

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: 52,834 households receive housing assistance; additional households are served by housing related supportive services.

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

Funding: \$410 million in FY20

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 have 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 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. 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 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 (76%) are extremely low-income, earning 29% of the area median income (AMI) or less. Of the 5,114 homeless individuals newly receiving HOPWA during FY19, 10% were veterans and 47% were chronically homeless. Ninety-five percent of

HOPWA households have a housing plan, and 95% have contact with a primary care provider. Of the households served by HOPWA supportive housing programs, 96% 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, as well as poverty rates and housing costs.

During the 2019 program year, HOPWA formula grants totaling \$353.7 million were awarded to grantees within 140 eligible areas. These grantees represent 41 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 FY19, HUD awarded \$25 million to renew 25 competitive grants in 16 states. In the competitive program, grantees can distribute funds to projects that provide housing assistance and supportive services to persons living with HIV and their families.

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. Additionally, the passage of the “Housing Opportunities Through Modernization Act” (HOTMA) in July 2016 updated the HOPWA formula from cumulative AIDS cases to living HIV/AIDS cases and includes both housing costs and poverty

factors. The five-year phase in of the new formula provides for annual caps on gains and losses during the phase-in (P.L. 114-201; 7.29.16). To ensure that families remain in stable housing during the transition, the National AIDS Housing Coalition (NAHC) continues to recommend increases to the HOPWA program. Since 2016, the HOPWA program appropriation has been increased to ensure the stability of housing programs throughout the country. For FY19, HOPWA was funded at \$393 million and at \$410 million in FY20. The FY20 funding represents the highest increase in the HOPWA appropriation to date and an \$80 million increase over the FY15 appropriation.

FORECAST FOR 2020 AND BEYOND

The current fiscal year (FY20) marks the fourth year of the hold-harmless of the new HOPWA formula-based on the HOTMA. Without sustained increases in HOPWA funding in FY21 (last year of stop loss) and FY22 (full implementation), many HOPWA jurisdictions will lose funding and potentially housing units as they adjust to the new formula. The potential for housing displacement or even homelessness among persons living with HIV is real. Even with the success of the last five years in increasing funding for the program, each year poses new and significant challenges. The 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.

As the next two fiscal years are critically important to stabilizing local housing programs, HIV housing providers should join these efforts to continue to ensure the availability of housing resources and an increase in HOPWA appropriation. Additionally, local advocates and providers should work with their local jurisdictions to plan not only for the potential increase in resources but also decreases resulting from the full implementation of the formula

planned for FY22. Shifts in the local allocations determined by the formula and the national HOPWA appropriation require planning for potential systems changes to ensure that housing continuums remain connected to necessary health and support services to achieve 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

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