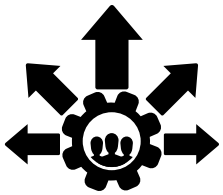
Housing Opportunities for Persons with AIDS (HOPWA)



By Nancy Bernstine, Executive Director, National AIDS Housing Coalition (Retired)

Administering agency: Office of HIV/AIDS Housing (OHH) in HUD's Office of Community Planning and Development (CPD)

Year program started: 1990

Number of persons/households served: 52,000 households could be served if the President's budget is enacted.

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

FY15 funding: $330 million

The 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 55,000 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 almost one in seven(14%) 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 remain healthy and in stable housing. But for others, more intensive supportive services are needed.

The HOPWA program is a homelessness prevention program designed to provide housing assistance and related supportive 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 deaths, people are living longer with HIV/AIDS; 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 has extremely low income, income below 30% of the area median income. Sixty-five percent of people living with HIV/AIDS cite stable housing as a tremendous need, second only to health care. Preliminary data from 40 HOPWA grantees, reporting on client outcomes under a new performance measurement format, demonstrate that 94% of clients receiving rental assistance have stabilized their housing.

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 2014, $298.8 million dollars were awarded in HOPWA formula funds to grantees within 139 eligible areas. These grantees represent 41 states and Puerto Rico. In 2013, 135 formula grantees received three-quarters of available funding based on AIDS surveillance data. 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 FY14, 26 expiring competitive grants were renewed. In FY12, the last year they were awarded, there were seven Special Projects of National Significant grants were awarded as part of the Integrated HIV/Housing Program demonstration. This funding went to projects that demonstrated model, replicable approaches to providing permanent or transitional housing assistance. 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 in need of housing assistance.

In FY15, HOPWA is funded pursuant to a continuing resolution at its FY14 level of $330 million dollars. The high water mark for HOPWA came in FY11 with an appropriated level of $334 million.

For FY16, the National AIDS Housing Coalition (NAHC) requests $364 million for HOPWA, an increase of $34 million from the FY15 appropriation. This recommended funding level, while meeting only a fraction of need, would sustain existing programs, permit small program expansions at the local level, and support newly added jurisdictions.

The President's FY16 Budget would fund HOPWA at $332 million. This is a $2 million dollar increase and would allow approximately 52,000 households to be served.

POLICY CHANGES

In addition, to the funding recommendation above, NAHC recommends two policy changes 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 OneCPD combined account and restored as a separate budget line with a minimum $3.5 million appropriation. Funding for both of these initiatives is included in the $364 million NAHC recommendation

FORECAST FOR 2016

During FY15, 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 people living with HIV/AIDS (rather than cumulative AIDS, which counts deceased people) and include both a poverty and housing cost factor. HUD released draft legislation with the FY15 budget to achieve this change as well as add new medium-term housing options and increase administrative fees. During the 113th Congress, Representative David Price (D-NC) and three bi-partisan co-sponsors introduced H.R. 5640, which contained the basic elements of the HUD proposal.

The measure was referred to the House Financial Services Committee but will be required to be reintroduced in the new Congress.

NAHC, with support from the AIDS community, has endorsed the basic elements of the HUD proposal with one caveat: some Coalition members have called for the inclusion of a poverty factor that will compare low income people with HIV/AIDS within a jurisdiction with all people with HIV/AIDS within that jurisdiction.

FOR MORE INFORMATION

National AIDS Housing Coalition, 202-377-0333, www.nationalaidshousing.org ■