

# 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 program started:** 1990

**Number of persons/households served:** 49,125 households

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

**FY17 funding:** \$335 million. All federal programs are being funded through a Continuing Resolution through April 2017.

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 remains 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 one out of eight is 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—81%—are extremely low income, earning 30% of the area median income (AMI) or less. Of the 2,443 homeless individuals newly receiving HOPWA during FY15, 11% were veterans and 54% were chronically homeless; 94% of HOPWA households have a housing plan and 91% have contact with a primary care provider; 95% of households served by HOPWA supportive housing programs achieve housing stability.

HOPWA consists of two grant-making programs. 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 2016, \$310.5 million was awarded in HOPWA formula funds to grantees within 139 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 FY15, 25 expiring competitive grants were renewed in 16 states. Currently the HOPWA program includes 92 competitive renewal grants. 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 (SRO) 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.

For FY17, HOPWA is flat funded pursuant to the *Further Continuing and Security Assistance Act* (P.L. 114-254; 12.12.16) at \$335 million, its highest appropriated level.

The National AIDS Housing Coalition (NAHC) recommends \$385 million for HOPWA, an increase of \$50 million from the FY17 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. 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).

## POLICY CHANGES

In addition, to the funding recommendation above, NAHC recommends two policy implications with fiscal implications. First, NAHC recommends funding of 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 recommends 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 these initiatives is included in the \$385 million NAHC recommendation.

## FORECAST FOR 2018

The coming fiscal year will likely 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](http://www.nationalaidshousing.org)