

Housing Opportunities for Persons with AIDS (HOPWA)

By Russell L. Bennett, LMSW, Ph.D., and Bianca Hannon, MSW, Collaborative Solutions, Inc.

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

Year Started: 1990

Number of Persons/Households Served: Over 100,000 households receive HOPWA housing assistance and/or supportive services annually.

Population Targeted: Low-income people with HIV/AIDS and their families

Funding: \$430 million in FY21; \$450 million in FY22

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 by 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 HIV/AIDS remains an active crisis. According to the Centers for Disease Control and Prevention (CDC), there are an estimated 38,000 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 13 percent are unaware of their HIV status (Centers for Disease Control and Prevention (CDC), 2022).

For people living with HIV/AIDS, housing is healthcare. For low-income people struggling to manage their HIV/AIDS care, housing is an essential cornerstone of health and stability. The

CDC reports through the Medical Monitoring Project, 4 in 10 households with HIV live at or below the poverty level and 1 in 10 households experienced homelessness (Centers for Disease Control and Prevention (CDC), Behavioral and Clinical Characteristics of Persons Living with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2019 Cycle: Fact Sheet, 2020). It is estimated as many as half of all people living with HIV/AIDS will need housing assistance at some point during their illness. Stable housing, like the housing provided by HOPWA, leads to better health outcomes, including viral suppression, for those living with HIV/AIDS. An individual who is virally suppressed cannot transmit the HIV virus to another person, thereby ensuring the health of their entire community. For many low-income individuals and families, short-term assistance with rent, mortgage, or utility costs will provide the support necessary to remain in stable housing and thus support health improvement. While other households may need more intensive housing supportive services to support health improvement.

The HOPWA program is designed to provide housing assistance and related supportive services for low-income people living with HIV/AIDS and their families. The program also facilitates community efforts to develop comprehensive strategies to address HIV/AIDS housing needs and assists communities with creating housing strategies to prevent individuals from becoming homeless or unstably housed.

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 by assisting them with obtaining and maintaining stable housing and related support services.

Eligibility for HOPWA assistance is limited to low-income individuals with HIV/AIDS and their families. As reported in the 2019-2020 National HOPWA Performance Profile (U.S. Department of HUD, 2020) most individuals receiving HOPWA housing assistance (77%) are extremely low-income, earning 30% of the area median income (AMI) or less. Of the 4,676 homeless individuals newly receiving HOPWA during FY20, 10% were veterans and 41% were chronically homeless. Ninety-three percent of HOPWA households have a housing plan, and 93% have had contact with a primary care provider during the past year. Of the households served by HOPWA supportive housing programs, 98% maintained housing stability during the year.

HOPWA consists of two grant-making programs a formula and competitive grant program. Under the formula program, 90 percent of HOPWA funds are distributed 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, as well as poverty rates and housing costs.

During the 2021 program year, HOPWA formula grants totaling \$387 million were awarded to grantees within 141 eligible areas. These grantees represent 42 states, Washington D.C., and Puerto Rico. 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 eligible for distribution 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 FY21, HUD renewed over \$27 million for 31 local programs in 11 states to fund permanent housing strategies. Due to a lack of substantial increases in program

funding, competitive renewals limited the ability for the award of new Special Projects of National Significance (SPNS) under the program. Recent funding increases allowed HUD to issue a new competitive SPNS program under the Housing as an Intervention to Fight AIDS initiative. HUD announced in, December 2021, the award of \$41 million to 20 local governments and non-profit organizations to support this initiative. These awards represent the first competitive SPNS program in over 10 years.

FUNDING

HOPWA remains sorely underfunded relative to the immense need for safe housing for persons with HIV/AIDS. HOPWA would need an estimated \$1.12 billion to serve all people living with HIV/AIDS in need of housing assistance. The passage of the “Housing Opportunities Through Modernization Act” (HOTMA) in July 2016 provided a step toward updating the formula for today’s epidemic. The act updated the HOPWA formula from cumulative AIDS cases to living HIV/AIDS cases and accounts for both housing costs and poverty factors. The new formula was phased in over a five-year period to mitigate substantial losses to existing grantees to ensure the housing stability of assisted households (P.L. 114-201; 7.29.16). Since 2016, through the advocacy efforts of NLIHC and National AIDS Housing Coalition (NAHC), the HOPWA program appropriation has been increased to aid communities during the phase-in process by ensuring the stability of housing programs throughout the country. Since FY17, HOPWA has seen consistent funding increases with \$356 million in FY17 to \$430 million in FY21.

The White House’s FY22 budget request included a \$20 million increase to the program (\$450 million), which is estimated to support 56 thousand low-income households living with HIV (U.S. Department of Housing and Urban Development (HUD), 2022). In July 2021, the House Appropriations Committee approved \$84.1 billion FY22 Transportation, Housing and Urban Development (THUD) spending bill. In this bill, the HOPWA appropriation was \$600 million, a

\$150 million increase over the White House’s budget request (Lawrence, 2021). The final FY22 spending bill provided \$450 million for HOPWA.

As a note, in response to COVID-19, HOPWA received \$65 million in supplemental formula and competitive funding through the “Coronavirus Aid, Relief, and Economic Security (CARES) Act.”

FORECAST FOR 2022 AND BEYOND

Without sustained increases in HOPWA funding, with the full implementation of the formula changes in FY22 and beyond, many HOPWA jurisdictions will lose funding and potentially housing units as they adjust to the new formula without increases to the HOPWA program. The potential for housing displacement or even homelessness among persons living with HIV/AIDS is real. Even with the success of the last six years in increasing funding for the program, each year poses new and significant challenges. National advocates, including NAHC, will continue to advocate for increased funding for the HOPWA program to ensure that new dollars are available to preserve existing housing units and to expand housing efforts to improve access to care and improvements in health outcomes among persons living with HIV/AIDS.

As upcoming fiscal years are critically important to stabilizing local housing programs, HIV housing providers should join advocacy efforts to continue to ensure the availability of housing resources and continued increases in HOPWA funding. Additionally, local advocates and providers should work with their local jurisdictions to plan comprehensive housing strategies and maximize the use of the HOPWA resources to end the epidemic. Decreases in program funding can result in shifts to the local allocations determined by the formula, and thus on-going advocacy is critically important to ensuring housing continuums remain stable and connected to necessary health and support services to support households in achieving optimal health. Housing is a critical intervention to end the HIV epidemic, and the HOPWA

program continues to be the foundation for a system of care that links healthcare and an array of other affordable housing and services.

FOR MORE INFORMATION

National HIV & AIDS Housing Technical Assistance and Capacity Building, Collaborative Solutions 205-939-0411, www.collaborative-solutions.net.

National HIV & AIDS Housing Advocacy, National AIDS Housing Coalition (NAHC), 202-377-0333, www.nationalaidshousing.org.

Information: Housing Opportunities for Persons with AIDS (HOPWA), HUD Exchange, <https://www.hudexchange.info/programs/hopwa/>.

Centers for Disease Control and Prevention

(CDC). (2020). *Behavioral and Clinical Characteristics of Persons Living with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2019 Cycle: Fact Sheet.* CDC, Medical Monitoring Project: <https://www.cdc.gov/hiv/library/reports/hiv-surveillance-special-reports/no-28/content/factsheet.html>.

Centers for Disease Control and Prevention

(CDC). (2022). *HIV Basics: Overview Data and Trends U.S. Statistics.* HIV.gov: <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>.

Lawrence, P. (2021, July). *HUD Resource Center. Retrieved from House Appropriations Committee Approves \$68.4 Billion FY2022 HUD Spending Bill :* <https://www.novoco.com/notes-from-novogradac/house-appropriations-committee-approves-684-billion-fy-2022-hud-spending-bill>.

U.S. Department of Housing and Urban Development (HUD). (2022). *HUD’s Budget. Retrieved from Fiscal Year 2022 HUD Budget:* <https://www.hud.gov/budget>.

U.S. Department of HUD. (2020, September). *HOPWA Performance Profiles. Retrieved from HUD Exchange :* <https://www.hudexchange.info/programs/hopwa/hopwa-performance-profiles/>.