APPENDIX B

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

CONSOLIDATED PLAN
&
ACTION PLAN

Federal Fiscal Year 2006

THE DISTRICT OF COLUMBIA

On behalf of the
Washington, D.C. Eligible Metropolitan Area (EMA):
District of Columbia, Suburban Maryland,
Suburban Virginia, and Suburban West Virginia

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PART I. Introduction

A. Lead Agency and EMA Jurisdictions

The District of Columbia Department of Health (DOH), HIV/AIDS Administration (HAA) will serve as the Regional Grantee and Project Sponsor for the District of Columbia during the 2006-2010 program period.

HAA will provide sub-grants to Project Sponsors in suburban jurisdictions that, in turn, will sub-contract with local service providers. HAA sub-grant Project Sponsors include:

HAA sub-grant Project Sponsors include:

- **Prince George County Department of Housing and Community Development (suburban Maryland)**

The HOPWA Program in Suburban Maryland (P. G. County, Calvert & Charles) will play a vital role in assisting Marylanders who are challenged by HIV/AIDS. While expanding housing resources for this population, the Counties will also provide clients access to health-care and other services offered through the Ryan White Care Act and other programs. Suburban Maryland jurisdictions operate HOPWA programs in collaboration with the nonprofit organizations that help clients meet the daily needs for housing, mental health, substance abuse and other supportive services. Each HOPWA agency assists participants move toward self-sufficiency by providing referrals to job training and rehabilitation programs. All of the HOPWA agencies in Suburban Maryland participate in their respective County's *Continuum of Care* Plan. The priorities and allocations of the Suburban Maryland region correlate with those of the Washington, D.C. Eligible Metropolitan Area.

- **Northern Virginia Regional Commission (NVRC)**

The Suburban Virginia portion of the EMA will serve16 counties and cities in rural and urban areas, and comprises two distinct service areas for HOPWA planning purposes. The Northern Virginia Regional Commission (NVRC) is the Project Sponsor on behalf of Suburban Virginia and will sub-grant HOPWA funds to county housing agencies and non-profit organizations throughout the Suburban Virginia region on behalf of the District of Columbia grantee.

The *Northern Virginia* service area of Suburban Virginia includes Arlington, Fairfax, Loudoun and Prince William counties, and the cities of Alexandria, Falls Church, Manassas, Manassas Park, and Fairfax. The *Northwest Virginia* service area includes the City of Fredericksburg, and Clarke, Fauquier, King George, Spotsylvania, Stafford, and Warren counties. Over 2,300 persons are currently living with AIDS in Suburban Virginia.

The cities of Alexandria and Fredericksburg and the counties of Arlington, Fairfax, and Prince William are HUD Entitlement Jurisdictions, and as such engage in their own Consolidated Planning Process. Loudon County conducts its own Modified Consolidated Planning Process. All other jurisdictions in Suburban Virginia jurisdiction are included in the Consolidated Planning process for the Commonwealth of Virginia.

- **West Virginia AIDS Network of the Tri-State Area**

The AIDS Network of the Tri-State Area (ANTS) is the administrative agent for the Ryan White Title I and HOPWA funding for the West Virginia jurisdiction of the Washington DC EMA. ANTS serves Jefferson County as Berkeley County has been dropped based on the 2002 census. In the West Virginia's Statewide Coordinated Statement of Need, current and emerging needs in housing were identified as increasing the availability of safe and affordable assisted living housing, transitional housing and public housing for all PLWHAs and their families. The housing should offer support services to those PLWHAs who have been multiply diagnosed and have substance abuse or mental health issues. Barriers and gaps to these services were identified as situations unique to the geography of the state of West Virginia, such as a lack of transportation infrastructure, and the lack of housing with support services. Support services needed in the state of West Virginia were identified as better access to medical care, mental health care and entitlement programs. The barriers to access are the lack of a transportation infrastructure. West Virginia is presently experiencing a medical crisis, which includes rising medical malpractice insurance rates and qualified medical personnel leaving the state. This crisis has also prevented the state from attracting qualified medical personnel to care for those infected with HIV.

These three (3) sub-grant project sponsors are responsible for their counties and jurisdictions.

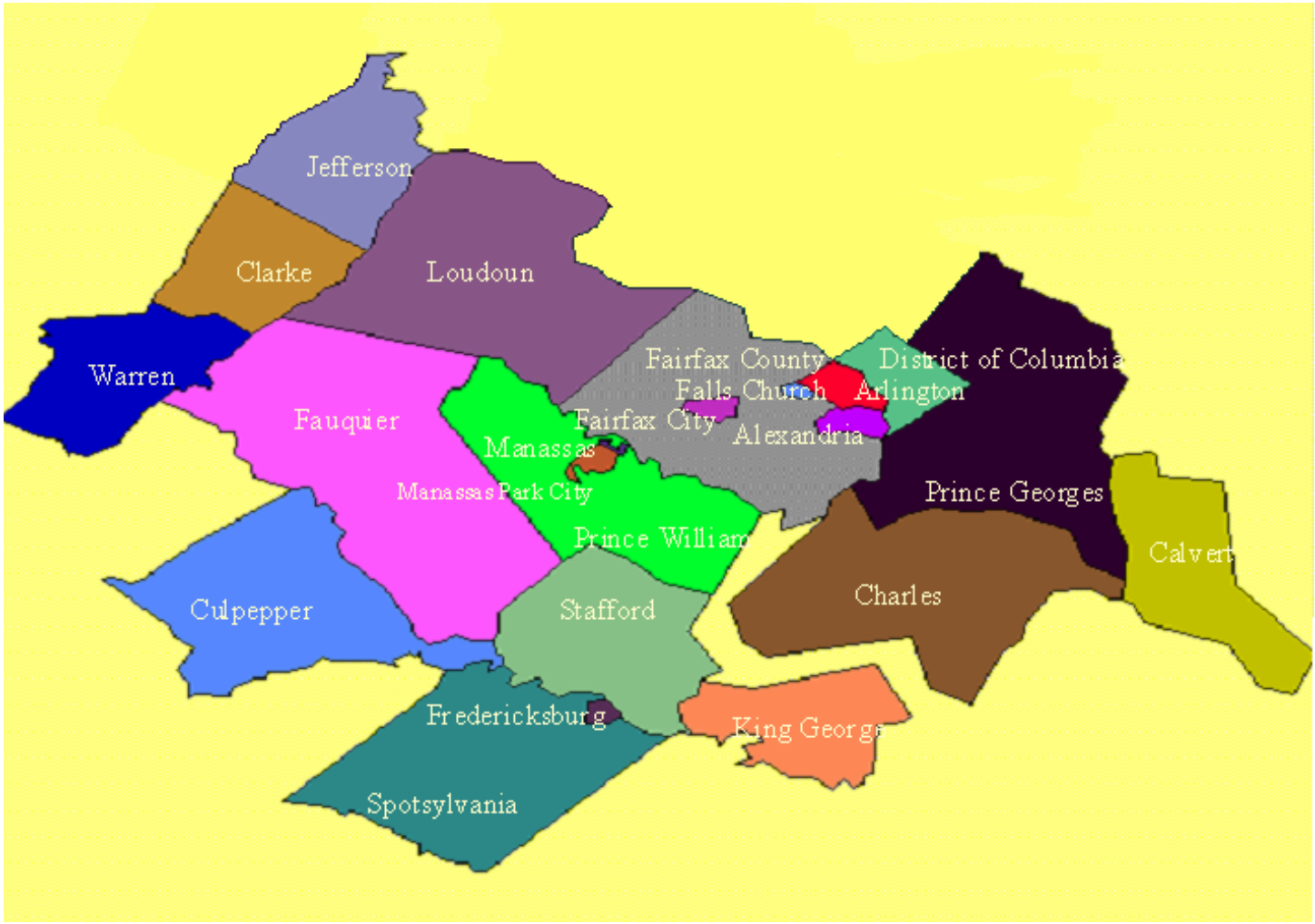
E. Map of the Washington D. C. Eligible Metropolitan Statistical Area (EMSA)

District of Columbia

Suburban Maryland
Calvert County
Charles County
Prince Georges County

West Virginia
Jefferson County

Virginia
Alexandria City
Arlington County
Clarke County
Culpepper County
Fairfax City
Fairfax County
Falls Church City
Fauquier County
Fredricksburg City
King George County
Loudoun County
Manassas City
Manassas Park
Prince William
Spotsylvania
Stafford
Warren



The Washington, DC EMA is comprised of the District of Columbia, a densely populated area which encompasses 61 square miles and neighboring counties in three states: suburban and rural Maryland, northern Virginia, and rural West Virginia. The geographic area covered by the EMA spans more than 150 miles and it covers more than 6,800 square miles, which includes 25 distinct political jurisdictions, resulting in many challenges in providing services in the region.

The EMA contains ethnic, racial and linguistically diverse inner cities and sparsely populated rural areas. Since the first case of HIV/AIDS was reported in 1981, the distribution of HIV/AIDS cases in the EMA has been centralized in the District of Columbia; however, it is important to note that the prevalence of HIV disease is well known throughout the EMA DC and spreads out to the farthest reaches of the area, with the fewest number of cases in the two rural counties in West Virginia. In recognition of the importance of accessing housing, HOPWA, will set aside funds to assure that services are offered in all areas within the EMA, especially those areas with increased accessibility issues.

Demographics

According to the 2000 U.S. census, the Washington DC EMA total population was close to 4.9 million people. Of the 4.9 million, over 38,000 or 783 per 100,000 residents were people living with HIV or AIDS residing in the EMA. Within the EMA, the majority of the population is culturally and ethically diverse, however, the rate of HIV/AIDS disproportionately impacts the poor and the marginalized and in particular, African Americans and others of African descent. For example, while 44% of the EMA's residents are people of color, they account for 84% of the estimated persons living with HIV/AIDS. Specifically, Blacks account for 26% of the EMA's population and 76% of the estimated living HIV/AIDS cases in the EMA.

Race/Ethnicity	White	Black	Hispanic	Other
Total percent of EMA Population *	56%	**26%**	9%	9%
Percent of Living HIV/AIDS Cases in the EMA**	16%	**76%**	5%	3%

*Source: 2000 US Census Data
**Source: HIV and AIDS prevalence data for Washington, DC EMA, December 31, 2002 (Table 1)

Of the 4.9 million living in the EMA, eleven percent (11%) of the EMA's population is uninsured and an estimated 30% is living at or below 300% of the Federal poverty level. It is important to note that service utilization data from Ryan White indicates that these figures are much higher for people who are HIV-infected and who live in the EMA then in the general population.

A. The Demographics of HIV/AIDS

Washington, D. C. EMA HIV/AIDS Facts:

- Between January 1, 2002 and December 31, 2003, a total of 2,942 new AIDS cases were diagnosed in the EMA. This represents an average of 123 new cases each month.

- On December 31, 2003, a total of 15,072 people were living with AIDS in the EMA.
- The AIDS case rate climbed from 32.5 per 100,000 in December 2001 to 35.4 per 100,000 in December 2002. (Source: Centers for Disease Control and Prevention, October 27, 2003)
- Of the 15,072 people living with AIDS on December 31, 2003, one-fifth (20%) were diagnosed in the two-year period of January 1, 2002 to December 31, 2003.
- On December 31, 2003, an estimated total of 19,550 people were living with HIV (not AIDS) in the Washington, DC EMA.
- On December 31, 2003 an estimated total of 38,000 people were living with HIV or AIDS in the Washington, DC EMA.
- Racial and ethnic minorities account for 82% of the individuals living with HIV or AIDS in the EMA, while they comprise only 44% of the total population of the EMA.

HIV/AIDS Population Characteristics:

Comparing AIDS prevalence to HIV prevalence estimates offers some insight into HIV infection trends in the Washington DC EMA:

- While blacks account for 73.7% of the living AIDS cases as of December 31, 2003, they account for 74.2% of the estimated HIV prevalence for the same period—this trend of blacks accounting for a slightly increasing portion of HIV prevalence has been steady for a number of years and shows that new infections are increasing among black communities in the EMA. During the same time period, whites account for 19.9% of the AIDS prevalence and only 16.3% of the HIV prevalence, indicating that whites account for a decreasing portion of new infections as the epidemic enters its third decade.

- Women make up 25.9% of the AIDS prevalence and 32.04% of the HIV prevalence, indicating that new infections among women are increasing rapidly within the Washington DC EMA.

- Older adults account for approximately one-third of the new AIDS cases diagnosed between January 1, 2002 and December 31, 2003, and about one-fourth of people estimated to be living with HIV or AIDS as of December 31, 2003. Providing appropriate health care that addresses both HIV/AIDS and aging issues is complex and expensive.

- While Intravenous Drug Users (IDUs) comprise 24% of living HIV and AIDS cases as of December 31, 2003, they account for only 15.4% of new AIDS diagnosis between January 1, 2002 and December 31, 2003. However, 22% of the cases have an unreported risk, and it is safe to assume that additional IDUs who did not disclose their drug use are among these cases. Identifying IDUs with HIV and linking them with care, and assuring that they remain care and follow prescribed treatment regimens is a complex challenge faced by the EMA.

Impact of HIV/AIDS

Impact on the African American population

A continuing trend in the EMA is the disproportionate impact of HIV/AIDS on the black population. Blacks account for 80.3% of newly diagnosed AIDS cases from January 1, 2002 to December 31, 2003, and 74.3% of people estimated to be living with HIV (not AIDS) in the EMA on December 31, 2003. This is particularly disturbing as blacks represent only 26% of the population of the EMA. Service providers in the EMA report that an increasing number of immigrants among the black clients they serve, face a variety of challenges (including cultural and linguistic barriers) when accessing services for HIV/AIDS.

Impact on men who have sex with men (MSM)

Recent studies indicate that urban areas tend to attract MSM, and the current estimates indicate that between 4%-5% of the men engage in same-sex behavior. However, MSM account for 40.8% of the people living with AIDS and 28.5% of the AIDS cases diagnosed between January 1, 2002 to December 31, 2003, demonstrating a clear disproportionate impact.

Impact on women

Early in the epidemic, HIV/AIDS was considered to be a disease that affected primarily men. Nationally, women comprise about 18% of the total cumulative AIDS cases, according to CDC surveillance reports. This yields a male to female ratio of 1: 5.55 cases. In the Washington DC EMA, women comprise 32.4% of AIDS cases diagnosed between January 1, 2002 and December 31, 2003, and 32.04% of the estimated number of diagnosed people living with HIV (not AIDS) on December 31, 2003. In the District of Columbia, the largest jurisdiction in the Washington DC EMA, black women comprised 93.8% of living female AIDS cases in 2003. The Department of Health reports that in Wards 7 and 8 of the District of Columbia, the male to female ratio of HIV infection is less than 1:2. This has prompted the EMA to offer gender-specific services for women and to launch an initiative related to women and HIV/AIDS that includes prevention, early intervention, and primary care services.

Estimated level of service gaps among PLWH/A in the EMA

Combining HIV and AIDS prevalence data yields a total of 38,000 people diagnosed and living with HIV or AIDS in the Washington, DC EMA. The unmet need framework estimates a total of 14,192 people living with HIV/AIDS in the EMA who are out of care. Service utilization data is prone to duplicate counts of clients who access services funded by more than one source.

PART III. STRATEGIC PLAN, FIVE YEAR PRIORITIES

Priority Needs in the EMA

Recent population growth in the EMA, combined with a very volatile housing market has created housing pressures overall, and have been a factor in the loss of affordable units through conversion to higher-cost housing.

There is an impact on programs to assist persons living with HIV/AIDS to find and remain in HOPWA housing since they must often include programs to address credit problems, promotion and development of "shared housing" arrangements among persons living with HIV/AIDS, assistance in improving credit, and housing information, referral and placement. Special efforts will be spearheaded to support the development of housing for families with children, and to stabilize currently adequate living conditions to prevent homelessness and premature placement of dependent children into foster care.

A. Homelessness: Nature and Extent of Homelessness

The problem of housing reaches beyond the simple distinction of homelessness. In 2004, the Ryan White Title I program conducted a needs assessment survey. A total of 1,166 persons responded. Of those that responded to the survey, 5% indicated that they were homeless, while an additional 3% were living in a shelter, 6% were living in a recovery program or halfway house, and 8% were in an assisted living facility. Service utilization data for 2003 indicates a total of 2,302 Ryan White Title I clients have unstable housing (either homeless, institutionalized, or non-permanent housing), representing 10.5% of the total 21,967 Title I clients in the EMA. Fifty-four percent (54%) participating in the survey rented or owned their own home.

According to the *2004 Homeless Enumeration for the Washington Area* published by the Metropolitan Council of Governments, along with estimates for rural counties within the EMA not covered by this study, a total of 16,155 individuals within the EMA were homeless, suggesting a homelessness rate of 308.7 per 100,000 residents.

Access to Homeless Services:

Being homeless or having unstable housing presents a challenge in accessing necessary medical and social services due to residency requirements that are a component of most eligibility determinations. Further, many of the housing assistance programs have time limitations on them, and provide only temporary housing situations. Frequent change of address makes it difficult to track clients and provide continual high quality services including but not limited to, adherence counseling.

Many homeless individuals "drop in and out" of services. In many instances, they drop out when they do not have stable housing, and later drop back in when they have access to housing or when their illness has become s debilitating thereby resulting in hospitalization. Moreover, the additional costs associated with housing people and providing transportation are coupled with higher costs associated with addressing other factors associated with homelessness including substance use, mental illness, and/or unemployment. In order to adequately provide medical services to the homeless, all of these issues need to be addressed. Unfortunately each issue requires a multidisciplinary approach.

Low-income individuals and children present different challenges for the housing community especially when they represent the poor and marginalized. In many instances these individuals fail to have the fundamental skills needed to maintain housing.

Homelessness and HIV/AIDS

Homelessness in collaboration with HIV disease is exacerbated when combined with racial and ethnic issues. This is due primarily to the fact that stigma is associated with HIV/homelessness and race. The District's HOPWA program is working to address the needs of this group by outreaching to diverse communities for the provision of housing that is culturally appropriate, safe and secure.

Homeless Family Needs

The EMA estimates that 700 homeless families with HIV/AIDS need assistance. Currently, 457 families are being served, and over the next five years, and additional 243 families will be provided with housing and support at a rate of approximately 49 per year.

Table 1, on the following page, contains information on the housing and support services that the EMA plans to deliver to address the needs of homeless families. Over the five-year period, the EMA will provide the following housing assistance: tenant –based rental assistance to 72 unduplicated families, emergency housing for 120 families, and supportive housing for 51 families. Support services will be provided as follows: case management for 243 families, job training and life skills training for 165, and transportation for 58families.

Homeless Needs Table: Families *EM A*

	Homeless Needs	Needs-	Current=	Gap	5-Year Quantities											
					Year 1		Year 2		Year 3		Year 4		Year 5		Cumulativ	
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actu
Beds	36.Tenant Based Rental	150	122	28	5		5		5		6		6		28	
	37.Emergency Housing	120	35	85	17		17		17		17		17		85	
	38.Supportive Housing	140	60	40	8		8		8		8		8		40	
	Total	410	217	193	38		38		39		39		39		193	
Supportive Services	39.Job Training	200	43	157	31		31		31		31		31		157	
	40.Case Management	627	217	410	82		82		82		82		82		410	
	41.Substance Abuse Treatment	0	0	0											0	
	42.Mental Health Care	0	0	0											0	
	43.Housing Placement	0	0	0											0	
	44.Life Skills Training	200	43	157	31		31		31		31		31		157	
	Other (Transportation	60	30	30	6		6		6		6		6		30	
People	45.Chronic Substance Abusers	0	0	0											0	
	46.Seriously Mental III	0	0	0											0	
	47.Dually Diagnosed	0	0	0											0	
	48.Veterans	0	0	0											0	
	49.Persons with HIV/AIDS	410	217	193	38		38		39		39		39		193	
	50.Victims of Domestic Violence	0	0	0											0	
	51.Youth	0	0	0											0	
	Other	0	0	0											0	

Homeless Individuals:

The District's EMA has identified 1271 homeless individuals and 410 families in need of housing and support services. Currently 629 individuals and 217 families are receiving services. The EMA intends to serve 608 families and 2529 individuals over the five-year period.

Table 2, o n the following page, shows that within the plan timeframe, the EMA will provide tenant-based rental assistance to 1100 individuals with 468 unduplicated; emergency housing to 220 individuals, and supportive housing to 351 individuals. Job training and life skills training will be provided for 565 unduplicated individuals; and housing placement and case management services will be provided for 1271individuals. Transportation services will be provided for 35 unduplicated HIV positive homeless individuals.

Homeless Needs Table: Individuals : Individuals *EMSA*

	Homeless Needs	Needs-	Current=	Gap	5-Year Quantities Year 1 Goal	Year 1 Actual	Year 2 Goal	Year 2 Actual	Year 3 Goal	Year 3 Actual	Year 4 Goal	Year 4 Actual	Year 5 Goal	Year 5 Actual	Cumulativ Goal	Actu
Beds	36.Tenant Based Rental	1100	632	468	93		93		94		94		94		468	
Beds	37.Emergency Housing	300	80	220	44		44		44		44		44		220	
Beds	38.Supportive Housing	500	149	351	70		70		70		70		70		350	
Beds	Total	1900	629	1271	254		254		254		254		254		1271	
Supportive Services	39.Job Training	800	235	565	113		113		113		113		113		565	
Supportive Services	40.Case Management	1900	629	1271	254		254		254		254		254		1270	
Supportive Services	41.Substance Abuse Treatment	0	0	0											0	
Supportive Services	42.Mental Health Care	0	0	0											0	
Supportive Services	43.Housing Placement	0	0	0											0	
Supportive Services	44.Life Skills Training	800	235	565	113		113		113		113		113		565	
Supportive Services	Other (Transportation	70	35	35	7		7		7		7		7		35	
People	45.Chronic Substance Abusers	0	0	0											0	
People	46.Seriously Mental Ill	0	0	0											0	
People	47.Dually Diagnosed	0	0	0											0	
People	48.Veterans	0	0	0											0	
People	49.Persons with HIV/AIDS	1900	629	1271	254		254		254		254		254		1270	
People	50.Victims of Domestic Violence	0	0	0											0	
People	51.Youth	0	0	0											0	
People	Other	0	0	0											0	

The individuals to be served in Table 2 will be inclusive of current HIV positive consumers.

B. Existing Housing Resources – EMA

The following housing resources will be utilized to provide opportunities for those living with HIV/AIDS throughout the region. Additional resources will be sought or developed throughout the five-year period.

Tenant Based Rental Assistance Program

- Community Family Life Services
- DC CARE Consortium
- Greater Washington Urban League
- Housing Counseling Services, Inc.
- La Clinica del Pueblo
- Perry School Community Service Center
- Building Futures
- Our Children, DC

- Community Connections
- Northwest Church Family Family Network
- Terrific, Inc.

Facility Based-Housing w/Supportive Services

- Damien Ministries
- Joseph's House
- Miriam's House
- RIGHT, Inc.
- Transgender Health Empowerment
- Hill Residential Community
- Coates and Lane

Facility Based Emergency Housing w/Supportive Services

- Miracle Hands
- RAP, Inc.
- Our Place, Inc.
- Healthy DC Foundation

Multi-Service Day Treatment Program

- Miracle Hands

In Suburban Maryland, the following are HOPWA community partners:

- Prince George's County Department of Housing and Community Development
- Whitman Walker Clinic
- Southern Maryland Tri-County Action Committee.

In suburban Virginia, the following are HOPWA community partners:

- Northern Virginia Regional Commission (NVRC)
- Arlington Partnership for Affordable Housing;
- Birmingham Greene;
- Fairfax-Falls Church CSB;
- Homestretch;
- RPJ Housing Development Corporation,
- Wesley Housing Development Corporation.

C. Strategies and Objectives EMA

To meet its needs to serve Persons with HIV/AIDS, the EMA will employ the following strategies:

- Continued implementation and review of the EMA's Strategic Spending Plan 2006 – 2010
- Establish a diversified housing continuum of care through program development and access to non-AIDS specific housing resources;
- Increase participation, collaboration and leveraging with Ryan White, local DHCD Block Grant, mental health, and substance abuse programs;
- Improved reporting and client tracking;
- Empower clients toward self sufficiency through vocational, home ownership and/or other rehabilitation;
- Provide housing information and referral;
- Direct all major rehabilitation, repair and acquisition projects to target local CDBG, HOME and ESG grants for funding. For year 14, HOPWA funding will be used on a small scale and/or as the funding of last resort for rehabilitation, repair and acquisition projects;
- Establish housing plans and method to transition clients who are willing and able off assisted housing subsidies within a 30-month period.
- Establish select housing demonstration programs for targeted groups such as women.
- Develop Strategic Housing Plan for DC EMA
- Provide housing mediation services for tenants and landlords.
- Provide HUD Quality Standard Inspections and Environmental Reviews for tenants.

Specific EMA Objectives:

During the next five (5) years (2002-2010) the District EMA will exercise the proposed Action Plans by implementing the following services:

1: Housing and Support Services	**2006**	**2007**	**2008**	**2009**	**2010**
To provide HOPWA Program Services to 1464 unduplicated EMSA PWAs	292	293	293	293	293
To increase the number of unduplicated housing providers (24) by 20% each program year.`	29	35	42	50	60
2: Monitoring					
To provide monthly project monitoring and oversight to community and inter-jurisdictional housing providers.	x	x	x	x	x
To provide quarterly and annual site visits for community and inter-jurisdictional housing providers	116	140	168	200	240

3: Collaboration & Networking	**2006**	**2007**	**2008**	**2009**	**2010**
To facilitate a monthly provider meeting for existing providers consisting of one hour of business and one hour of training.	29	35	42	50	60
ESMA wide, develop 10 new partners to support HOPWA efforts (non-profit funders, developers, real estate agents, etc.)	5	10	10	10	10

Identify and mobilize 50 faith-based communities serving or interested in providing housing services to PWAs ESMA wide.	10	10	10	10	10
HAA participation in 100 meetings, conference calls, and satellite broadcasts with DHCD, HUD & the Community Partnership	20	20	20	20	20

4: Special Projects	**2006**	**2007**	**2008**	**2009**	**2010**
Acquisition and/or rehab of two (2) existing building via contract with non-profit housing developer	1	2	1	1	1
Provision of 3000 project-based /supportive services units for 1309 PWAs	600	600	600	600	600
Provision of 6301 supportive services units for 1423 PWAs	1260	1260	1260	1260	1260

The abovementioned projects are special in that the District's EMA has not provided acquisition, rehab or job training in recent years. In addition, the consumer home ownership initiative has been identified as a great need for clients enrolled in tenant-based rental assistance programs and is a first for the District. All of these services will be tracked by HAA's service delivery data-base X-press CARES.

Alignment of Jurisdictional Priorities with EMSA Priorities

The HIV/AIDS Administration developed the EMSA Priorities in order to bring the entire jurisdiction to a common goal albeit through different methodologies. Similarly, HAA worked closely with suburban jurisdictions to develop the Strategic Spending Plan for FY 2001 – 2004 and will continue these relationships to further develop and implement the Strategic Plan for 2006-2010. Overall the emphasis is still on long-term housing units, with short-term rental assistance offered within the grant allocation provided. Allocation and priorities in the use of HOPWA funds is based on temporary housing support until assistance can be secured through other sources. Only those clients with delays in securing alternative housing support or an inability to qualify for alternative housing support should be placed on tenant-based rental assistance. Supportive services are enhanced by the availability of Ryan White Title I and Title II, and HIV Prevention funding. HIV Prevention support provides Prevention Case Management services to clients who are at risk for re-infection or spreading the HIV disease to others.

District of Columbia EMSA– FY 2006 2010 Action Plan

HOPWA Eligible Activity	General Location of Service Provision	# of People to be Served	Costs
1. Housing Information Services *24 CFR 574.300.b.1*	EMSA	3,850	$ 2,055,000
2. Resource Identification - *24 CFR 574.300.b.2*	District of Columbia		
3. Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities - *24 CFR 574.300.b.3*	District of Columbia	150	$ 2,500,000
4. New Construction (for single room occupancy (SRO) dwellings and Community residences - *24 CFR 574.300.b.4*	District of Columbia		
5a. Project - based Rental Assistance - *24 CFR 574.300.b.5*	District of Columbia	584	$ 4,000,000
5b. Tenant-based Rental Assistance - *24 CFR 574.300.b.5*	EMSA	1318	$ 33,237,990
6. Short-term rent, Mortgage, and Utility payments - *24 CFR 574.300.b.6*	EMSA	3575	$ 3,389,645
7. Supportive Services –*24 CFR 574.300.b.7*	EMSA	5390	$ 5,370,355
8. Operating Costs - 24 CFR 574.300.b.8	Suburban Virginia		$
9. Technical Assistance – *24 CFR 574.300.b.9*	District of Columbia		$ 271,896.50
10a. Admin. Expenses - 7% cap – *24 CFR 574.300.b.10*	District of Columbia		$
10b. Admin. Expenses – Grantee 3% off the top - *24 CFR 574.300.b.10*	District of Columbia		$
Total		3969	$ **50,824,886**

The number projected in this table is an estimate based on current AIDS cases. The District begins its HIV reporting in FY06 and a substantial increase in the number of HIV cases is expected.

Part IV: Jurisdictional Priorities and Plans

A. The District of Columbia

Incidence of HIV/AIDS

Table 3 below shows the incidence of HIV/AIDS in the District of Columbia by geographic and demographic distribution, using the 8 political subdivisions (Wards).

Table 3. Incidence of HIV/AIDS in the District of Columbia

Ward	Cumulative AIDS Incidence December 31, 2003		Recent AIDS Incidence (1996 - 2003)		Recent AIDS Incidence Selected Risk Indicators				
	No.	%	No.	%	Female to Male Ratio (Adult Cases)	% Cases among Injecting Drug Users (IDU's)	% Cases Related to IDU through sex or childbirth	% Cases Heterosexual sex w/ a person with HIV; risk unspecified	MSM Total (Including MSM/IDU)
1	2,788	16.6%	1,068	15.5%	1 to 3.42	18.9%	4.0%	30.3%	45.8%
2	2,557	15.3%	886	12.9%	1 to 4.08	16.0%	3.6%	26.4%	53.0%
3	503	3.0%	118	1.7%	1 to 5.50	8.5%	3.4%	24.8%	63.2%
4	1,532	9.1%	667	9.7%	1 to 2.60	22.6%	4.4%	35.0%	36.8%
5	2,053	12.1%	915	13.2%	1 to 2.30	27.3%	5.5%	33.4%	33.4%
6	2,283	13.6%	903	13.1%	1 to 2.93	24.0%	5.5%	28.4%	41.3%
7	1,430	8.5%	735	10.7%	1 to 1.51	35.1%	7.7%	35.0%	21.4%
8	1,603	9.4%	876	12.6%	1 to 1.36	33.8%	7.6%	37.9%	20.2%
Total	14,749	87.7%	6,168	89.5%	1 to 2.45	24.7%	5.4%	31.9%	37.2%
Total	16,532*	100.0%	7,027*	100.0%	1 to 2.58	26.6%	5.6%	31.0%	36.0%

* Total includes 1,783 cases who were incarcerated, homeless, or with unknown residence.

Distribution of HIV/AIDS in the Community:

Since the advent and wide spread use of highly active anti-retroviral therapy, or HAART, in 1996 there has been a shift in the demographics of diagnosed AIDS cases. While the number of cases in wards 1 and 2 has declined slightly, the percentage of cases in ward 3 has fallen to half the number of cumulative cases. In addition, AIDS cases diagnosed among persons living in wards 7 and 8 have risen, with cases in ward 8 increasing by 3.2 percent.

The selected risk factors of recent AIDS incidence, following HAART, give some indication of the underlying differences in numbers of AIDS cases in the District. The ratio of female to male adult AIDS cases shows that there are approximately five times more male AIDS cases than female AIDS cases in ward 3. The burden of disease by gender is much more evenly distributed among persons living in wards 7 and 8, where the ratio of male to female adult AIDS cases in 1 to 1.51 and 1 to 1.36 respectively. Wards 7 and 8 have a much higher percentage of cases related to injecting drug use (IDU), with 35 percent of recent cases among IDU's in ward 7 and 34 percent of recent cases in ward 8. Cases related to injection drug use through sexual contact or childbirth are significantly higher in wards 7 and 8 compared to the District as a whole and to all other wards. The percentages of heterosexual contact cases in wards 7 and 8, thirty five (35) and thirty eight (38) percent respectively, are higher than the District as a whole and higher than in other wards.

The most affected segments of the population of recent and living AIDS cases are men who have sex with men (MSM), comprising the largest group, 32% (recent) and 37% (living) respectively. Injecting drug users comprise the next largest group in recent and living cases, with about 25% of recent and 24% of living AIDS cases among this group.

Also in the District, there is an increased impact of HIV/AIDS in the heterosexual community in the reporting period 1996 – 2003. AIDS cases attributed to heterosexual contact make up about 22% of recent AIDS cases and about 20% of living AIDS cases.

The recent requirement of HIV case reporting by laboratories has caused the number of newly discovered AIDS cases to significantly rise. AIDS cases reported to the health department from laboratory reporting often do not have risk information and are thus categorized as *no identified risk* or NIR. AIDS cases with *no identified risk* make up nearly 16% of living AIDS cases and about 19% of recent cases.

Homeless HIV/AIDS Families and Individuals –Needs for Housing and Support Services

There are different estimates of the need for homeless housing services. According to the Community Partnership for the Prevention of Homelessness, the unmet need for HIV+ homeless individuals is estimated to be 281 slots for individuals and 248 slots for homeless families. The gap analysis suggests that the total unmet need for HIV/AIDS housing services for the homeless is 529 slots.

The D. C. HIV/AIDS Administration (HAA) anticipates a greater unmet need based on the following:

- HAA has historically reported AIDS cases and not HIV;
- The Centers for Disease Control and Prevention (CDC) has mandated that the District report HIV cases;
- HAA epidemiologists have begun the surveillance of HIV and observed an enormous increase in infections;
- Two (2) wards of the District (7&8) have not received the housing outreach needed for their target population and will have a greater focus focus during implementation of this Consolidated Plan; and
- CDC's new initiative "Prevention for Positives" will greatly impact the numbers of Persons Living with HIV/AIDS currently being served.

In order to adequately address this need, approximately $11 - 14 million a year is needed for rental subsidies and other housing services. In March 2002, the HIV/AIDS Administration provided funding for 120 tenant based rental assistance vouchers to address the rising need for long-term rental assistance. In FY 2004-2005, HAA provided 629 tenant-based rental assistance, emergency and supportive housing services as part of the housing continuum.

The HIV/AIDS Administration estimates that 278 homeless families with HIV/AIDS in the District need housing and support services, with 92 families currently being assisted. Over the next five years, DC will provide housing services and assistance to 370 (278 unduplicated) families. Table 4 on the following page shows the distribution of services to be provided over the five- year period.

There are 802 individuals with HIV/AIDS requiring housing and support services. Currently 471 persons are receiving housing assistance and services, and over the next five years, DC will provide services to another 331 persons, in increments of 66 per year.

DC Priorities --2006-2010

The District of Columbia utilizes its HOPWA funds to support emergency housing, supportive housing, transitional housing, housing for recovering substance abusers, re-entry inmates, short-term utility, rent, and mortgage assistance, and tenant-based rental assistance. Additionally, HOPWA funds are distributed for supportive services such as job/empowerment training, multi-service day treatment services, housing information resource and referral, and building the capacity of housing providers.

The HOPWA eligible activities funded in the District of Columbia Action Plan Table will maintain and support the existing diverse housing continuum.

For 2006-2010, HAA District of Columbia priorities are to:

- Eliminate the current waiting list,
- Provide opportunities to empower clients to self sufficiency,
- Provide housing information and referral
- Develop standardized program policies, and

- Ensure quality-housing options.

Needs Tables for Homeless/HIV Families and Individuals

Homeless Needs Table: Families							***District of Columbia Only***								
Homeless Needs					5-Year Quantities										
		Needs-	Current=	Gap	Year 1		Year 2		Year 3		Year 4		Year 5		
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal
Beds	36.Tenant Based Rental	150	92	58	11		11		12		12		12		58
	37.Emergency Housing	120	35	85	17		17		17		17		17		85
	38.Supportive Housing	130	42	88	18		18		17		17		18		88
	Total	400	169	231	46		46		46		46		47		231
Supportive Services	39.Job Training	398	123	275	55		55		55		55		55		275
	40.Case Management	528	216	312	63		62		62		62		63		312
	41.Substance Abuse Treatment	0	0	0											0
	42.Mental Health Care	0	0	0											0
	43.Housing Placement	278	139	139	28		28		28		28		28		140
	44.Life Skills Training	398	123	275	55		55		55		55		55		275
	Other (Transportation	209	123	86	66		66		66		66		66		330
People	45.Chronic Substance Abusers	0	0	0											0
	46.Seriously Mental Ill	0	0	0											0
	47.Dually Diagnosed	0	0	0											0
	48.Veterans	0	0	0											0
	49.Persons with HIV/AIDS	400	169	231	46		46		46		46		47		231
	50.Victims of Domestic Violence	0	0	0											0
	51.Youth	0	0	0											0
	Other	0	0	0											0

The following table indicates the homeless needs for Individuals Living with HIV/AIDS in the District of Columbia

Homeless Needs Table: Individuals							***District of Columbia Only***								
Homeless Needs					5-Year Quantities										
		Needs-	Current=	Gap	Year 1		Year 2		Year 3		Year 4		Year 5		
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal
Beds	36.Tenant Based Rental	425	287	138	28		28		28		28		28		138
	37.Emergency Housing	200	70	130	26		26		26		26		26		130
	38.Supportive Housing	200	114	104	21		21		21		21		21		105
	Total	802	471	331	66		66		66		66		66		331
Supportive Services	39.Job Training	398	100	298	60		60		60		60		60		300
	40.Case Management	802	471	331	66		66		66		66		66		331
	41.Substance Abuse Treatment	0	0	0											0
	42.Mental Health Care	0	0	0											0
	43.Housing Placement	802	401	401	80		80		80		80		80		400
	44.Life Skills Training	398	100	298	60		60		60		60		60		300
	Other (Transportation	400	205	195	39		39		39		39		39		195
People	45.Chronic Substance Abusers	0	0	0											0
	46.Seriously Mental Ill	0	0	0											0
	47.Dually Diagnosed	0	0	0											0
	48.Veterans	0	0	0											0
	49.Persons with HIV/AIDS	802	471	331	66		66		66		66		66		331
	50.Victims of Domestic Violence	0	0	0											0
	51.Youth	0	0	0											0
	Other	0	0	0											0

Barriers:

Some of the barriers that the HIV/AIDS Administration seek to address in during the 2006-2010 period are as follows:

- The shortage of housing providers;
- The shortage of housing (landlords are in many cases reluctant to accept vouchers as they can get higher rents in open market)
- Cultural orientation of the clients further exacerbates the housing situation. Many clients are immigrants with little support structure;
- Leverage of funding for housing providers to cover other costs
- Shortage of vocational and educational programs

The District's HIV/AIDS Administration, in collaboration with its governmental and community partners will address the issue of affordable housing for at least half of its PWAs being provided HOPWA services by streamlining supportive services to include education, job readiness, economic development, and the availability of the services necessary for the sustainability of viable project-based housing. In addition, PWAs have expressed the desire of home ownership that is another barrier that we will work toward in collaboration with our housing counseling services provider.

D. C.'s Homeless Strategy

Homeless Strategy

Strategies for attaining increased number of housing slots from year 2006-2010 will include expanded outreach and solicitation efforts that will result in increasing the number of vendors providing housing slots. Additionally, HAA will continue implementing the Gatekeeper Program in order to integrate, facilitate, and improve the access and delivery of housing to residents with HIV/AIDS. The attainment of increased targets is significant to HAA's 2006 - 2010 objectives and strategies in that it continues to support the growing population of residents with HIV/AIDS by expanding their housing options. Other strategies include:

- Outreach to and secure 10 local nonprofit developers, 10 real estate professionals, and 40 (5 Per ward) faith-based organizations as potential providers;
- Provision of specific technical assistance to 60 community partners;
- Revamp, develop and enforce consistent use of reporting tools to assist data gathering;
- Establish 25 (5 per year) focus group/roundtables of nonprofit housing developers, other programs (mental health/substance abuse) realtors, and housing professionals to brainstorm on methods to expand housing options for families with children; and
- Acquisition of 10 (2 per year) properties in DC and 5 (1 per year) in Maryland in order to meet the growing need of the most vulnerable. Properties purchased will include single as well as multiple units. In addition, through this function, HAA will be in a position to create job readiness and training programs including developing skilled laborers.

Four major strategies are proposed to build the capacity of community and faith-based HIV/AIDS service providers:

- Provide training and technical assistance;
- Promote community specific research;
- Promote cultural competency of organizations; and
- Provide effective supportive services capabilities.

Selection and Monitoring of Sub-grantees/Sponsors:

In the District of Columbia, project sponsors are selected through a competitive Request for Application (RFA) process. This is to ensure that a fair and equitable process continues. It is the intent of HAA to continue funding for existing HOPWA tenant-based rental assistance.

In order to facilitate the management and delivery of the HOPWA program, the grant monitors in the Grants and Contract Management Division at HAA provide monitoring of HOPWA programs in the District of Columbia. Two HIV/AIDS Housing Program Specialists in the Health and Support Services Division provide programmatic oversight for all HOPWA providers in the District of Columbia and the jurisdictions. Project Monitors conduct monthly reviews and desk audits of all source documentation submitted and monthly reimbursement requests. In addition, monitors and program staff conduct regular onsite visits to assess the implementation of programs.

In the District of Columbia, the geographical distribution of funding priorities is performed after a detailed analysis of epidemiological data has taken place including a thorough review of AIDS incidence data. Once a specific area is identified as a "priority point" in terms of need and lack of availability of community or governmental resources, every effort is made to allocate additional resources intended to address those identified needs. For example; although we have identified African American women of child-bearing age with and without children as a group in continuous need of prioritization, after recent analysis we have been able to establish wards 7 and 8 (both east of the Anacostia river) as an investment priority.

Additionally, by use priority, HOPWA funds: 1) rental assistance through qualified HIV/AIDS service agencies, 2) supportive housing for low-income HIV-infected and affected individuals and families in need of emergency or transitional housing, 3) housing information, resource identification, and outreach programs, and 4) other existing support service facilities that enhance the quality of life for persons infected and affected by HIV/AIDS.

The actual process of awarding and distributing of HOPWA funding in the District of Columbia is done thru a legally sanctioned and overseen competitive grant application process. Once the determination is made of the amount of available funds as well as priority areas and services, notice is published in legal registers as well as community based media outlets. a pre-application conference takes place in order to clarify and facilitate the application process as well as to encourage the participation of previously unfounded CBO's. Once the 30 to 60 day application process is completed, the resulting applications are collected and submitted to an impartial panel of experts that read, analyze and rate them. Incomplete as well as late applications are not

forwarded to the review panel. A final award recommendation report is prepared, signed and forwarded to the District of Columbia Department of Health (DOH), HIV/AIDS Administration ((HAA) including scoring sheets, applications and any other materials used in the process. A DOH Director of Grants and Contracts Management proceeds to certify the results of the process and forwards that certification to HAA.

In order to facilitate the management and delivery of the HOPWA program, the grant monitors in the Grants and Contract Management Division at HAA provide monitoring of HOPWA programs in the District of Columbia. Two HIV/AIDS Housing Program Specialists in the Health and Support Services Division provide programmatic oversight for all HOPWA providers in the District of Columbia and the jurisdictions. Project Monitors conduct monthly reviews and desk audits of all source documentation submitted and monthly reimbursement requests. In addition, monitors and program staff conduct regular onsite visits to assess the implementation of programs.

Institutional Structure

The HIV/AIDS Administration comprises the following divisions: Ryan White Titles I & II which includes the AIDS Drug Assistance Program, Surveillance and Data Management and Analysis, Grants and Contracts Management, Prevention and Intervention Services, HOPWA, Communications and Administration.

To access housing services all clients are referred to the Gatekeeper agency and are assigned a case manager. The Gatekeeper is responsible for providing housing information and referrals including, the maintenance of a centralized waiting list, the development and implementation of client comprehensive assessments, and the establishment, in collaboration with a clinical social worker, a housing work plan. In addition, the gatekeeper is also responsible for linking the client with the most appropriate type of housing assistance such as emergency assistance, short-term rent, mortgage and utility assistance, tenant-base rental assistance and supportive housing for clients that are not prepared for independent living. To assist the gatekeeper in maintaining continuity, HAA is developing a continuum of housing services to assist clients at various stages in the HIV/AIDS disease progression. HAA's goal is to stabilize clients and empower them toward self-sufficiency during this 2006-2010 period, by changing its current focus of capacity building that has benefited providers to focusing on the empowerment and home ownership needs of the consumers.

HAA is also working closely with agencies in the District of Columbia responsible for housing persons with special needs. In doing so, HAA has increased its program related information outreach efforts. Specifically, HAA has developed relationships with the Commission on Mental Health, Addition Prevention and Recovery Administration (APRA), DC Housing Authority and the Community Partnership for the Prevention of Homelessness (TCP). Likewise, within the HIV/AIDS Administration program staff responsible for the administration of HOPWA, Ryan White Title I, and Ryan White Title II are working to increase the efficiency and effectiveness of

HIV/AIDS service delivery system, program linkages and strategic planning for persons with special needs throughout HIV/AIDS continuum of care.

Currently the HIV/AIDS Administration has established a grant agreement with a housing inspection company to provide Housing Quality Standards inspections for all HOPWA funded housing units. This collaborative effort will be on-going throughout this period, to ensure that clients have quality housing. Similarly, HAA provides information to TCP in its efforts to identify the numbers of homeless persons assisted by housing programs in the District of Columbia.

Consultation/Coordination

The HOPWA formula grant application is a component of the District's Consolidated Plan which is prepared by the Department of Housing and Community Development (DHCD). The Department of Health HIV/AIDS Administration provides the HOPWA part of the Consolidated Plan, and receives, administers, and reports on the HOPWA grant.

The Department of Housing and Community Development (DHCD) conducts a broad outreach process in compiling the Consolidated Plan. This outreach includes the DC Department of Health and other government or non-profit organizations with an interest in HIV/AIDS. Several public hearings and consultation sessions were held to enlist community participation and support for proposed uses of the federal allocations. Currently, the Block Grant public hearings include all of the funding programs, i.e., CDBG, HOME, ESG, and HOPWA.

Separately, HAA generally convenes monthly community planning meetings with vendors, consumers and the public. During these meetings information regarding HOPWA, the program goals, objectives, needs and service gaps are shared and discussed in order to enlist relevant consumer issues, concerns and suggestions.

Citizen Participation

HAA Housing Program staff regularly obtains feedback from the community regarding the need for HIV/AIDS housing services. The Mayor's Ryan White Title I Regional Planning Council meets monthly on the third Thursday providing a venue for the community to voice concerns about HIV/AIDS services including HIV/AIDS housing, and the HOPWA team meets monthly via invitation with the PWA subcommittees of both the Planning Council and the Jurisdictional Consortiums.

Further, as the Regional Grantee for the Ryan White Title I grant, the HIV/AIDS Administration (HAA) participates in the development of an annual needs assessment. This assessment obtains input from current clients regarding the quality of service provisions throughout the EMA, barriers to care, demographic data and gaps in service. Among the various items, the Ryan White needs assessment survey/questionnaire contains questions regarding housing services. Similarly, during alternate years when focus groups are used, housing services are included in

the dialogue. The results of this process are taken into account during the development of HOPWA allocations.

In addition, in August 2003, the HIV/AIDS Administration funded the Howard University Center for Urban Progress (CUP) to (1) conduct a needs assessment of housing and other support services available to PWAs in the District of Columbia; (2) to prepare a strategic plan for capacity building of community-based and faith-based organizations providing housing and other services; and (3) to conduct a pilot capacity building workshop for a sub-set of housing and service providers in D. C.

The key informant methodology was used to collect data on the perceived current and future needs of housing and other services providers for capacity building. Based on the recommendations of twelve major housing and other service providers representing a cross-section of geographic and demographic sections of D. C., this study has informed a strategic plan for the HIV/AIDS Administration for the period of 2005-2010. The vision of the proposed plan is to help and support community-based organizations and faith-based organizations respond effectively to the scale and complexity of the HIV/AIDS crisis in the District of Columbia.

B. THE EMA SUBURBAN JURISDICTIONS

1. Suburban Maryland

The Suburban Maryland jurisdiction is made up of Prince Georges County, Charles County, and Calvert County.

Demographics

Demographics for Suburban Maryland

Jurisdiction	Total Population
Prince George's County	821,368
** Charles County	120,546
Calvert County	83,529
Total Suburban Maryland	**1,025,443**

Source: U. S. Census Bureau

** Charles County data taken from 2000 Census. The 2003 data is not available for this geography.

Incidence of AIDS

Prevalence of Persons Living with HIV/AIDS, as Reported Through 12/31/2004

Jurisdiction	HIV	AIDS	Total	Percent
Calvert County	**35**	**38**	**73**	**1.60**
Charles County	**108**	**83**	**191**	**4.40**
Prince George's County	**2015**	**2114**	**4129**	**94.00**

Source: State of Maryland, Dept. of Health and Mental Hygiene, AIDS Administration (3/2005)

The Prince George's County Housing Authority serves as the project sponsor in Suburban Maryland with oversight responsibilities for Calvert, Charles, and Prince George's Counties.

There will be a number of changes to the structure of the program during the course of the next five years. The major change for Suburban Maryland is that Frederick and Montgomery Counties will no longer be a part of this region. Both jurisdictions will be a part of the new EMSA for Gaithersburg/Bethesda. Additionally, Whitman Walker Clinic will no longer be involved as a housing provider for Prince Georges and Montgomery County clients. The Prince Georges County Housing Authority will provide housing assistance for clients in Prince Georges County while Montgomery County will provide services for clients in their jurisdiction..

Current Services:

The Suburban Maryland jurisdictions administer tenant-based rental assistance programs. All rental units in Suburban in Suburban Maryland are available to individuals with HIV/AIDS as long as the rents are reasonable as defined by the U.S. Department of Housing and Urban Development Fair Market Rents (FMRs) and as required by Federal HOPWA regulations. The most common type of housing units available for rent in Suburban Maryland are apartments in small and large apartment buildings and complexes, single family homes and town homes.

Because of the program's high degree of confidentiality, barriers and obstacles facing persons with AIDS are generally not due to AIDS but to other social issues. Common factors are discrimination based on race; bad credit history, family size and the number of children in the household.

Barriers:

The primary obstacle facing HOPWA participants in Suburban Maryland is the scarcity of affordable housing. The supply of affordable rental units is very limited. Declines in vacancy rates and increases in average rents create an affordability barrier for residents. Individuals who do not receive rent subsidy have difficulty finding appropriate places to live. Apartments in the Suburban Maryland region are too expensive for many low-income residents. Renters in this region often incur housing cost burdens.

Needs:

According to surveys with EMA sponsor jurisdictions, the two primary concerns of participants in Suburban Maryland are the need for affordable and livable housing and the enhancement and expansion of rental assistance programs. Other issues listed by respondents include the need for expanded transitional housing programs, additional housing related emergency assistance, more homeless shelter, reduction in the size of caseloads, enhancement of the case management approach to include services to persons with multiple issues and minority populations, more programs to address credit problems, promotion and development of "shared housing" arrangements among persons living with HIV/AIDS and increased single room occupancy facilities.

Another tool used to assess the needs of Suburban Maryland residents is the Homeless Continuum of Care application submitted annually by the jurisdiction for federal funding. This document contains an inventory of all housing units available to HIV-positive individuals as well as information on the number of units necessary to meet unmet needs.

While some transitional housing programs have been added to the service delivery system in Suburban Maryland there are still residents in all jurisdictions on waiting lists for housing assistance including homeless shelters and transitional housing.

Five-Year Strategic Plan

Priorities:

The Prince Georges County Housing Authority, (PGHA) as the administrative agent for Suburban Maryland has designed its Strategic Housing Plan for individuals and families with HIV/AIDS to protect them from being evicted from their homes and from having their utilities disconnected. Emergency financial assistance and rental subsidies through the HOPWA program are offered to individuals and families living in shelters or who are in imminent danger of becoming homeless. Participants get help finding places to live near health clinics; public transportation and other needed services.

The Suburban Maryland HRAP program will continue to provide tenant-based rental assistance to persons with HIV/AIDS and their families. It is projected that the need for services will continue to increase as the life span of persons living with HIV/AIDS continues to extend. Housing providers have changed the priority from helping people at the end of their lives to assisting them transition to living with a chronic illness. Many Suburban Maryland persons with HIV/AIDS are living in family units. Every effort must be made to stabilize currently adequate living conditions to prevent homelessness and premature placement of dependent children into foster care.

Some discussion has taken place regarding plans for new initiatives but no concrete plan have been made to expand the program focus. In the course of the next five years Suburban Maryland will explore the possibility of expansion and with each jurisdiction and try to determine if the

needs of the client population has changed. The objectives listed below are based on the first year of the Action Plan for Suburban Maryland FY06.

- Continue to provide tenant-based rental assistance for about 240 persons living with HIV/AIDS.
- Provide tenant-based rental assistance for approximately 20 additional unduplicated persons living with HIV/AIDS per year for 5 years for a total of 340.
- Provide housing related emergency assistance to about 60 persons living with HIV/AIDS per year for 5 years for a total of 300.
- Work with local health departments to obtain services such as case management through Ryan White and other funds for 340 persons living with HIV/AIDS.
- Enhance the capacity of service providers to link with other agencies and strengthen the effectiveness of their programs.
- Monitor activities to ensure efficient program operation and administration, coordination with other agencies and timely expenditure of HOPWA funds.
- Each HOPWA agency will assist participants move toward self-sufficiency by providing referrals to job training and rehabilitation programs.

Selection/Monitoring Sub-grantees

The project sponsor in each Suburban Maryland jurisdiction was selected through a competitive bidding process.

Monitoring for the Suburban Maryland program is conducted on two levels. The Prince George's County Department of Housing and Community Development performs financial and programmatic monitoring. Financial monitoring consists of reviewing requests for reimbursement from participating agencies. Programmatic monitoring involves data collection to review the progress of agencies toward meeting HOPWA annual objectives and to review the numbers and characteristics of beneficiaries served. Monitoring also involves maintaining complete and accurate files on each jurisdictional program. DHCD provides on-going informal monitoring and technical assistance to the staff of each HOPWA program to prevent the development of problems. When problems are identified the sponsoring agency and the sub-grantees work to resolve them. While most of the issues facing the sub-grantees have been relating to funding and how the financial processing is handled, there has been cooperation on both sides to resolve the issues.

Institutional Structure

The HOPWA program is coordinated and promoted through each local Continuum of Care network, which serves homeless people. The Housing Authority of each jurisdiction refers clients who already receive rental subsidy but may need services from their HOPWA operating agency. Local agencies administering the Temporary Assistance for Needy Families (TANF) and the local child welfare agencies responsible for the care of minors facing out-of-home placements also provide referrals to HOPWA agencies.

The Health Department in each Suburban Maryland jurisdiction promotes the prevention of HIV/AIDS through strategies like: increasing awareness and providing effective instruction about HIV/AIDS and other sexually transmitted diseases; encouraging the use of condoms and the reduction of sexual activity among adolescents; decreasing the sharing of needles among intravenous drug abusers and expanding substance abuse treatment programs.

A network of government and private, nonprofit agencies in Suburban Maryland provide services to individuals with HIV/AIDS. Each HOPWA agency collaborates with these entities creating a continuum of care for clients. The Ryan White Care Act, Titles I and II, provides services to residents. All such Ryan White services are available to persons served by HOPWA funds. These services allow clients to live independently in their own homes. Service providers offer family and individual counseling, transportation assistance, food donations and housekeeping support to eligible clients. A growing number of nursing homes are increasingly providing skilled care for persons living with HIV/AIDS. Hospice and home-based hospice care are other essential links in the institutional system. The remaining gaps in service will be addressed by continuing to link with community-based organizations and by seeking additional funding through federal, state and local resources.

Consultation/Coordination and Citizen Participation:

The planning process for the Consolidated plan 2006-2010 included citizen participation and consultation with public and private agencies that provide assisted housing and health services to persons with HIV/AIDS within the Suburban Maryland jurisdictions.

The *Consolidated Plan* planning process consists of several meetings and planning session at which the community had an opportunity to comment on proposed allocations. The *Consolidated Plan* public hearings include all of the HUD Community Planning and Development programs, i.e., CDBG, HOME, ESG and HOPWA. A public hearing on the *Consolidated Plan* will be held in Prince George's County this year. In addition a community forum is scheduled for April 7, 2005. During this meeting, persons living with HIV/AIDS, concerned citizens, units of local government, public agencies and other interested parties will have reasonable opportunity to comment on the HOPWA program and the needs of the affected population.

Community based organizations like the Family Services Foundation, Prince George's County Department of Health, Prince George's Department of Social Services, Prince George's County Department of Corrections the Regional Veterans Services and other local providers received information on the HOPWA program goals and achievements. Through the distribution of the Suburban Maryland HOPWA "Program Summary," these community organizations were invited to consult on current and future program operations.

The process of citizen participation and consultation established the priorities for the HOPWA program in Suburban Maryland. The priorities for the Suburban Maryland jurisdiction remain the same. They are: the prevention of homelessness, the elimination of homelessness, self-sufficiency, and maximum housing choice for program participants. Prince George's County, bases the funding allocations for the three counties on the incidence on the incidence of

HIV/AIDS cases as determined by the AIDS Administration, Maryland Department of Health and Mental Hygiene.

2. Suburban Virginia

Jurisdiction Summary

The Suburban Virginia portion of the EMA serves 16 counties and cities in rural, suburban and urban areas, including: Arlington, Clarke, Fairfax, Fauquier, King George, Loudoun, Prince William, Spotsylvania, Stafford, and Warren counties and the cities of Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, and Manassas Park. The Northern Virginia Regional Commission (NVRC) is the Project Sponsor on behalf of Suburban Virginia and sub-grants HOPWA funds to county housing agencies and non-profit organizations throughout the Suburban Virginia region on behalf of the District of Columbia grantee.

The cities of Alexandria and Fredericksburg and the counties of Arlington (together with the City of Falls Church), Fairfax (together with the City of Fairfax), Loudoun, and Prince William (together with the cities of Manassas and Manassas Park) are HUD entitlement communities, and as such engage in their own Consolidated Plan processes. All other jurisdictions in Suburban Virginia are included in the Consolidated Plan process for the Commonwealth of Virginia.

Demographics

Suburban Virginia is a more than 2,000 square mile area situated across the Potomac River from the nations capital. Proximity to the federal government has made Suburban Virginia one of the fastest growing regions in the United States. Since the mid-1930s, when large numbers of federal workers brought to Washington, DC first began spilling out from the nation's capital, the region's population has increased at a rate four times the national average. Suburban Virginia is home to nearly 2.4 million people.

In the areas closest to Washington, DC, highly skilled jobs dominate, were the area's suburbs rank at the top of the nation in the proportion of collect-educated adults, executive jobs, household and family income, and percentage of working-women. Areas further outside Washington are characterized by more service and blue-collar workers, lower housing costs, and slightly lower educational levels.

The entire region is ethnically diverse with Latinos/Hispanics the predominant ethnic group. Some Northern Virginia counties boast students speaking more than 100 languages in their local public schools.

According to the Metropolitan Washington Council of Governments,

- the average sales price of a home in metro Washington increased 22% between 2003 and 2004 to nearly $390,000,
- nearly 31% fewer multi-family housing units were approved for construction between 2002 and 2003,

- from 2001-2002, the average rent for metro Washington increased 16%, and
- a minimum wage earner would need to work 177 hours per week to afford the average metro-area rental of $1,186.

Demographics of HIV/AIDS

The Virginia Department of Health indicates on December 31, 2003, among persons living with HIV in the Virginia portion of the Washington DC EMA, 70% were male and 30% were female, and 34% were white, 55% were black, 9% were Hispanic and 2% were of other races. During the same time period, among persons living with AIDS in the Virginia portion of the Washington DC EMA, 81% were male and 19% were female, and 44% were white, 44% were black, 10% were Hispanic and 2% were of other races.

Incidence of HIV/AIDS

Over 4,867 persons are currently living with HIV and AIDS in Suburban Virginia. The following table indicates the distribution of that population across the counties and cities in Suburban Virginia:

Table 5, People Living with HIV/AIDS by Jurisdiction, as of February 2005

Jurisdiction	Livings with HIV/AIDS Cases	
	Number	Percentage
Alexandria	1,093	22.5%
Arlington	1,060	21.8%
Clarke	16	.00%
Fairfax	85	1.8%
Fairfax County	1,628	33.4%
Falls Church	44	.009%
Fauquier	44	.009%
Fredericksburg	67	1.4%
King George	18	.00%
Loudoun	147	3.0%
Manassas	155	3.2%
Manassas Park	10	.00%
Prince William	500	10.3%
Spotsylvania	68	1.4%
Stafford	78	1.6%
Warren	29	.5%

Total	**4,867**	**100%**

About 80% of persons identified through VDH surveillance lived within the urban/suburban core of the EMSA; the remaining 20% lived in the more rural areas of Fredericksburg, Stafford, Spotsylvania, King George, Fauquier, Clarke and Warren. In an era of declining incidence, Arlington and Fairfax Counties accounted for nearly 40% of the growth in reported cases during the 2000-2001 timeframe.

Current Services:

Community Networks in Martinsburg maintains a HOPWA-sponsored residential housing in Martinsburg. This HIV specific housing offers shelter to three (3) individuals for a ten county area in the Eastern Panhandle of West Virginia. All other available housing is either subsidized public, subsidized private or private landlords, who may or may not participate in Section 8 housing. The exact number of rental units available in Berkeley and Jefferson counties is unknown.

The more urban/suburban portions of Suburban Virginia are characterized by a low poverty rate, a low apartment vacancy rate, high rental and acquisition costs, and doubled-up households. Although rental housing shortages and extreme rents that were evident in the early 2000s have abated somewhat, it is still very expensive to live in the Virginia areas closest to Washington, DC. In the rural portions of Suburban Virginia, poverty rates are higher, but vacancy rates are higher and rental and acquisition costs are lower.

The Suburban Virginia HIV/AIDS Housing Plan, January 2001, included a variety of data gathering mechanisms to identify the state of housing and support service needs among persons with HIV/AIDS (PWAs) in Suburban Virginia. The information gathered in the Housing Plan is currently being updated with a serious of focus groups targeted to assess housing needs and preferences among a number of HIV-positive subpopulations including: men who have sex with men, formerly incarcerated/recently released, homeless, older adults, and current HOPWA clients. By mirroring the subpopulations surveyed during construction of the Housing Plan, it is hoped some trends will be revealed about the efficacy of housing activities undertaken with HOPWA since these subpopulations' needs were surveyed as part of the Housing Plan. Needs Assessment activities from the Ryan White CARE Act Title I and II programs and discussions with the Northern Virginia HIV Consortium process have also contributed to HOPWA program design.

Barriers:

The primary obstacle facing HOPWA participants in Suburban Virginia is the scarcity of affordable housing. Vacancy rates and high average rents create a series of affordability barriers for residents. Individuals who do not receive rent subsidy have difficulty finding appropriate places to live. Apartments in the Suburban Virginia region are too expensive for many low-income residents.

Five –Year Strategic Action Plan

Major goals and activities toward accomplishing the Suburban Virginia Action Plan are to:

- Provide an estimated 176 units of tenant-based rental assistance to persons living with HIV/AIDS in year 1 and an additional 10 units per year for five years totaling 226 units;
- Provide short-term housing assistance to approximately 290 persons living with HIV/AIDS each year for five years totaling 1,450;
- Provide information and referral services to over 950 persons a year for FY06 and an additional 100 people a year for five years totaling 1,350;
- Provide support services to 200 persons in the first year and 100 persons a year for five years totaling 600 supportive service units; and
- Monitor activities to ensure efficient program operation and administration, coordination with other agencies and timely expenditure of HOPWA funds.

During the time period, 2006 – 2010, Suburban Virginia will focus on the following activities:

- Continue to diversify the continuum of housing and support services funded by HOPWA;
- Increase leveraging of HOPWA with other funding sources;
- Empower clients through housing counseling and skills building workshops to be successful in their housing search and maintenance of safe, decent residences;
- Continue to re-evaluate and fine tune information and referral provided through HOPWA
- Fund critical support services for HOPWA eligible persons;
- Establish a pilot project to transition people receiving HOPWA rental assistance to unsubsidized housing after a set period of assistance; and
- Continue to refine services to more closely meet PWA-expressed preferences.

The continuum of housing services purchased with HOPWA funds for the coming year was broadened to include:

- Negotiation of arrangements for set aside rental units (i.e. non-development);
- Purchase of transitional housing paired with support services;
- Expansion of supportive services;
- Provision of extensive HIV/AIDS housing information; and
- A housing counseling program designed to assist residents gain and maintain housing.

Leveraging with non-HOPWA Housing

A myriad of services are provided by local government community-based organizations, including traditional human services as well as those funded specifically for PWAs through Titles I, II, III, and IV of the Ryan White CARE Act. Some HIV/AIDS clients are also served through local and state government housing programs, including real estate tax relief, local rental assistance programs, rehabilitation, and local housing trust funds, tax credit funding streams, and the like. Section 8, Section 811, and public housing are also used by PWAs residing in Suburban Virginia.

Selection and Monitoring of Sub-grantees

Competitive Request for Applications processes are developed to solicit providers for newly identified HOPWA services or when it becomes necessary to replace an existing Project Sponsor. Project sponsors would be replaced in situations where they decline to continue in the HOPWA program or when serious deficits are identified during monitoring visits that project sponsors refuse to address in accordance with remediation plans. Project sponsors in good standing on HOPWA, who wish to continue offering services, receive continuation contracts.

Institutional Structure

A network of government and private nonprofit agencies in Suburban Virginia provides services to individuals with HIV/AIDS. HOPWA funded organizations collaborate with these entities to provide a strong opportunity for coordinated care for clients. For the first time this year, our region has experienced shortages in the areas of primary medical care for persons with HIV/AIDS.

Most Ryan White funded primary medical care providers either maintain a waiting list or have stopped taking new patients. These shortfalls can be attributed to a patient population that is growing substantially faster than one would expect based on reported case counts, coupled with rising costs and relatively flat funding. Therefore, for the first time in Suburban Virginia, the Northern Virginia HIV Consortium has voted to enable HOPWA supportive services funding to be used to fund service areas in which we are experiencing shortages in Ryan White. This phenomenon has been seen more and more frequently across the country, as funding for HIV/AIDS services fails to keep up with demand. These medical and supportive services that will be purchased by HOPWA will allow clients to continue to live independently in their own homes and communities. Ryan White and or HOPWA funded service providers offer benefits/entitlements counseling, transportation assistance, food assistance, translation/ interpretation and childcare in those instances in which such supports are needed for eligible clients.

Consultation, Coordination & Citizen Participation

The planning process for the fiscal year 2006 HOPWA application involved citizen participation through the Northern Virginia HIV Consortium and consultation with public and private

agencies that provide assisted housing and health services to persons with HIV/AIDS within the Suburban Virginia jurisdictions. The entitlement communities provide for citizen participation in their Consolidated Plan development processes. The Virginia Department of Housing and Community Development offers citizen comment for the non-entitlement communities as part of the State Consolidated Plan process. Consolidated Plan processes normally consist of several public hearings at which community members have an opportunity to comment on proposed allocations for all of the HUD Community Planning and Development programs, i.e., CDBG, HOME, ESG and HOPWA.

Updates on the status of the HOPWA program are provided periodically to the Northern Virginia HIV Consortium. The Consortium is the Northern Virginia Ryan White CARE Act Title I and Title II Ryan White CARE Act planning group. The Consortium meetings provide an opportunity to review program achievements, share information on financial resources, and solicit community participation in implementation and planning issues. Opportunities for consumer input also are available to users of the web-based information system developed funded by HOPWA called the HIV Resources Project at **www.novaregion.org/hiv**.

Each of the Suburban Virginia service providers has extensive linkages to community programs throughout the region – through their own networks (governments or nonprofits), through the HIV Resources Project and through the Northern Virginia HIV Consortium. The Consortium provides a coordinating forum, and the committee structure of the Consortium allows for discussion of common issues in program design and program execution. Coordination of services and administration throughout the region is enhanced by communication facilitated by the Virginia Project Sponsor.

Justification for Funding Allocation

The funding allocations and priorities presented in the Action Plan table reflect the results of needs assessment activities, the priorities of the AIDS Housing Plan and input from the Northern Virginia HIV Consortium, which includes persons living with HIV/AIDS and concerned service providers.

Historically the emphasis in HOPWA services in Virginia has been on long-term housing accomplished through tenant-based rental assistance, limited short-term rental assistance and partial operating support for the region's one AIDS residence. Information contained in the HIV/AIDS Housing Plan suggested a need to add different types of services to meet other PWA needs. Therefore, the continuum of housing services purchased with HOPWA funds was broadened to include: negotiation of arrangements for set aside rental units (i.e. non-development), purchase of transitional housing paired with support services, expansion of supportive services, provision of extensive HIV/AIDS housing information, and a housing counseling program designed to assist residents gain and maintain housing.

Alignment of Jurisdictional Priorities with EMA Priorities

Consistent with regional priorities, the HOPWA Program in Suburban Virginia plays an important role in offering a diversified continuum of housing services to persons who are

challenged by HIV/AIDS. The program design for Suburban Virginia sustains the availability of short-term assistance, provides access to tenant-based long-term subsidies, provides access to housing counseling and information and referral services, and increases the housing supply thorough periodic housing acquisitions. The HIV Resources Project addresses the regional priority of providing good information to PWAs. The housing counseling program addresses the regional goal of empowering clients toward self-sufficiency. Consistent with another regional goal, all clients receiving ongoing HOPWA assistance receive an initial and yearly HUD housing quality inspections. The transitional housing slots funded in Virginia are consistent with the regional goal of providing limited term assistance to HOPWA eligible persons while providing them with life skills and training to move on to an unsubsidized housing placement.

As well as access to housing resources, many HOPWA clients also have access to health care and other services offered through the Ryan White CARE Act and other programs. HOPWA funded organizations refer participants in need to case managers, housing counseling, or the HIV Resources Project. HOPWA agencies in Suburban Virginia also participate in the applicable local or state Consolidated or other planning processes. The priorities and allocations of the Suburban Virginia region also correlate with those of the Washington, D.C. Eligible Metropolitan Statistical Area.

3. West Virginia

Lead Agency:

The AIDS Network of the Tri-State Area (ANTS) is the administrative agent for the Ryan White Title I and HOPWA funding for the West Virginia jurisdiction of the Washington DC EMA.

Incidence of AIDS

The total population of West Virginia according to the 2000 Census is 1,810,354 with 95.0% white and 5.0% non-white. The total population in Jefferson County is 46,270 with 91% white and 9% non-white. . The total reported AIDS cases in West Virginia as of December 2003 are 1256 with 79% white and 20% non-white. Jefferson County is a part of West Virginia Public Health District 8 for the purpose of HIV/AIDS statistical data reporting. Jefferson and Berkeley counties have the highest number of HIV/AIDS cases reported in the Eastern Panhandle of West Virginia. As of December 2003 WV Public Health District 8 reported a cumulative total of 163 cases of AIDS. 79% of the AIDS cases were male and 21% of the AIDS cases were female. 69% of the AIDS cases were white and 31% of the AIDS cases were black/other/unknown. The major risk behavior for AIDS cases reported was men having sex with men (43%), followed by injecting drug use (25%) and heterosexual contact (15%).

Statewide Needs:

In the West Virginia Statewide Coordinated Statement of Need, current and emerging needs in housing were identified as:

- increasing the availability of safe and affordable assisted living housing;

- provision of transitional housing;
- better access to medical care;
- mental health care, and
- entitlement programs.

The housing should offer support services to those PLWHAs who have been multiply diagnosed and have substance abuse or mental health issues. West Virginia is presently experiencing a medical crisis, which includes rising medical malpractice insurance rates and qualified medical personnel leaving the state. This crisis has also prevented the state from attracting qualified medical personnel to care for those infected with HIV. The West Virginia AIDS Drug Assistance Program (ADAP) established a waiting list for services in February 2002, and as of March 2005, a total of forty-two (42) individuals are on the waiting list. Many of these individuals have received some assistance from the Presidential HIV/AIDS Initiative announced in June 2004.

Jefferson County:

The housing needs in Jefferson County are fairly well defined by the West Virginia Statewide Coordinated Statement of Need. The housing needs of the West Virginia Jurisdiction are dependent on the activity from the Martinsburg VA Medical Center's Substance Abuse and Homeless Programs. Many of the HIV-infected veterans that pass through these programs will establish residency in Berkeley or Jefferson counties. A few have families but most are single men with histories of substance abuse and mental health issues and criminal histories that make them ineligible for public subsidized and private subsidized housing.

Barriers:

Barriers and gaps to these services were identified as situations unique to the geography of the state of West Virginia, such as a lack of transportation infrastructure, and the lack of housing with support services. Support services needed in the state of West Virginia were identified as better access to medical care, mental health care and entitlement programs. The barriers to access are the lack of a transportation infrastructure.

The greatest barrier in the Jefferson County area is the lack of convenient transportation services to access services that are available only in the Berkeley County area. The transportation issue for HIV-infected individuals has been addressed by contracting a local transportation service to provide transportation related to accessing necessary services, such as medical and dental care, mental health/substance abuse counseling, appointments with Social Security and the DHHR, and grocery shopping.

Five-year Strategic Plan (2006-2010)

- Develop a case management housing information and referral program for 163 PWAs to access non-AIDS specific housing resources;

- Increase participation by providing support services through Ryan White and other local community services offering medical care, dental care and mental health and substance abuse programs;
- Provide tenant based rental assistance to 8 clients in the first year and an additional 2 per year for the next 4 years totaling 16 clients;
- Empower current 8 clients in the first year toward self-sufficiency through 25 units of support services (training programs) and 100 units over five years for a total of 125;
- Establish housing case management plans to transition 48 clients, who are able, off assisted housing subsidies within a 24-month period;
- Provide HUD Quality Standard Inspections for 16 tenants; and
- Provide 15 short-term rental assistance for the first year and 15 additional per year for a total of 75.

Selection/Monitoring Sub-grantees

The AIDS Network is the project sponsor and administrator of HOPWA in Jefferson County in West Virginia. ANTS uses the federal guidelines for Housing Opportunities for Persons with AIDS. We are monitored directly by the District of Columbia, Department of Health, HIV/AIDS Administration.

Institutional Structure:

The AIDS Network of the Tri-State Area (ANTS) is a not-for-profit, community-based organization whose dual purpose is to prevent the spread of HIV through education and awareness and to provide support services for those living with the disease. It is the only organization in the Eastern Panhandle that provides a comprehensive, continuing program of HIV prevention education to the general public in the eight counties comprising Public Health District 8. The program also provides physical, emotional and financial support to HIV-positive clients in the areas of Berkeley and Jefferson counties in West Virginia.

Consultation /Coordination

The AIDS Network maintains broad-based community linkages. The AIDS Network is member of the Regional Resource Connection, which represents many members of the social and human service community of the tri-county area and provides a referral network that coordinates with the West Virginia Department of Health and Human Resources.

ANTS has established a referral network with the Berkeley County and Jefferson County Health Departments, City Hospital, Jefferson Memorial Hospital and the Martinsburg Veterans Administration Medical Center. ANTS interacts with Hospice of the Panhandle, Department of Public Health AIDS program, Jobs Corps Center, American Red Cross, Big Brothers/Big Sisters, Boys and Girls Club, Good Shepherd Interfaith Volunteer Caregivers and Destiny Baptist Church HIV/AIDS Outreach and Substance Abuse Outreach programs. All clients are referred to Community Networks (a member of the West Virginia Coalition for People with AIDS) and the AIDS Task Force (the West Virginia Ryan White Title II program). The AIDS Network is presently one of the resource referral organizations for the Ryan White Title III program

associated with West Virginia University in Morgantown, WV and located at Shenandoah Valley Medical Systems in Martinsburg, WV.

Our organization has established a relationship with the West Virginia Community-Based Organization Alliance. The Network is a member of the West Virginia Community-Based Organization Coalition. Through sponsorship of educational programs in local schools, seminars and HIV education classes for the community, the AIDS Network has been a consistent and widely recognized contributor to the Eastern Panhandle communities and provides a strong link to other State and National resources.

Citizen Participation:

The Local Ryan White Jurisdictional PLWHA Committee meets on the first Wednesday of each month. ANTS provides the majority of the necessary support services for HOPWA through the Ryan White Title I funding received from the HIV/AIDS Administration in Washington, DC. During these meetings the PLWHAs voice their concerns and needs to the AIDS Network. The attendance at these meetings averages 8 to 12 participants. These interested PLWHAs are actively involved in the evaluation and allocation process of funding received by the AIDS Network.

The AIDS Network participated in a statewide HOPWA Housing Needs Assessment with the West Virginia Coalition for People with AIDS during 2002. This needs assessment provided not only the West Virginia statewide needs for HIV/AIDS-related housing but provided a separate document noting the needs of Berkeley and Jefferson counties.

HOPWA ACTION PLAN 2006

Consolidated Action Plans

The total HOPWA formula grant for the Washington, D.C. EMA HOPWA Year 14 or Federal FY 2006 is $10,535,00. A formula based on the cumulative number of reported AIDS cases is used for the distribution of funds to each jurisdiction and a .4% contribution from the District of Columbia to Suburban West Virginia. The HOPWA allocation for Year 14 (FY06) will be distributed as follows:

HOPWA YEAR 14 FORMULA

	100%	56.60%	3%	97%	100%
D.C.	$10,535,000	$5,962,810.00	$178,884.30	$5,783,925.70	$5,962,810.00
MARYLAND		24.80%	3%	97%	100%
Prince Georges Co.		$2,612,680.00	$78,380.40	$2,534,299.60	$2,612,680.00
VIRGINIA		17.60%	3%	97%	100%
NVRC		$1,854,160.00	$55,624.80	$1,798,535.20	$1,854,160.00
WEST VIRGINIA		1%	3%	97%	100%
AIDS Network		$105,350.00	$3,160.50	$102,189.50	$105,350.00
		100.00%			
		$10,535,000.00	$316,050.00	$10,218,950.00	$10,535,000.00
SUBTOTAL REGIONAL GRANTEE		$10,218,950.00 $316,050.00			
EMA TOTAL		$10,535,000.00			

The District's .4% contribution to West Virginia is necessary to prevent this jurisdiction from receiving less than 1% of the HOPWA grant. HOPWA regulations and guidance indicate that funding for EMA's administrative charges are limited to 10% of the total grant award, or 2,800. Three percent (3%) or $282,840 off the top leaves $659,960 or 7% of the total award for proportional the EMA.

Justification of Funding Allocations

The District of Columbia is a jurisdiction that consists of 63 square miles, eight wards and many diverse neighborhoods. AIDS cases reported through December 31, 2001, surveillance data indicates that the District has a cumulative AIDS total of 13,899 with 7,418 currently reported as living with AIDS. HIV infections are believed to be higher than reported AIDS cases. In fact, residents of the District of Columbia are disproportionately affected by the AIDS epidemic. District residents comprise .24% of the population nationwide, but 1.6% of the AIDS cases nationwide. Among the reported 13,040 live HIV/AIDS cases 16% are white, 79% are Black

and 4% are Hispanic. Reported AIDS cases comprise 77% adult males, 22% adult females and 1% are pediatric. While 89% of reported AIDS cases are among persons between the ages of 20 - 49, those 50 years and older represent 10% of reported AIDS cases.

Housing for Person's Living With AIDS (HOPWA) funds will enable HAA to offer housing information; tenant based rental assistance; short-term mortgage assistance, utility payments and support services relevant to housing. At the same time, HOPWA funds will be used in conjunction with Ryan White Title I, Ryan White Title II, and District Appropriated dollars to establish a continuum of care, increase participation, track clients and improve programmatic reporting. Moreover, HOPWA funds will be utilized to enhance long-term stable housing via referrals to other housing programs such as Section 8.

District of Columbia EMSA– FY 2006 Action Plan

HOPWA Eligible Activity	General Location of Service Provision	Number of People to be Served	Costs
1. Housing Information Services *24 CFR 574.300.b.1*	District of Columbia	1,450	$ 411,000
2. Resource Identification - *24 CFR 574.300.b.2*	District of Columbia		
3. Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities - *24 CFR 574.300.b.3*	District of Columbia	30	$ 500,000
4. New Construction (for single room occupancy (SRO) dwellings and Community residences - *24 CFR 574.300.b.4*	District of Columbia		
5a. Project - based Rental Assistance - *24 CFR 574.300.b.5*	District of Columbia	400	$ 800,000
5b. Tenant-based Rental Assistance - *24 CFR 574.300.b.5*	EMSA	739	$ 6,647,598
6. Short-term rent, Mortgage, and Utility payments - *24 CFR 574.300.b.6*	EMSA	500	$ 477,929
7. Supportive Services –*24 CFR 574.300.b.7*	EMSA	635	$ 1,074,071
8. Operating Costs - 24 CFR 574.300.b.8	Suburban Virginia		$ 210,500
9. Technical Assistance – *24 CFR 574.300.b.9*	District of Columbia		$ 54,379.30
10a. Admin. Expenses - 7% cap – *24 CFR 574.300.b.10*	District of Columbia		$
10b. Admin. Expenses – Grantee 3% off the top - *24 CFR 574.300.b.10*	District of Columbia		$ 316,050
Total		3969	$ **10,535,000**

DC EMA FY06 Action Plan: Major Goals and Activities :

- Provide 1,450 units of housing information and referral services for PWAs
- Provide and maintain 739 tenant-based rental assistance slots for PWAs
- Provide 400 PWAs with supportive/transitional housing services;
- Provide 715 PWAs with short-term rent, mortgage and utility assistance; and
- Increasing the availability and/or utilization of support services for 696 persons.

District of Columbia – FY 2006 Action Plan

HOPWA Eligible Activity	**General Location of Service Provision**	**Number of People to be Served**	**Costs**
1. Housing Information Services *24 CFR 574.300.b.1*	District of Columbia	500	$ 300,000
2. Resource Identification - *24 CFR 574.300.b.2*	District of Columbia		
3. Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities - *24 CFR 574.300.b.3*	District of Columbia	30	$ 500,000
4. New Construction (for single room occupancy (SRO) dwellings and Community residences - *24 CFR 574.300.b.4*	District of Columbia		
5a. Project - based Rental Assistance - *24 CFR 574.300.b.5*	District of Columbia	400	$ 800,000
5b. Tenant-based Rental Assistance - *24 CFR 574.300.b.5*	District of Columbia	315	$ 3,029,546
6. Short-term rent, Mortgage, and Utility payments - *24 CFR 574.300.b.6*	District of Columbia	135	$ 100,000
7. Supportive Services –*24 CFR 574.300.b.7*	District of Columbia	471	$ 800,000
8. Operating Costs - 24 CFR 574.300.b.8	District of Columbia		$ 200,000.70
9. Technical Assistance – *24 CFR 574.300.b.9*	District of Columbia		$ 54,379.30
10a. Admin. Expenses - 7% cap – *24 CFR 574.300.b.10*	District of Columbia		$
10b. Admin. Expenses – Grantee 3% off the top - *24 CFR 574.300.b.10*	District of Columbia		$ 178,884.30
Total		2116	$ **5,962,810.00**

Major Goals Toward Implementing the FY06 Action Plan in the **District of Columbia** are to:

- Provide tenant-based rental assistance for about 315 PWAs;
- Provide Project-based rental assistance for about 400 PWAs;
- Provide supportive services to about 471 PWAs;
- Provide Housing Information Services to about 500 PWAs;
- Provide Acquisition, Rehabilitation for the provision of Project-based housing for 30 PWAs;
- Work with local health departments to obtain services through Ryan White and other funds;
- Enhance the capacity of service providers to link with other agencies and strengthen the effectiveness of their programs;
- Monitor activities to ensure efficient program operation and administration, coordination with other agencies and timely expenditure of HOPWA funds; and
- Each HOPWA agency will assist participants move toward self-sufficiency by providing referrals to job training and rehabilitation programs.

Suburban Maryland – FY 2006 Action Plan

HOPWA Eligible Activity	**General Location of Service Provision**	**Estimated Number of People to be Served**	**Costs**
1. Housing Information Services 24 CFR 574.300 b.1			
2. Resource Identification 24 CFR 574.300.b.2			
3. Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities 24 CFR 574.300.b.3			
4. New Construction (for single room occupancy (SRO) dwellings and Community Residences 24 CFR 574.300.b.4			
5. Project - or Tenant-based Rental Assistance 24 CFR 574.300.b.5	Charles, Calvert, and Prince Georges	240	$2,442,495
6. Short-term Rent, Mortgage, and Utility payments 24 CFR 574.300.b.6	Charles, Calvert, and Prince Georges	60	$122,498
7. Supportive Services 24 CFR 574.300.b.7			
8. Operating Costs 24 CFR 574.300.b.8			
9. Technical Assistance 24 CFR 574.300.b.9			
10. Administrative Expenses – Project Sponsors 7% 24 CFR 574.300.b.10			$47,782.70
TOTAL		300	**$2,612,680.00**

Major goals and activities toward accomplishing the **Suburban Maryland** FY06 Action Plan are to:

- Provide tenant-based rental assistance for about 240 persons living with HIV/AIDS.
- Provide housing related emergency assistance to about 60 persons living with HIV/AIDS.
- Work with local health departments to obtain services through Ryan White and other funds.
- Enhance the capacity of service providers to link with other agencies and strengthen the effectiveness of their programs.
- Monitor activities to ensure efficient program operation and administration, coordination with other agencies and timely expenditure of HOPWA funds.
- Each HOPWA agency will assist participants move toward self-sufficiency by providing referrals to job training and rehabilitation programs.

Suburban Virginia Action Plan Table – 2006 Northern Virginia Regional Commission – Year 14 HOPWA

HOPWA Eligible Activity	General Location of Service Provision	Estimated Number of People to be Served	Costs
1. Housing Information Services 24 CFR 574.300 b.1	Suburban Virginia	950	$ 111,000
2. Resource Identification 24 CFR 574.300.b.2			
3. Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities24 CFR 574.300.b.3			
4. New Construction (for single room occupancy (SRO) dwellings and Community Residences 24 CFR 574.300.b.4			
5. Project - or Tenant-based Rental Assistance 24 CFR 574.300.b.5	Suburban Virginia	176	$ 1,135,557
6. Short-term Rent, Mortgage, and Utility payments 24 CFR 574.300.b.6	Suburban Virginia	290	$ 243,241
7. Supportive Services 24 CFR 574.300.b.7	Suburban Virginia	200	$ 224,071
8. Operating Costs 24 CFR 574.300.b.8	Northern Virginia	12	$ 10,500
9. Technical Assistance 24 CFR 574.300.b.9			
10. Administrative Expenses - Project Sponsors 7% 24 CFR 574.300.b.10	Suburban Virginia		$ 129,791
TOTAL		678	**$1854,160.00**

Northern Virginia refers to the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park, and Arlington, Fairfax, Loudoun, and Prince William counties.

Suburban Virginia refers to all Virginia cities and counties located within the Washington, DC EMSA.

Major goals and activities toward accomplishing the **Suburban Virginia** FY06 Action Plan are to:

- Provide an estimated 176 units of tenant-based rental assistance to persons living with HIV/AIDS
- Provide short-term housing assistance to approximately 290 persons living with HIV/AIDS
- Provide information and referral services to over 950 persons
- Provide support services to approximately 200 persons
- Monitor activities to ensure efficient program operation and administration, coordination with other agencies and timely expenditure of HOPWA funds.

West Virginia FY 2006 Action Plan

HOPWA Eligible Activity	General Location of Service Provision	Client Target	Budget
Tenant-based Rental Assistance24 CFR 574.300.b.5	Jefferson County	8	$ 40,000
Short-term Rent, Mortgage, and Utility Payments 24 CFR 574.300.b.6	Jefferson County	15	$ 12,190
Support Services24 CFR 574.300.b.7	Jefferson County	25	$ 50,000
Administrative/Indirect24 CFR 574.300.b.10	Jefferson County	N/A	$ 3,160
Total		48	**$105,350**

Major goals and activities toward accomplishing the **West Virginia** Action Plan are to:

- Provide an estimated 8 units of tenant-based rental assistance to persons living with HIV/AIDS
- Provide short-term housing assistance to approximately 15 persons living with HIV/AIDS
- Provide support services to approximately 25 persons
- Monitor activities to ensure efficient program operation and administration, coordination with other agencies and timely expenditure of HOPWA funds.

5. Alignment of Jurisdictional Priorities with EMSA Priorities

The HIV/AIDS Administration authored the EMA Priorities in order to bring the entire jurisdiction to a common goal albeit through different methodologies. Similarly, HAA worked closely with suburban jurisdictions to develop the Strategic Spending Plan for FY 2001 – 2004 and will continue these relationships to develop the Strategic Plan for 2006-2010. Overall the emphasis is on long-term housing units, with short-term rental assistance offered within the grant allocation provided. Allocation and priorities in the use of HOPWA funds is based on temporary housing support until assistance can be secured through other sources. Only those clients with delays in securing alternative housing support or an inability to qualify for alternative housing support should be placed on tenant-based rental assistance. Supportive services are enhanced by the availability of Ryan White Title I funding.
The HOPWA eligible activities funded in the District of Columbia Action Plan Table will maintain and support the existing diverse housing continuum.

For 2006-2010, HAA District of Columbia priorities are to:

- Eliminate the current waiting list,
- Provide opportunities to empower clients to self sufficiency,
- Provide housing information and referral
- Develop standardized program policies, and
- Ensure quality-housing options.

Grantee Administrative Agencies:

District of Columbia (Grantee):
HIV/AIDS Administration

Suburban Maryland:
Prince George's County Health Department

Northern and North West Virginia:
Northern Virginia Regional Commission (NVRC)

West Virginia:
AIDS Network of the Tri-State Area (ANTS)