

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## Office of Community Planning and Development

### Housing Opportunities for Persons With AIDS

#### SUMMARY OF RESOURCES

(Dollars in Thousands)

	Enacted/ Requested	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2019 Appropriation	393,000	172,702	-	565,702	437,635	357,918
2020 Appropriation	410,000	128,066	-	538,066	398,997	386,431
2021 Request	330,000	139,069	-	469,069	394,760	429,283
Change from 2020	(80,000)	11,003	-	(68,997)	(4,237)	42,852

\*The 2019 Appropriation Carryover column includes \$42,732 in recaptured competitive grant funds.

#### PROGRAM PURPOSE

The Housing Opportunities for Persons With AIDS (HOPWA) program provides housing assistance and supportive services to low-income persons living with Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS) via authorization per the AIDS Housing Opportunity Act (42 U.S.C. 12901-12912). HOPWA funding helps ensure that the most vulnerable people living with HIV/AIDS have housing and access to medical and other supports needed to manage their HIV. Communities are provided with funding to support rental assistance; operating costs for housing facilities; short-term rent, mortgage, and utility payments (STRMU); permanent housing placement; housing information services; and supportive services including housing-based case management.

#### BUDGET OVERVIEW

The 2021 President's Budget requests \$330 million for HOPWA, which is \$80 million less than the 2020 Enacted level.

#### JUSTIFICATION

At \$330 million, communities will be able to prevent homelessness and sustain housing stability for approximately 48,110 economically vulnerable households living with HIV infection by providing housing assistance. This level of assistance is an anticipated decrease from the 2020 housing

assistance projection by 12,673 households; HUD will provide Technical Assistance to help grantees adjust to the lower funding level.<sup>1,2,3,4</sup>

The requested budget level for HOPWA would provide:

- 22,520 Permanent Supportive Housing households: Support of these households with tenant-based rental assistance and facility-based housing, the latter of whom face significant health and life challenges that impede their ability to live independently.
- 21,998 Transitional/Short-Term Supportive Housing households: Support for households with homeless prevention efforts through the provision of STRMU assistance and transitional/short-term housing facilities.
- 5,427 Permanent Housing Placement households: One-time support for first month rent and deposits to secure permanent housing.
- 20,276 Supportive Services and Case Management households: These additional households will receive supportive services through the HOPWA program; these households may be on the local HOPWA waitlist in their community or receiving other non-HOPWA housing assistance (for example, a church shelter or Section 8 voucher), but need supportive services to stabilize them to the fullest extent possible in their current living situation.

Anticipated Outcomes and Performance Metrics:

*Preventing Homelessness*: The number of households assisted depends not only on funding level but also on grantees' allocation decisions between permanent supportive housing, transitional short-term housing assistance activities, and other forms of HOPWA assistance.

Annually, 90 percent of the HOPWA appropriation is allocated to qualifying states and metropolitan areas under a statutory formula based on living HIV/AIDS cases, poverty rates, and local housing costs. The remaining 10 percent is designated for competitive grants to support innovative model projects that address special issues or populations through the award of Special Projects of National Significance grants, although since 2010 the 10 percent is almost entirely utilized for renewal of expiring competitive grants. Please see the Legislative Proposals section below for the Budget's proposal to remove this priority for expiring grants and allow more funding for new, innovative projects.

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 organizations that link beneficiaries to medical services and other related services. Supportive

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<sup>1</sup> The numbers of households assisted varies by community depending on the type of assistance activities provided and is also dependent upon funding levels, attrition levels, and grantee program design. Some households receive more than one type of housing support in a reporting year.

<sup>2</sup> The method used in calculating the projected household numbers (above) is as follows: To obtain projected cost per unit, a 1.69 percent housing cost inflation rate provided by the Office of Policy Development and Research for years 2019, 2020, and 2021 was applied to the current per unit cost of \$4,565.82, as reported for 2018. To obtain the estimate for housing assistance, the most recent report (2018) indicated that 70 percent of HOPWA funding was used for housing costs; this percentage was applied to the 2020 Enacted and 2021 Budget.

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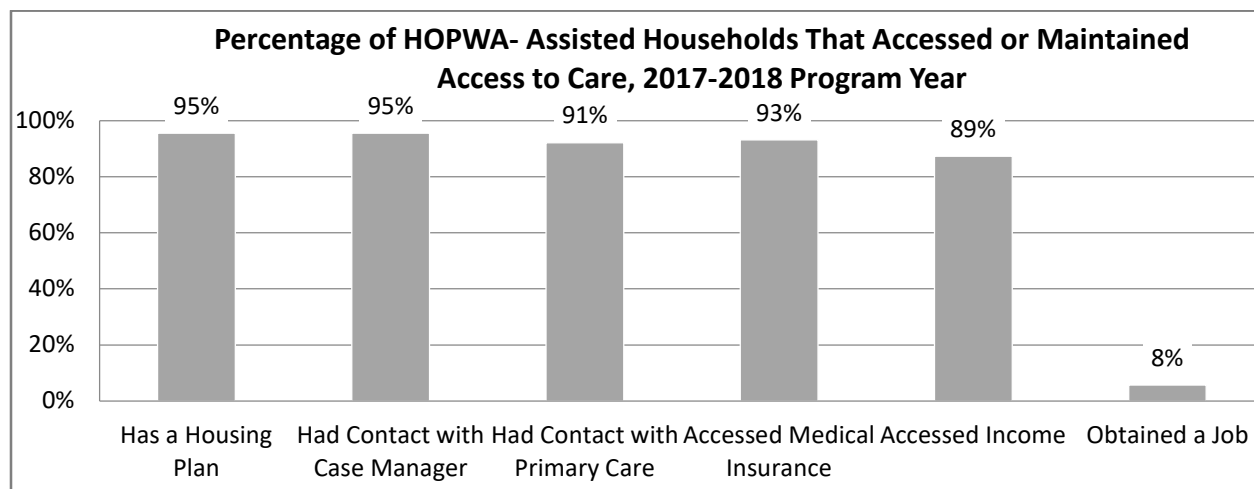
<sup>4</sup> The method used in calculating the projected household numbers (above) is as follows: To obtain projected cost per unit, a 1.69 percent housing cost inflation rate provided by the Office of Policy Development and Research for years 2019, 2020, and 2021 was applied to the current per unit cost of \$4,565.82, as reported for 2018. To obtain the estimate for housing assistance, the most recent report (2018) indicated that 70 percent of HOPWA funding was used for housing costs; this percentage was applied to the 2020 Enacted and 2021 Budget.

services include critical supports such as housing case management, mental health services, substance abuse treatment, or employment training, that sustain housing stability, promote better health outcomes, and increase quality of life. These critical supports promote self-sufficiency efforts for those able to transition to the unsubsidized private housing market or other affordable housing that does not provide the same level of supportive services, including placement in public housing.

*Housing Stability:* Housing stabilization can lead to reduced-risk behavior and reduced HIV transmission, a significant consideration for federal HIV prevention efforts. HOPWA demonstrates improved program beneficiary outcomes with respect to access to care and support resulting in a foundation for increased housing stability and better health outcomes. In 2018:

- 95 percent of clients receiving tenant-based rental assistance achieved housing stability.
- 95 percent placed in a permanent housing facility achieved housing stability.
- 73 percent of clients receiving transitional or short-term housing facilities assistance achieved housing stability.
- 48 percent receiving STRMU assistance achieved housing stability.

*Access to Care:* HOPWA data shows high levels of connection to care, with 91 percent of households served during 2018, compared to 86 percent during 2014, having contact with primary health care.



*Utilizing Evidence-based Research:* Multiple studies have found the lack of stable housing to be one of the most significant factors limiting the use of antiretrovirals (ARVs), regardless of insurance, substance abuse, and other factors. Housing interventions improve stability and connection to care, providing the essential foundation for participating in ARV treatment and achieving an undetectable viral load. Research shows that when people living with HIV attain and maintain an undetectable viral load, it is virtually impossible for them to transmit HIV.<sup>5</sup>

The HUD-CDC joint Housing and Health study was a multi-site randomized trial undertaken to examine the health, housing, and economic impacts of providing HOPWA assistance to homeless and unstably housed persons living with HIV/AIDS. As published in peer-reviewed journals, findings from the study demonstrated that HOPWA housing assistance serves as an efficient and effective

<sup>5</sup> Rodger AJ, Cambiano V, Bruun T, et al; PARTNER Study Group. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *Journal of the American Medical Association (JAMA)*. 2016;316:171-181.

Rodger AJ, Cambiano V, Bruun T, et al; PARTNER Study Group. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *Journal of the American Medical Association (JAMA)*. 2016;316:171-181.

platform for improving the health outcomes of persons living with HIV/AIDS and their families. The Housing and Health study of HOPWA and other supportive housing programs for persons living with HIV/AIDS 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>6</sup>

Stable housing is one of the most cost-effective strategies for driving down national HIV/AIDS costs. The number of persons living with HIV in the United States continues to grow annually. Estimates put the annual direct costs of HIV medications at between \$17,000 and \$41,000 per person per year, depending on the severity of an individual's infection.<sup>7</sup> Lifetime treatment costs per person are estimated to be \$415,000.<sup>8</sup> Homeless or unstably housed persons living with HIV/AIDS 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 persons living with HIV/AIDS who are stably housed. Research conducted in Chicago has shown that homeless persons living with HIV/AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, as compared to persons who remained homeless or unstably housed. Moreover, substantial cost savings were achieved by reducing emergency care and nursing services for this population.<sup>9</sup> HOPWA assistance is an important aspect of safeguarding the national investment in HIV care.

### **Stakeholders and Collaborations**

The Office of HIV/AIDS Housing is involved in multi-year collaboration projects with the Health Resources and Services Administration HIV/AIDS Bureau, with investment of resources from the Health and Human Services Minority AIDS Initiative Fund. One of these collaborative projects seeks to improve service coordination, housing stability, and health outcomes for persons living with HIV/AIDS via integrated data systems between Ryan White HIV/AIDS program recipients and HOPWA providers. Another collaborative project focuses on operationalizing HUD's Getting to Work employment training curriculum to support the design, implementation, and evaluation of innovative interventions that coordinate HIV primary care, housing, and employment services in communities to improve health outcomes for people living with HIV.

### **Presidential Initiative Partnership**

In his State of the Union Address on February 5, 2019, President Donald J. Trump announced his Administration's goal to end the HIV epidemic in the United States within 10 years. To achieve this goal and address the ongoing public health crisis of HIV, the proposed *Ending the HIV Epidemic: A Plan for America* will leverage the powerful data and tools now available to reduce new HIV infections in the United States by 75 percent in five years and by 90 percent by 2030. The Initiative is led by the Department of Health and Human Services (HHS); operationalizing of the initiative started within the branches of HHS including CDC and the Health Resources Services Administration HIV/AIDS Bureau shortly after its announcement. The Office of HIV/AIDS Housing began planning and data sharing discussions with HHS on the initiative in August 2019. HUD will

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<sup>6</sup> Kidder, Daniel. (2009). The Housing and Health Study: Background, Methods, and Outcomes. Presentation at National AIDS Housing Coalition Conference.

<sup>7</sup> Schackman, B.R., Gebo, K.A., Walensky, R.P., Losina, E., Muccio, T., Sax, P.E., Weinstein, M.C., Seage, G.R.III, Moore, R.D., Freedberg, K.A. (2006). The lifetime cost of current human immunodeficiency virus care in the United States. *Med Care*, 44, 990-997, updated to 2009 dollars.

<sup>8</sup> Ibid.

<sup>9</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.

be an important partner within the 57 identified states and counties targeted by the initiative and is working through approaches to ensure that HOPWA resources are accessible and available to the fullest extent possible to support this Presidential Initiative.

### Technical Assistance

In 2017, HOPWA formula funds began to be allocated under a modernized formula that is being phased in over five years with a stop loss/stop gain provision; 2021 will be the last year in which the HOPWA formula must be allocated so that no award is five percent less or 10 percent more than the share of the total available formula funds that the grantee received in the preceding fiscal year. This provision was enacted to help avoid highly volatile shifts in either direction for any one jurisdiction.

An extensive technical assistance effort is focused on 35 highly impacted communities of HOPWA formula modernization, including grantees, advocates, and stakeholders. This technical assistance effort covers the complete span of the HOPWA Modernization five-year stop loss period and is a combination of onsite and remote technical assistance, with an assessment of the current situation in each of the identified communities, as well as tools and products, guidance and support to successfully manage their HOPWA grants and programs. The technical assistance is targeted to assist impacted communities in developing strategies to prevent homelessness and to use HOPWA funding efficiently, based on local needs. HUD technical assistance is also engaged to ensure grantees and other stakeholders understand the coming end of the stop loss/stop gain provision and what that might mean for their allocation in various funding scenarios.

### Operational Improvements

The HOPWA program is working collaboratively on initiatives across all Community Planning and Development (CPD) program offices to streamline processes including grantee risk analysis, monitoring, grant making, and tracking. In addition, the Office of HIV/AIDS Housing has begun work on a HOPWA data strategic planning project to streamline the flow of quality data between systems and processes: from planning, through the drawing of grant funds, and to accomplishment reporting. This effort includes working with the systems contractors on 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	2019 Budget Authority	2018 Carryover Into 2019	2019 Total Resources	2019 Obligations	2020 Appropriation	2019 Carryover Into 2020	2020 Total Resources	2021 President's Budget
Formula Grants	353,700	151,417	505,117	412,899	369,000	92,217	461,217	297,000
Competitive Grants	39,300	21,285	60,585	24,736	41,000	35,849	76,849	33,000
Total	393,000	172,702	565,702	437,635	410,000	128,066	538,066	330,000

**Impact of Formula Modernization with the 2021 Requested Budget Amount**

The modernization of the HOPWA formula by the Housing Opportunity Through Modernization Act (HOTMA) of 2016, Public Law 114-201, continues to advance the program's ability to target funding to the areas of highest need. The year 2021 is the fifth year of the five-year stop loss/gain provision (in which no award is 5 % less or 10 % more than the share of the total available formula funds that the grantee received in the preceding fiscal year). The chart below reflects estimated distribution of funds to HOPWA formula Grantees in 2021.

STA	Name	FY18: Actual	FY19: Actual	FY20: Actual	FY21: Request
AL	Alabama	\$1,975,929	\$2,232,232	\$2,514,357	\$2,035,525
AL	Birmingham	1,244,128	1,365,496	1,444,186	1,169,157
AR	Arkansas	721,555	815,150	918,174	743,318
AR	Little Rock	438,569	495,457	558,076	451,797
AZ	Arizona	309,509	349,656	393,848	318,844
AZ	Phoenix	2,378,741	2,687,294	3,026,933	2,450,487
AZ	Tucson	589,416	665,871	750,028	607,193
CA	Anaheim	1,988,481	2,246,413	2,530,330	2,048,456
CA	Bakersfield	496,350	560,733	631,602	511,320
CA	California	3,355,813	3,732,882	3,977,981	3,220,418
CA	Fresno	499,903	564,747	636,124	514,981
CA	Los Angeles	17,618,957	18,729,211	19,812,205	16,039,188
CA	Oakland	2,835,545	2,954,193	3,078,240	2,492,023
CA	Riverside	2,587,369	2,922,984	3,292,411	2,665,407
CA	Sacramento	1,177,649	1,330,405	1,498,551	1,213,168
CA	San Diego	3,686,397	4,164,570	4,690,917	3,797,583
CA	San Francisco	7,162,248	7,130,734	7,067,229	5,721,353
CA	San Jose	1,131,945	1,278,773	1,440,393	1,166,086
CA	Santa Rosa	433,139	437,814	447,881	362,587
CO	Colorado	567,866	641,526	722,607	584,994
CO	Denver	2,017,134	2,278,782	2,566,790	2,077,973
CT	Bridgeport	958,450	954,233	958,576	776,026
CT	Connecticut	246,668	263,259	265,668	215,074
CT	Hartford	1,147,501	1,164,315	1,179,158	954,600
CT	New Haven	1,076,899	1,092,032	1,105,207	894,732
DC	District Of Columbia	11,221,025	11,171,652	11,072,159	8,963,588
DE	Delaware	270,436	300,043	314,048	254,241
DE	Wilmington	772,728	789,218	802,435	649,620
FL	Cape Coral	537,792	607,551	647,910	524,523
FL	Deltona	494,929	553,042	584,577	473,251
FL	Florida	4,037,467	4,176,829	4,323,564	3,500,189
FL	Ft Lauderdale	7,209,708	7,177,985	7,114,059	5,759,265
FL	Jacksonville	2,645,991	2,634,349	2,610,888	2,113,673
FL	Lakeland	655,670	676,595	704,854	570,622

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

STA	Name	FY18: Actual	FY19: Actual	FY20: Actual	FY21: Request
FL	Miami	11,680,308	11,628,915	11,572,054	9,368,283
FL	North Port	\$580,347	\$608,118	\$622,663	\$504,084
FL	Orlando	3,841,118	4,059,257	4,319,150	3,496,615
FL	Palm Bay	433,389	443,527	460,844	373,081
FL	Port St Lucie	667,025	683,109	704,629	570,440
FL	Tampa	3,864,852	3,985,513	4,176,687	3,381,283
FL	West Palm Beach	3,257,585	3,243,252	3,214,368	2,602,227
GA	Atlanta	23,101,950	23,000,301	22,795,464	17,430,190
GA	Augusta-Richmond County	1,059,712	1,055,049	1,045,653	803,824
GA	Georgia	3,040,147	3,434,493	3,868,568	3,131,842
HI	Hawaii	258,770	266,237	268,035	216,991
HI	Honolulu	567,630	635,213	653,774	529,270
IA	Iowa	561,946	634,838	715,073	578,895
IL	Chicago	9,009,631	10,038,656	10,570,599	8,557,544
IL	Illinois	1,535,465	1,734,635	1,953,870	1,581,777
IN	Indiana	1,250,586	1,412,803	1,591,363	1,288,305
IN	Indianapolis	1,253,901	1,416,548	1,595,581	1,291,720
KS	Kansas	512,927	572,576	606,673	491,139
KY	Kentucky	700,717	791,609	891,658	721,852
KY	Louisville	757,786	856,081	964,278	780,642
LA	Baton Rouge	2,577,040	2,565,701	2,542,851	1,944,351
LA	Louisiana	1,743,146	1,969,254	2,218,142	1,795,721
LA	New Orleans	3,891,572	3,874,449	3,839,944	3,062,982
MA	Boston	2,588,781	2,894,494	3,089,167	2,500,869
MA	Lowell	1,416,588	1,600,338	1,802,600	1,459,315
MA	Massachusetts	274,934	310,596	349,851	283,226
MA	Springfield	585,390	661,323	694,040	561,868
MA	Worcester	587,285	635,000	651,256	527,231
MD	Baltimore	8,417,340	8,380,304	8,305,670	6,351,705
MD	Frederick	1,462,887	1,518,159	1,596,078	1,292,122
MD	Maryland	519,457	517,529	548,628	444,148
MI	Detroit	2,723,332	2,825,867	2,903,135	2,350,265
MI	Michigan	1,408,774	1,591,510	1,792,656	1,451,264
MI	Warren	683,903	772,614	870,262	704,530
MN	Minneapolis	1,361,885	1,538,539	1,732,990	1,402,961
MN	Minnesota	198,445	224,186	252,520	204,430
MO	Kansas City	1,419,904	1,604,084	1,734,155	1,403,904
MO	Missouri	701,900	792,945	893,163	723,070
MO	St Louis	1,824,610	2,061,285	2,321,805	1,879,643
MS	Jackson	1,453,290	1,446,896	1,434,010	1,160,919
MS	Mississippi	1,313,577	1,483,965	1,671,519	1,353,197

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

STA	Name	FY18: Actual	FY19: Actual	FY20: Actual	FY21: Request
NC	Charlotte	2,529,408	2,725,653	2,860,489	2,315,740
NC	Durham	\$379,840	\$429,110	\$483,344	\$391,296
NC	Greensboro	419,625	474,056	533,970	432,281
NC	North Carolina	2,836,965	3,204,956	3,610,021	2,922,532
NC	Wake County	716,346	809,265	911,546	737,952
NE	Nebraska	478,117	540,135	608,401	492,538
NJ	Camden	925,922	1,046,026	1,105,706	895,136
NJ	Jersey City	2,422,186	2,411,528	2,390,051	1,934,892
NJ	New Jersey	1,474,771	1,584,668	1,640,701	1,328,248
NJ	Newark	5,867,175	5,841,359	5,789,337	4,686,821
NJ	Paterson	1,608,136	1,682,883	1,756,316	1,421,845
NM	Albuquerque	433,596	489,104	527,699	427,205
NM	New Mexico	374,630	423,224	476,714	385,929
NV	Las Vegas	1,516,285	1,712,967	1,929,464	1,562,019
NV	Nevada	327,032	369,452	416,146	336,896
NY	Albany	637,488	679,993	693,147	561,145
NY	Brookhaven Town	2,088,333	2,121,337	2,173,110	1,759,265
NY	Buffalo	720,135	798,764	819,189	663,183
NY	New York	2,620,159	2,630,423	2,633,044	2,131,610
NY	New York City	44,228,148	44,033,544	43,641,388	35,330,365
NY	Rochester	890,163	958,466	975,953	790,093
NY	Syracuse	378,183	389,331	399,497	323,417
OH	Cincinnati	896,793	1,013,119	1,141,164	923,842
OH	Cleveland	1,241,586	1,402,636	1,579,911	1,279,034
OH	Columbus	1,109,448	1,253,358	1,411,766	1,142,911
OH	Dayton	379,368	428,577	482,744	390,811
OH	Ohio	1,287,527	1,454,536	1,638,370	1,326,360
OK	Oklahoma	327,506	369,988	416,750	337,385
OK	Oklahoma City	702,611	793,749	894,069	723,803
OK	Tulsa	466,513	527,026	593,635	480,584
OR	Oregon	500,140	557,084	586,236	474,594
OR	Portland	1,409,247	1,592,044	1,717,254	1,390,222
PA	Allentown	382,682	432,321	486,961	394,225
PA	Bensalem Township	676,562	763,072	805,694	652,258
PA	Harrisburg	382,447	432,055	468,583	379,347
PA	Pennsylvania	1,698,390	1,918,693	2,152,398	1,742,497
PA	Philadelphia	7,375,786	7,343,333	7,277,934	891,931
PA	Pittsburgh	948,891	1,071,974	1,140,292	923,136
PR	Puerto Rico	2,034,912	2,168,495	2,203,742	1,784,064
PR	San Juan Municipio	6,234,828	6,207,395	6,152,113	4,942,135
RI	Providence	1,133,603	1,180,379	1,219,459	987,226



HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

STA	Name	FY18: Actual	FY19: Actual	FY20: Actual	FY21: Request
SC	Charleston	641,987	725,261	816,925	661,351
SC	Columbia	\$1,406,384	\$1,475,403	\$1,517,489	\$1,228,500
SC	Greenville	475,984	537,725	605,686	490,340
SC	South Carolina	1,824,610	2,061,285	2,321,805	1,879,643
TN	Memphis	3,547,703	3,532,093	3,500,637	2,743,347
TN	Nashville-Davidson	1,216,011	1,373,743	1,547,366	1,252,687
TN	Tennessee	1,243,245	1,404,510	1,582,022	1,280,743
TX	Austin	1,469,160	1,659,729	1,869,497	1,513,472
TX	Dallas	6,645,116	7,058,692	7,477,149	6,053,208
TX	El Paso	492,798	556,720	627,082	507,661
TX	Fort Worth	1,332,758	1,505,634	1,695,926	1,372,956
TX	Houston	9,738,444	9,882,076	10,315,585	8,351,095
TX	San Antonio	1,606,272	1,814,626	2,043,971	1,654,719
TX	Texas	3,914,680	4,422,464	4,981,406	4,032,752
UT	Salt Lake City	472,196	533,446	600,867	486,438
UT	Utah	197,972	223,652	251,411	203,533
VA	Richmond	1,050,009	1,186,209	1,336,130	1,081,679
VA	Virginia	962,389	1,087,223	1,224,634	991,416
VA	Virginia Beach	1,524,127	1,721,826	1,939,442	1,570,097
WA	Seattle	2,302,251	2,600,883	2,929,601	2,371,691
WA	Washington	955,996	1,080,001	1,216,499	984,830
WI	Milwaukee	768,917	868,655	978,442	792,108
WI	Wisconsin	614,044	693,693	781,367	632,564
WV	West Virginia	453,725	512,579	577,362	467,410
<b>Total Formula</b>		<b>\$337,500,000</b>	<b>\$353,700,000</b>	<b>\$369,000,001</b>	<b>\$297,000,000</b>
<b>Total Competitive</b>		<b>\$37,500,000</b>	<b>\$39,300,000</b>	<b>\$40,999,999</b>	<b>\$33,000,000</b>
<b>Total Appropriation</b>		<b>\$375,000,000</b>	<b>\$393,000,000</b>	<b>\$410,000,000</b>	<b>\$330,000,000</b>

**LEGISLATIVE PROPOSALS AND GENERAL PROVISIONS**

Appropriations Language

The 2021 President’s Budget has the following changes to appropriations language from the 2020 enacted bill:

- HUD requests the removal of the priority renewal provision for permanent housing competitive grants in the account language. Removal of this mandate will allow new delivery models to be implemented in line with disease trends and national goals and also allow for funding competition, as the appropriation levels generally do not allow enough funding for a traditional competition after the priority renewal demand is satisfied. Currently 82 HOPWA competitive grants remain eligible for priority renewal. These same 82 renew their same projects year after year, some of which have been in place for more than 20 years. This situation not only limits the ability of renewal grantees to update program design, but also limits opportunity for any other community to receive HOPWA funding via a competitive

process for innovative programs and unmet need. Of the 82 renewal grants, 22 are anticipated to be eligible for renewal in 2021 at approximately \$24 million.

The Department requested the removal of the priority renewal language for the 2020 Budget; while the House Appropriations Committee did not recommend the change in its 2020 report, it directed the Department to work with communities to prepare to implement this change in the future. The Office of HIV/AIDS Housing has met in person with AIDS Housing advocates, community stakeholders, and more than a dozen competitive renewal grantees to address this possible change in the competitive grant process. HUD has received and analyzed community and grantee feedback based on the Committee directive; this feedback will inform the implementation of the competitive grant changes. Specific areas of concern will be addressed in the competitive Notice of Funding Availability (NOFA) process including competitive funding for states and territories that do not receive HOPWA formula funds, consideration for development projects where HOPWA renewal funds have already been committed for longer terms, and requiring formula grantees to collaborate with renewal projects transitioning to a competitive process. The 2020 Committee Recommendation affirmed that *holding projects accountable for their ability to demonstrate effectiveness through performance data is essential to getting the most out of limited Federal resources*. The Department strongly agrees with this statement. The Office of HIV/AIDS Housing and HUD CPD field office staff adhere to risk analysis and monitoring protocols to ensure grantees are held accountable for performance and compliance; however, renewal grants based on outdated models are limited in demonstrating effectiveness to meet current need.

#### Legislative Proposals

The 2021 Budget supports the following legislative proposal and will seek changes through the authorization process rather than the appropriations process:

- **Short-term rental assistance:** Allow HOPWA grantees the flexibility to provide short term housing payments assistance to (a) people who are currently homeless and (b) people assessed to require rent or utilities payments up to 24 months instead of the statutory limit of 21 weeks. Budgetary impacts are not anticipated as a result of this flexibility. The Budget supports this legislative proposal, but HUD will seek the change through the authorization process rather than the appropriations process.

HOPWA statutory requirements under “AIDS short-term supported housing and services” for Housing Payments Assistance limits this activity to 21 weeks during any 52 week period. The Department is again requesting a change to allow grantees flexibility to provide a maximum of 24 months of housing payments assistance, with a requirement for on-going needs assessment in addition to intake assessment when the flexibility is applied. In addition, the Department requests flexibility to allow for providing this assistance to eligible households that are currently homeless; the statute now requires that Housing Payments Assistance can only assist with homelessness prevention. These flexibilities will give communities greater latitude in addressing housing needs for those living with HIV who are homeless or at severe risk of homelessness. The current limit for short term housing assistance is 21 weeks during a 52-week period, with no mention of assessment or planning.

Stakeholder support is high for this provision, which is 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 homeless cannot receive short term housing payments assistance through HOPWA.

## APPROPRIATIONS LANGUAGE

The 2021 President's Budget includes proposed changes in the appropriation 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.), \$[410,000,000]*330,000,000*, to remain available until September 30, [2021]*2022*, except that amounts allocated pursuant to section 854(c)(5) of such Act shall remain available until September 30, [2022]*2023*: Provided, That the Secretary shall renew all expiring contracts for permanent supportive housing that initially were funded under 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 Department shall notify grantees of their formula allocation within 60 days of enactment of this Act].