

Housing Opportunities for Persons with AIDS (HOPWA)

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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:
53,359 households

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

Funding: \$393 million in FY19

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 AIDS remains an active crisis. According to the Centers for Disease Control (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 one out of eight is unaware of their status.

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. According to the CDC, an estimated 47% of those living with HIV had household incomes at or

below the federal poverty level. Subsequently, 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. 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 remaining 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. The program 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.

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 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 (71%) are extremely low-income, earning 29% of the area median income (AMI) or less. Of the 4,398 homeless individuals newly receiving HOPWA during FY17, 12% were veterans and 52% were chronically homeless. 94% of HOPWA households have a housing plan and 91%

have contact with a primary care provider. Of the households served by HOPWA supportive housing programs, 95% achieve housing stability.

HOPWA consists of two grant-making programs and 90% 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 the 2017 program year, HOPWA formula grants totaling \$320.4 million were awarded to grantees within 140 eligible areas. These grantees represent 42 states 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 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 FY17, 32 expiring competitive grants were renewed in 22 states and the Virgin Islands. 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 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.

For FY19, HOPWA was funded at \$393 million, its highest appropriated level to date.

The National AIDS Housing Coalition recommends \$406 million for HOPWA for FY20, an increase of \$13 million from the FY19 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 will lose funding as the new HOPWA formula update is implemented. The formula update, which became law in July 2016 as part of the “Housing Opportunities Through Modernization Act” (HOTMA), switches from cumulative AIDS to living HIV/AIDS and includes both housing cost and poverty factors. The update is phased in over five years with annual caps on gains and losses during the phase-in (P.L. 114-201; 7.29.16).

FORECAST FOR 2019

The coming fiscal year will be the third year of phase-in for the new HOPWA formula based on the HOTMA. Depending on the funding level for FY19, this will pose significant challenges to HOPWA formula jurisdictions, striving to adjust their programs to accommodate the loss of resources or the infusion of additional dollars as the HOPWA formula update is implemented. In addition to dealing with shifts required by systems changes, communities will face continued challenges in ensuring that individuals remain connected to care to achieve optimal health. Housing is a critical intervention in assuring that this connection happens in many communities. HOPWA continues to be the foundation for a system of care that links healthcare and array of other affordable housing and services.

FOR MORE INFORMATION

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