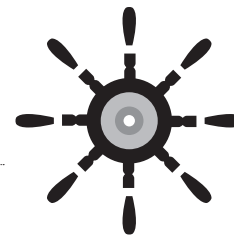


# Housing Opportunities for Persons with AIDS (HOPWA)



*Nancy Bernstine,*  
*National AIDS Housing Coalition*

**Administering agency:** Office of HIV/AIDS  
Housing in HUD's Office of Community  
Planning and Development

**Year program started:** 1990

**Number of persons/households served:** 54,647  
households could be served if the president's  
budget is enacted

**Population targeted:** Low income people with  
HIV/AIDS, and their families

**FY16 funding:** \$335 million

**T**he Housing Opportunities for Persons with AIDS (HOPWA) program provides funding to eligible jurisdictions to address the housing needs of persons living with HIV/AIDS and their families.

## HISTORY AND PURPOSE

HOPWA was created in the AIDS Housing Opportunities Act, a part of the Cranston-Gonzales National Affordable Housing Act of 1990, to provide housing assistance and related supportive services for low income people living with HIV/AIDS, and their families.

There is a perception in America that the HIV/AIDS epidemic is under control, but in reality AIDS is still an active crisis. According to the Centers for Disease Control (CDC), there are an estimated 50,000 new HIV infections each year. At the same time, there are more than 1.2 million people living with HIV/AIDS in the United States, and more than 156,000 are unaware of their status.

For people living with HIV/AIDS, housing is healthcare. For people struggling with the disabling effects of HIV/AIDS, housing is an essential cornerstone of health and stability. It is estimated that as many as half of all people living with HIV/AIDS will need housing assistance at some point during their illness. As with other chronic conditions that may make it difficult for an individual to find or maintain gainful employment, HIV/AIDS can be an impoverishing

disease, requiring reliance upon public subsidies for basic needs, including housing. For many of those individuals and families, short-term assistance with rent, mortgage, or utility costs will provide the support necessary to remaining healthy and in stable housing. But for others, more intensive support services are needed.

The HOPWA program is a homelessness prevention program designed to provide housing assistance and related support services for low income people living with HIV/AIDS and their families. It also facilitates community efforts to develop comprehensive strategies to address HIV/AIDS housing need, and assists communities to create housing strategies to prevent these individuals from becoming homeless or unstably housed.

With improvements in drug therapies and medical care reducing the number of HIV/AIDS-related deaths, people are living longer with the disease; therefore, there is an increasing demand for essential supportive services, including housing.

## PROGRAM SUMMARY

As a supportive housing program, HOPWA helps ensure that people living with HIV/AIDS can access and maintain adherence to necessary medical care and other services through assisting them with stable housing and related support services.

Eligibility for HOPWA assistance is limited to low income individuals with HIV/AIDS, and their families. The vast majority of individuals receiving HOPWA housing assistance—78%—are extremely low income, earning 30% of the area median income or less. Of the 4,441 homeless individuals newly receiving HOPWA during FY15, 11% were veterans and 58% were chronically homeless. Ninety-four percent of HOPWA households have a housing plan and 89% have contact with a primary care provider. Ninety-six percent of households served by HOPWA supportive housing programs achieve housing stability.

HOPWA consists of two grant-making programs. Ninety percent of the funds are distributed as

formula grants to states and localities to serve the metropolitan area in which they are located. The formula for this distribution is based on population size and the number of people living with HIV/AIDS in the metropolitan area as confirmed by the CDC.

During 2015, \$299.9 million dollars were awarded in HOPWA formula funds to grantees within 139 eligible areas. These grantees represent 41 states and Puerto Rico. In addition, one quarter of the formula allocation was awarded to metropolitan areas that have a higher-than-average per capita incidence of AIDS. These formula funds can be used for a wide range of housing, social services, program planning, and development costs including, but not limited to: the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and, short-term payments to prevent homelessness.

The other 10% of HOPWA funds are distributed through a competitive process to states and localities that do not qualify for a formula allocation, or to states, localities, or nonprofit organizations that propose projects of national significance. During FY15, 25 expiring competitive grants were renewed in 16 states. Currently, the HOPWA program includes 92 competitive renewal grants, 29 of which will be up for a three-year renewal during 2016. In the competitive program, grantees can distribute funds to projects that provide one or more of the following services: housing information and referral; housing search assistance, shelter or rental assistance; the development or operation of single room occupancy housing and other community-based residences; and, technical assistance. HOPWA also provides technical assistance to support sound management in local programs and develop strategies to address HIV/AIDS housing need.

## FUNDING

HOPWA remains sorely underfunded relative to the immense need. HOPWA would need \$1.12 billion to serve all those living with HIV/AIDS and in need of housing assistance.

In FY16, HOPWA is funded pursuant to the Omnibus Consolidated Appropriations Act (P.L. 114-113; 12.15.15) at a level of \$335 million, the high watermark for HOPWA.

Although the President's FY17 budget proposes

flat funding of \$335 million, the National AIDS Housing Coalition (NAHC) recommends \$375 million for HOPWA, an increase of \$40 million from the FY16 appropriation. This recommended funding level, while meeting only a fraction of the need, would sustain existing programs, permit small program expansions at the local level, and support newly added jurisdictions. Moreover, it would maintain the funding levels for programs in HOPWA formula funding jurisdictions that would lose resources if a long-awaited legislative update to the funding formula is enacted.

The President's FY17 Budget proposes flat funding at \$335 million

## POLICY CHANGES

In addition, to the funding recommendation above, NAHC recommends two policy implications with fiscal implications. First, NAHC recommends \$8 million to fund new Competitive programs. The existing Competitive portion of the appropriation is consumed with renewals. Healthcare reform and Medicaid expansion are among the factors that make new, replicable demonstration projects connecting housing to healthcare an important objective. In addition, NAHC has requested that HOPWA technical assistance be removed from the Community Planning and Development combined account and restored as a separate budget line with a minimum \$3.5 million appropriation. Funding for both of those initiatives is included in the \$375 million NAHC recommendation

## FORECAST

During FY16, action is expected to update the HOPWA formula to allow jurisdictions with increasing populations of people living with HIV/AIDS to receive more funding. The revision, first called for in the 2010 National HIV/AIDS Strategy, would count those living with HIV/AIDS (rather than cumulative AIDS, which would also account for those who died of HIV/AIDS) and include both a poverty and housing cost factor. The update to the HOPWA formula with a five-year phase in to full implementation and caps on gains and losses at 10% and 5% respectively for formula jurisdictions was adopted by the House as a bipartisan amendment to H.R. 3700, the Housing Opportunities Through Modernization Act. In addition, HUD released draft legislation with the FY17 budget to achieve this change as well as add

new medium-term housing options and increase administrative fees. NAHC, with support from the HIV/AIDS community, has endorsed the basic elements of the proposal as included in H.R. 3700 calling for a longer phase in of full implementation of the new formula. The community also would like the administrative fee changes and new short-term and medium-term housing intervention included in the FY17 HUD budget proposal.

## **FOR MORE INFORMATION**

National AIDS Housing Coalition, 202-377-0333,  
[www.nationalaidshousing.org](http://www.nationalaidshousing.org) ■