COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
2019 Summary Statement and Initiatives
(Dollars in Thousands)

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	Enacted/ Request	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2017 Appropriation	$356,000	$99,393[a]	...	$455,393	$163,040	$305,524
2018 Annualized CR	356,000	292,353	-$2,418[b]	645,935	526,478	310,630
2019 Request	330,000	119,457	...	449,457	335,653	353,448
Change from 2018	-26,000	-172,896	+2,418	-196,478	-190,825	+42,818

a/ Fiscal year 2017 carryover includes $98,464 of recaptured funds, of which $91,775 is competitive grants and $6,689 is technical assistance.
b/ Public Law 115-56, requires a reduction of 0.6791 percent from the fiscal year 2017 enacted budget authority.

1. Program Purpose and Fiscal Year 2019 Budget Overview

The 2019 President's Budget requests $330 million for the Housing Opportunities for Persons With AIDS (HOPWA) program; this is a $23.6 million reduction from the fiscal year 2018 Annualized Continuing Resolution level. The requested funding level enables communities to continue their efforts to prevent homelessness and sustain housing stability for approximately 49,175 economically vulnerable households living with Human Immunodeficiency Virus (HIV) infection, thereby allowing these households to gain access to and remain in medical care, and better adhere to complex treatment regimens, which leads to improved health outcomes and decreased HIV viral loads.

In addition, the Budget requests a general provision that would give communities greater latitude in addressing housing needs for those living with HIV who are homeless or at severe risk of homelessness. The general provision would allow grantee flexibility with the time limits of their HOPWA short-term housing assistance for a period of up to a 24-month maximum, with an ongoing assessment and plan required for any assistance provided beyond 3 months. The current limit for short-term housing as a short term rent, mortgage, utility (STRMU) activity is 21 weeks during a 52-week period, with no mention of assessment or planning; the current short-term housing program also cannot assist individuals who are homeless. Grantees have reported that 21 weeks is often too limited for establishing housing stability for high risk households living with HIV. Most of these households could benefit from a longer assistance time frame that would allow them to reach stability and not return to the short-term assistance cycle in the

following year. Also, this change would align the HOPWA short-term program with its counterpart in the Emergency Solutions Grant program (of the Homeless Assistance Grant program) and would alleviate administrative burden for common grantees.

Key HOPWA Program Outcomes:

- 24,264 Permanent Supportive Housing households: Continual support and sustaining of these households with tenant-based rental assistance and facility-based housing, the latter of whom face significant health and life challenges that impede their ability to live independently.
- Transitional/Short-Term Housing households: Continual support and sustaining of these households with homeless prevention efforts through the provision of STRMU assistance and transitional/short-term housing facilities in coordination with local homeless Continuum of Care efforts to prevent and end homelessness.
- Supportive Services and Case Management: Continual provision of critical supportive services (e.g., housing case management, mental health, substance abuse, employment training) that sustain housing stability, promote better health outcomes, and increase quality of life, which promotes self-sufficiency efforts for those able to transition to the unsubsidized private housing market.
- Housing stability: Ninety-five percent of households receiving long-term assistance in fiscal year 2017 achieved housing stability, and 68 percent of client households receiving transitional housing support maintained their housing stability or had reduced risks of homelessness.

2. Request

Program Description and Key Functions

The AIDS Housing Opportunity Act, 42 U.S.C. 12901-12912, authorizes HOPWA (HIV/AIDS Housing, HUD program web link) to provide housing assistance and supportive services to low-income persons living with HIV/AIDS (PLWHA). HIV is a chronic and communicable disease that can be manageable, but for those living in poverty and without access to suitable housing the management of this complex disease is difficult. The assistance provided by HOPWA helps ensure that the most vulnerable PLWHA gain and maintain housing, along with access to medical and other supports required to manage HIV. HOPWA resources provide communities with rental assistance; operating costs for housing facilities; short-term rent, mortgage, and utility payments; permanent housing placement and housing information services; along with supportive services and case management.

HOPWA funding is awarded annually through formula allocations and competitive awards to plan, develop, and fund supportive housing options that address community needs and priorities. Recipients of HOPWA funds include units of local government, states, and local non-profit organizations. The delivery of supportive housing requires a partnership between HOPWA grantees and project sponsors who consist of local networks of non-profit, faith-based, and housing and homeless organizations that link beneficiaries to medical services and other related services.

Formula funds. Ninety percent of funding is allocated to qualifying States and metropolitan areas under a statutory formula based on living HIV and AIDS cases, and poverty and local housing cost factors. Public Law 114-201, enacted in 2016, modernized the HOPWA

formula to better reflect current trends in the HIV epidemic by basing the formula on persons living with HIV/AIDS instead of "cumulative AIDS cases," and incorporating local housing costs and poverty rates in to the formula. In accordance with the law, changes in the formula distribution began with fiscal year 2017, to be phased in over 5 years with annual stop-loss caps (no award is 5 percent less or 10 percent more than the share of the total available formula funds that the grantee received in the preceding fiscal year) to avoid highly volatile shifts in either direction for any one jurisdiction. Fiscal year 2019 is the third year of the stop-loss provision. All prior awarded grantees remain eligible for formula allocations, and new allocations may be awarded to States and metropolitan areas that become eligible based on a population of at least 500,000 and with at least 2,000 cases of persons living with HIV/AIDS. The formula provides that 75 percent of funds given to an area is based on the amount the area contributes to the total number of people living with HIV and AIDS in the USA. The remaining 25 percent is awarded based on factors of poverty and local housing costs. The new formula is reflective of the nation's current HIV epidemic; the epidemic has shifted to rural, southern states with fewer new infections occurring in the large urban centers most affected by HIV/AIDS in the 1990s. Most rural and southern states and communities are experiencing gains because of the modernized HOPWA formula, as the funding becomes more equitably based on living HIV cases.

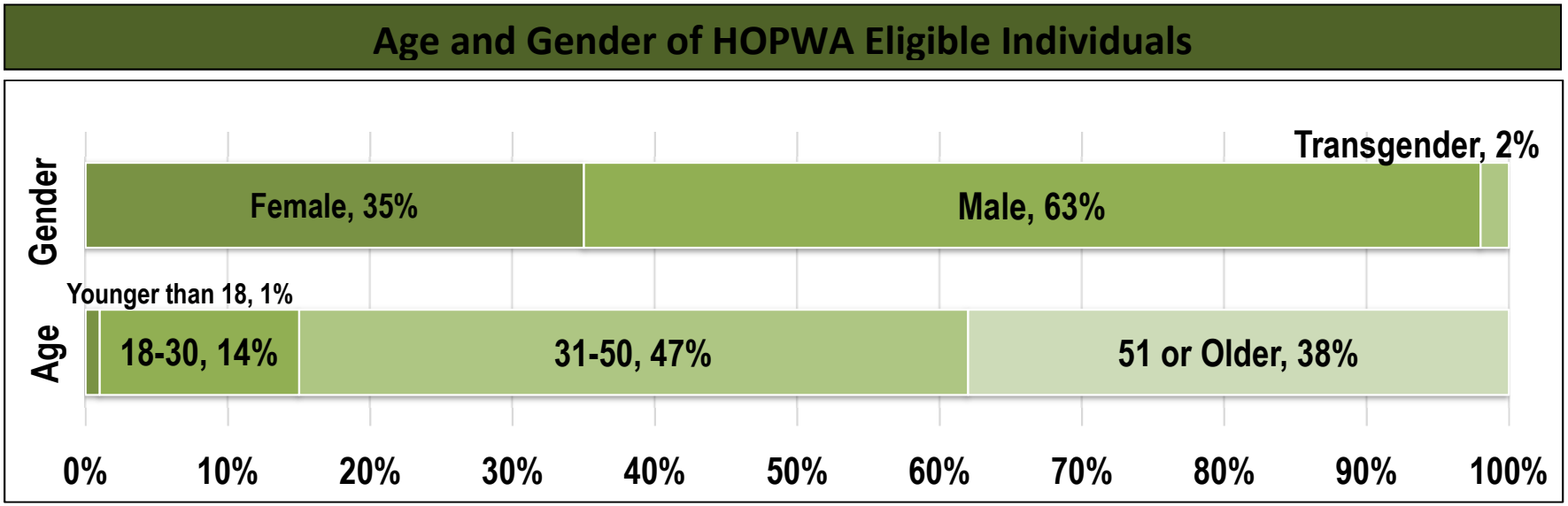
The Department has implemented a multi-phased technical assistance effort to address formula modernization at the community level. The Office of HIV/AIDS Housing evaluated HOPWA formula jurisdictions to develop a list of "Highly Impacted Modernization HOPWA Communities." In selecting grantees for this list, the office analyzed not only formula projections, but also expenditure and performance reporting data. Phases one and two of technical assistance involved increasing grantee understanding of the law requiring formula changes, presenting projection scenarios, and providing direct contact with grantees regarding stop-loss year projections and shifts of funding. Phase three of the technical assistance, a modernization clinic, occurred in August. At the clinic, HUD led in-depth discussions with highly-impacted grantees regarding each community's unique situation and future technical assistance needs. Also, the office unveiled an impact assessment tool designed to help communities develop local strategies in addressing modernization changes. Phase four of the modernization technical assistance will begin after grantee communities complete the impact assessment tool; the next phase will include one-on-one direct support for each of the highly-impacted communities.

All efforts to implement HOPWA modernization have been driven by HUD's goals of: (1) no one should become homeless as a result of HOPWA modernization, (2) all funding should appropriately expended with no HOPWA formula funding returned to the Treasury, and (3) local project design should meet the changing needs of the modern HIV epidemic, with the goal of positive health outcomes and achieving viral suppression for HOPWA-assisted households. Although current work is focused on communities expected to experience the most significant gains and losses, the tools and products created for use in this effort will be posted on-line for use by all HOPWA communities.

Competitive funds. Ten percent of funds is awarded as competitive grants to areas to support innovative model projects that address special issues or populations through the award of "Special Projects of National Significance." The current portfolio consists of 82 competitive renewal grants, which operate on a 3-year grant cycle. HOPWA's appropriations account language requires HUD to prioritize funding of expiring permanent supportive housing grants. An estimated 25 permanent supportive housing grants expiring in fiscal year 2019 will be eligible for renewed funding.

Who We Serve

The HOPWA program is targeted to serve a subpopulation of individuals and families living with a chronic health condition who live in poverty and confront challenging life circumstances that inhibit and restrict their ability to obtain affordable housing. HOPWA program beneficiaries are primarily extremely-low to very-low income: 76 percent of HOPWA assisted households are extremely low-income, meaning household income is less than 0-30 percent Area medium income (AMI); 16 percent of HOPWA-assisted households are in the very low-income range, meaning the household income is 30-50 percent of AMI. An additional 8 percent are low-income, with household income at 50-80 percent of the AMI.



Gender of HOPWA Eligible Individuals in 2017: Female is 35%; Male is 63%; and Transgender is 2%. Age of HOPWA Eligible Individuals: Younger than 18 is 1%; 18-30 years is 14%; 31-50 years old is 47%; and 51 years and older is 38%.

Key Partnerships and Stakeholders

The Office of HIV/AIDS Housing is involved in multi-year collaboration projects with the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau, with investment of resources from that Secretary's Minority AIDS Initiative Fund (SMAIF). One of these collaborative projects seeks to improve service coordination, housing stability, and health outcomes for persons living with HIV/AIDS via integrated data systems between Ryan White HIV/AIDS program recipients and HOPWA providers. Another collaborative project focuses on operationalizing the *Getting to Work* employment training curriculum to support the design, implementation, and evaluation of innovative interventions that coordinate HIV primary care, housing services, and employment services in communities to improve health outcomes for people living with HIV. In addition, HUD continues its joint demonstration project with the Department of Justice, to address the intersection of HIV, intimate partner violence, and housing instability by providing transitional and other temporary rental housing assistance and supportive services to low-income persons living with HIV who are homeless or in need of housing assistance due to sexual assault, domestic violence, or stalking.

3. Justification

Persons living with HIV/AIDS are highly vulnerable to homelessness, and those who are homeless or unstably housed have been shown to be more likely to demonstrate frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to persons living with HIV/AIDS who are stably housed.[1] Studies have shown that approximately half of all persons diagnosed with HIV will face homelessness or experience an unstable housing situation at some point over the course of their illness.[2] The greatest opportunities for increasing the percentage of persons with a suppressed viral load are reducing undiagnosed HIV infections and increasing the percentage of persons living with HIV who are engaged in care. Helping others achieve these optimal results requires many actions for which stable housing serves as a base, including access to and retention in HIV treatment and quality care and other support.

Figure 1: Evidence-Based Findings on HIV and Housing

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

The HOPWA statute provides unique authority to allow projects to target housing interventions to a special needs population and to serve as a bridge in coordinating access to other mainstream support, such as HIV services provided under Ryan

White CARE Act and other human services programs. HOPWA data shows that 95 percent of persons in its permanent supportive housing programs have a stable outcome. Research conducted by the AIDS Foundation of Chicago has shown that homeless persons living with AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, as compared to persons who remained homeless or unstably housed.[3]

Housing status is among the strongest predictors of maintaining continuous HIV primary care, receiving care that meets clinical practice standards and returning to HIV care after dropout. HOPWA program evaluation results show high levels of participant connection to care, with 92 percent of households served during the fiscal year 2017 program year, compared to 86 percent during the fiscal year 2014 program year, engaged in ongoing primary health care. Multiple studies have found lack of stable housing to be one of the most significant factors limiting the use of antiretrovirals (ARVs), regardless of insurance. Housing interventions improve stability and connection to care providing the essential foundation for participating in ARV treatment and achieving an undetectable viral load which prevents the spread of HIV.

Homelessness is known to increase the probability that a person will engage in sexual and drug-related risk behaviors that put themselves and others at heightened risk for HIV. Stable housing reduces an individual's risk of contracting HIV and of transmitting the virus to others. One study showed, for example, that among persons living with HIV, an improved housing situation led to reduced drug-related and sexual risk behaviors by as much as 50 percent, while those whose housing status worsened increased their risk behaviors.[4] In addition, people with HIV who have access to stable housing are more likely to receive and adhere to antiretroviral medications, which lower viral load and reduce the risk of HIV transmission.[5] A study published in May 2011 by the National Institutes of Health found that persons who begin antiretroviral treatment at an earlier stage of disease are 96 percent less likely to transmit the infection than those who begin treatment later.[6]

The HUD-CDC joint *Housing and Health* study was a multi-site randomized trial undertaken to examine the health, housing, and economic impacts of providing HOPWA assistance to homeless and unstably housed persons living with HIV/AIDS. As published in peer-reviewed journals in recent years, findings from the study demonstrated that HOPWA housing assistance serves as an efficient and effective platform for improving the health outcomes of persons living with HIV/AIDS and their families.[7] The Housing and Health study of HOPWA and other supportive housing programs for PLWHA found that housing was associated with 41 percent fewer visits to emergency departments, a 23 percent reduction in detectable viral loads, and a 19 percent reduction in unprotected sex with partners whose HIV status was negative or unknown.[8]

Stable Housing Equals Cost-Benefit Savings

Stable housing is one of the most cost-effective strategies for driving down national HIV/AIDS costs. The number of persons living with HIV in the United States continues to grow annually. Estimates put the annual direct costs of HIV medications at between $17,000 and $41,000 per person per year, depending on the severity of an individual's infection.[9] Lifetime treatment costs per person are estimated to be $415,000.[10]

Research conducted by the AIDS Foundation of Chicago has shown that homeless persons living with AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, as compared to

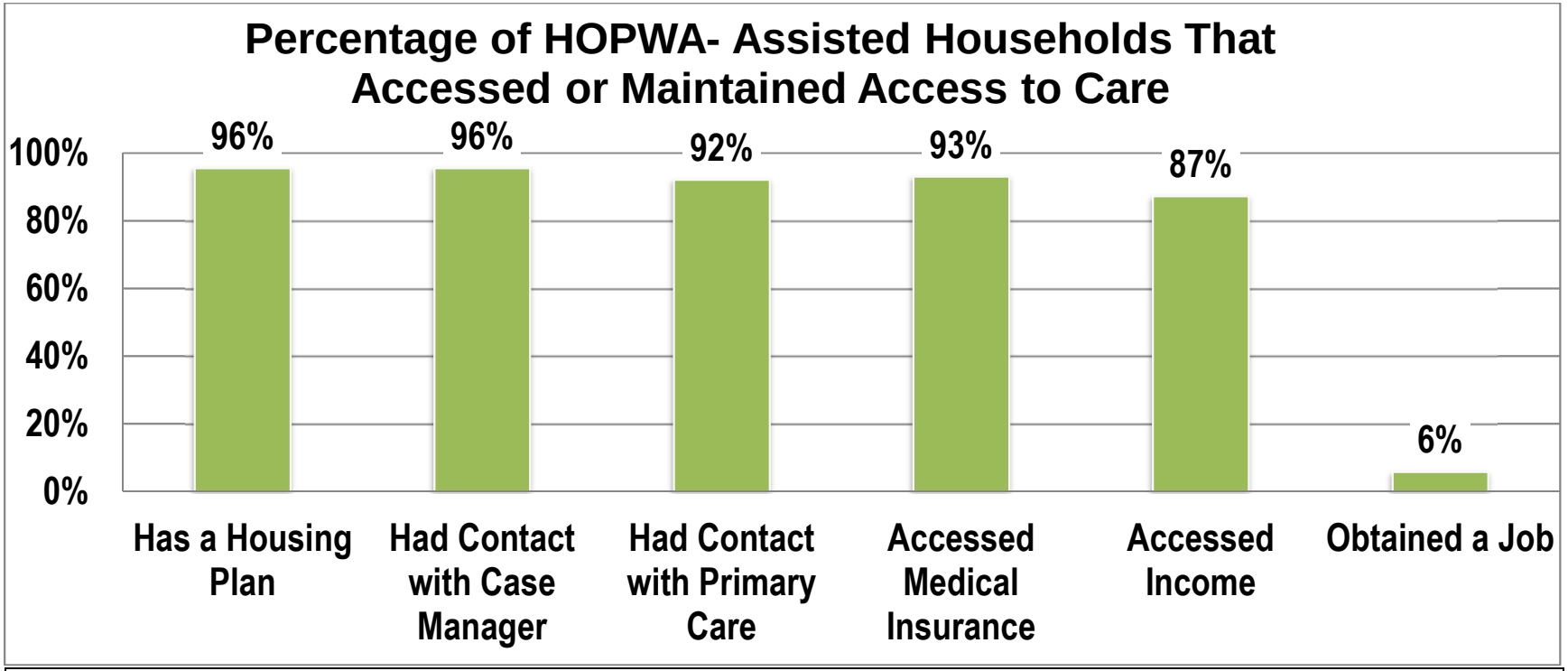
persons who remained homeless or unstably housed. Moreover, substantial cost savings were achieved by reducing emergency care and nursing services for this population.[11] HOPWA assistance is a simple way to safeguard the national investment in HIV care.

By investing in the provision of affordable supportive housing, HOPWA grantees demonstrate that 95 percent of those receiving permanent supportive housing are stably housed. Housing stabilization can lead to reduced risk behavior and reduced HIV transmission, a significant consideration for federal HIV prevention efforts. It is estimated that preventing approximately 40,000 new HIV infections in the United States each year would avoid expending $12.1 billion annually in future HIV-related medical costs, assuming the current standard of care.[12] National progress is being made on HIV prevention. The number of annual HIV infections in the United States fell 18 percent between 2008 and 2014 — from an estimated 45,700 to 37,600.[13]

HOPWA also serves as a supportive housing intervention, and adds to the stock of available permanent supportive housing to address the needs of homeless and at-risk households. The program demonstrates results that are similar to activities undertaken by HUD's homeless assistance programs. Research shows this population uses $40,051 in public services before placement; after placement, the savings is estimated at $12,146 per placement in housing.[14] HOPWA-funded supportive housing continues to demonstrate that housing stability equates to better health outcomes for those living with HIV. Positive client health outcomes include entry into and retention in care and continuing adherence to complex HIV treatment regimens results in reduced HIV transmission and healthier people.

Program Outcomes

On a national level, the program demonstrates improved program beneficiary outcomes with respect to access to care and support resulting in a foundation for increased housing stability and better health outcomes. Ninety-five percent of clients receiving tenant-based rental assistance and 94 percent placed in a permanent housing facility achieved housing stability in fiscal year 2017. Sixty-eight percent of clients receiving transitional or short-term housing facilities assistance and 47 percent receiving STRMU assistance achieved housing stability in fiscal year 2017.



Access to Care and Support in 2017: Percent of Households that have a Housing Plan: 96%; Percent of Households that have had Contact with a Case Manager: 96%; Percent of Households that have had Contact with a Primary Care Provider: 92%; Percent of Households that Accessed or Maintained Medical Insurance: 93%; Percent of Households that Accessed or Maintained Income: 87%; Percent of Households that Obtained a Job: 6%.

Housing Opportunities for Persons With AIDS

The chart below reflects estimated distribution of HOPWA formula funds to grantees.

State	Eligible	2017 Formula Actual	2018 Formula Estimate	2019 Formula Estimate
AL	Birmingham	$1,098,294	$1,172,852	$1,139,558
AL	Alabama	$1,744,315	$1,862,728	$1,809,850
AR	Little Rock	$387,161	$413,444	$401,707
AR	Arkansas	$636,976	$680,217	$660,907
AZ	Phoenix	$2,099,910	$2,242,463	$2,178,805
AZ	Tucson	$520,326	$555,648	$539,875
AZ	Arizona	$273,229	$291,777	$283,494
CA	Bakersfield	$438,169	$467,914	$454,631
CA	Fresno	$441,305	$471,263	$457,885
CA	Anaheim	$1,755,395	$1,874,560	$1,821,346
CA	Los Angeles	$15,610,951	$16,609,652	$16,095,799
CA	Riverside	$2,284,083	$2,439,138	$2,369,897
CA	Sacramento	$1,039,607	$1,110,181	$1,078,666
CA	San Diego	$3,254,285	$3,475,203	$3,376,551
CA	Oakland	$2,503,168	$2,673,096	$2,597,214
CA	San Francisco	$7,157,222	$6,753,186	$6,087,940
CA	San Jose	$999,261	$1,067,096	$1,036,804
CA	Santa Rosa	$413,489	$408,372	$392,370
CA	California	$2,962,451	$3,163,558	$3,073,753
CO	Denver	$1,780,690	$1,901,573	$1,847,592
CO	Colorado	$501,302	$535,333	$520,136
CT	Bridgeport	$907,156	$903,633	$869,110
CT	Hartford	$1,127,849	$1,081,935	$1,035,866
CT	New Haven	$1,034,296	$1,015,330	$974,836
CT	Connecticut	$235,613	$232,563	$223,435
DC	District of Columbia	$11,213,151	$10,580,152	$9,608,252
DE	Wilmington (DE+MD Portion)	$725,614	$728,524	$701,344
DE	Delaware	$238,736	$254,943	$247,706

Housing Opportunities for Persons With AIDS

State	Eligible	2017 Formula Actual	2018 Formula Estimate	2019 Formula Estimate
FL	Cape Coral	$474,753	$506,982	$492,590
FL	Deltona	$436,914	$466,574	$453,329
FL	Jacksonville	$2,644,134	$2,494,869	$2,212,049
FL	Lakeland	$614,808	$618,161	$595,198
FL	Ft Lauderdale	$7,204,649	$6,797,936	$6,027,316
FL	Miami	$11,672,111	$11,013,203	$9,764,737
FL	West Palm Beach	$3,255,299	$3,071,533	$2,723,341
FL	Sarasota	$518,026	$547,108	$529,749
FL	Orlando	$3,737,246	$3,621,584	$3,471,695
FL	Palm Bay	$385,489	$408,564	$395,755
FL	Port St Lucie	$658,585	$628,916	$601,799
FL	Tampa	$3,855,626	$3,644,107	$3,482,486
FL	Florida	$3,857,580	$3,806,604	$3,657,071
GA	Atlanta	$23,085,738	$21,782,515	$19,313,230
GA	Augusta-Richmond County	$1,058,968	$999,188	$885,919
GA	Georgia	$2,683,787	$2,865,976	$2,784,618
HI	Honolulu	$501,094	$535,111	$519,921
HI	Hawaii	$237,063	$243,958	$235,528
IA	Iowa	$496,076	$529,752	$514,714
IL	Chicago	$7,953,540	$8,493,468	$8,252,360
IL	Illinois	$1,355,481	$1,447,498	$1,406,407
IN	Indianapolis	$1,106,921	$1,182,065	$1,148,509
IN	Indiana	$1,103,995	$1,178,940	$1,145,473
KS	Kansas	$452,803	$483,542	$469,815
KY	Louisville	$668,960	$714,372	$694,093
KY	Kentucky	$618,580	$660,572	$641,820
LA	Baton Rouge	$2,575,232	$2,429,856	$2,154,405
LA	New Orleans	$3,888,841	$3,669,310	$3,253,354
LA	Louisiana	$1,538,818	$1,643,281	$1,596,632
MA	Boston	$2,285,329	$2,440,469	$2,371,190

Housing Opportunities for Persons With AIDS

State	Eligible	2017 Formula Actual	2018 Formula Estimate	2019 Formula Estimate
MA	Lowell	$1,250,538	$1,335,431	$1,297,522
MA	Springfield	$516,772	$551,853	$536,187
MA	Worcester	$518,445	$553,640	$537,924
MA	Massachusetts	$242,707	$259,183	$251,825
MD	Baltimore	$8,411,433	$7,936,595	$7,036,896
MD	Frederick	$1,369,135	$1,379,196	$1,328,256
MD	Maryland	$460,956	$489,701	$474,472
MI	Detroit	$2,721,421	$2,567,793	$2,442,515
MI	Warren	$603,737	$644,722	$626,420
MI	Michigan	$1,243,640	$1,328,065	$1,290,365
MN	Minneapolis	$1,202,248	$1,283,863	$1,247,417
MN	Minnesota	$175,184	$187,076	$181,765
MO	Kansas City	$1,253,466	$1,338,558	$1,300,560
MO	St Louis	$1,610,733	$1,720,078	$1,671,249
MO	Missouri	$619,625	$661,688	$642,904
MS	Jackson	$1,452,270	$1,370,287	$1,214,950
MS	Mississippi	$1,159,602	$1,238,322	$1,203,169
NC	Charlotte	$2,362,276	$2,384,694	$2,297,187
NC	Durham	$335,316	$358,079	$347,914
NC	Greensboro	$370,437	$395,584	$384,354
NC	Wake County	$632,377	$675,306	$656,136
NC	North Carolina	$2,504,422	$2,674,435	$2,598,515
NE	Nebraska	$422,073	$450,726	$437,931
NJ	Newark	$5,863,058	$5,532,080	$4,904,959
NJ	Camden	$817,387	$872,875	$848,096
NJ	Paterson	$1,511,657	$1,516,145	$1,459,401
NJ	Jersey City	$2,420,486	$2,283,846	$2,024,947
NJ	New Jersey (With Allentown & Wilmington Portion)	$1,366,352	$1,415,929	$1,368,088
NM	Albuquerque	$382,771	$408,755	$397,151

Housing Opportunities for Persons With AIDS

State	Eligible	2017 Formula Actual	2018 Formula Estimate	2019 Formula Estimate
NM	New Mexico	$330,717	$353,168	$343,142
NV	Las Vegas	$1,338,549	$1,429,417	$1,388,840
NV	Nevada	$288,698	$308,296	$299,544
NY	Albany	$562,763	$600,966	$583,906
NY	Buffalo	$635,722	$678,878	$659,606
NY	Islip Town (Switches to Brookhaven 2018)	$1,971,873	$1,968,887	$1,894,198
NY	New York City	$44,197,111	$41,702,119	$37,415,440
NY	Rochester	$785,820	$839,166	$815,344
NY	Syracuse	$333,853	$356,517	$346,396
NY	New York	$2,482,680	$2,470,307	$2,375,617
OH	Cincinnati	$791,673	$845,416	$821,417
OH	Cleveland	$1,096,050	$1,170,456	$1,137,230
OH	Columbus	$979,401	$1,045,888	$1,016,198
OH	Dayton	$334,899	$357,634	$347,482
OH	Ohio	$1,136,606	$1,213,765	$1,179,309
OK	Oklahoma City	$620,252	$662,358	$643,555
OK	Tulsa	$411,829	$439,786	$427,302
OK	Oklahoma	$289,116	$308,743	$299,979
OR	Portland	$1,244,058	$1,328,511	$1,290,798
OR	Oregon	$441,515	$471,487	$458,103
PA	Allentown (PA Portion Only)	$337,825	$360,758	$350,517
PA	Harrisburg	$337,617	$360,536	$350,301
PA	Bensalem Township	$597,257	$637,802	$619,696
PA	Philadelphia	$7,370,610	$6,954,528	$6,356,313
PA	Pittsburgh	$837,664	$894,529	$869,136
PA	Pennsylvania	$1,499,308	$1,601,089	$1,555,638
PR	San Juan Municipio	$6,230,453	$5,878,735	$5,212,317
PR	Puerto Rico	$1,979,243	$1,918,609	$1,839,275

Housing Opportunities for Persons With AIDS

State	Eligible	2017 Formula Actual	2018 Formula Estimate	2019 Formula Estimate
RI	Providence	$1,000,724	$1,068,658	$1,038,322
SC	Charleston	$566,735	$605,208	$588,028
SC	Columbia	$1,315,706	$1,325,924	$1,277,014
SC	Greenville	$420,190	$448,715	$435,977
SC	South Carolina	$1,610,733	$1,720,078	$1,671,249
TN	Memphis	$3,545,213	$3,345,081	$2,965,880
TN	Nashville-Davidson	$1,073,473	$1,146,346	$1,113,804
TN	Tennessee	$1,097,514	$1,172,019	$1,138,748
TX	Austin	$1,296,948	$1,384,992	$1,345,676
TX	Dallas	$6,470,345	$6,265,332	$6,005,465
TX	Fort Worth	$1,176,535	$1,256,404	$1,220,738
TX	El Paso	$435,033	$464,565	$451,377
TX	Houston	$9,731,610	$9,182,247	$8,584,893
TX	San Antonio	$1,417,988	$1,514,248	$1,471,262
TX	Texas	$3,455,809	$3,690,407	$3,585,646
UT	Salt Lake City	$416,846	$445,144	$432,508
UT	Utah	$174,766	$186,630	$181,332
VA	Richmond	$926,929	$989,854	$961,755
VA	Virginia Beach	$1,345,472	$1,436,810	$1,396,023
VA	Virginia	$849,580	$907,254	$881,499
WA	Seattle	$2,032,386	$2,170,355	$2,108,744
WA	Washington	$843,936	$901,227	$875,643
WI	Milwaukee	$678,786	$724,866	$704,289
WI	Wisconsin	$542,067	$578,865	$562,433
WV	West Virginia	$400,540	$427,731	$415,589
Total Formula		**$320,400,000**	**$318,224,164**	**$297,000,000**
Total Competitive		**$35,600,000**	**$35,358,240**	**$33,000,000**
Total HOPWA		**$356,000,000**	**$353,582,404**	**$330,000,000**

General Provisions

The Budget proposes the following General Provision for the Housing Opportunities for Persons With AIDS Program:

Expand the provision of short-term housing from 21 weeks to a maximum of 24 months, with a requirement for on-going needs assessment, to provide communities with greater latitude in addressing the housing needs of those living with HIV who are at a severe risk of homelessness. (Sec. 236)

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

Budget Activity	2017 Budget Authority	2016 Carryover Into 2017	2017 Total Resources	2017 Obligations	2018 Annualized CR	2017 Carryover Into 2018	2018 Total Resources	2019 Request
Formula Grants	$320,400	$89,699	$410,099	$154,849	$318,224	$255,250	$573,474	$297,000
Competitive Grants	35,600	9,687	45,287	8,184	35,358	37,103	72,461	33,000
Technical Assistance ..	...	7	7	7	...	...	...	...
DOJ HOPWA IAA	...	...	...	...	...	...	...	...
Total	356,000	99,393	455,393	163,040	353,582	292,353	645,935	330,000

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

The fiscal year 2019 President's Budget includes the appropriation language listed below.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), $330,000,000, to remain available until September 30, 2020, except that amounts allocated pursuant to section 854(c)(5) of such Act shall remain available until September 30, 2021: Provided, That the Secretary shall renew all expiring contracts for permanent supportive housing that initially were funded under section 854(c)(3) of such Act (paragraph (3) was redesignated as paragraph (5) by section 701(a)(1) of the Housing Opportunity Through Modernization Act of 2016 (Public Law 114–201)) from funds made available under this heading in fiscal year 2010 and prior fiscal years that meet all program requirements before awarding funds for new contracts under section 854(c)(5) of such Act.

Note.—A full-year 2018 Annualized CR for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2018 (Division D of P.L. 115-56, as amended). The amounts included for 2018 reflect the annualized level provided by the continuing resolution.

WORKS CITED

[1] Masson, C.L., Sorenson, J.L., Phibbs, C.S., Okin, R.L. (2004). Predictors of medical service utilization among individuals with co-occurring HIV infection and substance abuse disorders. AIDS Care, 16(6). 744-755. See also: Smith, MY., Rapkin, B.D., Winkel, G. Springer, C. Chhabra, R., & Feldman, I.S. (2000). Housing Status and health care service utilization among low-income persons with HIV/AIDS. Journal of General Internal Medicine, 15(10), 731-738; and Fleishman, J.A., Yehia, B.R., Moore, R.D., Gebo, K.A. (2010). The economic burden of late entry into medical care for patients with HIV infection. Medical Care, 48(12), 1071-1079.

[2] Aidala, A., Shubert, V., Caban, M., Housing As a Platform for Health: Preventing and Treating HIV Infection.

[3] Sadowski, L., Kee, R., VanderWeele, T., Buchman, D. (2009). Effect of a housing and case management program on emergency department visits and hospitalization among chronically ill homeless adults. Journal of the American Medical Association (JAMA), 301(17), 1771-1778.

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

[5] Aidala, A., Cross, J.E., Stall, R., Harre, D., Sumartojo, E. (2005). Housing status and HIV risk behaviors: implications for prevention and policy. AIDS and Behavior , 9(3), 251-265.

[6] Lima,V.D., Johnston, K., Hogg, R.S., Levy, A.R., Harrigan, P.R., Anema, A., Montaner, J.S. (2008). Expanded access to highly active antiretroviral therapy: a potentially powerful strategy to curb the growth of the HIV epidemic. Journal of Infectious Diseases, 198(1), 59-67; Kidder, D.P., et al. (2007). 2238-2245; Holtgrave, D.R., Curran, J.W. (2006). What works, and what remains to be done, in HIV prevention in the United States. Annual Review of Public Health, 27, 261-275. See also: Kidder, D.P., Wolitski, R.J., Pals, S.L., Campsmith, M.L. (2008). Housing status and HIV risk behaviors among homeless and housed persons with HIV. Journal of Acquired Immune Deficiency Syndromes, 49(4), 453-454.

[7] National Institute of Allergy and Infectious Diseases (NIAID). (2011). Treating HIV-infected people with antiretrovirals significantly reduce transmission to partners: findings result from NIH-funded international Study. National Institutes of Health News. Retrieved from http://www.nih.gov/news/health/may2011/niaid-12.htm. James J. O'Connell. 2007. "The Need for Homelessness Prevention: A Doctor's View of Life and Death on the Streets," Journal of Primary Prevention 28, no.3: 199–203.

[8] Kidder, Daniel. (2009). The Housing and Health Study: Background, Methods, and Outcomes. Presentation at National AIDS Housing Coalition conference.

[9] Schackman, B.R., Gebo, K.A., Walensky, R.P., Losina, E., Muccio, T., Sax, P.E., Weinstein, M.C., Seage, G.R.III, Moore, R.D., Freedberg, K.A. (2006). The lifetime cost of current human immunodeficiency virus care in the United States. Med Care, 44, 990-997, updated to 2009 dollars.

[10] Ibid.

[11] Ibid.

[12] Ibid.

[13] The Centers for Disease Control and Prevention. (2017). HIV incidence: estimated annual infections in the U.S. 2008-2014. Retrieved from http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-incidence-fact-sheet_508.pdf.

[14] Schackman, B.R., Gebo, K.A., Walensky, R.P., Losina, E., Muccio, T., Sax, P.E., Weinstein, M.C., Seage, G.R.III, Moore, R.D., Freedberg, K.A. (2006). The lifetime cost of current human immunodeficiency virus care in the United States. Med Care, 44, 990-997, updated to 2009 dollars. Also see: Farnham, P.G., Holtgrave, D.R., Sansom, S.L., Hall, I.H. (2010). Medical costs averted by HIV prevention efforts in the United States, 1991–2006. Journal of Acquired Immune Deficiency Syndromes (JAIDS), 54(5), 565-567.