

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## Office of Community Planning and Development

### Housing Opportunities for Persons With AIDS (HOPWA)

#### SUMMARY OF RESOURCES

(Dollars in Thousands)

	Enacted/ Requested	Carry over	Supplemental/ Rescission	Total Resources	Obligations	Net Outlays
2022 Appropriation	450,000	148,349	-	598,349	337,538	395,198
2023 Appropriation	499,000	260,570	-	759,570	545,018	449,300
2024 President's Budget	505,000	214,553	-	719,553	520,375	457,814
Change from 2023	6,000	(46,017)	-	(40,017)	(24,643)	8,514

#### PROGRAM PURPOSE

The Housing Opportunities for Persons With AIDS (HOPWA) program (authorized per the AIDS Housing Opportunity Act (42 U.S.C. 12901-12912)) provides stable and permanent housing assistance and supportive services to one of the most vulnerable populations – low-income people with Human Immunodeficiency Virus (HIV). This population often faces housing instability as well as other life and medical challenges, including mental health and substance use issues as well as discrimination and stigma that create barriers to needed services. The goal of the program is to elevate housing as an effective structural intervention, ensure eligible families can obtain and maintain stable housing, increase their connections to care and support, help them become healthy and virally suppressed, and ultimately end the HIV epidemic in the United States.

#### BUDGET OVERVIEW

The 2024 President's Budget requests \$505 million for HOPWA, which is \$6 million more than the 2023 enacted level. This includes:

- \$454.5 million for formula grants. Ninety percent of HOPWA funding is distributed by formula to qualifying States and metropolitan areas. The HOPWA formula allocates funds based on cases of people living with HIV/AIDS and is adjusted for an area's fair market rent and poverty rates. This modernized formula helps ensure a more equitable and nimble approach to funding communities based on current and changing HIV epidemic burden.
- \$50.5 million for competitive grants. Ten percent of HOPWA funding is distributed by competitive selection of innovative model projects that address special issues or populations through the award of Special Projects of National Significance. To encourage innovation in addressing emerging needs and to ensure competitive grants can be made available to States, local governments, and non-profit organizations with a fair process for applicants in areas that do not qualify for a formula allocation, the Budget eliminates a provision that requires priority renewal of competitive grants funded in 2010 or prior years.

This program aligns with HUD 2022-2026 Strategic Objectives 1A: *Advance Housing Justice* and 4C: *Integrate Health and Housing*.

## JUSTIFICATION

Ending the HIV epidemic in the United States has long been an aspirational goal, but in 2024 this goal is within reach, and the HOPWA program is part of the reason why. Dozens of HIV antiretroviral medications are now available in the United States. These medications stop the HIV virus from replicating in the body, until the virus is no longer detectable in lab tests and a person with HIV can no longer spread HIV through sex.<sup>1</sup> Despite the availability of these medications, people with HIV who have low incomes often experience housing instability or homelessness which limits their ability to access and maintain medication regimens. A recent national study showed 1 in 4 (27.7 percent) people with HIV were in need of shelter or housing services, and among those who needed housing services, 2 in 5 (40.4 percent) did not receive them.<sup>2</sup> This lack of stable housing makes it much more difficult for people with HIV to access, store, and maintain the medications that lead to viral suppression.

HOPWA, as the only Federal program dedicated to addressing the housing needs of low-income people with HIV, exists so that communities are better able to meet the needs of low-income people with HIV who are homeless or unstably housed. The HOPWA program provides stable housing, and that housing stability improves health outcomes, quality of life, and life expectancy for people with HIV, thereby serving as a structural intervention to end the national HIV epidemic.<sup>3</sup>

### Funding Impact

HOPWA-assisted household numbers vary by community, depending on the types of assistance provided, funding levels, attrition levels, and grantee program design. At \$505 million, HUD estimates that communities will be able to provide access to affordable housing for approximately 48,000 economically vulnerable households living with HIV.<sup>4</sup> In addition to affordable housing, an estimated 65,000 households will receive supportive services to ensure housing stability.

HOPWA supports a range of eligible activities that are flexible to meet local needs. In 2021, 74 percent of HOPWA funding was used for housing assistance, including:

- **Tenant-Based Rental Assistance:** Ongoing, long-term rental assistance.
- **Facility-based housing:** Operation of Transitional and Permanent facility housing to assist individuals and households with significant health and life challenges that impede their ability to live independently.
- **Short-term Rent, Mortgage, and Utility Assistance:** Homelessness prevention services providing short-term assistance to address an immediate crisis and prevent households from becoming homeless by maintaining occupation in their current residence.
- **Permanent Housing Placement:** One-time support for first month rent and deposits to secure permanent housing.

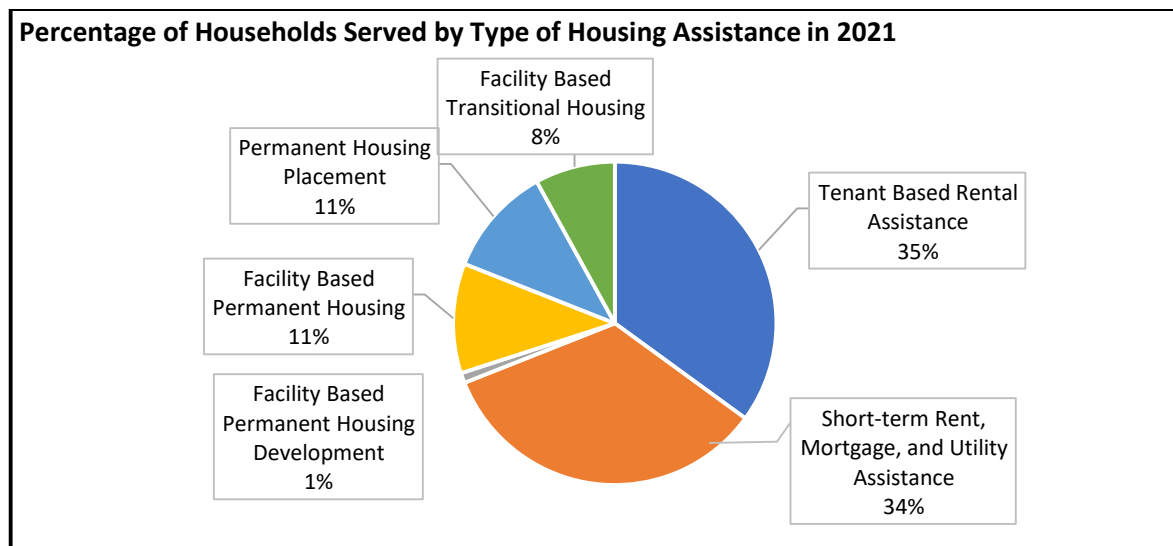
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<sup>1</sup> National Institute of Allergy and Infectious Disease. HIV Detectable=Untransmittable (U=U), or Treatment as Prevention. <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>. Published May 21, 2019.

<sup>2</sup> Dasgupta, S., Beer, L., Lu, J.-F., Weiser, J., Yuan, X., Nair, P., Banks, L., & Marcus, R. (2022). Needs for shelter or housing assistance among people with diagnosed HIV by jurisdiction: United States, 2015–2020. *AIDS*, 37(3), 535–540. <https://doi.org/10.1097/qad.0000000000003460>.

<sup>3</sup> Center for Disease Control and Prevention. Issue Brief: The Role of Housing Ending the HIV Epidemic. <https://www.cdc.gov/hiv/policies/data/role-of-housing-in-ending-the-hiv-epidemic.html#issue-brief-2>. Published December 2022.

<sup>4</sup> The method used in calculating the projected household numbers is as follows: Three years of national (formula and competitive) HOPWA performance data is averaged to create a baseline for performance. The most recent cost per unit from the performance profile (2021) is inflated based on internal projections from the Office of Policy Development and Research and applied to the baseline across multiple funding scenarios and housing activities. Household estimates reflect past HOPWA performance across eligible activities, projected appropriation scenarios, and rising costs per unit in upcoming fiscal years.



In 2021, 26 percent of funding went to supportive services and grant administration:

- Supportive Services:** In addition to housing assistance, grantees can use HOPWA funding for supportive services and housing information services; these activities focus on improving housing access and stability for HOPWA-assisted households. The delivery of supportive housing often requires partnerships between HOPWA grantees and project sponsors consisting of local networks of non-profit, faith-based, and housing and homeless assistance organizations. Eligible supportive services include housing case management, transportation, mental health services, substance use treatment, and employment training. These critical supportive services help sustain housing stability, promote better health outcomes, and increase beneficiaries' quality of life. This includes beneficiaries who transition to the unsubsidized private housing market or other affordable housing which does not provide supportive services, such as placement in the Housing Choice Voucher program.

## Equity

The HOPWA program aligns with the Administration's Priority: *Advancing Equity through the Federal Government* and the *National HIV/AIDS Strategy for the United States 2022–2025*.<sup>5</sup> The demographics of the HIV epidemic in the US continue to trend toward a more disproportionate impact, as evidenced by the rate of new HIV diagnoses for men who have sex with men, transgender women, and Black/African American and Hispanic/Latino communities. Recognizing these disparities, in 2021, HUD introduced a phased TA initiative for HOPWA Race, Gender, and LGBTQI+ Equity; this multi-year TA initiative is assisting HOPWA grantee communities in assessing their HOPWA program's ability to measure and address equity and will provide tools for grantee communities to improve their systems so that all low-income people with HIV have equitable access to HOPWA housing and services. In addition, the HOPWA program has included requirements for advancing equity in competitive funding opportunity notices since 2021 and has continued to make adjustments in ways that advance equity in HOPWA programs through subsequent competitive funding notices.

<sup>5</sup> The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.

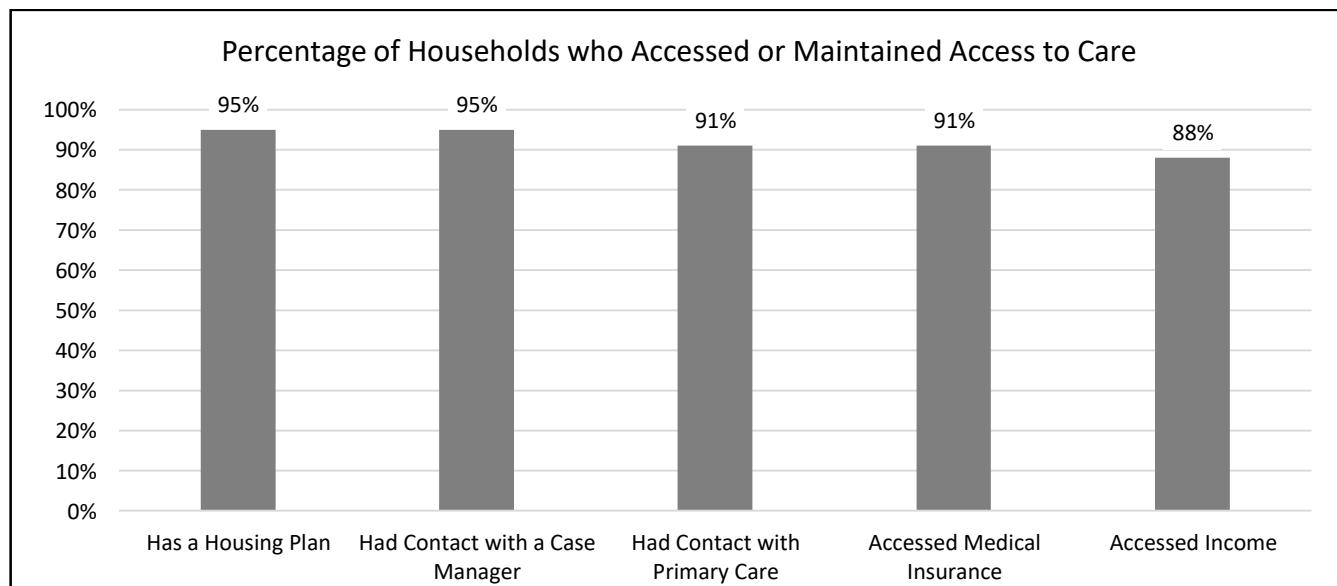
**Outcomes, Performance Indicators, and Other Evidence**

HOPWA success is measured through annual performance reports prepared by grantees and submitted to HUD. Grantees report on key metrics related to housing stability, risks of homelessness, and access to care – all measures that impact health outcomes. HUD works with any poor performers to address barriers in program design or implementation issues preventing the achievement of HOPWA performance standards. Performance data show that HOPWA-funded housing assistance and supportive services lead to improved program beneficiary outcomes with respect to housing stability and access to care and support. HUD anticipates this high level of outcomes to continue for 2024, including the increased number of households projected to be assisted at the 2024 President’s Budget level. Specifically, in 2021 (the most recent year for which data are available):

Housing Stability:

- 98 percent of clients receiving tenant-based rental assistance achieved housing stability.
- 97 percent of clients placed in a permanent housing facility achieved housing stability.
- 68 percent of clients receiving transitional or short-term housing facilities assistance achieved housing stability.

Access to Care:



Multiple studies have found that lack of stable housing is one of the most significant factors limiting the use of antiretroviral medications regardless of insurance, substance use, and other factors. Ryan White HIV/AIDS Program data show that clients in unstable housing situations are less likely to be virally suppressed. In 2021, 77.3 percent of unstably housed clients were virally suppressed, compared to 89.7 percent of all Ryan White clients.<sup>6</sup> Housing interventions improve stability and connection to care, providing the essential foundation for participating in antiretroviral treatment and achieving a suppressed or undetectable viral load. Research shows that when people living with

<sup>6</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. [www.hab.hrsa.gov/data/data-reports](http://www.hab.hrsa.gov/data/data-reports). Published December 2022.

HIV attain and maintain an undetectable viral load, they have effectively no risk of sexually transmitting HIV.<sup>7</sup>

Cost Savings: HOPWA assistance safeguards the national investment in HIV care. The HUD-CDC joint Housing and Health study – a peer-reviewed, multi-site randomized trial undertaken to examine the health, housing, and economic impacts of providing HOPWA assistance to homeless and unstably housed people living with HIV – found that HOPWA housing assistance efficiently and effectively helped to improve the health outcomes of people living with HIV and their families. This study of HOPWA and other supportive housing programs for people living with HIV found that housing was associated with 41 percent fewer visits to emergency departments, a 23 percent reduction in detectable viral loads, and a 19 percent reduction in unprotected sex with partners whose HIV status was negative or unknown.<sup>8</sup>

Stable housing leads to cost savings by reducing transmission rates and thus driving down overall costs attributable to the U.S. HIV epidemic. Estimates indicate the annual direct costs of HIV medications are between \$22,000 and \$54,000 per person per year, depending on the severity of an individual's infection.<sup>9</sup> Lifetime treatment costs per person are estimated to have a present value of \$420,285.<sup>10</sup>

In a recent population-based study in San Francisco, people experiencing homelessness with HIV had 27 times higher odds of death compared to those with housing.<sup>11</sup> In addition, homeless or unstably housed people living with HIV have been shown to be more likely to demonstrate frequent and prolonged use of high-cost, hospital-based emergency or inpatient services, as compared to those who are stably housed. Research conducted in Chicago showed that homeless people living with HIV had significantly improved medication adherence, health outcomes, and viral loads when provided HOPWA housing assistance, as compared to those who remained homeless or unstably housed. Moreover, substantial cost savings were achieved by reducing emergency care and nursing services for this population.<sup>12</sup>

A recent study determined that people with HIV experience unmet housing needs for various reasons, including not being able to find the information needed to get the service or they did not know the service existed (50 percent); the service did not meet their needs or they were not eligible

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<sup>7</sup> Rodger AJ, Cambiano V, Bruun T, et al. (2019) PARTNER Study Group. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *Lancet* 393(10189): 2428-2438.

<sup>8</sup> Wolitski, R. J., Kidder, D. P., Pals, S. L., Royal, S., Aidala, A., Stall, R., Holtgrave, D. R., Harre, D., Courtenay-Quirk, C., & Housing and Health Study Team (2010). Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS and behavior*, 14(3), 493–503. <https://doi.org/10.1007/s10461-009-9643-x>.

<sup>9</sup> Schackman, B.R., Fleishman, J.A., Su, A.E., Berkowitz, B.K., Moore, R.D., Walensky, R.P., Becker, J.E., Voss, C., Paltiel, A.D., Weinstein, M.C., Freedberg, K.A., Gebo, K.A., Losina, E. (2015). The lifetime medical cost savings from preventing HIV in the United States. *Medical care*, 53(4), 293–301.

<sup>10</sup> Bingham, A., Shrestha, R.K., Khurana, N., Jacobson, E.U., Farnham, P.G. (2021). Estimated Lifetime HIV-Related Medical Costs in the United States. *Sexually Transmitted Diseases*, 48, 299-304, updated to 2019 dollars.

<sup>11</sup> Spinelli, M. A., Hessol, N. A., Schwarcz, S., Hsu, L., Parisi, M. K., Pipkin, S., Scheer, S., Havlir, D., & Buchbinder, S. P. (2019). Homelessness at diagnosis is associated with death among people with HIV in a population-based study of a US city. *AIDS (London, England)*, 33(11), 1789–1794.

<sup>12</sup> Sadowski, L., Kee, R., VanderWeele, T., Buchman, D. (2009). Effect of a housing and case management program on emergency department visits and hospitalization among chronically ill homeless adults. *Journal of the American Medical Association (JAMA)*, 301(17), 1771-1778.

for the service (40 percent); and personal reasons, such as fear or embarrassment, or having other things going on in life that made it difficult to receive the service (21 percent).<sup>13</sup>

The need for shelter or housing assistance for people living with HIV (and the barriers to receiving such vary substantially by jurisdiction) exceeds available HOPWA resources. The domestic HIV epidemic has evolved over the last 40 years and despite improvements in treatment and medical access, the epidemic is concentrated in disenfranchised communities. Research shows that HIV prevalence is highest among people who are at or below the poverty level.<sup>14</sup> HUD estimates that the number of low-income people living with HIV in the United States that are eligible for, but not currently accessing services under the HOPWA program, is approximately 383,000.<sup>15</sup>

HOPWA performance profiles are generated for all agencies receiving HOPWA formula or competitive grants. The performance profiles are available at the national level and by individual grantee and are publicly available on the HUD Exchange Technical Assistance site for community awareness and to inform local planning.<sup>16</sup> The profiles provide a grant summary of client outcome data and output data for HOPWA eligible activity types.

New reporting variables on prescribed HIV medication and improved viral loads are being implemented in 2023 to collect high-level aggregated data on improved health outcomes for clients in HOPWA-funded permanent housing. The HOPWA program is also measuring success for competitive Special Projects of National Significance (SPNS) grants through an HIV Housing Care Continuum Model that connects health measures such as viral suppression with HOPWA housing assistance received. This is a new reporting form. The first reports will be submitted to HUD in June 2023 and will continue to be submitted annually by all HOPWA SPNS grantees.

## Stakeholders

The Office of HIV/AIDS Housing continues to elevate housing as an effective structural intervention in ending the HIV/AIDS epidemic by aligning program efforts to complement and support efforts by other Federal HIV programs and considering recommendations raised by stakeholders.

In particular, the National HIV/AIDS Strategy (2022-2025), a roadmap for ending the HIV epidemic in the United States by 2030, aims to reduce new HIV infections by 90 percent by 2030. Representatives from the Office of HIV/AIDS Housing are members of the Federal Steering Committee and have contributed to the development of the Federal Implementation Plan. Closely aligned and complementary to it is the Ending the HIV Epidemic Initiative, which is currently focused on leveraging the powerful data and tools now available to reduce HIV infections in jurisdictions hardest hit by the epidemic. The Office of HIV/AIDS Housing has engaged in planning and data sharing discussions with the Department of Health and Human Services and the 57 targeted states and counties to ensure HOPWA data and resources are accessible and available to strengthen and broaden the Federal housing safety net for people in need.

Office of HIV/AIDS Housing leadership also represent HUD in quarterly Presidential Advisory Committee on HIV/AIDS meetings. The Office of HIV/AIDS Housing contributes HOPWA and

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<sup>13</sup> Dasgupta, S., Beer, L., Lu, J.-F., Weiser, J., Yuan, X., Nair, P., Banks, L., & Marcus, R. (2022). Needs for shelter or housing assistance among people with diagnosed HIV by jurisdiction: United States, 2015–2020. *AIDS*, 37(3), 535–540. <https://doi.org/10.1097/qad.0000000000003460>.

<sup>14</sup> Pellowski, J. A., Kalichman, S. C., Matthews, K. A., & Adler, N. (2013). A pandemic of the poor: social disadvantage and the U.S. HIV epidemic. *The American psychologist*, 68(4), 197–209. <https://doi.org/10.1037/a0032694>.

<sup>15</sup> HUD. 2021. HOPWA Performance Profile - National Program YTD Summary. [https://files.hudexchange.info/reports/published/HOPWA\\_Perf\\_NatlComb\\_2020.pdf](https://files.hudexchange.info/reports/published/HOPWA_Perf_NatlComb_2020.pdf).

<sup>16</sup> <https://www.hudexchange.info/programs/hopwa/hopwa-performance-profiles/>

housing-related information and receives advice, information, and recommendations on program design, policies, and research to improve housing and health outcomes for people living with HIV, including considering common needs and co-morbidities experienced by people with HIV to promote effective housing and care models.

### Operational Improvements

The Office of HIV/AIDS Housing continues to work collaboratively on operational improvement initiatives across all Community Planning and Development program offices with a goal of streamlining processes including grantee risk analysis, monitoring, grant making, and tracking. In addition, the program office continues efforts on a HOPWA data strategy to streamline the flow of quality data between systems and processes from planning, through the drawing of grant funds, accomplishment reporting, and close out. This effort includes continuing to work with the systems contractors to identify improvements to the current data collection functionality to enhance the quality of data received from grantees.

### SUMMARY OF RESOURCES BY PROGRAM

(Dollars in Thousands)

Budget Activity	2022 Budget Authority	2021 Carry over Into 2022	2022 Total Resources	2022 Obligations	2023 Appropriation	2022 Carry over Into 2023	2023 Total Resources	2024 President's Budget
Formula Grants	405,000	90,980	495,980	288,198	449,100	207,782	656,882	454,500
Competitive Grants	45,000	56,979	101,979	49,340	49,900	52,708	102,608	50,500
Technical Assistance	-	7	7	-	-	7	7	-
DOJ VAWA RB Competitive Grants	-	-	-	-	-	73	73	-
CARES Act Competitive	-	383	383	-	-	-	-	-
<b>Total</b>	<b>450,000</b>	<b>148,349</b>	<b>598,349</b>	<b>337,538</b>	<b>499,000</b>	<b>260,570</b>	<b>759,570</b>	<b>505,000</b>

### Distribution of Funds by Grantee

The distribution of HOPWA funds for 2022, 2023, and 2024 (requested) appropriations are shown below.

Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2022 Appropriation	2023 Appropriation	2024 Pres. Budget
AL	Alabama	\$3,861	\$4,252	\$4,303
AL	Birmingham	\$1,584	\$1,760	\$1,781
AR	Arkansas	\$1,257	\$1,413	\$1,430
AR	Little Rock	\$932	\$1,037	\$1,049
AZ	Arizona	\$549	\$609	\$616
AZ	Phoenix	\$4,781	\$5,447	\$5,513
AZ	Tucson	\$925	\$1,044	\$1,056
CA	Anaheim	\$3,257	\$3,590	\$3,634
CA	Bakersfield	\$931	\$1,080	\$1,093
CA	California	\$4,506	\$5,020	\$5,080
CA	Fresno	\$876	\$990	\$1,002
CA	Los Angeles	\$21,794	\$24,018	\$24,307

## HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

<b>Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)</b>				
State	HOPWA Formula Grantee	2022 Appropriation	2023 Appropriation	2024 Pres. Budget
CA	Oakland	\$3,392	\$3,723	\$3,767
CA	Riverside	\$4,011	\$4,510	\$4,564
CA	Sacramento	\$1,745	\$2,005	\$2,029
CA	San Diego	\$5,620	\$6,241	\$6,316
CA	San Francisco	\$7,019	\$7,411	\$7,500
CA	San Jose	\$1,653	\$1,798	\$1,819
CA	Santa Rosa	\$481	\$519	\$525
CO	Colorado	\$1,101	\$1,227	\$1,242
CO	Denver	\$3,686	\$4,037	\$4,085
CT	Bridgeport	\$1,030	\$1,147	\$1,161
CT	Connecticut	\$283	\$313	\$316
CT	Hartford	\$1,257	\$1,385	\$1,402
CT	New Haven	\$1,185	\$1,290	\$1,305
DC	District of Columbia	\$11,758	\$12,770	\$12,924
DE	Delaware	\$358	\$400	\$405
DE	Wilmington	\$868	\$951	\$963
FL	Cape Coral	\$712	\$800	\$810
FL	Deltona	\$662	\$746	\$754
FL	Florida	\$4,733	\$5,197	\$5,259
FL	Ft Lauderdale	\$7,210	\$8,050	\$8,147
FL	Jacksonville	\$2,721	\$3,029	\$3,065
FL	Lakeland	\$808	\$910	\$921
FL	Miami	\$12,707	\$14,075	\$14,245
FL	North Port	\$688	\$775	\$785
FL	Orlando	\$4,949	\$5,545	\$5,611
FL	Palm Bay	\$523	\$580	\$587
FL	Port St Lucie	\$751	\$821	\$830
FL	Tampa	\$4,695	\$5,269	\$5,332
FL	West Palm Beach	\$3,244	\$3,552	\$3,595
GA	Atlanta	\$12,998	\$14,691	\$14,867
GA	Augusta-Richmond County	\$911	\$1,005	\$1,017
GA	Georgia	\$5,811	\$6,457	\$6,535
HI	Hawaii	\$283	\$307	\$311
HI	Honolulu	\$691	\$748	\$757
IA	Iowa	\$870	\$982	\$994
IL	Chicago	\$11,427	\$12,531	\$12,681
IL	Illinois	\$2,303	\$2,522	\$2,553
IN	Indiana	\$1,940	\$2,160	\$2,186
IN	Indianapolis	\$2,105	\$2,363	\$2,392
KS	Kansas	\$692	\$793	\$803
KY	Kentucky	\$1,244	\$1,393	\$1,409
KY	Louisville	\$1,394	\$1,575	\$1,594
LA	Baton Rouge	\$2,011	\$2,233	\$2,260
LA	Louisiana	\$3,138	\$3,527	\$3,569
LA	New Orleans	\$3,559	\$3,919	\$3,966
MA	Boston	\$3,382	\$3,735	\$3,779
MA	Lowell	\$2,216	\$2,444	\$2,473
MA	Massachusetts	\$361	\$385	\$390



## HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

<b>Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)</b>				
State	HOPWA Formula Grantee	2022 Appropriation	2023 Appropriation	2024 Pres. Budget
MA	Springfield	\$772	\$834	\$844
MA	Worcester	\$733	\$800	\$809
MD	Baltimore	\$6,629	\$7,238	\$7,325
MD	Frederick	\$1,700	\$1,847	\$1,869
MD	Maryland	\$553	\$609	\$616
MI	Detroit	\$3,240	\$3,577	\$3,620
MI	Michigan	\$2,251	\$2,506	\$2,536
MI	Warren	\$1,230	\$1,379	\$1,396
MN	Minneapolis	\$2,729	\$3,014	\$3,050
MN	Minnesota	\$387	\$448	\$453
MO	Kansas City	\$1,959	\$2,176	\$2,202
MO	Missouri	\$1,061	\$1,178	\$1,192
MO	St Louis	\$2,840	\$3,130	\$3,168
MS	Jackson	\$1,476	\$1,603	\$1,622
MS	Mississippi	\$2,414	\$2,636	\$2,668
NC	Charlotte	\$3,260	\$3,667	\$3,711
NC	Durham	\$966	\$1,066	\$1,079
NC	Fayetteville	\$757	\$861	\$871
NC	Greensboro	\$1,121	\$1,257	\$1,272
NC	North Carolina	\$3,675	\$4,062	\$4,111
NC	Wake County	\$1,469	\$1,657	\$1,677
NC	Winston-Salem	\$746	\$832	\$842
NE	Nebraska	\$754	\$848	\$859
NJ	Camden	\$1,194	\$1,336	\$1,353
NJ	Jersey City	\$2,321	\$2,572	\$2,603
NJ	Lakewood Township	\$2,024	\$2,220	\$2,246
NJ	New Jersey	\$1,738	\$1,890	\$1,913
NJ	Newark	\$5,319	\$5,828	\$5,899
NJ	Paterson	\$1,892	\$2,104	\$2,130
NM	Albuquerque	\$596	\$696	\$705
NM	New Mexico	\$632	\$727	\$736
NV	Las Vegas	\$3,106	\$3,538	\$3,580
NV	Nevada	\$488	\$538	\$544
NY	Albany	\$749	\$813	\$823
NY	Brookhaven Town	\$2,376	\$2,596	\$2,627
NY	Buffalo	\$922	\$1,014	\$1,026
NY	New York	\$3,050	\$3,325	\$3,365
NY	New York City	\$41,777	\$45,931	\$46,483
NY	Rochester	\$1,029	\$1,126	\$1,139
NY	Syracuse	\$438	\$479	\$485
OH	Cincinnati	\$1,697	\$1,902	\$1,925
OH	Cleveland	\$2,119	\$2,357	\$2,385
OH	Columbus	\$2,275	\$2,530	\$2,561
OH	Dayton	\$654	\$727	\$736
OH	Ohio	\$1,996	\$2,218	\$2,245
OK	Oklahoma	\$504	\$574	\$581
OK	Oklahoma City	\$1,182	\$1,357	\$1,373
OK	Tulsa	\$718	\$801	\$810

<b>Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)</b>				
State	HOPWA Formula Grantee	2022 Appropriation	2023 Appropriation	2024 Pres. Budget
OR	Oregon	\$658	\$735	\$744
OR	Portland	\$1,891	\$2,117	\$2,142
PA	Allentown	\$565	\$629	\$637
PA	Bensalem Township	\$904	\$989	\$1,001
PA	Harrisburg	\$522	\$577	\$584
PA	Pennsylvania	\$2,260	\$2,483	\$2,512
PA	Philadelphia	\$7,827	\$8,577	\$8,680
PA	Pittsburgh	\$1,276	\$1,410	\$1,427
PR	Puerto Rico	\$2,370	\$2,627	\$2,659
PR	San Juan Municipio	\$5,789	\$6,430	\$6,507
RI	Providence	\$1,361	\$1,478	\$1,495
SC	Charleston	\$1,066	\$1,173	\$1,188
SC	Columbia	\$1,693	\$1,892	\$1,915
SC	Greenville	\$766	\$869	\$879
SC	South Carolina	\$2,696	\$2,975	\$3,010
TN	Memphis	\$3,153	\$3,497	\$3,539
TN	Nashville-Davidson	\$2,166	\$2,389	\$2,418
TN	Tennessee	\$1,982	\$2,238	\$2,265
TX	Austin	\$2,359	\$2,670	\$2,702
TX	Dallas	\$8,469	\$9,605	\$9,720
TX	El Paso	\$969	\$1,100	\$1,113
TX	Fort Worth	\$2,233	\$2,576	\$2,607
TX	Houston	\$11,668	\$13,293	\$13,453
TX	San Antonio	\$2,714	\$3,075	\$3,112
TX	Texas	\$6,771	\$7,548	\$7,639
UT	Salt Lake City	\$840	\$933	\$944
UT	Utah	\$307	\$353	\$357
VA	Richmond	\$1,794	\$2,010	\$2,034
VA	Virginia	\$1,582	\$1,632	\$1,652
VA	Virginia Beach	\$2,677	\$3,058	\$3,095
WA	Seattle	\$3,357	\$3,717	\$3,762
WA	Washington	\$1,399	\$1,576	\$1,595
WI	Milwaukee	\$1,296	\$1,448	\$1,465
WI	Wisconsin	\$963	\$1,086	\$1,099
WV	West Virginia	\$698	\$807	\$817
Total Formula		\$405,000	\$449,100	\$454,500
Total Competitive		45,000	\$49,900	\$50,500
Total Appropriation		\$450,000	\$499,000	\$505,000

## LEGISLATIVE PROPOSALS AND GENERAL PROVISIONS

### Appropriations Language Changes

The 2024 President's Budget includes the following:

- Four Year Period of Availability:

The Department requests a 4-year period of availability for all 2024 HOPWA funds, to update the prior standard of 2-year period of availability for formula funds and 3-year period of availability for competitive funds. Extending the Period of Availability to four years for both formula and competitive grants will mean that most of the grants' period of performance can occur within the period of availability (even with delayed enacted appropriations). The proposed 4-year period of availability will allow HUD to address performance issues identified for the grant within the 3-year grant period and still have the option of deobligation to repurpose the funds. This will also allow funds to be returned and then re-obligated to address situations where the grantee has voluntarily terminated the grant during the grant period. While historically HUD has not seen significant loss in funds based on funds expiring at the end of the period of availability, this update will give HUD the ability to address grantee performance in delivering the program without losing funds to the program. For formula grants, HUD will continue to obligate on the same annual cycle to ensure grant funds are available to grantees as quickly as possible. This update will allow the competitive program to be more flexible on Notice of Funding Opportunity (NOFO) size, frequency, and timeline (which may include smaller more frequent NOFOs or larger NOFOs using remaining funds from prior years). Any funds recaptured during the extended period of availability will remain with the originating program, either formula or competitive.

- Removal of Priority Renew/Replace Provision:

The Department requests deletion of the priority renewal and replacement provision for permanent supportive housing competitive grants. Current law account language requires expiring competitive permanent supportive housing grants to be renewed or replaced before new competitive grants can be awarded. This restriction on new competitive projects leads to limited opportunities for funding new grants in communities which are now more severely impacted by the epidemic than the current permanent supportive housing grants.

The Department has requested the removal of the priority renewal language in each year of the President's Budgets since 2020. In 2021, the appropriations account language was revised to include an option for renewal-eligible grantees (only) to "replace" their grant with other grant activities. Despite the option to replace existing models, only six of the 46 grantees eligible in the 2021 and 2022 cycles elected to submit replacement grants, with 40 continuing to renew their grants as first designed and implemented twenty or more years ago. Unfortunately, the provision that allowed for competitive grantees to apply for a "replacement" option increased workload and grant management responsibilities without fully addressing the programmatic mission concern of ensuring best practices in communities experiencing HIV epidemics.

The Department is again requesting removal of priority renewal and replacement language. Removal of this mandate will ensure the ten percent of HOPWA funding designated by statute as "Competitive" are utilized for the intended purposes of developing new and innovative models to address disease trends and ensuring states that do not meet population or demographic requirements to qualify for formula allocations still receive fair access to HOPWA funds. As with formula modernization, removal of this provision would ensure corresponding modernization for HOPWA competitive funding. Renewal grants based on outdated models are limited in demonstrating effectiveness to meet current need, and replacement grants to the same grantees in the same locations limit HOPWA dollars from reaching potentially higher-capacity grantees in higher-need areas.

Stakeholder and congressional concerns are limited to the 82 grantee communities subject to losing current guaranteed priority renewal or replacement opportunity. Specific concerns will be addressed in the competitive NOFO process including ensuring fair but competitive funding for States and territories that do not receive HOPWA formula funds, consideration for development projects where HOPWA renewal funds have been committed for longer terms, provision of technical assistance, and ensuring local formula grantees collaborate with renewal projects transitioning to a competitive process.

Currently 82 HOPWA competitive grants receive priority for renewal or replacement, some of which have been in place for more than 20 years. Of the 82 renewal grants, 25 are anticipated to be eligible for renewal or replacement in 2024 at approximately \$27.9 million.

### **General Provisions**

The 2024 President's Budget re-proposes the following general provision that was enacted in the 2023 appropriations bill:

Formula Allocation Corrections: This provision allows the Department to correct any past formula allocation errors as part of the next applicable formula allocation cycle. (Sec. 227)

### **Legislative Proposals**

The 2024 Budget supports the following legislative proposal and will seek changes through the authorization process:

HUD proposes a change to allow HOPWA grantees flexibility in providing short-term housing payment assistance to: a) people who are currently experiencing homeless instead of the statutory requirement that this activity only prevent homelessness and b) people assessed to require rent or utilities payments up to 24 months instead of the statutory requirement limiting the activity to 21 weeks in a 52-week period. These flexibilities will give communities the ability to address housing needs for those living with HIV who are currently homeless, especially when combined with other HOPWA activities and non-HOPWA resources and will also ensure people are able to receive assistance for longer durations when needed to achieve housing stability and prevent homelessness.

- Stakeholder support is very high for this provision as it was developed in direct response to HOPWA grantee requests. Grantees have reported that 21 weeks is often too limited for establishing housing stability for high-risk households living with HIV, and that people who are currently experiencing homelessness cannot receive short-term rent and utilities assistance through HOPWA even when coupled with permanent housing placement from HOPWA or another source.
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act includes a provision that allowed HOPWA grantees flexibility of providing assisted households with up to 24 months of rent, mortgage, and utility payments. Stakeholder response was overwhelmingly positive to this flexibility, as it worked to ensure housing stability for eligible households during the COVID-19 health and economic crises. The provision of short-term payment assistance represents the most-utilized HOPWA CARES Act activity.

## **APPROPRIATIONS LANGUAGE**

The 2024 President's Budget includes proposed changes in the appropriations language listed below. New language is italicized, and language proposed for deletion is bracketed.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.) [\$499,000,000] *\$505,000,000*, to remain available until September 30, [2024, except that amounts allocated pursuant to section 854(c)(5) of such Act from funds made available under this heading in fiscal year 2010 and prior fiscal years that meet all program requirements before awarding funds for new contracts under such section: Provided further, That the process for submitting amendments and approving replacement contracts shall be established by the Secretary in a notice; Provided further, That the Department shall notify grantees of their formula allocation within 60 days of enactment of this Act] *2027. (Department of Housing and Urban Development Appropriations Act, 2023.)*