

STATE OF ALABAMA
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)
PROGRAM
PY2017 ONE-YEAR ANNUAL ACTION PLAN

Introduction

In August of 2009, the Centers for Disease Control and Prevention (CDC) stated that HIV Prevention in the United States is at a critical crossroad. The CDC further stated that the science is clear: HIV prevention can and does save lives. Scores of scientific studies have identified effective prevention interventions for numerous populations, and it is estimated that prevention efforts have averted more than 350,000 HIV infections in the United States to date. In addition to the lives saved from HIV, it is estimated that more than \$125 billion in medical costs alone have been averted. But the HIV crisis in America is far from over. The CDC reports that in the United States alone, AIDS has claimed the lives of 658,509 persons overall with 12,333 claimed in 2014 alone. Additional data from the CDC indicates the following:

1. At the end of 2015, the CDC estimates 1,218,400 persons aged 13 and older were living with HIV infection in the United States, including 156,300 (13%) persons who do not know they have are infected. Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable. Still, the pace of new infections continues at far too high a level—particularly among certain groups.

2. In 2015, an estimated 39,513 people were diagnosed with HIV infection in the United States. In that same year, an estimated 18,303 people were diagnosed with AIDS. Overall, an estimated 1,216,917 people in the United States have been diagnosed with AIDS.

3. "Incidence" is the number of new HIV infections that occur during a given year, and approximately 50,000 people in the United States are newly infected with HIV each year. In 2015, there were an estimated 50,000 new HIV infections, with nearly two thirds of these new infections occurring in gay and bisexual men.

4. **Blacks/African Americans** continue to experience the most severe burden of HIV, compared with other races and ethnicities. Black/African Americans represent approximately 12% of the U.S. population, but accounted for an estimated 45% of new HIV infections in 2015. They also accounted for 42% of people living with HIV infection in 2014. Since the epidemic began, an estimated 270,726 Black/African Americans with AIDS have died, including an estimated 6,540 in 2012.

5. **Hispanics/Latinos** are also disproportionately affected by HIV. Hispanics/Latinos represented 18% of the population but accounted for 24% of new HIV infections in 2015. Hispanics/Latinos accounted for 20% of people living with HIV infection in 2013. Disparities persist in the estimated rate of new HIV infections in Hispanics/Latinos. Since the epidemic began, more than 100,888 Hispanics/Latinos with an AIDS diagnosis have died, including 2,155 in 2012. If current rates continue, 1 in 4 Hispanic/Latino gay and bisexual men will be diagnosed with HIV in their lifetime.

6. Roughly one in six people infected with HIV in the United States is unaware of his or her infection and may be unknowingly transmitting the virus to others.

The CDC concludes that the heavy burden of HIV in the United States is neither inevitable nor acceptable. It is possible to end the U.S. epidemic, but such an achievement will require that this nation dramatically expand access to proven HIV-prevention programs, make tough choices about directing available resources, and effectively integrate new HIV-prevention approaches into existing programs. A rapidly evolving body of research leaves no doubt that homelessness and housing instability are one cause of the continuing AIDS crisis in America. The research indicates that HIV prevention efforts within the United States are stalled, with the number of new infections in recent years remaining steady or even increasing. Findings reported at the North American Housing Research Summits and in the special issue of *AIDS & Behavior* show the following:

1. Homelessness and unstable housing are associated with increased rates of HIV sex and drug risk behaviors.
2. Unstable housing increases HIV risk behaviors even among those at highest HIV risk.
3. Homelessness and unstable housing are directly related to delayed HIV-related care, poor access to care, and decreased likelihood of treatment adherence.
4. The association between lack of stable housing and greater HIV risk behaviors remains even among persons who have received risk reduction services.

Controlling for age and income, homeless men as compared to stably-housed men in the urban South region of the United States were 2.6 times more likely to report sharing needles, 2.4 times more likely to have four or more sex partners, and 2.4 times more likely to have had sex with other men. In a study of 833 low-income women, homeless African-American women and Hispanic women were two to five

times more likely than their housed counterparts to report multiple sex partners in the last six months, in part due to recent victimization by physical violence. Young men who have sex with men (YMSM) who experience residential instability, who have been forced to leave their homes because of their sexuality, and/or who are precariously housed, are at significantly greater risk for drug use and involvement in HIV risk-related behaviors. And homeless youth are four to five times more likely to engage in high-risk drug use than youth in housing with some adult supervision, and are over twice as likely to engage in high-risk sex.

The Southern HIV/AIDS Strategy Initiative (SASI) launched its findings on risk and health disparities in the South in 2011. The study's findings, conducted through the Center for Health Policy and Inequalities Research at Duke University, provided research to describe within this PY2015 One Year Annual Action Plan Alabama's target population, health care disparities, and need for intervention. The study's findings indicated that the southern states, particularly the Deep South states that include Alabama, experienced the highest rates of new HIV infections with 35% of new HIV infections but having only 22% of the U.S. population. The White House recognized the disproportionate effect by including persons living in the Southern United States in the 9th Indicator of Progress of the National HIV/AIDS Strategy for a reduction in disparities in the rate of new diagnoses.

Another set of important findings is that HIV risk-reduction interventions that have proven to be effective in general populations are proving to be less effective among persons who are homeless/unstably housed than among their housed counterparts, including counseling-based, needle exchange, and other behavioral interventions. Unstably housed needle-exchange participants are twice as likely to report high-risk receptive needle sharing than are the stably housed participants.

Female drug users living with unstable housing conditions report higher levels of HIV drug and sex-related HIV risk behavior than do their housed counterparts, and their levels of behavioral change over time are lower.

HIV health care disparities are also a factor in HIV infections. As observed by researchers from the CDC, “[t]he higher levels of HIV observed in the blood of unstably housed persons living with HIV compared to those who are stably housed has ominous implications for the health of unstably housed people living with HIV and increases their biological potential to transmit HIV to others.”

Four public policy imperatives have emerged from these findings:

1. Make subsidized, affordable housing (including supportive housing for those who need it) available to all persons with HIV.

2. Make the housing of homeless persons a top prevention priority, as stable housing is a powerful HIV prevention strategy.

3. Incorporate housing as a critical element of HIV health care.

4. Continue to collect and analyze data so as to assess the impact and effectiveness of various models of housing as an independent structural HIV prevention and health care intervention.

The CDC estimates that there are currently more than 1.2 million individuals living with HIV disease in the United States. The CDC estimates that in 2014, 634 adults and adolescents were diagnosed with HIV in Alabama. Alabama ranked 17th among the 50 states in the number of HIV diagnoses in 2011, and ranked 11th in the rate of new infections in 2009. A report released by the Southern HIV/AIDS Strategy Initiative (SASI) states that 50% of all newly diagnosed individuals reside in the South. AIDS housing experts estimate that about 72% of all HIV-positive persons will need some form of housing assistance during the course of their illness. Additionally, there is not a single county in the United States where a person who relies on the maximum federal Supplemental Security Income (SSI) payment can afford even a studio apartment.

As of December 31, 2015, the Alabama Department of Public Health's Demographic Statistics indicated that there are 12,761 HIV-positive individuals living in Alabama. Of new cases in 2015, 69.1% were African-American although they comprise only 26% of the state's population. Of these new cases in 2015, 48% were men who have sex with men (MSM).

Living with HIV disease is expensive. According to AIDS Alabama's 2015 Needs Assessment, 30% of Alabama's low-income, HIV-positive persons are actively employed and contributing to their communities. These individuals are considered the working poor. This number does not include an additional 14% who are unemployed but seeking employment. Financial support and supportive services are critical to maintaining housing for this population.

The first year of HOPWA funding began in September 1992. To date, AIDS Alabama has assisted several thousand unique households with rental and utility payments to prevent homelessness of those living with HIV/AIDS. Alabama continues to work with local providers to increase capacity to develop and operate HIV-specific housing. Currently, AIDS Alabama contracts with eight other AIDS Service Organizations (ASOs) to provide case management, rental assistance, direct housing, and outreach services statewide.

AIDS Alabama administers five types of housing programs geared toward persons living with HIV and AIDS. These five housing programs are available to all eligible persons throughout the State. These programs are:

1. Rental Assistance: AIDS Alabama provides a statewide rental assistance program with the purpose of keeping persons stably housed. This assistance consists of three types:

- a. Short-Term Rent, Mortgage, and Utility Assistance (STRMU): This assists households facing a housing emergency or crisis that could result in displacement from their current housing or result in homelessness. The recipient must work with a case manager to maintain a housing plan designed to increase self-sufficiency and to avoid homelessness.
- b. Tenant-Based Rental Assistance (TBRA): This is ongoing assistance paid to a tenant's landlord to cover the difference between market rents and what the tenant can afford to pay. Tenants find their own units and may continue receiving the rental assistance as long as their income remains below the qualifying income standard and other eligibility criteria are met. However, the tenant must have a long-term housing plan to pursue Section 8 or other permanent mainstream housing options.
- c. Project-Based Rental Assistance (PBRA): This offers low-income persons with HIV/AIDS the opportunity to occupy housing units that have been developed and maintained specifically to meet the growing need for low-income units for this population.

Also, Master Leasing category offers two units that are leased by AIDS Alabama and sublet to consumers who need low income housing; an additional unit operates in the Mobile area.

2. Emergency Shelter: Two emergency shelters with beds dedicated to HIV/AIDS consumers operates in Alabama. The shelters are managed by the Health Services Center of Anniston and AIDS Alabama, Inc. Other existing emergency shelters provide emergency housing to persons with HIV/AIDS throughout the State. These shelters include the Firehouse Shelter, Salvation Army, SafeHouse, Jimmy Hale Mission, First Light, Pathways, and others. AIDS Alabama partners with these agencies to make referrals and to seek long-term solutions for persons utilizing emergency shelters.

3. The Living in Balance Chemical Addiction Program (LIBCAP): AIDS Alabama operates the LIBCAP to provide treatment and recovery services to adults who are HIV-positive and who have a chemical addiction problem. LIBCAP operates as an Intensive Outpatient Program (IOP). Also, there is the LIB AfterCare Program, which serves consumers in the transition to their own permanent housing placements and provides support, case management, and **weekly AfterCare groups**

to increase housing stability and to prevent relapse.

4. Permanent Housing: Permanent housing is available to homeless, HIV-positive individuals throughout Alabama, and includes the following:

- a. Agape House and Agape II offer permanent apartment complex living in Birmingham for persons with HIV/AIDS. There are 25 one-bedroom units, three two-bedroom units, and two three-bedroom units in these two complexes.
- b. Magnolia Place in Mobile offers 14 two-bedroom units and a one-bedroom unit.
- c. The Mustard Seed triplex offers three one-bedroom units in Birmingham.
- d. Family Places is a Birmingham-based program comprised of five two- and three-bedroom, scattered-site houses for low-income families living with HIV/AIDS. As a permanent supportive housing option, tenants must agree to have a lease and a program agreement in order to participate.
- e. Alabama Rural AIDS Project (ARAP) is a permanent supportive housing program that provides 14 units of housing in rural areas through the use of TBRA. An additional house in Dadeville is also used for the project. ARAP was funded in 1995 by HUD's HOPWA Competitive program and is still being funded. Historically it has been operated through a Master Leasing program, AIDS Alabama requested and received approval to convert to a TBRA based program in 2014.
- f. The Le Project, AIDS Alabama's newest housing program, offers eleven master leasing units to homeless and chronically homeless, HIV-positive individuals and families. While a participant of the Le Project, consumers are required to participate in ongoing, intensive case management, including the development of a housing case plan, coordination of mainstream services, and regular home-visits.

5. Service Enriched Housing: Service Enriched housing is available to homeless, HIV-positive individuals throughout Alabama, and includes the following:

- a. The only program in the State of its kind, JASPER House in Birmingham offers 14 beds in a single room occupancy model for persons who are unable to live independently due to their dual HIV and mental illness diagnoses. All occupants are low-income; the project is funded through HUD as a HOPWA Competitive grant and is certified as an Adult Residential Care facility by the Alabama Department of Mental Health.

HOPWA PROGRAM NEEDS ASSESSMENT

The needs of the population are primarily determined by five sources of data:

1. The 2015 Comprehensive Statewide Needs Assessment performed by AIDS Alabama;
2. The 2009, 2010, and 2011 National AIDS Housing Coalition's (NAHC) North American Housing and HIV/AIDS Research Summits;
3. The Point-in-Time survey completed by One Roof, the local Continuum of Care, and Continuum of Care membership agencies with latest data from January, 2015.
4. The 2013 Central Alabama Ryan White Statewide Coordinated Assessment of Need.
5. The 2009-2013 Comprehensive Plan for HIV Prevention in Alabama, conducted by the Alabama Department of Public Health.

There have never been more people living in Alabama with HIV disease than there are now. The needs of this population are critical and not unlike those of other vulnerable populations, as the population's 2015 mean income was \$800 per month, compared to \$3,730 for that year's state per capita median monthly income.

Findings from the National AIDS Housing Coalition state that "...3% to 10% of all homeless persons are HIV-positive – ten times the rate of infection in the general population." This issue becomes more apparent when viewed locally. According to the 2015 Birmingham Area Point-In-Time Survey, five percent (5%) of all homeless persons surveyed were HIV-positive. The 2015 AIDS Alabama survey indicated gaps in the availability of housing assistance for homeless persons. Of the 498 HIV-positive persons interviewed, almost 5% indicated that they were homeless or living in temporary housing. An additional 26% indicated that they were doubling up with friends or family. More than 60% felt that their housing situations were unstable.

The 2015 Needs Assessment found that 39% of all HIV-positive households interviewed accessed some form of housing assistance in the last six months. Furthermore, the need for permanent supportive housing is apparent, as permanent supportive housing for the chronically homeless continues to be the highest priority of the local Continuum of Care.

The HUD PY2017 HOPWA Fund allocation to the State of Alabama equals \$1,744,315. Given the preceding statistics and needs represented, AIDS Alabama will use the PY2017 HOPWA funds for the following programs:

1. Rental Assistance
2. Supportive Services (including case management, support staff, housing outreach, and transportation)

3. Operations of existing housing
4. Master Leasing
5. Resource Identification
6. Housing Information
7. Technical Assistance
8. Administration.

Each of these programs is defined in more detail below:

1. Rental Assistance:

Goal #1: To support a statewide rental assistance program through qualified AIDS Service Organizations.

Outcome: The network of AIDS Service Organizations that has formed will be maintained, ensuring any eligible Alabama resident access to HOPWA assistance.

Objective 1: Provide 80 households with emergency Short-Term Rent/Mortgage and Utility (STRMU) assistance between April 1, 2017, and March 31, 2018.

Outcome: At least 55 households will maintain stable housing and avoid homelessness because of temporary emergency situations.

Objective 2: Provide 70 households with long-term, Tenant-Based Rental Assistance (TBRA) between April 1, 2017, and March 31, 2018.

Outcome: At least 70 households will be assisted so that consumers can remain in affordable, leased housing and experience housing stability.

AIDS Alabama will use \$423,316.00 to fund both Short-Term Rental Mortgage Utility (STRMU) assistance and Tenant-Based Rental Assistance (TBRA), as well as Project-Based Rental Assistance (PBRA) on an as-needed basis.

Clients access this program by visiting AIDS Alabama or one of the eight partnering AIDS Service Organizations. They then complete an application with a HOPWA-certified and trained staff member of that agency. ASONA members involved in the decision-making process about how the rental assistance funds are expended include:

- Thrive Alabama – Huntsville
- Health Services Center – Anniston
- Unity Wellness Center – Auburn
- Medical Advocacy and Outreach of Alabama – Montgomery
- Birmingham AIDS Outreach
- Selma AIDS Information & Referral
- AIDS Alabama South (formerly South Alabama CARES*) – Mobile

- West Alabama AIDS Outreach – Tuscaloosa.

*South Alabama CARES (SACARES) of Mobile has become a LLC with its own federal tax identification number as of 10/17/2012. The agency is now AIDS Alabama South and operates as a part of AIDS Alabama. This change came about because South Alabama CARES had been unable to continue existence due to severe financial reversals. The SACARES board of directors approached AIDS Alabama in the Fall of 2012 requesting assistance. AIDS Alabama created a new, financially stable agency, hired all of the South Alabama CARES employees, hired a new Executive Director, and continues to focus on helping the agency to serve the more than 1,000 HIV-positive consumers in the South Alabama area.

Input from these agencies, combined with data from focus groups, surveys, and needs assessments, drive the protocols used in the Rental Assistance program. AIDS Alabama analyzes this information and adjusts the program to facilitate balancing the amount of funds available with the ultimate goal of avoiding homelessness, keeping families stably housed, and increasing consumer empowerment to succeed in a permanent housing setting. AIDS Alabama never seeks a change to the rental assistance program without:

- Receiving input from all subcontracting agencies
- Providing a minimum of a 30-day notice to each agency
- Ensuring that changes are compliant with HOPWA regulations.

For the Short-Term Rental, Mortgage, and Utility program (STRMU), applicants must re-apply and supply proof of need for each month of assistance for up to 21 weeks in an assistance year.

For the Tenant-Based Rental Assistance (TBRA) and Project-Based Rental Assistance, the residents are responsible for a portion of the rent based on their incomes. Clients are expected to maintain quarterly contact with their social workers, as well as pay the appropriate portions of the rent and maintain utilities.

ASONA serves as AIDS Alabama's HOPWA planning council. To access rental assistance, AIDS Alabama requires annual certification of these programs by the community-based organizations that are their partners.

2. Supportive Services:

Goal #2: Provide existing housing programs in the State with supportive services.

Objective 1: Provide 16,000 legs of transportation to social service and medical appointments between April 1, 2017, and March 31, 2018.

Outcome: Transportation to mainstream support services promotes healthier and more socially connected consumers who can live independently and remain in stable housing.

Objective 2: Provide case management and support services to 2,300 consumers statewide between April 1, 2017, and March 31, 2018.

Outcome: Consumers will be linked to mainstream resources that give them the ability to remain in stable housing and to live independently.

AIDS Alabama will use \$525,000 to support housing programs in the State. This support will include supportive services such as transportation, case management, first month's rent and deposit (if available), and housing outreach. AIDS Alabama provides these services in the Birmingham Metropolitan Area and to the non-Jefferson County areas in their Public Health area. Furthermore, AIDS Alabama contracts for these services with eight other AIDS Service Organizations across the State, allowing HOPWA supportive services to be available in all 67 counties.

3. Operating Costs:

Goal #3: Support operating costs of current housing.

Objective: AIDS Alabama will use \$523,417.00 to supplement the operating cost of the permanent and transitional units between April 1, 2017, and March 31, 2018, serving a potential 300 persons statewide. These funds cover furnishings, utility supplements, property management expenditures (lawn care, basic maintenance, and repair), security services, and support to ensure appropriate upkeep for all HIV-specific permanent and transitional housing in the State as described in the previous section.

Outcome: All current residents in AIDS Alabama housing will enjoy safe, secure, and healthy stable housing.

4. Master Leasing:

Goal #4: AIDS Alabama will support local efforts to fill housing gaps and to provide housing in which consumers can learn permanent housing management skills.

Objective: Between April 1, 2017, and March 31, 2018, AIDS Alabama will use \$9,000.00 to provide funding for the cost of one Master leases for two-bedroom units to be used for intermediate housing with focus on support services to help consumers move toward permanent housing. This unit will provide the consumer stable housing while the case manager links them to permanent housing options and helps them to avoid homelessness.

Outcome: AIDS Service Organizations other than AIDS Alabama will learn how to maintain and utilize housing in their areas to meet housing gaps.

AIDS Alabama will fund master leasing to AIDS Alabama South in the Mobile area as planned. Currently in development is another master leasing project in the Selma area which will bring Selma AIDS Information and Referral in as a stronger housing partner with AIDS Alabama.

5. Resource Identification:

Goal #5: Support resource identification efforts.

Objective 1: AIDS Alabama will spend \$69,150.00 between April 1, 2017, and March 31, 2018, to support collaboration among housing and HIV-positive service partners across the state to identify low-income housing and housing development efforts. Specific actions include:

A. Attend 100% of the appropriate HIV/AIDS housing and homeless conferences.

B. Support the cost of meetings to foster collaborations that will expand affordable housing for low-income, HIV-positive consumers with in-state housing organizations, such as the Low Income Housing Coalition of Alabama, Alabama Rural Coalition on Homelessness, Alabama Poverty Project, and others.

Outcome: AIDS Alabama staff members and contractors will be equipped to provide identification of low-income housing and housing development options in the State for persons and families living with HIV disease

6. Housing Information:

Goal #6: Support ongoing housing information efforts in the State.

Objective: AIDS Alabama will use \$15,000.00 to provide 7,600 individuals with HIV/AIDS housing information in a variety of venues, including health fairs, trade day events, HIV-awareness events, churches, non-traditional medical clinics, community clubs, shelters, substance abuse programs, beauty shops, jails, prisons, schools, and through other community service providers statewide between April 1, 2017, and March 31, 2018.

Outcome: HIV-positive individuals in counties throughout the State will know how to find stable and affordable housing resources.

7. Technical Assistance:

Goal #7: Provide technical assistance training around housing programs and development in Alabama.

Objective: AIDS Alabama will use \$5,000.00 to provide at least two consultations and technical assistance sessions to ASONA member agencies who are engaged in specific, qualified projects between April 1, 2017, and March 31, 2018.

Outcome: Two consultations related to housing development programming to Selma AIDS Information and Referral and Medical AIDS Outreach of Alabama in Montgomery will help them to have improved goal attainment in their HOPWA contracts. Both programs have the opportunity to become part of their local Continuums of Care and position themselves to develop housing grants for their homeless consumers.

8. Administration:

The fee for administration of the HOPWA program will be \$174,432 (10% per regulations). The state service agency (ADECA) will receive 3% (\$52,330) as the grantee, and the project sponsor (AIDS Alabama) will receive 7% (\$122,102). AIDS Alabama continues to draw on its committed sources of leverage in order to increase the capacity of the HOPWA program. Leveraged dollars from private and public sources, such as Medicaid Targeted Case Management, Ryan White case management, prevention education grants and outreach, development initiatives and newsletters, as well as private foundation grants, other HUD grants, tenant rent payments, properties, and program income allow AIDS Alabama to stretch limited fiscal resources while continuing to provide quality supportive housing services to its consumers. For Pre-Award Costs, the State requests permission to receive reimbursement for administration costs incurred prior to the award date of the agreement between the U.S. Department of Housing and Urban Development and ADECA. The costs would include eligible functions performed by ADECA's staff members during the State's administration of the HOPWA program.

Supplemental Allocations

The stated allocation amount is the amount that AIDS Alabama anticipates receiving from HUD under the respective fiscal year's federal budget; however, this amount can change due to the award of supplemental allocation(s) as and when determined by HUD. Upon receipt of the final annual allocation amount, AIDS Alabama will adjust the distribution of funds up or down by approximately the same percentage; the exception being the distribution of "State Administration" funds which will conform to HUD's rule. AIDS Alabama will also update the Annual Plan to reflect AIDS Alabama's actual fiscal year allocation.

Pre-Award Costs

The State requests permission to receive reimbursement for administration costs incurred prior to the award date of the agreement between the U.S. Department of Housing and Urban Development and ADECA. The costs would include eligible functions performed by ADECA's staff members during the State's administration of the HOPWA program.

Questions for AIDS Alabama may be directed to Kevin Finney, Director of Operations (Financial); Nathan Salter, Administrative Director of Programs or Kathie M. Hiers, Chief Executive Officer, at 205-324-9822.

HOPWA PROGRAM PY2017 Budget Summary
PY2017 Allocation: \$1,744,315

HOPWA Fund Category	Federal Amount
Rental Assistance - STRMU	\$100,316
Rental Assistance - TBRA	\$243,000
Facility Based Housing Subsidy	\$ 80,000
Supportive Services	\$525,000
Operating Cost	\$523,417
Master Leasing	\$ 9,000
Resource Identification	\$ 69,150
Housing Information	\$ 15,000
Technical Assistance	\$ 5,000
Administration	\$174,432
Total	\$1,744,315

As well as collaborating with state and federal entities, AIDS Alabama works diligently to secure partnerships with private sector organizations. Partnerships with the MAC AIDS Fund, the Greater Birmingham Area Community Foundation, major banking institutions, and others have allowed AIDS Alabama to increase supportive services, improve existing housing, and increase prevention efforts throughout the State. Support from such groups is also used as match and leverage to bring increased federal dollars and programs into Alabama.

Each and every grant received by AIDS Alabama is used to leverage additional funding from other sources to expand the scope of that grant funding. AIDS Alabama is a proven leader in the field of HIV/AIDS prevention, education and housing assistance. AIDS Alabama administers over 100 units of affordable housing through a variety of programs. AIDS Alabama effectively and efficiently manages each grant awarded to the agency and our auditing and grant review records document the fact. In addition, AIDS Alabama was the only ASO in the country to receive a state wide Navigator grant in 2014 designed to educate and enroll eligible citizens in a marketplace plan through the Affordable Care Act and was recently received a three year reauthorization of this program.

AIDS Alabama's program *Enroll Alabama* reached over 10,000 people at community events and AIDS Alabama conducted over 500 outreach education events. In the first enrollment period, *Enroll Alabama* enrolled 7,500 Alabamians in an Affordable Care Act marketplace plan, AIDS Alabama had sixty adult volunteers to take the Navigator training and become Enroll Alabama volunteers. Further evidence of AIDS Alabama's

ability to administer a grant program from the ground up, from outreach to implementation.

AIDS Alabama also provides culturally relevant primary prevention education to populations at greatest risk for HIV infection. *Gamechangers*, funded by the Centers for Disease Control and Prevention, includes both group and individual-level interventions for Men who have Sex with Men (MSM) ages 13-29 in the Greater Birmingham area. This program is designed to serve the same targeted client base as this request for funding.

AIDS Alabama has the experience necessary to assist the chronically homeless young adults to find housing and then to wrap them in supportive services to assure their success and that they become independent. Additionally, AIDS Alabama is an approved Medicaid provider. AIDS Alabama accesses and leverages dollars by billing Medicaid for targeted case management related to access to medical treatment, mental health and substance abuse treatment. AIDS Alabama bills Medicaid for targeted case management related to obtaining and maintaining stable permanent housing using detailed housing case assessment and planning tools focusing on defining every possible obstacle to housing and measurable goals with concrete action steps and target dates. AIDS Alabama bills Medicaid where appropriate for Mental Health Services related to basic living skills and rehabilitative day treatment services offered to outpatient as well as to specific housing programs. Billings can include psychiatric assessment by an M.D. and individual or family group therapy. AIDS Alabama also bills Medicaid where appropriate for Substance Abuse Services for intensive outpatient services, targeted case management, housing case assessment and planning and provision of services. Each of AIDS Alabama's Continuum of Care grants have leveraged at minimum the required amount to receive funding and in almost every case in excess of what is required.

AIDSAlabama anticipates that during PY2020, AIDS Alabama will conduct a comprehensive Needs Assessment with HIV positive persons across the State of Alabama. The assessment interviews will be conducted by each AIDS Service Organization in the State, and the results are proposed to be available in PY2021.

State Table 1 (Required)
Housing, Homeless and Special Needs
 (based on 2000 Census)

Housing Needs

Household Type	Elderly Renter	Small Renter	Large Renter	Other Renter	Total Renter	Owner	Total
0 -30% of MFI							
% Any housing problem	51.7	68.8	81.2	67.0	65.2	66.3	65.7
% Cost burden > 30	50.2	64.9	66.3	65.5	62.0	64.3	63.0
% Cost Burden > 50	30.7	49.7	47.3	53.4	46.6	45.6	46.1
31 - 50% of MFI							
% Any housing problem	38.8	56.8	69.2	67.8	56.8	46.9	51.0
% Cost burden > 30	37.9	53.0	42.9	66.4	52.5	44.4	47.8
% Cost Burden > 50	12.6	11.1	5.3	19.6	13.5	21.9	18.4
51 - 80% of MFI							
% Any housing problem	25.5	23.7	45.6	28.4	27.5	32.1	30.6
% Cost burden > 30	24.1	18.0	10.2	26.5	21.0	29.2	26.5
% Cost Burden > 50	5.9	1.6	1.0	2.3	2.4	7.8	6.0

State Table 1 (Required)
Housing, Homeless and Special Needs (cont'd)
Homeless Continuum of Care: Summary of All Beds (January 2016)

Summary of All Beds Reported							
	Family Units	Family Beds	Adult-Only Beds	Child-Only Beds	Total Year-Round Beds	Seasonal	Overflow/Voucher
Emergency, Safe Haven and Transitional Housing	402	1,218	2,219	52	3,489	76	93
Emergency Shelter	199	564	1,316	32	1,912	76	93
Safe Haven	n/a	n/a	34	n/a	34	n/a	n/a
Transitional Housing	203	654	869	20	1,543	n/a	n/a
Permanent Housing	619	1,842	2,591	1	4,434	n/a	n/a
Permanent Supportive Housing*	472	1,339	2,054	1	3,394	n/a	n/a
Rapid Re-Housing	143	491	436	0	927	n/a	n/a
Other Permanent Housing**	4	12	101	0	113	n/a	n/a

**State Table 2A (Required)
Priority Housing/Special Needs/Investment Plan**

PART 1. PRIORITY HOUSING NEEDS		Priority Level Indicate: High, Medium, Low Checkmark: Yes, No	
Renter	Small Related	0-30%	High
		31-50%	High
		51-80%	Medium
	Large Related	0-30%	High
		31-50%	High
		51-80%	High
	Elderly	0-30%	High
		31-50%	High
		51-80%	Medium
	All Other	0-30%	High
		31-50%	High
		51-80%	Medium
Owner	0-30%	Medium	
	31-50%	Medium	
	51-80%	Medium	

State Table 2A (Required)
Priority Housing/Special Needs/Investment Plan (cont'd)

PART 2. PRIORITY SPECIAL NEEDS	Priority Level Indicate: High, Medium, Low Checkmark: Yes, No
Elderly	Medium
Frail Elderly	Medium
Severe Mental Illness	Medium
Developmentally Disabled	Medium
Physically Disabled	Medium
Persons w/ Alcohol/Other Drug Addictions	Medium
Persons w/HIV/AIDS	High
Victims of Domestic Violence	Medium
Other	