APPENDIX B:

- **HOPWA 5-YEAR CONSOLIDATED PLAN, FY2011-2015**

- **HOPWA FY2011 ACTION PLAN**

The Consolidated Housing Plan for 2011 – 2015 for the Washington DC eligible metropolitan statistical area (EMSA) describes the important role the Housing Opportunity for Persons with AIDS (HOPWA) grant plays in the lives of persons living with HIV/AIDS (PLWHA) in our region. PLWHA, Project Sponsors and grant administrators consistently cite lack of housing assistance funds as a critical gap in services for PLWHA. The Consolidated Housing Plan thoroughly examines the difficulties faced by low-income PLWHA, strengths and challenges in the delivery of services and the impact of the HOPWA grant in bettering the lives of PLWHA.

Housing Opportunities for Persons with AIDS

HOPWA

Consolidated Housing Plan for the Washington, DC Eligible Metropolitan Statistical Area

Government of the
District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
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DEPARTMENT OF HEALTH
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Glossary of Acronyms

AMI:	Area Median Income
ANTS:	AIDS Network of the Tri-State Area
CAPER:	Consolidated Annual Performance and Evaluation Report
CHAS:	Comprehensive Housing Affordability Strategy
DCFPI:	DC Fiscal Policy Institute
DHCD:	District of Columbia Department of Housing and Community Development
DOES:	District of Columbia Department of Employment Services
EMSA:	Eligible Metropolitan Statistical Area
FBH:	Facility-Based Housing
FPL:	Federal Poverty Level
FMR:	Fair Market Rent
FY:	Fiscal Year
HAHSTA:	The District of Columbia HIV/AIDS, Hepatitis, STD & TB Administration
HOPWA:	Housing Opportunities for Persons with AIDS
HQS:	Housing Quality Standards
HUD:	US Department of Housing and Urban Development
MHAP:	Metropolitan Housing Access Program
NAHC:	National AIDS Housing Coalition
NVRC:	Northern Virginia Regional Commission
PLWA:	People living with AIDS
PLWH:	People living with HIV (not AIDS)
PLWHA:	People living with HIV/AIDS
SIB:	Strategic Information Bureau of the HAHSTA
STRMU:	Short-term rent, mortgage and utility assistance program
TBRA:	Tenant-based rental assistance program

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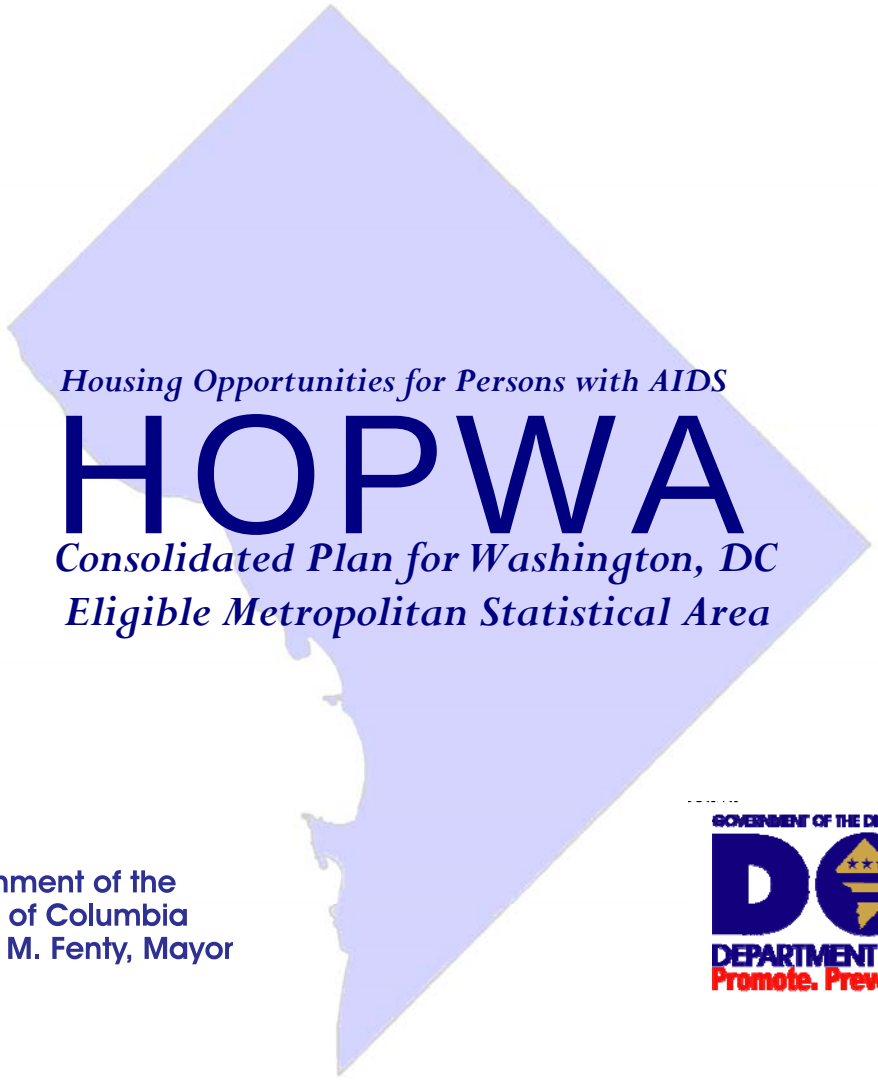

Housing Opportunities for Persons with AIDS

HOPWA

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Eligible Metropolitan Statistical Area

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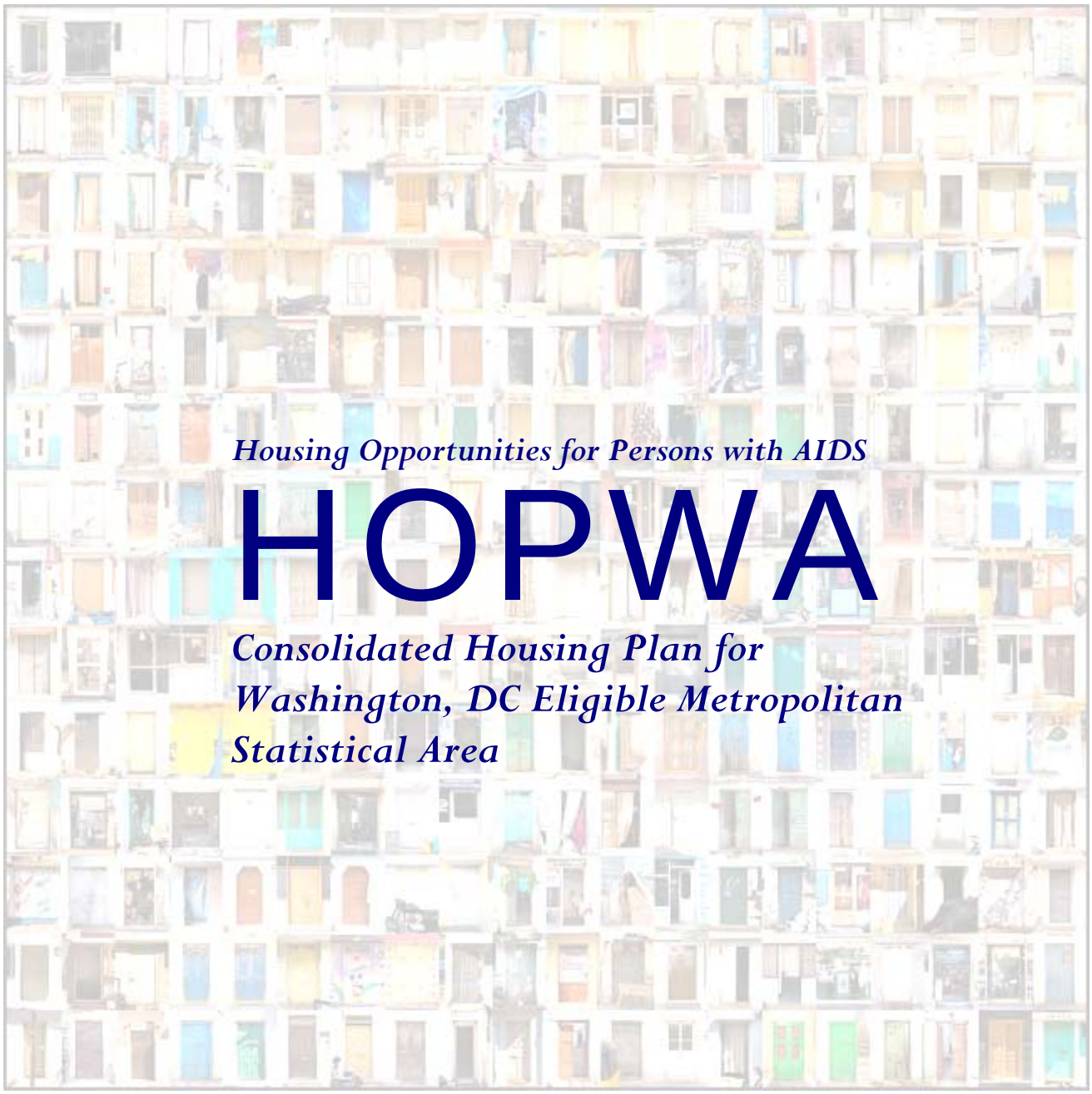

Housing Opportunities for Persons with AIDS

HOPWA

Consolidated Housing Plan for Washington, DC Eligible Metropolitan Statistical Area

Executive Summary

The Consolidated Housing Plan for 2011 – 2015 for the Washington DC eligible metropolitan statistical area (EMSA) describes the important role the Housing Opportunity for Persons with AIDS (HOPWA) grant plays in the lives of persons living with HIV/AIDS (PLWHA) in our region. PLWHA, Project Sponsors and grant administrators consistently cite lack of housing assistance funds as a critical gap in services for PLWHA. The Consolidated Housing Plan thoroughly examines the difficulties faced by low-income PLWHA, strengths and challenges in the delivery of services and the impact of the HOPWA grant in bettering the lives of PLWHA.

The Continuum of Care

The HOPWA grant supports the housing needs of 29,073 PLWHA across parts of four states, each with unique housing systems, political environments and disease profiles. The EMSA for the Washington DC Regional Metropolitan area includes the District of Columbia; portions of Virginia; three counties in Maryland; and Jefferson County, West Virginia.

The District of Columbia Department of Housing Community Development (DHCD) is the Formula Grantee for the HOPWA grant for the EMSA, and the HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) of the District of Columbia Department of Health directly administers funding working with Administrative Agents in each of the jurisdictions to ensure services meet regional needs. Although services vary among jurisdictions, the EMSA supports the following HOPWA services:

- Tenant Based Rental Assistance (TBRA)
- Facility Based Housing (FBH)
- Short-Term, Rent, Mortgage, and Utility Assistance (STRMU)
- Housing Information and Referral Services: Intake, Assessment, and Linkage Services
- Support Services

Consolidated Housing Plan Development Process

The methodology for developing the Consolidated Housing Plan was comprehensive and multifaceted. HAHSTA examined service utilization and epidemiologic data, facilitated in partnership with DHCD multiple roundtable discussions to ensure that the goals and priorities set for the EMSA included client and stakeholder feedback, surveyed Administrative Agents in each jurisdiction to ensure the inclusion of regional considerations, and studied current reports and research to ensure that the plan includes current evidence-based practices.

The steps in the development process included:

- *Review of existing needs assessment data*
- *Project Sponsor Roundtables*
- *Consumer Roundtables*
- *Project Sponsor Survey*
- *Administrative Agent Survey*
- *Review of Epidemiological Data*
- *Review of Current Research and Reports*

Successes of the System

Since the development of the 2006 – 2010 Consolidated Housing Plan, HAHSTA and the Administrative Agents achieved considerable success in improving the implementation of HOPWA in the EMSA.

Maximized fiscal capacity

HAHSTA and the Administrative Agents have worked diligently to improve fiscal oversight to maximize capacity. A key stratagem is to work towards full utilization of funds each year, while at the same time deploying strategically funds unspent from previous years.

This has been largely successful, with increased housing supports available in the EMSA. As unspent funds from previous years are expended, and funds from the current year remain relatively flat, the net effect is to contribute to the increasing gap between funds available and documented need for services.

Maximized access to housing services

HAHSTA and the Administrative Agents have streamlined service entry and delivery processes to improve access for PLWHA and to reduce administrative expenses. Providers surveyed as part of the Consolidated Housing Plan development process indicated these systemic changes reduced barriers to PLWHA participation by consolidating resources and ensuring that clients can access housing in one central location.

Optimized Use of Housing Information and Referral Services

Housing information and referral services are an integral part of the overall housing system for the EMSA. Housing information and referrals services includes a broad spectrum of programs that provide information exchange around housing and housing-related services; assessments for individual client needs; and referral and linkage to alternate support and housing services for clients both engaged in housing services and on the TBRA and FBH waiting list. Critical among these support services are those designed to improve the budgeting and other life-skills of the client, and to assist them to achieve maximum self-sufficiency.

Ensure quality housing options

Despite increased demand for all forms of HOPWA funded housing assistance over the last several years, HAHSTA and the Administrative Agents remain committed to ensuring that the assistance provided is of consistently high quality. This was achieved by strengthening the system to ensure housing quality standards inspections for program participants, improving access for those on the waiting lists, increasing the coordination between housing and support services funded through alternate funding sources, and ensuring technical assistance to staff and Project Sponsors.

Barriers to Care

In addition to system-wide successes, the EMSA also faces significant barriers to addressing the housing needs of PLWHA.

Inability of current funding to meet the needs of all HIV positive residents

Federal funding has not kept pace with the HIV epidemic in the Washington DC EMSA. HOPWA in the EMSA has experienced prolonged client usage in long-term programming, decreased client turnover, and a lack of capacity across other HUD funded programs to accommodate clients. This is especially impactful for the EMSA given the affordability gap between FMR rates and income, housing cost burden experienced by low-income PLWHA and lack of affordable housing stock for the region. The result has been increasingly long waiting lists for services and lack of capacity to accommodate new clients into the system.

Difficulty administering grants across jurisdictions

The Washington DC EMSA covers a large area and incorporates parts of four different states with four different housing continuums of care. Administering the program in this broad area causes multiple challenges for service delivery. The continuum of care in each jurisdiction is different and requires a different set of HOPWA services to address those needs. Each Administrative Agent has different capacity to implement and address those needs. For all of the Administrative Agents this often means coordinating multiple government entities within their portion of the EMSA in systems where HIV housing may not be a priority

Difficulty addressing the complexity of client needs

Clients in the EMSA face a number of barriers in achieving self-sufficiency including extreme poverty, lack of affordable housing options, language and cultural barriers, and systemic barriers such as poor credit. These issues often require the coordination of several systems including medical systems; employment rehabilitation services; support services such as substance abuse treatment and mental health services; and non-HOPWA funded housing programs such as the Housing Choice Voucher Program.

Priorities for Service Delivery 2011 – 2015

Based on input from all stakeholders, the EMSA has decided on the following priorities to try to improve access of quality, affordable housing for PLWHA.

1. **Prioritize direct housing support**

   The lack of affordable housing support options, the affordability gap, and extreme cost burden faced by the PLWHA in the EMSA necessitate the prioritization of direct housing support in order to minimize the risk of homelessness. This means a mix of short-term and long-term program supports to address the multiple needs of the community. It also means that HAHSTA and the Administrative Agents will need to examine a variety of options to ensure that the funding is focused and targeted on those most in need and most at-risk for negative health outcomes.

2. **Improve coordination**

   Improving coordination in the EMSA will help to achieve several goals: better access to exit strategies for clients on TBRA or in FBH, improved access to an array of support services by creating linkages with non-HOPWA programming, and strengthened oversight processes.

3. **Focus on data collection and needs assessment**

   Collecting data collection across four different states has proved challenging to the EMSA. Over the last several years, HAHSTA and the Administrative Agents have taken multiple steps to improve data collection. Improvement focused on the mechanisms used to collect data and report service utilization and unmet housing needs. As the EMSA works toward examining the best strategies for prioritizing housing cost and better coordinating systems, better data around PLWHA utilization of services as well as needs assessment data will help HAHSTA and Administrative Agents to make data driven decisions.

4. **Improve tools for communication and empowerment**

   A common theme among Project Sponsors, PLWHA and the Administrative Agents was a need to improve tools for both clients and for providers to navigate the continuum of housing services. The goal would be to increase knowledge, empower clients, and ensure consistency in messaging to Project Sponsors and PLWHA around policies and procedures

5. **Capacity building through technical assistance and outreach**

   Another priority for the EMSA is to build system wide capacity through technical assistance and outreach. In this sense, capacity refers to a variety of opportunities for growth such as improving access to affordable housing stock, strengthening the infrastructure of Project Sponsors to deliver high quality housing and housing-related interventions with PLWHA, and increasing the ability of HAHSTA and the Administrative Agents to create systems that meet the needs of a complex community.

The goals and objectives of this plan serve as a common ground for the stakeholders to serve the residents of the Washington D.C. EMSA. The Grantee and Administrative Agents intend for the Consolidated Housing Plan to guide the delivery of housing services for PLWHA.

Chapter 1: Introduction

Chapter 1 provides an overview of the Consolidated Housing Plan for the implementation of the Housing Opportunity for Persons with AIDS (HOPWA) grant starting with a review of the administrative structure for the implementation of the HOPWA, a socioeconomic profile of the Washington DC eligible metropolitan area (EMSA), and a review of the methodology utilized to develop the Consolidated Housing Plan.

Administrative Structure

The District of Columbia Department of Housing Community Development (DHCD) is the Formula Grantee for the HOPWA grant for the Washington, DC EMSA. The mission of DHCD is to create and preserve opportunities for affordable housing and economic development and to revitalize underserved communities in the District of Columbia. HOPWA is administered by the HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) of the District of Columbia Department of Health. The mission of HAHSTA is to prevent HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases. The HOPWA program goals are to reduce homelessness, minimize the risk of homelessness, increase housing stability and promote the general health and well-being of residents with HIV and their families.

The EMSA for the Washington DC Regional Metropolitan area includes the District of Columbia; portions of Northern and Northwest Virginia; three counties in suburban Maryland; and Jefferson County, West Virginia, and represents a subset of the CARE Act Part A eligible metropolitan area, also administered by HAHSTA. This puts HAHSTA in the unique position of administering housing programs across four states each operating within unique local housing and medical continua of care.

HAHSTA directly administers funding and oversees services for residents of the District of Columbia, and supports housing programs in each of the neighbor jurisdictions through individual service agreements with a designated administrative agent. HAHSTA directly administers funding and oversees services for residents of the District of Columbia, and supports housing programs in each of the neighbor jurisdictions through individual service agreements with a designated administrative agent. The program contact information is

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Each of the three neighboring jurisdictions is administered in a different way.

- Northern and Northwest Virginia. A quasi-governmental organization, the Northern Virginia Regional Commission (NVRC), serves as the administrative agency for Northern and Northwest Virginia. The service area includes the counties of Arlington, Clarke, Fairfax, Fauquier, Loudoun, Prince William, Spotsylvania, Stafford, and Warren and the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park.
- Suburban Maryland. The Prince George's County Housing Authority serves as the administrative agency for residents of Prince George's County, Calvert County and Charles County.
- Jefferson County, West Virginia. The AIDS Network of the Tri-State Area (ANTS) serves the dual role of administrative agency and housing service provider for this region. Though located in Berkley County ANTS oversees the use of HOPWA funds for Jefferson County.

Services supported among the four jurisdictions vary somewhat based upon client need and the availability of other sources of funding for housing and housing-related services. The administrative agent in each jurisdiction is responsible for working within their community in conjunction with HAHSTA to conduct planning activities and implement HOPWA funding to augment the regional housing continuum. Services for each jurisdiction in fiscal year 2009 were as follows:

The District of Columbia:

- Tenant Based Rental Assistance (TBRA)
- Facility Based Housing (Supportive Housing)
- Short-Term, Rent, Mortgage, and Utility Assistance (STRMU)
- Housing Information and Referral Services: Intake, assessment, and linkage services
- Support Services: Support services focuses on those in FBH and includes housing case management, nutritional services, and substance abuse counseling services.

Northern and Northwest Virginia:

- TBRA
- STRMU
- Facility Operations
- Housing Information and Referral Services: Internet housing resource database, intake, assessment and linkage services
- Support Services: Legal services, case management and transportation

Suburban Maryland:

- TBRA
- STRMU

Jefferson County, West Virginia

- TBRA
- STRMU
- Support Services: Housing case management and transportation services

Socio-Economic Description of the EMSA

District of Columbia

The District of Columbia comprises a relatively small geographic area at 61 square miles, but is densely urban with a diverse population. According to the U.S. Census, the estimated population for the District of Columbia in 2008 was 591,833 with 249,996 identified households. The median age is 34.9 years. The District of Columbia is a minority-majority state with 67% of the population identifying as a racial and/or ethnic minority. Of the total population 53% identified as African-American/Black. In the District, 13% were foreign born and 14% of the persons above the age of five years old reported that they spoke a language other than English at home. Of those residents identified as foreign born, 47% came from Latin America, 19% from Asia, 16.9% from Europe, and 14.8% from Africa. In addition, the District had the largest percentage of females (52.7%) of any other state in the nation.

The racial and ethnic diversity in the District by Ward is described in Table 1.1.

Table 1.1: Racial/Ethnic Diversity for All Wards, District of Columbia, 2007[i]

	Total Pop.	White	African American or Black	Asian or Pacific Islander	Hispanic (all races)	Mixed race
D.C.	572,059	30.8%	60.0%	2.7%	6.2%	0.3%
Ward 1	80,014	35.2%	43.2%	4.2%	23.4%	4.4%
Ward 2	82,845	56.2%	30.4%	7.2%	8.6%	2.7%
Ward 3	79,566	83.6%	6.3%	1.2%	6.5%	2.5%
Ward 4	71,393	10.3%	77.9%	1.1%	12.8%	3.1%
Ward 5	66,457	7.9%	88.2%	1.5%	2.5%	1.6%
Ward 6	65,457	27.2%	68.7%	0.4%	2.4%	1.6%
Ward 7	64,704	1.4%	96.9%	2.0%	0.9%	1.0%
Ward 8	61,532	5.8%	91.8%	0.3%	1.5%	1.1%

Although the median income in 2008 according to the US Census Bureau was $57,936, 17% of the people qualified as living in poverty. In the District, 19 % reported received Social Security as the primary source of income. In 2008, the average income for individuals on Social Security was $11,869. Additionally, nearly 9% of the total households in DC were single women with children under 18 years of age. This is well above the national average of 7.4%; and, nearly 35% of those households reported living below the poverty level.

Figure 1.1: District of Columbia Ward Map

Maryland

There are three counties in Maryland (Calvert, Charles, and Prince George's Counties) included in the EMSA. These localities encompass 1,161 square miles of Maryland, or about 11.9% of the state's land area. According to US Census Bureau 2008 data, 1,050,314 people live in these three counties, representing approximately 18.6% of the state's population. The Maryland jurisdiction is very diverse both geographically and demographically. In Prince George's County, the median age is 35.6, approximately 52% of the population is female, 65.6% of the population identifies as Black or African American, and 13.8% report as foreign born. Of those identifying as foreign born 52.2% come from Latin America, 27.1% come from Africa, 16.0% come from Asia, and 3.7% come from Europe. Prince George's County is the most populace of the three counties included in the EMSA accounting for 78.2% of the overall population in Maryland jurisdiction of the EMSA. Prince George's County is located adjacent to Washington D.C. has approximately 1,652 persons per square mile.

At the other end of the spectrum, the median age in Calvert County is 37.5, approximately 51% of the population is female, 82.3% of the population identifies as White and only 2.2% of the population report as foreign born. Calvert County is much less densely populated and more rural in nature with only 215 persons per square mile.

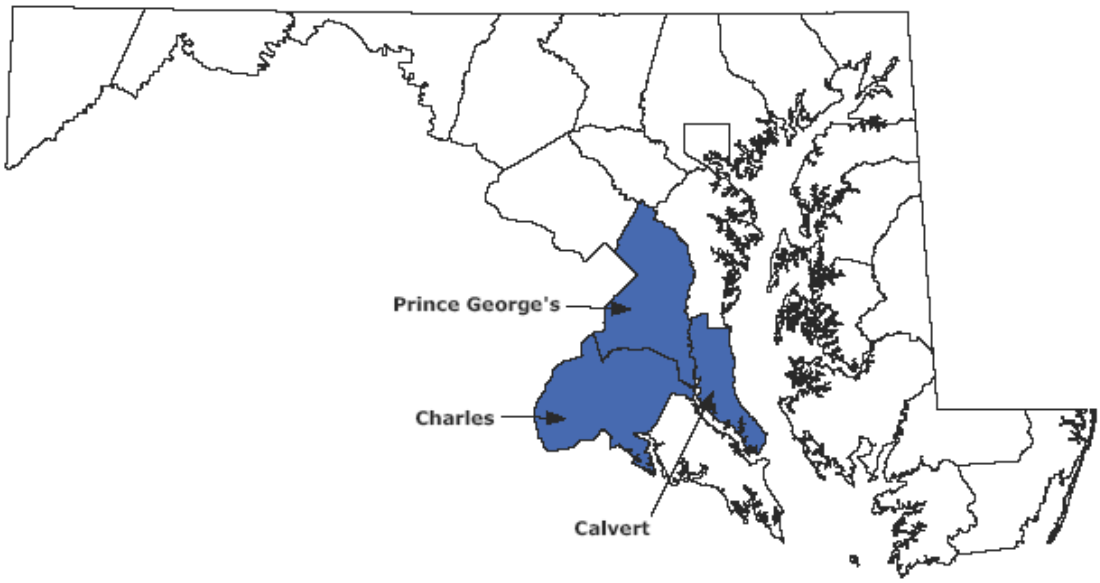
Table 1.2 provides an overview of the population of the Maryland jurisdiction by racial/ethnic subpopulations as reported by U.S. Census Bureau's American Community Survey.

Table 1.2: Racial/Ethnic Diversity for Maryland, 2008[ii]

County	Total Pop.	White	African American or Black	Asian or Pacific Islander	Other	Hispanic (All races)
STATE OF MARYLAND TOTAL	5,618,250	61.2%	28.7%	5.3%	4.8%	6.4%
SUBURBAN MARYLAND TOTAL	1,050,314	72.8%	23.3%	2.2%	1.7%	4.6%
Calvert	88,698	82.3%	14.4%	1.7%	1.6%	2.5%
Charles	140,764	55.3%	39.0%	3.3%	2.4%	3.9%
Prince George's	820,852	28.1%	65.6%	4.5%	1.8%	17.6%

According to the 2008, U.S Census Bureau's American Community Survey, the total percent of the population living below poverty in the Suburban Maryland jurisdiction was lower than that of the District and accordingly, the income level was also higher. However, the three Suburban Maryland Counties varied in their income and poverty levels with Prince George's County more closely mirroring poverty trends in the District of Columbia. Between 5% and 6% of the population lived below poverty in Calvert County (5.1%) and Charles County (5.9%). Overall, 8.1% of the population in Prince George's County lived below poverty. Other economic markers indicate a similar disparity between Calvert and Charles Counties and Prince George's County. The median income in Calvert and Charles Counties was $89,159 and $81,545 respectively while the median income in Prince George's County was $67,706. All three counties reported a high number of female head of household supporting children under the age of 18 years: 10.5% in Prince George's County, 11.8% in Charles County, and 7.5% in Calvert County. Figure 1.2 shows a map of the State of Maryland with the three counties in the EMSA highlighted.

Figure 1.2: Map of Maryland and the Three Counties in the EMSA



Virginia

Fifteen jurisdictions make up the Virginia area included in the HOPWA EMSA – the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park; and the counties of Arlington, Clarke, Fairfax, Fauquier, Loudoun, Prince William, Spotsylvania, Stafford, and Warren. Covering over 3,600 square miles in land area, the Virginia cities and counties of the EMSA include urban and remotely rural areas. The population density (persons per square mile) in Arlington (7,323) and Alexandria (8,452) is comparable to the urban nature of the D.C. density (9,316 persons per square mile). However, the rural county of Clarke is home to only 71 persons per square mile. Although people living with HIV/AIDS (PLWHA) are distributed geographically throughout Virginia, PLWHAs are concentrated in urban areas[iii].

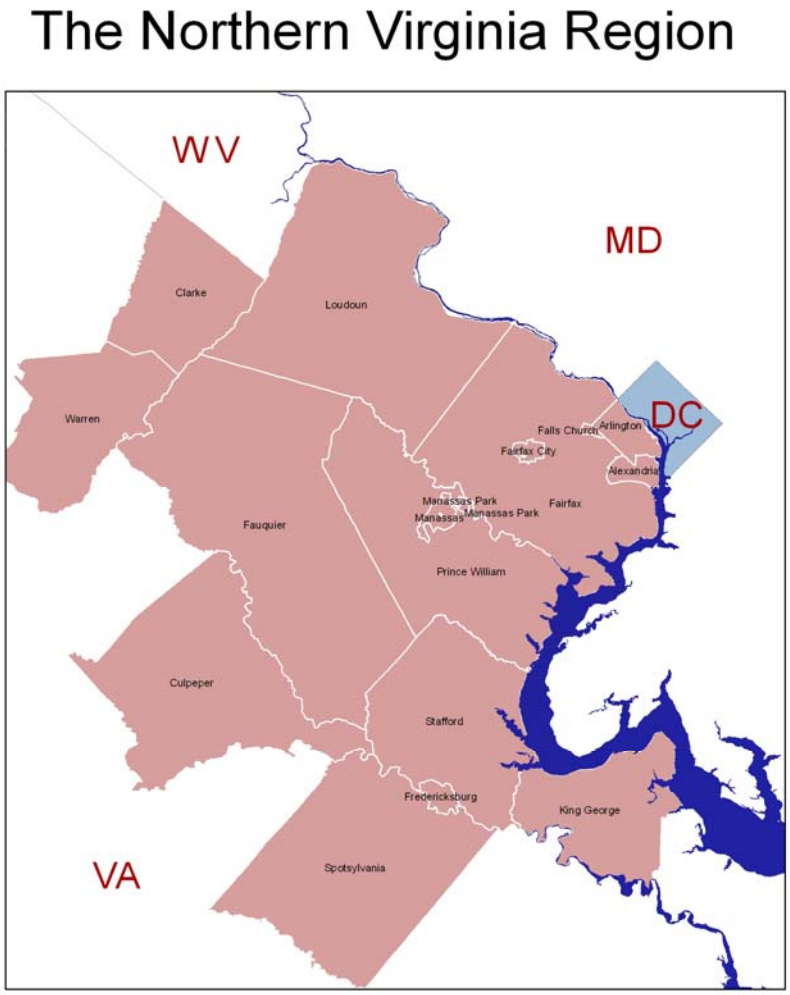
This area of the EMSA has one of the country's fastest growing populations. Loudoun County nearly doubled its population in the last 10 years. In the State of Virginia 10% (784,015) of the residents were foreign born and 6% reported speaking a language other than English at home. The proportion of foreign-born in the Virginia portion of the EMSA (529,145 or 22%), is more than twice the proportion of foreign-born for the state as a whole. Of foreign-born residents in Northern Virginia, 41% are from Asia, 33.5% are from Latin America, 10.4% are from Africa. Nearly one in ten (9.5%) of foreign-born Northern Virginians reported speaking English less than "very well." Northern Virginia has the largest population of Ethiopian immigrants in the country. Table 1.3 provides an overview of the racial/ethnic composition of the Northern Virginia jurisdiction.

Table 1.3: Racial/Ethnic Diversity for Selected Counties, Commonwealth of Virginia, 2006-2008

County / City	Total Pop.	White	African American or Black	Asian or Pacific Islander	Hispanic (All Races)
STATE OF VIRGINIA TOTAL	7,698,738	70.7%	19.5%	4.8%	6.6%
NORTHERN VIRGINIA TOTAL	2,410,361	68.7%	11.8%	10.7%	13.3%
Alexandria City	140,657	65.9%	20.6%	5.6%	13.1%
Arlington Co.	204,889	70.5%	8.1%	8.9%	15.9%
Clarke*	23,281	91.1%	7.1%	.01%	1.5%
Fairfax City	23,281	74.2%	5.4%	15.6%	13.2%
Fairfax County	1,005,980	67.0%	9.4%	15.8%	13.5%
Falls Church*	10,377	87.2%	3.8%	8.5%	8.4%
Fauquier	66,158	85.8%	8.9%	1.7%	5.7%
Fredericksburg	22,403	70.8%	20.8%	2.5%	7.4%
Loudoun	277,433	72.8%	7.8%	12.3%	10.1%
Manassas	35,533	62.9%	11.3%	3.8%	27.7%
Manassas Park*	10,290	75.7%	12.0%	6.0%	15.0%
Prince William	358,719	60.4%	19.1%	7.0%	19.0%
Spotsylvania	118,860	77.2%	15.1%	2.1%	6.4%
Stafford	120,219	73.0%	16.5%	2.7%	8.4%
Warren*	36,229	91.5%	5.6%	0.4%	3.0%

* Most recent US Census Bureau data from 2000 American Community Survey.

Figure 1.3: Map of Northern Virginia



Map Courtesy of Northern Virginia Regional Commission

The Virginia portion of the EMSA reflects a diverse mix of jurisdictions, ranging from the largest urban county, Fairfax County, with just over 1 million residents to the smallest city, Manassas Park, with just over 10,000 residents located on 2 1/2 square miles entirely surrounded by the suburban county of Prince William.

Unlike the majority minority jurisdictions in the EMSA -- DC and Prince George's County, with 54.4% and 63.8% of their respective populations African-Americans comprise less than 10% of the population in six of the Virginia EMSA cities/counties. The Virginia jurisdiction with the highest proportion of African-American residents is the City of Fredericksburg (20.8%) followed closely by the City of Alexandria with 20.6%, and Prince William County with 19.1%. Asians comprise more than 15% of the population in two Virginia EMSA communities -- Fairfax County and the City of Fairfax.

In total, 320,460 Hispanic persons live in the Virginia portion of the EMSA, compared to 49,933 in the District of Columbia, 100,161 in Maryland jurisdictions, and 1,941 in West Virginia. The percentage of Hispanic residents in Northern Virginia (13.3%) is double the percentage for the entire State of Virginia (6.5%). Seven Virginia EMSA

communities have at least 10% of the population as Latinos/as, with the largest Latinos proportions in the City of Manassas (27.7%), Prince William County (19%) , and Arlington County (15.9%).

The diversity of Northern Virginia is largely a product of its foreign-born residents. Nearly 22% of Northern Virginia's population was born outside the United States, as compared to about 19% of Prince George's residents, or about one in eight DC residents. Within Northern Virginia foreign-born diversity is greatest in the inner suburbs, representing at least 20% of each jurisdiction's population; foreign-born residents comprise about 7% of the more rural Virginia counties furthest from DC.

According to the US Census Bureau's 2006-8 American Community Survey, the median household income in Virginia is $61,044. This is about 17% higher than the national median income of $52,175. As in Maryland, the Virginia suburban jurisdictions are wealthy compared to the rest of the state, with a median income of $97,887 for those cities and counties with updated 2006-08 US Census Data. For those counties with only 2000 US Census Bureau data available, income statistics still show the median income in Northern Virginia ($51,601) as significantly higher than the national median income ($41,994). Within the Virginia jurisdictions, there is considerable variability among local median incomes. Warren County's median household income falls below the state median ($57,881 vs. $61,044.), while Loudoun County's median household income nearly doubles the state median ($110,643 vs. $61,044.)

The percentage of persons in poverty also reflects the wealth of the region. Statewide, 10% of Virginians lived below the federal poverty line, as compared to an average of only 5.2% in the Virginia portion of the EMSA. Although representing relatively small absolute numbers, the poverty rates in the region were highest in the cities of Manassas (12.5% or 3,888 individuals) and Fredericksburg (11.7% or 2,149 individuals). The poverty rate was lowest in Loudoun County at only 3.2% of the population.

West Virginia

Only one county in West Virginia, Jefferson, is included in the Washington D.C. EMSA. The county has a land area of 210 square miles and comprises approximately 2.7 % of the total population of the State of West Virginia (50,690 persons). The population of the County is remarkably different than the resident subpopulations in other parts of the EMSA. The median age of residents in Jefferson County is 38.0 years old, 89.1% of the County identifies as White, and only 3.1% of the residents report as foreign born. Approximately 54% of the Jefferson County are female, but only 4.2% of the population identify as female head of household supporting children under the age of 18. Fifty-nine percent of the County identified as married couples compared to the District where married couples only make up 22% of the households. Jefferson County is fairly rural with an approximately 201 persons per square mile. Table 1.4 provides an overview of the racial/ethnic composition of the Northern Virginia jurisdiction

Table 1.4: Racial/Ethnic Diversity for Jefferson County, State of West Virginia, 2008

County / City	Total Pop.	White	African American or Black	Asian or Pacific Islander	Other	Hispanic (All races)
STATE OF WEST VIRGINIA TOTAL	1,810,358	94.4%	3.9%	1.4%	0.3%	1.1%
Jefferson**	50,690	89.1%	7.2%	2.3%	1.4%	3.8%

.

According to the US Census Bureau's 2008 American Community Survey, the median income for Jefferson County is $61,219. This is 60% higher than the median income for the State of West Virginia ($37,057). The percentage of residents in Jefferson County living below the poverty level is significantly lower at 8.3% than the rest of the State of West Virginia (17.1%). This is most likely due to the proximity of Jefferson County residents to Northern Virginia ($108,610) and Washington DC ($116,290) where average salary is significantly higher than in West Virginia ($35,510)[iv].

Figure 1.4: Map of West Virginia and Jefferson County[v]

Map courtesy of Wikimedia Commons at http://commons.wikimedia.org/wiki/Main_Page

Methodology

As the agency responsible for the administration of the HOPWA program in the Washington D.C. EMSA, HAHSTA spearheaded the completion of the portion of the Consolidated Plan that focuses the needs and strategic plans for persons living with HIV/AIDS. HAHSTA utilized a variety of resources and processes during both the needs assessment and

planning phases of development to ensure that the Consolidated Plan incorporated relevant data from across the EMSA. Because the jurisdictions include parts of four different states with four different socio-political environments, the needs assessment and planning phases required multi-level coordination and consideration.

Development Process

The needs assessment process utilized four separate steps to assess the HOPWA needs of the EMSA and determine strategic goals. This process was designed to assess the housing needs of PLWHA, the scope of the HOPWA program, and the role of HOPWA in the larger housing system of care. The assessment process includes stakeholder feedback including consumers, Project Sponsors, and the Administrative Agents in each jurisdiction in the EMSA. The processes were as follows:

- *Review of existing needs assessment data.* There is a tremendous wealth of current needs assessment data available for the EMSA. The first step in determining need was to review this data to determine common themes, data gaps, and areas to be addressed in the overall strategic plan.
- *Roundtables.* DHCD and HAHSTA conducted three roundtable discussions to get feedback from both providers and consumers about the overall system of housing care and the impact of HOPWA within the continuum.
- *Surveys.* HAHSTA conducted separate surveys with Project Sponsors and with the Administrative Agents. The goal of the survey was to develop a housing inventory for the EMSA, assess the overall system of HOPWA care, and to begin to develop strategic goals.
- *Review of Epidemiological Data.* The Strategic Information Bureau of HAHSTA compiled epidemiology data from each jurisdiction to develop an overall picture of PLWHA in the EMSA as well as to make projections about the overall needs of PLWHA in the EMSA over the next five years.

Data Sources

The data sources incorporated into the Consolidated Plan include existing planning reports; surveys of providers and administrative agents, roundtable discussions with providers and consumers; jurisdictional leadership interviews; and publicly available data on HIV/AIDS, homelessness and housing.

Existing Planning Reports

2006-2010 Consolidated Housing Plan

The 2006-2010 Consolidated Housing Plan was used as a starting point to determine successes and failures as well as continuing goals for the EMSA.

2009 Ryan White CARE Act Part A Needs Assessment

The Washington Metropolitan Regional Health Services Planning Council conducted its 2009 Client Needs Assessment in an effort to a) understand client needs; b) identify gaps in services; and c) enhance the continuum of care. The survey was administered in each of the four following jurisdictions: a) Washington, DC; b) Suburban Maryland, c) Northern Virginia; and d) West Virginia. This assessment covered a broad range of topics around health care and service needs. The importance of this study to the needs assessment process is that it clearly identified housing and housing-related services as a service gap; and therefore, served as a useful tool in examining the housing needs of the Washington DC EMSA.

Ryan White CARE Act Part A Comprehensive Plan

In 2008, the Washington DC Metropolitan Regional HIV Health Services Planning Council completed its three-year strategic plan. This plan included a broad examination of the demographic profile of the EMSA as well as barriers to care. This report was utilized not only to assess the overall characteristics of the EMSA but also to look at the intersect between health care systems and housing systems for persons living with HIV/AIDS.

City of Atlanta HOPWA Consolidated Planning Report

The City of Atlanta, considered by the US Department of Housing and Urban Development (HUD) as a model practices city, and the HUD-funded technical assistance provider, Collaborative Solutions, Inc., shared with the HAHSTA the 2010-2015 planning document for the Atlanta EMSA. HAHSTA utilized this document as a model for assessing need and for the writing of the Washington DC EMSA Consolidated Housing Plan.

HIV/AIDS Epidemiology Data

The HAHSTA Surveillance Information Bureau worked with the Epidemiological Units in Maryland, Virginia, and West Virginia to create an overall picture of HIV/AIDS across the EMSA. These numbers give a picture of the HIV/AIDS epidemic in the area by age, race, gender, and exposure categories. This data is current as of December 31, 2008. In addition, the Bureau utilized jurisdictional epidemiological data in conjunction with the 2009 CAPER data to estimate PLWHA infection rates and housing needs in the EMSA for the next five years.

Surveys

HAHSTA administered two different types of web-based surveys to ensure appropriate stakeholder feedback from across the jurisdictions.

Provider Survey

HAHSTA conducted a Provider Survey to ask questions related to service location, target population, the housing-system of care, and overall service capacity. This survey was utilized to develop a housing inventory, assess barriers and successes within the continuum of care, and create strategic goals for the EMSA. The survey was delivered to Project Sponsors on January 21, 2010. A copy of the survey can be found as Attachment 1.

Administrative Agent Survey

The Administrative Agent survey asked questions about the role of HOPWA in the overall housing continuum of care, service delivery systems, barriers to service delivery, unmet need in the jurisdictions, and jurisdictional strategic goals. HAHSTA utilized this data to generate a systems-level picture of service capacity and to set service targets for the next five years. These discussions provided a context for understanding the overall system of HOPWA care, barriers to services, and appropriate strategic goals to address the needs of stakeholders. The survey was delivered to the Administrative Agents on January 22, 2010. A copy of the survey can be found as Attachment 2.

Roundtable Discussions

HAHSTA and DHCD conducted roundtable discussions to elicit community feedback around the scope of services provided in the HOPWA continuum of care, to assess the strength of the overall HOPWA continuum of care, and to look at barriers that affect consumers and Project Sponsors. The roundtables were as follows.

- *Housing Provider Roundtable September 2009*. Project Sponsors met on September 13, 2009 as part of a regularly scheduled housing provider meeting. The meeting started with a short presentation from DHCD designed to give Project Sponsors an overview of the Consolidated Plan and to let them show them how feedback from prior Consolidated Plans was utilized to set housing priorities in the District. The presentation was followed by a discussion period. DHCD started the discussion period by asking Project Sponsors to identify housing needs unique to HIV positive individuals. The remainder of the discussion was facilitated by HAHSTA. The discussion focused primarily on barriers including extensive waiting lists for services and possible systemic improvements to housing and housing-related services.
- *Consumer Roundtable September 2009.* The first of two roundtable discussions with PLWHA took place on September 10, 2009. HAHSTA and DHCD organized the roundtable with the Consumer Access Committee of the Washington Metropolitan Regional Health Services Planning Council. This committee is entirely made up of PLWHA from the EMSA. In preparation for this meeting HAHSTA worked with the committee to create a flyer announcing the meeting. The flyer was sent to the entire membership roster of the Consumer Access Committee and to the Administrative Agents in the jurisdictions to distribute. Twenty-four consumers participated in the September roundtable meeting. The meeting started with a short presentation from DHCD designed to give participants an overview of the Consolidated Plan and to let them show them how feedback from prior Consolidated Plans was utilized to set housing priorities in the District. The presentation was followed by a discussion period facilitated by HAHSTA. The discussion focused primarily on barriers including extensive waiting lists for services and possible systemic improvements to housing and housing-related services.
- *Consumer Roundtable January 2010.* HAHSTA facilitated on January 14, 2010 a second roundtable discussion with PLWHA. This meeting was also advertised with flyers and through email notifications to the Consumer Access Committee of the Washington Metropolitan Regional Health Services Planning Council. This meeting focused on access to housing, systemic barriers for clients in services, and housing quality. The meeting started with a short presentation by HOPWA about the overall structure of housing services and the numbers of clients currently being served. Following the presentation the roundtable discussion was facilitated by the Chair of the Consumer Access Committee.

Publicly Available Data Sources

State of the Cities Data Systems: Comprehensive Housing Affordability Strategy (CHAS) Data

CHAS data are prepared by US Dept of Housing and Urban Development using data from the US Census Bureau from 2000 to assist HOME and CDBG grantees in the development of their Consolidated Housing Plan.

National Low Income Housing Coalition *Out of Reach, 2009*

The National Low Income Housing Coalition's (NLIHC) annual *Out of Reach* report, by Keith E. Wardrip, Danilo Pelletiere, and Sheila Crowley, provides data for every state, metropolitan area and county in the country showing how much a household must earn to afford a modest market-rate rental home. The report also provides local wage and income data for comparison purposes.[vi]

American Community Survey

The American Community Survey (ACS) is a nationwide survey designed to provide communities a fresh look at how they are changing. It is a critical element in the Census Bureau's reengineered decennial census program. The ACS collects and

produces population and housing information every year instead of every 10 years.[vii] HAHSTA utilized this data to develop overall community demographic profiles.

2009 Count of Homeless Persons in Shelters and on the Streets in Metropolitan Washington

Created by the Metropolitan Washington Council of Governments, this report tracks the number of people found on the streets, in emergency shelters, in transitional and permanent supportive housing, or otherwise homeless and in need of a safe shelter. These data represent persons locally served by a Continuum of Care (CoC), as defined by the U. S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act, Continuum of Care Homeless Assistance Program. The enumeration is a one day point-in-time snap shot of persons served by the nine jurisdictions in the Washington, D.C. metropolitan region that have received funding through the HUD Continuum of Care Homeless Assistance Program. This report was used to examine the impact of homelessness on PLWHA in the EMSA.

DC Fiscal Policy Institute Report: NOWHERE TO GO: As DC Housing Costs Rise, Residents Are Left With Fewer Affordable Housing Options

Published on February 5, 2010, this study conducted by the DC Fiscal Policy Institute details recent changes to the housing stock and housing affordability index in the District of Columbia and the impact of these changes on low- to moderate- income families. The DC Fiscal Policy Institute conducts research and public education on budget and tax issues in the District of Columbia, with a particular emphasis on issues that affect low- and moderate-income residents. This study can be found at http://dcfpi.org/

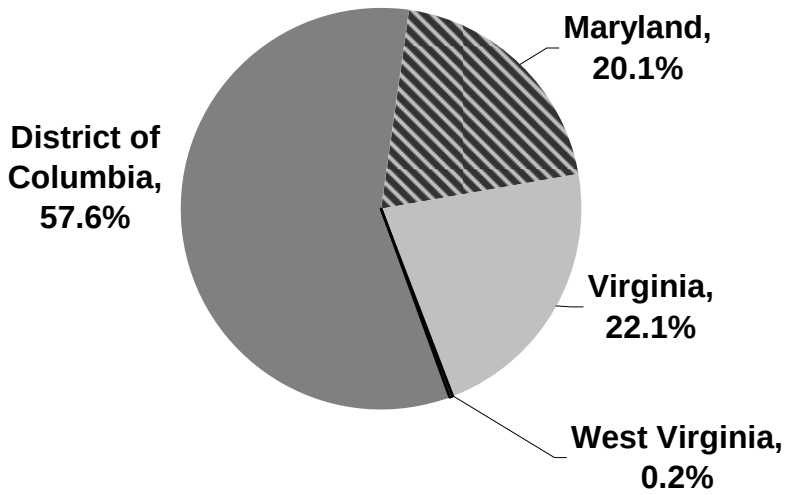
Chapter 2: HIV/AIDS in the Washington, D.C. EMSA

This section provides an overview of diagnosed and reported persons living with HIV/AIDS in the Washington DC eligible metropolitan statistical area (EMSA) as of December 31, 2008. The DC EMSA contains counties and cities in four states, including the entire District of Columbia. Data presented here describe the general characteristics living HIV/AIDS cases for the entire EMSA and by each jurisdiction of the EMSA. Additional statistics about PLWHA can be found in Attachment 3.

DC EMSA Jurisdictions

The Washington, DC EMSA is unique in that it covers parts of fours states and includes urban, suburban, and rural areas. The District of Columbia contributed 16,759 persons living with HIV/AIDS (PLWHA) to the EMSA. The Maryland jurisdiction of the DC EMSA had 5,838 PLWHA and consists of Prince George's, Calvert, and Charles counties. There were 6,412 PLWHA in the Virginia jurisdiction which includes the counties of Arlington, Clarke, Fairfax, Fauquier, Loudoun, Prince William, Spotsylvania, Stafford, and Warren and the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park. The West Virginia jurisdiction consists of Jefferson County and had 64 PLWHA. Each jurisdiction differs greatly in population characteristics and in the demographic characteristics of people living with HIV/AIDS. Figure 2.1 depicts the distribution of PLWHA by DC EMSA Jurisdiction. The majority of the 29,073 PLWHA in 2008 were residents of the District.

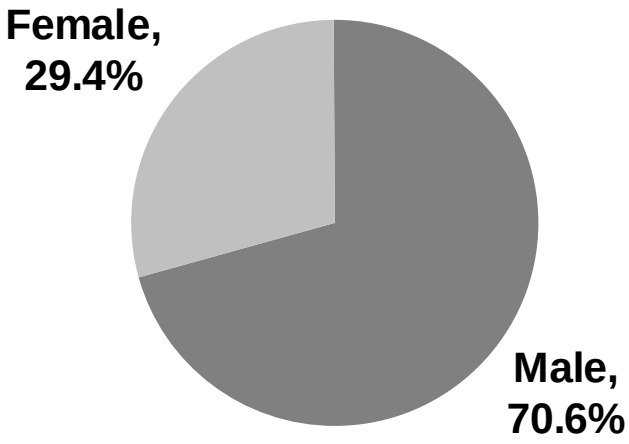
Figure 2.1: DC EMSA 2008, PLWHA by Jurisdiction, N = 29,073



People Living with HIV/AIDS in the EMSA

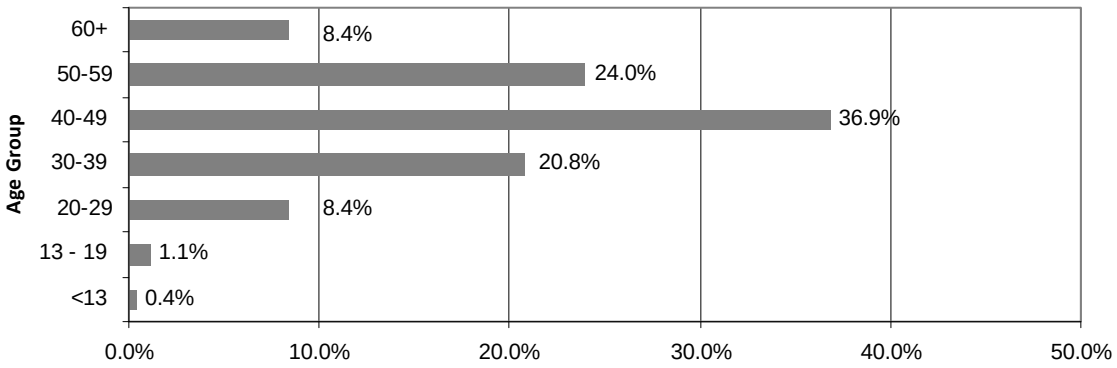
As of December 31, 2008, 29,073 persons were diagnosed and reported as living with HIV/AIDS in the Washington, DC EMSA. The majority of people were male (70.6%) and 29.4% were female. By jurisdiction, these proportions are similar for the DC and Virginia jurisdictions. In the Maryland jurisdiction, 62% of PLWHA were male and the remaining 38% were female. In the West Virginia jurisdiction 80% of PLWHA were male.

Figure 2.2: DC EMSA, Gender of PLWHA, 2008, N= 29,073



At the end of 2008, the largest proportion (58%) of PLWHA were between the ages of 30-49; while 30% were over the age of 50 and about 1% are under age 13. Upon comparison it is evident that within the DC EMSA many persons are living longer with HIV. While 26% of PLWHA were diagnosed when they were under age 30, only 9% were under age 30 as of December 31, 2008. This trend is consistent across EMSA jurisdictions. While increases in new HIV diagnoses have been seen among older adults according to the CDC, advancements in highly active anti-retroviral therapy have allowed many people to live longer, thereby increasing the number PLWHA in the older age groups.

Figure 2.3: DC EMSA, Age of PLWHA, 2008, N=29,073



Persons of color accounted for 82% of persons living with HIV/AIDS in the EMSA. Of persons living with HIV/AIDS, 72% are Black, about 7% Hispanic, and 3% other race/ethnicity (Figure 2.4). Race distribution varies greatly by EMSA jurisdiction. Nearly 90% of PLWHA in the Maryland jurisdiction are Black. In contrast, only 31% of PLWHA in the West Virginia jurisdiction are Black. This is consistent with the overall racial/ethnic demographics of the state. Table 5 presents racial/ethnic distribution by jurisdiction.

Figure 2.4: DC EMSA, 2008 Race/Ethnicity of PLWHA, N=29,073

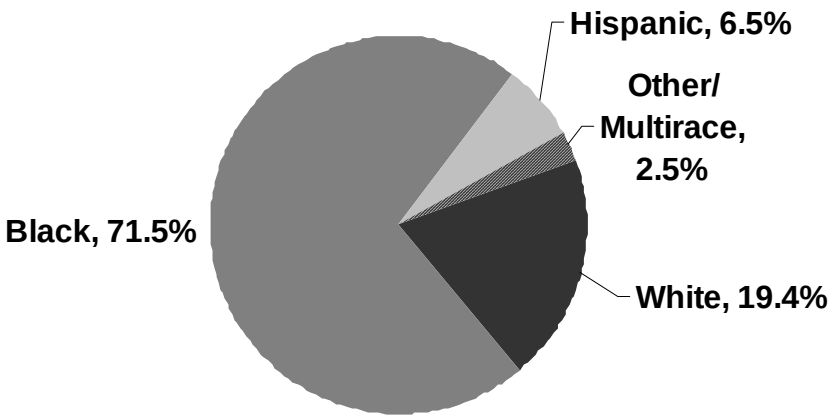


Table 2.1: Distribution of Living PLWHA by Race/Ethnicity and DC EMSA Jurisdiction, 2008

	DC		MD		VA		WV		EMSA	
	#	%	#	%	#	%	#	%	#	%
White	2,693	16%	460	8%	2,449	38%	42	66%	5,644	19%
African American or Black	12,723	76%	5,036	86%	3,021	47%	20	31%	20,800	72%
Latino/Hispanic	888	5%	266	5%	745	12%	2	3%	1,901	7%
Asian / Pacific Islander	93	1%	32	1%	139	2%	0	0%	264	1%
American Indian	13	0%	4	0%	3	0%	0	0%	20	0%
Other	349	2%	40	1%	55	1%	0	0%	444	2%
Total (Row %)	**16,759**	**100%**	**5,838**	**100%**	**6,412**	**100%**	**64**	**100%**	**29,073**	**100%**

The most common mode of transmission reported among PLWHA adults and adolescents PLWHA is men who have sex with men (37%), closely followed by heterosexual sex (26%) and injection drug use (14%).

People Living with HIV not-AIDS (PLWH)

As of December 31, 2008, there were 13,026 diagnosed and reported persons living with HIV (not AIDS) in the DC EMSA. Of these, 69% were male and 31% were female. People of color accounted for 79% of PLWH, with 69% identifying as Black, 7% as Hispanic, and 3% as other. Whites accounted for 21% of PLWH. In each EMSA jurisdiction, with the exception of West Virginia, people of color comprise the majority of PLWH. The largest portion, (59%) were between the ages of 30-49, while 25% were over the age of 50. By age at diagnosis, 83% were diagnosed between the ages of 20 and 49 and about 11% were age 50 and older at the time of diagnosis. The leading mode of transmission category for PLWH adult and adolescent was men who have sex with men accounting for 36% of cases, followed by heterosexual contact with 26%. About 9% of the cases identified injection drug use as the mode of transmission.

People Living With AIDS (PLWA)

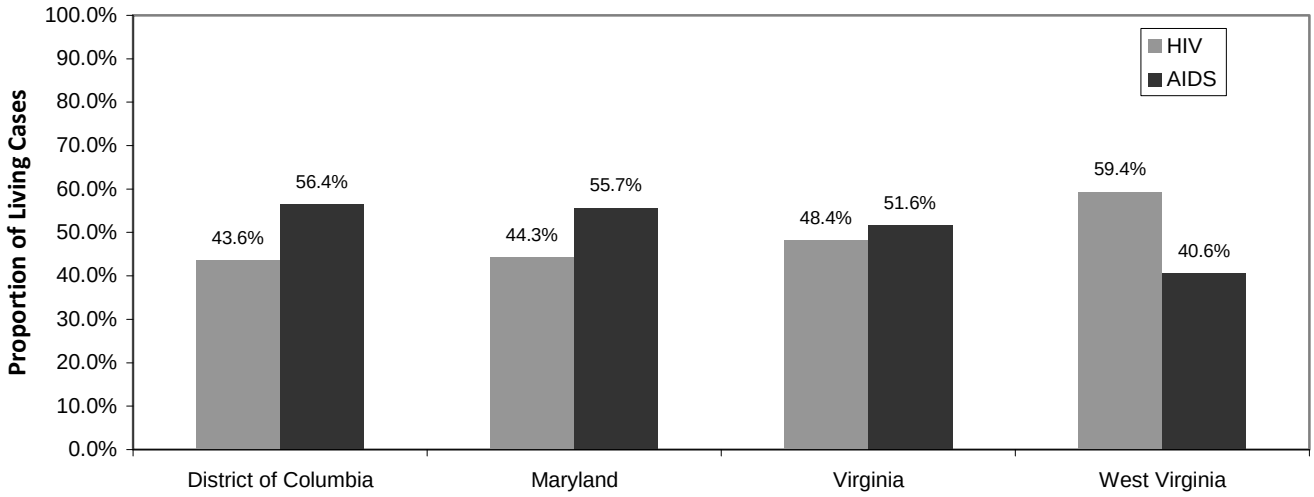
There were 16,047 diagnosed and reported persons in the EMSA living with AIDS as of December 31, 2008, accounting for 55% of PLWHA. More PLWA were male (73%) than female (27%). As with HIV, people of color are most severely impacted by AIDS, with 74% of AIDS cases among Blacks, 7% among Hispanics, and 1% among Asian/Pacific Islanders, with less than 1% other and the remaining 18% among whites. In the West Virginia jurisdiction, white PLWA accounted for 77% of AIDS cases. Whites in the Virginia jurisdiction accounted for 40% of PLWA. The largest mode of

transmission for adult and adolescent PLWA is men who have sex with men (38%) followed by heterosexual contact (26%) and injection drug use (22%). People living with AIDS tended to be older than people living with HIV (not AIDS), with 77% aged 40 and older in comparison to 60% of HIV (not AIDS) cases. Of all living AIDS cases, 54% are between the ages of 30-49 and 40% over the age of 50. About 1% of the living AIDS cases were pediatric cases at age of diagnosis and only 0.2% are currently under age 13.

Distribution of Persons Living with HIV and Persons Living with AIDS by Demographic Characteristic

By EMSA jurisdiction, reported PLWHA in the District and Maryland are more likely to be AIDS cases in comparison to Virginia where reported cases are about evenly distributed and West Virginia where cases are more like to be HIV only. These differences may be attributable to the relatively recent implementation of name-based HIV reporting in the District and Maryland. As these two HIV reporting systems mature, the completeness of HIV only case counts is expected to improve. Using CDC national estimates of persons living with HIV, HAHSTA estimates that there are approximately 19,424 PLWH in the District. This estimate includes persons who may not be aware of their HIV status. According to the CDC and the DC National HIV Behavioral Surveillance Study between 25-50% of PLWH living in the District do not know their status. As the District develops and implements programs to increase awareness of HIV status, the number of PLWH residents aware of their status and reported to the surveillance system is expected to rise.

Figure 2.5: Living and AIDS Cases Distribution by Jurisdiction, DC EMSA, 2008



Within each age group the likelihood of reported cases being AIDS defined increases with age as depicted in Figure 2.6.

Figure 2.6: Living and AIDS Case Distribution by Age Group, DC EMSA, 2008

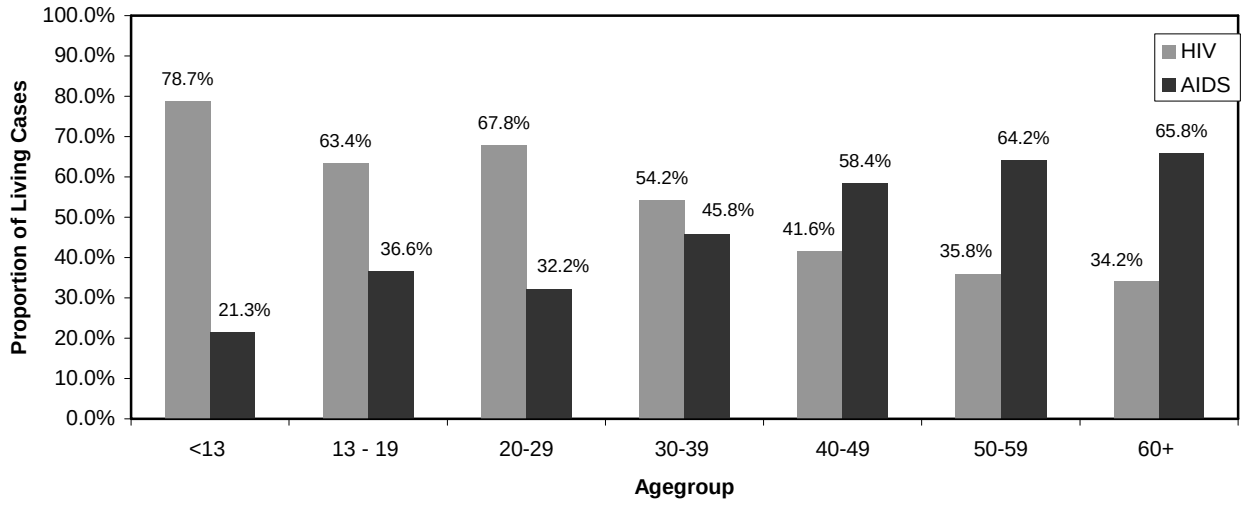
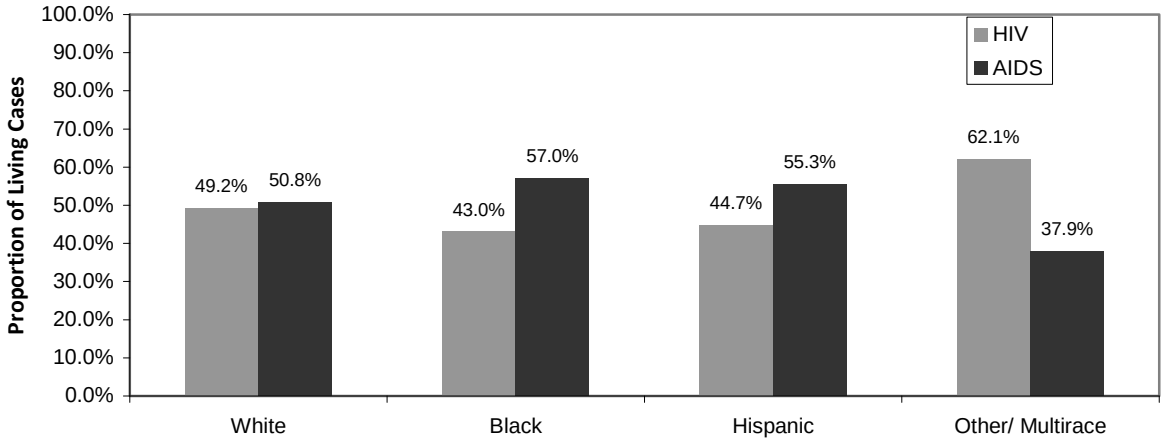


Figure 2.7 shows that by racial/ethnic group Black and Hispanic cases are more likely to be AIDS defined.

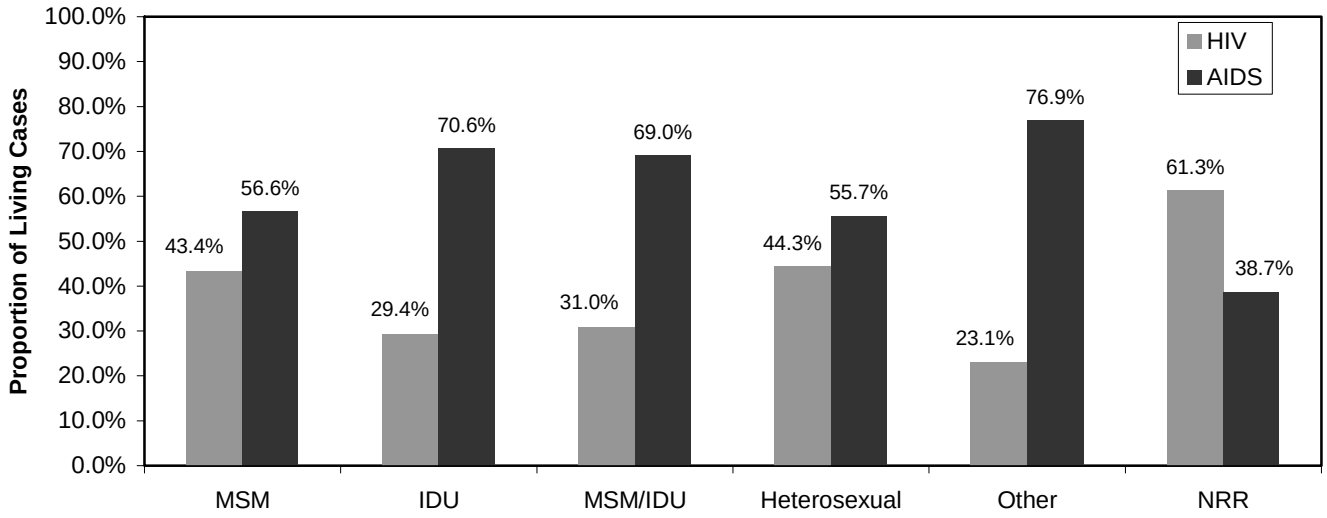
Figure 2.7: Living HIV and AIDS Case Distribution by Race/Ethnicity, DC EMSA, 2008



The proportion of PLWHA that have an AIDS diagnoses varies greatly by mode of transmission. Injection drug users (IDU) and men who have sex with men and inject drugs (MSM/IDU) were much more likely to be reported with an AIDS diagnosis with about 70% living with AIDS. Persons in the Other category are also more likely to have an AIDS diagnosis. These cases consist of persons infected by blood transfusions and/or blood products and have been living with HIV longer.

Persons in all mode of transmission were more likely to have an AIDS diagnosis with the exception of persons with no mode of transmission reported. Among that group 61% were PLWH.

Figure 2.8: Living and AIDS Case Distribution by Exposure Category, DC EMSA 2008

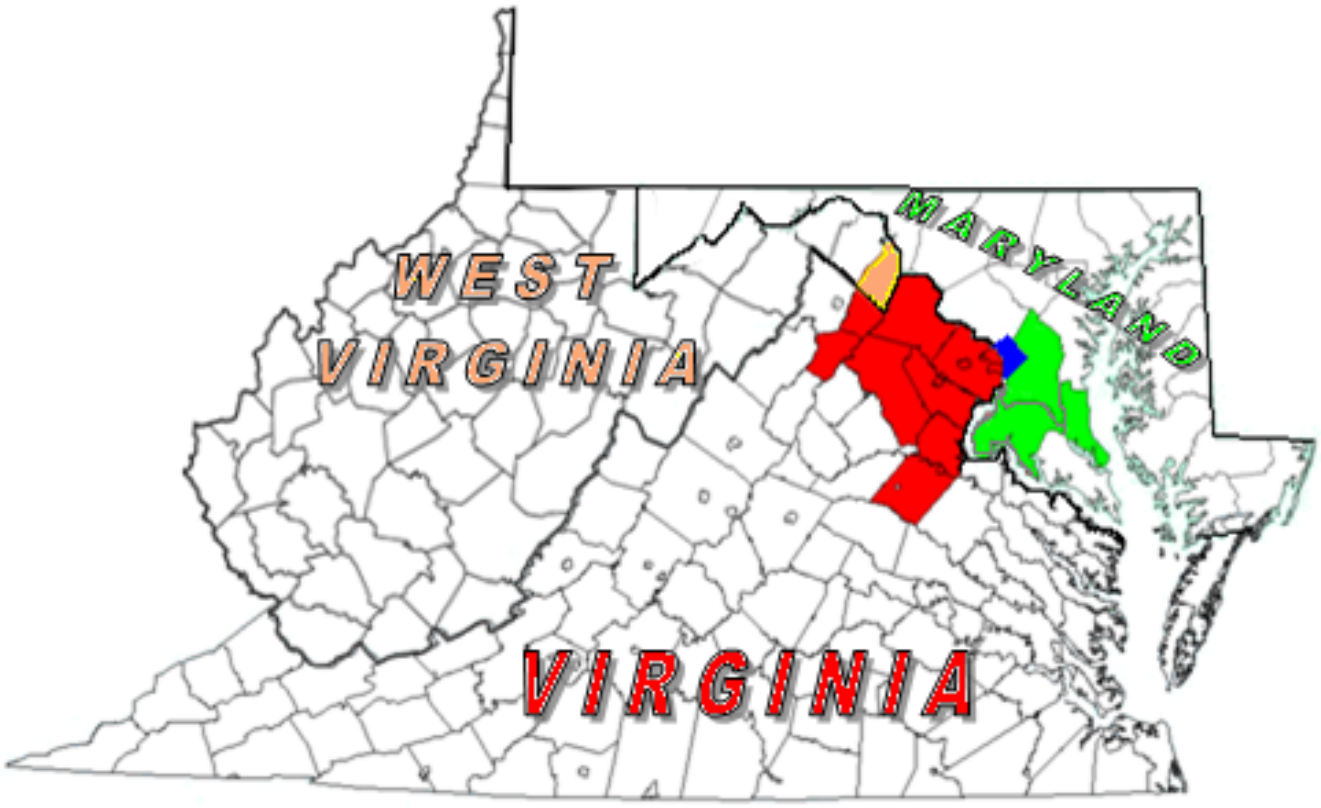


Chapter 3: System of HOPWA-Funded Housing and Housing Services

Chapter 3 describes the system of HOPWA funded housing and housing services in the EMSA including a review of the distribution of HOPWA in the EMSA, the role of the Grantee and the Administrative Agents, Project Sponsor profiles, and a EMSA housing inventory.

Services supported among the four jurisdictions vary somewhat based upon client need and the availability of other sources of funding for housing and housing-related services. The administrative agent in each jurisdiction is responsible for working within their community in conjunction with the HAHSTA to implement HOPWA funding to augment the regional housing continuum. Distribution of HOPWA across the Washington DC EMSA

Figure 3.1: HOPWA Washington D.C. Eligible Metropolitan Area



Grantee

DHCD is the Formula Grantee HOPWA for the Washington, DC EMSA. The mission of DHCD is to create and preserve opportunities for affordable housing and economic development and to revitalize underserved communities in the District of Columbia. HOPWA is administered by the HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA), formerly the HIV/AIDS Administration, of the District of Columbia Department of Health. The mission of HAHSTA is to prevent HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases. The HOPWA program goals are to reduce homelessness, minimize the risk of homelessness, increase housing stability and promote the general health and well-being of residents with HIV and their families.

The EMSA for the Washington DC Regional Metropolitan area includes the District of Columbia; portions of northern and northwest Virginia; three counties in suburban Maryland; and Jefferson County, West Virginia, and represents a subset of the CARE Act Part A eligible metropolitan area, also administered by HAHSTA. This puts HAHSTA in the unique position of administering housing programs across parts of four states each operating within unique local housing and medical continua of care. HAHSTA contracts out with administrative agents or sub-recipients in each of the Suburban Jurisdictions comprised in the EMSA. The administrative agents, in turn will sub-contract with local service providers based on the community needs and in conjunction with statewide housing Action Plans applicable to the region.

HAHSTA is responsible for distribution of HOPWA funds to the jurisdictions. HAHSTA distributes these funds to each jurisdiction based on cumulative AIDS case rates, the impact of distribution on overall housing stability within the EMSA; and each jurisdiction's ability to expend the allocation in previous years. In FY 2010, the distribution to each jurisdiction is as follows:

Table 3.1: Distribution of HOPWA Funds in Washington D.C. EMSA, (October 1, 2010 – September 30, 2011)

	Program Cost	Administrative Cost	Project Sponsor Administration	TOTAL	% of Overall Award
Washington DC	6,717,313	223,910	522,458	**7,463,681**	61.11%
Northern Virginia	2,100,603	70,020	163,380	**2,334,003**	19.11%
Suburban Maryland	2,108,297	70,277	163,979	**2,342,553**	19.18%
West Virginia	65,953	2,198	5,130	**73,281**	0.60%
	10,992,166	**366,406**	**854,946**	**12,213,518**	100.00%

The basis for the administration of the HOPWA program is coordination of the five-year Consolidated Housing Plan, the Annual Action Plan, and the Consolidated Annual Performance and Evaluation Report (CAPER). HAHSTA provides overall leadership in the development and implementation of these planning tools. Working with the administrative agents, HAHSTA sets EMSA wide programmatic and fiscal goals; provides technical assistance to the administrative agents and Project Sponsors EMSA wide; ensures that the system of housing care EMSA wide meets legislative requirements; and collaborates with the US Housing and Urban Development (HUD). HAHSTA monitors the administrative agents for programmatic and fiscal compliance by reviewing quarterly programmatic reports, conducting annual site visits, facilitating monthly teleconferences, and providing technical assistance as needed.

In FY 2009, HUD awarded the EMSA $11,541,000 in HOPWA funds for the implementation of HIV/AIDS housing programs. However in FY 2009, the Washington DC EMSA spent $14,055,855 in support of housing services. The difference is attributable to efforts by HAHSTA in conjunction with community partners to maximize the fiscal accountability and implementation of HOPWA programming. HAHSTA was able to utilize unexpended dollars from previous years to address the increased needs of clients in the EMSA. Despite these efforts, the EMSA experienced a dramatic increase in the need for HOPWA support. This has resulted in long waiting lists for many HOPWA programs. HAHSTA expects that by the end of FY 2010 those unexpended dollars from prior years will have been fully spent and without an increase in federal funding will lead to an increase in the current wait list.

HAHSTA awards sub-grants to project sponsors in the District through a competitive Request for Application (RFA) process. In 2009, HAHSTA supported 24 agencies. These agencies provided the following services in the District of Columbia:

- Tenant Based Rental Assistance (TBRA)
- Project Based Rental Assistance (PBRA or Supportive Housing)
- Short-Term, Rent, Mortgage, and Utility Assistance (STRMU)
- Housing Information and Referral Services: Intake, Assessment, and linkage services
- Support Services: Housing case management, a job readiness program, and a day program

Administrative Agencies

HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)

Based on cumulative AIDS cases, the District receives approximately 61% of the overall EMSA award for housing and housing-related services. HAHSTA oversees HOPWA programs both fiscally and programmatically to ensure coordination within the overall housing continuum of care, efficiency in service delivery, and compliance with federal and local regulations. HAHSTA awards sub-grants with community partners through a competitive process. Periodically, HAHSTA issues a RFA. Independent reviewers rank applications based on objective criteria. The Director of the Department of Health makes final decisions based on the ranking of each application, the history of programmatic performance, and the need for services within the continuum of care.

In addition, to ensure that HOPWA services are delivers high-quality services consistent with local and federal laws, HAHSTA provides oversight and technical assistance. . Two project officers specializing in housing provide programmatic oversight for all of the HOPWA providers. The programmatic monitoring process includes review of monthly programmatic reports, annual site visits, and individualized technical assistance as needed. Grants management specialists provide fiscal oversight for the HOPWA providers. The fiscal oversight process includes monthly review of invoices and source documentation, annual site visits, and technical assistance as needed. The goal of monitoring is to ensure capacity to provide high quality services. Monitoring also includes technical assistance, remediation and/or corrective action if a provider fails to meet programmatic or fiscal targets.

Prince George County Department of Housing Authority (Suburban Maryland)

The HOPWA program in Suburban Maryland comprises services to Prince George's, Calvert, and Charles Counties. In FY 2009, Maryland sub-contracted out with two project sponsors to delivery the following services:

- TBRA

- STRMU

The Housing Authority distributes funds to Calvert and Charles Counties using cumulative AIDS case ratios as the basis for the award. The Housing Authority has chosen two vendors as Project Sponsors for the HOPWA program and implements contracts with those vendors. In addition to choosing and implementing contracts, the Housing Authority monitors the Project Sponsors fiscal and programmatic compliance. This includes review of monthly program reports, annual site visits, and examination of monthly invoices and source documentation.

HOPWA programs in Suburban Maryland are operated in collaboration with a broader continuum of care that helps clients to meet their daily needs for housing, mental health, substance abuse and other support services. 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)

NVRC is a state-chartered, council of local governments, which exists to help localities in Northern Virginia plan more effectively for their future. NVRC acts as a convener, neutral forum, technical assistant, staff support, and in the case of HOPWA, the fiduciary agent receiving funds on behalf of Virginia localities within Metro Washington EMSA. The Northern and Northwest Virginia portion of the EMSA serves the counties of Arlington, Clarke, Fairfax, Fauquier, Loudoun, Prince William, Spotsylvania, Stafford, and Warren and the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park. NVRC directly operates the Housing Information and Referrals services program and funds 6 sub-grants to community-based organizations and local housing authorities to provide the following services:

- TBRA
- STRMU
- Facility Operations
- Housing Information and Referral Services: Internet housing resource database, intake, assessment and linkage services
- Support Services: legal services, benefits counseling, case management and transportation

In the Northern Virginia area there are a limited number of organizations with the capacity to provide HOPWA services. NVRC works continually throughout the year to build capacity with regional organizations. Each fiscal year, NVRC initiates contracts with Project Sponsors based on the overall need and jurisdictional HOPWA goals. NVRC monitors fiscal and programmatic compliance through reviews of monthly programmatic reports, annual site visits, and examination of monthly invoices and supporting documentation.

Besides being the sub-recipient for HOPWA services in the Virginia jurisdiction, NVRC is also the administrative agent for the distribution of Ryan White CARE Act Part A funding in the region. As a result, the NVRC is able to broadly assess the comprehensive needs of clients in the region and coordinate housing and medical services into a fuller continuum of care for residents of the region.

West Virginia AIDS Network of the Tri-State Area

The AIDS Network of the Tri-State Area (ANTS) is sub-recipient for HOPWA services in Jefferson County, West Virginia. In FY 2009, ANTS delivered the following services:

- TBRA

- STRMU
- Support Services: Housing case management and transportation services

ANTS acts as the administrative agent for the Ryan White CARE Act Part A as well as the sub-recipient for HOPWA funding for the West Virginia jurisdiction of the Washington DC EMSA. Unusually, ANTS operates both as a sub-recipient and as a Project Sponsor providing administrative oversight for the region and direct services to clients. Currently Jefferson County, West Virginia is the only jurisdiction in the EMSA not experiencing waiting lists for TBRA and STRMU.

Entry into Housing Care and Linkages to Support Services

District of Columbia and Suburban Maryland

The District of Columbia and the Suburban Maryland HOPWA programs utilize a consolidated "single point of entry" program as the primary entry for all clients needing HOPWA assistance. This program is called the Metropolitan Housing Access Program (MHAP). MHAP services include:

- Eligibility assessment and data collection
- Linkages to other available housing programs and services
- Client intake and enrollment services
- Online access to HOPWA housing applications
- Links to the DHCD online housing search engine and other housing resources lists.
- Active engagement and contact for clients on the TBRA waiting list
- Resource linkage for those on the waiting list

Clients can submit applications for assistance either through a case management program or eligibility specialists located within the MHAP. The MHAP collaborates with case management systems primarily funded through the Ryan White CARE Act to ensure that applications are readily available and the documentation requirements clearly explained. As part of the application process, all clients are assessed for support services needs and appropriately linked to health and housing services as needed.

In the District, there is also another way clients may enter into the HOPWA system. Several providers operate emergency or transitional facility-based housing (FBH) programs. In order to best serve clients in immediate need many programs accept clients from a variety of referral sources including hospitals, substance abuse treatment facilities, homeless shelters, and HIV primary care providers among other providers. In these instances, the FBH Project Sponsor will assess for eligibility and submit an application and eligibility information to the MHAP within 30-days of accepting the client.

Northern Virginia

Clients may submit applications through the HIV Resource Project operated and maintained by NVRC. Clients may access The HIV Resource Project through an interactive web site (http://www.novaregion.org/index.aspx?NID=377) or by contacting a resource specialist by telephone. Services available through the HIV Resource Project include:

- Eligibility assessment and data collection
- Assessment for support services needs and linkages to other available housing programs and services

- Client intake and enrollment services
- Online access to HOPWA housing applications
- Links to electronic apartment searches.
- Active engagement and contact for clients on the TBRA waiting list
- Resource linkages for those on the waiting list

Clients may also access the program through one of the NVRC Project Sponsors who are contracted to provide HOPWA services or will refer the client to the Housing Information and Referral program for additional resources.

West Virginia

The Administrative Agent in West Virginia is also the primary support services provider in this rural community. As such, ANTS has developed referral relationships with other non-profit organizations serving both HIV positive persons and/or homeless persons. Once a client is referred to ANTS, the individual is assessed for eligibility and for medical and housing needs. The case manager develops an individualized treatment plan with the client that includes linkages to resources including non-HOPWA funded housing programs, a housing plan for stability, and applications for HOPWA programs. Currently, there is no waiting list for services in Jefferson County.

Successes in the System

Maximized fiscal capacity

Over the last five-years, HAHSTA and the Administrative Agents have worked diligently to improve upon its fiscal oversight in order to maximize capacity and ensure that annual dollar award is fully spent within the fiscal year. In prior years, the EMSA struggled to maximize systems in order to fully expend HOPWA dollars. The EMSA not only expanded programmatic and fiscal systems to fully expend all dollars awarded to the EMSA, but was able to address increasing client needs by utilizing dollars unspent in prior fiscal years. As a result, the EMSA has almost completely spent previous year's under-expenditures. Going forward there are no more unexpended dollars from previous years available to assist in meeting current housing needs. Because need outstrips funding, the only way for the EMSA to meet the housing needs of residents would be with additional dollars.

Current budgetary planning for EMSA ensures fiscal capacity will remain in place for FY 2011 and is targeting housing needs. HAHSTA examined the needs of clients requesting HOPWA services and based on increased waiting lists for all housing assistance programs decided to prioritize those services that primarily assist clients with housing costs and cannot be accessed with increased coordination within the continuum of care. In order to do this HAHSTA decided to leverage existing support services dollars and focus the annual HOPWA award toward housing costs.

Streamlined Single Point of Entry and Single Point of Payment for TBRA

Over the last several years, HAHSTA and the Administrative Agent in Maryland began the process of streamlining TBRA and STRMU delivery processes in the District and in Maryland. This included both a Single Point of Entry for clients requesting services and a Single Point of Payment for processing and payment of rent subsidies and payment checks. Over FY 2009, HAHSTA finished the implementation of these systemic changes. The new Single Point of Entry program is called the Metropolitan Housing Access Program (MHAP). Providers indicated in the Housing Inventory Survey completed as part of the Consolidated Plan that the MHAP program reduces barriers to client participation by consolidating resources, reducing administrative costs and ensuring that clients can access housing in one central location.

In addition to improving services through MHAP, HAHSTA and the Prince George's County Housing Authority successfully transferred all clients receiving a TBRA voucher and/or awarded STRMU assistance to a single point of payment program. HAHSTA and the Housing Authority maximized the number of dollars going into direct client programming by decreasing the amount of dollars required to administer the program. The single point of payment system also ensures that clients always know where to turn for questions about their TBRA voucher. For TBRA, services at the single point of payment include:

- Monthly processing and payment of TBRA vouchers
- Program orientation, program enrollment and assistance with establishing a rental lease for clients newly enrolled in TBRA
- Coordination with certified housing inspectors for the implementation of annual Housing Quality Standards inspections to ensure the safety of all clients receiving a TBRA voucher
- Annual re-certifications to assess continued client eligibility of clients enrolled in the program

Maximized access to housing services

Over the last several years HAHSTA in collaboration with the Administrative Agents made a series of strategic programmatic changes to improve clients' ability to manage their own housing needs and to maximize their access to housing services.

HAHSTA worked with community partners to increase the flexibility of the application process for HOPWA assistance programs by eliminating the need to apply through case management systems and by providing universal access to applications through Internet links and expanded application assistance through the Metropolitan Housing Access Program (MHAP) for the District of Columbia and Maryland and through the HIV Resources Project in Northern Virginia.

HAHSTA also worked with MHAP to increase program support for clients in the District of Columbia to begin actively managing clients on TBRA and FBH waiting lists with the goal of expanding access to services beyond HOPWA funded programming and providing homeless prevention services for clients not currently able to access TBRA or FBH programs. This also included improving coordination for clients by linking the websites for the MHAP to the DHCD affordable housing search engine www.DCHousingsearch.org and encouraging both landlords and clients to use the system.

In Northern and Northwest Virginia, the NVRC similarly increased active support for clients on the TBRA waitlist through the HIV Resources Project (http://www.novaregion.org/index.aspx?nid=684), an Internet resources center that includes an affordable housing search engine and links to local housing and medical resources. The HIV Resources Project now includes staff to actively engage and support clients on the waiting list through increased contact, on-going needs assessment and resources linkage.

In addition, the EMSA eliminated the monthly case management home visit required for all TBRA clients and targeted case management services to those most in need. HAHSTA and the Administrative Agents worked to improve linkage for support services to non-HOPWA funded programs such as Ryan White Case Management and the District Department of Employment Services (DOES). In addition in the District of Columbia, the Ryan White Planning Council and HAHSTA tied housing need and assessment to the newly developed medical case management acuity scale. By incorporating housing into the medical case management acuity scale, HAHSTA ensures that clients needing housing support are adequately linked to medical services and that the scale incorporates each client's ability to access safe, affordable housing into the level of case management services received. The Administrative Agents in each jurisdiction are currently working with local planning bodies associated with the Planning Council to adopt similar tools that will ensure that housing assessments are routinely included in case management protocols.

Optimized Use of Housing Information and Referral Services

Housing Information and Referral services are an integral part of the overall housing system for the District, Maryland and for Northern Virginia. Housing information and referrals services includes a broad spectrum of programs that provide information exchange around housing and housing-related services; assessments for individual client needs; and referral and linkage to alternate support and housing services for clients both engaged in housing services and on the TBRA and FBH waiting list.

In the District of Columbia the focus shifted to include an active management process for clients on the waiting list. These services include increased provider contact to ensure clients remain engaged in services, to assess clients' current housing needs, and to facilitate resource linkages. In FY 2011, the EMSA plans to expand these services to clients on the Maryland waiting list for TBRA.

In addition, the District and Suburban Maryland increased client access to HOPWA programs as well as other leveraged housing services through the MHAP web site:http://www.housingetc.org/gatekeep.htm.

In Virginia, housing information services were expanded to include improved services to clients on the waitlist for TBRA, Supportive Housing and STRMU. Staff from the HIV Resource Project maintains monthly contact with clients on the waitlist to assess risk and provide linkage to non-HOPWA funded services within the continuum of care.

Ensure quality housing options

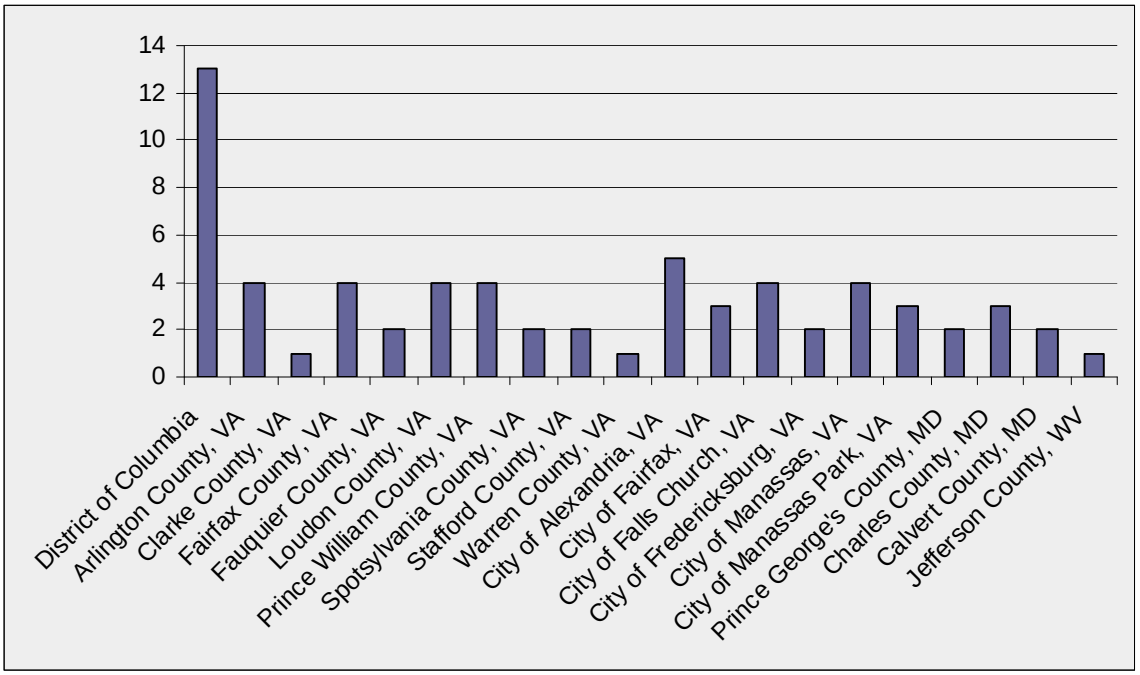
Despite increased demand for all forms of HOPWA funded housing assistance over the last several years, HAHSTA and the Administrative Agents were able to ensure quality housing options for those in HOPWA programs and to improve access for those on the waiting lists.

In FY 2009, the EMSA was able to maintain the level of FBH options to clients across all jurisdictions. Although the combination of increased need and decreased transitioning of clients into long-term, non-HOPWA funded permanent housing programs has led to an increase in waiting lists, the restructuring of support services completed in FY 2009 will ensure that in FY 2011 clients receiving a TBRA or Supportive Housing subsidy remain housed.

Provider Profiles

Throughout the EMSA, twenty (20) different Project Sponsors operate services using HOPWA funds. Below is a short description of each funded Project Sponsor by jurisdiction along with a table showing their HOPWA programmatic targets. If a program has targets specifically for individuals or families it is indicated in the table, otherwise the target listed under "total" is the total number of households to be served regardless of whether the household is an individual or a family. Attachment 4 includes a more detailed housing inventory that includes geographic service area, other funding sources and programs available to clients of the organization, and HOPWA program targets. Figure 3.2 shows the number of Project Sponsors by service area in the EMSA for FY 2010.

Figure 3.2: Number of Project Sponsors by Service Area in the EMSA, FY 2010



District of Columbia Provider Profiles

During FY 2010, the District of Columbia implemented sub-grants with thirteen (13) Project Sponsors. Services included Housing Information and referral services, TBRA, STRMU, Support Services, and FBH.

Community Family Life Services

Community Family Life Services (CFLS) operates support services within a Facility-Based Housing program. The CFLS mission is to provide clients with the tools they need to move themselves beyond poverty and homelessness into permanent self-sufficiency. CFLS has two primary goals: (1) to provide short-term crisis assistance, and (2) to empower families and individuals to change their lives over the long term. The CFLS focus is on addressing the needs of low-income and homeless families and individuals in the District, addressing the multiplicity of factors that contribute to poverty through accurate and thorough assessments at intake and through the provision of support services.

Community Family Life Services HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Transitional FBH	10		17
Facility Based Support Services	10		10

Damien Ministries

Damien Ministries is a faith-based non-profit organization dedicated to upholding and fostering the dignity of people living with HIV/AIDS, particularly very low income persons. With programs including transitional housing, case management, technical assistance for the faith-base organizations, food bank services, Damien Ministries works to create a sense of belonging and community for those in need.

Damien Ministries HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Emergency FBH	18		18
Facility Based Support Services	18		18

DC CARE Consortium

The DC CARE Consortium is a non-profit organization providing services to more than 65 HIV/AIDS agencies throughout the District of Columbia. DC CARE is the Single-Point of Payment Provider for the Short-Term Rent, Mortgage, and Utility Assistance program. Single Point of Payment services include managing a monthly budget for STRMU services in the District as well as writing and distributing checks to the creditors of approved clients. In addition to operating HOPWA-funded services, DC CARE runs additional short-term and emergency financial assistance programs through other federal and local funding streams.

DC Care Consortium HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
STRMU			60

Extended Care

Extended Care is a non-profit organization focused on serving women with children. The mission of Extended Care is to provide clean, safe and affordable housing opportunities and other extended care resources to build strong communities. Extended Care operates a transitional FBH for families.

Extended Care HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Transitional FBH		8	8
Facility Based Support Services		12	12

Greater Washington Urban League

The League is a major nonpartisan, nonprofit social services and civil rights organization operating in the District metropolitan area. The League's mission it to increase the economic and political empowerment of blacks and other minorities and to help all Americans share equally in the responsibilities and rewards of full citizenship. In the District, the League is the single point of payment for TBRA services. The program is responsible for paying monthly TBRA subsidies for all enrolled clients in the District, annually re-assessing the client for eligibility, and arranging with a certified housing inspector for all clients to receive an annual Housing Quality Standards (HQS) inspection.

Greater Washington Urban League HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
TBRA			350
HQS Inspections			800

Homes for Hope, Inc

Homes For Hope is a non profit supportive housing agency offering comprehensive case management, mental health and substance abuse recovery services as well as job skills training to assist residents to move from homelessness and instability to stable housing and independence. Homes for Hope operates a facility based housing transitional housing program in the District.

Homes for Hope HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Transitional FBH	8		8

Housing Counseling Services

Housing Counseling Services provides comprehensive housing counseling services in the District of Columbia. Housing counselors/trainers assist primarily low-income tenants and homeowners to address various housing related issues including landlord/tenant disputes, emergency rental assistance, and first time home buyer counseling. Housing Counseling Services' mission is to build the capacity of individuals and groups for the physical development of their homes as well as the economic and social development of their neighborhoods.

Housing Counseling Services HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Housing Information and Referral Services			200
Support Services- Single Point of Entry			350

Joseph's House

The mission of Joseph's House is to provide a home, nursing services, and community for formerly homeless men and women in metropolitan Washington DC who are terminally ill and in the last weeks or months of their illness. Joseph's House utilizes HOPWA funding to provide housing and compassionate care for men and women who are homeless with AIDS in the District and need support services and skilled end-of-life care.

Joseph's House HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Long-term supportive FBH	28		28
Facility Based Support Services	28		28

Miracle Hands Community Development Corporation

Miracle Hands Community Development Corporation operates an emergency Facility-Based Housing program. Miracle Hands was established in 1998 to address the multidimensional and complex socio-economic needs of low-income populations with a specific focus on at-risk youth, the homeless and the previously incarcerated. Miracle Hands is a non-profit organization, incorporated in the District of Columbia with service sites in Wards 4, 5 and 8.

Miracle Hands HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Emergency FBH	60		60
Facility Based Support Services	80		80

Miriam's House

The mission of Miriam's House is to provide a dynamic residential community for women living with HIV disease that empowers recovery from homelessness, disease and addictions in an environment of compassion, integrity, and accountability. Miriam's House provides permanent supportive housing for homeless women living with HIV disease; most with other medical issues, addictions, and mental health challenges.

Miriam's House HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Transitional FBH	22		22
Facility Based Support Services	22		22

Our Place DC

Our Place DC operates an emergency FBH program. The mission of Our Place is to support women who are or have been in the criminal justice system by providing the resources they need to maintain connections with the community, resettle after incarceration, and reconcile with their families. Our Place helps women remain drug and alcohol free, obtain decent housing and jobs, gain access to education, secure resources for their children, and maintain physical and emotional health. The goal is to close an existing gap in resources for women who have been incarcerated in order to decrease recidivism.

Our Place, DC HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Emergency FBH	24		24
Facility Based Support Services	24		24

Regional Addiction Prevention, Inc.

Regional Addiction Prevention, Inc.'s mission is to empower individuals to choose a productive life over addiction; to teach the behavioral skills, attitudes and values necessary to prosper physically, emotionally and spiritually; and to reconnect clients to love ones and to their community with a new appreciation of self and social responsibilities. Regional Addiction Prevention, Inc. operates the Galiber House, a facility based housing program with both emergency and transitional beds. Through leveraged funding, clients at the Galiber House also have access to medical care, mental health counseling, support services, and substance abuse treatment services.

Regional Addiction Prevention HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Emergency FBH	30		30
Transitional FBH	21		21
Facility Based Support Services	51		51

Transgender Health Empowerment, Inc

The mission of Transgender Health Empowerment Inc. is to enhance the quality of life for diverse transgender populations through advocacy and through direct service provision including health and social services. In fulfilling this mission, Transgender Health Empowerment seeks to unify and empower the transgender, lesbian, gay, and bisexual communities. Trained and dedicated staff work with each client to assess his or her individual needs, and develop mutually agreed on client-focused plans and services designed to address these needs. Transgender Health Empowerment operates a facility based housing program with both emergency and transitional beds. Clients of the HOPWA program also receive case management and job readiness training. .

Transgender Health Empowerment HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Emergency FBH	12		12
Transitional FBH	10		10
Facility Based Support Services	22		22

Suburban Maryland Provider Profiles

During FY 2010, Suburban Maryland contracts with two providers to deliver services in the jurisdiction.

Greater Washington Urban League

The League overall mission is the same for Suburban Maryland as for the District of Columbia. In Maryland, the League is the single point of payment for TBRA and for STRMU services. The program is responsible for paying month TBRA subsidies for all enrolled clients in the Maryland, annually re-assessing the client for eligibility, and arranging with a certified housing inspector for all clients to receive an annual Housing Quality Standards (HQS) inspection. In addition the League manages a monthly budget for STRMU services in suburban Maryland as well as writing and distributing checks to the creditors of approved clients.

Greater Washington Urban League HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
TBRA			172
STRMU			87

Southern Maryland Tri-County Community Action Committee, Inc

The Southern Maryland Tri-County Community Action Committee is a private non-profit organization committed to combating poverty in Southern Maryland. The Southern Maryland Tri-County Community Action Committee strives to provide a variety of self-sufficiency services to the residents of Calvert, Charles, and St. Mary's Counties. The mission of the Committee is to provide services for eligible citizens that alleviate the causes and conditions of poverty, promote upward mobility, and enrich the quality of life.

Southern Maryland Tri-County Community Action Committee, Inc. HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
TBRA			10

Northern Virginia Provider Profiles

Legal Services of Northern Virginia

The mission of Legal Services of Northern Virginia is to help promote a more just community by providing free, high-quality legal services to low-income residents of Northern Virginia who, without legal assistance, face the loss or deprivation of a critical human need such as food, shelter, medical care, income, education, family stability, or personal safety. Legal Services of Northern Virginia seeks to achieve equal access to justice and to provide hope and empowerment. Legal Services of Northern Virginia serves all of the cities and counties incorporated within the Northern Virginia jurisdiction with the exception of Clarke County.

Legal Services of Northern Virginia HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Legal Services			100
Benefits Assessment			120

Northern Virginia AIDS Ministry

Northern Virginia AIDS Ministry provides HIV prevention education, with focus upon youth ages 14-14, throughout Northern Virginia through a variety of targeted programs. The agency also provides services to youth living with HIV/AIDS, low income families with children living with HIV/AIDS, and assisted transportation to low income, uninsured persons with HIV/AIDS of all ages. The Northern Virginia AIDS Ministry serves 10 of 15 cities and/or counties that comprise the Northern Virginia portion of the EMSA.

Northern Virginia AIDS Ministry HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Support Services-Transportation	400		400
Support Services-Case Management		14	25

Northern Virginia Family Services

The mission of the Northern Virginia Family Services is to empower individuals and families to improve their quality of life and to promote community cooperation and support in responding to family needs. Through an array of targeted programs and services, Northern Virginia Family Services advocates for, encourages, teaches and empowers vulnerable individuals and families to become healthy, self-sufficient, contributing members of the community in which they live. Northern Virginia Family Services offers through leveraged funding Healthy Families and Early Head Start/Head Start programs, foster care, counseling, multicultural human services, housing support services, health access, job training,

financial services, and more. Through HOPWA, Northern Virginia Family Services operates STRMU and TBRA programs that serve the entire Northern Virginia jurisdiction.

Northern Virginia Family Services HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
STRMU			63
TBRA			53

Prince William County (PWC) Office of Housing and Community Development's The mission of the Prince William County Office of Housing and Community Development is to develop affordable housing opportunities and neighborhood resources for low and moderate income area residents by implementing appropriate policies and programs. The Prince William County Office of Housing and Community Development is a local housing authority offering an array of housing counseling and support programs including HOPWA funded TBRA for residents of Prince William County, Virginia.

Prince William County Office of Housing and Community Development HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
TBRA			22

Wesley Housing Development Corporation

Wesley Housing Development Corporation's mission is to develop, own, operate, preserve, and maintain affordable housing and sustain quality communities for low- and moderate- income persons in Northern Virginia. Wesley Housing goes beyond providing affordable housing by offering a range of support services for the children, adults, seniors, and disabled individuals served by the organization. The goal is to provide those individuals and families with highest needs, onsite resident services designed to enable tenants to move up and out of poverty, to live independently with disabilities, and to age in place.

Wesley Housing Development Corporation HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Long-Term FBH			12

West Virginia Provider Profiles

AIDS Network of the Tri-State Area

The mission statement of ANTS is: "Your Community resource for STD/HIV/AIDS prevention education and client services, assistance, education and support." The ANT is the Washington DC EMA jurisdictional agent and service provider for Ryan White Part A, MAI and HOPWA in West Virginia. Its goals are to provide medical services and support services to HIV-infected persons living in the Eastern Panhandle of West Virginia. By providing these services, ANTS has the goal of keeping those persons in medical care and maintaining a healthy productive life.

AIDS Network of the Tri-State Area HOPWA Funded Units			
Program	**Individual**	**Family**	**Total**
Support Services			18
STRMU			6
Permanent Housing Placement			1
TBRA			6

Housing Services Inventory

In order to examine the overall system of care and to determine gaps in services, HAHSTA developed a housing inventory utilizing surveys completed by the Project Sponsors and the Administrative agents. Based on the services funded in the EMSA, the continuum was analyzed in terms of long-term housing options, short-term emergency or transitional housing, and STRMU programs.

Long Term Rental Subsidy Programs

Long term housing was the primary funded service throughout the EMSA. All jurisdictions funded TBRA assistance for a total capacity of 613 clients. Funding has not kept pace with the HIV rates in the Washington DC EMSA. HOPWA in the Washington DC EMSA has experienced prolonged client usage in long-term programming, decreased client turnover, and a lack of capacity across other locally or federally funded programs to accommodate clients. During FY 2009, the waiting list for TBRA services, for example, reached 546 people in the District of Columbia, 208 in northern and northwest Virginia, and 79 in Suburban Maryland. As a result of the TBRA waitlist, all other HOPWA programs experienced increased use and a lack of options for moving people into long-term support programs. In the District of Columbia in FY 2009 only 11 clients transitioned from the waiting list into TBRA, only 28 clients moved off the waiting list into TBRA in Northern and Northwest Virginia, and no new clients were enrolled into TBRA in Suburban Maryland. Transitional and emergency housing programs had trouble moving clients into more permanent programming; and, the STRMU allocation in the District of Columbia was fully expended three months before the end of FY 2009. HOPWA funding to assist clients in the Washington EMSA has not increased proportionately for HAHSTA to meet the needs of the residents of the EMSA. Table 3.2 shows the Housing Inventory for Tenant Based Rental Assistance for the EMSA.

Table 3.2: Tenant-Based Rental Assistance

Project Sponsor	Program	Funding				Housing Type			Jurisdiction Served				Number of Units
		Other Federal	State	Local	Other	Facility	Single Family	Other	DC	VA	MD	WV	Total
Greater Washington Urban League	TBRA							X	X				350
Greater Washington Urban League	TBRA							X			X		172
Southern Maryland Tri-County Community Action Committee, Inc	TBRA	X	X	X				X			X		10
AIDS Network of the Tri-State Area	TBRA	X						X				X	6
Prince William County Office of Housing and Community Development	TBRA	X	X		X			X		X			22
Northern Virginia Family Services	TBRA	X	X	X				X		X			53
												Total	**613**

The District of Columbia and Northern Virginia also funded facility operation costs and/or rental subsidies for a limited number of FBH programs that provide long-term supportive housing. In the District these programs focused on the needs of clients needing end-of-life care. In Virginia, HOPWA worked in conjunction with other housing funding to support the long term needs of individuals and families. Table 3.3 shows the housing inventory for long-term FBH programs.

Table 3.3: Facility Based Housing- Long-Term Supportive

Project Sponsor	Program	Funding				Housing Type			Jurisdiction Served				Number of Units		
		Other Federal	State	Local	Other	Facility	Single Family	Other	DC	VA	MD	WV	Individual	Family	Total
Joseph's House	Joseph's House	X			X	X			X				28		28
Wesley Housing Development Corporation	Agape House	X	X		X		X			X			8	4	12
												Total	**36**	**4**	**40**

Transitional and Emergency Housing

The next largest category of support was short-term FBH programs comprised of emergency programs (no more than 60-day stay) and transitional programs (no more than 2 years stay). These programs focused primarily on clients and/or families with special needs or circumstances.

Transitional and emergency housing programs have had trouble moving clients into more permanent programming due to the lack of TBRA and other long-term housing options in the EMSA. HOPWA funding to assist clients in the Washington EMSA has not increased proportionately for HAHSTA to meet the needs of the residents of the EMSA. Table 3.4 below shows the FBH short-term emergency and transitional housing inventory.

Table 3.4: Facility Based Housing- Transitional and Emergency.....

Project Sponsor	Program	Funding				Housing Type			Jurisdiction Served				Number of Units		
		Other Federal	State	Local	Other	Facility	Single	Other	DC	VA	MD	WV	Individual	Family	Total
Homes for Hope	Women's Transitional Housing Program	X		X		X			X				8		8
Extended Care	Transitional Housing Program					X			X					12	12
Damien Ministries	Damien House-Emergency	X				X			X				18		18
Transgender Health Empowerment, Inc	THE Emergency Program	X		X		X			X				12		12
Transgender Health Empowerment, Inc	THE Transitional Program	X		X		X			X				10		10
Regional Addiction Prevention, Inc	Galiber House-Emergency Beds	X	X	X	X	X			X				30		30
Regional Addiction Prevention, Inc	Laurel Facility Transitional Beds	X	X	X	X	X			X				21		21
Miracle Hands	Emergency House					X			X				60		60
Our Place DC	Camille's Place			X	X	X			X				24		24
Community Family Life Services	Transitional Housing	X	X			X			X				10		17
Miriam's House	Miriam's House	X			X	X			X				22		22
												Total	**211**	**12**	**234**

Short Term Rent, Mortgage and Utility Assistance

All of the jurisdictions funds STRMU programs. Currently the EMSA has capacity to serve 216 individuals. Because of the lack of availability in more permanent housing programs, renters with high cost burdens often find themselves in untenable situations without any good long-term housing options. As a result the number of requests for STRMU currently exceeds the EMSA capacity. In FY 2009, for example, the District of Columbia fully expended funds three months before the end of the fiscal year. Table 3.5 shows the STRMU inventory for the EMSA.

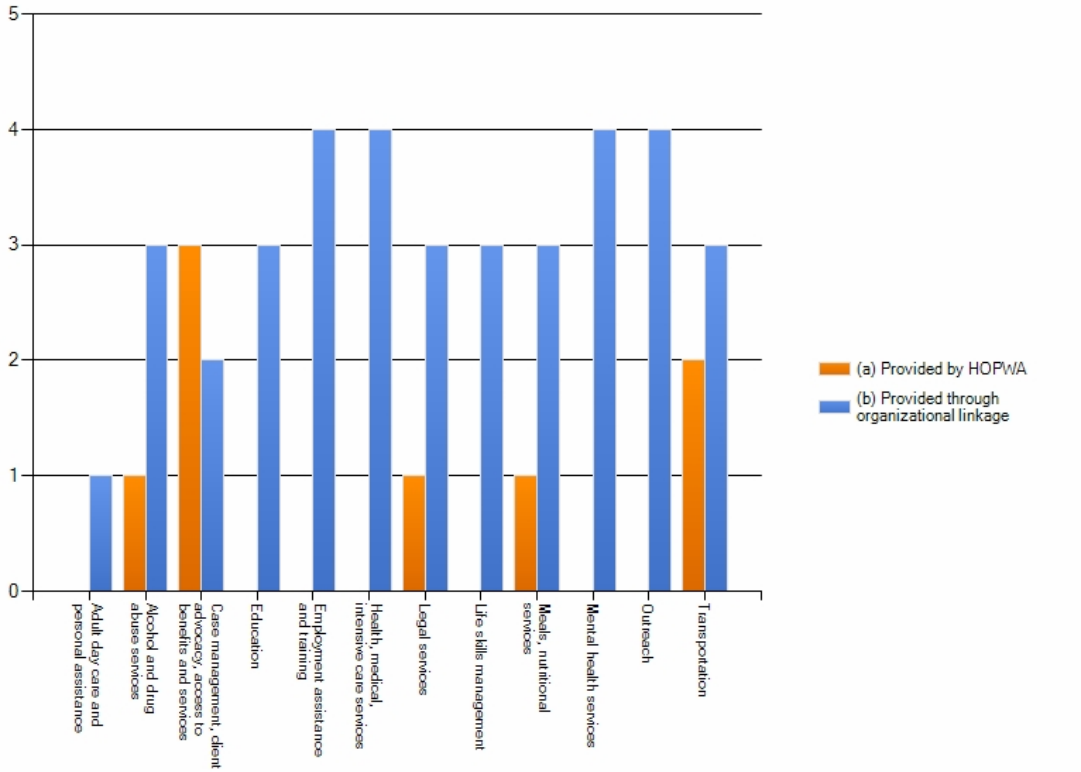
Table 3.5: Short-Term Rent, Mortgage, and Utility Assistance

Project Sponsor	Program	Funding				Housing Type			Jurisdiction Served				Number of Households
		Other Federal	State	Local	Other	Facility	Single Family	Other	DC	VA	MD	WV	Total
Greater Washington Urban League	STRMU							X			X		87
DC Care Consortium	STRMU	X		X				X	X				60
AIDS Network of the Tri-State Area	STRMU	X						X				X	6
Northern Virginia Family Services	STRMU	X	X	X				X		X			63
											Total		216

Housing Support Services Inventory

The current continuum of care in the Washington DC EMA provides a broad spectrum of support services either through direct service provision or through an organizational linkage with another service provider that includes all of the HOPWA-eligible support activities. The figure below shows the availability of support services offered to HOPWA clients in the EMSA.

Figure 3.3: Continuum of Support Services Available in the Four Jurisdictions in the EMSA, 2010*



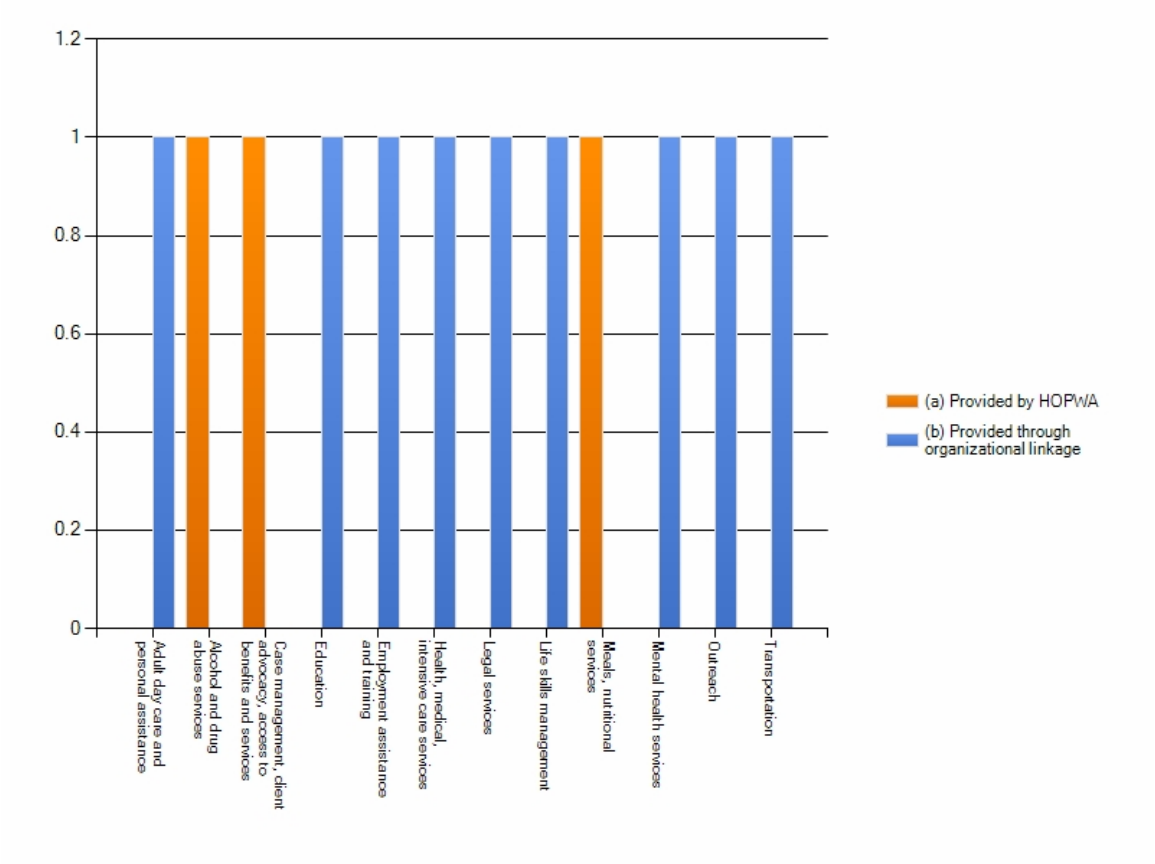
*Legend:
Horizontal axis is the list of services provided either through direct HOPWA funding or through an organizational linkage.
Vertical axis is the number of jurisdictions

HOPWA funding for support services varies throughout the jurisdictions. Each Administrative Agent funds support services directly with area Project Sponsors based on community need and the availability of support services through other funded sources.

Support Services in the District of Columbia

In the District, HAHSTA only funds support services for Project Sponsors operating FBH programs as those programs target individuals most at risk of chronic homelessness. Funded services include case management, nutritional services, substance abuse services, housing plan development assistance, and mental health counseling. Figure 3.4 shows the support services available in the District of Columbia either through HAHSTA or through an organizational linkage.

Figure 3.4: Continuum of Support Services Available in the District of Columbia, FY 2010



In the District a dramatic increase in requests for direct housing support necessitated a decrease in HOPWA funded support services and a corresponding increase in coordination and leveraging with other support services systems. According to a recent study completed by the DC Fiscal Policy Institute, 62% of households with incomes less than 30% of the Area Median Income (AMI) spent more than half of their income on housing in 2007.[viii] In the Washington DC EMSA, nearly 95% of the HOPWA clients served in 2009 fell at or below 30% of the AMI[ix]. As a result of these factors, a vast majority of PLWHA in the District require some sort of housing support in order to remain self-sufficient. In FY 2009, HAHSTA decided to address this dramatic increase in housing need by focusing the bulk of the allocation to the District on direct housing costs and by leveraging support services through other sources.

Over the course of FY 2009, HAHSTA engaged leadership at a variety of agencies across the city to assess at the availability of support services through other sources that could be leveraged and coordinated for clients utilizing HOPWA programming. Primary coordination took place through meetings with the Executive Office of the Mayor. Leadership at the Executive Office assisted HAHSTA in gaining a better understanding of the network of support services funded throughout the District. With their support, HAHSTA has engaged support services through:

- *Ryan White CARE Act Health Services.* Ryan White CARE Act support medical case management throughout the EMSA. By participating in stakeholder meetings in the District, Maryland, and Virginia, HAHSTA was able to include housing assessment as part of the medical case management acuity scale currently being implemented

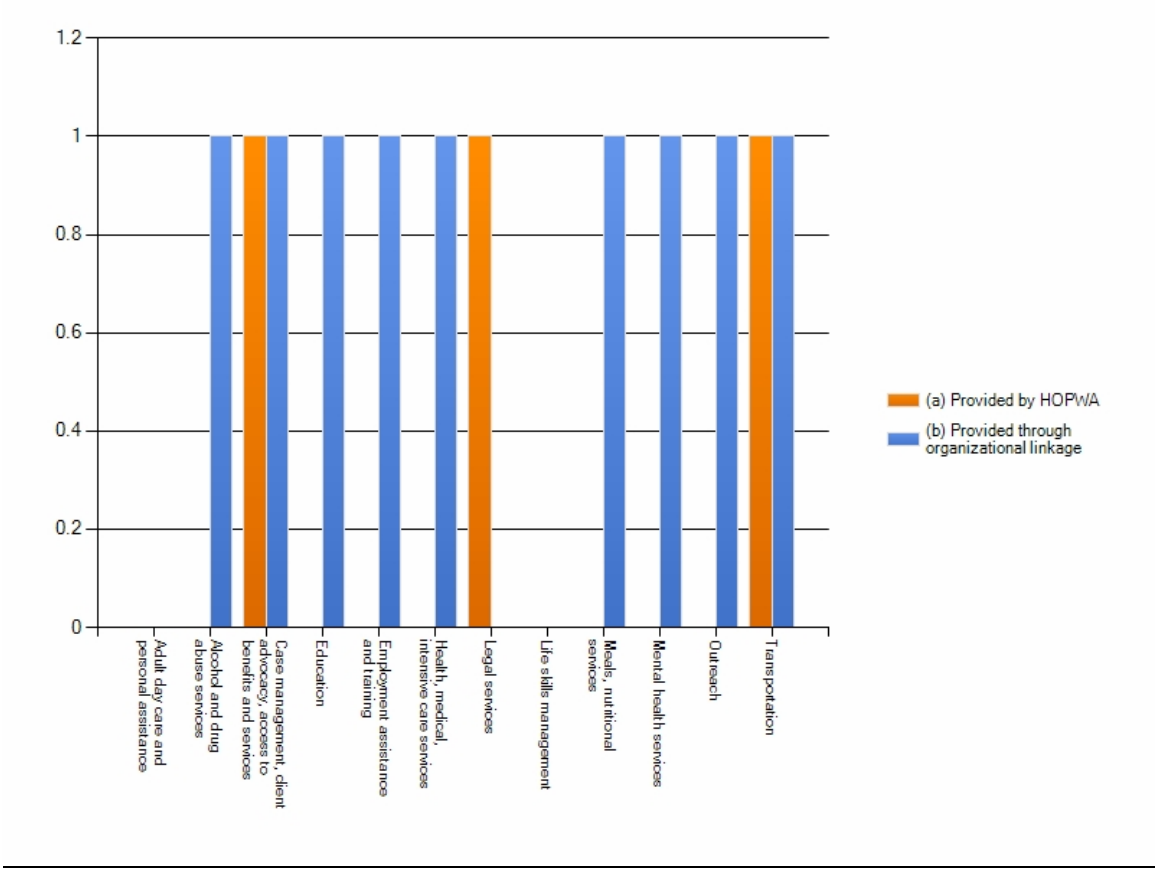
throughout the EMSA. In addition, HAHSTA is working to ensure that Medical Case Managers are able to sufficiently link clients to the MHAP program and other housing related programs and supports.

- *Department of Employment Services (DOES).* The mission of DOES is to assist residents in the District of Columbia to plan, develop and administer employment-related services. In FY 2009, HAHSTA began coordination efforts by providing information within the continuum of care to ensure that eligible clients received appropriate referrals to DOES services.
- *Department of Mental Health (DMH).* DMH focuses primarily on rehabilitative services for individuals with persistent and chronic mental illness. Programming for individuals who qualify includes case management and support. HAHSTA is working with DMH to ensure clients who need this level of support are linked.
- *Addiction Prevention and Recovery Administration (APRA).* APRA focuses primarily on substance abuse prevention and treatment. Across the EMSA, substance abuse plays a large role in the lives of people living with HIV/AIDS. In the District of Columbia, for example, IDU accounted for 18.2% of living HIV/AIDS cases and 18.1 % of newly reported AIDS cases in 2007 (HAHSTA, *DC HIV/AIDS Epidemiology Update 2008*, www.doh.dc.gov/hiv). During FY 2009 APRA reorganized its services and shifted focus. HAHSTA began communication with APRA to improve access for clients seeking substance abuse treatment services.
- *Department of Human Services (DHS).* DHS funds several housing programs designed to provide single adults, victims of domestic violence and families with emergency and transitional shelter. Some of the supportive housing programs funded through DHS offer community support and case management. Although these programs also have waitlists, HAHSTA is working with DHS to ensure clients eligible for these services are enrolled.

Support Services in the Northern Virginia

In Northern Virginia, NVRC is the Administrative Agent for both HOPWA and for Ryan White CARE Act services. NVRC is able to examine the support services across the jurisdiction and use HOPWA to fund gaps in services. In this way, NVRC funds two Project Sponsors to provide support services including legal services, case management and transportation. Other services are available through organizational linkages. Figure 3.5 shows the support services continuum available to HOPWA clients in Northern Virginia.

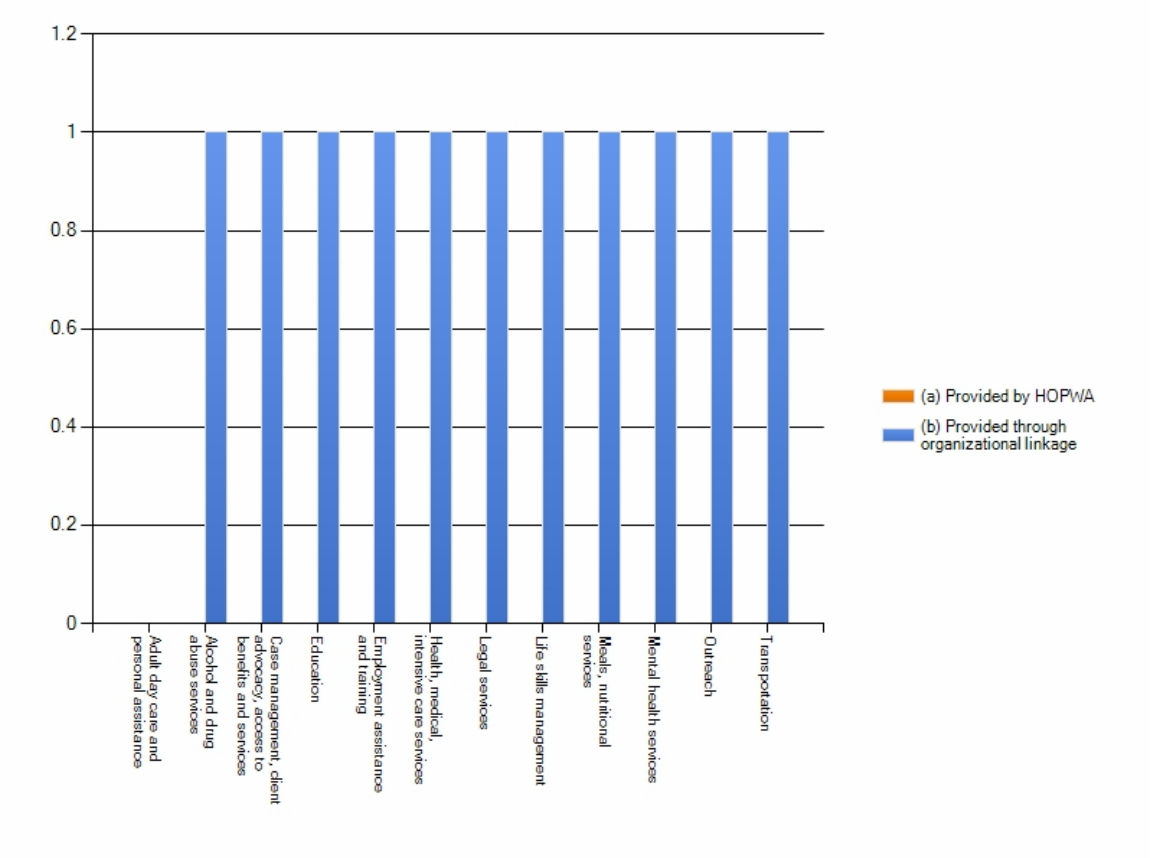
Figure 3.5: Continuum of Support Services Available in Northern Virginia, FY 2010



Support Services in the Suburban Maryland

Because of the overwhelming need for affordable housing support in the jurisdiction, Suburban Maryland does not use HOPWA dollars to fund support services. Instead, clients can access necessary support services through a vase continuum of care funded by the Ryan White CARE Act and the State of Maryland. Clients are assessed for linkage to support services at entry into the program. The support services continuum in Maryland is as follows can be seen in Figure 3.6:

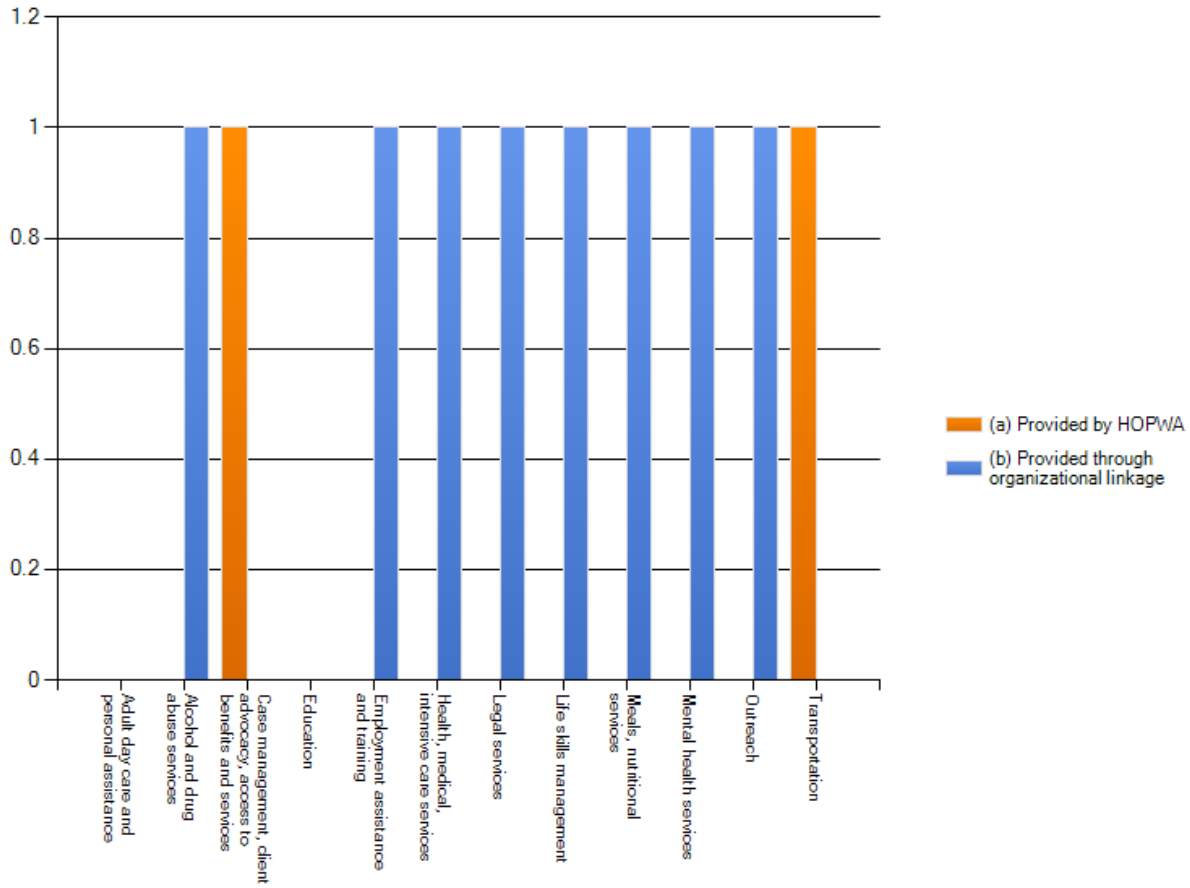
Figure 3.6: Continuum of Support Services Available in Suburban Maryland, FY 2010



Support Services in West Virginia

In West Virginia, ANTS is both a direct service provider and the administrative agent for the area. HOPWA funds case management and transportation services; ANTS also manages and implements Ryan White CARE Act services. Clients receiving HOPWA services in Jefferson County also receive immediate access to support services funded through the CARE Act. Figure 3.7 shows the continuum of support services available in West Virginia.

Figure 3.7: Continuum of Support Services Available in West Virginia, FY 2010



Chapter 4: Housing Needs in the Washington, DC EMSA

The following chapter describes the overall housing needs of PLWHA in the Washington DC EMSA. This includes a projected estimate of housing need in the EMSA, the results of needs assessments studies conducted in the EMSA, and barriers to care identified by stakeholders including PLWHA, Project Sponsors, Administrative Agents, and the Grantee.

Projection of Housing Need in the EMSA

Using EMSA wide epidemiology data reports from 2008 and research on the estimates of PLWHA affected by poverty and housing instability, HAHSTA projected the number of residents in need of housing assistance over the next five years. The results of these calculations are listed in Table 4.1.

For 2008, there were 29,073 PLWHA in the Washington DC EMSA. The first step in determining PLWHA with potential housing needs was to estimate the projected number of PLWHA residing in the EMSA over the next five years. By calculating the average PLWHA growth rates for each jurisdiction and then applying them to the actual PLWHA counts for 2008, HAHSTA estimates that by 2015 there will be 46,189 PLWHA residing in the EMSA.

Using data from the District of Columbia, HAHSTA estimated that 46.13% of PLWHA would earn incomes at or below 30% of the Area Median Income (AMI). PLWHA at or below 30% of the AMI represent those experiencing the highest cost burden and are most at-risk for homelessness. Using this formula, HAHSTA projects there will be 21,307 PLWHA earning incomes at or below 30% of the AMI in 2015. According to the US Census Bureau, the District of Columbia for the years 2006-2008 had the second highest percent in the country of persons living below the poverty threshold at 17.6% (national average 12.7%)[x], therefore, HAHSTA considers these low-income estimates to be conservative.

The final step in projecting housing need was to estimate the number of low-income PLWHA with a need for housing assistance. Data indicate that housing need among PLWHA is very high. The National AIDS Housing Coalition (NAHC) estimates that 72% of all PLWHA will need some form of assistance. Research by Aidala and Colleagues (2007)[xi] supports this estimate. Aidala found that 70% of PLWHA in New York City needed some form of housing or housing-related assistance over an 8-year period from 1994 – 2006. Bennett and colleagues (2007) found that over 85% of PLWHA in the Tampa EMSA were unstably housed[xii]. Based on this research, HAHSTA estimated that 72% of low-income PLWHA over the next five years would request some form of housing assistance. This may in fact be a conservative estimate of need for the region because of the affordability gap in the EMSA (see Table 4.6).[xiii] Using this calculation, HAHSTA estimates that by 2015 the number of PLWHA living at or below 30% of the AMI who need assistance in order to remain stably housed will be 15,341.

Table 4.1: Projection of PLWHA Housing Needs 2009 -2015*

Projections of Low-Income PLWHA with a Housing Need									
	Average Annual Rate	Actual PLWHA Count	Projection						
		2008	2009	2010	2011	2012	2013	2014	2015
District of Columbia	0.068367	16,759	17,905	19,129	20,437	21,834	23,327	24,921	26,625
Maryland	0.104761	5,838	6,237	6,664	7,119	7,606	8,126	8,681	9,275
Virginia	0.123823	6,412	6,850	7,319	7,819	8,354	8,925	9,535	10,187
West Virginia	0.116536	64	68	73	78	83	89	95	102
EMSA PLWHA		**29,073**	**31,061**	**33,184**	**35,453**	**37,877**	**40,466**	**43,233**	**46,189**
Estimation of Low-income PLWHA (46.13%)		**13,411**	**14,328**	**15,308**	**16,354**	**17,473**	**18,667**	**19,943**	**21,307**
Estimation of Low-Income with a Housing Need (72%)		**9,656**	**10,316**	**11,022**	**11,775**	**12,580**	**13,440**	**14,359**	**15,341**

*These estimates are based on reported case counts for PLWHA

Profile of PLWHA Currently Receiving Housing Assistance

Using CAPER data, the following section describes characteristics of those who received housing assistance in 2009.

Age, Gender, Race and Ethnicity

Based on the 2009 CAPER data, 2,181 persons and family members were served in the EMSA. This includes individuals served in TBRA, STRMU, FBH, and HOPWA funded support services. Table 4.2 shows the demographic profile of persons served and benefitting from HOPWA assistance compared to the demographic profile of all PLWHA living in the EMSA.

Table 4.2: Demographic Profile of Persons Receiving HOPWA Assistance Compared to Overall PLWHA in the EMSA, FY 2009

	HOPWA*		PLWHA	
AGE**	N	%	N	%
0-18 years	596	27.33%	436	1.50%
18-30 years	341	15.64%	2,442	8.40%
31-50 years	894	40.99%	16,775	57.70%
51 years and older	350	16.04%	9,420	32.40%
GENDER	N	%	N	%
Female	945	43.33%	8,547	29.40%
Male	1236	56.67%	20,526	70.6%
Race and Ethnicity***	N	%	N	%
Black or African American	1915	87.80%	5,644	19.41%
White	192	8.80%	20,800	71.54%
Asian/Pacific Islander/	9	.41%	264	.91%
American Indian/Native Hawaiian	3	.14%	20	.07%
Hispanic of all races	103	4.72%	1,901	6.54%
Other	62	2.84%	444	1.53%

*These numbers include benefitting family members in the household.
**PLWHA age categories vary slightly from those reported to HOPWA. PLWHA age categories are 0-19 years, 20-29 years, 30-49 years, and 50 and older.
*** HOPWA reporting requires that all individuals identified as Hispanic also be counted in a racial category. Since the 103 persons identified as Hispanic would therefore be counted in a racial category the 103 are excluded from the numerical total of 2,181 persons served by HOPWA. This was done to prevent those individuals from being counted twice. The PLWHA numbers capture Hispanic persons as a separate race/ethnicity category so that the 1,901 identified as Hispanic are included in the numerical totals of 29,073.

Income

The AMI in the Washington DC EMSA is relatively high. For 2009, the AMI was $102,700. Nearly 95% of the PLWHA served by HOPWA fell at or below 30% of the AMI ($21,550 for 1 person and $30,800 for a family of 4 persons) making them extremely low-income. Table 4.3 shows the income distribution of PLWHA who received services from HOPWA in 2009.

Table 4.3: Area Median Income of Households served by HOPWA in FY 2009 *

Percentage of Area Median Income		N	%
1.	0-30% of area median income (extremely low)	1122	94.9%
2.	31-50% of area median income (very low)	60	5.1%
3.	51-60% of area median income (low)	0	0
4.	61-80% of area median income (low)	0	0

* There is some variance between the number of households reported in Income, Demographic Profile, and Total served.

Prior Living Situation

Of the households served by HOPWA in 2009 the vast majority (49.4%) were living in rented rooms and apartments. An additional 24% were staying with family or friends but lacked permanent, independent housing placement. This should be expected based the low income and high rental cost burden experienced by most of the PLWHA in Washington DC EMSA. Most of these households require access to more affordable permanent housing options and programming in order to maintain housing stability. Table 4.4 shows the prior living situation of those served in 2009 as well as the type of assistance needed to support those individuals into more stable living situations.

According to the table 57.0% of those served needed access to permanent, affordable housing, 38.7% need access to transitional housing, and 4.3% needed access to emergency housing options. This is consistent with the lack of options to affordable housing below the FMR, the affordability gap, and the high cost burden faced by many low-income PLWHA. Although individuals who were staying or living in someone else's room, apartment, or house prior to entry into HOPWA are generally considered as needing transitional housing, many of these clients could be stabilized with long-term rental subsidies to bridge the affordability gap.

Table 4.4: Prior Living Situation of Households served by HOPWA in FY 2009*

Prior Living Situation	N	%	Type of Housing Need
Place not meant for human habitation	63	4.3%	Emergency
Emergency shelter	91	6.2%	Transitional
Transitional housing for homeless persons	103	7.0%	Permanent Housing
Permanent housing for formerly homeless persons	0	0.0%	Permanent Housing
Psychiatric hospital or other psychiatric facility	0	0.0%	Transitional
Substance abuse treatment facility or detox center	56	3.8%	Transitional
Hospital	34	2.3%	Transitional
Foster care home or foster care group home	0	0.0%	Transitional
Jail, prison or juvenile detention facility	34	2.3%	Transitional
Rented room, apartment, or house	726	49.4%	Permanent
House you own	9	0.6%	Permanent
Staying or living in someone else's room, apartment, or house	353	24.0%	Emergency/Transitional
Hotel or motel paid for without emergency shelter voucher	0	0.0%	Permanent Housing

*27 Households that reported prior living situation as Other or Unknown were not included in this count.

* There is some variance between the number of households reported in Income, Demographic Profile, and Total served. This is due to reporting confusion and error by providers in the EMSA. The total number served is the most accurate.

Housing Assistance Received and Wait Lists

In 2009, Project Sponsors provided housing assistance to 1,231 households. The District of Columbia, Suburban Maryland and Northern Virginia continued to experience long waitlists for permanent housing. This can be attributed to both the lack of permanent, affordable housing options and the extremely low incomes of people served by HOPWA. A complete housing inventory for each provider can be found as Attachment 4. Table 4.5 shows the numbers of people served by HOPWA in each jurisdiction in 2009 and the waiting list for services as of January 31, 2010.

Table 4.5: Households Receiving HOPWA Assistance and Wait Lists, FY 2009

	District of Columbia		Northern Virginia		Suburban Maryland		Jefferson County, West Virginia		Totals by Eligible Activity	
	Served	**Unmet Need**	**Served**	**Unmet Need**	**Served**	**Unmet Need**	**Served**	**Unmet Need**	**Served**	**Unmet Need**
Tenant-Based Rental Assistance*	351	546	133	208	208	79	6	--	**698 (56.7%)**	**754**
Short-Term Rent, Mortgage and Utility Assistance**	176	24	74	--	50	--	6	--	**256 (20.8%)**	**24**
Facility Based Housing *	261	12	15	--	--	--	--	--	**276 (22.4%)**	**12**
Totals by Jurisdiction	**788**	**582**	**222**	**208**	**258**	**79**	**12**	**0**	**1230**	**790**

*Unmet need is defined as current wait list for services in each jurisdiction as of October 2009.

** Unmet Need is defined as applications in queue for payment that could not be served once the service category had been expended for FY 2009.

Housing Affordability and Cost Burden

Affordability Gap

In April 2009, the National Low-Income Housing Coalition published *Out of Reach 2009* by Keith E. Wardrip, Danilo Pelletiere, and Sheila Crowley.[xiv] *Out of Reach 2009* provides data by EMSA, state and county concerning the affordability of rental units. Specifically, the data shows how much a family/individual must earn in wages to afford a rental unit at the Fair Market Rent (FMR) as set annually by HUD. Affordable housing is defined as any unit where the cost does not exceed 30% of the household income.

In the EMA the 2009 FMR for a two-bedroom unit was $1,288. According to *Out of Reach 2009* for the Washington DC EMSA, a household must earn $4,293 monthly or $51,520 annually to afford a two-bedroom unit at the 2009 FMR of $1,288 per month. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a Housing Wage of $24.77 per hour or 3.3 times the minimum wage for the District of Columbia ($7.55 per hour).

In addition, the monthly Supplemental Security Income (SSI) payment for an individual was $674 in District of Columbia in 2009. If SSI represents an individual's sole source of income, $202 in monthly rent is affordable, while the FMR for a one-bedroom for 2009 was $1,131. Table 4.6 shows the affordability gap for the Washington DC EMSA for 2009.

Table 4.6: Affordability Gap in the Washington DC EMSA for 2009

	Household Income 30% of AMI*	**Household Income 50% of AMI**
Annual Income	$30,800	$51,350
Monthly Income	$2,568	$4,279
30% for Housing Costs	$770	$1284
Fair Market Rent 1-Bedroom Unit	$1,131	$1,131
Affordability Gap	($361)	$153
Fair Market Rent 2-Bedroom Unit	$1,288	$1,288
Affordability Gap	($518)	($4)

*Based on a family of 4 persons.

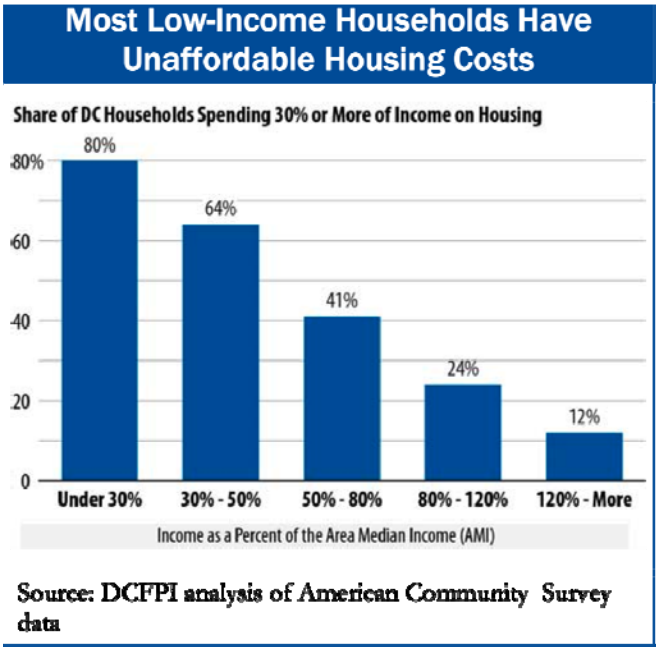
Cost Burden

HUD defines cost burden as any household paying more than 30% of their income on housing costs. Severity of cost burden may vary and can be defined as follows:

- *Moderate cost burden*: Household spends between 30% and 50% of income on housing costs.
- *Extreme cost burden:* Household spends more than 50% of income on housing costs.

According to a recent study by the DC Fiscal Policy Institute (DCFPI), nearly 80% of all households that earned less than 30% of AMI in the District of Columbia in 2007 spent more than 30% of their income on housing costs. According to the National Alliance to End Homelessness this cost burden was above the national average of 74% for 2007[xv] Additionally early 64% of households earning less than 30% AMI qualified as having extreme cost burden.[xvi] Figure 4.1 from the DC Fiscal Policy Institute shows this share of DC households spending more experiencing cost burdens.

Figure 4.1: Share of DC Households Spending 30% or More of Income on Housing, 2007



The data indicate that there has been a significant increase in cost burden for low-income households since the development of the CHAS data. For example, there were 20,000 more households experiencing moderate cost burden in 2007 than in 2000 and 36,000 more facing extreme cost burden in 2007. These numbers were captured before the decline in the local economy in 2008 and 2009. In 2009 the unemployment rate in the District of Columbia rose from 7.1% in October 2008 to 11.4% in September 2009 (DC Dept. of Employment Services, Oct. 21, 2009, http://newsroom.dc.gov/show.aspx/agency/does/section/2/release/18391. The increase in HOPWA requests experienced during this time suggests that the downturn in the economy may be increasing the cost burden for PLWHA.

During the needs assessment process, the PLWHA committee, Project Sponsors and Administrative Agents indicated that the cost burden to residents in the jurisdiction is similar to those experienced in the District. The jurisdictions in the EMSA function essentially as suburbs of the District of Columbia. CHAS data supports that cost burden in the EMSA remains fairly consistent throughout the region.

HOPWA utilization data for the region indicates that nearly 95% of the consumers had incomes below 30% of AMI.

Table 4.7: Estimates of Cost Burden for PLWHA needing housing assistance*, N=22,775

	Household Income <=30% of AMI N=21,614	**Household Income >30% to <=50% of AMI N=1,161**
Cost Burden	17,291 (80%)	1,032 (64%)
Cost Burden 30%-50%	3,890 (18%)	661 (57%)
Cost Burden Greater than 50%	13,401 (62%)	371 (23%)

*Based on PLWHA estimate for 2009

Another way to measure cost burden for each jurisdiction is using Comprehensive Housing Affordability Strategy (CHAS) Data compiled by HUD using information gathered during the 2000 US Census. This data was not used in the calculation for cost burden because the more recent DCFPI report indicates that the situation has become significantly more difficult for low-income residents over the last 10 years.

Limited Affordable Housing Stock

Across the EMSA there is limited availability of affordable housing options outside of those supported by housing subsidy programs like HOPWA and the Housing Choice Voucher Program. In the District of Columbia according to the DCFPI report, the number of rental units considered affordable for families living at or below 30% of the AMI ($750 per month) has decreased from 69,000 in 2000 to 45,000 in 2007. Additionally, the number of number of homes valued at below $250,000 fell from 58,000 in 2000 to 27,000 in 2007.

This is applicable as well to the jurisdictions. According to *Housing in the Nation's Capital 2009,* these trends are applicable to the entire EMSA. Several counties within the EMSA, for example, had foreclosure rates surpassing the national average of 2.7%: Prince George's County 5.2%, Charles County 3.9% and Prince William 3.7%.[xvii] In West Virginia, Jefferson County has three rental complexes that offer their own subsidized housing and accept Housing Choice Vouchers. But these complexes have a long waiting list.

Needs Assessment Studies

The section below provides the results of several needs assessment studies conducted in the Washington DC EMSA.

Washington Metropolitan Regional Health Services Planning Council Needs Assessment

In 2009, the Washington Metropolitan Regional Health Services Planning Council conducted a needs assessment survey of clients in an effort to understand needs; identify gaps in services; and enhance the continuum of care. This survey is the most complete assessment of PLWHA needs in the EMSA and is therefore utilized to support the Consolidated Housing Plan. Although this survey did not specifically focus on specific types of housing needs, clients across demographic and geographic groups identified housing and housing-related services in general as a service gap. Of particular note:

- More residents of the District of Columbia identified housing and housing-related services as a service gap than residents in Maryland, Virginia or West Virginia.
- More individuals with HIV, but not diagnosed as having AIDS identified housing and housing-related services as a primary service gap. Because the formula for distribution of HOPWA monies is based on cumulative AIDS cases rather than on the basis of HIV status and need, the award amount to the EMSA has not kept pace with the need of HIV positive individuals not diagnosed with AIDS.
- Persons of Color identified housing and housing-related services as a greater service gap than White PLWHA. This is of particular note as 87% of the clients served by HOPWA in 2009 identified as African American. All three of the gaps identified by African American respondents affect housing stability.

2009 Count of Homeless Persons in Shelters and On the Streets in Metropolitan Washington

Each year, the Metropolitan Washington Council of Governments conducts point-in-time homeless enumeration census report. This report includes many of the cities and counties incorporated in the HOPWA EMSA. The report includes counts of people residing in transitional facilities, living in emergency shelters, visibly homeless on the street, and formerly homeless individuals living in permanent supportive housing. According to the report, 12,035 individuals and persons in families were homeless in 2009.

The following table shows numbers of homeless individuals and families over the last five years.

Table 4.8: 5-year Summary of Homeless Enumeration Data for the Regional Washington DC Area[xviii]

Single Adults and Families Who Are Homeless			
Year	**Single Adults**	**Families**	**Total**
2005	6,321	5,098	11,419
2006	7,137	4,948	12,085
2007	6,911	4,851	11,762
2008	7,186	4,851	11,752
2009	6,742	5,293	12,035

According to the report in 2009 there were 522 individuals and 45 adults in families living with HIV/AIDS who were counted as homeless[xix]. This accounts for 7.7% of the total homeless individuals counted and 0.85% of the homeless adults in families counted as homeless. Information gathered based on utilization rates for the Ryan White CARE Act Part A application for the regional Washington DC area indicated that 13.6% of PLWHA were either homeless during 2008 or had a history of homelessness. This is well above national estimates of HIV in homeless populations. According to the

National Alliance to End Homelessness, approximately 3.4% of the homeless population is estimated to be HIV positive.[xx]There are a number of factors that may contribute to the high rate of homelessness in the EMSA, including lack of affordable housing stock, insufficient long-term supportive housing options, high rates of substance abuse (18% exposed to HIV through intravenous drug use[xxi]), and/or the need for more coordinated support services systems for HIV positive and homeless individuals.

Barriers to Housing Care

Utilizing the Project Sponsor surveys, Administrative Agent surveys and information gathered at the PLWHA and provider roundtable discussions, HAHSTA identified three broad categories of service gaps.

Inability of current funding to meet the needs of all HIV positive residents

Federal funding has not kept pace with the HIV epidemic in the Washington DC EMSA. HOPWA in the Washington DC EMSA has experienced prolonged client usage in long-term programming, decreased client turnover, and a lack of capacity across other HUD funded programs to accommodate clients. This is especially impactful for the EMSA given the affordability gap, cost burden and lack of housing stock for the region. This was by far the biggest barrier to care cited by PLWHA, Administrative Agents, and Project Sponsors. The reasons behind this are twofold. The lack of affordable housing options below the FMR for low-income PLWHA means that many individuals cannot sustain housing without long-term subsidy support. Additionally, other programs funded by local or federal dollars such as the Housing Choice Voucher program experienced long wait lists with little capacity for new clients. So few PLWHA are able to move from TBRA to more permanent housing programs.

As a result in October 2009, the waiting list for TBRA services, held 546 people in the District, 208 in Virginia, and 79 in Maryland. The TBRA wait list grew in January 2010 to 635 people in the District, 240 people in Virginia, and 99 people in Maryland. In the District in FY 2009 only 11 clients transitioned from the waiting list into TBRA, only 28 clients moved off the waiting list into TBRA in Virginia, and no clients transitioned off the waiting list into TBRA in Suburban Maryland.

As a result of the TBRA waitlist, all other HOPWA programs experienced increased use and a lack of options for moving people into long-term support programs. Transitional and emergency housing programs had trouble moving clients into more permanent programming; and, in FY 2009, the STRMU allocation in the District of Columbia was fully expended nine months into a twelve month grant cycle. The waitlist for FBH in the District of Columbia as of January 2010 was 44 people. HOPWA funding to assist clients in the Washington EMSA has not increased proportionately for HAHSTA to meet the needs of the residents of the EMSA.

Because of increased housing costs in the District, it is increasingly difficult for clients to find affordable housing and maintain self-sufficiency. This is reflected in the increase to the FY 2010 FMR for housing for the EMSA. Although this increased FMR more accurately reflects the costs of available housing for many clients in the EMSA, it also means that same housing dollars in FY 2010 will not be able to serve as many individuals as in prior years. In 2010, for example the FMR for a one bedroom unit increased from $1,131 to $1,318. This could mean a $798,852 increase in annual TBRA program costs to maintain the current TBRA client caseload.

The HUD calculation for Formula Grantees (cumulative AIDS cases) does not accurately depict the funding needs of a metropolitan area with a modern epidemic. Utilizing cumulative AIDS cases as the method for distributing the HOPWA formula grant does not take into account the increasing number of HIV positive individuals needing assistance as well;

those HIV positive clients currently being supported by the HOPWA program; or the relatively recent and dramatic increase in HIV experienced throughout the Washington DC metropolitan region.

Table 4.9 shows a summary of stakeholder responses citing funding as a barrier to services in the EMSA.

Table 4.9: Funding Barriers Identified in Needs Assessment Forums

	Provider Survey	Administrative Agent Survey	Provider Roundtable	PLWHA roundtable
Demand for housing support greater than available funding	✓	✓	✓	✓
FMR not realistic for low-income PLWHA and forces people to live in low-quality or unsafe housing		✓	✓	✓
Lack of affordable housing stock based on affordability gap and extreme cost burden	✓	✓	✓	✓
Not enough permanent housing options	✓	✓	✓	✓
Insufficient funding for STRMU and for security deposits	✓	✓	✓	✓
Insufficient funding for support services	✓	✓	✓	✓
Insufficient funding for transitional programs to address special needs populations		✓		
Prioritize funding to help those most at risk	✓		✓	✓
Impose term limits on programming so that more people can be helped	✓		✓	✓
HOPWA funding formula should include HIV positive not just cumulative AIDS cases		✓		✓
Implementing the full mix of HUD housing programs is confusing		✓		

Difficulty administering grants across jurisdictions

The Washington DC EMSA covers a large area and incorporates parts of four different states with four different housing continua of care. Administering the program in this broad area causes multiple challenges for service delivery. First, the continuum of care in each jurisdiction is different and requires a different set of HOPWA services to address those needs. Additionally, each Administrative Agent has different capacity to implement and address those needs. For all of the Administrative Agents this often means coordinating multiple government entities within their portion of the EMSA in systems where HIV housing may not be a priority. HAHSTA has been working both with the service providers in the District and the Administrative Agents in the jurisdictions to improve the service delivery system. In addition, the complicated data collection mechanisms required to meet HOPWA guidelines becomes much more challenging to administer across jurisdictions. This requires an increased level of coordination for both HAHSTA and the Administrative Agents in the jurisdictions and can be confusing for Project Sponsors. This high level of coordination becomes even more challenging when operating on the limited administration support budget that HOPWA allows. And finally, ensuring that programming in this environment meets high quality standards across every jurisdiction is difficult without a set of HUD defined uniform set of quality indicators.

West Virginia faces an additional challenge with the jurisdictional format. The EMSA for HOPWA does not cover the same counties as the eligible service area for health services funded by Ryan White CARE Act dollars. The HOPWA EMSA includes only Jefferson County while the Ryan White CARE act service area covers Jefferson and Berkeley Counties. Most of the health care and support services are centered in the more populous Berkeley County, which receives HOPWA funding from the state of West Virginia. As a result clients who move into Jefferson County in order to gain access to HOPWA services from the Washington DC EMSA move farther away from health services. In order to bridge this gap, the Administrative Agent in Jefferson County, West Virginia uses support services dollars to connect HOPWA clients to medical services. In addition, the Administrative Agent has an organizational linkage with the HOPWA project sponsor in Berkeley County.

Table 4.10 shows the barriers cited by stakeholders during the needs assessment process that indicate a need for a focus on coordination in the administration of the HOPWA grant.

Table 4.10: Coordination Barriers Identified in Needs Assessment Forums

	Provider Survey	Administrative Agent Survey	Provider Roundtable	PLWHA roundtable
Need for capacity building in all jurisdictions to increase number of eligible Project Sponsors as well as access to scattered site housing options	✓	✓	✓	✓
Need to coordinate better links to support and medical services	✓	✓	✓	✓
TBRA vouchers should be portable across state lines	✓		✓	✓
Coordination needed to improve exit strategies to non-HOPWA funded permanent programs such as Housing Choice Voucher Program (including set aside vouchers for PLWHA)	✓	✓	✓	✓
Need for tools and trainings to help clients and providers better navigate government systems.		✓	✓	✓
Need for improved coordination among providers to help maximize resources and improve knowledge of systems	✓	✓		
Need for better reporting mechanisms	✓	✓		
Need for improved government coordination and planning among and within the jurisdictions	✓	✓		

Difficulty addressing the complexity of client needs

Clients in the EMSA face a number of barriers in achieving self-sufficiency including extreme poverty, lack of affordable housing options, language and cultural barriers, and systemic barriers such as poor credit. These issues often require the coordination of several systems including medical systems; employment rehabilitation services; support services such as substance abuse treatment and mental health services; and non-HOPWA funded housing programs such as the Housing Choice Voucher Program. Without the coordination of these systems, clients are at risk for cycling in-and-out of homelessness and continual dependence on governmental systems for stability. This is due not only to lack of funding to create more dynamic systems but also to the level of technical knowledge providers and administrators must possess to adequately address needs and support clients.

Currently the EMSA has a wide array of transitional and emergency housing programs through HOPWA, Shelter Plus Care, and Emergency Shelter Grants. However, the length of time allotted for clients in short-term programming and the lack of long-term supportive programming cause clients to cycle in and out of homelessness. The lack of exit strategies available for clients into long-term supportive housing often mean that clients leaving transitional housing programs also face an upheaval to their support structures.

Table 4.11 shows the barriers identified by stakeholders concerning complex client issues and the lack of sufficient supports to stabilize clients.

Table 4.11: Barriers to Addressing Complex Client Issues

	Provider Survey	Administrative Agent Survey	Provider Roundtable	PLWHA roundtable
Need for increased technical assistance for providers to ensure efficiency and improve knowledge			✓	✓
Time limits for short-term FBH not enough to stabilize clients	✓			
Cultural and language barriers make it difficult to serve some subpopulations	✓	✓		
Limited programs to help clients with no income	✓	✓		
Lack of job training resources and income support for those impacted by high unemployment rate.	✓			
Lack of transportation in rural areas	✓			
Lack of an acuity scale makes it difficult to prioritize client with the most complex needs	✓			
Lack of life management skills training such as mediation and negotiation skills.		✓	✓	✓

Chapter Five: HOPWA Strategic Plan

This section of the Consolidated Plan details the strategic plan for implementing HOPWA over the next five years. The plan includes overall goals for HOPWA across jurisdictions in the EMSA as well as jurisdictional specific goals. The Administrative Agents in each jurisdiction assisted in the development of these plans utilizing the Administrative Agent survey and through on-going communication with HAHSTA.

Program Vision and Priorities

The HOPWA program goals are to reduce homelessness, minimize the risk of homelessness, increase housing stability and promote the general health and well-being of residents with HIV and their families. The EMSA faces a critical need for PLWHA. Because of the large number of low-income PLWHA, the affordability gap, and the extreme cost burden faced by low-income PLWHA, there is an inability of current federal funding to meet the needs of all HIV positive residents.

The focus over the next five years will be to improve the ability of HOPWA to function within the overall housing continuum of care and to support those families most at-risk of homelessness and poor health outcomes. In order to achieve this vision, the EMSA has set the following priorities for the delivery of services.

Priorities

After reviewing all of the needs assessment data and stakeholder feedback several priorities emerged.

Prioritize direct housing support

The lack of affordable housing support options, the affordability gap, and extreme cost burden faced by the PLWHA in the EMSA necessitate the prioritization of direct housing support in order to minimize the risk of homelessness. This means a mix of TBRA, STRMU and FBH to address the multiple needs of the community.

The HAHSTA and the Administrative Agents will also need to examine a variety of options to ensure that the funding is focused and targeted on those most in need and most at-risk for negative health outcomes. For example, several providers suggested in the Provider Survey that TBRA institute time limits to ensure that TBRA serves as a mechanism to promoting self-sufficiency. This was also suggested during the Consumer roundtables. This may be exceedingly difficult for the region to implement due to the lack of affordable housing options for those in the lowest income brackets, but should be researched as an option for stretching the impact of HOPWA services. Other suggestions made by community stakeholders included prioritizing PLWHA with Social Security Disability Insurance or Supplemental Security Income as a sole source of income or those with those lowest CD4 counts.

Improve coordination

Improving coordination in the EMSA will help the EMSA to achieve several goals: identify the broadest possible range of exit strategies for clients on TBRA or in FBH, improve access to an array of support services by creating linkages with non-HOPWA programs, and strengthen oversight processes.

Although the EMSA has mechanisms in place already to coordinate a variety of stakeholders including monthly Housing Provider meetings and monthly teleconferences with the Administrative Agents, the highly complex nature of the EMSA system requires the strengthening of existing structures as well as the creation of new mechanisms in order to better enhance the continuum of care. This may include creating forums for providers to share best practices and resources,

creating mechanisms for PLWHA to better access existing non-HOPWA programs such as the Housing Choice Voucher Program, and exploring ways to improve the relationship between HOPWA and other funding structures in the jurisdictions.

Improved coordination came up consistently as part of the roundtables and surveys conducted by HAHSTA. Providers requested ways to improve Project Sponsor level collaboration in an effort to help share ideas in dealing with increasingly complex PLWHA populations and to help locate limited resources. Additionally, both Project Sponsors and Consumers requested that EMSA focus on improving consistency in the implementation of HOPWA programs across jurisdictions. This may prove challenging in the EMSA due to the different socio-political factors affecting each region of the EMSA. This variability impacts both service capacity in the jurisdictions and the ability of the HASTA and the Administrative Agents to effectively and equitably address housing gaps for PWLHA. As the EMSA moves forward, part of the priority over the five years will be to explore what coordination mechanisms can be implemented to the benefit of all stakeholders.

Focus on data collection and needs assessment

Collecting data across four different states has proved challenging to the EMSA. Over the last several years, HAHSTA and the Administrative Agents have taken multiple steps to improve data collection. Improvement focused on the mechanisms used to collect data and report service utilization and unmet housing needs. In FY 2009 HAHSTA both participated in and implemented technical assistance trainings on data collection and reporting. HAHSTA also implemented more consistent reporting deadlines for project sponsors and sub-recipients. This allowed HAHSTA to target technical assistance toward Project Sponsors and jurisdictions with the greatest reporting challenges. However, Providers and Administrative Agents still report some confusion with the data collection tools.

In addition, Providers and Administrative Agents expressed the need for better data around the needs of fragile or at-risk sub-populations. As the EMSA works toward examining the best strategies for prioritizing housing cost and better coordinating systems, this type of needs assessment data will help the HAHSTA and Administrative Agents to make data driven decisions.

Improve tools for communication and empowerment

A common theme among Project Sponsors, PLWHA and the Administrative Agents was a need to improve tools for both clients and for providers to navigate the continuum of housing services. The goal would be to increase knowledge, empower clients, and ensure consistency in messaging to Project Sponsors and PLWHA around policies and procedures

Over the last several years, HAHSTA and the Prince George's Housing Authority have worked with community partners to increase the flexibility of the application process for HOPWA assistance programs by eliminating the need to apply through case managers systems and by providing universal access to applications through Internet links and expanded application assistance through the MHAP.

HAHSTA also worked with MHAP to increase program support for clients in the District of Columbia to begin actively managing clients on TBRA and FBH waiting lists with the goal of expanding access to services beyond HOPWA funded programming and providing homeless prevention services for clients not currently able to access TBRA or FBH. Northern Virginia has instituted a similar system through its HIV Resources Project for checking in with PLWHA waiting for housing.

Currently HAHSTA is working on several tools such as an improved website to help inform both Project Sponsors and PLWHA of resources, HOPWA programming, meetings, and policy changes. Northern Virginia has also made this a priority and is continually working to improve the link between their HIV Resource Project website and a variety of

regional resources. Over the next year, the EMSA expects to be able to take these tools and create mechanisms to empower both providers and consumers to better access both HOPWA and non-HOPWA funded resources.

Capacity building through technical assistance and outreach

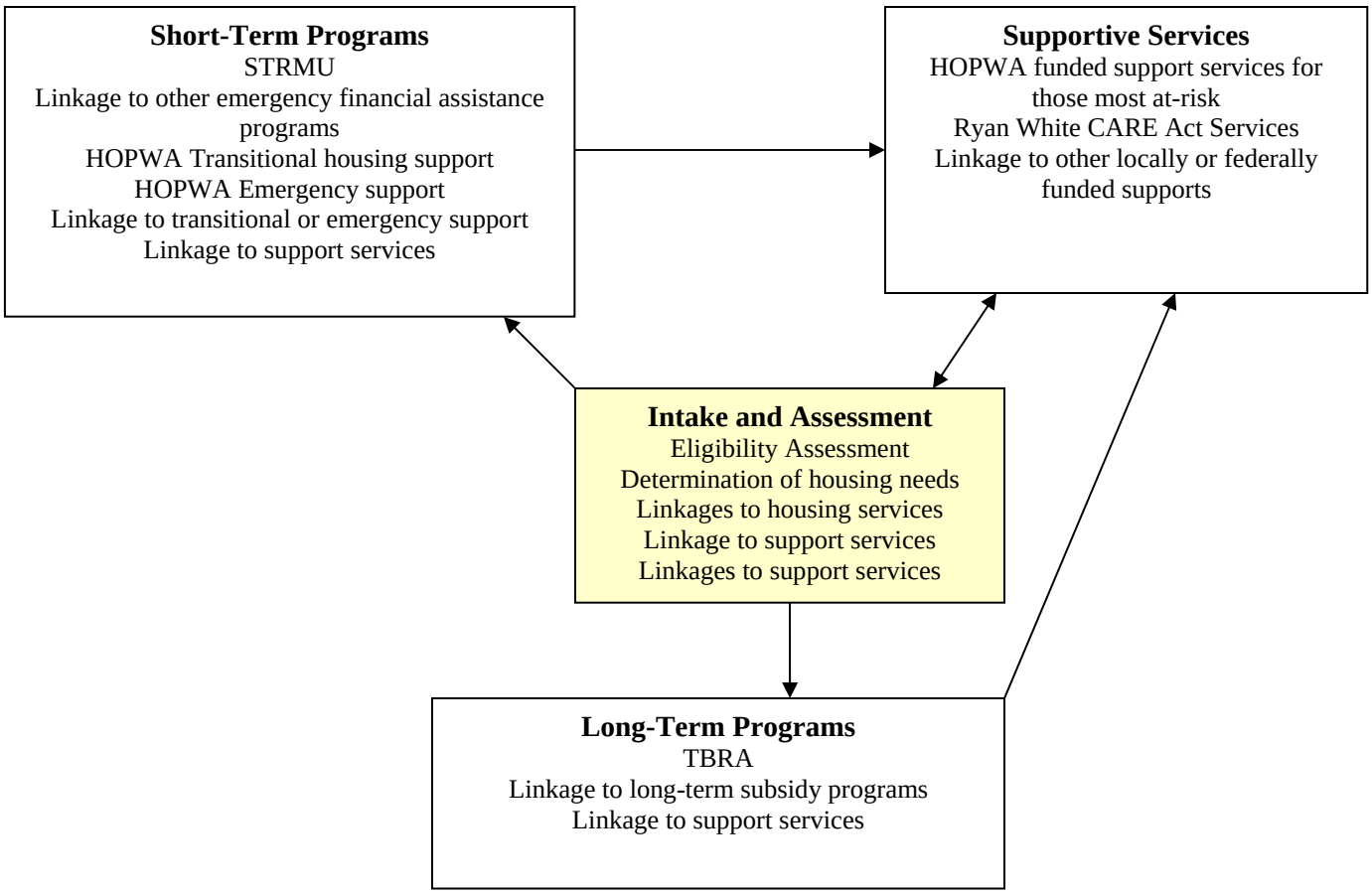
Another priority for the EMSA is to build system wide capacity through technical assistance and outreach. In this sense, capacity refers to a variety of opportunities for growth such as improving access to affordable housing stock, strengthening the infrastructure of Project Sponsors to deliver high quality housing and housing-related interventions with PLWHA, and increasing the ability of HAHSTA and the Administrative Agents to create systems that meet the needs of a complex community.

HAHSTA is working with HUD to create a technical assistance program for the EMSA focusing on regulatory compliance, quality improvement in housing, data collection, and Project Sponsor infrastructure report.

HOPWA and the Proposed Continuum of Care

Over the next five years, the priorities and vision will help to shape the overall system of HOPWA care in the EMSA. HAHSTA and the Administrative Agents envision a coordinated HOPWA system of care that includes at every stage either HOPWA-funded services or sustainable linkages to non-HOPWA funded services. Figure 5.1 shows the goal for HOPWA as it relates to the overall continuum of care.

Figure 5.1: HOPWA Continuum of Care



Strategic Goals

In order to set strategic goals in the EMSA, HAHSTA took a multifaceted approach that both estimates the actual housing needs of PLWHA and realistically examines the strategic utilization of HOPWA to best address gaps for PLWHA in the overall housing continuum. Although HAHSTA is predicting a steady increase in need for housing assistance from PLWHA, without a substantial increase in the federal allocation to the EMSA the ability of the Grantee in the EMSA to address the totality of the need is limited. The goals take into account the scope of services funded by HOPWA, opportunities for increased coordination and leveraging with other funding sources, and the potential for growth in the gap in services for PLWHA.

Determining Housing Need by Type

As indicated in Chapter 4, HAHSTA estimates that by 2015, 15,341 PLWHA will need some form of housing assistance. In determining the types of housing needed to stabilize those PLWHA over the next five years, HAHSTA utilized the cost burden data, HOPWA utilization data as detailed in Chapter 4, and feedback gathered from Project Sponsors, Administrative Agents, and PLWHA during the needs assessment process. Table 5.1 shows the mix of HOPWA housing by type needed to address low-income PLWHA projected to have housing needs.

Using CAPER data from 2009, HAHSTA determined that approximately 20% of PLWHA reported prior living situations such as recent homelessness, hospitalization or incarceration that might require transitional or emergency FBH to address. Although FBH programs succeeded in stabilizing many clients, needs assessment data indicate that a number of individual at or below 30% of the AMI who utilized FBH support continue to be at-risk of episodic homelessness due to lack of affordable housing options and extreme cost burdens. For those PLWHA, self-sufficiency would best be achieved by more permanent housing options such as TBRA, long-term FBH or other federally funded programs such as the Housing Choice Voucher program. Table 5.1 shows the needs estimate for FBH to be 14% or 2,148 PLWHA by 2015.

Cost burden data indicate that for individuals at 31-50% of the AMI, 18% experience cost burdens that may require STRMU to prevent homelessness. A portion of those individuals may be stabilized with other resources such as credit counseling or budget training. Therefore, it is estimated that 11% or 1,688 low-income PLWHA who have a housing need will need STRMU by 2015. The biggest need in the EMSA is for permanent housing support to offset the extreme cost burden, decrease in affordable housing stock and high affordability gap experienced by low-income PLWHA. In 2009, 57.0% of PLWHA served by HOPWA reported prior living situations that required permanent housing options to promote stability. In addition, the unemployment rate in the District of Columbia in 2009 rose from 7.1% in October 2008 to 11.4% in September 2009 (DC Dept. of Employment Services, Oct. 21, 2009, http://newsroom.dc.gov/show.aspx/agency/does/section/2/release/18391). Cost burden analysis from DCFPI indicates that 60% of low-income PLWHA will experience extreme cost burdens creating a high risk for housing instability. HAHSTA estimates that by 2015 61% or 9,358 low-income PLWHA with a housing need will require long-term support.

Cost burden analysis also indicated that 20.0% of individuals living at or below 30% of the AMI and 36.0% of individuals living between 30-50% of the AMI do not experience any cost burdens. HAHSTA estimates that 11.0% of low income PLWHA with a housing need might be stabilized through HOPWA funded support services and/or linkages to other support services including Ryan White CARE Act funded medical case management.

Table 5.1: Estimate of Housing Needs in the EMSA

	Households							Notes
	2010	2011	2012	2013	2014	2015	Estimate Of Need	
LOW-INCOME PLWHA WITH HOUSING NEED	11,022	11,775	12,580	13,440	14,359	15,341	- -	Based on projection of those with a housing need for 2009
Estimates by Housing Type								
SHORT-TERM HOUSING								
EMERGENCY FBH	441	471	503	538	574	614	4.0%	CAPER data indicate 4.3% were living in a place not meant for human habitation. A portion of those staying in someone else's residence may need emergency FBH to stabilize
TRANSITIONAL FBH	1,102	1,178	1,258	1,344	1,436	1,534	10.0%	CAPER data indicate 15.4% were either formally homeless or entered care from another intuitional facility such as substance abuse treatment
TOTAL EMERGENCY AND TRANSITIONAL	**1,543**	**1,649**	**1,761**	**1,882**	**2,010**	**2,148**		
PERMANENT HOUSING OPTIONS								
Tenant-Based Rental Assistance	6,723	7,183	7,674	8,198	8,759	9,358	61.0%	Estimated PLWHA living in housing with an extreme cost burden is 60.4% across HOPWA income brackets
Long-Term FBH	220	236	252	269	287	307	2.0%	Currently about 2% of PLWHA are in need of respite care that requires long-term housing.
Total Permanent Housing Options	**6,994**	**7,418**	**7,925**	**8,467**	**9,046**	**9,665**		
HOMELESS PREVENTION								
Short-Term Rent, Mortgage, and Utility Assistance	1,323	1,413	1,510	1,613	1,723	1,841	12.0%	Estimated PLWHA living with a cost burden of 30 – 50% is 18.0%; CAPER

Current HOPWA Continuum

In order to determine the scope of future HOPWA funding, the next step is to re-examine the current continuum of services offered by HOPWA. Table 5.2 below summarizes the housing inventory developed in Chapter 3.

Table 5.2: Current HOPWA Client Capacity

Current HOPWA Client Capacity	
	Current Client Capacity
Short-Term Housing Options	
Emergency FBH	144
Transitional FBH	90
Total Short-Term Housing	**234**
Permanent Housing Options	
Tenant-Based Rental Assistance	613
Long-Term FBH	40
Total Permanent Housing Options	**653**
Homeless Prevention	
Short-term Rent, Mortgage and Utility Assistance	216
Total Homeless Prevention	**216**
Housing-Related Services	
Housing Information Referral	10,019
Support Services	516
Total Housing-Related Services	**10,535**

Setting Goals

In order to determine the strategic goals for the next five years, HAHSTA compared the gap between the needs and the current continuum of care. The starting point for this analysis was to predict the HOPWA award for the next five years based on average growth for the past five years. Table 5.3 shows the EMSA award amounts for the previous five years. Although in Year 16 there was a decrease in funding to the EMSA, the data indicates that on average the EMSA received an increase of $419,630 per year.

Table 5.3: HOPWA Award and Average Change to Allocation for FY 2006 - 2010

Year 14 (FY 2006)	Year 15 (FY 2007)	Year 16 (FY 2008)	Year 17 (FY 2009)	Year 18 (FY 2010)	Average Increase to Allocation
$10,535,000	$11,370,000	$11,118,000	$11,541,000	$12,213,518	$419,630

By applying this average to the annual award for the current fiscal year, the EMSA can estimate the overall award for the next five years. Table 5.4 shows the predicted HOPWA award for the next five years.

Table 5.4: Predicted HOPWA Award for 2011 - 2015

Year 19 (FY 2011)	Year 20 (FY 2012)	Year 21 (FY 2013)	Year 22 (FY 2014)	Year 23 (FY 2015)
$12,633,148	$13,052,777.00	$13,472,407	$13,892,036	$14,311,666

Housing Goals

In order to determine precisely the goals for housing support, HAHSTA compared the actual expenditures and clients served in FY 2009 to the projected expenditures and clients served for 2010. The projections are based on current sub-grant commitments for October 1, 2009 through September 30, 2010 and were calculated to include projected inflation and the substantial increase to the FMR for 2010.

Table 5.5: Percentage of HOPWA Award Allocated by Housing Type and PLWHA Served.

Expenditures by Housing Type				
	Distribution of Expenditures (October 2008 - September 2009)	Clients Served (October 2008 - September 2009)	Projected Expenditures (October 2009 - September 2010)	Projected Clients (October 2009 - 2010)
ESTIMATES BY HOUSING TYPE				
Short-Term Housing				
Emergency/Transitional	14.7%	276	13.6%	234
Permanent Housing Options				
Tenant-Based Rental Assistance	48.3%	698	55.3%	613
Long-Term FBH	2.2%		2.0%	40
Homeless Prevention				
Short-term Rent, Mortgage and Utility Assistance	5.8%	256	6.2%	216

Despite the increase in expenditures in TBRA, HAHSTA expects to see a decrease in the overall number of clients served. For the EMSA this means ensuring housing stability for the current TBRA caseload but expecting to limit new client enrollment. There are several reasons for the expected decrease in PLWHA served.

The FMR for FY 2010 compared to FY 2009 increased by approximately $200 per household. Although all needs assessment data indicates that the increase in the FMR accurately reflects housing costs in the EMSA, the increase to the FMR was not accompanied by an increase in income by PLWHA or commensurate increase in the federal HOPWA allocations. As a result the annual TBRA dollar amount needed to keep the current PLWHA caseload supported could increase by as much as $798,852 this year.

FY 2009, HAHSTA and the Administrative Agents continued to improve upon its fiscal oversight in order to maximize capacity and ensure that annual dollar award was fully spent within the fiscal year. To offset increasing housing needs, HAHSTA and Administrative Agents utilized unspent dollars from prior fiscal years. As a result, HAHSTA has almost completely spent under-expenditure from previous years and can have available funds from the current year only HOPWA budget to support TBRA. Going forward there are no more unexpended dollars from previous years available to assist in meeting current housing needs.

Finally, long-term, federally funded programs such as the Housing Choice Voucher Program (formerly Section 8) designed to provide more permanent housing support options for low-income individuals also experienced increased demand resulting in long waitlists. The lack of exit strategies into these more permanent housing programs for clients on TBRA and in FBH programs led to stagnancy in HOPWA programs. In 2009 in the District only 11 new clients moved off of the waiting list to receive a TBRA voucher, 28 clients were enrolled in Northern Virginia, and no clients were moved from the waiting list into TBRA in Suburban Maryland.

HAHSTA expects based on the estimates of need by housing type (Table 5.1), the expenditure trends as indicated in Table 5.4 above and the stated need by PLWHA for long term support for the majority of the HOPWA award to be expended in TBRA; however, HAHSTA expects long-term permanent housing to remain a significant need in the EMSA.

The Washington DC EMSA will continue to provide direct housing subsidies for PLWHA with a focus on long-term subsidies and short-term emergency and transitional FBH. The EMSA will focus on increasing access to housing subsidies and short-term facilities by strategically focusing HOPWA expenditures and by leveraging with non-HOPWA supported programming. Although leveraging may offset some of the gap in services, the demand for services far outstrips the availability of housing in non-HOPWA funded programs as well. Additionally the EMSA will focus on increasing access to affordable housing and ensuring quality housing. Table 5.6 details output and fiscal housing goals for the EMSA by 2015.

The numbers on this table utilize the estimated HOPWA award amounts from Table 5.4 as a starting point to determining this distribution by housing type. Because HAHSTA had been utilizing unspent dollars to support additional TBRA slots for PLWHA and because those unexpended dollars are now spent, it will take an increasing fiscal commitment to the TBRA to keep the current households stable. For the fiscal year starting October 1, 2009 and ending September 30, 2010, the EMSA plans to spend 55% of the overall predicted HOPWA expenditures to TBRA. With the unexpended dollars from prior years allocated to TBRA for this year, $8,016,240 is committed to TBRA. This averages $1,089 per month for each PLWHA household on the program. Based on the client estimates discussed in Table 5.1, the EMSA predicts that 61% of the total low-income PLWHA with housing needs will require TBRA assistance in order to remain stably housed. HAHSTA estimates that in the first year of the Consolidated Plan (FY 2011), $6,935,598.25 or 61.0% of the award will support PLWHA in TBRA. Assuming that the average spent per client remains at$1,089 per month from FY 2010 to FY 2011, HAHSTA estimates that the number of clients served will decrease by 90 PLWHA. Without

significant increases to the HOPWA award amount the housing needs gap for PLWHA will continue to grow particularly in TBRA.

A small number of TBRA clients will need permanent housing placement services in order secure a rental unit. Project Sponsors associated with TBRA are awarded permanent housing placement dollars to pay for security deposit amounts for clients moving into new units. The need for this service based on utilization is .09% of PLWHA or 138 low-income PLWHA by 2015.

Table 5.6: HOPWA Housing Needs and Output Goals

	TBRA	STRMU	FBH	Permanent Housing Placement	Total
Needs	6,723	1,323	1,534	106	9,686
Current	613	216	258	79	1166
Gap	6,110	1,107	1,276	27	8,520

Outputs and Funding		TBRA	STRMU	FBH	Permanent Housing Placement	Total
Year 1	Goal: HOPWA Assistance	523	326	216	61	1126
	Goal: Non-HOPWA Assistance	83	50	42	5	180
	HOPWA Budget	$6,833,270	$1,364,380	$1,819,173	$102,328	$10,119,152
Year 2	Goal: HOPWA Assistance	540	337	223	63	1163
	Goal: Non-HOPWA Assistance	85	55	42	6	188
	HOPWA Budget	$7,060,247	$1,409,700	$1,879,600	$105,727	$10,455,274
Year 3	Goal: HOPWA Assistance	557	348	230	66	1201
	Goal: Non-HOPWA Assistance	87	60	42	7	196
	HOPWA Budget	$7,287,225	$1,455,020	$1,940,027	$109,126	$10,791,398
Year 4	Goal: HOPWA Assistance	575	359	237	68	1238
	Goal: Non-HOPWA Assistance	89	65	42	8	204
	HOPWA Budget	$7,514,202	$1,500,340	$2,000,453	$112,525	$11,127,521
Year 5	Goal: HOPWA Assistance	592	370	244	70	1276
	Goal: Non-HOPWA Assistance	91	70	42	9	212
	HOPWA Budget	$7,741,180	$1,545,660	$2,060,880	$115,924	$11,463,644

Housing Goals

Subject to the availability of HOPWA resources, the EMSA will

1. Endeavor to support 601 households on TBRA by 2015. Additionally, HAHSTA will endeavor to prevent a gap between the current TBRA capacity and the expected TBRA capacity through leveraged dollars.

2. Endeavor to support 70 households on TBRA with security deposit assistance through Permanent Housing Placement by 2015.

3. Endeavor to increase the number of households served with STRMU to 370 households by 2015.

4. Endeavor to support 244 PLWHA in FBH by 2015. Additionally, HAHSTA will endeavor to prevent a gap between current FBH capacity and the expected FBH capacity through leveraged dollars.

Housing –Related Services Goals

In order to determine precisely the goals for housing-related services, HAHSTA compared the actual expenditures and clients served in FY 2009 to the projected expenditures and clients served for 2010. The projections are based on current sub-grant commitments for October 1, 2009 through September 30, 2010 and were calculated to include projected inflation and shifts in programmatic priorities.

Table 5.7: Percentage of HOPWA Award Allocated by Housing Related Service and PLWHA Served.

Expenditures by Housing-Related Service				
	Distribution of Expenditures (October 2008 - September 2009)	Clients Served (October 2008 - September 2009)	Projected Expenditures (October 2009 - September 2010)	Projected Clients (October 2009 - 2010)
Housing Related Services				
Housing Information Referral	4.2%	11,400	3.4%	10,019
Support Services	15.1%	2,488	8.8%	516

HAHSTA estimates that 11% of the low-income PLWHA with housing needs will require housing-related services in order to remain stably housed. HAHSTA applied this percentage to the estimated HOPWA award detailed in Table 5.4. HAHSTA estimated that 4.0% will be needed to fund housing information and referral services and 7.0% will be needed to fund support services for clients on the waiting lists and clients with special needs.

As previously discussed, HAHSTA has prioritized expenditures that result in direct housing support for PLWHA. HAHSTA had been utilizing unspent dollars to support housing-related services for PLWHA. Because those unexpended dollars are now spent, HAHSTA expects to fund fewer support services in the EMSA. As a result the percentage of the award committed to support services has decreased. The focus for support services has shifted to those PLWHA with special needs residing in FBH programs and to those PLWHA on wait lists.

Although the EMSA is prioritizing direct housing costs, housing-related services are an important step in ensuring that clients have both access to supportive housing and the means to remain stabilized in housing. Housing-related services include support services, permanent housing placement and housing information and referral services. In order to ensure that majority of HOPWA funding creates housing opportunities for PLWHA, the EMSA will focus support services on those that cannot be leveraged from non-HAHSTA funded sources and are essential to ensure that the most vulnerable PLWHA remain stably housed including clients on wait lists for TBRA and FBH. Housing information and referral services will be utilized to ensure that the application process for HOPWA services remains accessible for all PLWHA, to

help those with housing needs develop realistic housing plans and to ensure all PLWHA receive appropriate referrals to other housing services. Table 5.8 details the output and fiscal housing-related goals for the EMSA by 2015.

Table 5.8: HOPWA Housing-Related Services Needs and Output Goals

	Housing Information and Referral	Support Services	Total
Needs	11,022	1212	12,234
Current	10,019	516	10,535
Gap	1,003	696	1,699

Outputs and Funding		Housing Information and Referral	Support Services	Total
Year 1	Goal: HOPWA Assistance	10,140	323	10,463
	Goal: Non-HOPWA Assistance	500	100	600
	HOPWA Budget	$454,793	$795,888	$1,250,682
Year 2	Goal: HOPWA Assistance	10,477	334	10,811
	Goal: Non-HOPWA Assistance	525	115	640
	HOPWA Budget	$469,900	$822,325	$1,292,225
Year 3	Goal: HOPWA Assistance	10,814	344	11,158
	Goal: Non-HOPWA Assistance	550	130	680
	HOPWA Budget	$485,007	$848,762	$1,333,768
Year 4	Goal: HOPWA Assistance	11,151	355	11,506
	Goal: Non-HOPWA Assistance	575	145	720
	HOPWA Budget	$500,113	$875,198	$1,375,312
Year 5	Goal: HOPWA Assistance	11,488	366	11,854
	Goal: Non-HOPWA Assistance	600	160	760
	HOPWA Budget	$515,220	$901,635	$1,416,855

Housing-Related Goals

Subject to the availability of HOPWA resources, the EMSA will

1. Endeavor to provide housing information and referral services to 11,488 PLWHA by 2015. This will include intake and assessment services as well as linkages to other housing and housing-related services.

2. Endeavor to provide support services to 366 PLWHA. Additionally, HAHSTA will endeavor to prevent a gap between the current support services capacity and the expected support service capacity through leveraged dollars.

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