

The State of AIDS Housing:
An Evaluation of the Housing Opportunities for Persons
with AIDS Program (HOPWA)



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EMSA or MSA	Eligible Metropolitan Statistical Area
HOPWA	Housing Opportunities for Persons with AIDS
HUD	Housing and Urban Development
PWA	Person With AIDS
SPNS	Special Project of National Significance
SRO	Single Room Occupancy
STAP	Short Term Assistance Program

infrastructure nor programs to treat a special needs population.

AIDS also continues to disproportionately affect 1

Since 1996, the number of deaths caused by AIDS ha

. With the steady increase in the number of PWA, and the lengthening of many of their lives as the result of highly active anti-retroviral therapy, the need for housing assistance has been increasing⁵. As more PWA live longer, the greater the need for housing assistance. The lack of affordable and appropriate housing for persons with HIV/AIDS is a continual concern for AIDS housing providers, policy makers, and advocates across the country. Stable housing can facilitate improved health status, sobriety and a decreased use of nonprescriptive drugs, and a return for some persons with AIDS to productive work and social activities⁶.

More people are living with AIDS in the United States than ever before, and the Center for Disease Control reported 816,149 cumulative cases by December 2001. Half of those individuals,

To address the housing needs of PWA, the U.S. Congress created the Housing Opportunities for Persons with AIDS (HOPWA) program as a part of the National Affordable Housing Act of 1990⁸. Under HOPWA, states and localities receive funding annually to develop long-term comprehensive strategies for meeting the housing needs of PWA and their families⁹

cases. About 90 percent of funds are allocated through the HOPWA Formula Program.

management tools to help achieve performance at the highest levels¹⁷. TA grants are attainable by city, state, local governments or nonprofit organizations. Approximately \$2.5 million in funding was provided in 2001 for the HOPWA National Technical Assistance program, which represented exactly one percent of the available HOPWA appropriations¹⁸. The TA grant is an important component to HOPWA because the funds are completely committed to strengthening the management and operations of AIDS housing providers.

HOPWA funds may be used for a wide range of housin

While all of those involved in AIDS Housing share the objective of providing housing and assistance to those with HIV/AIDS and their families, the strategies for combating the problem vary from one place to the next. The HOPWA program acknowledges the unique and changing needs and circumstances of communities across the country, and as a result, provides grantees and providers with a significant amount of flexibility in accomplishing this goal²⁰. It is important for the HOPWA program to be adaptable since the demographics of people with HIV/AIDS changes as well as their needs. In a survey conducted for a national evaluation of the HOPWA program for HUD, about half of the grantee respondents indicated that they used some type of advisory group to help determine priorities for the allocations for their HOPWA funds. Although not required, the formation of advisory groups is supposed to help the city or EMSA stay current on providing services and programs that people with HIV/AIDS need

provision of a unit in a group home or other facility based project. These providers can be funded directly from the grantee (the most populous city in the MSA), and are either a government agency, or a private, nonprofit entity, and range in size and capacity and in the type of services they provide. About 75 percent of housing assistance providers are nonprofits, while the remaining quarter is comprised of government agencies. The primary activities generally differ between government and nonprofit organizations. Government agencies tend to report housing and public health as primary activities, while nonprofits tend to report case management and supportive services as primary activities²².

Additionally, since 1991, Ryan White CARE (Comprehensive AIDS Resource Emergency) Act funds have been available to provide housing-related services such as housing referrals, emergency financial assistance, emergency housing, transitional housing, and supportive services²³. Named for Ryan White, the HIV positive teenager from Indiana who made headlines with his brave fight against ignorance and prejudice, the CARE Act funds a variety of health and social programs across the country²⁴. The four Titles and Part F of the Ryan White CARE Act are administrated by the HIV/AIDS Bureau of Health Resources and Services Administration (see Appendix 2 for an overview of the Ryan White CARE Act). Although the majority of funding for AIDS Housing in cities around the nation comes from HOPWA, many cities qualify for Ryan White funds. It is important to include Ryan White CARE Act funds when analyzing AIDS Housing because the programs and services provided by the Act are often used in combination with HOPWA funds. HOPWA alone would not be able to provide the all the services or programs PWA need.

AIDS Housing providers are using many different sources of funds in combination with

funding (Appendix 3)²⁷. Although AIDS housing providers use funds from several sources, the majority is subsidized through HOPWA.

Funding Sources
Reported by Providers for
Housing Development²⁸.

Due to the flexibility of HOPWA and differences between EMSAs, the HOPWA program varies from city to city. No EMSA does it exactly like another, and

this can be attributed to a number of factors. The demographics are different, the local governments or agencies are run differently, or possibly the capacities of nonprofits in the area vary. All of these distinctions add up to differences in how HOPWA funds are spent and administered. Although there is no model program that could be applied to every city, by examining city HOPWA programs around the nation, certain generic strengths and weaknesses can become evident.

The cities analyzed in this study are Atlanta, Georgia; Boston, Massachusetts; Los Angeles, California; New York, New York; San Francisco, California; and Seattle, Washington. The cities were chosen due to their overall populat

Neighborhood Conservation³¹



Atlanta's AIDS housing program supports facilities that provide a total of 200 units and supports an additional 300 PWA living in various housing projects funded by HOPWA during a one year period. Additionally, during the same period more than 900 households received case management support and short-term rent, mortgage and utility payments to



Shift a higher percentage of funds to housing and out of support services not related to housing³⁷.

The reason to shift funding from support services, not related to housing, towards development has much to do with the flexible ways in which cities use HOPWA funding. Many cities begin to use HOPWA funds for other programs such as case management, legal services, or pet care, which all have the potential to identify and utilize other funding sources. Since HOPWA is the only federal program that specifically funds development for PWA, it is important to ensure that is where the money is s s

³⁷Department of Planning, Development & Neighborhood Conservation. Budget Recommendations for the 2003 Annual Action Plan of the City of Atlanta's 2000-2004 Consolidated Plan, September 2002.

The fact that Atlanta published its weaknesses shows a commitment to make the program better. The housing and service providers of Atlanta generally feel confident that their City representatives will continue their effort to meet Atlanta's AIDS housing needs. The Atlanta HOPWA program is well organized due to a very strong community network and a commitment by the city to keep providers aware of financial circumstances, changes and requirements. AIDS housing providers work closely with their city counterparts, and have in depth discussions with them at monthly Housing Coalition meetings and annual audits³⁸. LaTonya M. Wilkerson from AID Atlanta, Inc. states, "We receive quality feedback and guidance [from the city], and they welcome the input of the providers...it truly feels like a partnership and I am proud to be a member of the team".

The Boston HOPWA formula grant is administered by the City of Boston's Department of Neighborhood Development (DND)³⁹. The grant supports a wide variety of housing assistance and

³⁸Wilkerson, LaTonya M., Housing Coordinator/Group Manager for AID Atlanta, Inc. Interviewed March 22, 2003

³⁹Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in Massachusetts](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/exccsummary/massachusetts.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/exccsummary/massachusetts.cfm



Supportive services to approximately 150 recipients of tenant-based rental assistance (HOPWA, HOME, Section 8, Shelter Plus Care);



Supportive services to 100 units of transitional and permanent housing;



Housing information and referral services;



Technical Assistance⁴⁵.

45

In an effort to develop units of housing for those ready for more independent living, the City, in cooperation with AIDS Housing Corp., convened a housing task force to consider the options for using a \$1.2 million HOPWA set aside specifically for housing development⁴⁶. This means that the \$1.2 million can only be used for development, but not services nor case management. As a result of these meetings, these fu



Corporate and private fundraising⁵²

Unlike other cities, Boston does not have a HOPWA Advisory Committee. They do have annual “summit meetings” with providers to discuss issues. Allen Spivack, the Project Manager for HOPWA in the DND, conducts annual site visits with each program and talks on a regular basis with the providers. Mr. Spivack also meets every 6 weeks with other funders from the Department of Public Health (the state agency) and the Boston Public Health Commission to review housing related issues and funding. Furthermore, AIDS Housi

. This is a major issue for the administration of services for a special needs population, like PWA. The nonprofit organization Shelter Partnership, in its report
, found that sixty-five percent of people with AIDS had been homeless at some point in their lives, fifty-one percent of the respondents who had been homeless were homeless between two to twelve m

over how the city uses the funds. In order to ensure a diverse committee, LACHAC is comprised of representatives with diverse expertise in the AIDS Housing and Services arena as well as seats dedicated to persons who are HIV infected⁶⁰.

The conflict with Advisory Committees is illuminated through LACHAC. Several members of the Committee are also members of the nonprofits that hold HOPWA contracts with

HOPWA funds are not the only funds that go into these programs, and usually other funding sources are leveraged. HOPWA dollars are leveraged with funding sources including but not limited to CDBG, HOME, non-profit organizations' private funding sources, City of Industry funds (Appendix 8) and tax credits, as well as other private development funding sources⁶³. As with other cities, Los Angeles is forced to use HOPWA in conjunction with other funding sources because it is just simply not enough.

Los Angeles' HOPWA program came under enormous criticism from the AIDS Healthcare Foundation in 1998, when it was discovered that million of dollars were going unspent while there were people with AIDS and HIV in need of housing and supportive services. Some organizations cite different amounts, but the range has been estimated to be from \$5 million to as much as \$17 million. In 1998, Los Angeles City officials publicly admitted to amassing \$17 million in unspent federal AIDS funds, and then later estimated that only between \$5.5 million and 6.8 million in AIDS housing funds went unspent⁶⁴. Many organizations named overall mismanagement as the problem. The city sought to counter that criticism, arguing that a number of factors played a role, including problems within HUD and the HOPWA Advisory Committee. However, City officials did acknowledge that funds were not put into operation fast enough⁶⁵.

There have been lasting effects due to the HOPWA mismanagement. There is a general feeling of mistrust from nonprofits and those involved in the AIDS community towards the city. Those involved feel that the city was not moving quick enough to ensure that funds were spent, and this shows that the city does not see AIDS issues as a priority. This mistrust is only fueled by the fact that funds still go unspent. The following table identifies the type of supportive service provided, award amounts, expenditures, and most significantly, funds unspent:

Emergency Housing & Meal Vouchers	\$1,346,700	\$854,830	\$491,870	63.5%
Housing Information & Referral Services	\$267,500	\$201,108	\$66,392	75%
Lease, Operating & Supportive Services in Emergency & Transitional Housing	\$1,494,004	\$870,824.71	\$623,179.29	58.3%
Supportive Services in Permanent Housing	\$1,556,247	\$922,998.45	\$633,248.55	59.3%
Housing Specialist	\$1,113,267	\$649,829.06	\$463,437.94	58.4%
Tenant Based Rental Assistance	\$6,500,081	\$5,369,907	\$1,130,174.11	83%

Source: City of Los Angeles Housing Department. Housing Opportunities for Persons with AIDS (HOPWA) 2002-03 Financial Report. January 21, 2003

⁶³City of Los Angeles-Community Development Department. Consolidated Annual Performance and Evaluation Report, 2000-2000.

⁶⁴Boland, Tom. AIDS Homeless Crisis Rages in LA as HOPWA \$17 Millions Go, AIDS Healthcare Foundation.

⁶⁵Sadownick, Douglas. AIDS Housing Agency Can't Spend Fast Enough, LA Weekly. October 23-29, 1998.

The combination of the controversial Advisory Committee and the continuing problem of unspent funds creates a dismal atmosphere for AIDS housing in Los Angeles. The conflict of interest that is representative of LACHAC is detrimental for the AIDS housing community and does not ensure that the contracts are awarded to the best or most capable nonprofit or agency. Furthermore, the endless cycle of unspent funding leaves many PWA without services and further perpetuates the AIDS homeless epidemic in Los Angeles.

AIDS Housing has become an important issue in the

could be alleviated if the city redirected those HOPWA funds back to HPD from HASA, and funded HASA through local taxes. With the development of permanent housing, funds could be redirected from the financially draining SROs.

the CBOs cannot alleviate the AIDS Housing problem themselves, they need the support from an efficient city government committed to helping PWA who need housing. Unfortunately the city has devoted HOPWA funds in the direction that does not increase the development or stock of AIDS Housing. This has left the HPD with practically no budget for new development and necessitated the spending of millions towards SROs that are only temporary and unfit for a special needs population. Of the approximately 26,000 people living with HIV/AIDS who requested permanent housing in 2002, only 2% had their need met⁸¹. The New York City government, needs to reevaluate its appropriations and work in conjunction with the available and successful nonprofits in the city in order to provide housing for PWA who need it.

The San Francisco HOPWA formula grant serves PWA and their families in the San Francisco MSA which consists of Marin, San Mateo, and the San Francisco Counties⁸²

⁸¹Darryl Ng. NYC's Inability to Meet the Housing Needs of New Yorkers living with HIV/AIDS, Testimony Presented to the New York City Consolidated Plan. November 7, 2002.

⁸²Homes & Communities; U.S. Department of Housing and

housing feel that overall the city does a good job with the funds that are provided but would like to see more development of units.

living, independent and services-enriched housing, and adult day health⁹¹. Currently, Seattle provides 85 transitional/short-term units, 321 permanent units, 18 assisted care units, and 35 skilled nursing units⁹². Furthermore, Seattle-King County's inventory of housing dedicated to people living with AIDS is increasing. The number of transitional/short-term independent housing units has increased from 68 to 85, and the number of permanent, independent units has increased from 318 to 321⁹³. Seattle's AIDS Housing waiting list varies by program, from 6 people waiting for the Transitional to Permanent to 53 people waiting for the Seattle Terminally Ill Voucher Program⁹⁴. Overall, there are about 100 people waiting for housing assistance.

The Seattle EMSA , like other EMSA's, has been able to attract other non-HOPWA resources for supportive services to our HIV/AIDS population through several non-HUD agencies including; Medicaid, State DSHS Adult Family Home and Skilled Nursing Reimbursement, private fundraising, resident participation, the Ryan White CARE Act, and the City of Seattle Human Services Program⁹⁵. In addition to these other funding sources the Seattle HOPWA program is complimented by several HUD programs; Section 8 set-asides, CDBG, the McKinney Homeless Program and the HOME Investment Partnership Program⁹⁶. This diverse use of HUD and non-HUD funding sources creates a Consortium of Care concept to eligible Seattle clients⁹⁷.

⁹¹Office of the Mayor. Mayor Nickels Announces \$1.6 Million in AIDS Housing Programs, New Release. November 6, 2002.

⁹²AIDS Housing of Washington. 2001 Report on HIV/AIDS Housing in Seattle-King County. April 2001.

⁹³AIDS Housing of Washington. 2001 Report on HIV/AIDS Housing in Seattle-King County. April 2001.

⁹⁴AIDS Housing of Washington. 2001 Report on HIV/AIDS Housing in Seattle-King County. April 2001.

⁹⁵Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Washington. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /washington.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/washington.cfm)

⁹⁶Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Washington. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /washington.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/washington.cfm)

⁹⁷Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Washington. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /washington.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/washington.cfm)

Those involved in AIDS housing in Seattle feel that overall the City does a good job. Many providers express feelings that the program could be better, but the agencies and providers involved do a favorable job with the resources they are allocated. When asked about the future of Seattle's AIDS Housing, Jude Jackson from Rosehedge felt that the best way to address the increasing AIDS population is to work with other organizations and agencies to provide units within other projects (referred to as set asides), a practice which is already underway in Seattle⁹⁸. Furthermore, Anson Laytner, a ten year veteran with Multifaith Works stated, " My longevity helps me see that HOPWA has gone from being Ryan White's step-sister, to being a full fledged,

Part III



cumulative cases of AIDS. Furthermore, the health of AIDS patients declines as the price of housing and services increase. When these patients get sick they turn to other costlier form of healthcare, like emergency room visits. In addition, as rising housing costs continue to outpace HOPWA funding allocations, it becomes increasingly important that localities maximize their use of HOPWA funds for housing assistance and development¹⁰³. If the government wishes to combat this trend it must increase the funding for housing and supportive services.

Furthermore, the HOPWA Formula Program needs to ad

STAP program, which provides rental assistance, is

The policies set forth by some of the smaller cities, like Atlanta or Boston, are very straightforward and concise. Their HOPWA allocations go for specific programming, like towards the development of units, and are not extended throughout a wide variety of programs (like pet care, which is the case in Los Angeles). Furthermore, government officials and service providers in both Atlanta and Boston stress fluid communication between both entities to ensure that everyone is caught up to date. This feeling of partnership and community is lacking in New York and Los Angeles', rather, a sense of animosity exists between the service providers and government agencies. In Los Angeles this is due in part to the continual mismanagement of funds, and in New York it partly arises out of the fact that no funds are going towards development. The service providers feel that their voice is not being heard by their city counterparts. Therefore, it is evident that one aspect of having an effective AIDS housing program is ensuring cooperation among government officials and service providers. In this manner everyone is caught up on current issues and everyone feels as if they are working together, not against one another.

referable to the same point in time.

means any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to carry out eligible activities under this part. The selection of project sponsors is not subject to the procurement requirements of 24 CFR 85.36.

[60 FR 1917, Jan. 5, 1995]

(a)

submitted in response to a Notice of Funding Availability published in the Federal Register. All States and units of general local government and nonprofit organizations are eligible to apply for competitive grants to fund projects of national significance. Only those States and units of general local government that do not qualify for formula allocations are eligible to apply for competitive grants to fund other projects.

(d) If HUD makes a procedural error in a funding competition that, when corrected, would warrant funding of an otherwise eligible application, HUD will select that application for potential funding when sufficient funds become available.

[57 FR 61740, Dec. 28, 1992, as amended at 61 FR 7963, Feb. 29, 1996]

(a) All States, units of general local government, and nonprofit organizations, may apply for grants for projects of national significance.

(b) Only those States and units of general local government that do not qualify for formula grants, as described in Sec. 574.100; may apply for grants for other projects as described in Sec. 574.200(a)(2).

(c) Except for grants for projects of national significance, nonprofit organizations are not eligible to apply directly to HUD for a grant but may receive funding as a project sponsor under contract with a grantee.

(1) Housing information services including, but not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap;

make the improvements.

(iii) The leased structure will be used exclusively for secular purposes available to all persons regardless of religion.

(iv) The lease payments paid to the primarily relig

(iii)

individual is relocated to a short-term supported housing facility, supportive services may be provided to individuals when they remain in their residence because the residence is appropriate to the needs of the individual. In the latter case, a rent, mortgage an

(b) A grantee that is a State shall obtain the approval of the unit of general local government in which a project is to be located before entering into a contract with a project sponsor to carry out an activity authorized under this part.

(c) A grantee that is a city receiving a formula allocation for an EMSA shall coordinate with other units of general local government located within the metropolitan statistical area to address needs within that area.

The grantee shall agree, and shall ensure that each project sponsor agrees, that no fee, except rent, will be charged of any eligible person for any housing or services provided with amounts from a grant under this part.

The grantee shall agree, and shall ensure that each project sponsor agrees, to ensure the confidentiality of the name of any individual assisted under this part and any other information regarding individuals receiving assistance.

TITLE 24--HOUSING AND URBAN DEVELOPMENT
SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT

574.500 Responsibility for grant administration.

574.510 Environmental procedures and standards.

574.520 Performance reports.

574.530 Recordkeeping.

Deobligation of funds.

(a) Grantees are responsible for ensuring that grants are administered in accordance with the requirements of this part and other applicable laws. Grantees are responsible for ensuring that their respective project sponsors carry out activities in compliance with all applicable requirements.

(b) The grant agreement will provide that the grantee agrees, and will ensure that each project sponsor agrees, to:

(1) Operate the program in accordance with the provisions of these regulations and other applicable HUD regulations;

(2) Conduct an ongoing assessment of the housing assistance and supportive services required by the participants in the program;

(3) Assure the adequate provision of supportive services to the participants in the program; and

(4) Comply with such other terms and conditions, including recordkeeping and reports (which must

include racial and ethnic data on participants) for program monitoring and evaluation nmtUesiiuVLR2t0R9V812O0951Nk912FkCVN92
nl8VkcCVN92v0L5V8RNRCVvk2s04V59CkR12h0C5kLkRN2E04k51YYVLCLL2r041VLCLL2,0495NRCC92o04k51YkLC2t0411LL2r041
aVIR2d0L5V8RVV2d0858VR

(a) . For a formula grant recipient, the performance reporting requirements are specified in 24 CFR part 91.

(b) . A grantee shall submit to HUD annually a report describing the use of the amounts received, including the number of individuals assisted, the types of assistance provided, and any other information that HUD may require. Annual reports are required until all grant funds are expended. [60 FR 1918, Jan. 5, 1995]

Each grantee must ensure that records are maintained for a four-year period to document compliance with the provisions of this part. Grantees must maintain current and accurate data on the race and ethnicity of program participants.

[57 FR 61740, Dec. 28, 1992, as amended at 60 FR 1918, Jan. 5, 1995]

TITLE 24--HOUSING AND URBAN DEVELOPMENT
SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT

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574.600 Cross-reference.

574.603 Nondiscrimination and equal opportunity.

574.605 Applicability of OMB circulars.

574.625 Conflict of interest.

574.630 Displacement, relocation and real property acquisition.

574.635 Lead-based paint.

574.640 Flood insurance protection

574.645 Coastal barriers.

574.650 Audit.

574.655 Wage rates

(2) The cost of required relocation assistance is an eligible project cost in the same manner and to the same extent as other project costs. Such costs also may be paid for with funds available from other sources.

(3) The grantee shall maintain records in sufficient detail to demonstrate compliance with these provisions.

(f) . (1) For purposes of this section, the term "displaced person" means a person (family, individual, business, nonprofit organization, or farm) that moves from real property, or moves personal property from real property, permanently, as a direct result of acquisition, rehabilitation, or demolition for a project assisted under this part. This includes any permanent, involuntary move for an assisted project including any permanent move for an assisted project, including any permanent move from the real property that is made:

(i) After notice by the grantee, project sponsor, or property owner to move permanently from the property, if the move occurs on or after the date that the grantee submits to HUD an application for assistance that is later approved and funded;

(ii) Before the submission of the application to HUD, if the grantee, project sponsor, or HUD determines that the displacement resulted directly from acquisition, rehabilitation, or demolition for the assisted project; or

subparts A, B, H, J, K, M, and R of this part apply to activities under this program.

[64 FR 50226, Sept. 15, 1999]

Effective Date Note: At 64 FR 50226, Sept. 15, 1999, Sec. 574. 635 was revised, effective Sept. 15, 2000. For the convenience of the user, the superseded text is set forth as follows:

The grantee and project sponsor must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and implementing regulations at 24 CFR part 35, as applicable. In addition, the grantee and project sponsor must also meet the following requirements relating to inspection and abatement of defective lead-based paint surfaces;

(a) Treatment of defective paint surfaces must be performed before final inspection and approval of the renovation, rehabilitation or conversion activity under this part; and

The Ryan White Care Act: Reauthorization

Dateline: 01/24/00

In August 1990, Congress signed the Ryan White CARE Act and in doing so created a system of services that has greatly improved the quality and availability of health care services for people living with and affected by HIV and AIDS. Named for Ryan White, the HIV positive teenager from Indiana who made headlines with his brave fight against ignorance and prejudice, the CARE Act funds a variety of health and social programs across the country. Now the time has come for Congress to reauthorize the Act so thousands of people living with HIV and AIDS can continue to receive the quality care that was lacking before the Act was signed ten years ago. To understand the importance of the Ryan White Care Act, one must look at the essential services it provides.

Title I

Title I provides grants in metropolitan areas where the epidemic has hit hardest. Metropolitan areas such as Detroit, Philadelphia and New York all receive these monies to provide care for the disproportional numbers of HIV infected persons in their cities. Services made available by Title I include outpatient health care, case management, home health and hospice care, housing, nutrition services and transportation.

Title II

Title II provides funding to states and is used for such services as testing, education, and prevention, home and community based health care, medications through the AIDS Drug Assistance Program (ADAP), local consortia that assess the needs of the HIV population and assist in implementation of services to meet those needs, and direct health support services.

Title III

Title III provides for early intervention out-patient care for all persons living with HIV. Monies distributed to individual medical facilities and agencies provide primary medical care, health education, and psychosocial services designed to facilitate easy access to services, which in turn helps people live healthier, more productive lives.

Title IV

Programs funded by Title IV, provide family centered care for children, women and families. The majority of people serviced by Title IV are poor, minorities, and have limited access to housi,rv

benefiting from these funds.

AIDS Education and Training Center Program

This national network conducts multidisciplinary ed

__TTTThe Community Development Block Grant (CDBG) program works largely without fanfare or recognition to ensure decent affordable housing for all, and to provide services to the most vulnerable in our communities, to create jobs and expand business opportunities. CDBG is an important tool in helping local governments tackle the most serious challenges facing the

__TTTSummary:

regulations are at 24 CFR 582. These regulations, program notices, and other relevant technical information on Shelter Plus Care are available electronically through HUDCLIPS. The Office of Special Needs Assistance Programs at the HUD Office of Community Planning and Development (CPD) administers the program. Contact: Allison Manning, 451 7th Street, SW, Washington, DC 20410, (202) 708-0614 ext. 4497. Hearing impaired users may call the Federal Information Relay Service at 1-800-877-8339.

For More Information:

More information can be obtained from the HUD's Office of Policy Development and Research published a National Evaluation of the Shelter Plus Care Program, available by calling HUD USER (1-800-245-2691) or visiting its website at <http://www.huduser.org>. In addition, CPD publishes Understanding the Shelter Plus Care Program (1997, SN0090), available free from Community Connections (1-800-998-9999).

Other related publications available from Community Connections include:

Building Continuum of Care System (1996, SN0053);

Continuum of Care (1994, SN0004);

Continuum of Care: A Report on the New Federal Policy to Address Homelessness (Columbia University, 1996, SN0099);

Annual Progress Report (APR) for Competitive Homeless Program (1996, SN0076)

For general information on HUD policies, programs, and initiatives for the homeless, see News for the Homeless at the HUD website. Or call HUD's new toll-free National Homeless Assistance Hotline (1-800-HUD-1010), which provides callers from across the country with the names and phone numbers of local homeless assistance providers, as well as tips on what individuals can do help the homeless.

HUD VET, HUD's Veteran Resource Center, offers information and referrals on homelessness and affordable housing for veterans and their families.

Section 8

\d 4Unlike public housing which allows low income families and individuals to rent directly from a local housing agency (HA) which sets rent at an affordable level, Section 8 (often referred to as the "Housing Choice Voucher Program") was created to allow very low income (defined as 50% or less of the local median income) families and individuals to rent on the private market using vouchers which cover a portion of the monthly rentt SecCN2i04C5R8YV2n041519kV91kV92 01V5Lkk2o0441512 0485N

- name, sex, date of birth and relationship to the head of household of all persons who will be living in the housing;
- address and phone number;
- any family characteristics (disability, veteran status, substandard current housing, etc.)

Boston-Federal Fuel Assistance funds

Gas prices that doubled and soaring home heating oil prices that reached almost \$2 per gallon last winter created a crisis for fuel assistance clients, who, as in the previous winter, saw their entire season's allocation exhausted by one oil delivery. The ABCD (Action for Boston Community Development) leadership and federal and state officials responded quickly in a series of moves that enabled the fuel assistance program to continue to meet needs in low-income neighborhoods despite the dramatically high costs of natural gas and heating oil. In 2000-2001, the ABCD Fuel Assistance Program served 14,000 low-income families in Boston, Brookline and Newton, including a high proportion of elderly and disabled persons.

With strong advocacy from the Massachusetts Congressional delegation, President Clinton immediately released federal oil emergency funds, raising the overall Massachusetts allocation from to \$98 million (up from \$44 million in 1999). Guidelines for the additional funds enabled ABCD program managers to target assistance where it was needed most. In some cases, clients received up to \$1,100 in benefits; in earlier years, benefits had been capped at \$420. In case additional help was needed, the state again passed a resolution for \$12 million in emergency funds.

In February, NSTAR electric (formerly Boston Edison) donated \$80,000 to ABCD to help fuel assistance clients and gas company KeySpan contributed \$180,000, giving a much-needed boost to ABCD's efforts to help low-income residents of Boston, Brookline and Newton stay warm during

process. We seek a diversity of proposals and applicants. We encourage all parties to apply for the sixth round funds. The County has a dire need for m

- 8) How does the city deal with the issues of people with AIDS that have a multi-diagnosis? Like drug addiction or mental illness.
- 9) When a person with AIDS decides they need housing assistance, is it easy for them to obtain it? Or is the system too complicating and is the paperwork not readily available?
- 10) Do you foresee the city having problems meeting the housing needs for people with AIDS in the future?
- 11) Do you feel the need for AIDS Housing will increase in the future? If so, what will be the best way to address that increase?
- 12) What are your overall perceptions of the HOPWA program in your city?

Regarding the mural on the cover of this report:

Students from New Haven's Jackie Robinson and Roberto Clemente Schools along with Hartford's Carmen Arace and Quirk Middle Schools collaborated on this powerful mural — painted under the direction of artist Robert Ruff. Health educators from the Hill Health Center, Connecticut's oldest community health facility, worked with the school's art teachers to choose the children who would participate in this AIDS awareness mural.