

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
2017 Summary Statement and Initiatives
(Dollars in Thousands)**

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	<u>Enacted/ Request</u>	<u>Carryover</u>	<u>Supplemental/ Rescission</u>	<u>Total Resources</u>	<u>Obligations</u>	<u>Outlays</u>
2015 Appropriation	\$330,000	\$66,267 ^a	...	\$396,267	\$290,205	\$300,803
2016 Appropriation	335,000	106,063	...	441,063	356,787	328,658
2017 Request	<u>335,000^b</u>	<u>84,276</u>	...	<u>419,276</u>	<u>335,000^c</u>	<u>314,685^c</u>
Program Improvements/Offsets .....	...	-21,787	...	-21,787	-21,787	-13,973

- a/ Fiscal year 2015 carryover includes a Department of Justice Interagency Agreement transfer in the amount of \$1.490 million.
- b/ This number includes an estimated transfer to the Research and Technology Account of \$1.675 million of Budget Authority.
- c/ This number excludes obligations and outlays for the transfer to the Research and Technology account.

1. What is this request?

The Department requests \$335 million for the Housing Opportunities for Persons With AIDS (HOPWA) program—the same level of funding as the fiscal year 2016 enacted appropriations—to enable communities to continue their efforts to prevent homelessness and sustain housing stability for approximately 49,125 economically vulnerable households living with Human Immunodeficiency Virus (HIV) infection.

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

Figure 1: Evidence-Based Findings on HIV and Housing

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

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

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

Key HOPWA Program Outcomes:

- 25,660 Permanent Supportive Housing households: Continual support 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.
- 25,998 Transitional/Short-Term Housing households: Continual support of these households with homeless prevention efforts through the provision of short-term rent, mortgage, and utility (STRMU) assistance and transitional/short-term housing facilities in coordination with local homeless Continuum of Care efforts to prevent and end homelessness.
- Supportive Services and Case Management: Continual provision of critical supportive services (e.g., housing case management, mental health, substance abuse, employment training) that sustain housing stability, promote better health outcomes, and increase quality of life. These services promote self-sufficiency efforts for households able to transition to the private housing market.
- Greater housing stability: 96 percent of households receiving long-term assistance in fiscal year 2015 achieved housing stability, and 70 percent of client households receiving transitional housing support maintained their housing stability or had reduced risks of homelessness.

Proposals in the Budget

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

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

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

2. What is this program?

Program Description and Key Functions

The AIDS Housing Opportunity Act, 42 U.S.C.12901-12912, authorizes HOPWA ([program web link](#)) to provide housing assistance and supportive services to low-income persons living with HIV/AIDS. HOPWA is an evidence-based supportive housing program that provides critical housing support to a vulnerable population that faces significant health and economic challenges along with continued stigma and discrimination. The program demonstrates effective efforts to help program beneficiaries: achieve housing stability that reduces the risk of homelessness, enter into and remain in treatment and care, achieve better health outcomes that translate to cost savings to public health and service systems, and dramatically decrease the risk of transmitting HIV to others. Individuals living with HIV who are homeless or without stable housing arrangements (e.g., persons in emergency shelters or living in a place not meant for human habitation, such as a vehicle, abandoned building, living on the streets, those at severe risk of homelessness) have been shown to be more likely to demonstrate frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to those individuals who are stably housed.¹

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

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assistance provided by the Ryan White Program. HOPWA formula grantees are evenly distributed between local and State health and community development agencies.

Formula funds. Ninety percent of funding is allocated to qualifying States and metropolitan statistical areas under a statutory formula based on cumulative AIDS cases and incidence. Funds are awarded to metropolitan areas with a population of at least 500,000 and with at least 1,500 cumulative AIDS cases, and to States for those areas outside of qualifying metropolitan areas that have at least 1,500 cumulative AIDS cases. The cumulative AIDS cases figure is used to award 75 percent of the funding while the remaining 25 percent is awarded based on AIDS incidence (new cases and population reported in the last 3 years). The AIDS incidence factor benefits the larger metropolitan areas with higher than average incidence of AIDS. Approximately one-third of metropolitan areas receive this higher funding amount while states are ineligible.

Competitive funds. Ten percent of funds is awarded as competitive grants to areas that are not eligible for formula funding and to support innovative model projects that address special issues or populations through the award of Special Projects of National Significance. The current portfolio consists of 92 competitive renewal grants, which operate on a 3-year grant cycle. HOPWA's appropriations account language requires HUD to prioritize funding of expiring permanent supportive housing grants. An estimated 29 permanent supportive housing grants expiring in fiscal year 2016 will be eligible for renewed funding.

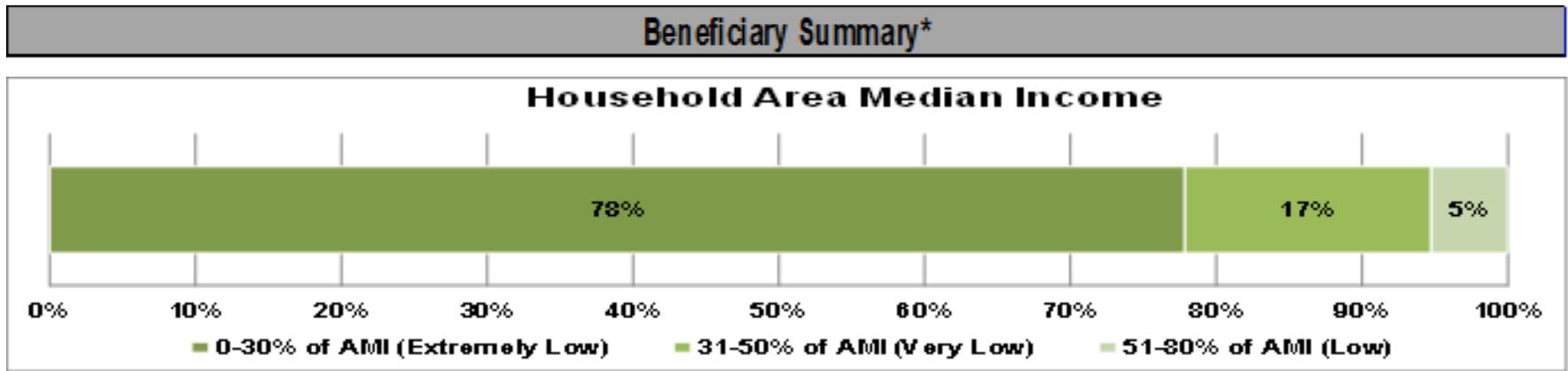
Program Components. HOPWA grantees have considerable discretion and flexibility in their planning efforts to identify and align funding resources to prioritize local needs. HOPWA resources provide communities with rental assistance; operating costs for housing facilities; short-term rent, mortgage, and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

Per fiscal year 2014-15 grantee performance reporting, 69 percent of program expenditures were for housing assistance (with other expenditures of 1 percent for housing development, 2 percent for housing information services, 20 percent for supportive services and case management, and 8 percent for administrative program costs). Of the 69 percent of direct housing expenditures, 79 percent were on permanent supportive housing (with 52 percent on tenant-based rental assistance) and 21 percent for transitional and short-term housing.

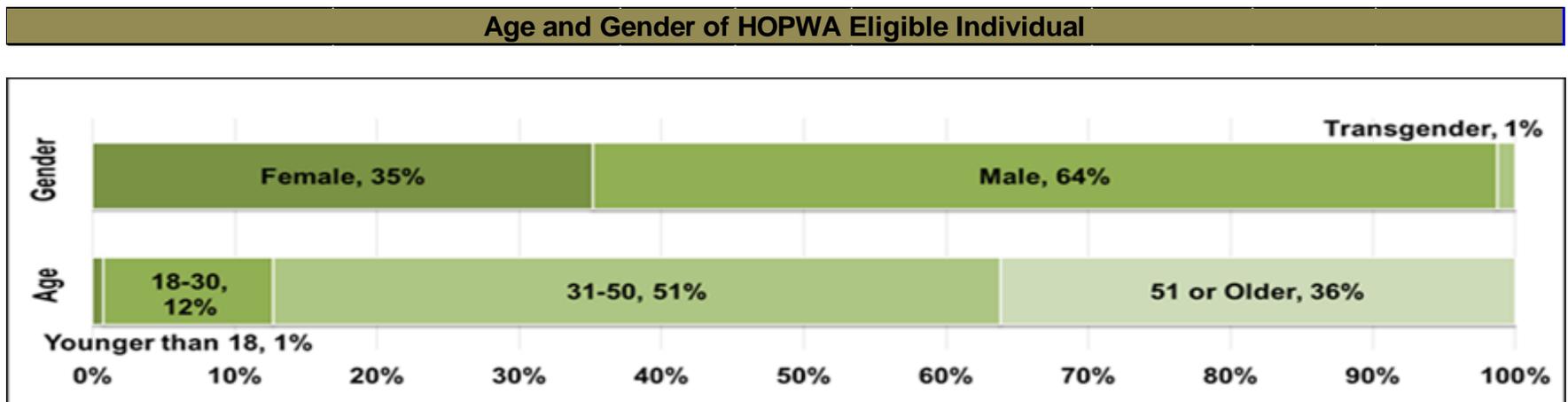
Who We Serve

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

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Percent of Households with a Median Income of 0-30% of the Area Median Income: 78%; Percent of Households with a Median Income between 31-50% of the Area Median Income; 17%; Percent of households with a Median Income between 51-80% of the Area Median Income: 5%



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Race and Ethnicity		
	Percentage HOPWA Eligible Individuals	Percentage Other Members of the Household
American Indian/Alaskan Native	0.70	0.64
Asian	0.57	1.62
Black/ African American	51.11	55.31
Native Hawaiian/Other Pacific Islander	1.69	2.02
White	34.64	32.16
American Indian/Alaskan Native & White	0.23	0.30
Asian & White	0.07	0.12
Black/African American & White	3.71	2.57
American Indian/Alaskan Native & Black/African-American	0.10	0.17
Other Multi -Racial	7.16	5.07
Ethnicity	% of HOPWA Eligible Individuals Identified as Hispanic/Latino	17

Key Partnerships and Stakeholders

National HIV/AIDS Strategy and the HIV Care Continuum Initiative: The White House issued the nation’s first comprehensive *National HIV/AIDS Strategy* in July 2010, with goals to reduce new HIV infections, increase access to care and improve outcomes for people living with HIV, and reduce HIV-related health disparities. The strategy recognizes the tangible connecting benefits of stable housing and increased access to and retention in HIV care. Per strategy directive, HUD—after a collective and collaborative public consultation with stakeholders (grantees, consumers, public interest groups, federal partners)—transmitted to Congress a legislative proposal that would change the HOPWA program funding formula from cumulative AIDS to those living with HIV as the basis for formula grant awards. Amended in December 2013, the *National HIV/AIDS Strategy* now incorporates the *HIV Care Continuum Initiative*. This initiative directs federal agencies to step up their efforts to improve outcomes by accelerating HIV diagnosis, linkage

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to and engagement in medical care, initiation of antiretroviral treatment, and sustainability of viral suppression. The Administration issued the *National HIV/AIDS Strategy: Updated to 2020*, which retains the original vision, but builds achievements and lessons learned to date. In addition, HOPWA's emphasis on integrating housing and care services will improve outcomes along the HIV Care Continuum.

HUD Collaboration with HHS, Health Resources and Services Administration (HRSA): In implementing *HIV Care Continuum Initiative* recommendations to provide joint technical assistance and training to both HOPWA and Ryan White grantees, HUD and HRSA are engaged in efforts that will raise awareness of housing's direct impact on client HIV care and health outcomes, as well as build grantee capacity to integrate health care planning and outcome measures into an HIV housing program. In the fall of 2014, HUD published an action-oriented white paper entitled, *HIV Care Continuum -The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum*, which emphasizes the intersection of housing and health care for those living with HIV in an effort to educate communities by demonstrating stable housing as a key HIV prevention and care strategy within the framework of coordinated HIV services and care. HUD is collaborating with HRSA's HIV/AIDS Bureau on a HRSA Special Project of National Significance Initiative (*Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum*) that will identify models for the electronic integration of Ryan White and HOPWA data systems to better coordinate service delivery and enhance patient navigation to improve health outcomes along the HIV Care Continuum.

Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness: HUD is one of 19 Federal lead agencies that collaborate to develop and invigorate local actions that will address the challenges of homelessness in the United States. HOPWA grantees contribute to the Opening Doors goals of reducing homelessness, as these persons benefit from HOPWA project coordination with HIV care and treatment. For fiscal year 2015, HOPWA grantees reported that 18 percent of new households, or 4,441 households, assisted were homeless. Of these households, 11 percent were veterans and 58 percent were chronically homeless.

HUD Collaboration with the U.S. Department of Justice's (DOJ) Office on Violence Against Women: In response to a recommendation by the Federal interagency working group, HUD and the DOJ identified available resources for competitive award demonstration grants aimed at addressing the housing and supportive needs of low-income persons living with HIV who are victims of sexual assault, domestic violence, dating violence, or stalking. Per an interagency agreement, HUD will administer the funds. Grantees will carry out innovative projects to improve cross-agency planning, resource utilization, and service integration among HIV housing providers and sexual assault, domestic violence, dating violence, and stalking service providers.

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

What is the Problem We're Trying to Solve?

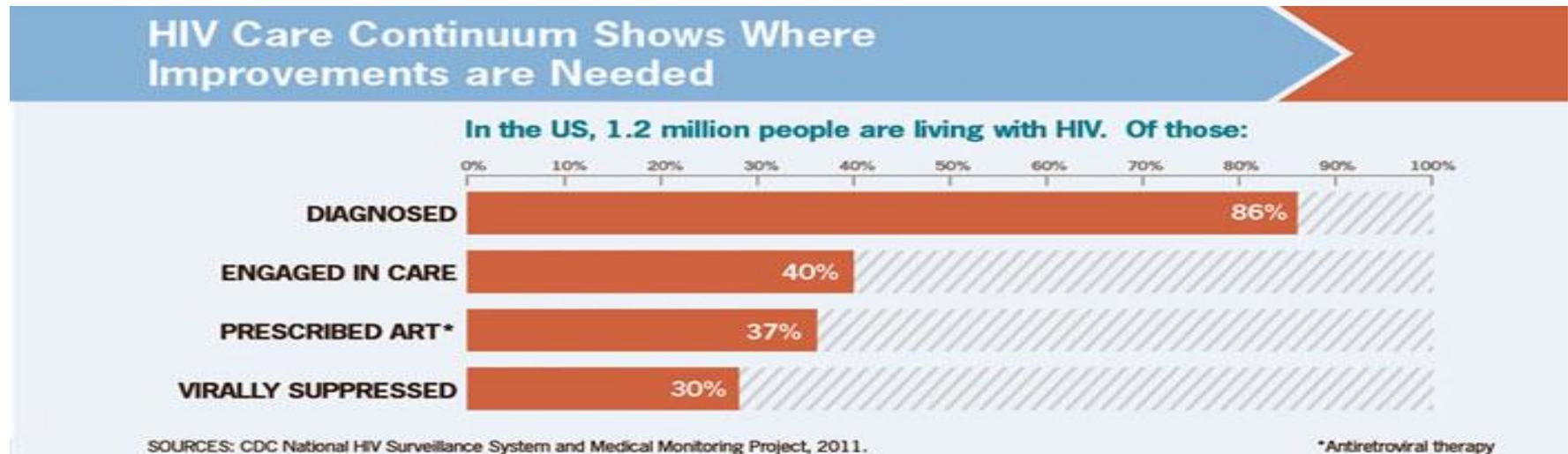
HIV is a chronic and communicable disease that can be manageable, but for those living in poverty and without access to suitable housing, this presents significant individual and public health risks. Over the past decade, the mortality of people living with HIV has

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increased, while the annual number of new HIV infections has remained relatively stable at approximately 50,000 a year. The Centers for Disease Control and Prevention (CDC) estimates that 1,201,100 persons are living with HIV infection.² Once clients become adherent to Antiretroviral Therapy (ART) medications they can obtain an undetectable viral load. An undetectable viral load means the virus is suppressed to such a rate that there is a reduced transmission rate of 96 percent. Individuals with suppressed viral loads are substantially less likely to transmit the virus, but of persons living with HIV in the United States in 2011, only 30 percent achieved viral suppression. Most recent HOPWA grantee performance reporting period indicated that 25,660 households received permanent supportive housing and 25,998 households benefitted from transitional and short-term housing.

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.³ CDC data also makes the connection between HIV and homelessness in its 2011 Medical Monitoring Project that indicated among interviewed participants engaged in HIV care, 8 percent had been homeless during the prior 12 months. The CDC study also noted 15 percent of participants reported a need for assistance finding shelter or housing in the past 12 months, and 26 percent of those individuals still had a housing need during the interview.⁴ Other studies have shown that approximately half of all persons diagnosed with HIV will face homelessness or experience an unstable housing situation at some point over the course of their illness.⁵

How HOPWA Helps Solve the Problem



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Of the 1.2 million people estimated to be living with HIV in the United States in 2011, an estimated 86 percent were diagnosed with HIV, 40 percent engaged in HIV medical care, 37 percent were prescribed ARTs, and 30 percent achieved viral suppression. Improvements are needed across the HIV care continuum to protect the health of persons living with HIV, reduce HIV transmission, and reach national prevention and care goals. The greatest opportunities for increasing the percentage of persons with a suppressed viral load are reducing undiagnosed HIV infections and increasing the percentage of persons living with HIV who are engaged in care. Helping others achieve these optimal results requires many actions for which stable housing serves as a base, including access to and retention in HIV treatment and quality care and other support.

In particular—

- *HOPWA is essential to the connection between housing and improved outcomes along the HIV Care Continuum.* Housing instability has been linked to delayed HIV diagnosis and inadequate healthcare, including failure to connect with a primary provider. The HOPWA program provides stable housing and presents opportunities for housing providers to partner with service providers for HIV education and testing and access to care. Housing status is among the strongest predictors of maintaining continuous HIV primary care, receiving care that meets clinical practice standards and returning to HIV care after dropout. HOPWA program evaluation results show high levels of participant connection to care, with 89 percent of households served during the fiscal year 2014-2015 program year, compared to 86 percent during the fiscal year 2013-2014 program year, engaged in ongoing primary health care. Multiple studies have found lack of stable housing to be one of the most significant factors limiting the use of antiretrovirals (RVs), regardless of insurance. Housing interventions improve stability and connection to care providing the essential foundation for participating in ARV treatment.
- *HOPWA-funded housing is an effective platform for linking people living with HIV/AIDS (PLWHA) to care and improving health outcomes.* The HOPWA statute provides unique authority to allow projects to target housing interventions to a special needs population and to serve as a bridge in coordinating access to other mainstream support, such as HIV services provided under Ryan White CARE Act and other human services programs. HOPWA data shows that 96 percent of persons in its supportive housing programs have a stable outcome. Research conducted by the AIDS Foundation of Chicago has shown that homeless persons living with AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, as compared to persons who remained homeless or unstably housed.⁶
- *Stable housing is one of the most cost-effective strategies for driving down soaring national HIV/AIDS costs.* The number of persons living with HIV in the United States continues to grow annually. Recent estimates put the annual direct costs of HIV medications at between \$17,000 and \$41,000 per person per year,⁷ depending on the severity of an individual's infection.⁸ Lifetime treatment costs per person are estimated to be \$367,134.⁹
- *Stable housing reduces an individual's risk of contracting HIV and of transmitting the virus to others.* Homelessness is known to increase the probability that a person will engage in sexual and drug-related risk behaviors that put themselves and others at heightened risk for HIV. One recent study showed, for example, that among persons living with HIV, an improved housing

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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.¹⁰ 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.¹¹ 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.¹²

4. How do we know this program works?

HOPWA Results based on Key Research and Evaluation

Stable Housing in Connection to Health: The *HUD-CDC 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.¹³ 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.¹⁴

Stable Housing Equals Cost-Benefit Savings: Stable housing is one of the most cost-effective strategies for driving down soaring national HIV/AIDS costs. By investing in the provision of affordable supportive housing, HOPWA grantees demonstrate that 97 percent of those receiving housing support are stably housed. HOPWA assistance is a simple way to safeguard the national investment in HIV care.

People living with HIV who are homeless or unstably housed are shown to be more likely to demonstrate frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to those persons living with HIV who are stably housed.¹⁵ 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.¹⁶ In addition, housing stabilization can lead to reduced risk behavior and reduced HIV transmission, a significant consideration for Federal HIV prevention efforts. It is estimated that preventing approximately 40,000 new HIV infections in the United States each year would avoid expending \$12.1 billion annually in future HIV-related medical costs, assuming the current standard of care.¹⁷

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.¹⁸ HOPWA-funded supportive housing continues to

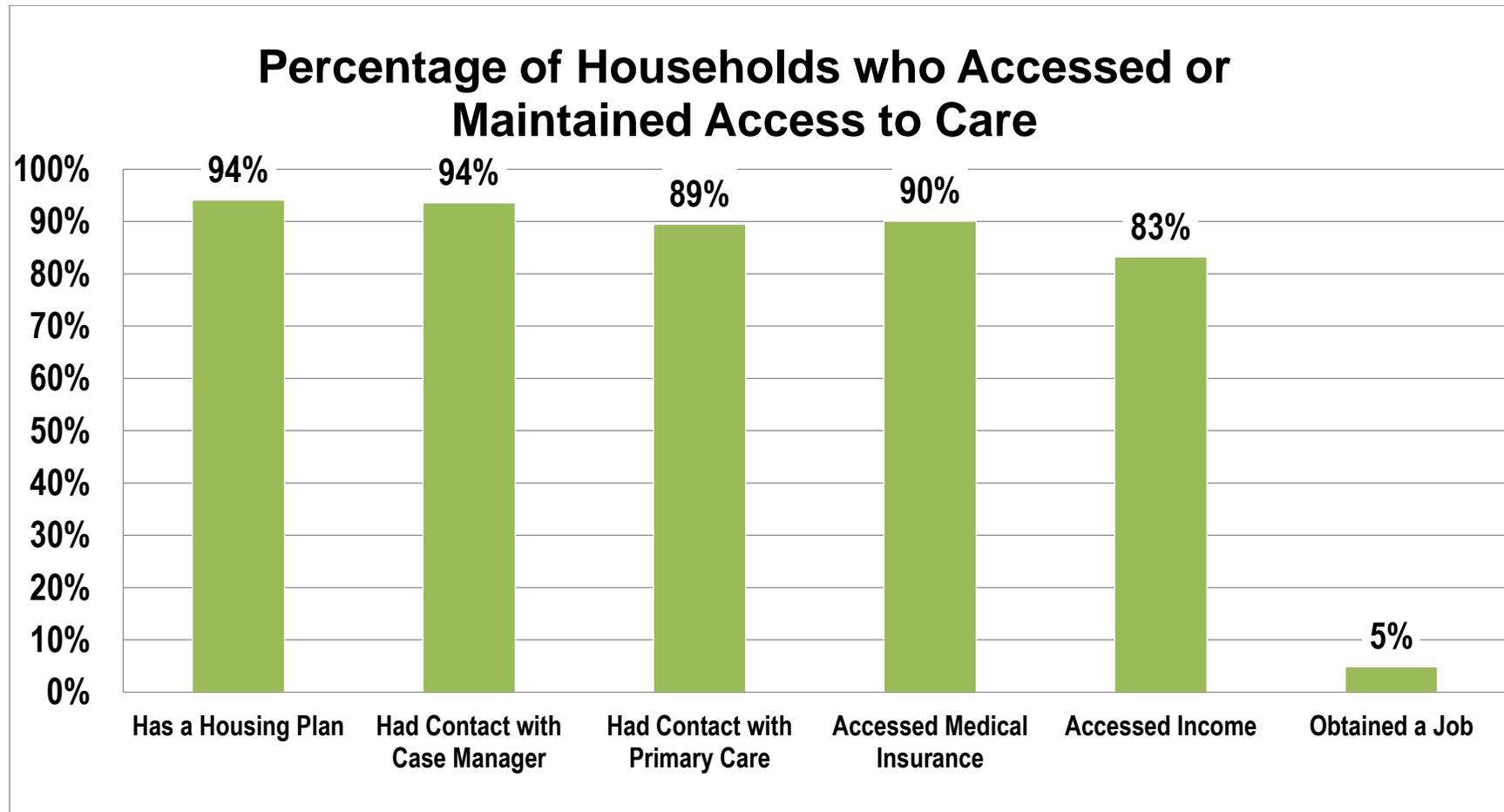
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demonstrate that housing stability equates to better health outcomes for those living with HIV. Positive client health outcomes include entry into and retention in care and continuing adherence to complex HIV treatment regimens results in reduced HIV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

Stable Housing in Connection to Homelessness. HOPWA prevents and reduces risk of homelessness. Research and HUD experience in providing homelessness prevention funds has shown client results in avoiding loss of housing and cost savings to public systems achieved by avoiding costly emergency care and by diverting families from a path to homelessness. These achievements are demonstrated by the Homelessness Prevention and Rapid Re-housing (HPRP) program, which has helped save more than 1.2 million Americans from homelessness as a targeted Recovery Act program achievement. Research shows that chronic health conditions put homeless persons at higher risk of dying on the street. Studies show that persons who are chronically homeless for more than 6 months and having a chronic health condition (including HIV/AIDS) is an indicator a high chance of premature death without housing and supportive services.¹⁹ These programs have provided rapid re-housing of families in homeless situations, as well as using short-term rental assistance and case management support to prevent homelessness. HOPWA's short-term rent, mortgage, and utility assistance programs effectively provide urgently needed assistance that averts evictions that precipitate a loss in housing stability and places households at a higher risk of homelessness.

Program Outcomes

On a national level, the program demonstrates successful program beneficiary outcomes with respect to access to care and support. These successful program accomplishments provide a foundation for increased housing stability and better health outcomes. See chart (Percentage of Households who Accessed or Maintained Access to Care) below. Ninety-six percent of clients receiving tenant-based rental assistance and 97 percent placed in a permanent housing facility achieved housing stability in fiscal year 2015. Seventy percent of clients receiving transitional or short-term housing facilities assistance and 44 percent receiving STRUM assistance achieved housing stability in fiscal year 2015.



Proposed IT Enhancements to Improve Program Performance (Fiscal Year 2017 DME)

Grants System Consolidation

Grants management involves internal controls and enhancements to management integrity by separating the program policy duties and responsibilities from grantee selection duties. It also improves management efficiencies by streamlining procedures, facilitating implementation of best practices, and improving internal controls.

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In an effort to enhance this activity, HUD will develop an enterprise grants management solution that reaches across multiple program areas by analyzing common business processes, leveraging mature technologies, and reducing duplicative and redundant systems to decrease costs and infrastructure complexity.

This move to centralize grants management aligns with the HUD Target Enterprise Architecture. Grants management plays a critical role in HUD's Technology Enterprise Roadmap by providing the current and future architecture (Business and Technical) for grants management capabilities, milestones for enhancements, technical dependencies, and timelines for system retirement. This investment will help address audit findings and mitigate future audit risk, support analysis of grant programs and finances, and facilitate proactive, data-driven management decisions.

IT Enhancements Currently in Progress

Re-engineer IDIS to Remove OIG audit findings around First-In-First-Out (FIFO)

The OIG has recorded a material weakness for IDIS in the fiscal year 2013 HUD Financial Statement audit. At the core of this issue is the financial accounting methodology known as First-In-First-Out (FIFO). Based on the findings from the OIG, HUD will eliminate the FIFO methodology used for commitments and disbursements in IDIS. The major outcomes of this project will be: (1) the ability to enforce each commitment and disbursement of program funds to a specific grant year, beginning with the fiscal year 2015 program year, in accordance with Generally Accepted Accounting Principles (GAAP) (elimination of the FIFO basis); (2) continued function of IDIS Online to automate grants management for CPD, including revision of all processing and system rules to support the new method of commitments and disbursements (i.e., program income, other receipt funds, and activities spanning grant years); and (3) ensure IDIS Online continues to enforce applicable federal system standards under FFMIA and the closure of all related audit findings for the IDIS Online system, to resolve the IDIS Online contribution to HUD's material weakness.

HUD will use the funding to continue the project's phased approach to removing the First-In-First-Out mechanism and related functions from IDIS Online, including Phase 1b, Part 2 and Phase 2 (Phase 1a and Phase 1b, Part 1 are completed). More details on the current progress of this project can be found in the fiscal year 2014 IT Expenditure plan.

5. Proposals in the Budget

- HOPWA Modernization. This provision would make three changes to the HOPWA program that would:
 - 1) Update the HOPWA formula to base funding on the number of persons living with HIV adjusted for fair market rents and poverty rates. The current HOPWA formula bases funding on the number of AIDS cases as reported by the CDC. HUD has determined that the current formula can be updated to better reflect current levels of need. Currently, 55 percent of the statutorily required cumulative AIDS cases used to run the formula program represent deceased individuals. The new formula

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would modernize the manner in which HOPWA funding is allocated. HUD is also proposing a stop-loss provision that would ensure that grant allocations remain stable until 2020 to help HOPWA grantees with the transition to the new formula.

- 2) Increase the maximum cap on administrative expenses that HOPWA grantees and project sponsors can charge to their HOPWA grants. Relative to other HUD grant programs, the cap on administrative expenses is significantly lower for the HOPWA program. The proposal allows grantees and project sponsors additional flexibility to use funds for these essential costs to ensure the successful administration of their HOPWA programs.
 - 3) Allow HOPWA grantees to provide short-term and medium-term housing assistance in the manner that such assistance is provided under the Emergency Solutions Grant program for purposes of administrative ease. (Sec. 267)
- Agreements Between Cities and States. The budget continues a general provision that consolidates and extends Sections 203 and 209 of the fiscal year 2012 Appropriations Act, which are longstanding provisions of the HOPWA program. The provision continues to give HUD authority to honor agreements between cities and their states to manage HOPWA grants, and allow former grantees to continue to receive direct allocations. The provision also updated the reference to the MSAs in the 2012 Appropriations Act to reflect updated names as delineated by the Office of Management and Budget. Finally, this provision makes technical changes to accurately reference the new formula factors in the Department's formula modernization proposal. (Sec. 203)

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The charts below reflect distribution of Funds to Grantees; the fiscal year 2017 figures are estimated using the proposed formula.

Estimated HOPWA Formula Funding by Grantee

(Dollars in Thousands)

HOPWA Formula Grantee	2015 ACTUAL	2016 ESTIMATE	2017 PROPOSED
Birmingham.....	\$582	\$964	\$696
Alabama State Program.....	1,484	1,531	1,774
Phoenix.....	1,809	1,843	2,163
Tucson.....	452	457	540
Arizona State Program.....	236	240	215
Little Rock.....	544	559	651
Arkansas State Program.....	329	340	393
Anaheim.....	1,524	1,541	1,822
Bakersfield.....	383	385	348
Fresno.....	383	387	348
Los Angeles.....	14,325	13,700	15,515
Oakland.....	2,198	2,197	2,489
Riverside.....	1,978	2,005	2,365
Sacramento.....	905	912	1,082
San Diego.....	2,826	2,856	3,380
San Francisco.....	7,461	7,090	6,783
San Jose.....	866	877	1,036
Santa Rosa.....	0	397	0
California State Program.....	2,967	2,600	3,549
Denver.....	1,546	1,563	1,848
Colorado State Program.....	434	440	519
Bridgeport.....	795	802	909
Hartford.....	1,084	1,091	1,093
New Haven.....	960	965	1,012
Connecticut State Program.....	217	218	198
Wilmington.....	629	678	753
Delaware State Program.....	\$247	210	224
District Of Columbia.....	11,165	11,107	10,150

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HOPWA Formula Grantee	2015 ACTUAL	2016 ESTIMATE	2017 PROPOSED
Cape Coral.....	\$409	\$417	\$372
Deltona.....	374	383	340
Ft Lauderdale.....	6,980	7,136	6,345
Lakeland.....	485	546	441
Miami.....	11,312	11,562	10,283
Orlando.....	3,242	3,702	3,394
Palm Bay.....	335	338	304
Port St Lucie.....	0	0	0
Sarasota.....	446	455	405
Tampa.....	3,105	3,819	3,484
West Palm Beach.....	3,037	3,224	2,761
Jacksonville-Duval County.....	2,466	2,619	2,242
Florida State Program.....	3,357	3,416	4,015
Atlanta.....	18,078	22,867	16,434
Augusta-Richmond County.....	1,072	1,049	975
Georgia State Program.....	2,265	2,355	2,709
Honolulu.....	435	440	395
Hawaii State Program.....	206	208	247
Chicago.....	7,865	6,980	8,954
Illinois State Program.....	1,172	1,190	1,402
Indianapolis.....	950	971	1,137
Indiana State Program.....	953	969	1,139
Iowa State Program.....	426	435	509
Kansas State Program.....	393	397	357
Louisville-CDBG.....	577	587	689
Kentucky State Program.....	531	543	635
Baton Rouge.....	2,539	2,551	2,308
New Orleans.....	3,912	3,852	3,556
Louisiana State Program.....	1,314	1,350	1,572
Baltimore.....	8,037	8,332	7,306
Frederick.....	907	1,315	1,084
Maryland State Program.....	397	405	361
Boston.....	2,715	2,006	2,510

Housing Opportunities for Persons With AIDS

HOPWA Formula Grantee	2015 ACTUAL	2016 ESTIMATE	2017 PROPOSED
Lowell.....	\$1,088	\$1,097	\$1,301
Lynn.....	0	0	0
Springfield.....	450	454	409
Worcester.....	453	455	412
Massachusetts State Program.....	212	213	253
Detroit.....	2,461	2,696	2,408
Warren.....	519	530	620
Michigan State Program.....	1,071	1,091	1,281
Minneapolis.....	1,039	1,055	1,243
Minnesota State Program.....	148	154	135
Jackson.....	1,392	1,439	1,265
Mississippi State Program.....	989	1,018	1,183
Kansas City.....	1,086	1,100	1,299
St Louis.....	1,387	1,414	1,659
Missouri State Program.....	540	544	645
Nebraska State Program.....	362	370	329
Las Vegas.....	1,146	1,175	1,370
Nevada State Program.....	249	253	227
Camden.....	707	717	845
Edison.....	0	0	0
Jersey City.....	2,516	2,353	2,078
Newark.....	6,061	5,808	5,510
Paterson.....	1,351	1,363	1,611
New Jersey State Program.....	1,117	1,130	1,336
Albuquerque.....	330	336	300
New Mexico State Program.....	286	290	341
Albany.....	490	494	585
Buffalo.....	547	558	654
Islip Town.....	1,731	1,750	1,933
New York City.....	47,079	43,823	42,625
Poughkeepsie.....	0	0	0
Rochester.....	681	690	814
Syracuse.....	287	293	261

Housing Opportunities for Persons With AIDS

HOPWA Formula Grantee	2015 ACTUAL	2016 ESTIMATE	2017 PROPOSED
New York State Program.....	\$2,146	\$2,179	\$2,567
Charlotte.....	1,795	2,166	2,146
Durham.....	282	294	337
Greensboro.....	321	325	384
Wake County.....	543	555	649
North Carolina State Program.....	2,143	2,198	2,563
Cincinnati.....	675	695	807
Cleveland.....	952	962	1,139
Columbus.....	827	860	990
Dayton.....	287	294	261
Ohio State Program.....	979	997	1,171
Oklahoma City.....	531	544	635
Tulsa.....	353	361	321
Oklahoma State Program.....	247	254	295
Portland.....	1,076	1,092	1,286
Oregon State Program.....	379	387	344
Allentown.....	319	324	290
Bensalem Township.....	515	524	616
Harrisburg.....	292	296	265
Philadelphia.....	7,436	7,301	6,760
Pittsburgh.....	721	735	863
Pennsylvania State Program.....	1,292	1,316	1,545
Providence.....	870	878	1,020
Charleston.....	550	497	658
Columbia.....	1,196	1,155	1,260
Greenville.....	363	369	330
South Carolina State Program.....	1,391	1,414	1,663
Memphis.....	3,072	3,512	2,792
Nashville-Davidson.....	924	942	1,105
Tennessee State Program.....	943	963	1,128
Austin.....	1,118	1,138	1,337
Dallas.....	5,637	6,409	\$5,766
El Paso.....	373	382	339
Fort Worth.....	1,002	1,033	1,198

Housing Opportunities for Persons With AIDS

HOPWA Formula Grantee	2015 ACTUAL	2016 ESTIMATE	2017 PROPOSED
Houston.....	\$10,343	\$9,640	\$9,403
San Antonio.....	1,217	1,244	1,455
Texas State Program.....	2,947	3,033	3,524
Salt Lake City.....	366	366	332
Utah State Program.....	153	153	182
Richmond.....	875	813	1,046
Virginia Beach.....	1,081	1,181	1,292
Virginia State Program.....	732	746	875
Seattle.....	1,771	1,784	2,118
Washington State Program.....	734	741	878
West Virginia State Program.....	344	352	313
Milwaukee.....	587	596	702
Wisconsin State Program.....	469	476	561
San Juan Municipio.....	5,636	6,172	5,123
Puerto Rico State Program.....	1,799	1,822	1,904
Total Formula Grantees.....	\$297,000	\$301,500	\$299,993
Total Competitive Grants.....	\$33,000	\$33,500	\$33,332
Transformation Initiative.....	<u>0</u>	<u>0</u>	<u>\$1,675</u>
Total HOPWA	\$330,000	\$335,000	\$335,000

Housing Opportunities for Persons With AIDS

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

<u>Budget Activity</u>	<u>2015 Budget Authority</u>	<u>2014 Carryover Into 2015</u>	<u>2015 Total Resources</u>	<u>2015 Obligations</u>	<u>2016 Budget Authority</u>	<u>2015 Carryover Into 2016</u>	<u>2016 Total Resources</u>	<u>2017 Request</u>
Formula Grants	\$297,000	\$60,648	\$357,648	\$260,893	\$301,500	\$96,755	\$398,255	\$301,500
Competitive Grants	33,000	4,125	37,125	29,311	33,500	7,814	41,314	33,500
Technical Assistance ..	...	4	4	...	...	4	4	...
DOJ HOPWA IAA .....	...	1,490	1,490	...	...	1,490	1,490	...
Research and Technology (transfer) .....	...	...	...	...	...	...	...	[1,675]
Total	330,000	66,267	396,267	290,204	335,000	106,063	441,063	335,000

NOTE: The 2014 Carryover into fiscal year 2015 column includes a Department of Justice Interagency Agreement transfer in the amount of \$1.490 million.

Housing Opportunities for Persons With AIDS

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

The fiscal year 2017 President's Budget includes proposed changes in the appropriation language listed and explained below. New language is italicized and underlined, and language proposed for deletion is bracketed.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), \$335,000,000, to remain available until September 30, [2017]2018, except that amounts allocated pursuant to section 854(c)(3) of such Act shall remain available until September 30, [2018]2019. Provided, That the Secretary shall renew all expiring contracts for permanent supportive housing that initially were funded under section 854(c)(3) of such Act from funds made available under this heading in fiscal year 2010 and prior fiscal years that meet all program requirements before awarding funds for new contracts under such section[: Provided further, That the Department shall notify grantees of their formula allocation within 60 days of enactment of this Act]. (Department of Housing and Urban Development Appropriations Act, 2016.)

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- ⁹ Ibid.
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