

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	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Net Outlays
2021 Appropriation	430,000	239,901	-	669,901	521,552	375,229
2022 Annualized CR	430,000	148,349	-	578,349	403,387	456,809
2023 President's Budget	455,000	174,962	-	629,962	533,374	426,688
Change from 2022	25,000	26,613	-	51,613	129,987	(30,121)

PROGRAM PURPOSE

The Housing Opportunities for Persons With AIDS (HOPWA) program provides stable and permanent housing assistance and supportive services to one of the most vulnerable populations – low-income people living with Human Immunodeficiency Virus (HIV). This population often faces housing instability as well as other life and medical challenges, including mental health and substance abuse issues as well as discrimination and stigma that create barriers to needed services (authorized per the AIDS Housing Opportunity Act (42 U.S.C. 12901-12912)).

BUDGET OVERVIEW

The 2023 President's Budget requests \$455 million for HOPWA, which is \$25 million more than the 2022 annualized CR level. Ninety percent of the funding is distributed by formula to qualifying States and metropolitan areas, and the remaining funds will be 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 and local governments and private non-profit entities with a fair process for projects to serve 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.

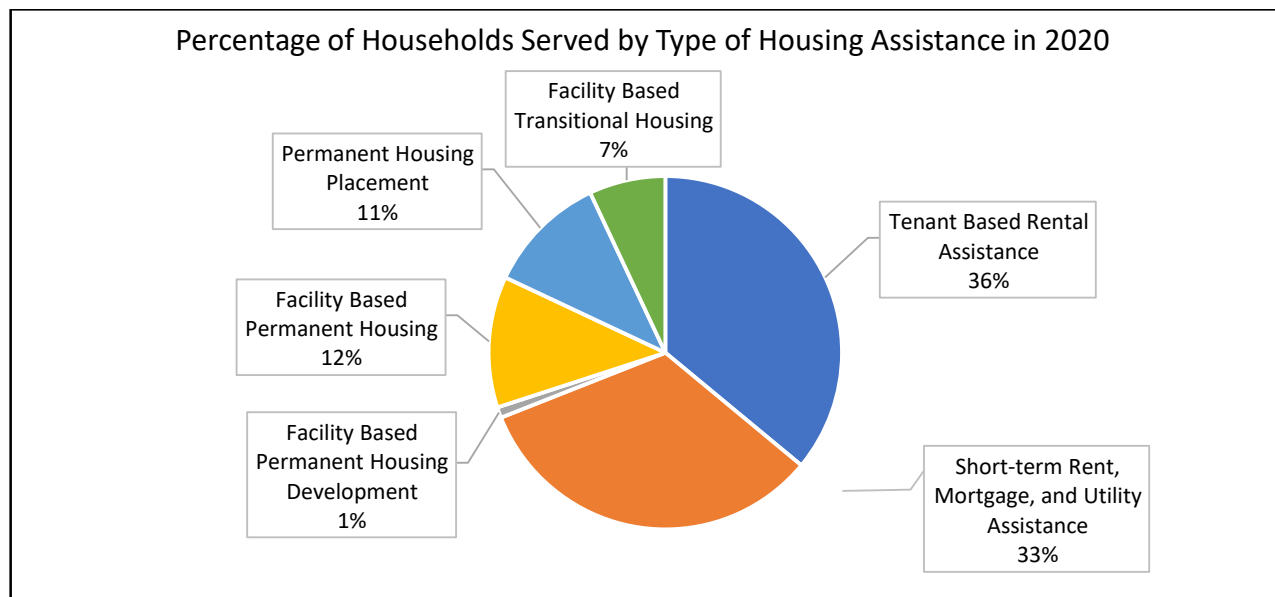
JUSTIFICATION

The HOPWA program exists to strengthen and broaden the Federal housing safety net and provide support for underserved communities, focusing Federal resources on saving lives by meeting the housing needs of low-income people living with HIV who are without stable housing arrangements. HOPWA's targeted funding request advances equity by ensuring the appropriate needs-based distribution of funds, helps address negative impacts resulting from COVID-19, and bolsters efforts to end the HIV epidemic in the United States by 2030.

HOPWA assistance covers households experiencing homelessness or those at risk of homelessness, by providing permanent or temporary housing assistance; short-term rent, mortgage, and utility (STRMU) payments; and the operation of housing facilities. These housing efforts ensure access to affordable housing so that beneficiaries achieve housing stability, which helps reduce their risk for homelessness, support their access to treatment and other healthcare, and reduce HIV transmission – a significant consideration for Federal HIV prevention efforts.

HOPWA-assisted households vary by community, depending on the types of assistance provided, funding levels, attrition levels, and grantee program design. At \$455 million, HUD estimates that communities will be able to provide access to affordable housing for approximately 45,640 economically vulnerable households living with HIV.¹ In addition to affordable housing, an estimated 62,430 households will receive supportive services and 236,531 households will receive housing information services to ensure housing stability.

Housing Assistance and Housing Development: The below chart shows the percentage of HOPWA households receiving different types of housing assistance:



- Tenant-Based Rental Assistance: Ongoing long-term rental assistance.
- Facility-based housing: Both Transitional and Permanent facility housing to assist individuals and households with significant health and life challenges that impede their ability to live independently.
- Facility-based housing development: Expected development of facility-based housing, reported in the year it becomes operational.
- Short-term Rent, Mortgage, and Utility Assistance: Homeless 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.

¹The 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 (2020) 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.

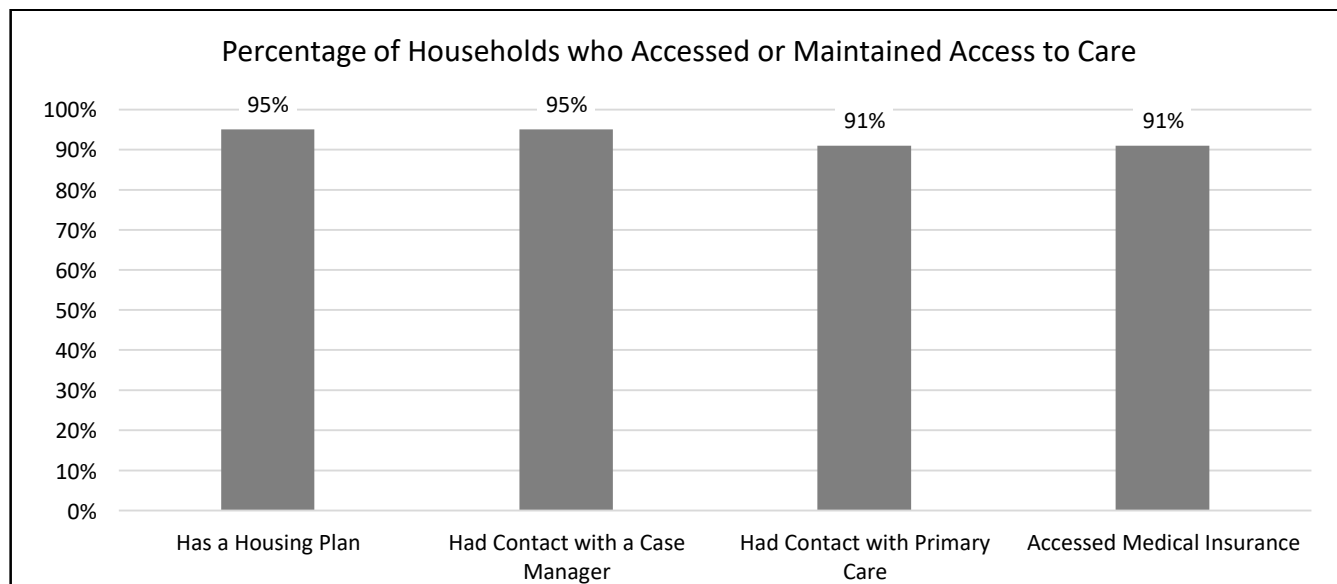
Supportive Services and Housing Information Services: In addition to housing assistance, grantees can use HOPWA funding for supportive services and housing information services; these activities focus on improving housing access and stability for HOPWA-assisted households. The delivery of supportive 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 abuse 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. HOPWA-funded housing information services often include housing search support staff and development of housing search websites and tools to assist households in finding appropriate, affordable units.

Evidence-Based Outcomes

HOPWA grants increase housing stability for beneficiaries, which leads to improved access to care and support and better health outcomes. HUD works with any poor performers to address barriers in program design or implementation issues preventing the achievement of HOPWA performance standards. According to HOPWA grantee reports, in 2021:

- 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: HOPWA data shows high levels of connection to care. The infographic below shows 2021 HOPWA grantee reporting data.



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 abuse, and other factors. Ryan White HIV/AIDS Program data show that clients in unstable housing situations are less likely to be virally suppressed. In 2020, 76.8 percent of unstably housed clients were virally suppressed,

compared to 89.4 percent of all Ryan White clients.² 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 HIV attain and maintain an undetectable viral load, they have effectively no risk of sexually transmitting HIV.³

Moreover, 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.⁴

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.⁵ Lifetime treatment costs per person are estimated to have a present value of \$420,285.⁶

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.⁷ 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.⁸

² Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. www.hab.hrsa.gov/data/data-reports. Published December 2021.

³ 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.

⁴ Kidder, Daniel. (2009). The Housing and Health Study: Background, Methods, and Outcomes. Presentation at National AIDS Housing Coalition Conference.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

Impact of COVID-19

The COVID-19 pandemic has had a negative effect on HIV testing, linkage to care, and treatment access. In the space of weeks during February and March 2020, the HIV care system changed from one that linked and retained patients into care to one that paused or limited in-person clinical visits for patients with chronic diseases. Although the HIV care system began reopening by May 2021 for most patients with chronic illness, the impact of this paradigm shift for HIV testing, prevention and care is anticipated to set back HIV epidemic control efforts for some time.⁹ National experts suggest that the disruption of these and other HIV-related healthcare services has likely resulted in increased HIV incidence, morbidity, and mortality. As a result of these health system disruptions, the COVID-19 pandemic could result in a 10 percent increase in HIV-related deaths over the next five years.¹⁰

HOPWA-funded housing assistance and supportive services are critical for lessening the impacts of these disruptions and ensuring low-income people living with HIV remain stably housed and connected to care and other needed services. Unstable housing and higher rates of congregate living situations among people living with HIV have been linked to increased susceptibility to COVID-19.¹¹ As unstable housing negatively impacts health and treatment for people living with HIV, an eviction crisis can significantly increase COVID infections for people living with HIV and exacerbate co-occurring health and social morbidities.¹² Furthermore, counties with high rates of COVID-19 infections are also areas with high rates of new HIV infections.¹³ The 2023 Budget will help alleviate the additional burdens associated with unstable housing for people living with HIV during the ongoing COVID-19 pandemic.

Advancing Equity

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 Black/African American and Hispanic/Latino communities. The modernized HOPWA formula helps address this disproportionate impact (i.e., advance equity in the program) by ensuring the appropriate, need-based distribution of funds for an HIV epidemic that has migrated disproportionately into communities with higher levels of poverty. To stay ahead of this trend and to ensure race, gender, and sexual orientation equity across HOPWA programs, HUD established a team in 2021 to review equity of the HOPWA program, including equity implications of the shifting formula resources. HUD introduced a phased Technical Assistance (TA) Initiative for HOPWA Race, Gender, and LGBTQ+ Equity to ensure all low-income people living with HIV have equitable, unfettered access to HOPWA housing and services. This TA initiative will assist HOPWA grantee communities in assessing their HOPWA

⁹ Brown, L. B., Spinelli, M. A., & Gandhi, M. (2021). The interplay between HIV and COVID-19: summary of the data and responses to date. *Current opinion in HIV and AIDS*, 16(1), 63–73. <https://doi.org/10.1097/COH.0000000000000659>

¹⁰ Eisinger, R. W., Lerner, A. M., & Fauci, A. S. (2021). HIV/AIDS in the Era of COVID-19: A Juxtaposition of Two Pandemics. *The Journal of infectious diseases*, jiab114. Advance online publication. <https://doi.org/10.1093/infdis/jiab114>

¹¹ Sachdev, D., Mara, E., Hsu, L., Scheer, S., Rutherford, G., Enanoria, W., & Gandhi, M. (2021). COVID-19 Susceptibility and Outcomes Among People Living With HIV in San Francisco. *Journal of acquired immune deficiency syndromes*, 86(1), 19–21. <https://doi.org/10.1097/QAI.0000000000002531>

¹² Déry, M., Barr, M., Feldman, B. (2020) COVID-19, HIV, and Housing Instability. [PowerPoint slides] AETC National Coordinating Resource Center. <https://aidsetc.org/resource/covid-19-hiv-and-housing-instability>

¹³ Luan, H., Song, I., Fiellin, D. A., & Ransome, Y. (2021). HIV Infection Prevalence Significantly Intersects With COVID-19 Infection At the Area Level: A US County-Level Analysis. *Journal of acquired immune deficiency syndromes*, 88(2), 125–131. <https://doi.org/10.1097/QAI.0000000000002758>

program's ability to measure and address equity and will provide tools for grantee communities to improve their systems. In addition, the 2020 HOPWA Notice of Funding Opportunity (NOFO) and the 2021 HOPWA Renewal/Replacement Notice were both published in 2021 with rating criteria that required applicants to be responsive to racial equity in their applications and planned projects that will operate through at least 2024. The planned 2023 NOFO will also include rating criteria related to racial and LGBTQ+ equity.

Addressing Risk

The 2023 Budget helps address several operational, staffing, and information technology challenges that pose risks to carrying out the HOPWA mission. For example:

- Current law account language requires expiring competitive permanent housing grants to be renewed. The inability of non-competitive renewal communities to implement new projects means that there is limited opportunity for funding new grants in communities which are now more severely impacted by the epidemic than the current renewal grants. Please see the Legislative Proposals and General Provisions section of the HOPWA program justification for more details.
- Amended priority renewal provision in 2021, which 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. Please see the Community Planning and Development Salary and Expenses section of the 2023 President’s Budget for more details.
- Current HOPWA grantee reporting is paper-based and carries risks for HUD’s ability to monitor and report on program effectiveness, higher likelihood of reporting error, and overall lower quality data for the program. To respond to this need in the short term, HUD is utilizing an interim solution for HOPWA grantees using widely accessible software. Please see the Community Planning and Development Salary and Expenses (Office of Special Needs, data contract) section of the 2023 President’s Budget for more details.

National HIV Strategy

The National HIV/AIDS Strategy (2022-2025), released in December 2021, is a roadmap for ending the HIV epidemic in the United States by 2030. By 2025, the Strategy aims to reduce new HIV infections by 75 percent and reduce homelessness among people living with HIV by 50 percent. HUD staff from the Office of HIV/AIDS Housing and other HUD offices continue to work on the development of agency action items to meet these ambitious goals. These action items have involved a coordinated, cross-department approach that focuses on improving housing stability and health outcomes for people living with HIV and those at risk for HIV. 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 HIV/AIDS. The Office of HIV/AIDS Housing has engaged in planning and data sharing discussions with HHS and the 57 targeted States and counties to ensure HOPWA data and resources are accessible and available to strengthen the Federal housing safety net for people in need and support this initiative.

Information Technology

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,

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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	2021 Budget Authority	2020 Carryover Into 2021	2021 Total Resources	2021 Obligations	2022 Annualized CR	2021 Carryover Into 2022	2022 Total Resources	2023 President's Budget
Formula Grants	387,000	182,273	569,273	478,293	387,000	90,980	477,980	409,500
Competitive Grants	43,000	41,048	84,048	27,069	43,000	56,979	99,979	45,500
Technical Assistance	-	7	7	-	-	7	7	-
CARES Act Formula Grants	-	16,190	16,190	16,190	-	-	-	-
CARES Act Competitive Grants	-	383	383	-	-	383	383	-
Total	430,000	239,901	669,901	521,552	430,000	148,349	578,349	455,000

Note. 2020 Carryover Into 2021 column includes \$14 thousand of recaptured competitive grants funds in 2021.

Distribution of Funds by Grantee

The distribution of HOPWA funds for 2021, 2022 and 2023 (requested) appropriations are shown below.

Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2021 Actual	2022 Annualized CR	2023 Pres. Budget
AL	Alabama	\$2,823	\$3,689	\$3,904
AL	Birmingham	\$1,541	\$1,513	\$1,601
AR	Arkansas	\$1,031	\$1,202	\$1,271
AR	Little Rock	\$627	\$890	\$942
AZ	Arizona	\$442	\$524	\$555
AZ	Phoenix	\$3,399	\$4,568	\$4,834
AZ	Tucson	\$842	\$884	\$935
CA	Anaheim	\$2,841	\$3,113	\$3,294
CA	Bakersfield	\$709	\$890	\$942
CA	California	\$4,467	\$4,306	\$4,556
CA	Fresno	\$714	\$837	\$886
CA	Los Angeles	\$20,734	\$20,826	\$22,036
CA	Oakland	\$3,234	\$3,241	\$3,430
CA	Riverside	\$3,607	\$3,832	\$4,055
CA	Sacramento	\$1,627	\$1,667	\$1,764
CA	San Diego	\$5,253	\$5,370	\$5,682
CA	San Francisco	\$7,041	\$6,707	\$7,097
CA	San Jose	\$1,553	\$1,579	\$1,671
CA	Santa Rosa	\$455	\$460	\$486
CO	Colorado	\$811	\$1,052	\$1,113
CO	Denver	\$2,882	\$3,522	\$3,727
CT	Bridgeport	\$975	\$984	\$1,041

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Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2021 Actual	2022 Annualized CR	2023 Pres. Budget
CT	Connecticut	\$272	\$271	\$286
CT	Hartford	\$1,217	\$1,201	\$1,271
CT	New Haven	\$1,133	\$1,133	\$1,199
DC	District of Columbia	\$11,174	\$11,235	\$11,888
DE	Delaware	\$336	\$343	\$362
DE	Wilmington	\$824	\$830	\$878
FL	Cape Coral	\$672	\$681	\$720
FL	Deltona	\$612	\$632	\$669
FL	Florida	\$4,473	\$4,523	\$4,786
FL	Ft Lauderdale	\$7,088	\$6,890	\$7,290
FL	Jacksonville	\$2,601	\$2,600	\$2,751
FL	Lakeland	\$754	\$772	\$817
FL	Miami	\$11,925	\$12,143	\$12,848
FL	North Port	\$644	\$657	\$696
FL	Orlando	\$4,587	\$4,729	\$5,004
FL	Palm Bay	\$487	\$500	\$529
FL	Port St Lucie	\$723	\$717	\$759
FL	Tampa	\$4,378	\$4,487	\$4,747
FL	West Palm Beach	\$3,203	\$3,100	\$3,280
GA	Atlanta	\$22,712	\$12,420	\$13,142
GA	Augusta-Richmond County	\$1,042	\$870	\$921
GA	Georgia	\$4,344	\$5,553	\$5,876
HI	Hawaii	\$270	\$270	\$286
HI	Honolulu	\$664	\$660	\$699
IA	Iowa	\$800	\$831	\$880
IL	Chicago	\$10,915	\$10,919	\$11,554
IL	Illinois	\$2,157	\$2,201	\$2,329
IN	Indiana	\$1,737	\$1,854	\$1,962
IN	Indianapolis	\$1,792	\$2,012	\$2,129
KS	Kansas	\$642	\$661	\$700
KY	Kentucky	\$1,001	\$1,189	\$1,258
KY	Louisville	\$1,083	\$1,332	\$1,409
LA	Baton Rouge	\$2,534	\$1,921	\$2,033
LA	Louisiana	\$2,491	\$2,999	\$3,173
LA	New Orleans	\$3,826	\$3,401	\$3,599
MA	Boston	\$3,248	\$3,231	\$3,419
MA	Lowell	\$2,024	\$2,118	\$2,241
MA	Massachusetts	\$366	\$345	\$365
MA	Springfield	\$727	\$738	\$780
MA	Worcester	\$694	\$700	\$741
MD	Baltimore	\$8,275	\$6,334	\$6,703
MD	Frederick	\$1,688	\$1,625	\$1,719
MD	Maryland	\$547	\$528	\$559
MI	Detroit	\$3,053	\$3,096	\$3,276
MI	Michigan	\$2,013	\$2,151	\$2,276
MI	Warren	\$977	\$1,175	\$1,243
MN	Minneapolis	\$1,946	\$2,608	\$2,759

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Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2021 Actual	2022 Annualized CR	2023 Pres. Budget
MN	Minnesota	\$284	\$369	\$391
MO	Kansas City	\$1,829	\$1,872	\$1,981
MO	Missouri	\$984	\$1,014	\$1,073
MO	St Louis	\$2,607	\$2,713	\$2,871
MS	Jackson	\$1,429	\$1,411	\$1,493
MS	Mississippi	\$1,877	\$2,306	\$2,440
NC	Charlotte	\$3,030	\$3,115	\$3,297
NC	Durham	\$543	\$923	\$976
NC	Fayetteville	--	\$724	\$766
NC	Greensboro	\$600	\$1,071	\$1,133
NC	North Carolina	\$4,053	\$3,512	\$3,716
NC	Wake County	\$1,024	\$1,403	\$1,485
NC	Winston-Salem	\$710	\$713	\$754
NE	Nebraska	\$683	\$720	\$762
NJ	Camden	\$1,138	\$1,141	\$1,207
NJ	Jersey City	\$2,381	\$2,218	\$2,346
NJ	Lakewood Township	--	\$1,934	\$2,046
NJ	New Jersey	\$1,670	\$1,661	\$1,757
NJ	Newark	\$5,768	\$5,083	\$5,379
NJ	Paterson	\$1,804	\$1,808	\$1,913
NM	Albuquerque	\$556	\$569	\$602
NM	New Mexico	\$535	\$603	\$639
NV	Las Vegas	\$2,166	\$2,968	\$3,140
NV	Nevada	\$445	\$467	\$494
NY	Albany	\$717	\$716	\$757
NY	Brookhaven Town	\$2,266	\$2,271	\$2,403
NY	Buffalo	\$856	\$881	\$933
NY	New York	\$2,701	\$2,914	\$3,084
NY	New York City	\$43,482	\$39,920	\$42,241
NY	Rochester	\$1,003	\$983	\$1,040
NY	Syracuse	\$413	\$418	\$443
OH	Cincinnati	\$1,281	\$1,621	\$1,716
OH	Cleveland	\$1,774	\$2,025	\$2,143
OH	Columbus	\$1,585	\$2,174	\$2,300
OH	Dayton	\$542	\$625	\$661
OH	Ohio	\$1,832	\$1,908	\$2,019
OK	Oklahoma	\$463	\$482	\$510
OK	Oklahoma City	\$1,004	\$1,129	\$1,195
OK	Tulsa	\$667	\$686	\$726
OR	Oregon	\$611	\$628	\$665
OR	Portland	\$1,797	\$1,807	\$1,912
PA	Allentown	\$531	\$540	\$571
PA	Bensalem Township	\$853	\$864	\$914
PA	Harrisburg	\$494	\$499	\$528
PA	Pennsylvania	\$2,170	\$2,160	\$2,285
PA	Philadelphia	\$7,474	\$7,479	\$7,914
PA	Pittsburgh	\$1,202	\$1,219	\$1,290

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Estimated HOPWA Formula Funding by Grantee (Dollars in Thousands)				
State	HOPWA Formula Grantee	2021 Actual	2022 Annualized CR	2023 Pres. Budget
PR	Puerto Rico	\$2,284	\$2,264	\$2,396
PR	San Juan Municipio	\$6,130	\$5,532	\$5,853
RI	Providence	\$1,275	\$1,300	\$1,376
SC	Charleston	\$917	\$1,018	\$1,078
SC	Columbia	\$1,593	\$1,618	\$1,712
SC	Greenville	\$680	\$732	\$775
SC	South Carolina	\$2,529	\$2,577	\$2,726
TN	Memphis	\$3,488	\$3,013	\$3,188
TN	Nashville-Davidson	\$1,737	\$2,069	\$2,190
TN	Tennessee	\$1,776	\$1,894	\$2,004
TX	Austin	\$2,099	\$2,254	\$2,385
TX	Dallas	\$7,944	\$8,093	\$8,563
TX	El Paso	\$704	\$926	\$980
TX	Fort Worth	\$1,904	\$2,133	\$2,258
TX	Houston	\$10,885	\$11,150	\$11,798
TX	San Antonio	\$2,295	\$2,594	\$2,745
TX	Texas	\$5,593	\$6,470	\$6,847
UT	Salt Lake City	\$675	\$803	\$850
UT	Utah	\$273	\$293	\$310
VA	Richmond	\$1,500	\$1,715	\$1,814
VA	Virginia	\$1,375	\$1,512	\$1,600
VA	Virginia Beach	\$2,178	\$2,558	\$2,707
WA	Seattle	\$3,150	\$3,208	\$3,394
WA	Washington	\$1,301	\$1,337	\$1,414
WI	Milwaukee	\$1,099	\$1,239	\$1,311
WI	Wisconsin	\$877	\$921	\$974
WV	West Virginia	\$623	\$667	\$706
Total Formula		\$387,000	\$387,000	\$409,500
Total Competitive		\$43,000	\$43,000	\$45,500
Total Appropriation		\$430,000	\$430,000	\$455,000

LEGISLATIVE PROPOSALS AND GENERAL PROVISIONS**Appropriations Language Change**

The 2023 President's Budget includes the following:

Remove the Priority Renewal Provision: The Department proposes deleting the priority renewal provision for permanent housing competitive grants. Removal of this mandate will ensure the 10 percent of HOPWA funding designated by statute as "Competitive" is used for its intended purposes of developing new and innovative models to address disease trends and ensuring States that do not meet population or demographic requirements for formula allocations still receive fair access to HOPWA funds. This change is necessary because most HOPWA competitive funds are used to fund the same 82 projects and same organizations that were first awarded those grants in the 1990s and early 2000s. Currently these 82 HOPWA competitive grants receive priority for renewal and non-renewal communities and stakeholders have few opportunities for new projects. Of the 82 renewal grants, 31 are anticipated to be eligible for renewal in 2023 at approximately \$35.8 million. 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-need, higher-capacity grantee areas (i.e., those communities more severely impacted by the epidemic than current grantees).

The Department requested the removal of the priority renewal language as part of the 2020-2022 President's Budgets.

- The 2020 House Appropriations Committee report directed the Department to work with communities to prepare to implement this change in the future. The Office of HIV/AIDS Housing followed that directive and 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.
- The appropriations account language was revised in 2021 to include an option for renewal-eligible grantees (only) to "replace" their grant with other grant activities. Of the 24 renewal applications received, three elected to request replacement activities and were funded for those new activities.
- Stakeholder and Congressional concerns are limited to the 82 grantee communities subject to losing current guaranteed priority renewal. Specific concerns will be addressed in the competitive Notice of Funding Opportunity (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.

Legislative Proposal

The 2023 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.

The Department requested the expansion of HOPWA short-term housing assistance terms in its 2019-2022 President's Budgets.

- Stakeholder support is very high for this provision and is, in fact, 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 allows HOPWA grantees flexibility of providing assisted households with up to 24 months of rent, mortgage, and utility payments. Stakeholder response has been overwhelmingly positive to this flexibility, as it has 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 during the first year of implementation.

APPROPRIATIONS LANGUAGE

The 2023 President's Budget includes the appropriation language listed below.

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.), \$455,000,000, to remain available until September 30, 2024, except that amounts allocated pursuant to section 854(c)(5) of such Act shall remain available until September 30, 2025.

Note.--A full-year 2022 appropriation for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2022 (Division A of P.L. 117-43, as amended). The amounts included for 2022 reflect the annualized level provided by the continuing resolution.