000.

Title I EMA Support

Along with support from the States, some ADAPs rely on allocations from Title I EMAs to help fill service-gaps and insure continuation of care. In FY 1996, 13 of the 23 States with Title I EMAs received Title I funds totalling \$26 million. It should be noted that more than 80% of the \$26 million came from a single EMA -- New York City. In FY 1997, 12 States project receiving \$23 million from their Title I EMAs, but revenue from Title I EMAs is expected to increase as additional ADAPs and EMAs negotiate final FY 1997 allocations.

Cost Recovery Strategies

Most States (41) are engaged in multiple cost recovery strategies designed to maximize available funds and assist the greatest number of people living with HIV and AIDS. Generally, these strategies result in savings secured by the State ADAP which come directly back into its ADAP budget. Examples of such cost-cutting methods include voluntary manufacturers' rebates, purchasing discounts with wholesalers or pharmacies, and insurance recovery mechanisms for clients with partial drug benefit coverage through Medicaid or private insurer.

During FY 1996, 22 States received \$16 million dollars from these cost-saving mechanisms. In FY 1997, 10 States estimate they will receive \$25 million from these methods. For those 10 States, the projected funds to be received range from \$25,000 to \$1,740,000. Complete reports from remaining States are expected to yield significantly increased savings by the end of FY 1997.

Current and Emerging Issues

As new and rapidly changing treatment methods enhance individuals' overall health status and improve their quality of life, ADAPs will continue to face fiscal challenges. Most ADAPs are projecting program growth with increased enrollment and increased utilization of multi-drug combinations. As the goal of managing HIV infection as a chronic disease progresses, program policies will need to change to reflect these advances. ADAPs will also need to re-examine their roles as more State Medicaid programs evolve into managed care. Finally, the impact of Congress and the Administration having agreed to achieve a balanced budget by the year 2002 needs to be anticipated by ADAPs.

¹ Due to the projected shortfalls in two States, \$10 million of those earmarked funds were advanced as emergency funds for use in the last quarter of FY 1996.

ADAPs and other CARE Act programs are administered by the Health Resources and Services Administration, Bureau of Health Resources Development, Division of HIV Services.

A BILL

To facilitate the effective and efficient management of the homeless assistance programs of the Department of Housing and Urban Development, including the merger of such programs into one performance fund, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.--This Act may be cited as the "Homelessness Assistance and Management Reform Act of 1997".

(b) TABLE OF CONTENTS.

Sec. 1. Short title and table of contents.

TITLE I--HOMELESS ASSISTANCE PERFORMANCE FUND

Sec. 2. Findings and purposes.

Sec. 3. Establishment of the homeless assistance performance fund.

Sec. 4. Repeal and savings provisions.

Sec. 5. Implementation.

Sec. 6. Report.

Sec. 7. Conforming changes to table of contents.

TITLE II--MANAGEMENT IMPROVEMENTS: HOME AND HOPE FOR
HOMEOWNERSHIP OF SINGLE FAMILY HOMES PROGRAMS

Sec. 11. Determination of low-income eligibility for HOME homeownership assistance.

Sec. 12. Stabilization of HOME funding thresholds and revision of timing requirements for notifications and submissions.

Sec. 13. Determination of HOME match on program year basis.

Sec. 14. Tenant and participant protections under the HOME program.

Sec. 15. Eligibility of private property under the HOPE for homeownership of single family homes program.

TITLE I--HOMELESS ASSISTANCE PERFORMANCE FUND

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.--The Congress finds that--

(1) more Americans are homeless than at any time since the Great Depression;

(2) the homeless population across the Nation is diverse and its characteristics differ by locality, thereby placing localities in the best position to determine the homeless needs for their communities;

(3) the different needs within the homeless population call for a continuum of care system which encompasses the need for outreach and assessment, emergency assistance, transitional housing and services (where needed), and permanent housing or permanent supportive housing to help homeless individuals become more self-sufficient; and

(4) the separate Federal programs designed to solve specific homeless problems have different distribution mechanisms, rules, and reporting requirements that--

(A) exceed the resources available to the Secretary, States and local governments, and nonprofit homeless providers;

(B) restrict the flexibility of communities to fashion comprehensive homeless assistance systems that meet the needs of homeless individuals in their areas;

(C) result in unpredictable funding streams that hinder the ability of communities and service providers

1 to plan, develop, and implement comprehensive systems
2 to assist homeless individuals and families; and

3 (D) impede the integration and coordination of
4 Federal, State, and local government and private for-
5 profit resources available within a community.

6 (b) PURPOSES.--The purposes of this title are to facilitate
7 the effective and efficient management of HUD's homeless
8 assistance programs by--

9 (1) reducing and preventing homelessness by supporting
10 the creation and maintenance of community-based,
11 comprehensive systems dedicated to returning families and
12 individuals to self-sufficiency;

13 (2) reorganizing the homeless housing assistance
14 authorities under the Stewart B. McKinney Homeless
15 Assistance Act into a Homeless Assistance Performance Fund;

16 (3) assisting States and local governments, in
17 partnership with private nonprofit service providers, to use
18 homeless funding more efficiently and effectively;

19 (4) simplifying and making more flexible the provision
20 of Federal homeless assistance;

21 (5) maximizing a community's ability to implement a
22 coordinated, comprehensive system for providing assistance
23 to homeless families and individuals;

24 (6) making more efficient and equitable the manner in
25 which the Secretary distributes homeless assistance;

(7) reducing the Federal role in local decisionmaking for homeless assistance programs;

(8) reducing the costs to governmental jurisdictions and private nonprofit organizations in applying for and using assistance; and

(9) advancing the goal of meeting the needs of the homeless population through mainstream programs and establishing continuum of care systems necessary to achieve that goal.

SEC. 3. ESTABLISHMENT OF THE HOMELESS ASSISTANCE PERFORMANCE FUND.

Title IV of the Stewart B. McKinney Homeless Assistance Act is amended by striking the title heading and all that follows through the end of the title and inserting the following:

"TITLE IV--HOMELESS ASSISTANCE PERFORMANCE FUND

"SEC. 401. DEFINITIONS.--For purposes of this title the following definitions shall apply--

"(1) ALLOCATION UNIT OF GENERAL LOCAL GOVERNMENT.

"(A) IN GENERAL.--The term 'allocation unit of general local government' means a metropolitan city or an urban county.

"(B) CONSORTIA.--The term 'allocation unit of general local government' may include a consortium of geographically contiguous metropolitan cities and urban counties, if the Secretary determines that the consortium--

1 "(i) has sufficient authority and administrative
2 capability to carry out the purposes of this title on behalf
3 of its member jurisdictions; and

4 "(ii) will, according to a written certification by the
5 State (or States, if the consortium includes jurisdictions
6 in more than one State), direct its activities to the
7 implementation of a continuum of care system within the
8 State or States.

9 "(2) APPLICANT.--The term 'applicant' means a grantee
10 submitting an application under section 403.

11 "(3) CONSOLIDATED PLAN.--The term 'consolidated plan' means
12 the single comprehensive plan that the Secretary prescribes for
13 submission by jurisdictions that consolidates and fulfills the
14 requirements of--

15 "(A) the comprehensive housing affordability strategy
16 under title I of the Cranston-Gonzalez National Affordable
17 Housing Act;

18 "(B) the community development plan under section 104
19 of the Housing and Community Development Act of 1974; and

20 "(C) the submission requirements for formula funding
21 under--

22 "(i) the Community Development Block Grant program
23 (authorized by title I of the Housing and Community
24 Development Act of 1974);

25 "(ii) the HOME program (authorized by title II of
26 the Cranston-Gonzalez National Affordable Housing Act);

1 "(iii) the Homeless Assistance Performance Fund
2 (authorized under this title); and

3 "(iv) the AIDS Housing Opportunity Act (authorized
4 by subtitle D of title VIII of the Cranston-Gonzalez
5 National Affordable Housing Act).

6 A jurisdiction's consolidated plan shall be coordinated and
7 consistent with a public housing agency's five-year comprehensive
8 plan, if any, required under section 14(e) of the United States
9 Housing Act of 1937.

10 "(4) CONTINUUM OF CARE SYSTEM.--A 'continuum of care system'
11 is a system developed by a local or State homeless assistance
12 board. The system shall include--

13 "(A) a system of outreach and assessment, including
14 drop-in centers, 24-hour hotlines, counselors, and other
15 activities designed to engage homeless individuals and
16 families, bring them into the continuum of care system, and
17 determine their individual housing and service needs;

18 "(B) emergency shelters with essential services to
19 ensure that homeless individuals and families receive
20 shelter;

21 "(C) transitional housing with appropriate supportive
22 services to help ensure that homeless individuals and
23 families are prepared to make the transition to increased
24 responsibility and permanent housing;

1 "(D) permanent housing, or permanent supportive
2 housing, to help meet the long-term housing needs of
3 homeless individuals and families;

4 "(E) coordination between assistance provided under
5 this title and assistance provided under other Federal,
6 State, and local programs that may be used to assist
7 homeless individuals and families, including both targeted
8 homeless assistance programs and other programs administered
9 by the Departments of Veterans Affairs, Labor, Health and
10 Human Services, and Education; and

11 "(F) a system of referrals for subpopulations of the
12 homeless (such as homeless veterans, families with children,
13 battered spouses, persons with mental illness, persons who
14 have chronic problems with alcohol, drugs, or both, persons
15 with other chronic health problems, and persons who have
16 acquired immunodeficiency syndrome and related diseases) to
17 the appropriate agencies, programs, or services (including
18 health care, job training, and income support) necessary to
19 meet their needs.

20 "(5) GRANTEE.--The term 'grantee' means--

21 "(A) an allocation unit of general local government or
22 insular area that administers a grant under
23 section 408(b)(1);

24 "(B) an allocation unit of general local government or
25 insular area that designates a public agency or a private
26 nonprofit organization (or a combination of such

1 organizations) to administer grant amounts under
2 section 408(b)(2);

3 "(C) a State or a private nonprofit organization
4 designated by the Secretary to administer grant amounts
5 under section 408(b)(3)(A);

6 "(D) a private nonprofit organization receiving grant
7 amounts distributed by the Secretary under
8 section 408(b)(3)(B);

9 "(E) a State administering a grant under
10 section 408(c)(1)(A);

11 "(F) a unit of general local government receiving a
12 grant from the Secretary under section 408(c)(4)(A);

13 "(G) a public agency or private nonprofit organization
14 (or a combination of such organizations) designated by a
15 unit of general local government to administer a grant from
16 the Secretary under section 408(c)(4)(B); or

17 "(H) a private nonprofit organization receiving a grant
18 from the Secretary under section 408(c)(4)(C).

19 "(6) HOMELESS INDIVIDUAL.--The term 'homeless individual'
20 has the same meaning as in section 103 of this Act.

21 "(7) INSULAR AREA.--The term 'insular area' means the Virgin
22 Islands, Guam, American Samoa, and the Northern Mariana Islands.

23 "(8) LOCAL HOMELESS ASSISTANCE BOARD.--The term 'local
24 homeless assistance board' means the board established for
25 applicants and grantees under section 409(c) or 409(e).

1 "(9) LOW-DEMAND SERVICES AND REFERRALS.--The term 'low-
2 demand services and referrals' means the provision of health
3 care, mental health, substance abuse, and other supportive
4 services and referrals for services in a non-coercive manner,
5 which may include medication management, education, counseling,
6 job training, and assistance in obtaining entitlement benefits
7 and in obtaining other supportive services, including mental
8 health and substance abuse treatment.

9 "(10) METROPOLITAN CITY.--The term 'metropolitan city' has
10 the same meaning as in section 102(a) of the Housing and
11 Community Development Act of 1974.

12 "(11) PERSON WITH DISABILITIES.--The term 'person with
13 disabilities' means a person who--

14 "(A) has a disability as defined in section 223 of the
15 Social Security Act;

16 "(B) is determined to have, as determined by the
17 Secretary, a physical, mental, or emotional impairment
18 which--

19 "(i) is expected to be of long-continued and
20 indefinite duration;

21 "(ii) substantially impedes his or her ability to
22 live independently; and

23 "(iii) is of such a nature that such ability could
24 be improved by more suitable housing conditions;

1 "(C) has a developmental disability, as defined in
2 section 102 of the Developmental Disabilities Assistance and
3 Bill of Rights Act; or

4 "(D) has the disease of acquired immunodeficiency
5 syndrome or any conditions arising from the etiologic agent
6 for acquired immunodeficiency syndrome.

7 Subparagraph (D) shall not be construed to limit eligibility
8 under subparagraphs (A) through (C) or the provisions referred to
9 in subparagraphs (A) through (C).

10 "(12) PRIVATE NONPROFIT ORGANIZATION.--The term 'private
11 nonprofit organization' means a private organization--

12 "(A) no part of the net earnings of which inures to
13 benefits of any member, founder, contributor, or individual;

14 "(B) that has a voluntary board;

15 "(C) that has an accounting system, or has designated a
16 fiscal agent in accordance with requirements established by
17 the Secretary; and

18 "(D) that practices nondiscrimination in the provision
19 of assistance.

20 "(13) PROJECT SPONSOR.--The term 'project sponsor' means an
21 entity that--

22 "(A) provides housing or assistance for homeless
23 individuals or families by carrying out activities under
24 this title; and

25 "(B) meets such minimum standards as the Secretary
26 considers appropriate.

1 "(14) RECIPIENT.--The term 'recipient' means a grantee
2 (other than a State when it is distributing grant amounts to
3 State recipients) and a State recipient.

4 "(15) SECRETARY.--The term 'Secretary' means the Secretary
5 of Housing and Urban Development.

6 "(16) STATE.--The term 'State' means each of the several
7 States and the Commonwealth of Puerto Rico. The term includes an
8 agency or instrumentality of a State that is established pursuant
9 to legislation and designated by the chief executive officer to
10 act on behalf of the jurisdiction with regard to provisions of
11 this title.

12 "(17) STATE HOMELESS ASSISTANCE BOARD.--The term 'State
13 homeless assistance board' means the board established for the
14 State under section 409(d)(1).

15 "(18) STATE RECIPIENT.--The term 'State recipient' means the
16 following entities receiving amounts from the State under
17 section 408(c)(2)(B) --

18 "(A) a unit of general local government within the
19 State (other than an allocation unit of general local
20 government); and

21 "(B) in the case of an area of the State with
22 significant homeless needs where no State recipient is
23 identified, one or more private nonprofit organizations
24 serving that area.

25 "(19) UNIT OF GENERAL LOCAL GOVERNMENT.--The term 'unit of
26 general local government' means--

1 "(A) a city, town, township, county, parish, village,
2 or other general purpose political subdivision of a State;

3 "(B) the District of Columbia; and

4 "(C) any agency or instrumentality thereof that is
5 established pursuant to legislation and designated by the
6 chief executive officer to act on behalf of the jurisdiction
7 with regard to provisions of this title.

8 "(20) URBAN COUNTY.--The term 'urban county' has the same
9 meaning as in section 102(a) of the Housing and Community
10 Development Act of 1974.

11 "(21) VERY LOW-INCOME FAMILIES.--The term 'very low-income
12 families' has the same meaning as in section 104 of the Cranston-
13 Gonzalez National Affordable Housing Act.

14 "SEC 402. AUTHORIZATIONS.

15 "(a) IN GENERAL.--The Secretary may make grants to carry out
16 activities to assist homeless individuals and families in support
17 of continuum of care systems, in accordance with this title.

18 "(b) FUNDING AMOUNTS.--There are authorized to be
19 appropriated to carry out this title \$823,000,000 for fiscal year
20 1998 and such sums as may be necessary for each of fiscal years
21 1999, 2000, 2001, and 2002. Any amounts appropriated shall
22 remain available until expended.

23 "SEC. 403. APPLICATION.

24 "(a) IN GENERAL.--Each applicant shall submit the
25 application required under this section in such form and in
26 accordance with such procedures as the Secretary shall prescribe.

1 Where the applicant is a State or unit of general local
2 government, the application shall be submitted as part of the
3 homeless assistance component of the consolidated plan (which
4 component, in the case of a State, shall not include allocation
5 units of general local government).

6 "(b) CONTINUUM OF CARE SUBMISSION.

7 "(1) IN GENERAL.--The local homeless assistance board or the
8 State homeless assistance board shall prepare, and submit to the
9 applicant for approval, those portions of the application related
10 to the development and implementation of the continuum of care
11 system, as described in paragraph (2) or (3), as applicable.

12 "(2) SUBMISSION BY LOCAL HOMELESS ASSISTANCE BOARD.--The
13 local homeless assistance board shall develop and submit to the
14 applicant for approval--

15 "(A) a Continuum of Care system consistent with that
16 defined under section 401(4). This system shall be designed
17 to incorporate any strengths and fill any gaps in the
18 jurisdiction's current homeless assistance activities, and
19 shall include a description of efforts to address the
20 problems faced by each of the different subpopulations of
21 homeless individuals;

22 "(B) a multi-year strategy for implementing the
23 Continuum of Care system, including appropriate timetables
24 and budget estimates for accomplishing each element of the
25 strategy;

1 "(C) a 1-year plan, identifying all activities to be
2 carried out with assistance under this title and with
3 assistance from other HUD resources allocated in accordance
4 with the consolidated plan, and describing how these
5 activities will further the strategy; and

6 "(D) any specific performance measures and benchmarks
7 for use in assessing the performance of the grantee under
8 this title that are in addition to national performance
9 measures and benchmarks established by the Secretary.

10 "(3) SUBMISSION BY STATE HOMELESS ASSISTANCE BOARD.--The
11 State homeless assistance board shall develop and submit to the
12 applicant for approval--

13 "(A) a Continuum of Care system consistent with that
14 defined under section 401(4). This system shall be designed
15 to incorporate any strengths and fill any gaps in the
16 jurisdiction's current homeless assistance activities, and
17 shall include a description of efforts to address the
18 problems faced by each of the different subpopulations of
19 homeless individuals;

20 "(B) a multi-year strategy for implementing the
21 continuum of care systems in areas of the State outside
22 allocation units of general local government, including the
23 actions the State will take to achieve the goals set out in
24 the strategy;

25 "(C) a 1-year plan identifying--

1 "(i) in the case of a State carrying out its own
2 activities under section 408(c)(2)(A), the activities
3 to be carried out with assistance under this title and
4 describing how these activities will further the
5 strategy; and

6 "(ii) in the case of a State distributing grant
7 amounts to State recipients under section 408(c)(2)(B),
8 the criteria that the State will use in distributing
9 amounts awarded under this title, the method of
10 distribution, and the relationship of the method of
11 distribution to the homeless assistance strategy; and

12 "(D) any specific performance measures and benchmarks
13 for use in assessing the performance of the grantee under
14 this title that are in addition to national performance
15 measures and benchmarks established by the Secretary.

16 "(c) CONTINUUM OF CARE APPROVAL.--The applicant shall review
17 the continuum of care submission to determine if it is consistent
18 with the homeless needs assessment and the inventory of homeless
19 facilities portions of the consolidated plan. The applicant may
20 alter the submission where it is inconsistent, but shall give the
21 State or local homeless assistance board an opportunity to
22 comment on any proposed alterations, and shall include in the
23 application sufficient justification for any alterations and any
24 comments of the homeless assistance board on the alterations.

1 "(d) SUBMISSION REQUIREMENTS FOR APPLICANTS OTHER THAN
2 STATES.--Each application from an applicant other than a State
3 shall contain at a minimum--

4 "(1) the continuum of care submission described in
5 subsection (b)(2), and, if applicable, any alterations,
6 justifications, and comments under subsection (c);

7 "(2) a determination on whether the assistance under
8 this title will be administered by the jurisdiction, a
9 public agency or private nonprofit organization, or the
10 State, as appropriate under subsections (b) and (c) of
11 section 408;

12 "(3) certifications or other such forms of proof of
13 commitments of financial and other resources sufficient to
14 comply with the match requirements under section 405(c)(1);

15 "(4) a certification that the applicant is following a
16 current approved consolidated plan;

17 "(5) a certification that the grant will be conducted
18 and administered in conformity with title VI of the Civil
19 Rights Act of 1964, section 504 of the Rehabilitation Act of
20 1973, and the Fair Housing Act, and the grantee will
21 affirmatively further fair housing; and

22 "(6) a certification that the applicant will comply
23 with the requirements of this title and other applicable
24 laws.

25 "(e) SUBMISSION REQUIREMENTS FOR STATES.--Each application
26 from a State shall contain--

1 "(1) the continuum of care submission described in
2 subsection (b)(3) and, if applicable, any alterations,
3 justifications, and comments under subsection (c);

4 "(2) certifications or other such forms of proof of
5 commitments of financial and other resources sufficient to
6 comply with the match requirements under section 405(c)(1);

7 "(3) a certification that the applicant is following a
8 current approved consolidated plan;

9 "(4) a certification that the grant will be conducted
10 and administered in conformity with title VI of the Civil
11 Rights Act of 1964, section 504 of the Rehabilitation Act of
12 1973, and the Fair Housing Act, and the grantee will
13 affirmatively further fair housing; and

14 "(5) a certification that the State and State
15 recipients will comply with the requirements of this title
16 and other applicable laws.

17 "(f) APPLICATION APPROVAL.--The application shall be
18 approved by the Secretary unless the Secretary determines that
19 the application is substantially incomplete, or determines, under
20 section 409(c)(5) or 409(d)(1)(B), that the process for
21 constituting or operating the local or State homeless assistance
22 board is unfair.

23 "SEC. 404. ELIGIBLE PROJECTS AND ACTIVITIES.

24 "(a) ELIGIBLE PROJECTS.--Grants under this title may be used
25 to carry out activities described in subsection (b) in support of
26 the following types of projects--

1 "(1) EMERGENCY ASSISTANCE.--Assistance designed to prevent
2 homelessness or to meet the emergency needs of homeless
3 individuals and families, including one or more of the
4 following--

5 "(A) PREVENTION.--Efforts to prevent homelessness of a very
6 low-income individual or family that has received an eviction
7 notice, notice of mortgage foreclosure, or notice of termination
8 of utilities, if--

9 "(i) the individual or family cannot make the required
10 payments due to a sudden reduction in income or other
11 financial emergency; and

12 "(ii) the assistance is necessary to avoid imminent
13 eviction, foreclosure, or termination of services.

14 "(B) OUTREACH AND ASSESSMENT.--Efforts designed to inform
15 individuals and families about the availability of services, to
16 bring them into the continuum of care system, and to determine
17 which services or housing are appropriate to the needs of the
18 individual or family.

19 "(C) EMERGENCY SHELTER.--The provision of short-term
20 emergency shelter with essential supportive services for homeless
21 individuals and families.

22 "(2) SAFE HAVEN HOUSING.--A structure or a clearly
23 identifiable portion of a structure that--

24 "(A) provides housing and low-demand services and
25 referrals for homeless individuals with serious mental
26 illness--

1 "(i) who are currently residing primarily in
2 places not designed for, or ordinarily used as, a
3 regular sleeping accommodation for human beings; and

4 "(ii) who have been unwilling or unable to
5 participate in mental health or substance abuse
6 treatment programs or to receive other supportive
7 services; except that a person whose sole impairment is
8 substance abuse shall not be considered an eligible
9 person;

10 "(B) provides 24-hour residence for eligible
11 individuals who may reside for an unspecified duration;

12 "(C) provides private or semi-private accommodations;

13 "(D) may provide for the common use of kitchen
14 facilities, dining rooms, and bathrooms;

15 "(E) may provide supportive services to eligible
16 persons who are not residents on a drop-in basis; and

17 "(F) provides occupancy limited to no more than 25
18 persons.

19 "(3) TRANSITIONAL HOUSING.--Housing and appropriate
20 supportive services that are designed to facilitate the movement
21 of homeless individuals to permanent housing, generally within 24
22 months.

23 "(4) PERMANENT HOUSING AND PERMANENT HOUSING AND SUPPORTIVE
24 SERVICES FOR PERSONS WITH DISABILITIES.--Permanent housing for
25 homeless individuals, and permanent housing and supportive
26 services for homeless persons with disabilities, the latter of

1 which may be designed to provide housing and services solely for
2 persons with disabilities, or may provide housing for such
3 persons in a multifamily housing, condominium, or cooperative
4 project.

5 "(5) SINGLE ROOM OCCUPANCY HOUSING.--A unit for occupancy by
6 one person, which need not (but may) contain food preparation or
7 sanitary facilities, or both, and may provide services such as
8 mental health services, substance abuse treatment, job training,
9 and employment programs.

10 "(6) OTHER PROJECTS.--Such other projects as the Secretary
11 determines will further the purposes of title I of the
12 Homelessness Assistance and Management Reform Act of 1997.

13 "(b) ELIGIBLE ACTIVITIES.--Grants under this title may be
14 used to carry out the following activities in support of projects
15 described in subsection (a)--

16 "(1) HOMELESSNESS PREVENTION ACTIVITIES.--Short-term
17 mortgage, rental, and utilities payments and other short-term
18 assistance designed to prevent the imminent homelessness of the
19 individuals and families described in subsection (a)(1)(A).

20 "(2) OUTREACH AND ASSESSMENT.--Drop-in centers, 24-hour
21 hotlines, counselors, and other activities designed to engage
22 homeless individuals and families, bring them into the continuum
23 of care system, and determine their individual housing and
24 service needs.

1 "(3) ACQUISITION AND REHABILITATION.--The acquisition,
2 rehabilitation, or acquisition and rehabilitation of real
3 property.

4 "(4) NEW CONSTRUCTION.--The new construction of a project,
5 including the cost of the site.

6 "(5) OPERATING COSTS.--The costs of operating a project,
7 including salaries and benefits, maintenance, insurance,
8 utilities, replacement reserve accounts, and furnishings.

9 "(6) LEASING.--Leasing of an existing structure or
10 structures, or units within these structures, including the
11 provision of long-term rental assistance contracts.

12 "(7) TENANT ASSISTANCE.--The provision of security or
13 utility deposits, rent or utility payments for the first month of
14 residence at a new location, and relocation assistance.

15 "(8) SUPPORTIVE SERVICES.--The provision of essential
16 supportive services including, but not limited to, case
17 management, housing counseling, job training and placement,
18 primary health care, mental health services, substance abuse
19 treatment, child care, transportation, emergency food and
20 clothing, family violence services, education services, moving
21 services, assistance in obtaining entitlement benefits, and
22 referral to veterans services and referral to legal services.

23 "(9) ADMINISTRATION.

24 "(A) IN GENERAL.--Expenses incurred in--

25 "(i) planning, developing, and establishing a program
26 under this title;

1 "(ii) establishing, selecting, and supporting the local
2 homeless assistance board or the State homeless assistance
3 board; and

4 "(iii) administering the program.

5 "(B) LIMITATIONS.--Not more than the following amounts may be
6 used for administrative costs under subparagraph (A)--

7 "(i) 10 percent of any grant amounts provided for a
8 recipient for a fiscal year (including amounts used by a
9 State to carry out its own activities under
10 section 408(c)(2)(A)); and

11 "(ii) 5 percent of any grant amounts provided to a
12 State for a fiscal year that the State uses to distribute
13 funds to a State recipient under section 408(c)(2)(B).

14 "(10) CAPACITY BUILDING.

15 "(A) IN GENERAL.--Building the capacity of private nonprofit
16 organizations to participate in the continuum of care system of
17 the recipient.

18 "(B) LIMITATIONS.--Not more than the following amounts may
19 be used for capacity building under subparagraph (A)--

20 "(i) 2 percent of any grant amounts provided for a
21 recipient for a fiscal year (including amounts used by a
22 State to carry out its own activities under
23 section 408(c)(2)(A)); and

24 "(ii) 2 percent of any grant amounts provided to a
25 State for a fiscal year that the State uses to distribute
26 funds to a State recipient under section 408(c)(2)(B).

1 "(11) OTHER ACTIVITIES.--Other activities as the Secretary
2 determines will further the purposes of title I of the
3 Homelessness Assistance and Management Reform Act of 1997.

4 "(c) TARGETING TO SUBPOPULATIONS OF PERSONS WITH
5 DISABILITIES.--Notwithstanding any other provision of law,
6 projects for persons with disabilities assisted under this title
7 may be targeted to specific subpopulations of such persons,
8 including (but not limited to) persons who--

9 "(1) are seriously mentally ill;

10 "(2) have chronic problems with drugs, alcohol, or
11 both; or

12 "(3) have acquired immunodeficiency syndrome or any
13 conditions arising from the etiologic agency for acquired
14 immunodeficiency syndrome.

15 "SEC. 405. MATCHING REQUIREMENT AND MAINTENANCE OF EFFORT.

16 "(a) MATCHING REQUIREMENT.

17 "(1) IN GENERAL.--Each recipient shall make contributions
18 totaling not less than 50 percent of the amounts made available
19 for the recipient for any fiscal year under this title to carry
20 out eligible activities. At the end of each program year, each
21 recipient shall certify to the Secretary that it has complied
22 with this section, and shall include with the certification a
23 description of the sources and amounts of the matching
24 contributions. Contributions under this section may not come
25 from assistance provided under this title.

"(2) REDUCTION IN MATCHING REQUIREMENTS.

"(A) IN GENERAL.--The Secretary shall reduce the matching requirement under paragraph (1) during a fiscal year by--

"(i) 50 percent for a jurisdiction that certifies that it is in fiscal distress; and

"(ii) 100 percent for a jurisdiction that certifies that it is in severe fiscal distress.

For purposes of clauses (i) and (ii), the jurisdiction shall make the certification on behalf of a recipient that is not a governmental jurisdiction.

"(B) DEFINITIONS.--For purposes of this subsection--

"(i) the term "fiscal distress" means an allocation unit of general local government, insular area, or State recipient that is a governmental jurisdiction that satisfies one of the distress criteria set forth in subparagraph (C); and

"(ii) the term "severe fiscal distress" means an allocation unit of general local government, insular area, or State recipient that is a governmental jurisdiction that satisfies both of the distress criteria set forth in subparagraph (C).

"(C) DISTRESS CRITERIA.--For an allocation unit of general local government, an insular area, or a State recipient that is a governmental jurisdiction certifying that it is distressed, the following criteria shall apply--

"(i) **POVERTY RATE.**--The average poverty rate in the jurisdiction for the calendar year immediately preceding the year in which its fiscal year begins was equal to or greater than 125 percent of the average national poverty rate during such calendar year (as determined according to information of the Bureau of the Census).

"(ii) **PER CAPITA INCOME.**--The average per capita income in the jurisdiction for the calendar year immediately preceding the year in which its fiscal year begins was less than 75 percent of the average national per capita income during such calendar year as determined according to information of the Bureau of the Census).

"(D) **STATES.**--In the case of States carrying out their own activities under section 408(c)(2)(A), the Secretary shall reduce the matching requirement under paragraph (1) as provided by the preceding subparagraphs, except that the certification shall be made with respect to the area, as determined by the Secretary, in which the activities are to be carried out.

"(E) **WAIVER IN DISASTER AREAS.**--If a recipient is located in an area in which a declaration of a disaster pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act is in effect for any part of a fiscal year, the Secretary may waive the matching requirement for that fiscal year under paragraph (1) during that fiscal year by up to 100 percent.

"(3) CALCULATION OF AMOUNTS.--In calculating the amount of matching contributions required under paragraph (1), a recipient may include--

"(A) any funds derived from a source, other than assistance under this title or amounts subject to subsection (b);

"(B) the value of any lease on a building; and

"(C) any salary paid to staff or any volunteer labor contributed to carry out the program.

"(b) LIMITATION ON USE OF FUNDS.--No assistance received under this title may be used to replace other funds previously used, or designated for use, by the State, State recipient (except when a State recipient is a private nonprofit organization), allocation unit of general local government or insular area to assist homeless individuals and families.

"SEC. 406. RESPONSIBILITIES OF RECIPIENTS, PROJECT SPONSORS, AND OWNERS.

"(a) USE OF ASSISTANCE THROUGH PRIVATE NON-PROFIT ORGANIZATIONS.

"(1) IN GENERAL.--Each recipient shall ensure that at least 0 percent of the grant amounts that are made available to it under this title for any fiscal year are made available to project sponsors that are private nonprofit organizations.

"(2) WAIVER.--The Secretary may waive or reduce the requirement of paragraph (1), if the recipient demonstrates to the Secretary that the requirement interferes with the ability of

1 the recipient to provide assistance under this title because of
2 the paucity of qualified private non-profit organizations in the
3 jurisdiction of the recipient.

4 "(b) HOUSING QUALITY.--Each recipient shall ensure that
5 housing assisted with grant amounts provided under this title is
6 decent, safe, and sanitary and complies with all applicable State
7 and local housing codes, building codes, and licensing
8 requirements in the jurisdiction in which the housing is located.

9 "(c) PREVENTION OF UNDUE BENEFIT.--The Secretary may
0 prescribe such terms and conditions as the Secretary considers
1 necessary to prevent project sponsors from unduly benefiting from
2 the sale or other disposition of projects, other than a sale or
3 other disposition resulting in the use of the project for the
4 direct benefit of very low-income families.

5 "(d) CONFIDENTIALITY.--Each recipient shall develop and
6 implement procedures to ensure the confidentiality of records
7 pertaining to any individual provided services assisted under
8 this title for family violence prevention or treatment or for
9 such medical or other conditions as the Secretary may prescribe,
0 and to ensure that the address or location of any project
1 providing such services will, except with written authorization
2 of the person or person responsible for the operation of such
3 project, not be made public.

4 "(e) EMPLOYMENT OF HOMELESS INDIVIDUALS.

5 "(1) To the maximum extent practicable, the Secretary shall
6 ensure that recipients, through employment, volunteer services,

1 or otherwise, provide opportunities for homeless individuals and
2 families to participate in--

3 "(A) constructing, renovating, maintaining, and
4 operating facilities assisted under this title;

5 "(B) providing services so assisted; and

6 "(C) providing services for occupants of facilities so
7 assisted.

8 "(2) In carrying out paragraph (1), recipients shall not
9 displace employed workers.

0 "(f) PARTICIPATION OF HOMELESS INDIVIDUALS.--The Secretary
1 shall provide that each recipient shall require each project
2 sponsor receiving assistance under this title from the recipient
3 to provide for the participation of not less than one homeless
4 individual or formerly homeless individual on the board of
5 directors or other equivalent policy making entity of the project
6 sponsor, to the extent that such entity considers and makes
7 policies and decision regarding any project, facility, services,
8 or other activities assisted under this title. A recipient may
9 grant waivers to project sponsors unable to meet the requirement
0 under the preceding sentence, if the project sponsor agrees to
1 otherwise consult with homeless or formerly homeless individuals
2 in considering and making such policies and decisions.

3 "(g) NONDISCRIMINATION TOWARD CERTIFICATE AND VOUCHER
4 HOLDERS.--In the case of multifamily rental housing assisted
5 under this title (except for such housing only receiving homeless
6 prevention assistance authorized under section 404(b)(1) of this

title) that is receiving, or (except for insurance referred to in paragraph (4)) has received within two years before the effective date of this title, the benefit of Federal assistance from an agency of the United States, the owner shall not refuse to lease a reasonable number of units to families under the tenant-based assistance program under section 8 of the United States Housing Act of 1937 because of the status of the prospective tenants as families under the program. The Secretary shall establish reasonable time periods for applying the requirement of this subsection, taking into account the total amount of the assistance and the relative share of the assistance compared to the total cost of financing, developing, rehabilitating, or otherwise assisting a project. Federal assistance for purposes of this subsection shall mean--

- (1) project-based assistance under the United States Housing Act of 1937;
- (2) assistance under title I of the Housing and Community Development Act of 1974;
- (3) assistance under title II of the Cranston-Gonzalez National Affordable Housing Act;
- (4) mortgage insurance under the National Housing Act;
- (5) low-income housing tax credits under section 42 of the Internal Revenue Code of 1986; and
- (6) assistance under any other programs designated by the Secretary.

"(h) OCCUPANCY CHARGE.--Any homeless individual or family residing in a dwelling unit assisted under this title may be required to pay an occupancy charge in an amount determined by the grantee providing the assistance, which may not exceed an amount equal to 30 percent of the adjusted income (as such term is defined in section 3(b) of the United States Housing Act of 1937 or any other subsequent provision of Federal law defining such term for purposes of eligibility for, or rental charges in, public housing) of the individual or family. Occupancy charges paid may be reserved, in whole or in part, to assist residents in moving to permanent housing.

"SEC. 407. ALLOCATION AND DISTRIBUTION OF FUNDS.

"(a) INSULAR AREAS.

"(1) ALLOCATION.--For each fiscal year, the Secretary shall allocate assistance under this title to insular areas, in an amount equal to 0.20 percent of the amounts appropriated under the first sentence of section 402(b).

"(2) DISTRIBUTION.--The Secretary shall provide for the distribution of amounts reserved under paragraph (1) for insular areas pursuant to specific criteria or a distribution formula prescribed by the Secretary.

"(b) STATES AND ALLOCATION UNITS OF GENERAL LOCAL GOVERNMENT.

"(1) IN GENERAL.--For each fiscal year, of the amounts appropriated under the first sentence of section 402(b) that remain after amounts are reserved--

"(A) for insular areas under subsection (a), and

"(B) for technical assistance and other activities under subsection (d), the Secretary shall allocate assistance according to the formula described in paragraph (2).

"(2) FORMULA.

"(A) ALLOCATION.--The Secretary shall allocate amounts for allocation units of general local government (including jurisdictions that received a formula grant for fiscal year 1996 or 1997 under subtitle B of this title, as it existed immediately before the effective date of the Homelessness Assistance and Management Reform Act of 1997) and States, in a manner that ensures that the percentage of the total amount available under this title for any fiscal year for any allocation unit of general local government or State is equal to the percentage of the total amount available for section 106 of the Housing and Community Development Act of 1974 for the same fiscal year that is allocated for the allocation unit of general local government or State.

"(B) MINIMUM ALLOCATION.

"(i) ALLOCATION UNITS OF GENERAL LOCAL GOVERNMENT.--If under subparagraph (A) for any fiscal year, the allocation for any allocation unit of general local government is less than 0.05 percent of the amounts appropriated under the first sentence of section 402(b), such allocation unit shall not receive a grant and its allocation shall be added to the allocation for the State

1 in which such allocation unit is located for use under section
2 408(c)(1), except that any such allocation unit that received a
3 grant in a previous fiscal year (including a jurisdiction that
4 received a formula grant for fiscal year 1996 or 1997 under
5 subtitle B of this title, as it existed immediately before the
6 effective date of the Homelessness Assistance and Management
7 Reform Act of 1997) shall be allocated an amount equal to 0.05
8 percent of the amounts appropriated under the first sentence of
9 section 402(b).

10 "(ii) STATES.--If under subparagraph (A) for any fiscal
11 year, the allocation for any State is less than 0.2 percent of
12 the amounts appropriated under the first sentence of section
13 402(b), such State shall be allocated an amount equal to 0.2
14 percent of such amounts.

15 "(C) PRO RATA INCREASES AND DECREASES.

16 "(i) INCREASE.--All amounts allocated pursuant to the
17 preceding subparagraphs for allocation units of general local
18 government shall be increased on a pro rata basis until the
19 aggregate of such amounts equals 75 percent of the remainder of
20 amounts appropriated under this title for each year, after
21 amounts are allocated for insular areas under subsection (a) and
22 for technical assistance and other assistance under
23 subsection (d).

24 "(ii) DECREASE.--All amounts allocated pursuant to the
25 preceding subparagraphs for States shall be decreased on a pro
26 rata basis until the aggregate of such amounts equals 25 percent

1 of the remainder of amounts appropriated under this title for
2 each year, after amounts are allocated for insular areas under
3 subsection (a) and for technical and other assistance under
4 subsection (d).

5 "(3) MINIMUM GRANT AMOUNT.--Notwithstanding paragraph (2),
6 an allocation unit of general local government shall receive no
7 less funding under this subsection in fiscal year 1998 than 75
8 percent of the average of the amounts awarded annually to that
9 jurisdiction for homeless assistance programs administered by the
10 Secretary under this title during fiscal years 1987 through 1996,
no less than 50 percent in fiscal year 1999, and no less than 25
percent in fiscal year 2000, but only if amounts appropriated
pursuant to the first sentence of section 402(b) in each of
fiscal years 1998, 1999, and 2000 exceed \$800,000,000. If such
amounts do not exceed \$800,000,000 in fiscal year 1998, 1999, or
2000, the allocation unit of general local government may receive
its proportionate share of the amounts appropriated which may be
less than 75 percent of such annual average amounts for fiscal
year 1998, less than 50 percent for fiscal year 1999, and less
than 25 percent for fiscal year 2000 as determined by the
Secretary.

"(4) REDUCTION.--Notwithstanding paragraphs (2) and (3), in
any fiscal year, the Secretary may provide a grant under this
title for a State or for an allocation unit of general local
government in an amount less than the amount allocated under the
those paragraphs, if the Secretary determines, that the

jurisdiction has failed to comply with requirements of this title, or that such action is otherwise appropriate.

"(c) REALLOCATIONS.

"(1) AMOUNTS NOT RECEIVED.--Any amounts that a State or an allocation unit of general local government is eligible to receive under subsection (b) that are not received for use in the jurisdiction, pursuant to subsection (b)(4), shall be added to amounts available for allocation under subsection (b) of this section for the succeeding fiscal year.

"(2) USE OF AMOUNTS UNDER THIS TITLE.

"(A) AUTHORITY FOR ALTERNATIVE USE OF AMOUNTS.--If the Secretary determines that a State or an allocation unit of general local government has made substantial progress in reducing the number and meeting the needs of homeless individuals, and is eligible to receive an amount under subsection (b) that is in excess of the amount required to meet the needs of homeless individuals through activities under this title, the Secretary shall reduce the amount under subsection (b) accordingly, and add such excess amount to the amount allocated for such jurisdiction under section 106 of the Housing and Community Development Act of 1974 or under section 217 of the HOME Investment Partnerships Act, for use in meeting low-income housing needs. In making the determinations required by the preceding sentence, the Secretary shall consult with the State or allocation unit of general local government and assess the need for assistance under this Act, taking into account such factors

1 as the current number of homeless individuals, the extent of
2 their need, and the cost of meeting such need. The Secretary
3 shall make the initial determination for amounts to be allocated
4 in fiscal year 2001 and at least every three years thereafter.

5 "(B) AUTHORITY TO MAKE TRANSFERS AMONG APPROPRIATION
6 ACCOUNTS.--The Secretary shall transfer such amounts as are
7 approved in accordance with this paragraph among appropriation
8 accounts, as appropriate.

"(d) TECHNICAL AND OTHER ASSISTANCE AND MANAGEMENT
INFORMATION SYSTEMS.

"(1) TECHNICAL AND OTHER ASSISTANCE.--From amounts
appropriated under the first sentence of section 402(b) for any
fiscal year, the Secretary may directly or indirectly by grant,
contract, or cooperative agreement use up to \$25,000,000 for--

"(A) TECHNICAL ASSISTANCE.--Technical assistance, which may
include training and the cost of necessary travel for
participants in such training, by or to officials and employees
of the Department of Housing and Urban Development, applicants,
grantees, recipients, local and State homeless assistance boards,
State recipients, and private nonprofits to improve their ability
to carry out the provisions of this title and to support the
creation of continuum of care systems.

"(B) CAPACITY BUILDING.--Assistance to private nonprofit
organizations to build their capacity in support of continuum of
care systems.

"(C) RESOURCE IDENTIFICATION.--Identification, coordination, and development of resources and data for homelessness, including determining the feasibility of specific housing-related initiatives.

"(D) PROGRAM OVERSIGHT.--Performance reviews and audits under section 410(c), including the cost of necessary travel.

"(2) MANAGEMENT INFORMATION SYSTEMS.--From amounts appropriated under the first sentence of section 402(b) for any fiscal year, the Secretary shall reserve 0.4 percent to develop, implement, and refine management information systems in order to establish a national database on local needs and priorities and to provide grantees and others with software to plan and track performance under this title.

"SEC. 408. ADMINISTRATION OF PROGRAM.

"(a) IN GENERAL.--The Secretary shall prescribe such procedures and requirements as the Secretary deems appropriate for administering grant amounts under this title.

"(b) ALLOCATION UNITS OF GENERAL LOCAL GOVERNMENT AND INSULAR AREAS.

"(1) IN GENERAL.--Except as provided in paragraphs (2) and (3), an allocation unit of general local government or insular area shall administer grant amounts received under section 407(a) or (b) for any fiscal year.

"(2) AGENCIES AND ORGANIZATIONS DESIGNATED BY JURISDICTION.

"(A) DESIGNATION OF OTHER ENTITIES TO ADMINISTER GRANT AMOUNTS.--An allocation unit of general local government or

insular area may elect for any fiscal year to designate a public agency or a private nonprofit organization (or a collaboration of such organizations) to administer grant amounts received under section 407(a) or (b) instead of the jurisdiction.

"(B) PROVISION OF GRANT AMOUNTS.--The Secretary may, at the request of a jurisdiction under subparagraph (A), provide grant amounts directly to the agency or organization designated under that subparagraph.

"(3) ADMINISTRATION OF GRANT BY SECRETARY OR SECRETARY'S DESIGNEE.--If an allocation unit of general local government or insular area, or (if appropriate) a public agency or private nonprofit organization designated by the jurisdiction under paragraph (2), does not receive a grant pursuant to section 407(b)(4) for any fiscal year, the Secretary shall--

"(A) designate the State or a local private nonprofit organization to administer the grant amounts instead of the jurisdiction; or

"(B) distribute the funds to private nonprofit organizations to carry out activities within the jurisdiction on the basis of a competition.

"(c) STATES.

"(1) IN GENERAL.--Each State shall elect either--

"(A) to administer grant amounts received under section 407(b), as provided by paragraphs (2) and (3); or

"(B) have the Secretary administer these amounts instead of the State, as provided by paragraph (4).

If a State elects to administer grant amounts under subparagraph (A), the election shall be permanent and final.

"(2) STATE PROGRAM.--Of amounts referred to in paragraph (1) (A), the State--

"(A) may use not more than 15 percent to carry out its own homeless assistance program under this title; and

"(B) shall distribute the remaining amounts to State recipients.

Grants to States may only be used to carry out activities in areas of the State outside allocation units of general local government.

"(3) DISTRIBUTION OF AMOUNTS TO STATE RECIPIENTS.

"(A) IN GENERAL.

"(i) States distributing amounts under paragraph (2) (B) to State recipients that are units of general local government shall, for each fiscal year, afford each such recipient the options of--

"(I) administering the grant amounts on its own behalf;

"(II) designating (as provided by subsection (b) (2)) a public agency or a private nonprofit organization (or a combination of such organizations) to administer the grant amounts instead of the jurisdiction; or

"(III) entering into an agreement with the State, in consultation with private nonprofit organizations providing assistance to homeless individuals and families in the

1 jurisdiction, under which the State will administer the
2 grant amounts instead of the jurisdiction.

3 "(ii) A State recipient designating an agency or
4 organization as provided by clause (i)(II), or entering into an
5 agreement with the State under clause (i)(III), shall remain the
6 State recipient for purposes of this title.

7 "(iii) The State may, at the request of the State recipient,
8 provide grant amounts directly to the agency or organization
9 designated under clause (i)(II).

10 "(B) APPLICATION.

11 "(i) The State shall distribute amounts to State recipients
12 (or to agencies or organizations designated under subparagraph
13 (A)(i)(II), as appropriate) on the basis of an application
14 containing such information as the State may prescribe, except
15 that each application shall reflect the State's application
16 requirements in section 403(d) and evidence an intent to
17 facilitate the establishment of a continuum of care system
18 prepared by the State homeless assistance board.

19 "(ii) The State may waive the requirements in clause (i)
20 with respect to one or more proposed activities, where the State
21 determines that--

22 "(I) the activities are necessary to meet the needs of
23 homeless individuals and families within the jurisdiction;
24 and

1 "(II) a continuum of care system is not necessary, due
2 to the nature and extent of homelessness in the
3 jurisdiction.

4 "(C) PREFERENCE.--In selecting State recipients and making
5 awards under subparagraph (B), the State shall give preference to
6 applications that demonstrate higher relative levels of homeless
7 need and fiscal distress.

8 "(4) HUD ADMINISTRATION OF STATE PROGRAM.

9 "(A) IN GENERAL.--If a State elects to have the Secretary
10 administer its grant amounts under section 407, as provided by
11 paragraph (1)(B), the Secretary may retain up to 5 percent of
12 such amounts to cover administrative expenses, and distribute the
13 remaining amounts in areas of the State outside allocation units
14 of general local government to--

15 "(i) units of general local government (other than
16 allocation units of general local government);

17 "(ii) public agencies or private nonprofit
18 organizations designated by such units of general local
19 government; or

20 "(iii) private nonprofit organizations.

21 "(B) DISTRIBUTION OF FUNDS.--The Secretary shall distribute
22 amounts under this paragraph on a competitive basis, using
23 selection criteria which shall include--

24 "(i) the extent to which there is a need for assistance
25 for homeless individuals and families in the jurisdiction;

"(ii) the extent to which the proposed activities further the establishment and maintenance of a continuum of care system;

"(iii) the extent to which private nonprofit organizations providing assistance to homeless individuals and facilities in the jurisdiction have been, and will be, included in planning for the receipt of assistance under this title, and the execution of the proposed activities;

"(iv) the capacity of the entity applying for a grant under this subsection to develop and operate a project;

"(v) the need for the type of project proposed by the entity applying for a grant under this subsection in the area to be served;

"(vi) the extent to which the amount of assistance to be provided under this title will be supplemented with resources from other public and private sources;

"(vii) the extent to which the entity applying for a grant under this subsection has demonstrated coordination with Federal, State, local, private, and other entities serving homeless individuals in the planning and operation of the project; and

"(viii) such other criteria as the Secretary deems appropriate to further the purposes of this paragraph and this title.

"SEC. 409. CITIZEN PARTICIPATION.

42

"(a) IN GENERAL.--Each recipient shall ensure that citizens, appropriate private nonprofit organizations, and other interested groups and entities participate fully in the development and carrying out of the program authorized under this title. The Secretary shall prescribe such requirements to carry out this section as the Secretary deems appropriate, which shall include requirements applicable to the citizen participation provisions of subsection (b), the local homeless assistance board referred to in subsection (c), and the requirements for homeless assistance boards for States and State recipients under subsection (d), and the timing of, and sequence for, carrying out the requirements of those subsections.

"(b) SPECIFIC REQUIREMENTS FOR THE INVOLVEMENT OF CITIZENS AND OTHERS.

"(1) ENTITIES THAT ARE GOVERNMENTAL JURISDICTIONS.--Each recipient that is a governmental jurisdiction shall comply with the citizen participation requirements established by the Secretary with respect to the consolidated plan.

"(2) ENTITIES THAT ARE NOT GOVERNMENTAL JURISDICTIONS.--For applicants or grantees (as appropriate) that are not governmental jurisdictions, the Secretary shall prescribe citizen participation requirements that are comparable (to the extent appropriate) to those required by paragraph (1).

"(c) LOCAL HOMELESS ASSISTANCE BOARD FOR ALLOCATION UNITS OF GENERAL LOCAL GOVERNMENT AND INSULAR AREAS.

"(1) ESTABLISHMENT AND FUNCTION.--The chief executive officer of each allocation unit of general local government or insular area shall establish, select, and support a local homeless assistance board, which shall assist the jurisdiction--

"(A) by developing the continuum of care system and other submission requirements, and by submitting the system and such other submission requirements for its approval under section 403(b);

"(B) in overseeing the activities carried out with assistance under this title; and

"(C) in preparing the performance report under section 410(b).

"(2) COMPOSITION OF BOARD.--The composition of each local homeless assistance board shall be as follows--

"(A) MAJORITY OF BOARD.--Not less than 51 percent of the members of the local homeless assistance board shall represent the following--

"(i) homeless individuals and families;

"(ii) homeless advocates that meet such minimum standards of advocacy as the Secretary shall prescribe; and

"(iii) individuals and entities providing assistance to homeless individuals and families.

"(B) REMAINDER OF BOARD.--The remainder of the local homeless assistance board shall represent the following--

"(i) business and labor;

"(ii) neighborhood advocates; and

"(iii) government officials.

"(3) NOMINATION AND SELECTION OF BOARD MEMBERS

"(A) NOMINATION OF BOARD MEMBERS.--The membership of each local homeless assistance board meeting the criteria in paragraph (2)(A) shall have been nominated by individuals and entities, other than a governmental jurisdiction, that represent these groups.

"(B) SELECTION OF BOARD MEMBERS.--In selecting a local homeless assistance board, the chief executive officer of the jurisdiction shall, to the maximum extent practicable, select members who will improve access to a broad range of services for homeless individuals and families and who are sensitive to the varying needs of homeless individuals and families. Each local homeless assistance board shall include members who, to the maximum extent practicable and consistent with local needs, represent the different homeless subpopulations in that community.

"(4) WAIVER BY SECRETARY.--The Secretary may waive the requirements of paragraphs (2) and (3), if the jurisdiction has an existing local homeless assistance board that substantially meets the requirements of such paragraphs.

"(5) REVIEW BY SECRETARY.--A member or members of a local homeless assistance board, or other members of the community, may request the Secretary to review the process for constituting or

1 operating the local homeless assistance board to determine
2 whether the process is fair. If the Secretary finds that the
3 process is unfair and promptly submits a written justification to
4 the board, the Secretary may disapprove the application under
5 section 403 for the jurisdiction.

6 "(6) CONFLICTS OF INTEREST.--The Secretary shall prescribe
7 standards governing potential conflicts of interest under which
8 members of local homeless assistance boards under this subsection
9 may participate in activities carried out under this title.

10 "(d) HOMELESS ASSISTANCE BOARDS FOR STATES AND STATE
11 RECIPIENTS.

12 "(1) STATE HOMELESS ASSISTANCE BOARD.

13 "(A) ESTABLISHMENT AND FUNCTION.--The chief executive
14 officer of the State shall establish, select, and support a State
15 homeless assistance board, which shall assist the State--

16 "(i) by developing the continuum of care system and
17 other submission requirements, and by submitting the system
18 and such other submission requirements for its approval
19 under section 403(b);

20 "(ii) in determining the percentage of the grant that
21 the State should use--

22 "(I) to carry out its own homeless assistance
23 program under section 408(c)(2)(A); or

24 "(II) to distribute amounts to State recipients
25 under section 408(c)(2)(B);

1 "(iii) in carrying out the State's responsibilities
2 where--

3 "(I) the Secretary designates the State to
4 administer grant amounts under section 408(b)(3)(A); or

5 "(II) the State enters into an agreement with a
6 State recipient to administer the State recipient's
7 amounts under section 408(c)(3)(A)(i)(III);

8 "(iv) in overseeing the activities carried out with
9 assistance under this title; and

10 "(v) in preparing the performance report under
11 section 410(b).

12 "(B) OTHER REQUIREMENTS.--State homeless assistance boards
13 shall be subject to subsections (c)(2) through (6).

14 "(2) STATE RECIPIENTS.--State recipients shall establish,
15 select, and support a local homeless assistance board comparable
16 (to the extent appropriate) to that described in subsection (c),
17 or may use such other community consultation process as the
18 Secretary shall prescribe.

19 "(e) LOCAL HOMELESS ASSISTANCE BOARD WHERE SECRETARY IS
20 DISTRIBUTING GRANT AMOUNTS.

21 "(1) IN GENERAL.--If the Secretary designates a State or a
22 private nonprofit organization to administer grant amounts under
23 section 408(b)(3)(A), distributes grant amounts to a private
24 nonprofit organization (as provided by section 408(b)(3)(B)), or
25 distributes grant amounts instead of a State under
26 section 408(c)(4), the Secretary shall--

"(A) designate a State or unit of general local government to establish, select, and support a local homeless assistance board meeting the requirements of subsection (c); or

"(B) enter into a partnership with another entity to establish, select, and support the local homeless assistance board.

"(2) LAWS INAPPLICABLE.-- Section 103 of the Department of Housing and Urban Development Reform Act of 1989 shall not apply with respect to the actions of the Secretary referred to in paragraph (1). The Secretary shall establish appropriate standards under this paragraph to ensure the integrity of the process for awarding assistance.

"(f) AUTHORITY OF SECRETARY.--The Secretary shall establish such procedures as the Secretary deems appropriate for providing a fair hearing and timely resolution of citizen complaints related to applications or performance reports under this title.

"SEC. 410. PERFORMANCE REPORTS, REVIEWS, AUDITS, AND GRANT ADJUSTMENTS.

"(a) NATIONAL PERFORMANCE MEASURES AND BENCHMARKS.--The Secretary shall establish national performance measures and benchmarks to assist the Secretary, grantees, citizens, and others in assessing the use of funds made available under this title.

"(b) GRANTEE PERFORMANCE AND EVALUATION REPORT.--Each grantee shall submit to the Secretary a performance and

evaluation report prepared by the local homeless assistance board under section 409(c) or (e), or the State homeless assistance board under section 409(d), as appropriate, concerning the use of funds made available under this title. The grantee may modify the report. If the grantee has made changes to the report, the submission shall also include the comments of the local homeless assistance board or State homeless assistance board on the changes. The report shall be submitted at such time as the Secretary shall prescribe and contain an assessment of the performance of the grantee as measured against any specific performance measures and benchmarks (developed under section 303), the national performance measures and benchmarks (as established under subsection (a)), and such other information as the Secretary shall prescribe. The grantee shall make the report available to citizens, public agencies, and other interested parties in the jurisdiction of the grantee in sufficient time to permit them to comment on the report before its submission.

"(c) PERFORMANCE REVIEWS, AUDITS, AND GRANT ADJUSTMENTS.

"(1) PERFORMANCE REVIEWS AND AUDITS.--The Secretary shall, less than annually, make such reviews and audits as may be necessary or appropriate to determine--

"(A) in the case of a grantee (other than a grantee referred to in subparagraph (B)), whether the grantee--

"(i) has carried out its activities in a timely manner;

"(ii) has made progress toward implementing the continuum of care system in conformity with its application under this title; and

"(iii) has carried out its activities and certifications in accordance with the requirements of this title and other applicable laws; and

"(B) in the case of States distributing grant amounts to State recipients, whether the State--

"(i) has distributed amounts to State recipients in a timely manner and in conformance with the method of distribution described in its application;

"(ii) has carried out its activities and certifications in compliance with the requirements of this title and other applicable laws; and

"(iii) has made such performance reviews and audits of the State recipients as may be necessary or appropriate to determine whether they have satisfied the applicable performance criteria contained in subparagraph (A).

"(2) GRANT ADJUSTMENTS.--Pursuant to section 407(b)(4), the Secretary may make appropriate adjustments in the amount of grants in accordance with the Secretary's findings under this subsection. With respect to assistance made available for State recipients, the Secretary may adjust, reduce, or withdraw such assistance, or take other action as appropriate in accordance with the Secretary's performance reviews and audits under this

1 subsection, except that amounts already properly expended on
2 eligible activities under this title shall not be recaptured or
3 deducted from future assistance to such recipients.

4 "SEC. 411. NONDISCRIMINATION IN PROGRAMS AND ACTIVITIES.

5 No person in the United States shall, on the ground of race,
6 color, national origin, religion, or sex, be excluded from
7 participation in, be denied the benefits of, or be subjected to
8 discrimination under any program or activity funded in whole or
9 in part with funds made available under this title. Any
10 prohibition against discrimination on the basis of age under the
Age Discrimination Act of 1975 or with respect to an otherwise
qualified individual with a disability, as provided in section
504 of the Rehabilitation Act of 1973, shall also apply to any
such program or activity.

"SEC. 412. ENVIRONMENTAL PROTECTION.

"(a) PURPOSE.--The purpose of this section is to authorize a
procedure for the assumption of environmental review
responsibilities of the Secretary by States, units of general
local government, and insular areas in connection with assistance
provided under this title. This procedure shall be designed to
ensure--

"(1) that the policies of the National Environmental
Policy Act of 1969 and other provisions of law which further
the purposes of such Act (as specified by the Secretary) are
most effectively implemented in connection with the
provision of such assistance; and

"(2) undiminished protection of the environment to the public.

"(b) BASIC AUTHORITY.--The Secretary may, in lieu of the environmental protection procedures otherwise applicable and in accordance with the provisions of this section, provide for the release of funds for particular projects or activities upon the request of a recipient of the assistance--

"(1) if the recipient--

"(A) is a State, unit of general local government, or insular area; and

"(B) assumes all of the responsibilities for environmental review, decisionmaking, and action pursuant to the Act and the other provisions of law referred to in subsection (a) that would otherwise apply to the Secretary in connection with the provision of assistance to such projects or activities; or

"(2) in the case of other recipients, if the State, unit of general local government, or insular area, as designated by the Secretary, assumes all of the responsibilities in accordance with paragraph (1) (B).

"(c) PROCEDURE.--The Secretary shall approve the release of funds for projects or activities subject to the procedures authorized by this section only if the recipient submits to the Secretary a request for such release--

"(1) not less than 15 days before such release, except that this paragraph shall not apply in the case of a project

1 or activity proposed in an area covered by a declaration by
2 the President of a major disaster or emergency under the
3 Robert T. Stafford Disaster Relief and Emergency Assistance
4 Act; and

5 "(2) before any commitment of funds or other assistance
6 for such projects (other than for environmental studies and
7 such other purposes as the Secretary shall specify,
8 consistent with the Act and the other provisions of law
9 referred to in subsection (a)).

10 The request for release shall be accompanied by a certification
11 by the State, unit of general local government, or insular area
12 which meets the requirements of subsection (e). The Secretary's
13 approval of any such certification shall be deemed to satisfy the
14 Secretary's responsibilities under the Act and the other
15 provisions of law referred to in subsection (a), insofar as those
16 responsibilities relate to the provision of assistance for
17 projects to be carried out pursuant thereto which are covered by
18 the certification.

19 "(d) CERTIFICATION.--A certification under the procedures
20 authorized by this section shall--

21 "(1) be in a form acceptable to the Secretary;

22 "(2) be executed by the chief executive officer or
3 other officer of the State, unit of general local
4 government, or insular area who qualifies as determined by
5 the Secretary;

1 "(3) specify that the State, unit of general local
2 government, or insular area has fully carried out its
3 responsibilities, as described in subsection (b); and

4 "(4) specify that the certifying officer--

5 "(A) consents to assume the status of a
6 responsible Federal official under the Act and the
7 other provisions of law referred to in subsection (a),
8 insofar as the provisions of the Act or the other
9 provisions of law apply pursuant to subsection (a); and

10 "(B) is authorized and consents on behalf of the
11 State, unit of general local government, or insular
12 area and himself or herself to accept the jurisdiction
13 of the Federal courts for the purpose of enforcement of
14 the responsibilities as such an official.

15 "(e) APPROVAL BY STATES.--If a unit of general local
16 government carries out the responsibilities described in
17 subsection (d), the Secretary may permit the State (or, where the
18 assistance is provided through the State, the Secretary may
19 require the State) to perform those actions of the Secretary
20 described in subsection (c). The performance of such actions by
21 the State, where permitted or required by the Secretary, shall be
22 deemed to satisfy the Secretary's responsibilities referred to in
23 the last sentence of subsection (c).

1 "(f) IMPLEMENTATION.

2 "(1) The Secretary shall implement this section after
3 consultation with the Council on Environmental Quality. The
4 implementation shall include provision--

5 "(A) for monitoring of the performance of environmental
6 reviews under this section;

7 "(B) in the discretion of the Secretary, for the
8 provision or facilitation of training for such performance;

9 "(C) subject to the discretion of the Secretary, for
10 suspension or termination by the Secretary of the assumption
11 under paragraph (1); and

12 "(D) in the discretion of the Secretary, for the
13 imposition of appropriate sanctions for failure to comply
14 with responsibilities assumed under this section, including
15 the denial, withdrawal, reduction, or abatement of
16 assistance.

17 "(2) The Secretary's duty under subparagraph (A) shall not
18 be construed to limit or reduce any responsibility assumed by a
19 State, unit of general local government, or insular area with
20 respect to any particular project under this section.

21 "SEC. 413 CONSULTATION.

22 "In carrying out the provisions of this title, including
23 their implementation, the Secretary shall consult with other
24 Federal departments and agencies administering programs affecting
25 homeless individuals and families.
26

1 "SEC. 414. RETENTION OF RECORDS, REPORTS, AND AUDITS.

2 "(a) RETENTION OF RECORDS.--Each recipient shall keep such
3 records as may be reasonably necessary--

4 "(1) to disclose the amounts and the disposition of the
5 grant amounts, including the types of activities funded and
6 the nature of populations served with these funds; and

7 "(2) to ensure compliance with the requirements of this
8 title.

9 "(b) ACCESS TO DOCUMENTS BY THE SECRETARY.--The Secretary
10 shall have access for the purpose of audit and examination to any
11 books, documents, papers, and records of any recipient that are
12 pertinent to grant amounts received in connection with this
13 title.

14 "(c) ACCESS TO DOCUMENTS BY THE COMPTROLLER GENERAL.--The
15 Comptroller General of the United States, or any duly authorized
16 representative of the Comptroller General, shall have access for
17 the purpose of audit and examination to any books, documents,
18 papers, and records of any recipient that are pertinent to grant
19 amounts received in connection with this title."

20 SEC. 4. REPEAL AND SAVINGS PROVISIONS.

21 (a) TITLE IV BEFORE AMENDMENT BY THIS ACT.

22 (1) IN GENERAL.--The amendments made by this Act to title IV
23 of the Stewart B. McKinney Homeless Assistance Act shall be
24 effective upon enactment.

25 (2) AUTHORITY TO PROVIDE ASSISTANCE.--On and after the
26 effective date of this Act, the Secretary may not make assistance

1 available under title IV (as it existed before such effective
2 date), except pursuant to a legally binding commitment entered
3 into before that date.

4 (3) LAW GOVERNING.--Any amounts made available under
5 title IV before the effective date of this Act shall continue to
6 be governed by the provisions of that title, as they existed
7 immediately before that date, except that each grantee may, in
8 its discretion, provide for the use, in accordance with the
9 provisions of title IV (as amended by this Act), of any such
10 amounts that it has not obligated.

11 (4) STATUS OF FUNDS.--Any amounts appropriated under
12 title IV before the effective date of this Act that are available
13 for obligation immediately before such effective date, or that
14 become available for obligation on or after that date, shall be
15 transferred and added to amounts appropriated for title IV (as
16 amended by this Act), and shall be available for use in
17 accordance with the provisions of such title IV. Any amounts so
18 transferred shall remain available for obligation only for the
19 time periods for which such respective amounts were available
20 before such transfer.

21 (b) INNOVATIVE HOMELESS INITIATIVES DEMONSTRATION.

22 (1) IN GENERAL.--Section 2 of the HUD Demonstration Act of
23 1993 is hereby repealed.

24 (2) AUTHORITY TO PROVIDE ASSISTANCE.--On and after the
25 effective date of this Act, the Secretary may not make assistance
26 available under section 2 (as it existed immediately before such

1 effective date), except pursuant to a legally binding commitment
2 entered into before that date.

3 (3) LAW GOVERNING.--Any amounts made available under
4 section 2 before the effective date of this Act shall continue to
5 be governed by the provisions of that section, as they existed
6 immediately before that date, except that each grantee may, in
7 its discretion, provide for the use, in accordance with the
8 provisions of title IV (as amended by this Act), of any such
9 amounts that it has not obligated.

10 (4) STATUS OF FUNDS.--Any amounts appropriated under
11 section 2 before the effective date of this Act that are
12 available for obligation immediately before such date, or that
13 become available for obligation on or after that date, shall be
14 transferred and added to amounts appropriated for title IV (as
15 amended by this Act), and shall be available for use in
16 accordance with the provisions of such title IV. Any amounts so
17 transferred shall remain available for obligation only for the
18 time periods for which such respective amounts were available
19 before such transfer.

20 SEC. 5. IMPLEMENTATION.

21 (a) INITIAL ALLOCATION OF ASSISTANCE.--Not later than the
22 expiration of the 60-day period following the date of enactment
23 of a law appropriating funds to carry out title IV (as amended by
24 this Act), the Secretary shall notify each allocation unit of
25 general local government, insular area, and State of its
26 allocation under the Homeless Assistance Performance Fund.

1 (b) ISSUANCE OF NECESSARY REGULATIONS.--Notwithstanding 42
2 U.S.C. 3535(o) or 24 CFR part 10, the Secretary shall issue such
3 regulations as may be necessary to implement any provision of
4 title I of this Act, and any amendment made by title I of this
5 Act, in accordance with section 552 or 553 of title 5, United
6 States Code, as determined by the Secretary.

7 (c) USE OF EXISTING RULES.--In implementing any provision of
8 title I of this Act, the Secretary may, in the Secretary's
9 discretion, provide for the use of existing rules to the extent
10 appropriate, without the need for further rulemaking.

11 SEC. 6. REPORT AND ALLOCATION METHOD.

12 (a) REPORT.--Within two years of enactment of this Act, the
13 Secretary shall submit a report to Congress. The report shall
14 include--

15 (1) an assessment of the progress of establishing
16 continuum of care systems for homeless individuals under
17 title IV of the Stewart B. McKinney Homeless Assistance Act
18 (as amended by this Act);

19 (2) any recommendations for amendments to the program
20 structure under such title IV to better serve homeless
21 individuals;

22 (3) an analysis of the best available methodologies for
23 measuring the geographic distribution of homelessness; and

24 (4) one or more options for a method for allocating
25 assistance under section 407(b) of such title IV.

(b) ALLOCATION METHOD.--Not less than 90 days after submission of the report to Congress, the Secretary shall publish a proposed rule in the Federal Register setting forth a method for allocating assistance that shall take into account the findings in the report, and such other factors as the Secretary determines to be relevant. The final rule shall take effect not less than nine months after the date that the proposed rule is published.

(c) SUPERSEDE ALLOCATION METHOD UNDER TITLE IV.--The authority for the method for allocating assistance established by final rule under subsection (b), and any subsequent amendments to such rule, shall upon promulgation, be the authority for the allocation method, in lieu of the method set forth under section 407(b) of such title IV.

SEC. 7. CONFORMING CHANGES TO TABLE OF CONTENTS.

Section 101(b) of the Stewart B. McKinney Homeless Assistance Act is amended by striking the matter relating to the heading for title IV and all that follows through the item relating to section 492 and inserting the following:

"TITLE IV--HOMELESS ASSISTANCE PERFORMANCE FUND

- "Sec. 401. Definitions.
- "Sec. 402. Authorizations.
- "Sec. 403. Application.
- "Sec. 404. Eligible Projects and Activities.
- "Sec. 405. Matching Requirement and Maintenance of Effort.
- "Sec. 406. Responsibilities of Recipients, Project Sponsors, and Owners.
- "Sec. 407. Allocation and Distribution of Funds.
- "Sec. 408. Administration of Program.
- "Sec. 409. Citizen Participation.
- "Sec. 410. Performance Reports, Reviews, Audits, and Grant Adjustments.

1 "Sec. 411. Nondiscrimination in Programs and Activities.
2 "Sec. 412. Environmental Protection.
3 "Sec. 413. Consultation.
4 "Sec. 414. Retention of Records, Reports, and Audits.".
5

1 TITLE II--MANAGEMENT IMPROVEMENTS: HOME AND HOPE FOR
2 HOMEOWNERSHIP OF SINGLE FAMILY HOMES PROGRAMS
3 SEC. 11. DETERMINATION OF LOW-INCOME ELIGIBILITY FOR HOME
4 HOMEOWNERSHIP ASSISTANCE.

5 (a) INCOME TARGETING.--Section 214(2) of the Cranston-
6 Gonzalez National Affordable Housing Act is amended by striking
7 "at the time of occupancy or at the time funds are invested,
8 whichever is later".

9 (b) QUALIFICATION AS AFFORDABLE HOUSING.--Section 215(b)(2)
10 of such Act is amended to read as follows:

11 "(2) is the principal residence of an owner whose
12 family qualifies as a low-income family--

13 "(A) in the case of a contract to purchase
14 existing housing, at the time of purchase;

15 "(B) in the case of a lease-purchase agreement for
16 existing housing or for housing to be constructed, at
17 the time the agreement is signed; or

18 "(C) in the case of a contract to purchase housing
19 to be constructed, at the time the contract is
20 signed;".

SEC. 12. STABILIZATION OF HOME FUNDING THRESHOLDS
AND REVISION OF TIMING REQUIREMENTS FOR
NOTIFICATIONS AND SUBMISSIONS.

(a) PARTICIPATION BY STATES AND LOCAL GOVERNMENTS.--

Section 216 of the Cranston-Gonzalez National Affordable Housing Act is amended--

(1) in paragraph (1), by striking "(or, during the first year after enactment of this Act, not later than 20 days after (A) funds to carry out this subtitle are provided in an appropriations Act, or (B) regulations to implement this subtitle are promulgated, whichever is later)";

(2) by revising paragraph (3) to read as follows:

"(3) ELIGIBILITY.--A jurisdiction shall be eligible to become a participating jurisdiction if its formula allocation under section 217 is \$500,000 or more.";

(3) in paragraph (4), by striking "not later than 30 days after receiving notification under paragraph (1)" and inserting "within a period specified by the Secretary";

(4) by revising paragraph (5) to read as follows:

"(5) SUBMISSION OF STRATEGY.--An eligible jurisdiction shall submit to the Secretary, within a period specified by the Secretary, a comprehensive housing affordability strategy in accordance with section 105.";

(5) by revising the first sentence of paragraph (9) to read as follows:

1 "The Secretary may revoke a jurisdiction's designation as a
2 participating jurisdiction if the Secretary finds, after
3 reasonable notice and opportunity for hearing, that the
4 jurisdiction is unwilling or unable to carry out the
5 provisions of this title."; and

6 (6) by striking paragraph (10).

7 (b) FORMULA ALLOCATION.--Section 217(b) of the Cranston-
8 Gonzalez National Affordable Housing Act is amended--

9 (1) in paragraph (3)--

10 (A) in the first sentence, by striking "only those
11 jurisdictions that are allocated an amount of \$500,000
12 or greater shall receive an allocation" and inserting
13 in lieu thereof the following:

14 "jurisdictions that are allocated an amount of \$500,000 or
15 more, and participating jurisdictions that are allocated an
16 amount less than \$500,000 except consortia that fail to
17 renew the membership of all of their member jurisdictions,
18 shall receive an allocation"; and

19 (B) in the second sentence, by striking ", except
20 as provided in paragraph (4)"; and

21 (2) by striking paragraph (4).

22 SEC. 13. DETERMINATION OF HOME MATCH ON PROGRAM YEAR BASIS.

23 Section 220(a), section 220(d)(1), sections 220(d)(3)(A) and
24 (B), and section 220(d)(5) of the Cranston-Gonzalez National
25 Affordable Housing Act are amended by striking "fiscal year" each
26 place it appears and inserting "program year".

1 SEC. 14. TENANT AND PARTICIPANT PROTECTIONS

2 UNDER THE HOME PROGRAM.

3 The second sentence of section 225(b) of the Cranston-
4 Gonzalez National Affordable Housing Act is amended to read as
5 follows:

6 "Any termination or refusal to renew shall be consistent with
7 applicable State and local law.".

8 SEC. 15. ELIGIBILITY OF PRIVATE PROPERTY UNDER THE HOPE

9 FOR HOMEOWNERSHIP OF SINGLE FAMILY HOMES PROGRAM.

10 Section 446(4) of the Cranston-Gonzalez National Affordable
11 Housing Act is amended to read as follows:

12 "(4) The term 'eligible property' means a single family
13 property containing no more than four units.".

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GAO

Report to the Subcommittee on VA, HUD
and Independent Agencies, Committee
on Appropriations, House of
Representatives

March 1997

HOUSING

HUD's Program for
Persons With AIDS



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Housing Needs of Women with Dependent Children in Families Living with HIV/AIDS

By Meredith Golde, Mary Elizabeth Beres, Joan McCann and Mary Jane Lubinski
