Housing Working Group
of the Federal AIDS Policy Partnership

October 15, 2010

David Vos, Director
Office of HIV/AIDS Housing
Office of Community Planning and Development
U.S. Department of Housing and Urban Development
451 Seventh St., S.W. Rm. 7212
Washington, DC 20410-7000

RE: Comments on HUD Operational Plan for National HIV/AIDS Strategy

Dear Mr. Vos:

The purpose of this letter is to provide HUD with preliminary and non-exhaustive community recommendations to inform development of its operational plan for implementation of the National HIV/AIDS Strategy (NAS). As in the case of other "lead agencies" in the National HIV/AIDS Strategy (NAS), President Obama's July 13, 2010, memorandum directs HUD to, within 150 days, report to the Office of National AIDS Policy (ONAP) and Office of Management and Budget (OMB), taking the deliberate steps of (1) assigning responsibilities to HUD officials and (2) designating reporting structures for actions identified in the Federal Implementation Plan as well as identifying other appropriate actions to advance the Strategy, including steps to strengthen coordination in planning, budgeting for, and evaluating domestic HIV/AIDS programs within and across agencies. In addition, within the 150-day timeframe, the Department is directed to: (1) designate an official with coordinating responsibility; (2) develop a process for sharing progress reports with the agencies reporting to ONAP; and (3) in consultation with OMB, use the budget development process to prioritize programs and activities most critical to meeting the NAS goals.

The NAS Implementation plan sets out *specific primary responsibility for HUD* with respect to three steps:

1) Under reducing new HIV infections:

   a. HUD will be part of consultations with HHS OS and other departments to develop policy recommendations for revising funding formulas and policy guidance to ensure that federal HIV prevention funding allocations go to the jurisdictions with the greatest need.

      This would be an opportunity for HUD to include guidance in this policy development process on the role of housing assistance for homeless and unstably housed persons at heightened vulnerability for HIV infection as a "primary" HIV prevention activity to prevent HIV exposure among uninfected individuals; guidance on the role of housing assistance for individuals living with HIV who lack stable housing as a "secondary" HIV prevention activity to prevent transmission from infected people to their uninfected contacts; and the promotion of a requirement that jurisdictions seeking federal HIV prevention funding must set community goals for the prevention impact of housing. The Continuum of Care and Consolidated Planning processes are two examples of departmental processes in which relevant guidance could be provided and local data solicited.

b. HUD is one of the federal agencies to work with SAMHSA, states, and community- based service providers to implement ways to improve integration of substance abuse and mental health screening in programs that serve communities with high rates of new HIV infections. These efforts should include risk reduction to reduce sexual transmission of HIV among substance-using populations.

   This would be an appropriate place for HUD to address housing assessment and assistance as a key component in the treatment plans for PLWHAs who are homeless or unstably housed as well as to address prohibitions on HIV-targeted housing that are based on stages of disease models, chemical dependency status, or those that require a minimum threshold.

2) Under increasing access to care and improving health outcomes:

   a. HUD is one of the federal agencies required to work with HRSA and other relevant agencies to develop plans that will support health care providers and other staff who deliver HIV test results to conduct linkage facilitation to ensure clients access appropriate care following a positive diagnosis. (Step 1.1); to work with HHS OS and other relevant federal agencies to develop joint strategies to encourage co-location of and enhance availability of HIV-related services and other non traditional HIV care sites (Step 1.2); and to work with HHS and other relevant federal agencies to identify and develop potential programs where there can be joint grant awards.

   This would be an opportunity for HUD to push for the recognition of housing assistance as a core health care activity for all targeted federal programs for the care of PLWHAs; to require that individual housing need be assessed and reported by all grantees of targeted HIV funding; and to require that data on housing needs be compiled nationally and funding be distributed in a manner that is based on real need in each community.

In connection with this collaboration mandate, HUD should establish a timeline for taking inventory of HUD-owned properties as well as HUD supported project-sponsors for suitability for co-location of HIV-related services.

HUD must, under Step 3.2, address policies to *promote access to housing and supportive services* for PLWHA. Specifically, *by the end of 2011 HUD will lead a process with the HHS Chief of Staff* and *relevant federal agencies* to identify ways to *collaborate and increase access to nonmedical supportive services* (e.g. , housing, food/nutrition services, transportation) as critical elements of an effective HIV care system (p. 21) ;

This would be an opportunity for HUD to base federal planning on real housing need among PLWHA with an immediate goal of making 141,570 new units of housing available for PLWHA nationwide and to integrate the goals from *Opening Doors* with the NAS (see ONAP White House consultation on HIV/AIDS housing recommendations, Feb. 2010). The timing for submission of HUD's mandatory "Lead Agency operational plan" to ONAP and OMB falls squarely within the timeframe for presentation of departmental FY2012 budget recommendations and supporting justifications to OMB.

Notwithstanding Presidential guidance on mandatory, across-the-board (or other program) reductions required in the departmental budget submission, HUD should, at a minimum, prepare and make available a budget demonstrating both real need projections and relevant justifications. Moreover, this recommendation is fully consistent with the directive to Lead Agencies in the President's memorandum that the Secretary of HUD, along with other heads of lead agencies, "…in consultation with the OMB, *use the budget development process to prioritize programs and activities most critical meeting the goals of the Strategy…"* (President's Memorandum to Federal Agencies, Section 2(c)3.

HUD should explore with all relevant federal departments and agencies development of a uniform reporting tool to capture real "nonmedical supportive service" needs beyond housing.

3) Under Reducing Health Disparities:

a. HUD, among other federal agencies, is tasked with working with HHS OS to explore potential demonstration projects of bundled/braided funding across agencies to address HIV and other issues in high prevalence communities.

   This would be an opportunity for HUD to push for the institution of strategies to increase access for PLWHA to housing resources targeted to address overlapping issues/vulnerabilities, e.g. , homelessness, domestic violence, substance use, re-enty from prison and jail, and homelessness among veterans.

b. Under increasing coordination of HIV programs across the federal government and between federal agencies and state, territorial, local and tribal governments to achieve a more coordinated national response to the domestic epidemic (Step 1):

HUD is directed to assume lead responsibility in "…promoting equitable resource allocation…": by the end of 2011 *HUD must "…work with Congress to develop a plan (including seeking statutory changes if necessary) to shift to HIV/AIDS case reporting as a basis for formula grants for HOPWA funding…"* (Step 1.2, p. 28).

In the 14 ONAP sponsored community meetings as well as in the White House December 2009 consultation, HIV/AIDS housing stakeholders forcefully highlighted housing need across the country. The momentum created in the process of developing the strategy must be maintained during the critical implementation planning phase. In order to do so and in executing the responsibilities prescribed under both the Presidential memorandum and the NAS Implementation plan, HUD must devise a clear and transparent process for stakeholder engagement including *a specific timetable and prescribed format for community input* into implementation. To facilitate the broadest stakeholder engagement, concrete steps must be set out to inform stakeholders of the process through the use of multiple, universally accessible outlets (e.g., notification via *Federal Register*; direct communication via HUD Regional and Field office notices to HOPWA formula and competitive grantees and project sponsors; and provision of information to local Continuums of Care and to Ryan White grantees and Planning Councils). To that end, the plan must be user-friendly and include specific steps for publicizing the strategy and HUD's implementation plan through government-sponsored and private networks to reach the broadest possible audience of stakeholders.

NAS Implementation Plan Omissions

As "lead agency" HUD should utilize every available tool in its arsenal to highlight housing's role as a structural intervention to prevent the spread of the virus, a notable omission in the NAS and Implementation Plan (2.1 "Design and evaluate innovative prevention strategies and combination approaches for preventing HIV in high-risk communities"). The CDC's recently released study demonstrating poverty as the most important demographic factor associated with HIV infection among inner-city heterosexuals ("*Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States*?" Paul Denning, MD, MPH and Elizabeth DiNenno, PhD , CDC, July 2010) makes a powerful argument for further research on housing's role in prevention (particularly in an economic environment in which exists a 3.1 million unit shortage of available and affordable units to extremely low income people). (2010 Out of Reach, National Low Income Housing Coalition)

HUD's own strategic plan has a goal of utilizing housing as a platform for improving quality of life (HUD Strategic Goal 3). This goal includes utilizing HUD assistance, not only to improve health outcomes, but to improve housing stability through supportive services for vulnerable populations, including the

elderly, people with disabilities, homeless people, and those individuals and families at risk of becoming homeless. Research powerfully demonstrates that stably housed individuals are less likely to engage in risky behaviors thus contributing to better community health outcomes through preventing the spread of the virus.

Step 1 of the Federal Implementation Plan calls for intensified HIV prevention efforts in communities where HIV is most heavily concentrated. Though HUD is designated as one of several agencies to consult with HHS OS in development of policy recommendations for equitable formula revision, a further role for HUD under this step is appropriate.

Under Step 1.4 on enhancing program accountability, HUD could appropriately work with the other designated federal agencies (HHS, CDC, HRSA, SAMHSA, and others) on development of standard performance measures for HIV prevention programs. As a starting point the Office of HIV/AIDS Housing (OHAH) can offer its metric of client achievement of housing stability as a model for the development of prevention performance measures in other programs. OHAH's own success record supports this recommendation: for example, the 2008-2009 performance reports indicate that of 23,862 clients receiving permanent housing, 94% had achieved housing stability.

HUD should utilize the resources of its own revitalized Office of Policy Development and Research to both engage in original research and to call for externally generated research on structural prevention interventions as a means of furthering both its own strategic goal as well as its responsibilities under the NAS. Development of a pertinent research agenda directly related to execution of HUD's Lead Agency responsibilities should be included in the 150 day implementation plan. The Department should appropriately assemble, synthesize, and disseminate the existing research within that timeframe as a means of identifying, highlighting, and prioritizing knowledge gaps leading to the development of a comprehensive research agenda supporting the NAS.

Step 2.3 calls for federal financial support for expanded access to prevention services, particularly for high-risk populations. HUD should be included in the directive to the CDC and Bureau of Prisons to "…promote risk reduction interventions for health reintegration of ex-prisoners back into community…"

In light of the overlap in people returning to community from prisons and jails and HIV/AIDS prevalence, HUD can play a significant role in expanded access by: 1) examining both statutory and regulatory barriers to accessing housing, particularly in the case of non-violent offenders; 2) developing a projected timetable for reducing barriers through the least onerous available means; and 3) encouraging localities – to the extent lawfully permissible – to eliminate obstacles to admission.

The NAS makes clear HUD's central role in addressing each of the established priorities. ONAP heard loud and clear the centrality of housing to better individual and community health outcomes across the nation. Therefore, first and foremost the community looks to HUD for leadership in assuring consideration of housing in achieving the NAS's priorities. Moreover, we look to the HUD to establish a widely-disseminated, transparent, user-friendly process that will invite in the implementation process. Since the plan is not contemplated as a static document - in fact, it will be updated annually after 2012 - the established process must provide for continuing community engagement.

The community of AIDS housers, service providers, consumers, and advocates commit to work with HUD in this critical implementation phase of the NAS. We consider this initial communication only the beginning of meaningful collaboration with HUD on this issue.

Thank you for considering our views. We thank you for your leadership on implementation of the NHAS, and we welcome the opportunity to discuss these issues further with you. Please feel free to contact the Housing Working Group Co-chairs, Nancy Bernstein (nancy@nationalaidshousing.org, Lola Adele-Oso (lola@nationalaidshousing.org), or Kali Lindsey (klindsey@harlemunited.org).

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